

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! XDR-Typhoid fever – Ireland (ex-Pakistan) – 2019

Opening date: 8 October 2019

Latest update: 11 October 2019

Since 2016, Pakistan has been reporting an outbreak of XDR typhoid fever. Several countries have reported imported cases among travellers returning from Pakistan, including Ireland, Denmark and the United Kingdom.

New! Autochthonous Zika case – France – 2019

Opening date: 10 October 2019

Latest update: 11 October 2019

On 9 October 2019, French authorities reported an autochthonous Zika case in Hyères city in the Var department in southern France.

New! Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 11 October 2019

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

→ Update of the week

This is the first weekly report for the 2019–2020 influenza season. Influenza activity was low throughout the European Region.

West Nile virus - Multi-country (World) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 11 October 2019

During the transmission season, expected to be from June–November 2019, ECDC monitors the occurrence of infections in EU/EEA Member States and EU neighbouring countries and publishes weekly epidemiological updates to inform blood safety authorities of areas at NUTS 3 (Nomenclature of Territorial Units for Statistics 3) or GAUL 1 (Global Administrative Unit Layers 1) level where at least one locally-acquired human infection meeting the EU case definition (Commission Implementing Decision (EU) 2018/945) has been reported.

→Update of the week

Between 4 and 10 October 2019, EU Member States reported nine human cases: Romania (5), Greece (3) and Hungary (1). Thirteen cases were reported from EU neighbouring countries in Israel (10) and Serbia (3). All human cases were reported from areas that have been affected previously. This week, three deaths were reported by Greece (2) and Romania (1).

In the same week, seven outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Greece (5), Hungary (1) and Spain (1).

Extensively drug-resistant (XDR) *Klebsiella pneumoniae* – Germany – 2019

Opening date: 3 October 2019

Latest update: 11 October 2019

In October 2019, German health authorities reported an outbreak of extensively drug-resistant (XDR) *K. pneumoniae*, carrying the genes encoding for the OXA-48 and NDM-1 carbapenemases and resistant to colistin. This outbreak strain is of concern due to the very few remaining options for the treatment of infected patients. The outbreak affects four hospitals in the northeast of the state of Mecklenburg-West Pomerania.

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

Opening date: 9 February 2011

Latest update: 11 October 2019

Measles cases in the EU/EEA primarily occur in unvaccinated populations for 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 13 September 2019, updates have been provided for 26 EU/EEA countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, UK and Norway.

Most of the cases in 2019 are reported from Romania (2 770), France (2 429), Italy (1 571), Poland (1 368), and Bulgaria (1 173).

In 2019, eight deaths have been reported so far in the EU/EEA: Romania (5), France (2), and Italy (1). Additionally, two deaths were reported to TESSy by Hungary and the UK.

Relevant updates outside EU/EEA countries are available for WHO Regions (AFRO, PAHO) and from Japan, Serbia, Switzerland, North Macedonia, Ukraine, the US and New Zealand.

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. More information is available on the website of WHO.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks. It is based on media reports and data reported on websites from national public health authorities. This report is supplementary to ECDC's monthly measles and rubella monitoring report based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Non EU Threats

New! Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019

Latest update: 11 October 2019

On 19 September 2019, a laboratory-confirmed case of circulating vaccine-derived poliovirus type-2 (cVDPV2) was reported in the Philippines. On 19 September and 9 October 2019, two human cVDPV2 cases were laboratory confirmed. Since July 2019, eight positive environmental samples for cVDPV1 and one for cVDPV2 were reported in Manila. In Davao, one positive environmental sample of cVDPV2 was reported.

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018

Latest update: 11 October 2019

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the 10th outbreak of Ebola virus disease in the country. The outbreak affects North Kivu, South Kivu and Ituri Provinces in the northeast 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 Uganda as of 9 October 2019. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and the WHO Director-General later declared that the outbreak meets all criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations.

→Update of the week

Since the previous CDTR and as of 9 October 2019, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported ten additional confirmed cases. During the same period, seven deaths among confirmed cases were reported. One additional healthcare worker was reported to be among these new cases.

There has been a decline in the number of cases reported in recent weeks, with zero cases reported on 5 October 2019. However, this situation remains highly contingent upon the level of access and security. The recent cases are restricted to a defined geographical area, with the hotspots in rural, hard-to-reach communities instead of the urban areas where the hotspots were previously located.

The serious security incident in Lwemba, Mandima, from mid-September, stopped all outbreak response activities in that area for more than two weeks. However, a reconciliation dialogue was held last week. Response activities have now resumed but remain limited.

According to [media](#) quoting health authorities, the second investigational Ebola vaccine (manufactured by Johnson & Johnson) is scheduled to be used in a clinical trial, outside of the currently active health zones, in November.

On 4 October 2019, Ebola survivor number 1 000 of the current epidemic in DRC, was released with three others from the Mangina CTE in Mabalako.

On 10 October 2019, the IHR Emergency Committee on Ebola virus disease in the DRC reconvened for the fifth time to assess whether the ongoing outbreak still constitutes a public health emergency of international concern (PHEIC) and review the temporary recommendations that are in place to manage the outbreak. During this meeting it was decided to keep the PHEIC; it was [mentioned](#) that it is impossible to say the outbreak is over, but that the virus has been significantly contained.

So far, there has been no new confirmed technical information regarding a death due to an unknown illness in Tanzania.

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 11 October 2019

ECDC is monitoring the Rugby World Cup 2019 taking place in Japan from 20 September–2 November 2019 to detect threats to public health that could affect EU/EEA visitors. This event will gather 20 international teams, six of which are from four EU countries: the UK (3), France (1), Ireland (1) and Italy (1). The competitions will be held in 12 stadiums across the country, hosting a total of approximately 400 000 international visitors.

→Update of the week

No major events have been detected since the previous CDTR. Heavy rains and floods were reported parts of Tokyo this week. A measles alert has been issued by authorities of Kawasaki city and Tokyo Metropolis to inform the general public on potential exposure to measles in public transport between 21 and 25 September 2019. An early start of seasonal influenza has been reported by the Japanese authorities. Updates are provided for outbreaks of rubella and measles. An outbreak of rubella continues in Japan, with 2 210 cases reported in 2019 (as of 29 September 2019). The number of measles cases reported was 693 cases reported in 2019 (as of 25 September 2019).

II. Detailed reports

New! XDR-Typhoid fever – Ireland (ex-Pakistan) – 2019

Opening date: 8 October 2019

Latest update: 11 October 2019

Epidemiological summary

According to Irish authorities, 23 cases of typhoid fever have been reported in 2019 (as of week 38). Among these cases, 12 had a recent travel history to Pakistan. Among these 12 cases, seven were below 15 years of age.

Among the 12 cases of typhoid fever reported with travel history in Pakistan, three were extensively drug-resistant (XDR). According to authorities, this is the first time that cases of XDR typhoid fever were identified by the national reference laboratory in Ireland.

Pakistan: According to the WHO/EMRO weekly bulletin (end of August), Pakistan is experiencing a continuous surge of XDR *Salmonella enterica* serovar Typhi (*S. Typhi*) since 2016. As of August 2019, 10 365 cases of XDR typhoid fever were reported from 23 districts in Sindh province. The Karachi district is the most affected with 6 956 (67%) cases. According to WHO, the XDR *S. Typhi* strain acquired a plasmid which confers resistance to multiple antibiotics, including first-line antibiotics (i.e. chloramphenicol, ampicillin, and trimethoprim-sulfamethoxazole), fluoroquinolones and third-generation cephalosporins. The strain remained susceptible to azithromycin and carbapenems.

Source: [HPSC](#), [US CDC](#), [WHO EMRO](#), [Taiwan CDC](#), [Medical Journal of Australia](#), [science direct](#), [WHO](#), [Eurosurveillance](#)

ECDC assessment

This marks the first time that Ireland detected XDR typhoid fever in travellers returning from Pakistan. A few other countries (Australia, Canada, Denmark, Taiwan, the United Kingdom, and the United States) also detected such cases among travellers returning from Pakistan. Travellers to Pakistan are at risk for XDR typhoid fever. [Several other countries](#) also report locally acquired cases of antimicrobial-resistant typhoid fever, especially in Asia, the Middle-East and Africa. Travellers to Pakistan should be reminded to get vaccinated against typhoid fever before travelling and should maintain proper food hygiene and good hand washing practices.

Actions

ECDC is monitoring this event through epidemic intelligence activities.

New! Autochthonous Zika case – France – 2019

Opening date: 10 October 2019

Latest update: 11 October 2019

Epidemiological summary

According to French authorities and media, an autochthonous Zika case was confirmed in Hyères city, Var department, France. According to the same source, this is the first autochthonous Zika case reported in metropolitan France this year. French authorities are investigating this case and already implemented response measures that include vector control measures in the immediate vicinity of this case.

According to ECDC/EFSA distribution maps, *Aedes aegypti* (main vector for Zika virus) is not established in France. However, other *Aedes spp.* can also transmit Zika virus, and *Aedes albopictus* is established in Var department in France.

Source: [ARS](#) | [media](#) | [media](#)

ECDC assessment

This is the first autochthonous Zika case reported in France this year. Investigations are ongoing to gather more information on the possible transmission route and detect possible cases in the area. Vector control measures are being implemented in accordance with the [ministerial anti-dissemination plan](#) for dengue fever, zikungunya and Zika virus diseases in metropolitan France.

No associated cases were reported to date.

The main mode of transmission for Zika virus is through the bites of infected mosquitoes, but the virus can also be transmitted by sexual contact, blood/blood components and possibly other substances of human origin (SoHO). Zika virus infection during pregnancy is associated with intrauterine central nervous system (CNS) infection, congenital malformations and foetal death. Hence, pregnant women are the main risk group and the primary target for preventive measures

Actions

ECDC will produce a rapid risk assessment to be published next week.

New! Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 11 October 2019

Epidemiological summary

Week 40, 2019 (30 September–6 October 2019)

This is the first weekly report for the 2019–2020 influenza season.

Influenza activity was low throughout the European Region.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.

Both influenza A and B type viruses were detected.

For week 40/2019, data from the 21 countries or regions reporting to the [EuroMOMO](#) project indicated all-cause mortality to be at expected levels for this time of the year.

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

ECDC assessment

Influenza activity is low throughout the WHO European Region as is expected for this time of the season. All-cause mortality data show mortality levels within expected ranges for participating countries.

WHO has 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 was suboptimal 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.

West Nile virus - Multi-country (World) - Monitoring season 2019

Opening date: 3 June 2019

Latest update: 11 October 2019

Epidemiological summary

Between 4 and 10 October 2019, EU Member States reported nine human cases in Romania (5), Greece (3) and Hungary (1). Thirteen cases were reported from EU neighbouring countries in Israel (10) and Serbia (3). All human cases were reported from areas that have been affected previously. This week, three deaths were reported by Greece (2) and Romania (1).

In the same week, seven outbreaks among equids were reported to the Animal Disease Notification System (ADNS) by Greece (5), Hungary (1) and Spain (1).

Since the beginning of the 2019 transmission season and as of 10 October 2019, EU Member States and EU neighbouring

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countries reported 426 human infections. EU Member States reported 381 cases: Greece (218), Romania (62), Italy (40), Hungary (33), Cyprus (16), Austria (4), Bulgaria (4), France (2), Germany (1) and Slovakia (1). EU neighbouring countries reported 45 human cases in Serbia (23), Israel (10) Turkey (7) and North Macedonia (5).

To date, 42 deaths due to West Nile virus infection have been reported by Greece (29), Romania (6), Italy (4), Cyprus (1), North Macedonia (1) and Serbia (1).

During the current transmission season, 61 outbreaks among equids have been reported by Greece (20), Germany (15), Italy (8), Hungary (7), France (6), Austria (3) and Spain (2). In addition, Germany reported 49 outbreaks among birds to ADNS.

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

Sources: [TESSy](#) | [Animal Disease Notification System](#)

ECDC assessment

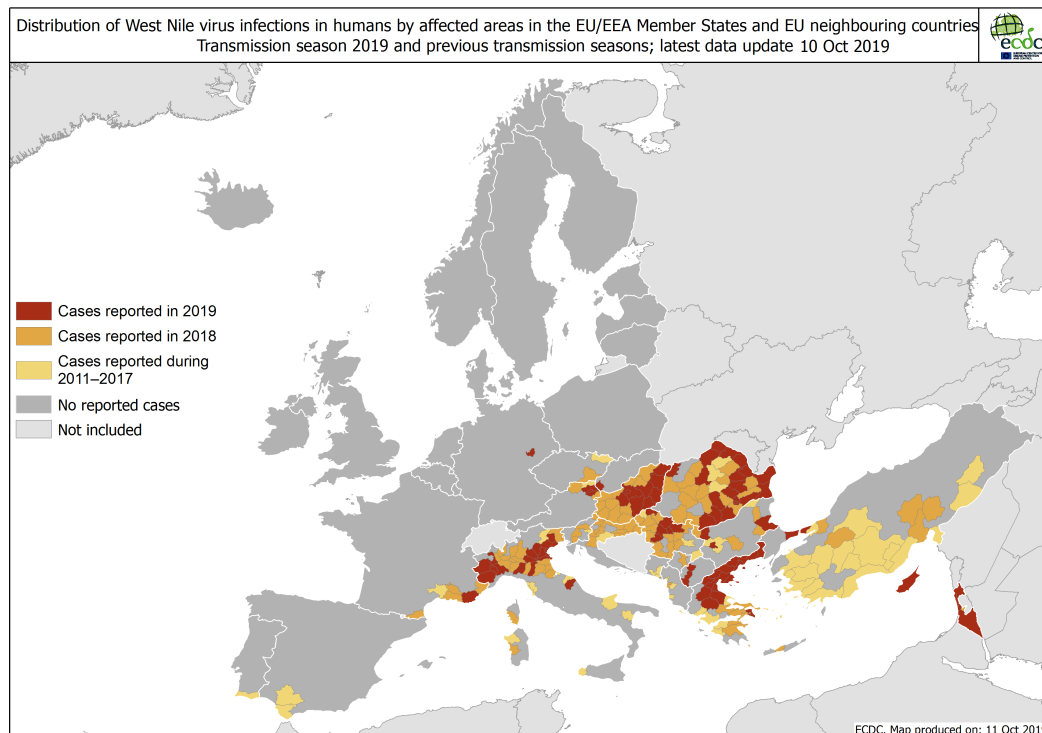
During this transmission season, Germany and Slovakia reported their first autochthonous human West Nile virus infection. The occurrence of human autochthonous West Nile virus infections in Germany and Slovakia was not unexpected as WNV circulation among either birds, equids and/or mosquitoes has been previously documented. All other human infections were reported in EU Member States with known persistent transmission of West Nile virus in previous years. Further human cases may be detected, but in the coming weeks, environmental conditions will become less suitable for transmission. In accordance with [European Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired infections unless the results of an individual nucleic acid test are negative.

Actions

During the transmission season, ECDC publishes [West Nile virus infection maps](#) together with an epidemiological summary every Friday. More information about the seasonal surveillance of West Nile virus infections can be found on [ECDC webpage](#).

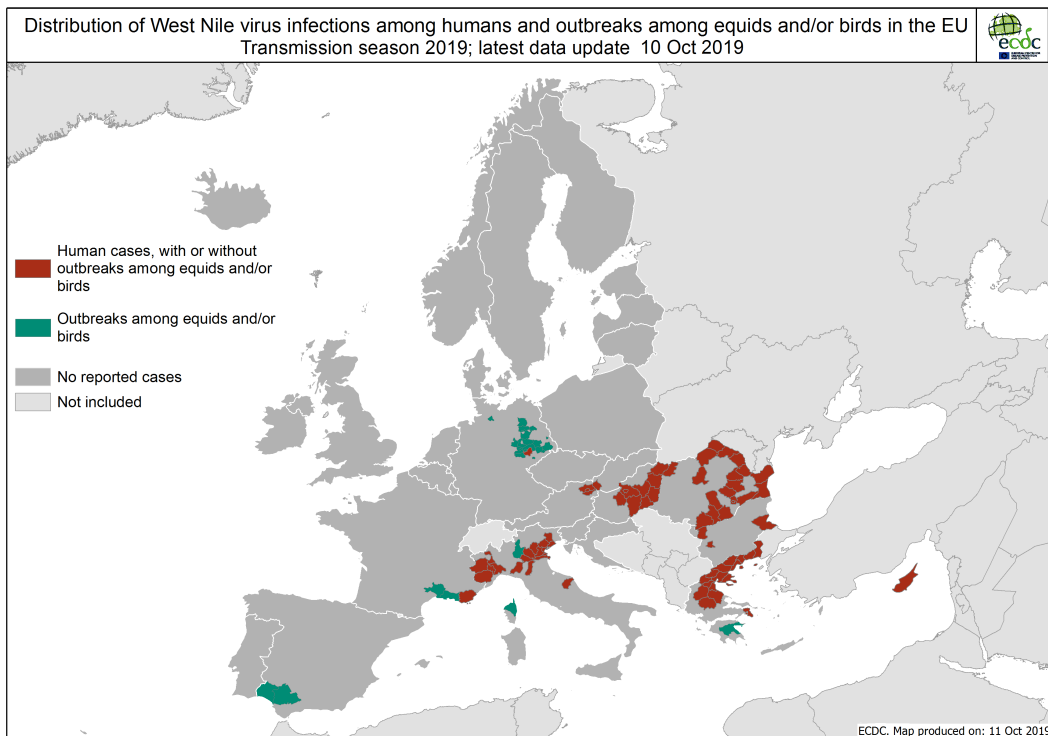
Distribution of human West Nile virus infections by affected areas as of 10 October 2019.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 10 October 2019.

ECDC and ADNS



Extensively drug-resistant (XDR) *Klebsiella pneumoniae* – Germany – 2019

Opening date: 3 October 2019

Latest update: 11 October 2019

Epidemiological summary

Robert Koch Institute reported an outbreak of extensively drug-resistant (XDR) *K. pneumoniae*, carrying the genes encoding for the OXA-48 and NDM-1 carbapenemases and resistant to colistin. Between June and September 2019, a total of 17 cases of XDR *Klebsiella pneumoniae* were notified to the German mandatory notification system from three hospitals and a rehabilitation clinic in northeast Germany. Six cases presented with clinical symptoms. Eleven cases were colonised. The patients were transferred between institutions, with an epidemiological link in place and time, most of them related to a stay in two different intensive care units. So far, the most likely mode of transmission is person-to-person. The source of the outbreak strain and the index case are unclear. Pulsed-field gel electrophoresis (PFGE) analyses of the isolates showed the same PFGE pattern, indicating clonal identity. Next-generation sequencing (NGS) is ongoing. According to the antimicrobial resistance profile, the strain is only susceptible to chloramphenicol and tigecycline, therefore the chance of successful treatment of clinically ill patients is reduced.

Local public health authorities, the federal state and the national level are working together with the hospital staff on outbreak control. Several control measures are in place. Systematic rectal screening to identify colonised cases is performed and enhanced barrier precautions are in place for all cases. The public was informed by a local press release and publication in the national epidemiological bulletin.

Assessment: This is the first outbreak in Germany of XDR *Klebsiella pneumoniae* with a strain that produces two carbapenemases (NDM-1 and OXA-48) and is also colistin-resistant. In case of insufficient control measures, further spread of the outbreak strain to other institutions, in Germany or abroad, may not be fully excluded. The extensively drug-resistant (XDR) profile of this outbreak strain is of concern due to the very few remaining treatment options. EU/EEA-wide enhanced control efforts are needed as was recently outlined in an ECDC rapid risk assessment on carbapenem-resistant Enterobacteriaceae (27 September 2019).

Source: [RKI](#) | [Regional health authority](#)

ECDC assessment

This outbreak affecting four hospitals in Germany is another event highlighting the worsening situation and the high risk for further spread of highly-resistant, hospital-adapted strains of carbapenem-resistant Enterobacteriaceae in the EU/EEA. The

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extensively drug-resistant (XDR) profile of this outbreak strain is of concern due to the very few remaining treatment options. EU/EEA-wide enhanced control efforts are needed as was recently outlined in an ECDC [rapid risk assessment on carbapenem-resistant Enterobacteriaceae](#) (27 September 2019).

Actions

ECDC will produce a rapid risk assessment on extensively drug-resistant (XDR) *Klebsiella pneumoniae* to be circulated on 25 October 2019.

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

Opening date: 9 February 2011

Latest update: 11 October 2019

Epidemiological summary

Since the previous update in the Communicable Disease Threats Report (CDTR) published on 13 September 2019, updates have been provided for 26 EU/EEA countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the UK and Norway.

Most of the cases in 2019 have been reported from Romania (2 770), France (2 429), Italy (1 571), Poland (1 368), and Bulgaria (1 173).

In 2019, eight deaths have been reported in the EU/EEA: Romania (5), France (2), and Italy (1). Additionally, two deaths were reported to TESSy by Hungary and the UK.

Relevant updates outside EU/EEA countries are available from WHO regions (AFRO, PAHO), also from Japan, Serbia, Switzerland, North Macedonia, Ukraine, the US and New Zealand.

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. More information is available on the [WHO](#) website.

The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks. It is based on media reports and data reported on websites from national authorities. It is supplementary to ECDC's [monthly measles and rubella monitoring report](#) based on data routinely submitted by 30 EU/EEA countries 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.

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

[Austria](#) has reported 145 cases in 2019 as of 3 October 2019, an increase of two cases since the national report on 4 September 2019. All federal states reported cases of measles in 2019. In 2018, Austria reported a total of 77 cases.

[Belgium](#) has reported 410 cases in January–August 2019, according to TESSy.

[Bulgaria](#) has reported 1 173 cases of measles in 2019 and as of week 40 of 2019 (ending on 6 October 2019). This is an increase of 16 cases since the national report (week 36-2019 ending on 8 September 2019).

[Croatia](#) has reported 33 cases of measles in 2019 and as of 24 September 2019, an increase of 12 cases since mid-July 2019. The cases were reported from Split-Dalmatia county (14), city of Zagreb (11), Brod-Posavina county (5), Zadar county (2), Dubrovnik-Neretva county (1). Currently the cases are reported only in the city of Zagreb.

[Cyprus](#) reported six cases in January–August 2019, according to TESSy.

[The Czech Republic](#) has reported 586 cases of measles in January–September 2019, an increase of two cases since the national report for January–July 2019.

[Estonia](#) has reported 26 cases in 2019, according to data available as of data available on 9 October 2019. No new cases have

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been reported since the national report on 10 September 2019.

[Finland](#) has reported 8 cases of measles in 2019 as of 9 October 2019; no new cases have been reported since 17 July 2019.

[France](#): No update has been available since France reported 2 429 cases, including two deaths in 2019, as of 4 September 2019, which is an increase of 116 cases and one death since the national report published on 7 August 2019. During the same period in 2018 France reported 2 680 cases of measles.

[Germany](#) has reported 490 cases on week 37 (ending on 15 September 2019), an increase of 19 cases since 18 August 2019. Most of the cases were reported from North Rhine-Westphalia (128), Lower Saxony (84), Baden-Württemberg (72) and Bavaria (72). In the same period in 2018, Germany reported 500 cases.

[Greece](#) reported 28 measles cases in January–July 2019; most of these cases were imported from other countries. No new cases have been reported until September 2019, according to TESSy.

[Hungary](#) has reported 38 measles cases in 2019 and as of 22 September 2019, an increase of three cases since the national report published on 25 August 2019. In the same period in 2018, Hungary reported 18 cases of measles.

[Ireland](#) has reported 57 cases of measles in 2019 and as of 5 October 2019, an increase of three cases since the previous national report on 31 August 2019. According to TESSy, Ireland reported 65 cases in January–August 2019. In the same period in 2018, Ireland reported 74 cases.

[Italy](#) reported 1 571 cases, including one death, in January–August 2019, an increase of 78 cases since the monthly report for July in TESSy.

[Latvia](#) has reported three cases of measles in January–August 2019, an increase of two cases reported in August 2019. In 2018, there were 70 suspected measles cases, 25 of which were confirmed.

[Lithuania](#) has reported 825 cases in 2019 and as of 25 September 2019, an increase of four cases since the national report on 6 September 2019. The majority of cases were reported in Vilnius and Kaunas.

[The Netherlands](#) has reported 80 cases in 2019 as of 2 October 2019, an increase of seven cases since the national report on 1 September 2019. Previously, the Netherlands reported 10–20 cases per year, with 24 cases reported in 2018.

[Poland](#) has reported 1 368 cases in 2019 as of 30 September 2019, an increase of eight cases since the national report on 31 August 2019.

[Romania](#) has reported 2 770 cases of measles, including five deaths in 2019 and as of 4 October 2019, an increase of 156 cases since the national report on 6 September 2019. Since the beginning of the outbreak in October 2016 and as of 4 October 2019, Romania has reported 18 370 confirmed measles cases, including 64 deaths.

[Slovakia](#): No update has been available since 194 measles cases were reported on 3 May 2019. According to TESSy, 316 cases have been reported as of August in 2019.

Slovenia has reported 19 measles cases in 2019 as of August 2019, according to [media](#) reports, quoting healthcare authorities. There was no increase since June 2019.

[Spain](#) has reported 256 cases in 2019 as of 6 October 2019, a decrease of one case since the national report on 28 July 2019. There were no measles-related deaths reported in Spain in 2019, according to the national health authorities.

[Sweden](#) reported 20 cases in 2019, according to data available on 9 October 2019, an increase of one new case since 10 September 2019.

The United Kingdom has reported 698 cases of measles between January–August 2019, according to TESSy (an increase of 90 cases since the previous report). In addition, an outbreak of measles with eight cases in Essex has been reported by the [media](#), quoting health authorities on 2 October 2019.

[Norway](#) has reported 18 cases in 2019, as of 0 October 2019, an increase of one case since the national data became available on 10 September 2019.

Relevant epidemiological summary for countries outside the EU/EEA

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

[Japan](#) has reported 707 cases of measles in 2019 and as of 2 October. The cases were reported in 34 of 47 prefectures, with the majority in Osaka (147), Tokyo (111), and Kanagawa (87) prefectures. In addition, [Japanese health authorities](#) issued an alert to inform the general public on potential exposure to measles in public transport of Kawasaki city in Kanagawa prefecture and Shinagawa-ku in Tokyo Metropolis between 21 and 25 September 2019. The transport is very likely to be used by rugby fans travelling to/from rugby stadiums where the Rugby World Cup takes place from 20 September–2 November 2019.

[New Zealand](#) reported 1 742 confirmed cases of measles across the country, from 1 January–10 October 2019. The majority of these cases are in the Auckland region (1 416). This is an increase of 570 cases since the national report on 11 September 2019.

[North Macedonia](#) has reported 1 900 cases since the onset of the epidemic in December 2018 and as of 4 October 2019; there has not been an increase since the previous national report on 30 August 2019. The cases have been reported in 24 towns, with the majority of cases reported in Skopje (997).

[Serbia](#) has reported 5 798 measles cases, including 15 deaths, between October 2017 and 23 August 2019, including the cases reported from Kosovo*. Of the reported cases, 2 946 were confirmed. No new cases have been reported since June 2019.

**This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence*

[Switzerland](#) has reported 212 cases in 2019 as of 1 October 2019, an increase of three cases since the national report on 3 September 2019.

[Ukraine](#) has reported 58 039 [cases of measles](#), including 20 deaths in 2019 as of 3 October 2019, an increase of 293 cases and one death since the national report on 5 September 2019. Of the reported cases, 27 485 were adults and 30 554 were children. Measles are reported from all the regions of the country. Since the beginning of the outbreak in summer 2017, there have been over 115 000 cases, including 41 deaths, reported by Ukraine.

The [US](#) reported 1 250 confirmed cases of measles in 31 states between 1 January and 3 October 2019. This is an increase of nine cases since the previous national report on 1 September 2019. More details on outbreaks in the US are available [here](#).

According to the [WHO Regional Office for Africa](#) (as of 6 October 2019) outbreaks of measles in 2019 have been reported from Angola (3 127 cases, 85 confirmed), Cameroon (1 170 cases, 269 confirmed), the Central African Republic (1 424 cases, 30 confirmed), Chad (24 740 cases, 178 confirmed), the Comoro Islands (132 cases, 56 confirmed), Ethiopia (8 490 cases and 59 confirmed), Guinea (4 573 cases, 969 confirmed), Kenya (430 cases and 10 confirmed), Liberia (1 381 cases and 193 confirmed), Mali (1 124 cases and 315 confirmed), Niger (9 741 cases), Nigeria (51 175 cases and 2 089 confirmed), Rwanda (74 cases and 12 confirmed), South Sudan (3 525 cases, 159 confirmed), and Uganda (1 584 cases and 795 confirmed).

According to [UNICEF](#), the Democratic Republic of the Congo has reported 203 179 cases, including 4 096 deaths (CFR: 2.0%).

[Pan American Health Organization](#): As of 21 September 2019, 5 020 confirmed cases of measles have been reported by 12 countries. Of the reporting countries, Brazil reported most of the cases (4 217), followed by Venezuela (394) and Colombia (203).

[WHO Regional Office of the Western Pacific](#): no update has been provided since the report on 31 July 2019. Overall confirmed measles cases have been reported by Australia, Cambodia, China, Hong Kong SAR, China, Macao SAR, China, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, New Zealand, Philippines, Republic of Korea, Singapore and Vietnam.

ECDC assessment

Based on ECDC's epidemiological assessment, there is a high risk of continued widespread circulation of measles in EU/EEA in the near future. Given the potential of importation, measles is a serious cross-border threat to health in the EU/EEA, even though most Member States are deemed to have interrupted endemic transmission. Re-establishment of transmission in these Member States is possible when vaccination coverage is suboptimal and immunity gaps remain. There is a particularly high burden of measles among infants and adults, the groups at the highest risk of complications. Vaccination coverage of at least 95% in all age groups at national and subnational levels with two doses of measles-containing vaccine is necessary to interrupt circulation. People of all ages should check their vaccination status, also before travelling. Particular care is recommended if travelling with infants under one year of age or for those for whom vaccination is contraindicated 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 for 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 (TESSy) for 30 EU/EEA countries.

New! Poliomyelitis - Philippines - 2019

Opening date: 9 October 2019

Latest update: 11 October 2019

Epidemiological summary

On 19 September and 9 October 2019, two human cVDPV2 cases were reported in the Philippines. The two cVDPV2 cases are not genetically linked to each other.

The first human case was in a 3-year-old girl in the area of Lanao del Sur (Mindanao island); the second human case was in a five-year-old boy in the area of Laguna (50 km far from Manila).

Additionally, two environmental samples collected since September 2019 were positive for cVDPV2 in Manila and Davao (Mindanao island). Both were genetically related to the first case, according to UNICEF/WHO join report.

Furthermore, eight cVDPV1 environmental samples have been detected in Manila since July 2019. The first five samples are genetically linked to each other; laboratory tests are pending for the other three.

Local authorities are planning supplementary immunisation activities in the affected areas, using the monovalent oral polio vaccine type-2 and the bivalent oral polio vaccine.

Sources: [WHO-UNICEF report](#), [Department of Health press release 1](#), [Department of health press release 2](#), [US CDC](#), [Global polio eradication initiative vaccines factsheet](#), [GPEI Vaccine derived polio factsheet](#), [GPEI weekly update Philippines](#), [ECDC factsheet](#), [ECDC polio map](#)

ECDC assessment

WHO estimates that the risk is high at the national level due to chronically suboptimal immunisation coverage with polio vaccines, suboptimal performance of AFP surveillance, and poor sanitation and hygiene conditions. WHO estimates the risk as moderate at the regional level and low at the global level. The US CDC has recently raised the travel advise to Philippines to level 2: 'practice enhanced precautions'.

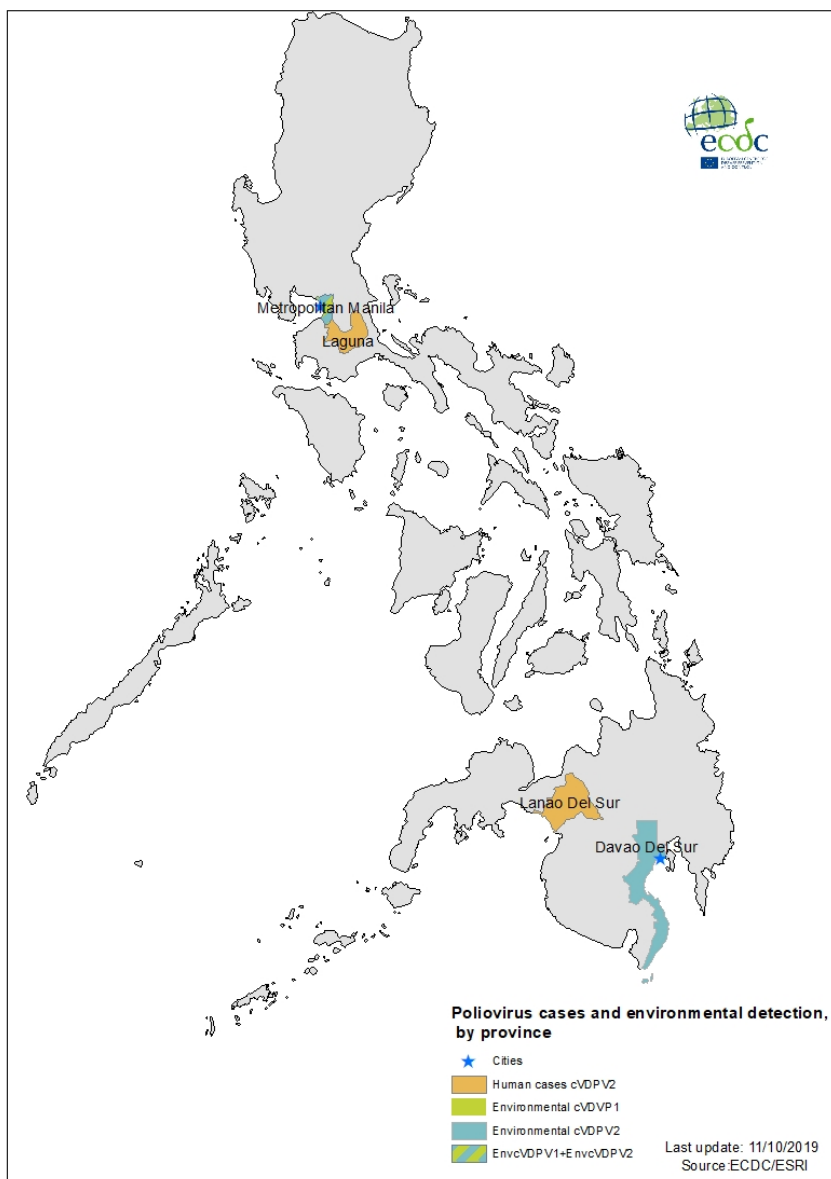
The risk for EU travellers in the Philippines is considered as very low, provided they are fully vaccinated. The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The risk of reintroduction of the virus in Europe exists as long as there are non- or undervaccinated population groups in European countries and poliomyelitis is not eradicated. According to WHO, one EU/EEA country (Romania) and another two countries (Bosnia and Herzegovina, and Ukraine) remain at risk of sustained polio outbreak following wild poliovirus importation or emergence of cVDPV due to suboptimal programme performance and low population immunity.

Actions

ECDC is monitoring this event through epidemic intelligence.

Poliovirus cases and environmental detection, by province, Philippines, July - October 2019

ECDC



Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2019

Opening date: 1 August 2018

Latest update: 11 October 2019

Epidemiological summary

Since the beginning of the outbreak a year ago and as of 9 October 2019, there have been 3 208 cases (3 094 confirmed, 114 probable) in the Democratic Republic of the Congo (DRC), including 2 144 deaths (2 030 confirmed, 114 probable), according to the Ministry of Health of the Democratic Republic of the Congo. During the past 21 days, four out of five cases came from the health zones: Mandima (n=18), Mambasa (n=17), Komanda (n=6), Oicha (n=5).

As of 9 October 2019, 162 healthcare workers have been infected (41 died).

In the DRC, 29 health zones in three provinces have reported confirmed/probable Ebola virus disease cases: Mwenga in South Kivu Province, Alimbongo, Beni, Biena, Butembo, Goma, Kalunguta, Katwa, Kayna, Kyondo, Lubero, Mabalako, Manguredjipa,

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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 Health Zones in Ituri Province.

In Uganda, one imported case (reported on 29 August) died on 30 August 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, the WHO Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth 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 as well as the need for a more intensified and coordinated response in order to end the outbreak.

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

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 sectors of the population. A substantial proportion of cases has been detected in individuals not previously identified as contacts, stressing the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak is ongoing in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of particular concern. So far, the identification of imported cases to previously non-affected areas does not change the overall risk for the EU/EEA, which remains very low.

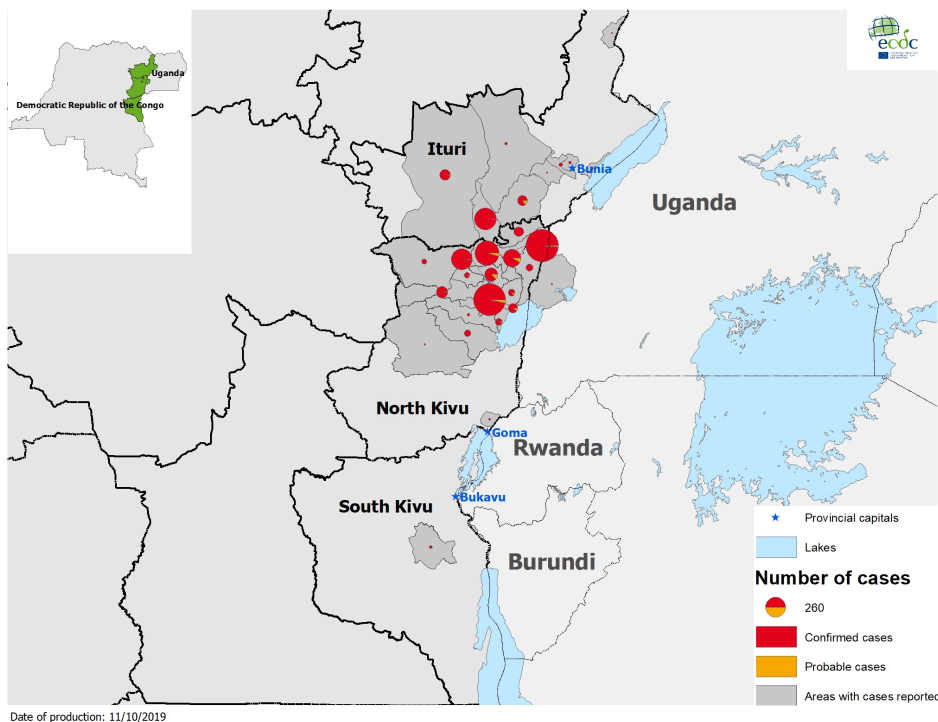
WHO assessment: As of 10 October 2019, the [WHO assessment](#) for the Democratic Republic of the Congo states that the risk of spread remains low at the global level and very high at national and regional levels. Substantial progress has been made in the response over the past month, with the number of new confirmed cases on a stable decline. With ongoing transmission shifting from major metropolitan hotspots to rural health zones, vigilance is required as these areas can be difficult to access and face security challenges. Response strategies must continue to be adapted to the local context, and capacities for operational readiness and preparedness should be enhanced and sustained in non-outbreak affected areas, including major transit routes.

Actions

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

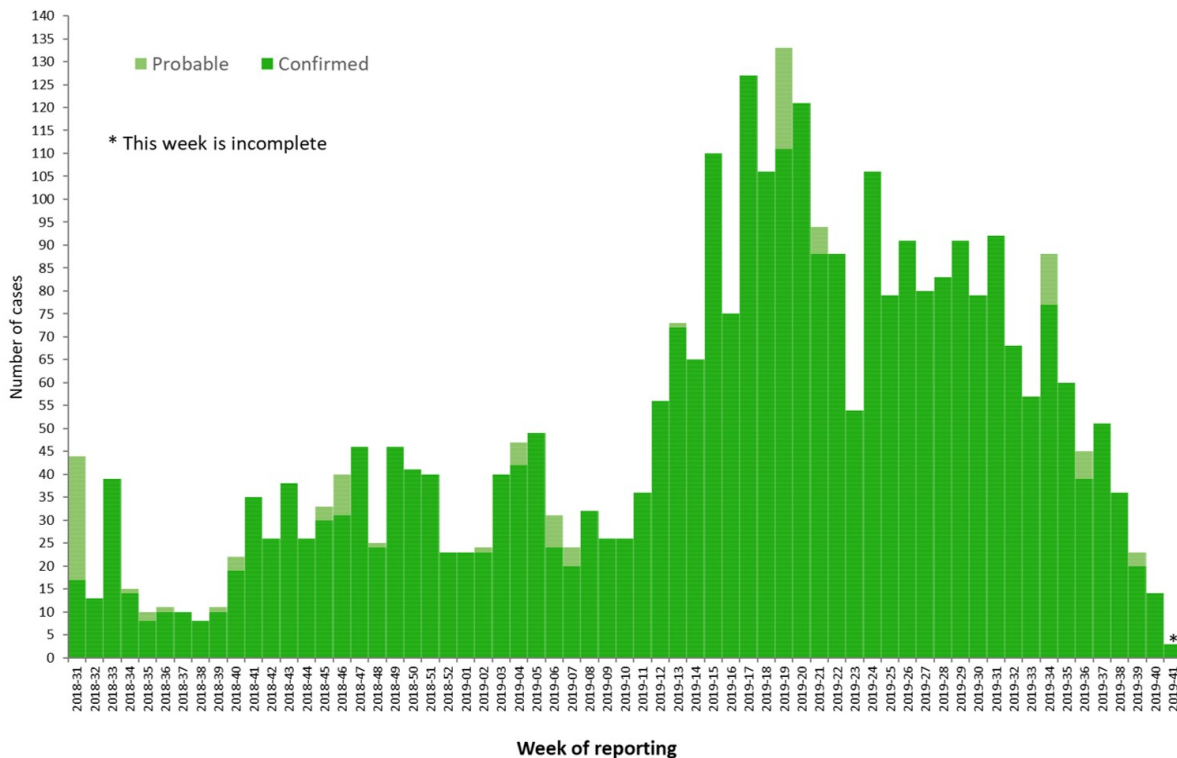
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 9 October 2019

Source: ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease, Democratic Republic of the Congo and Uganda, as of 9 October 2019

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 9 October 2019

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	3094	114	3208	2144	
North-Kivu Province	2632	98	2730	1898	
Alimbongo	5	0	5	2	
Beni	676	9	685	449	
Biena	18	2	20	14	
Butembo	283	3	286	352	
Goma	1	0	1	1	
Kalunguta	190	17	207	87	
Katwa	651	23	674	493	
Kayna	27	0	27	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	373	17	390	307	
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	84	1	85	34	
Mutwanga	32	0	32	12	
Nyragongo	3	0	3	1	
Oicha	61	0	61	27	ACTIVE
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	456	16	472	243	
Ariwara	1	0	1	1	
Bunia	5	0	5	4	
Komanda	56	10	66	53	
Lolwa	6	0	6	1	ACTIVE
Mambasa	72	2	74	25	
Mandima	305	4	309	153	ACTIVE
Nyakunde	1	0	1	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	3095	114	3209	2145	

Mass gathering monitoring – Japan – Rugby World Cup 2019

Opening date: 13 September 2019

Latest update: 11 October 2019

Epidemiological summary

No major events have been detected.

According to the [Japanese National Institute of Infectious Diseases](#), on 3 October 2019, health authorities of Kawasaki City and Tokyo Metropolis issued an alert to inform the general public on potential exposure to measles. Several confirmed measles cases used public transport in the affected areas between 21 and 25 September 2019. Following this press release, [Irish authorities](#) have informed the Irish rugby fans of a risk of measles as the same public transport lines were likely used by Irish rugby fans. As reported previously, due to ongoing outbreaks across the world, travellers are advised to get two doses of measles-containing vaccine before travel.

Additionally, [Japanese media](#), quoting health authorities, have reported an early start of the 2019–2020 influenza season in Japan. Authorities are reporting an increased number of reported cases compared with the same period last year. The analysis in the past month showed AH1pdm09 (73%), AH3 subtype (17%), and type B (10%).

Updates for rubella, measles and weather warnings are provided below.

According to [Japan's National Institute of Infectious Disease](#), 2 210 cases of rubella and three cases of congenital rubella syndrome have been reported in Japan this year (as of 29 September 2019), an increase of 14 rubella cases since the previous CDTR. The cases have been reported from all prefectures, except Aomori and Kochi, and most of the cases have been reported from Tokyo (831), Kanagawa (278), Chiba (195), Saitama (191), and Osaka (126). In the national rubella report, [NIID](#) states that 95% of the cases reported in 2018–2019 (as of May 2019), are adults, mainly males. Japan implemented a vaccination campaign in December 2018, targeting males born between 1962 and 1979.

In 2019 and as of 2 October, [Japan](#) has reported 707 cases of measles (an increase of 14 cases since the previous CDTR). The [cases](#) were reported in 34 out of 47 prefectures, with the majority of cases reported in Osaka (147), Tokyo (107), and Kanagawa (80).

According to the [Japan meteorological agency](#), on 10 October 2019 warnings of storm, heavy rain and high waves were issued in parts of Tokyo prefecture. According to several media sources, typhoon Faxai made landfall near Tokyo on 9 September.

On 13 September 2019, ECDC started enhanced epidemic intelligence activities related to this mass gathering event.

Source: [NIID](#) | [NIID measles report](#) | [Japan meteorological Agency](#) | [media 1](#) | [media 2](#) | [NIID Influenza report](#) | [NIID Measles alert](#)

ECDC assessment

EU/EEA citizens participating in mass gathering events are in general most at risk of gastrointestinal illness and vaccine-preventable infections.

Rubella poses a particular risk to non-immune pregnant women due to the possibility of an infection resulting in congenital rubella syndrome. They should exercise particular caution and seek healthcare if they have compatible symptoms. All travellers to Japan should check that they are up to date with routine vaccinations.

The prevention of gastrointestinal illnesses is dependent on adequate sanitation, availability of safe drinking water (chlorinated or boiled), and appropriate good food and hand hygiene, i.e. regularly washing hands with soap, eating thoroughly cooked food, washing fruits and vegetables with safe drinking water. Travellers to Japan should apply standard hygiene measures in order to reduce the risk of gastrointestinal illness. More information is available on the [ECDC website](#).

Actions

ECDC is monitoring this event through enhanced routine epidemic intelligence activities and reports on a weekly basis or when significant events are detected.

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