

News

Cases of cutaneous leishmaniasis in Algeria, Libya, and Tunisia

According to media, there is an upsurge in the number of leishmaniasis cases in Algeria, Libya and Tunisia.

- In [Algeria](#), an increase of cutaneous leishmaniasis was observed in 2018 in the region of Ghardaia. Cases reached 444 in 2018 compared with 323 cases in 2017 and 383 cases in 2016.
- In [Libya](#), according to media quoting health authorities, at least 5 000 cases have been recorded in the country in the past six months, most of them from the west of Tripoli. The report mentions that this number might be underestimated.
- In [Tunisia](#), media reports 1 318 cases in the region of Gafsa as of 16 February 2019, representing a three fold increase compared to 2017.

[Leishmaniasis](#) is a tropical/sub-tropical disease caused by *Leishmania* protozoa, which is spread by the bite of infected sandflies. The disease occurs worldwide, including the Mediterranean coast. There is a risk of cutaneous leishmaniasis emerging in southern Europe as a result of the abundance of vectors. Prevention of emergence depends on efficient surveillance and prompt treatment of all human leishmaniasis infections. The best way for travellers to prevent infection is to protect themselves from sandfly bites.

Zika virus disease: WHO updates guidelines for prevention of sexual transmission

The World Health Organization has published a [summary](#) of the new guidelines for the prevention of sexual transmission of Zika virus disease. The updated guidelines recommend correct and consistent use of condoms or sexual abstinence for sexual partners for 3 months for men (down from 6 months) and 2 months for women after possible exposure to the virus. In order to reduce the risk of sexual transmission from an exposed partner to a pregnant woman and avoid infecting the fetus with Zika virus disease, use of condoms or abstinence is recommended for the whole duration of an ongoing pregnancy.

I. Executive summary

EU Threats

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 8 March 2019

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

→Update of the week

Influenza activity was widespread in the European Region. Specimens collected from individuals presenting with influenza-like illness or acute respiratory infection to sentinel primary health care sites yielded an influenza virus positivity rate of 41.8%.

Influenza type A virus detections dominated, with slightly more A(H1N1)pdm09 than A(H3N2) viruses. Very few influenza B viruses were detected.

In week 9 of 2019, 27.4% of specimens from patients with severe acute respiratory infection (SARI) tested positive for influenza virus and almost all were type A.

Pooled data from 23 Member States and areas reporting to the EuroMOMO project indicated that the excess mortality observed in previous weeks is now declining. Excess mortality was seen in those aged 65 years and above and to a lesser extent in the age group 15–64 years.

Rift Valley fever (RVF) – France (Mayotte) – 2019

Opening date: 31 January 2019

Latest update: 8 March 2019

In December 2018 and January 2019, authorities reported an increase of Rift Valley fever cases in human and animals on Mayotte. These are the first human cases reported on Mayotte for several years.

→Update of the week

According to [Santé publique France](#) and [Agence de Santé Océan Indien](#), 19 new human cases have been reported in Mayotte since the last CDTR published on 1 March 2019. From 22 November 2018–1 March 2019, 82 human cases were confirmed in Mayotte, with no deaths reported to date.

In addition, samples taken by veterinarians from 22 November 2018–1 March 2019 from sick animals or from abortions have identified 39 epizootic foci of Rift Valley fever in Mayotte, comprising one to six animals, including bovines (30) and small ruminants (9).

Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 March 2019

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

→Update of the week

Since the previous Communicable Disease Threats Report (CDTR) published on 8 February 2019, updates have been provided for 26 EU/EFTA countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden and Switzerland.

In 2019, three deaths were reported in the EU in Romania.

Relevant updates outside EU/EEA countries are provided for Australia, Brazil, Israel, Madagascar, Myanmar, North Macedonia, the Philippines, Russia, Serbia, Thailand, Ukraine, the US and Vietnam.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on data reported on national authority websites or through media reports. 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). The data presented in both monthly reports may differ.

Non EU Threats

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

Opening date: 1 August 2018

Latest update: 8 March 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 and Ituri Provinces in the northeast of the country close to the border with Uganda. On 17 October 2018, the International Health Regulations Emergency Committee concluded that the epidemic does not at this stage constitute a public health emergency of international concern.

→Update of the week

Since the previous CDTR, the [Ministry of Health](#) of the Democratic Republic of the Congo has reported 28 additional cases, including 19 additional deaths, among confirmed cases.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 8 March 2019

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 400 Middle East respiratory syndrome coronavirus (MERS-CoV) cases have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point toward dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

In 2019 and as of 7 March 2019, 104 MERS-CoV cases have been reported in [Saudi Arabia](#) (91) and [Oman](#) (13). There were also 20 deaths in Saudi Arabia (16) and Oman (4). In Saudi Arabia, 34 cases were primary (19 of whom reported contact with camels), 31 were healthcare-acquired, 18 were household contacts and 8 cases are under investigation. The majority of the cases in Saudi Arabia (78%) were reported in Wadi Aldwasir (52) and Riyadh (19).

According to [WHO disease outbreak news](#) and as of 13 February 2019, there is an ongoing outbreak in a hospital in Wadi Aldwasir, Saudi Arabia, with 39 cases, including nine healthcare workers. In addition, there is an ongoing investigation of household contacts, other healthcare workers and patients. This investigation has enabled six asymptomatic cases to be detected.

According to [WHO disease outbreak news](#) and as of 18 February 2019, Oman has reported 13 cases of MERS-CoV in 2019 in Al Batinah North Governorate (9) and South Sharqiya (4) involving nine females and four males, including two healthcare workers.

Mass gathering - Carnival in Brazil - 2019

Opening date: 2 March 2019

Latest update: 8 March 2019

Carnival season takes place from 1–9 March 2019. In Rio de Janeiro, Brazil, 1 million participants are expected, including many travellers from Europe. The celebration is very popular across Brazil in other cities and states such as Salvador da Bahia, Recife and Manaus. According to the International Air Transport Association, the number of travellers from the EU/EEA to Rio de Janeiro in 2017 was 467 000, mostly from Portugal, France and the UK.

→Update of the week

There is media attention about an incident happening in Olinda (near the city of Recife) where at least 25 persons were reportedly attacked with possibly contaminated syringes.

In Rio de Janeiro, no major infectious disease events have been detected through monitoring this week.

II. Detailed reports

Influenza – Multistate (Europe) – Monitoring season 2018 – 2019

Opening date: 8 October 2018

Latest update: 8 March 2019

Epidemiological summary

2018–2019 season overview

Influenza activity in the European region based on sentinel sampling exceeded a positivity rate of 10% in week 49 of 2018, exceeded 50% between weeks 3-7 of 2019 and peaked in week 5 of 2019.

Both influenza A virus subtypes are circulating widely, with co-circulation in certain countries, while others report dominance of either A(H1N1)pdm09 or A(H3N2) viruses.

Among hospitalized influenza virus-infected patients admitted to ICU wards, 38% of influenza A viruses were subtyped. Of these, 73% were A(H1N1)pdm09 viruses. Among influenza virus-infected patients admitted to other wards, 34% of influenza A viruses were subtyped and 65% were A(H1N1)pdm09 viruses.

Over 90% of influenza A virus-positive cases detected from SARI surveillance since week 40 2018 were subtyped and 81% were A(H1N1)pdm09 virus.

In general, current influenza vaccines tend to work better against influenza A(H1N1)pdm09 and influenza B viruses than against influenza A(H3N2) viruses and preliminary vaccine effectiveness estimates continue to support the use of vaccines. Early data suggests the vaccines are effective and estimates vary depending on the population studied and the proportions of circulating influenza A virus subtypes (higher vaccine effectiveness in children). Refer to data from [six European studies](#), [Canada](#), [Finland](#), [Hong Kong](#), [Sweden](#) and the [United States](#).

On 21 February 2019, [WHO published recommendations](#) for the influenza vaccine composition to be used in the 2019–2020 northern hemisphere season. The recommendation for B strains remained unchanged, for A(H1N1)pdm09 it was updated and for A(H3N2) it was postponed to 21 March 2019.

Circulating viruses remain susceptible to neuraminidase inhibitors supporting early initiation of treatment and prophylactic use according to national guidelines.

Source: [Flu News Europe](#) | [EuroMOMO](#)

ECDC assessment

Influenza activity and geographic spread remain at seasonally expected levels. Influenza A(H3N2) and A(H1N1)pdm09 co-circulate in Europe. Influenza vaccine coverage among the elderly, chronic disease risk groups and healthcare workers was suboptimal in most EU Member States, according to the [VENICE report](#). Influenza vaccination efforts should continue in the EU.

Actions

ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the [Flu News Europe website](#).

Recommendations on the composition of the 2018–2019 influenza virus vaccine are available from the [WHO](#) website.

Rift Valley fever (RVF) – France (Mayotte) – 2019

Opening date: 31 January 2019

Latest update: 8 March 2019

Epidemiological summary

According to French authorities, from 22 November 2018–01 March 2019, 82 human cases were confirmed in Mayotte and no fatality has been reported to date. All cases were locally acquired. Among 63 cases with available information on gender and age, 50 are male and 13 are female, with an age range of 10–74 years.

Most of the cases are concentrated mainly in the Centre-West and North areas of Mayotte.

Further investigations identified 39 epizootic foci of Rift Valley fever in the western and central parts of the island.

According to the French Agricultural Research Centre for International Development, Rift Valley fever seroprevalence among ruminants has decreased from 2008–2017, but increased significantly in 2017 and 2018 (3.6%, IC95% [2.3%–5.6%]) and 2018 and 2019 (10.1%, IC95% [6.5%–15.3%]).

Sources: [Santé publique France](#) | [Agence de Santé Océan Indien](#) | [Emerging Infectious Diseases](#) | [Emerging Infectious Diseases](#) | [Université de la Réunion](#) | [OIE](#) | [WAHIS](#)

ECDC assessment

The detection of autochthonous cases in Mayotte is not unexpected, but the occurrence of 82 cases within a short time period is of concern as the current weather conditions (rainy season from November to March) are favourable for vectors.

The risk of cases being imported into the EU is not new, as Rift Valley fever is endemic in many African countries. Sporadic importation of cases into the EU has occurred in the past years. To date, no autochthonous cases have been reported in the continental EU/EEA countries.

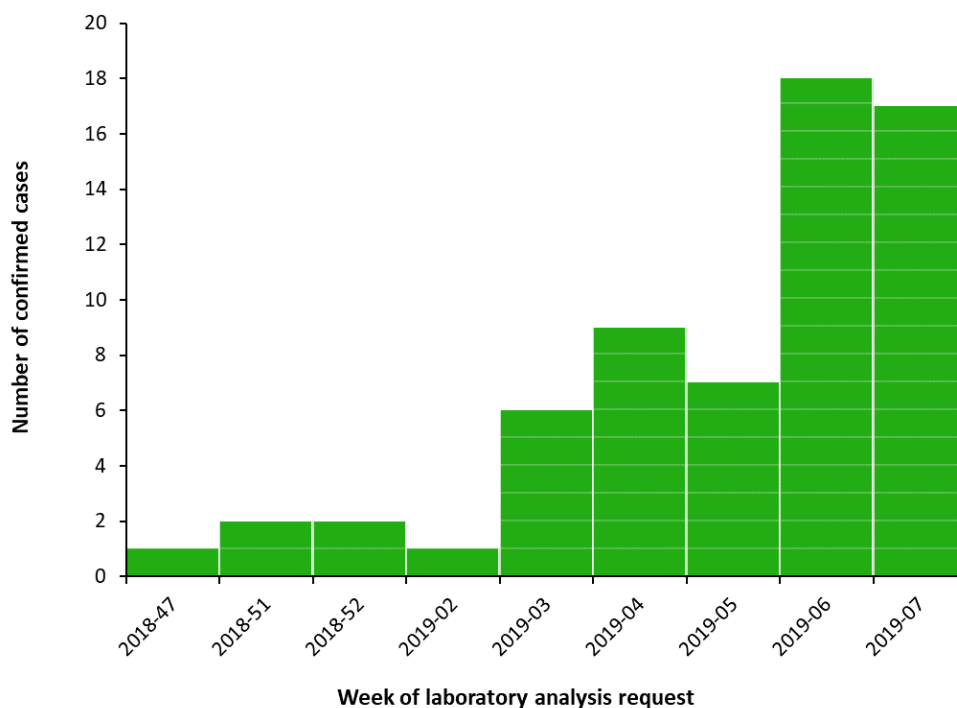
EU Member States should maintain awareness of the situation in Africa and continue to include Rift Valley fever in differential diagnosis for sick returning travellers, as importation of cases from Mayotte cannot be excluded.

Actions

ECDC is preparing a rapid risk assessment on Rift Valley fever in Mayotte (France) that will be published next week. ECDC will continue monitoring this event through epidemic intelligence activities and report again if there is a relevant epidemiological update.

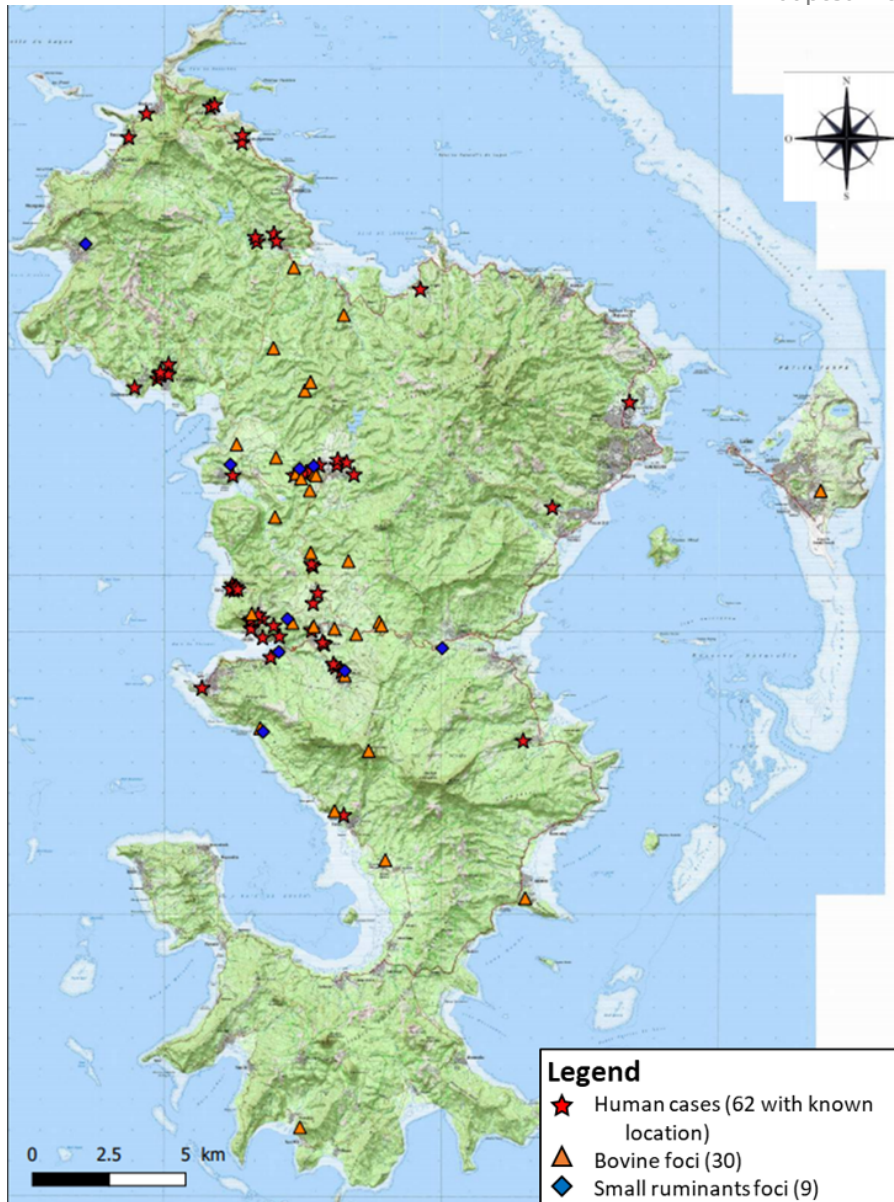
Distribution of RVF confirmed human cases, Mayotte, 22 November 2018 to 21 February 2019

Adapted from Santé publique France epidemiological report num. 9



Geographic distribution of human cases (stars) and epizootic foci in bovines (triangles) and small ruminants (diamonds) of RVF in Mayotte, from 22 November 2018 to 01 March 2019.

Adapted from Agence de Santé Océan Indien



Measles – Multistate (EU) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 8 March 2019

Epidemiological summary

Since the previous Communicable Disease Threats Report (CDTR) published on 8 February 2019, updates have been provided for 26 EU/EFTA countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, The Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Iceland and Switzerland.

In 2019, three deaths were reported in EU in Romania.

Relevant updates outside EU/EE countries are provided for Australia, Brazil, Israel, Japan, Madagascar, Myanmar, North Macedonia, the Philippines, Russia, Serbia, Thailand, Ukraine, the US and Vietnam.

Of these countries, outbreaks have been reported by Austria, Belgium, Bulgaria, the Czech Republic, Denmark, France, Ireland, Lithuania, Slovakia and Poland and outside the EU/EEA by Brazil, Madagascar, Myanmar, North Macedonia, the Philippines, Russia and Ukraine.

The monthly measles report published in the CDTR provides the most recent data on measles cases and outbreaks based on the data reported on national authority websites or through media reports. 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). The data presented in both monthly reports may differ.

Epidemiological summary for EU/EFTA countries with updates since last month:

Austria reported 52 cases in 2019 as of 20 February 2019, an increase of 44 cases since 23 January 2019. The cases have been reported from Steiermark (34), Salzburg (13), Tirol (4) and Vienna (1). In 2018, there were 77 cases reported from all federal states and 12% of the cases were healthcare workers.

Belgium: According to media reports on 22 February 2019, two outbreaks have been reported in the Brussels region, with 24 confirmed cases this year compared with 13 in the same period in 2018, and Wallonia, with 13 confirmed cases compared with 2 in the same period in 2018. In 2018, 120 cases of measles were reported in Belgium, according to TESSy.

Bulgaria has reported an outbreak of measles, with 51 cases reported by the [Ministry of Health](#) as of 27 February 2019. The cases were reported by Blagoevgrad (40), Sofia city (7), Sofia district (3) and Varna (1). In the same period in 2018, one case of measles was reported in Bulgaria. Overall, in 2018, Bulgaria reported 13 cases. According to [media reports](#) quoting the Ministry of Health, 52 cases of measles have been reported as of 1 March 2019.

Croatia: No outbreaks have been reported in 2019 as of 1 March 2019. Croatia reported 23 cases in 2018, according to TESSy.

Cyprus: No cases have been detected in 2019. In 2018, Cyprus reported 14 cases, according to [media reports](#) on 9 February 2019.

The Czech Republic reported 170 cases, including 162 confirmed cases in 2019, as of 28 February 2019. This is an increase of 137 cases since the CDTR published on 8 February 2019. Most of the cases were reported by the Prague (76), Pardubice (29) and Moravian-Silesian (24) regions. In 2018, 207 measles cases were reported in the [country](#).

Denmark reported four cases according to the surveillance data. An outbreak of five [cases](#) with an identical strain has been reported as of 27 February 2019. In 2018, Denmark reported eight cases.

Estonia reported three cases in January 2019, an increase of three cases since the previous CDTR on 8 February 2019. In 2018, 10 cases were reported by Estonia. According to [media reports](#), four cases have been reported, three of which were travel-related.

Finland reported five cases in 2019 as of 1 March 2019, an increase of two cases since 4 February 2019. In 2018, Finland reported 15 cases.

France reported several outbreaks of measles in the beginning of 2019, resulting in 244 cases reported as of 27 February 2019 compared with 665 cases in the same period in 2018. Among these cases, 73 (30%) were hospitalised and 19 (8%) developed complications. The outbreaks were reported at the [Val Thorens](#) ski resort in Savoie (47 cases), Mayotte (14), Reunion (36), and Haute Garonne (15) areas. Between 18 December 2017–16 December 2018, France reported 2 902 cases, including three deaths.

Germany reported 120 cases of measles in 2019 as of 10 February 2019, an increase of 97 cases since the CDTR on 8 February 2019. Almost half of the cases were reported from the North Rhine-Westphalia region (59). In the same period in 2018, Germany reported 39 cases.

Greece: No new cases have been detected in 2019 as of 1 March 2019. In 2018 and as of 20 December 2018, 2 290 cases, including two deaths, were reported in Greece.

Hungary reported four cases in 2019 as of 10 February 2019, an increase of one case since the CDTR on 8 February 2018. No cases were reported in the same period in 2018 and 21 cases were reported in 2018.

Iceland reported two confirmed case of measles in 2019 as of 3 March 2019. The cases developed symptoms while traveling on a [connecting flight from London to Reykjavík](#) on 14 February 2019.

Ireland reported 10 cases in 2019 as of 23 February 2019, of which three were confirmed. This is an increase of three cases since

the CDTR published on 8 February 2019. In 2018, Ireland reported 90 cases of measles, according to TESSy. According to media reports, there are outbreaks reported in the country.

[Italy](#) reported 163 cases in January 2019 compared with 99 cases in December 2018. Most of the cases were reported from the Lombardy (53), Puglia (29) and Emilia-Romagna (19) regions. In 2018, Italy reported 2 526 measles cases, including eight deaths. In addition, [media](#) reported four cases in Rome.

[Lithuania](#) reported 67 cases in 2019 as of 2 February 2019, according to [media reports](#) quoting health authorities. The majority of the cases are related to an outbreak in Kaunas County (44). This is an increase of 53 cases since CDTR published on 8 February. In [January](#) 2019, there were 12 cases reported. Overall, 30 cases were reported in Lithuania in 2018.

[Luxembourg](#): According to media reports on 26 February 2019, no cases have been reported in 2019. Overall, four cases were reported in the past two years in Luxembourg.

[Norway](#) reported one case in 2019 as of 1 March 2019. In 2018, Norway reported 12 cases in 2018.

[Poland](#) reported 314 cases in 2019 as of 28 February 2019, compared with 46 cases reported by mid-January 2019. In the same period of 2018, Poland reported 29 cases and 339 cases overall in 2018.

[Portugal](#) reported no new cases reported in 2019 since the end of January. DGS declared the end of three outbreaks in Cascais, Oeiras and Madeira, during which 37 cases have been reported since November 2018. Overall, Portugal reported 162 cases in 2018.

[Romania](#) reported 381 cases, including three deaths, in 2019 as of 1 March 2019, an increase of 248 cases and 2 deaths since 1 February 2019. Since the beginning of the outbreak in October 2016 and as of 1 March 2019, Romania has reported 15 981 confirmed cases, including 62 deaths. In 2018, 5 376 measles cases, including 22 deaths were reported by Romania.

[Slovakia](#) reported 67 cases in 2019 as of 14 February 2019. Of these cases, 57 are reported from Trebišov District. Since the beginning of the outbreak in September 2018 and as of 14 February 2019, 149 cases, including 125 confirmed cases, were reported in [Trebišov](#) district.

[Spain](#) reported 17 confirmed cases in 2019 as of 24 February 2019. This is an increase of 11 cases since 27 January 2019.

[Sweden](#): No cases have been reported in 2019 as of 1 March 2019. However, one case was reported at a hospital in the Stockholm area in February, according to media reports. In 2018, there were 43 cases reported by Sweden.

[Switzerland](#) reported 38 cases in 2019 as of 26 February 2019, an increase of 32 cases since the national report on 29 January 2019. Ten cases were reported for the same period in 2018. Overall, in 2018 and as of 2 December 2019, 47 cases were reported.

Certain graphs and epicurves about measles in EU/EFTA are available in the attached CDTR PowerPoint slides.

Relevant epidemiological summary for countries outside the EU/EFTA:

According to [UNICEF](#) in 2018, 10 countries accounted for approximately three-quarters of the total increase in measles in 2018, including significant outbreaks in Brazil, Madagascar, the Philippines, Ukraine and Yemen.

[Australia](#): According to [media reports](#), 14 cases were reported in Brisbane in 2019 as of 28 February 2019.

[Brazil](#): According to UNICEF, over 10 000 cases were reported in 2018.

[Israel](#) reported sporadic cases of measles in 2019 as of 1 March 2019, more than 3 150 cases of measles were reported by Israel.

[Japan](#): According to media reports, 170 cases have been reported to date in 2019.

[North Macedonia](#) reported 318 cases of measles, including 3 deaths, in 2019 as of 22 February 2019. The majority of the cases are reported by Skopje (311).

[Madagascar](#) reports a large outbreak of measles. According to WHO, from 3 September 2018–21 February 2019, 82 905 cases have been reported (983 laboratory-confirmed, the remainder epidemiologically linked) with 926 deaths (CFR: 1.1%), including 622 deaths in healthcare facilities. Weekly reported cases numbers have declined since a peak of 10 744 cases in week 4 of 2019.

Myanmar: According to [media reports](#), 1 300 cases, including one death, have been reported in 2019 as of 27 February 2019.

The Philippines: A large outbreak of measles in 2019 has been reported, according to media quoting health authorities. As of 22 February 2019, 12 736 cases and 203 deaths have been reported.

Russia: Several outbreaks were reported across the country in January and February 2019. According to media reports, outbreaks were reported in the city of [Moscow](#), [Dagestan](#), the [Vladimir](#) region, [St. Petersburg](#) and [Yamalo-Nenets Autonomous District](#). In addition, [media reports](#) quoting health authorities reported 2 238 cases of measles from December 2018–January 2019 (725 cases in the same period in 2018).

Serbia reported 5 785 cases, including 14 deaths, from October 2017–22 February 2019, including cases reported from Kosovo*. This is an increase of one case since the CDTR published on 8 February 2019. Of the reported cases, 2 933 were confirmed.

**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.*

Thailand: According to media quoting health authorities, 613 cases, including 2 deaths, from 47 provinces of Thailand have been reported in 2019 as of 4 February 2019.

Ukraine has reported 24 042 cases, including two deaths, in 2019 as of 22 February 2019. Of the cases, 10 588 were adults and 13 454 were children. This is an increase of 8 947 cases and one death since the end of January 2019. Since the beginning of the outbreak, 30 measles-related deaths were reported by Ukraine. In 2018, Ukraine reported 54 481 cases of measles (20 204 adults and 34 277 children), including 16 deaths.

The US: From 1 January–21 February 2019, 159 cases of measles have been confirmed in 10 states. This is an increase of 80 cases since the CDTR published on 8 February 2019. States that have reported cases to the CDC are California, Colorado, Connecticut, Georgia, Illinois, Kentucky, New York, Oregon, Texas and Washington.

Vietnam reported 664 cases of measles in 43 out of 64 provinces in 2019, according to media reports quoting the Ministry of Health on 16 February 2019.

ECDC assessment

Given the current extent of measles circulation in the EU/EFTA, the trend in recent years and the fact that vaccination coverage for the first and second dose is suboptimal, there is a high risk of continued measles transmission with mutual exportation and importation between EU/EFTA Member States and third countries. Vaccination coverage of at least 95% of the general population at national and subnational levels with two doses of measles-containing vaccine is recommended and necessary to ensure that measles circulation is interrupted, and that introduction of measles cases does not result in secondary cases. For a more complete assessment, consult ECDC's rapid risk assessment, [Risk of measles transmission in the EU/EEA](#), published on 21 March 2018.

Actions

ECDC monitors the measles situation through epidemic intelligence and reports monthly. ECDC also gathers measles surveillance data through The European Surveillance System (TESSy) for 30 EU/EEA countries.

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

Opening date: 1 August 2018

Latest update: 8 March 2019

Epidemiological summary

Since the beginning of the outbreak and as of 6 March 2019, there have been 913 cases (848 confirmed, 65 probable), including 574 deaths (509 confirmed, 65 probable), according to the Ministry of Health of the Democratic Republic of the Congo.

As of 2 March 2019 and according to the [WHO Regional Office for Africa External Situation Report 30](#), 72 healthcare workers have been infected, including 24 deaths.

Nineteen health zones in two provinces have reported confirmed or probable Ebola virus disease cases: Beni, Biena, Butembo,

9/14

Kalunguta, Katwa, Kayna, Kyondo, Mabalako, Mangurujipa, Masereka, Musienene, Mutwanga, Oicha and Vuhovi health zones in North Kivu Province and Bunia, Komanda, Mandima, Nyankunde and Tchomia health zones in Ituri Province.

Source: [Ministry of Health of the Democratic Republic of the Congo](#)

ECDC assessment

ECDC assessment: Response measures remain challenging in affected areas because of the prolonged humanitarian crisis, unstable security situation and resistance among the population. The fact that the outbreak is ongoing in areas with cross-border population flow with Rwanda, South Sudan and Uganda remains of particular concern.

A substantial proportion of cases continue to be among individuals not previously identified as contacts, highlighting the need to maintain enhanced surveillance in order to identify chains of transmission.

The overall risk of introduction and further spread of Ebola virus disease within the EU/EEA is very low. However, the risk can only be eliminated by stopping transmission at the local level.

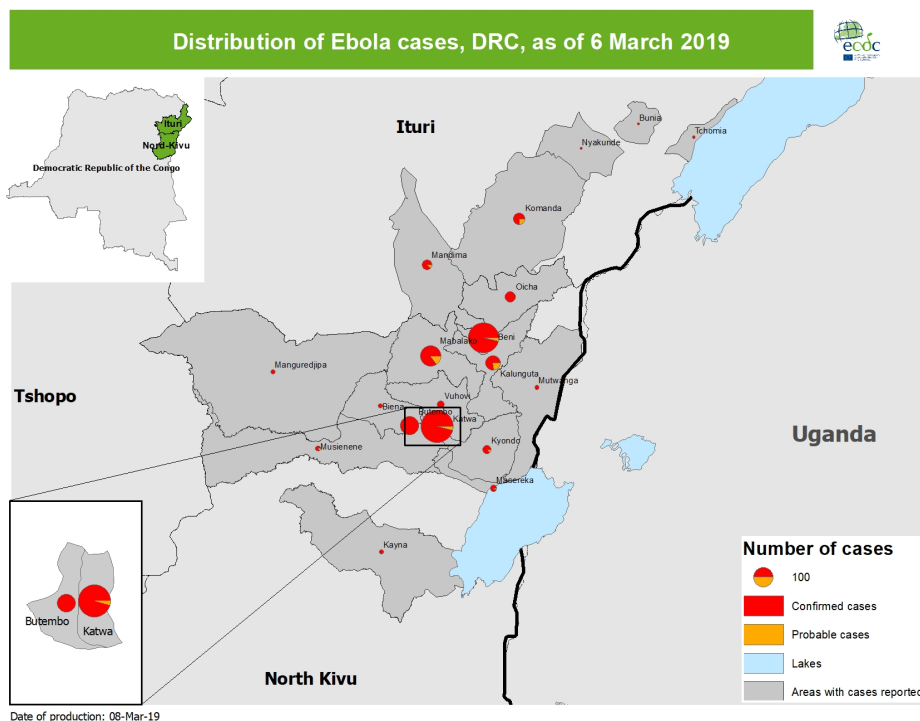
WHO assessment: As of 7 February 2019, the [WHO assessment](#) is that the risk of spread is low at the global level, but remains very high at national and regional levels.

Actions

ECDC published an epidemiological update on 25 January 2019 and the third update of a [rapid risk assessment](#) on 13 February 2019.

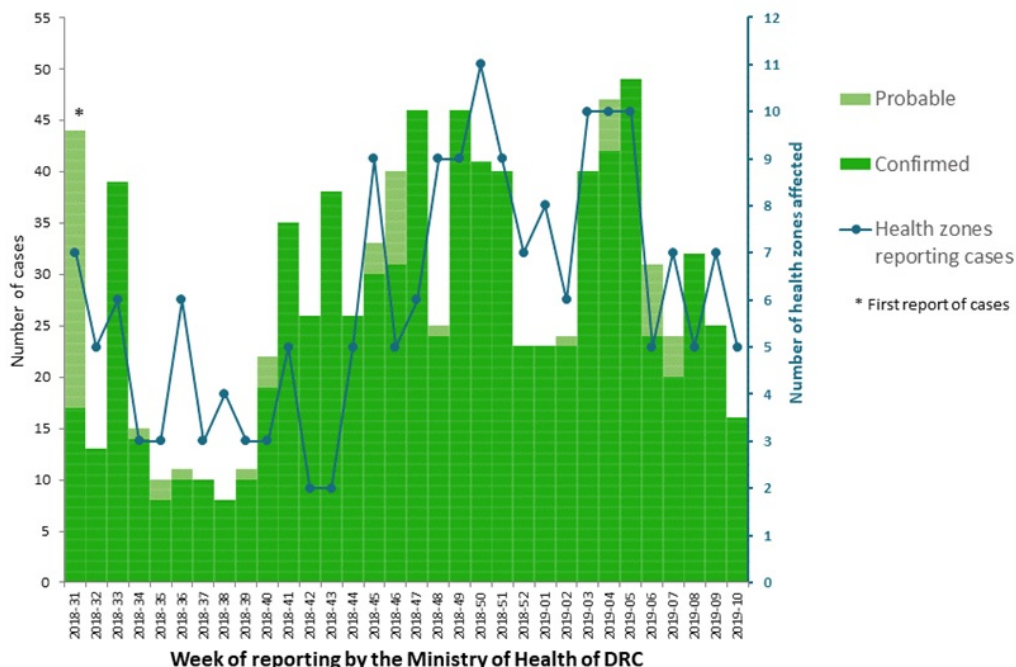
Geographical distribution of confirmed and probable cases of Ebola virus disease, North Kivu and Ituri Provinces, Democratic Republic of the Congo, as of 6 March 2019

ECDC



Distribution of confirmed and probable cases of Ebola Virus Disease and health zones reporting cases, North Kivu and Ituri, Democratic Republic of the Congo, as of 6 March 2019

ECDC



The MoH of DRC are currently conducting data cleaning. Thus, these figures are likely to change over coming days as cases are being reclassified.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multistate

Opening date: 24 September 2012

Latest update: 8 March 2019

Epidemiological summary

In 2019 and as of 7 March 2019, 104 MERS-CoV cases have been reported in Saudi Arabia (91) and Oman (13). There were also 20 deaths in Saudi Arabia (16) and Oman (4). In Saudi Arabia, 34 cases were primary (19 of whom reported contact with camels), 31 were healthcare-acquired, 18 were household contacts and 8 cases are under investigation. The majority (78%) of the cases in Saudi Arabia were reported in Wadi Aldwasir (52) and Riyadh (19).

Since April 2012 and as of 06 March 2019, 2 401 cases of MERS-CoV, including 869 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

ECDC assessment

The risk of sustained human-to-human transmission in Europe remains low. ECDC's assessment remains that the MERS-CoV outbreak poses a low risk to the EU, as stated in the [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

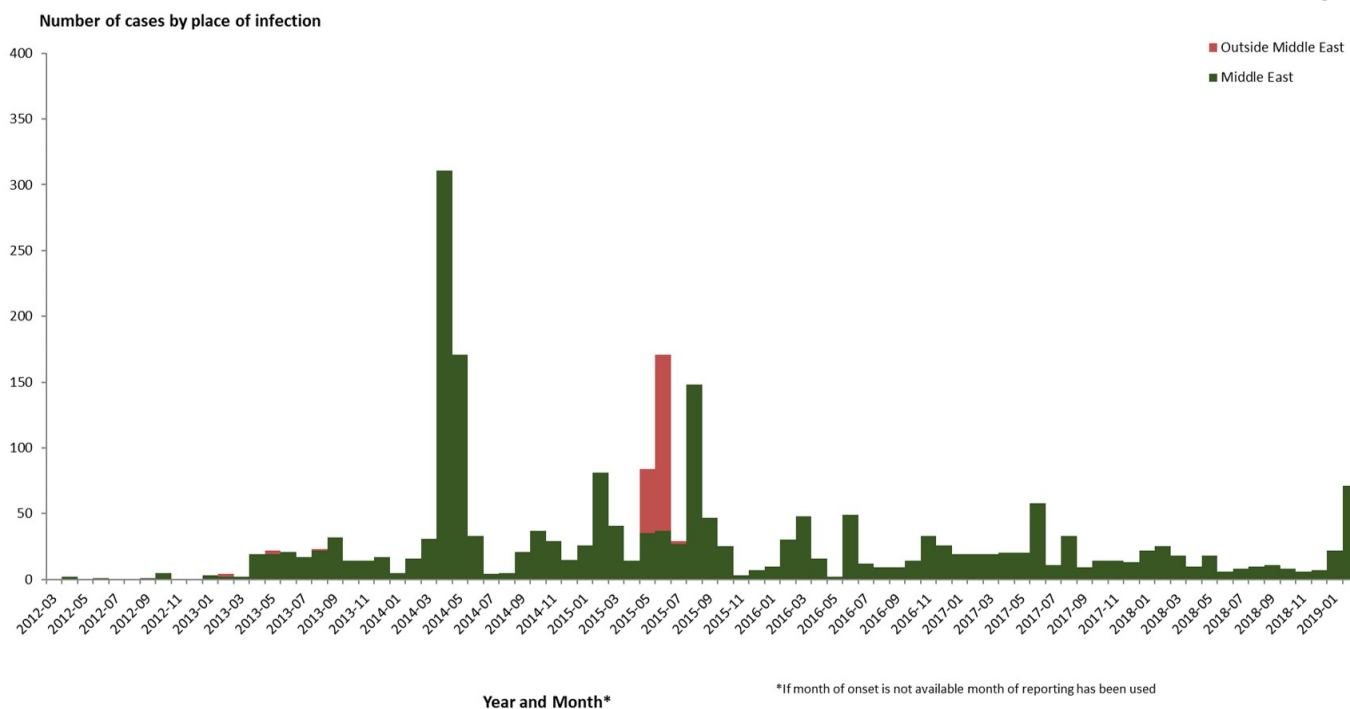
On 2 August 2018, ECDC published a [rapid risk assessment regarding public health risks related to communicable diseases during the 2018 Hajj, Saudi Arabia, 19–24 August 2018](#) that also addresses MERS-CoV.

Actions

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

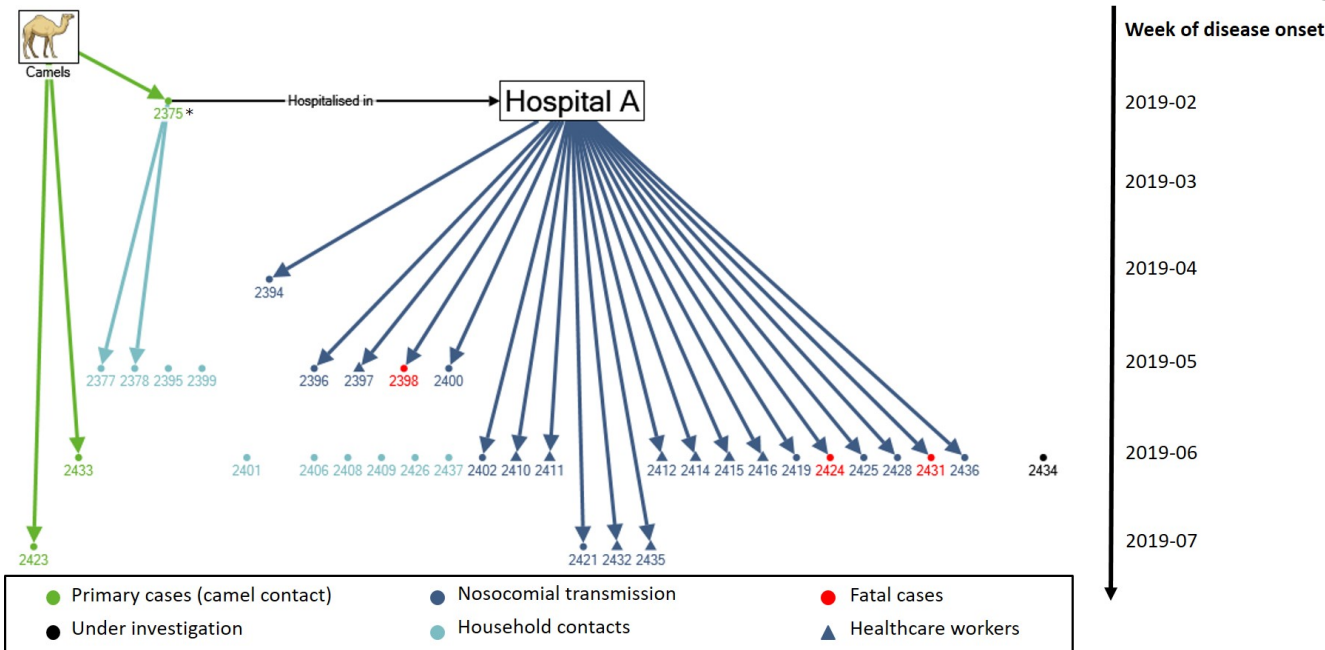
Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, from March 2012 and as of 07 March 2019

ECDC



Transmission chain of confirmed cases of MERS-CoV in Wadi Aldwasir, Saudi Arabia, by week of disease onset, weeks 2019-02 to 2019-07 (n = 35)

ECDC



Mass gathering - Carnival in Brazil - 2019

Opening date: 2 March 2019

Latest update: 8 March 2019

Epidemiological summary

According to [media reports](#), at least 25 persons were reportedly pierced with possibly contaminated syringes in Olinda (near the city of Recife) in Pernambuco State. Individuals were attacked while attending carnival sites. They were referred to the regional reference centre for infectious diseases in Recife, where they underwent HIV post-exposure prophylaxis. The event is being investigated by the local police.

In Rio de Janeiro, no major infectious disease events have been detected through monitoring this week.

[Brazilian health authorities](#) encourage visitors to keep measles vaccination up to date due to circulating measles in the country and the risk this poses to carnival participants.

ECDC assessment

During mass gathering events, the most common health risks are related to vaccine-preventable diseases, gastrointestinal illnesses, vector-borne diseases in favourable climate conditions and sexually transmitted infections. Travellers should consult their healthcare provider regarding vaccination and practice safe sex, including the use of condoms, in order to avoid sexually transmitted infections. They should also follow measures to avoid mosquito bites.

Actions

ECDC monitors this event closely through epidemic intelligence and will report on a weekly basis or when major events occur. ECDC published an [epidemiological update](#) on 7 February 2019.

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