



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 44, 25-31 October 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 30 October 2020

French authorities have reported an increased number of dengue cases in the islands of Guadeloupe, Saint Martin, Saint Barthélemy and Martinique in recent weeks.

→Update of the week

Since the previous update, with data as of 10 October 2020 and as of 29 October 2020, an additional 5 363 dengue cases have been reported in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique.

The following cases have been reported since the previous update:

Guadeloupe: 1 910 additional suspected cases.

Saint-Martin: 100 additional suspected cases.

Saint-Barthelemy: 53 additional suspected cases.

Martinique: 3 300 additional suspected cases, including one death.

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

Opening date: 20 May 2020

Latest update: 30 October 2020

During the transmission season for West Nile virus, 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 EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

Between 23 and 29 October 2020, EU Member States reported two human cases of WNV infection: Greece (1) and Italy (1). These cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece. No human cases of WNV infection or deaths were reported from EU-neighbouring countries.

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

Sources: TESSy

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

Opening date: 7 January 2020

Latest update: 30 October 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 rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO 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). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

→Update of the week

Since 24 October 2020 and as of 30 October 2020, 3 348 664 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 43 628 new deaths.

Globally, the number of cases has increased from 41 771 932 to 45 120 596, and the number of deaths has risen from 1 138 780 to 1 182 408.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 5 528 320 to 6 930 071 (+1 401 751 cases), and the number of deaths has risen from 205 986 to 217 104 (+11 118 deaths).

More details are available [here](#).

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 30 October 2020

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

→Update of the week

Week 43/2020 (19 October–25 October 2020)

Influenza activity remained at interseasonal levels.

Of 236 sentinel specimens tested for influenza viruses in week 43, 2 (<1%) were positive.

Of 6 630 non-sentinel specimens tested for the presence of influenza viruses, three were positive: one for influenza A (H1)pdm09 and two for influenza type B (neither ascribed to a lineage).

There were no hospitalized laboratory-confirmed influenza cases reported for week 43/2020.

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

Opening date: 4 June 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) [declared](#) the 11th outbreak of Ebola virus disease in the country. The outbreak is located in the 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 28 October 2020, two additional probable cases have been reported from the Equateur Province in the DRC. Both of them died.

The last confirmed case was reported 30 days ago from Makanza Health Zone. Despite this outbreak showing signs of slowing down, there is evidence that it is still ongoing as the response remains challenging.

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

Opening date: 20 April 2006

Latest update: 30 October 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 and Yemen. Haiti reported its last laboratory-confirmed case in February 2019.

→Update of the week

Since the last update on 2 October 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are Yemen and Democratic Republic of the Congo.

A list of all countries reporting new cases since the previous update on 2 October 2020 can be found below.

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

Opening date: 24 September 2012

Latest update: 30 October 2020

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since the previous update and as of 27 October 2020, no additional cases of MERS-CoV have been reported by Saudi Arabia health authorities or by WHO.

II. Detailed reports

Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 30 October 2020

Epidemiological summary

According to French authorities, Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique are all in an epidemic phase.

In **Guadeloupe**, since week 2019-43 and as of 29 October 2020, 17 050 suspected dengue cases have been reported, including one death. Most of the cases have been identified as dengue virus serotype 2.

In **Saint-Martin**, since week 2020-03 and as of 29 October 2020, 2 400 suspected dengue cases have been reported, including one death. Most of the cases have been identified as dengue virus serotype 1.

In **Saint-Barthélemy**, since week 2020-17 and as of 29 October 2020, 1 177 suspected dengue cases have been reported. Most of the cases have been identified as dengue virus serotype 2.

In **Martinique**, since 4 November 2019 and as of 29 October 2020, 28 000 suspected dengue cases have been reported, including 12 deaths. Dengue virus serotype 3 has been identified among most of the cases. The number of cases notified in Martinique constitute the largest outbreak reported on the island in the last decade.

Source: [Santé publique France](#)

ECDC assessment

EU/EEA travellers to and residents in the affected areas should apply [personal protective measures against mosquito bites](#). The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

The current likelihood of the occurrence of local transmission events of dengue virus in southern continental Europe is considered to be low to very low as the environmental conditions are no longer favourable (or are becoming unfavourable) to vector activity and virus replication.

More information about dengue is available at [ECDC factsheet](#).

Actions

ECDC is monitoring the ongoing situation through its epidemic intelligence activities. ECDC has maintained a list of the [autochthonous transmission events of dengue virus in continental EU/EEA](#) since 2010.

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

Opening date: 20 May 2020

Latest update: 30 October 2020

Epidemiological summary

Between 23 and 29 October 2020, EU Member States reported two human cases of WNV infection: Greece (1) and Italy (1). These cases were reported from areas that have been affected during previous transmission seasons. This week, two deaths were reported by Greece. No human cases of WNV infection or deaths were reported from EU neighbouring countries.

Since the start of the 2020 transmission season and as of 29 October 2020, EU Member States have reported 308 human cases of WNV infection, including 36 deaths, through TESSy: Greece (143, including 22 deaths), Spain (76, including 7 deaths), Italy (66, including 5 deaths), Germany (12), Romania (6, including 1 death), Hungary (3), Bulgaria (1, including 1 death) and the Netherlands (1).

The province of Pazardzhik in Bulgaria, the province of Badajoz in Spain, the region of Utrecht in the Netherlands and five regions in Germany (Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen) reported locally-acquired human cases of WNV infection for the first time. All other cases were reported from areas that have been affected during previous transmission

4/16

seasons. No cases have been reported from EU-neighbouring countries.

Since the beginning of the 2020 transmission season, 178 outbreaks among equids have been reported. These outbreaks have been reported by Spain (136), Germany (20), Italy (12), France (5), Portugal (2), Austria (2) and Hungary (1) through the Animal Disease Notification System (ADNS). Since the beginning of the 2020 transmission season, two outbreaks among birds have been reported through ADNS, both by Bulgaria.

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

Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in eight EU Member States (Bulgaria, Germany, Greece, Hungary, Italy, the Netherlands, Romania, and Spain) in which WNV enzootic transmission between mosquitoes and birds has previously been described.

The first detection of a WNV infection in a bird in the Netherlands earlier this year and the subsequent detection of a human case of WNV infection corroborates the further expansion of WNV circulation in Europe; similarly, the first detection of WNV in a bird in Germany in 2018 was followed by the detection of human WNV infections in 2019. Further human cases may be detected, but in the coming weeks, environmental conditions will become less suitable for transmission of the virus. In previous years the latest date of onset usually ranged from week 41 to week 46.

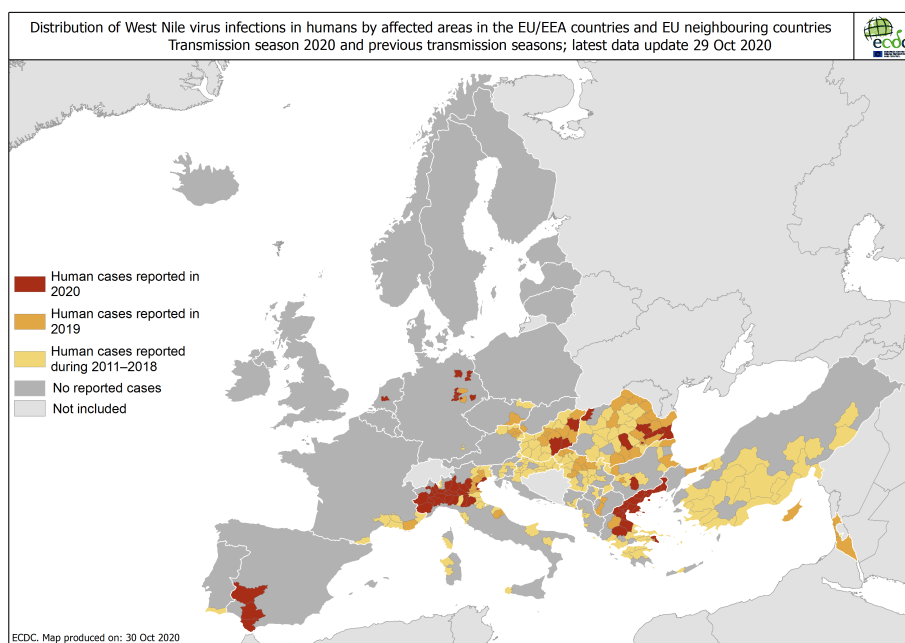
In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During 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 29 Oct

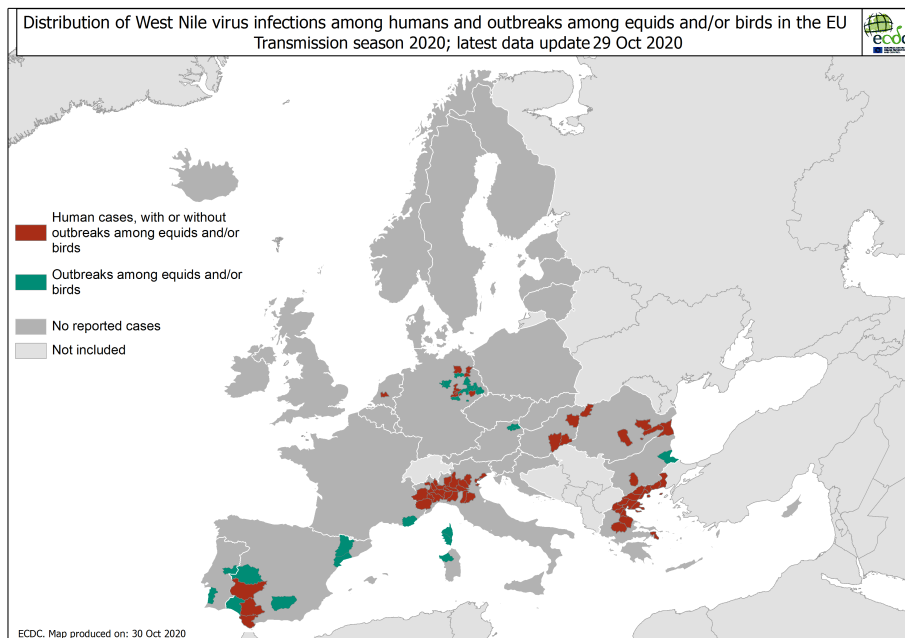
ECDC



5/16

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 29 Oct

ECDC and ADNS



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

Opening date: 7 January 2020

Latest update: 30 October 2020

Epidemiological summary

Since 31 December 2019 and as of 30 October 2020, 45 120 596 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 182 408 deaths.

Cases have been reported from:

Africa: 1 765 089 cases; the five countries reporting most cases are South Africa (721 770), Morocco (212 038), Egypt (107 209), Ethiopia (95 301) and Nigeria (62 521).

Asia: 13 375 103 cases; the five countries reporting most cases are India (8 088 851), Iran (596 941), Iraq (467 755), Bangladesh (404 760) and Indonesia (404 048).

America: 20 377 717 cases; the five countries reporting most cases are United States (8 946 154), Brazil (5 494 376), Argentina (1 143 211), Colombia (1 053 122) and Mexico (912 811).

Europe: 9 560 346 cases; the five countries reporting most cases are Russia (1 581 693), France (1 282 769), Spain (1 160 083), United Kingdom (965 340) and Italy (616 595).

Oceania: 41 645 cases; the five countries reporting most cases are Australia (27 569), French Polynesia (7 262), Guam (4 466), New Zealand (1 594) and Papua New Guinea (589).

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

Deaths have been reported from:

Africa: 42 481 deaths; the five countries reporting most deaths are South Africa (19 164), Egypt (6 247), Morocco (3 572), Algeria (1 949) and Ethiopia (1 457).

Asia: 238 332 deaths; the five countries reporting most deaths are India (121 090), Iran (34 113), Indonesia (13 701), Iraq (10 815) and Turkey (10 099).

America: 637 652 deaths; the five countries reporting most deaths are United States (228 668), Brazil (158 969), Mexico (90 773), Peru (34 362) and Colombia (30 926).

Europe: 262 886 deaths; the five countries reporting most deaths are United Kingdom (45 955), Italy (38 122), France (36 020), Spain (35 639) and Russia (27 301).

Oceania: 1 050 deaths; the five countries reporting most deaths are Australia (907), Guam (78), French Polynesia (29), New

6/16

Zealand (25) and Papua New Guinea (7).

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

EU/EEA and the UK:

As of 30 October 2020, 6 930 071 cases have been reported in the EU/EEA and the UK: France (1 282 769), Spain (1 160 083), United Kingdom (965 340), Italy (616 595), Germany (499 694), Belgium (392 163), Netherlands (330 255), Poland (319 205), Czechia (310 068), Romania (229 040), Portugal (132 616), Sweden (121 167), Austria (96 200), Hungary (71 413), Ireland (60 297), Slovakia (51 728), Bulgaria (48 150), Denmark (44 034), Croatia (43 775), Greece (35 510), Slovenia (30 705), Norway (19 066), Luxembourg (16 356), Finland (15 566), Lithuania (13 088), Malta (5 866), Latvia (5 395), Iceland (4 719), Estonia (4 671), Cyprus (4 051) and Liechtenstein (486).

As of 30 October 2020, 217 104 deaths have been reported in the EU/EEA and the UK: United Kingdom (45 955), Italy (38 122), France (36 020), Spain (35 639), Belgium (11 308), Germany (10 349), Netherlands (7 258), Romania (6 764), Sweden (5 934), Poland (5 149), Czechia (2 862), Portugal (2 428), Ireland (1 902), Hungary (1 699), Bulgaria (1 225), Austria (1 064), Denmark (716), Greece (615), Croatia (511), Finland (354), Norway (281), Slovenia (215), Slovakia (200), Lithuania (150), Luxembourg (150), Estonia (73), Latvia (64), Malta (59), Cyprus (25), Iceland (12) and Liechtenstein (1).

EU:

As of 30 October 2020, 5 940 460 cases and 170 855 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 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. The [fifth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 was convened on 29 October 2020.

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

ECDC assessment

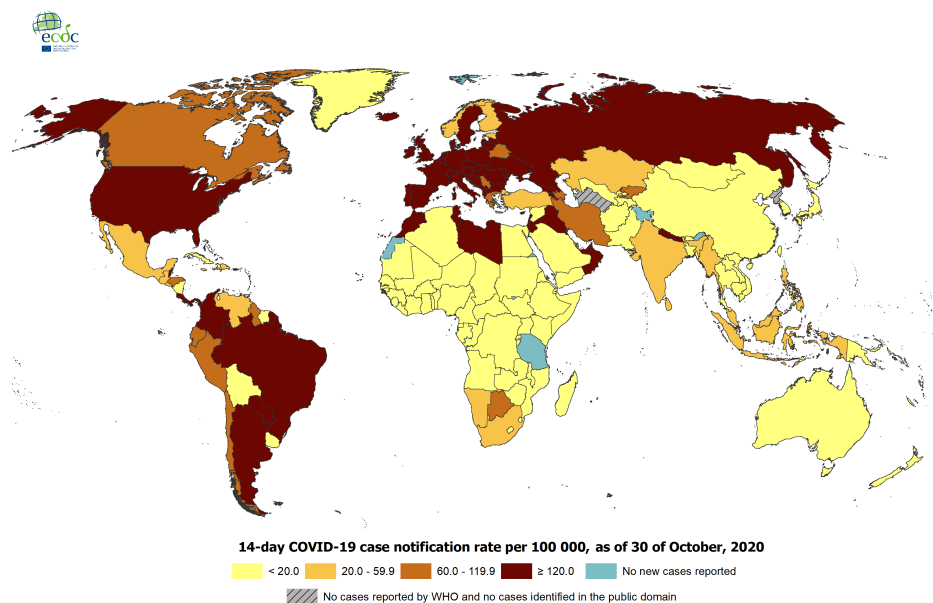
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

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 30 October 2020

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 30/10/2020

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 30 October 2020

Epidemiological summary

Week 43/2020 (19 October–25 October 2020)

Influenza activity remained at interseasonal levels.

Of 236 sentinel specimens tested for influenza viruses in week 43, 2 (<1%) were positive.

Of 6 630 non-sentinel specimens tested for the presence of influenza viruses, three were positive: one for influenza A(H1N1)pdm09 and two for influenza type B (neither ascribed to a lineage).

There were no hospitalised laboratory-confirmed influenza cases reported for week 43/2020.

2020–2021 season overview

For the Region as a whole, influenza activity has been at baseline level for the first four weeks.

In total, 33 specimens have tested positive for influenza viruses, three from sentinel sources and 30 from non-sentinel sources with A(H1N1)pdm09, A(H3N2) and type B viruses detected.

No cases of hospitalisation due to influenza virus infection have been reported.

The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare presentations and testing capacities of countries and areas in the Region, which negatively impacted reporting of influenza epidemiologic and virologic data during the 2019–2020 season. It is not unusual for influenza activity to be low at this time of year. However, if the COVID-19 pandemic continues, influenza data we present need to be interpreted with caution, notably in terms of seasonal patterns.

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components

8/16

should be updated, compared with the 2019–2020 influenza vaccine.

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

ECDC assessment

Reported influenza activity remains at a very low level, similar to that usually observed during the interseason in summer months. Monitoring systems for influenza need to be maintained during the ongoing COVID-19 pandemic.

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 between week 40–2020 and week 20–2021.

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

Opening date: 4 June 2020

Epidemiological summary

Since the start of the outbreak, and as of 28 October 2020, a total of 130 cases (119 confirmed, 11 probable), including 55 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (16), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (9), Lotumbe (17), Makanza (1), Mbandaka (25), Monieka (2) and Wangata (2) health zones in the Equateur province of the DRC. Among the reported cases three were healthcare workers.

This is the DRC's [11th outbreak](#) of Ebola virus disease since 1976, when the virus was first discovered. Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 41 754 people have been vaccinated.

Background: Between May and July 2018, the [ninth Ebola outbreak](#) in the DRC occurred in Mbandaka and Bikoro in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to the World Health Organization, 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 11th outbreak as a separate spill-over event.

Sources: [WHO DRC Twitter](#) | [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 animal reservoirs 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, such as COVID-19, cholera, monkeypox, polio, and the bubonic plague. In the past, cases among EU/EEA citizens infected with Ebola were mostly reported among healthcare workers caring for Ebola cases. As the current response is mostly conducted by locals, combined with the vaccine availability, this leads to a low likelihood of EU/EEA citizens being infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

WHO assessment: As of 3 September, [the WHO's assessment](#) states that the risk is high at the regional level, high at the national level and low at the global level. A lack of funding and insufficient human resources is constraining the response, which is being further hampered by strikes among locally-based response teams and the ongoing COVID-19 outbreak. In addition, response teams are currently operating in a logistically challenging environment, with many of the affected areas only accessible by boat or helicopter and with limited telecommunications capacity. Further challenges include: inadequate surveillance of deaths in communities, sub-optimal clinical care, and limited laboratory capacity.

Actions

ECDC is monitoring this event through its epidemic intelligence activities. On 25 May 2018, ECDC published a rapid risk

9/16

assessment on the ninth outbreak in the DRC: [Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update](#).

One EPIET fellow is deployed in Geneva (WHO headquarters) until 4 December 2020, contributing remotely to the GOARN response for the DRC Ebola outbreak. Another EPIET fellow is deployed to the DRC until 10 December 2020, to support response activities to the Ebola outbreak.

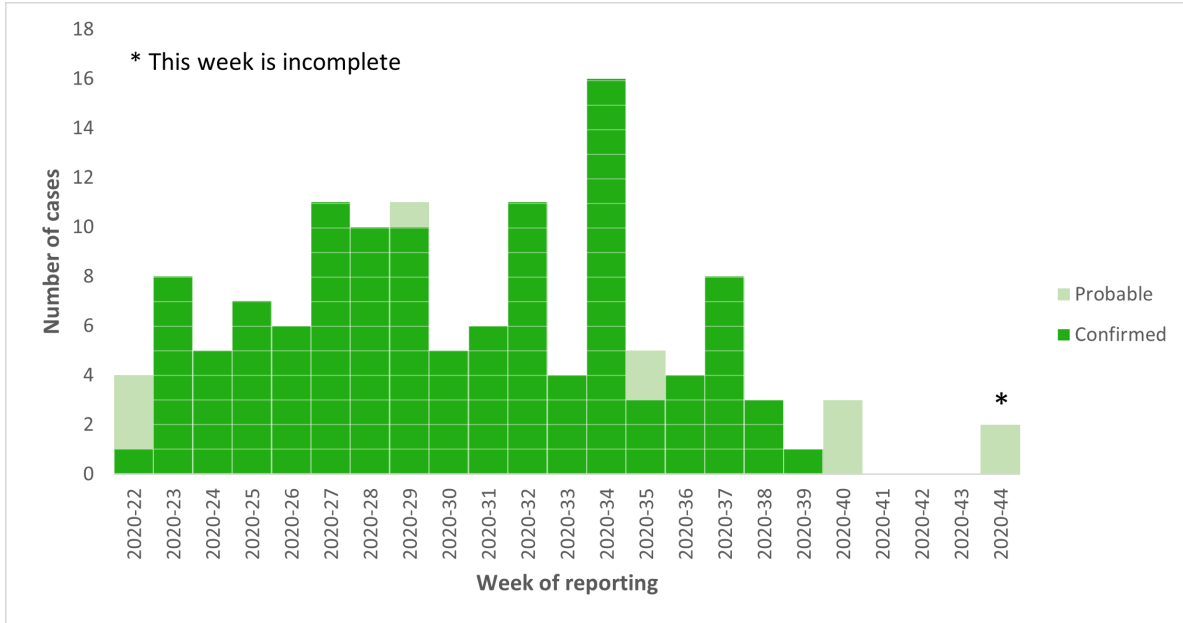
Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 28 October 2020

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	119	11	130	55	
Equateur	119	11	130	55	
Bikoro	32	0	32	19	
Bolenge	1	0	1	1	
Bolomba	13	3	16	4	
Bomongo	2	0	2	1	
Iboko	4	0	4	1	
Ingende	11	2	13	5	
Lilanga Bobangi	6	0	6	0	
Lolanga Mampoko	7	2	9	4	ACTIVE
Lotumbe	17	0	17	2	
Makanza	1	0	1	0	
Mbandaka	21	4	25	17	
Monieka	2	0	2	0	
Wangata	2	0	2	1	
Cumulative Total	119	11	130	55	

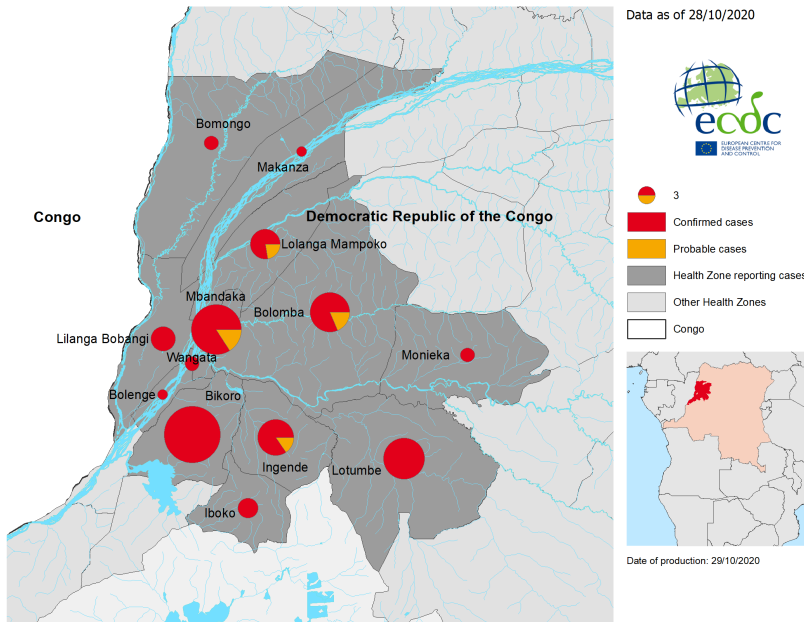
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 28 October 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 28 October 2020

Source: ECDC



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

Opening date: 20 April 2006

Latest update: 30 October 2020

Epidemiological summary

Americas

Haiti: In 2020, as of 28 October, no confirmed cholera cases have been reported. 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: No new cases have been reported since the last update. In 2020, as of 5 September, no cholera cases have been reported in the Dominican Republic. During the same period in 2019, 12 cholera cases were reported.

Africa

Benin: In 2020 and as of 27 September, Benin has reported 198 suspected cases, including only one laboratory confirmed case and five deaths (CFR: 2.5%).

Cameroon: In 2020 and as of 30 September, Cameroon has reported 1 848 cholera cases including 79 associated deaths (CFR: 4.3%). A total of 63 cases have been laboratory confirmed. Currently, there are three active regions, with five health active health districts, out of 18 originally affected.

DR Congo: In 2020 and as of 4 October, 16 043 cases including 253 deaths (CFR: 1.6%) have been reported in the country. This represents an increase of 2 622 cases and 63 deaths since the last update of 9 August 2020.

Mozambique: Since the last update, and as of 20 September 2020, 661 new cases have been reported in Cabo Delgado province. In 2020, as of 20 September, 3 286 cases including 21 deaths (CFR: 0.6%) were reported in Cabo Delgado and Nampula provinces.

Nigeria: In 2020, as of 27 September, 1 140 suspected cases and 63 associated deaths have been reported. Among these cases, 40 have been confirmed. This represents an increase of 25 new cases and two new deaths since the last report. For the same period in 2019, 2 613 cases, including 38 deaths, were reported.

Somalia: In 2020 and as of 4 October, WHO has reported 5 925 suspected cholera cases, including 31 associated deaths (CFR: 0.5%). This represents an increase of 440 new cases and one new death since the previous report. According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Bay, Hiran and Lower Shabelle. Most of the deaths were reported in Banadir Region (20) and 57% of the deaths were infants aged of two years and below.

Burundi, Ethiopia, Kenya, and Uganda have no updates available since the last report in the CDTR.

Asia

Bangladesh: In 2020 and as of 18 October, 106 786 acute watery diarrhoea (AWD) cases have been reported in Cox's Bazar. This represents an increase of 18 871 AWD cases since the previous CDTR update. For 2019 as a whole, 191 057 AWD cases were reported in Cox's Bazar. According to WHO, between 5 September and 29 December 2019, 239 cases of AWD tested positive by means of a cholera rapid diagnostic test or culture in Cox's Bazar, Bangladesh.

Yemen: In 2020 and as of 16 August, WHO has reported 172 769 suspected cholera cases, including 50 associated deaths (CFR: 0.03%). This represents an increase of 5 491 since last CDTR report.

India and Malaysia have no updates available since the last report in the 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 have continued to be reported in eastern Africa, the Horn of Africa and the 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, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported

12/16

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 its 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 [ECDC's website](#).

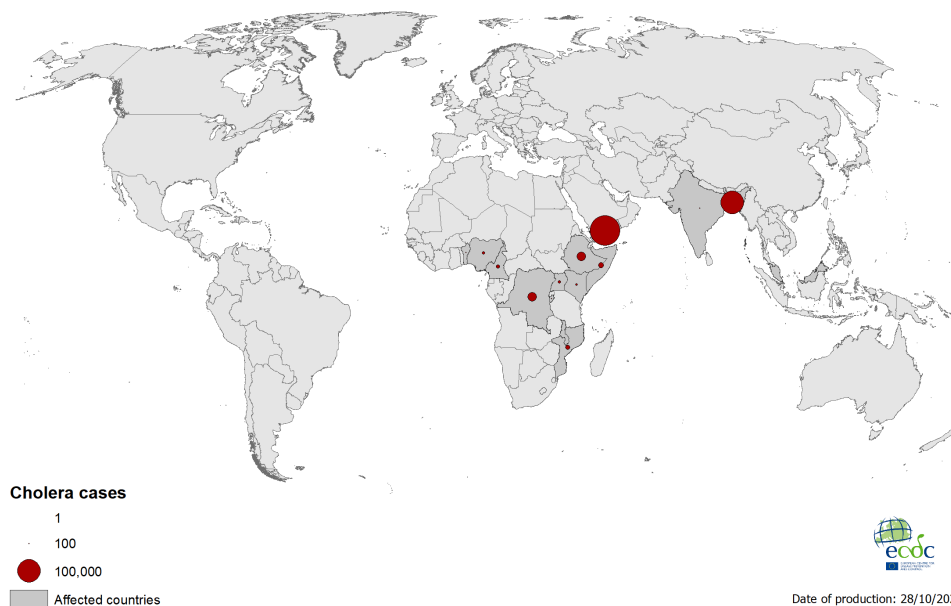
Geographical distribution of cholera cases reported worldwide from August to October 2020

Source: ECDC



Geographical distribution of cholera cases reported worldwide in 2020

Source: ECDC



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

Opening date: 24 September 2012

Latest update: 30 October 2020

Epidemiological summary

From 1 January 2020 to 27 October 2020, 61 MERS-CoV cases have been reported in Saudi Arabia (57), United Arab Emirates (2) and Qatar (1), including 20 deaths in Saudi Arabia. From these 61 cases, 50 were primary cases, 16 of whom reported contact with camels, and 11 were healthcare-acquired cases. In 2020, 77.2% of the 57 cases in Saudi Arabia were reported in Riyadh (25), Asir (7), Eastern Province (6) and Makkah (6).

Since April 2012 and as of 27 October 2020, 2 577 cases of MERS-CoV, including 935 deaths, have been reported by health authorities worldwide.

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

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, and in particular in Saudi Arabia. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

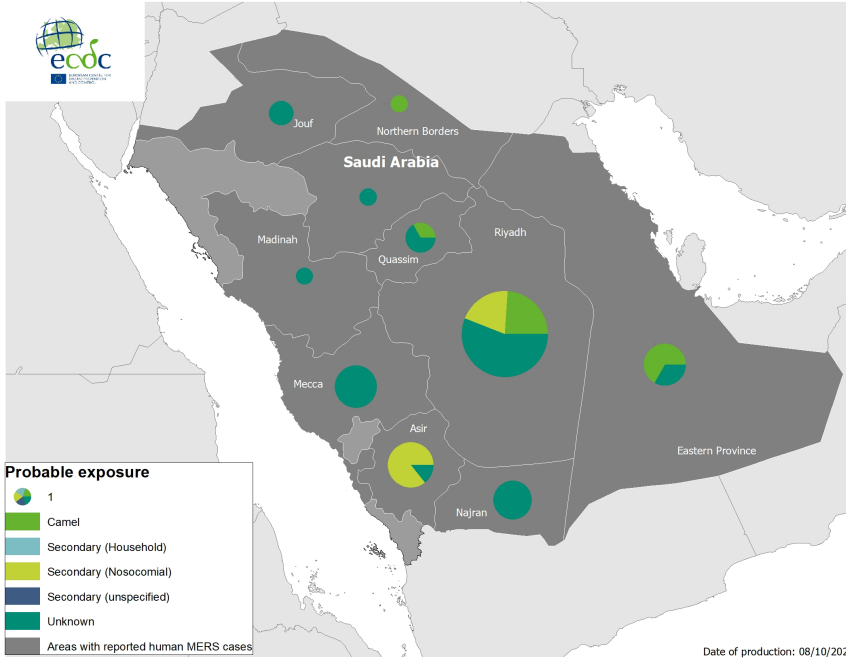
ECDC published a technical report, '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)', in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published '[Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)' on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

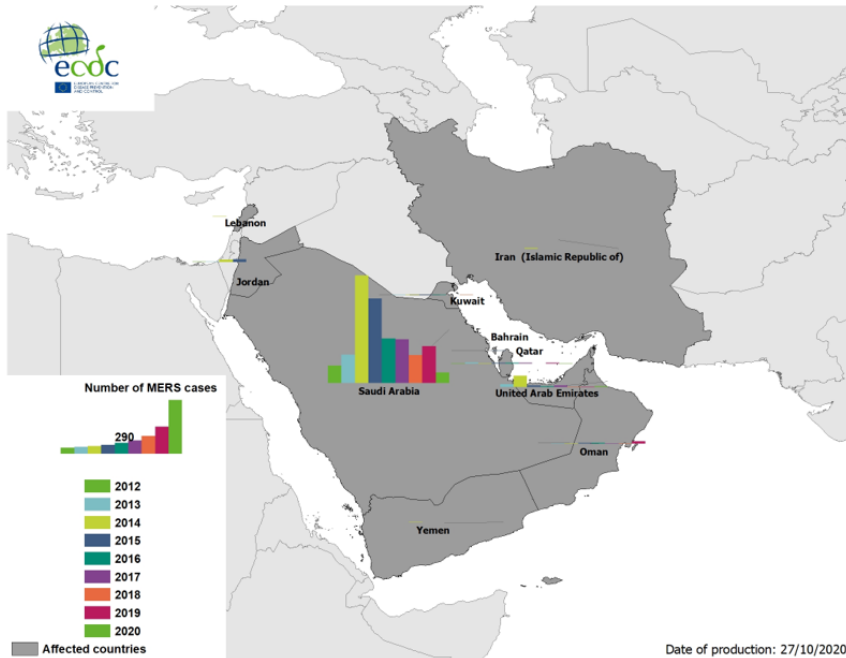
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 27 October 2020

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 27 October 2020

Source: ECDC



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