



Round Table Report 22 January 2020

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This report summarizes the ECDC daily roundtable discussion and provides update on threats detected and monitored by Epidemic Intelligence.

Active threats

Cluster of pneumonia cases associated with novel coronavirus – China – 2019

Source: [Wuhan Municipal Health Commission \(WMHC\)](#), WHO IHR, [WHO DON](#), [China CDC](#), [WHO statement](#), [WHO advice on trade and travel](#), [Hong Kong Department of Health](#), [WHO technical documents](#), [Thai MoH](#), [Japan MoH](#), [Vietnam MoH](#), [ECDC 2019-nCoV website](#), [WHO coronavirus website](#), [Health Commission of Beijing Province](#), [Health Commission of Guangdong Province](#), [Korean CDC](#), [National Health Commission of the People's Republic of China](#), [US CDC](#)

Update:

Since the last RT report and as of 21 January 2020, the [National Health Commission of China](#) reported 243 new cases, including five new deaths from 13 provinces. Outside China two additional cases have been reported in [Thailand](#) and one in the [US](#).

The [Chinese authorities](#) have announced incubation period of 2019-nCoV to be from 2 to 12 days with an average of 7 days.

On 21 January 2020, the US CDC reported a confirmed case of 2019-nCoV in the state of Washington. The case in his 30s returned to the state of Washington from Wuhan on 15 January 2020. The patient sought care at a medical facility on 19 January 2020 and was treated for the illness. A sample tested in CDC, Atlanta, US was confirmed positive by CDC's Real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test on 20 January 2020.

The US CDC has activated its Emergency Operations Center to better provide ongoing support to the 2019-nCoV response, and has announced [travel alert level 2](#), encouraging to practice enhanced precautions such as avoid contact with sick people, animals (alive or dead), and animal markets. On January 17, 2020, CDC began implementing public health entry screening at San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports. This week CDC will add entry health screening at two more airports – Atlanta (ATL) and Chicago (ORD).

On 22 January 2020, SANTE posted an EWRS on EU/EEA MS measures implemented for the 2019-nCoV.

[Romanian](#) authorities have advised to avoid travelling to the Hubei province, China. Italy will implement entry screening in the [Fiumicino](#) airport for all travellers from China on 23 January 2020.

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Summary:

Since 31 December 2019 and as of 22 January 2020, overall, 448 laboratory-confirmed cases of novel coronavirus 2019-nCoV infection, including nine deaths were reported. Of the reported cases 441 were from China: Hubei province (375), Guangdong (26), Beijing (10), Shanghai (9), Chongqing (5), Zhejiang (5), Jiangxi (2), Tianjin (2), Sichuan (2), Hunan (1), Shandong (1), Yunnan (1), also in Taiwan (1) and Macao (1). Of the cases reported in China, 102 were severe cases. Overall, 2 197 close contacts are being followed-up in China, of which 1 394 are still under medical observation. The reported cases include 15 previously reported healthcare workers in Wuhan.

Outside China, seven cases have been reported from: Thailand (4), Japan (1), South Korea (1), and the US (1).

Wuhan has implemented exit screening at the Wuhan Tianhe International Airport, also strengthened [screening measures](#) are implemented in other airports, railway stations, and long-distance bus stations for the entry and exit of the city, private vehicles are checked for live birds and wild animals, people are advised not to walk in groups. Passengers with fever are registered, provided with brochures and masks, and referred to the medical institutions. Public transport is disinfected on a daily basis. A list of designated medical institutions in Wuhan have been published on 20 January 2020.

On 31 December 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of pneumonia cases of unknown aetiology, with a common reported link to Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species). The market was closed to the public on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates.

On 9 January 2020, China CDC reported that a novel coronavirus (2019-nCoV) was detected as the causative agent and the genome sequence was made publicly available. Sequence analysis showed that the newly identified virus is related to the SARS-CoV clade. Detection systems have been developed and are available for the Member States through WHO and the European Virus Archive global catalogue.

Laboratory diagnosis:

On 10 January 2020, the [novel coronavirus genome sequence](#) was made publicly available. The sequence was deposited on the GenBank database (accession number [MN908947](#)) and was uploaded to the Global Initiative on Sharing all Influenza Data (GISAID). Preliminary analysis showed that the novel coronavirus (2019-nCoV) clusters with the SARS-related CoV clade and differs from the core genome of known bat CoV.

WHO released a set of [technical documents](#) such as case definition, laboratory guidance, clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. Assays for [laboratory diagnostics](#) for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published [guidelines](#) on laboratory testing of suspect cases of 2019-nCoV.

Preparedness and response activities outside China:

According to the International Air Transport Association (IATA) data from 2018, the [top five passenger destination](#) countries from Wuhan in decreasing order are Thailand, Hong Kong SAR, Japan, Taiwan and South Korea. To our knowledge, entry-screening activities for all incoming travellers from Wuhan are implemented in [Australia, Hong Kong, India, Indonesia, Malaysia, Mexico, Myanmar, New Caledonia, the Philippines, Singapore, Taiwan, Thailand, the US, Russia and Vietnam](#).

On 9 January 2020, the EC posted an EWRS notification requesting further information about the measures implemented by the Member States following the novel coronavirus cases reported in Wuhan. Italy has implemented enhanced surveillance in the incoming flights from China. Additionally, health authorities from Austria, Belgium, Bulgaria, the Czech Republic, Croatia, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and the United Kingdom report to have informed their health care providers and/or general public about this event.

Assessment:

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In light of the currently available information, ECDC considers that: the potential impact of 2019-nCoV outbreaks is high; further global spread is likely; there is currently a moderate likelihood of infection for EU/EEA travellers visiting Wuhan; there is a high likelihood of case importation in countries with the greatest volume of people travelling to and from Wuhan (i.e. countries in Asia); there is a moderate likelihood of detecting imported cases in EU/EEA countries; adherence to appropriate infection prevention and control practices, in particular in health care settings in EU/EEA countries with direct links to Wuhan, make the likelihood that a case reported in the EU would result in secondary cases within the EU/EEA low.

The airport of Wuhan has [direct flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned member states remain vigilant and closely monitor the ongoing situation in China.

The upcoming Chinese New Year celebrations at the end of January 2020 will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival in the EU of possible cases.

Action: ECDC is monitoring this event through epidemic intelligence activities. ECDC published a threat assessment brief on '[Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China](#)' on 9 January 2020. ECDC has published a '[Health emergency preparedness checklist for imported cases of high-consequence infectious diseases](#)', guidelines on [laboratory testing of suspect cases of 2019-nCoV using RT-PCR](#) and the rapid risk assessment '[Cluster of pneumonia cases caused by a novel coronavirus, Wuhan, China](#)'. ECDC will publish online the RRA update on 22 January 2020.

Threat under monthly review

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

Update:

Since the last update on 20 December 2019, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 33 885 cases and six deaths and DR Congo with 1 918 cases and 29 deaths.

Summary:

Americas

Haiti: In 2019 and as of 23 November, Haiti reported 684 cases including three deaths (CFR: 0.4%). This represents an increase of three cases and no deaths since the previous CDTR update. According to a [Unicef report](#), no confirmed cholera cases have been reported since February 2019. In 2018, Haiti reported 3 777 cholera cases including 41 deaths (CFR: 1.1%). Since the beginning of the outbreak in 2010 and as of 23 November 2019, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Cameroon: Since January 2019 and as of 9 January 2020, Cameroon reported 1 307 cholera cases including 55 associated deaths (CFR: 4.2%). This represents an increase of 236 cases and two deaths since the previous CDTR update. The outbreak is ongoing in North, Far North and South West regions.

DR Congo: In 2019 and as of 15 December, DR Congo reported 29 087 suspected cholera cases, including 501 deaths (CFR: 1.7%). This represents an increase of 1 918 cases and 29 deaths since the previous CDTR update. The majority of the recent cases reported in the country (91%) were notified in North and South Kivu, Haut Lomami, Haut Katanga, Tshopo and Tanganyika regions. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Kenya: In 2019 and as of 29 December, 5 150 cases including 39 associated deaths (CFR: 0.8%) have been reported. The outbreak continues active in Garissa, Wajir, Turkana and Kirinyaga counties. This represents an increase of 264 cases and two deaths since the previous CDTR update.

Somalia: As of 5 January 2020, WHO reported 9 968 suspected cholera cases including 50 associated deaths (CFR: 0.5%) since December 2017. This represent an increase of 710 cases and two deaths since the previous CDTR update. In week 2020-01, 107 cases with no associated deaths were reported in Somalia.

Sudan: According to WHO, in 2019 and between August to 21 December, 346 cholera cases including 11

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associated deaths (CFR: 3.2%) have been reported in Sudan. The regions affected are the Al Jazirah state, Blue Nile state, Khartoum state and Sennar state. This represents an increase of three cases and no deaths since the previous CDTR update.

Asia

Bangladesh: According to WHO, between 5 September to 29 December 2019, 239 cases of acute watery diarrhoea (AWD) have tested positive by cholera rapid diagnostic test or culture in [Cox's Bazar](#), in Bangladesh. This represents an increase of 92 cases that tested positive by cholera rapid diagnostic test or culture, since the previous CDTR update.

In 2020 and as of 15 January, 4 988 AWD cases have been reported in the Cox's Bazar. In all 2019, 191 057 AWD cases were reported in the Cox's Bazar.

India: According to the Indian National Centre for Disease Control, cholera cases were reported in Maharashtra (112), Karnataka (20) and Madhya Pradesh (1), India in November 2019.

Yemen: Since the beginning of the outbreak in 2017 and as of 7 January 2020, Yemen reported 2 260 495 suspected cholera cases and 3 767 deaths (CFR: 0.2%). This represents an increase of 33 885 cases and six deaths since the last CDTR update. In 2020 and as of 7 January, 6 856 cases including one associated death were reported.

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.

Assessment:

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

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.

Action:

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

Risk assessments under production

Risk Assessment update on Cluster of pneumonia cases associated with novel coronavirus – Wuhan, China – 2019, circulated to EC and MS on 22 January 2020 and which will be published online 22 January 2020.

Joint ECDC-EFSA rapid outbreak assessment 'Multi-country outbreak of *Salmonella* Enteritidis infections linked to Polish eggs, first update' to be circulated on 5 February 2020

Risk Assessment on 'multi-country outbreak of OXA-244-producing *Escherichia coli* ST 38' to be circulated on 5 February 2020.

Expert deployment

One ECDC scientific officer has been deployed to DRC on 7 January 2020 for five weeks to assist in the Ebola

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response.

The deployment of one EPIET fellow to WHO HQ has been extended until 25 January 2020 to work on Ebola in DRC.

One EPIET fellow was deployed in the Cox's Bazar in Bangladesh on 4 January 2020 for a six weeks mission.

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

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 Response: (10)(2e)
 Vaccine Preventable Diseases: (10)(2e)
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 Food and Water-borne Diseases: (10)(2e)
 Influenza: -
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