

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 14 February 2020

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

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 14 February 2020

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

→Update of the week

Influenza activity remained high, with a number of Member States reporting very high (n=3) and high (n=5) intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

Non EU Threats

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 14 February 2020

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared the tenth outbreak of Ebola virus disease in the country. The outbreak affects North Kivu, South Kivu and Ituri Provinces in the north-east 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 this country as of today. On 17 July 2019, the [International Health Regulations \(IHR\) Emergency Committee](#) convened, and WHO's Director-General later declared that the outbreak met all the criteria for a public health emergency of international concern (PHEIC) under the International Health Regulations. On 18 October 2019, the Emergency Committee for Ebola virus disease in the DRC confirmed that the outbreak still constitutes a PHEIC.

→Update of the week

Since the previous CDTR and as of 11 February 2020, the [Ministry of Health of the Democratic Republic of the Congo](#) (DRC) has reported three additional confirmed cases. During the same period, two deaths were reported among confirmed cases.

Since the previous CDTR, all three confirmed cases have been reported in Beni and were known contacts who had links to the transmission chain that started in Aloya Health Area, Mabalako Health Zone. Two of the three cases were already under surveillance, with the third spending one day in the community while symptomatic.

On 12 February 2020, the WHO Director-General reconvened the Emergency Committee under the International Health Regulations (IHR). The Committee [stated](#) that this event still constitutes a public health emergency of international concern (PHEIC).

On 10 February 2020, WHO [published](#) new guidelines for the management of pregnant and breastfeeding women in the context of Ebola virus disease.

Since the start of vaccination on 8 August 2018, 293 958 people have been vaccinated with the rVSV-ZEBOV vaccine (Merck & Co). Since the start of vaccination with the second vaccine, 12 233 people have been vaccinated with the Ad26.ZEBOV / MVA-BN-Filo vaccine (Johnson & Johnson) in the two health areas of Karisimbi in Goma.

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

Opening date: 7 January 2020

Latest update: 14 February 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak has rapidly evolved, affecting other parts of China and other countries. On 30 January 2020, WHO's director declared that the outbreak of coronavirus disease 2019 (COVID-19) constitutes a PHEIC, accepting the Committee's advice and issuing Temporary Recommendations under the IHR.

→Update of the week

Since 7 February 2020 and as of 14 February 2020, 33 042 cases of coronavirus disease 2019 (COVID-19) (according to the applied case definition in the countries) have been reported, including 745 deaths.

Among the cases reported since last week, 15 have been reported in the EU/EEA and the UK: six cases in the UK, five cases in France, three cases in Germany, and one case in Spain. More details are available [here](#).

In the EU/EEA and the UK:

France: On 8 February 2020, the [French Minister of Health](#) reported five additional cases in British citizens in the department of Rhone-Alpes, France. These five cases were close contacts of a confirmed and symptomatic case who is a British citizen with travel history to Singapore and who was detected in the UK.

Germany: On 7 February 2020, [German local health authorities](#) reported an additional laboratory-confirmed case in Bavaria, Germany. The case is a relative of a previous confirmed case. On 11 February 2020, [German authorities](#) reported two additional cases in Bavaria. Both cases are part of the cluster related to a company in Starnberg.

Spain: On 9 February 2020, [Spanish authorities](#) reported an additional laboratory-confirmed case in Mallorca, Spain. The case is a British citizen who was initially in contact with the confirmed case in France reported by the British authorities. The case then travelled to Mallorca where he was diagnosed with COVID-19.

United Kingdom: On 9 February 2020, [British authorities](#) reported an additional laboratory-confirmed case in England, UK. The case is a known contact of a previously confirmed case in the UK. On 10 February 2020, [British authorities](#) reported four additional laboratory-confirmed cases in England, UK. All four cases had contact with the previously confirmed British cases in a ski resort in France. On 12 February 2020, [British authorities](#) reported one additional case in London with travel history to China.

In the world:

Cases on an international conveyance (Japan): On 9 February 2020, [Japanese authorities](#) reported six additional laboratory-confirmed cases on board a cruise ship that remains under quarantine in Yokohama port, Japan. On 10 February 2020, [Japanese authorities](#) reported 65 additional laboratory-confirmed cases on the same cruise ship. On 11 February 2020, [Japanese authorities](#) reported 39 additional laboratory-confirmed cases on this cruise ship. On 13 February 2020, [Japanese authorities](#) reported 47 additional cases.

Japan: On 8 February 2020, the [Japanese Ministry of Health](#) reported three additional laboratory-confirmed cases on board the cruise ship that remains under quarantine in Yokohama port, Japan. On 12 February 2020, [Japanese authorities](#) reported four additional cases, including one quarantine officer that worked on the cruise ship in Yokohama Port, Japan. On 13 February

2020, [Japanese authorities](#) reported one additional case and one death.

Malaysia: On 9 and 10 February 2020, Malaysian authorities reported two additional laboratory-confirmed cases in Malaysia. The [first case](#) is a relative of a previously confirmed case in Malaysia, the [second case](#) has travel history to China. On 13 February 2020, [Malaysian authorities](#) reported one additional imported case.

South Korea: On 9 February 2020, [Korea CDC](#) reported one additional laboratory-confirmed case. Although she reported no travel history, her family had returned home on 31 January after visiting Guangdong Province in China. On 10 February 2020, [authorities](#) reported one additional local case, a close contact of a case that had been confirmed on 26 January 2020.

Singapore: On 7 February 2020, [health authorities from Singapore](#) reported three additional laboratory-confirmed cases in citizens from Singapore. Two cases reported a recent travel history to Malaysia, whereas the other case had no travel history abroad but visited a zoo and an airport. On 8 February 2020, [Singaporean health authorities](#) reported seven additional laboratory-confirmed cases, including five locally acquired and two imported cases. The locally acquired cases included two drivers and two close contacts of previously reported cases. The two imported cases had travel history to Malaysia and attended a meeting in Singapore where other confirmed cases were reported. On 9 February 2020, [Singaporean authorities](#) reported three additional laboratory-confirmed cases in Singapore. Two cases had no travel history outside Singapore and one case had travel history to Malaysia. On 10 February 2020, [health authorities](#) confirmed two additional cases, one imported who was repatriated from Wuhan, and one local case with no recent travel history to China. On 11 February 2020, [health authorities](#) confirmed two additional cases, both local cases without recent travel history to China. On 13 February 2020, [Singaporean authorities](#) reported eight additional locally acquired cases.

Taiwan: On 8 February 2020, [Taiwan CDC](#) confirmed one additional case. This case is a member of a family with a travel history to Italy, including transit through Hong Kong. On 9 February 2020, [Taiwan CDC](#) reported one additional laboratory-confirmed case in a relative of previously reported cases.

Thailand: On 8 February 2020, according to [media](#) reports quoting the Thai minister of health, seven additional laboratory-confirmed cases have been reported in Thailand. This includes two imported and five local cases. The local cases included two Thai citizens that reported contact with tourists and three Chinese people that were family members of previously reported cases. The two imported cases included a repatriated individual and a Chinese tourist. On 11 February 2020, [health authorities](#) reported one additional local case. Media reported that this case was a contact of previously confirmed case.

United Arab Emirates: On 10 February 2020, [authorities](#) reported one additional case. This eighth case had contact with a previously confirmed case and is the first locally transmitted case in the United Arab Emirates.

United States of America: On 10 February 2020, [media](#) reported one additional imported case in California, with travel history to Wuhan. On 13 February 2020, the [US CDC](#) confirmed an additional case. The patient is among a group of people who returned to the US on 7 February 2020 on a State Department-chartered flight and is under a federal quarantine order at JBSA-Lackland in Texas. a. This is the first person under quarantine at JBSA-Lackland who has had symptoms and tested positive for COVID-19. The patient is currently isolated and receiving medical care at a designated hospital nearby.

Vietnam: On 8 February 2020, [Vietnamese health authorities](#) reported one additional confirmed case that was locally acquired. On 9 February 2020, [Vietnamese health authorities](#) reported one additional laboratory-confirmed case in a neighbour of a previously reported case. On 10 February 2020, [authorities](#) reported one additional local case, a three-month old child that had contact with an infected family member. On 12 February 2020, [health authorities](#) reported one additional case who had contact with a previously confirmed case. According to media reports, several villages in Son Loi Commune close to Hanoi were quarantined on 13 February after six cases were confirmed.

Other updates:

According to a peer-reviewed article published in [JAMA](#), hospital-associated transmission was suspected in 41% of 138 hospitalised patients with COVID-19 in Wuhan, China. From these, 40 patients were healthcare workers.

On 4 February 2020, the [An Post](#) website announced that all mail services from Ireland to China have been suspended as a result of the novel coronavirus and that services had been suspended from a number of international airlines.

[WHO](#) convened a global research and innovation forum (11-12 February) to mobilise international action in response to the new coronavirus (2019-nCoV).

On 11 February 2020, [WHO](#) reported to have officially named the disease 'COVID-19' (coronavirus disease 2019). Additionally, the International Committee on Taxonomy of Viruses designated an official name for the causative virus: 'SARS-CoV-2' (severe acute respiratory coronavirus 2).

On 12 February, according to [US CDC](#), several public health laboratories in the US were getting inconclusive results during the validation process of its SARS-CoV-2 test kit, and the CDC decided to have the test kits remanufactured.

On 13 February, according to the [Health Commission of Hubei Province](#), the case definition in Hubei province has changed to align with the other provinces in China. All clinically diagnosed cases (suspected cases with imaging compatible with

pneumonia) now also count as confirmed cases together with laboratory-confirmed cases.

II. Detailed reports

New! Dengue - French Antilles - 2020

Opening date: 12 February 2020

Latest update: 14 February 2020

Epidemiological summary

Since October 2019 and as of 2 February 2020, 5 040 dengue cases have been reported in **Guadeloupe**. Among these cases, 1 480 were reported in January 2020, representing 29% of the cases. Dengue virus serotype 2 was identified in most of the cases. In 2018, only 18 confirmed cases were reported in Guadeloupe.

Between week 3-2020 and week 5-2020, 270 dengue cases have been reported in **Saint Martin**. Dengue virus serotype 1 was identified in most of the cases.

Since the end of November 2019 and as of 2 February 2020, 90 dengue cases were reported in **Saint Barthelemy**. Among these cases, 49% were reported in the last four weeks.

Since July 2019 and as of 2 February 2020, **Martinique** has reported 2 110 dengue cases. Among these cases, 685 were reported in January 2020, representing 33% of the cases. Dengue virus serotype 3 was identified in most of the cases. In 2018, Martinique did not report any confirmed cases.

In January 2020, health authorities in the region raised the alert level and declared the dengue epidemic in Guadeloupe and Saint Martin. According to the same authorities, Saint Barthélemy remains in an inter-epidemic phase and Martinique is at risk of an epidemic.

Sources: [Santé publique France 1](#), [Santé publique France 2](#), [Santé publique France 3](#)

ECDC assessment

EU/EEA travellers to and residents in the affected territories should apply personal protective measures against mosquito bites. The risk for onward vector-borne transmission of dengue in continental Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus* in mainland Europe, mainly around the Mediterranean Sea, and *Aedes aegypti* on the island of Madeira). Environmental conditions in Europe are currently unfavourable for mosquito-borne transmission, so the likelihood of sustained autochthonous dengue virus transmission in continental Europe is very low. The occurrence of further autochthonous cases in the Caribbean is expected, as the competent vector for dengue virus transmission is present and environmental conditions are favourable for continuous transmission. More information about dengue is available at [ECDC factsheet](#).

Actions

ECDC monitors this threat and will report on a weekly basis.

Influenza – Multi-country – Monitoring 2019/2020 season

Opening date: 11 October 2019

Latest update: 14 February 2020

Epidemiological summary

Week 06/2020 (3 – 9 February 2020)

Influenza activity remained high, with a number of Member States reporting very high (n=3) and high (n=5) intensity. Widespread influenza activity was reported by the majority of Member States and areas across the Region.

Of the individuals sampled who presented with ILI or ARI to sentinel primary healthcare sites, 51% tested positive for influenza viruses, a decrease compared to the previous week (58%).

Both influenza virus types A and B were co-circulating in sentinel source specimens with a higher proportion (60%) of type A viruses detected. Of the type A detections, A(H1N1)pdm09 viruses were detected more often (57%); of the influenza B viruses, the vast majority were B/Victoria lineage.

The distribution of detected viruses varied between Member States and areas and within subregions. Although the majority of reported influenza virus detections across the Region were type A, 5 Member States reported influenza type B dominance, and 7 Member States and areas reported co-dominance of types A and B viruses.

In the majority (>80%) of specimens from severe cases admitted to ICU and non-ICU hospital wards, influenza type A viruses were detected.

Pooled estimates of all-cause mortality from 22 countries or regions reporting to the [EuroMOMO](#) project indicated small increases in excess mortality over recent weeks in some countries.

Data from [Influenzanet](#) indicated that influenza activity in the community was medium in four, and low in another four reporting countries.

2019–2020 season overview

For the Region as a whole, influenza activity commenced earlier than in recent years and, based on sentinel sampling, first exceeded a positivity rate of 10% in week 47/2019.

The positivity rate crossed the 50% threshold in week 4/2020, one week later compared to the previous 2018–2019 influenza season. It has remained over 50% for the last three weeks.

In sentinel sources, both influenza A virus subtypes, A(H1N1)pdm09 and A(H3N2), are co-circulating, 60% and 40%, respectively. Of the influenza B viruses, the vast majority (99%) has been B/Victoria lineage.

Different patterns of dominant influenza types and A subtypes were observed between the countries in the Region.

Among hospitalized influenza virus-infected patients admitted to ICU wards since the beginning of the season, influenza type A viruses have been detected in the majority of cases (93%) with influenza A(H1N1)pdm09 and A(H3N2) viruses being distributed equally.

The same was reported for patients admitted to other wards with 91% of cases being infected with type A viruses and, of these, 51% were A(H1N1)pdm09 viruses.

Among SARI cases, influenza type A viruses were detected more frequently (55%) than type B viruses. Of the influenza type A infected cases for which subtyping was performed, 69% were infected by A(H1N1)pdm09 viruses.

The majority of circulating viruses were susceptible to neuraminidase inhibitors supporting early initiation of treatment or prophylactic use according to national guidelines.

Member States should continue encouraging influenza vaccination.

A joint ECDC and WHO Europe [Regional situation assessment](#) of the 2019/20 influenza season to week 49/2019 has been published, focussing on disease severity and impact on healthcare systems to assist forward planning in Member States.

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

ECDC assessment

Influenza activity remains high in the majority of Member States. In March 2019, WHO 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 is sub-optimal 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.

Ebola virus disease - tenth outbreak - Democratic Republic of the Congo - 2018-2020

Opening date: 1 August 2018

Latest update: 14 February 2020

Epidemiological summary

Since the beginning of the outbreak and as of 11 February 2020, there have been 3 432 cases (3 309 confirmed, 123 probable) in the Democratic Republic of the Congo (DRC), including 2 253 deaths, according to the Ministry of Health of the Democratic Republic of the Congo. During the past week, all confirmed cases have been reported in Beni. As of 11 February 2020, 172 healthcare workers have been infected.

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

In Uganda, one imported case (reported on 29 August 2019) died on 30 August 2019 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, WHO's Director-General [declared](#) the Ebola virus disease outbreak in the Democratic Republic of the Congo a PHEIC. This declaration followed the fourth meeting of the 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. It also expresses the need for a more intensified and coordinated response in order to end the outbreak. On 18 October 2019, and again on 12 February 2020, the Committee decided that the outbreak still constitutes a PHEIC.

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

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. Cases detected in individuals not previously identified as contacts stress the need to maintain enhanced surveillance and identify the chains of transmission.

The fact that the outbreak has been reported in areas with a cross-border population flow with Rwanda, South Sudan, Burundi and Uganda remains of 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. At the current stage of the epidemic, when few cases are being reported, it is essential to maintain a high level of contact tracing to stop the transmission chain.

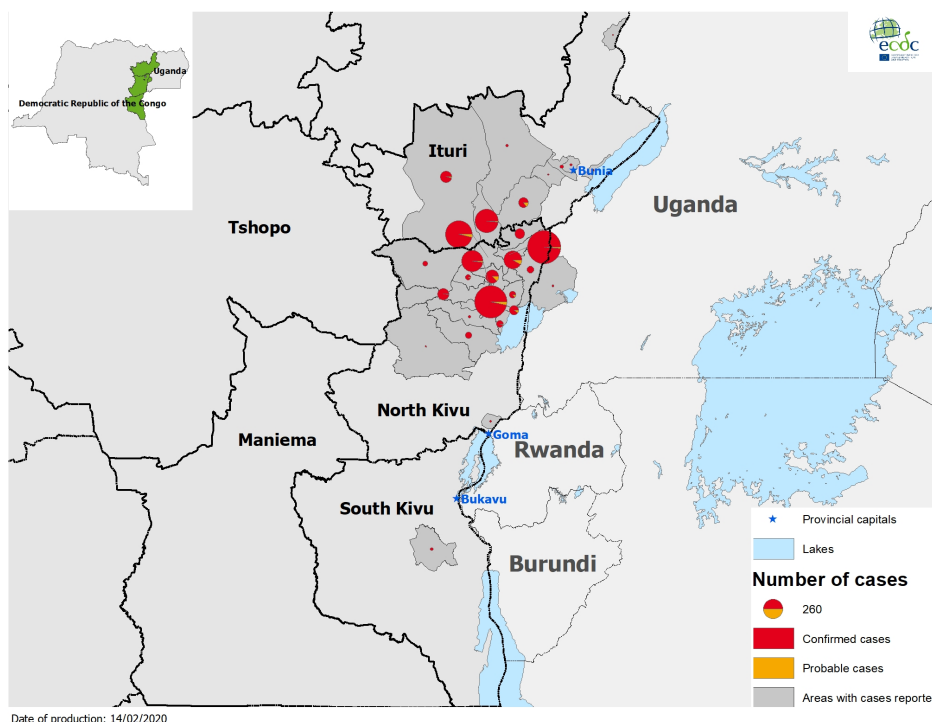
WHO assessment: As of 13 February 2020, the [WHO assessment](#) for the Ebola outbreak in the Democratic Republic of the Congo has changed from 'Very High' down to 'High' at the national and regional levels, while the risk level was maintained as 'Low' at the global level. This assessment acknowledged improvements in case incidence and other epidemiological indicators, and the strengthened local and regional capacities. Dynamics of the outbreak, however, remain contingent upon access for response teams to affected areas. Continued insecurity remains a barrier to the outbreak response effort. The limited number of community deaths still occasionally reported among new EVD cases can perpetuate transmission, with potential for new cases to arise outside of groups under surveillance. Ebola virus may persist in some survivors' body fluids. In a limited number of instances, secondary transmissions from exposure to body fluids of survivors have been documented. We should expect further clusters of cases following exposure to survivors' infected body fluids in the coming few months. This risk can be mitigated through the dedicated programme for survivor care and monitoring. At both a national and regional level, potential limitations imposed on response and preparedness activities (e.g. shortages of funding, loss of access to communities due to deterioration in security, etc.), could reverse the gains that have been made in controlling the outbreak.

Actions

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

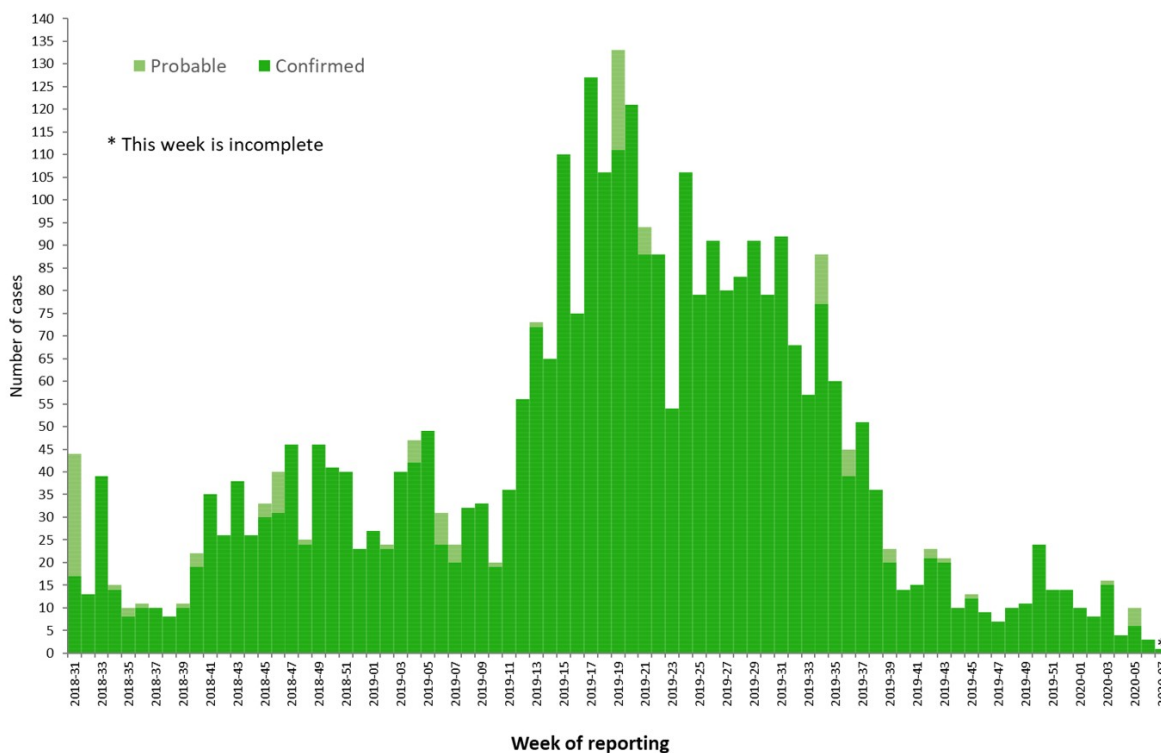
Geographical distribution of confirmed and probable cases of Ebola virus disease, Democratic Republic of the Congo and Uganda, as of 11 February 2020

Source: ECDC



Distribution of confirmed and probable cases of Ebola virus disease by week of reporting, Democratic Republic of the Congo and Uganda, as of 11 February 2020

Source: ECDC



Ebola Virus Disease case distribution in DRC and Uganda, as of 11 February 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	3309	123	3432	2253	
North-Kivu Province	2795	104	2899	1982	
Alimbongo	5	0	5	2	
Beni	720	9	729	474	ACTIVE
Biema	19	2	21	14	
Butembo	295	6	301	359	
Goma	1	0	1	1	
Kalunguta	198	18	216	89	
Katwa	653	24	677	495	
Kayna	28	0	28	8	
Kyondo	25	4	29	19	
Lubero	31	2	33	6	
Mabalako	463	18	481	352	
Manguredjipa	18	0	18	12	
Masereka	50	6	56	23	
Musienene	85	1	86	34	
Mutwanga	32	0	32	12	
Nyiragongo	3	0	3	1	
Oicha	65	0	65	30	
Pinga	1	0	1	0	
Vuhovi	103	14	117	51	
Ituri province	508	19	527	268	
Ariwara	1	0	1	1	
Bunia	4	0	4	4	
Komanda	56	10	66	54	
Lolwa	6	0	6	1	
Mambasa	82	3	85	30	
Mandima	347	6	353	172	
Nyakunde	2	0	2	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	3310	123	3433	2254	

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

Opening date: 7 January 2020

Latest update: 14 February 2020

Epidemiological summary

Since 31 December 2019 and as of 14 February 2020, 64 544 cases of COVID-19 infection according to the applied case definition in the countries have been reported, including 1 383 deaths.

Cases have been reported in the following continents:

Asia: China (63 958), Hong Kong (53), Macao (10), Singapore (58), Thailand (33), South Korea (28), Japan (30), Taiwan (18), Malaysia (19), Vietnam (16), United Arab Emirates (8), India (3), Philippines (3), Cambodia (1), Nepal (1) and Sri Lanka (1).

America: United States (15) and Canada (7).

Europe: Germany (16), France (11), United Kingdom (9), Italy (3), Spain (2), Russia (2), Belgium (1), Finland (1), and Sweden (1).

Oceania: Australia (15).

Other: Cases on an international conveyance (Japan) (221).

As of 14 February, 44 cases have been reported in the EU/EEA and the UK. Sixteen cases in Germany (two imported, 14 locally acquired), eleven cases in France (six imported, five locally acquired), nine cases in the United Kingdom (eight imported, one locally acquired), three cases in Italy (three imported), two cases in Spain (two imported), one case in Belgium (imported), one case in Finland (imported), and one case in Sweden (imported). More details are available [here](#).

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

ECDC assessment

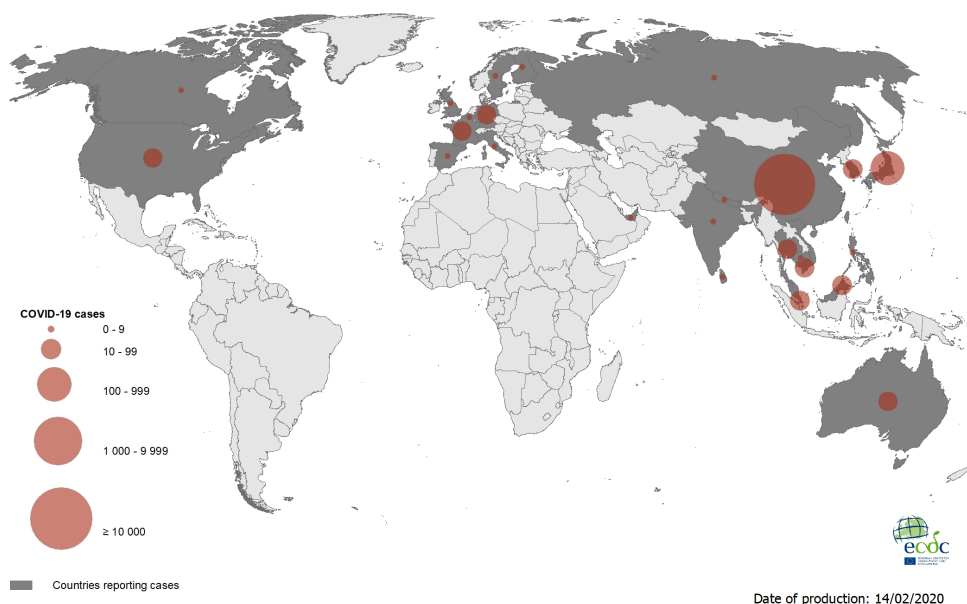
Information on the COVID-19 situation and a risk assessment can be found on the [ECDC website](#).

Actions

Latest ECDC activities can be found on the ECDC [website](#).

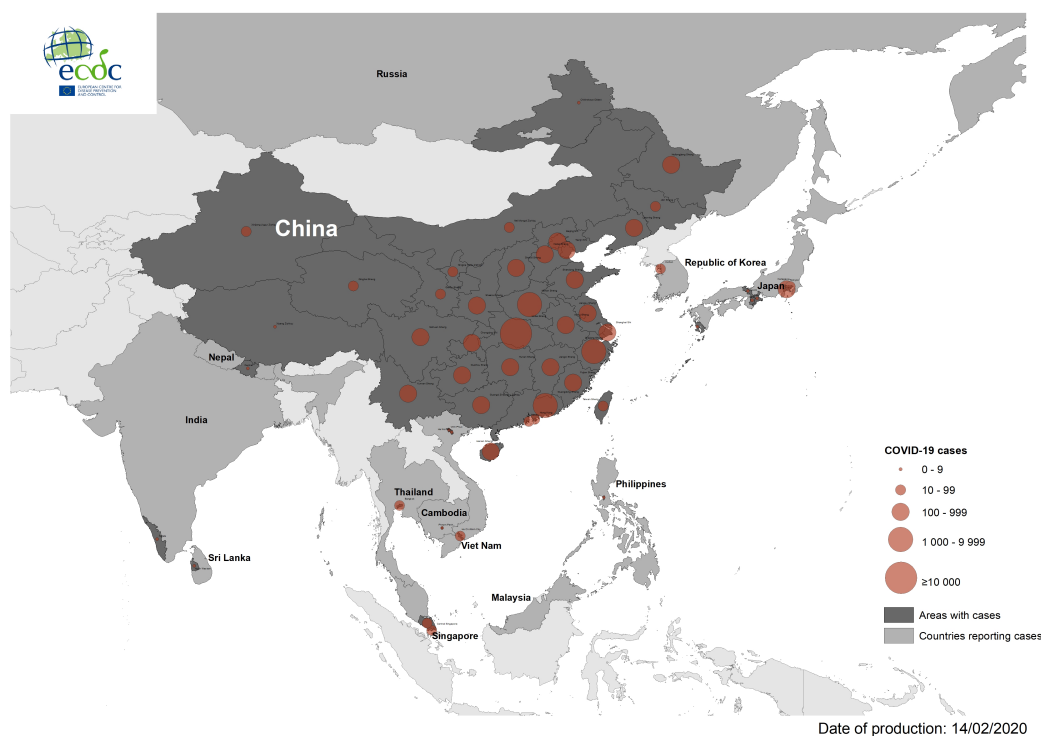
Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), World, as of 14 February 2020

Source: ECDC



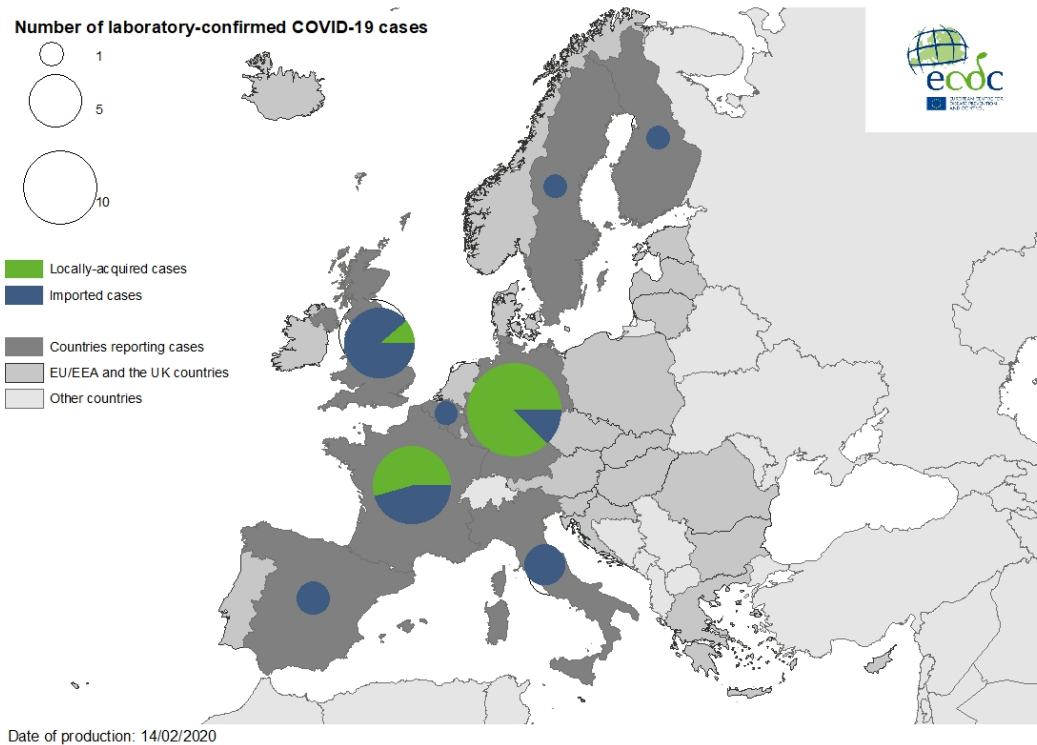
Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), Asia, as of 14 February 2020

Source: ECDC



Geographical distribution of COVID-19 cases (according to the applied case definition in the countries), EU/EEA and the UK, as of 14 February 2020

Source: ECDC



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