



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 22, 30 May-5 June 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Start of West Nile virus infection seasonal surveillance 2021

As of this week (week 22, 2021), ECDC will begin reporting on the seasonal surveillance of human West Nile virus (WNV) infections in the EU/EEA and EU-neighbouring countries combined with information on outbreaks among equids and birds in the EU/EEA.

Every Friday during the WNV transmission season (expected to be from June to November), ECDC will provide a [summary of the epidemiological situation](#), including (I) a dashboard, (II) maps showing human WNV infections, WNV disease outbreaks among equids and/or birds, and human infections and outbreaks among animals combined and (III) a downloadable data file detailing the number of human infections, as well as outbreaks among equids and birds, by country and administrative levels (Nomenclature of territorial units for statistics (NUTS 3) and Global Administrative Unit Layers (GAUL 1)). The weekly updates will also be provided in the Communicable Disease Threats Report (CDTR).

[Deferral or testing of prospective donors](#) applies to blood donors leaving areas with at least one autochthonous human case of WNV infection. The aim of the information provided is to support EU/EEA countries in implementing preventive measures.

I. Executive summary

EU Threats

New! West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 4 June 2021

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 28 May and 3 June 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection. Since the beginning of the 2021 transmission season, no outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 4 June 2021

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 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 week 2021-20 and as of week 2021-21, 3 501 155 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 81 928 new deaths have been reported.

Since 31 December 2019 and as of week 2021-21, 171 049 741 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 549 710 deaths.

In the EU/EEA, 32 608 386 cases have been reported, including 725 694 deaths.

More details are available [here](#). The latest daily situation update for the EU/EEA is available [here](#).

Non EU Threats

New! Influenza A(H10N3) - China - 2021

Opening date: 1 June 2021

Latest update: 4 June 2021

China reported a human case of avian influenza A(H10N3) virus infection - the first human case reported in the world.

New! Human infection with influenza A(H1N2) variant virus – US – 2021

Opening date: 1 June 2021

Latest update: 4 June 2021

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats. Sporadic cases of influenza A(H1N2) virus variant infections in humans have been recently reported from Canada and the United States of America.

→Update of the week

At the end of May 2021, the US CDC reported about a confirmed human case with A(H1N2) virus variant (A(H1N2)v) infection in Ohio, the US.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 4 June 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouéké in the N'Zérékore region, Guinea, after three cases were confirmed by the national laboratory. These were the first confirmed cases reported since the 2013–2016 West Africa outbreak, which was the largest EVD outbreak ever recorded. In the current outbreak, 23 EVD cases have been identified so far.

→Update of the week

Since the last update on 21 May 2021, and as of 1 June 2021, no new cases nor deaths have been reported. The last confirmed case was reported on 3 April 2021. The case was in a patient who later recovered and was released from the N'Zérékore treatment centre on 23 April 2021.

The 42-day countdown period to declaring the end of the outbreak began on 8 May 2021. Therefore, as of 1 June 2021, 18 days remain till the declaration, provided no new cases are detected.

In the most recent report from the Agence Nationale de Sécurité Sanitaire (ANSS) of Guinea, 58 new suspected cases have been identified in areas within the N'Zérékore prefecture. One case has been transferred to the Ebola Treatment Centre (ETC) in N'Zérékore, and the remaining 57 cases refused transferrals to the ETCs.

Vaccinations are no longer being administered and since the start of the vaccination campaign on 23 February 2021, 10 873 people have been vaccinated.

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

Opening date: 24 September 2012

Latest update: 2 June 2021

Since the disease was first identified in Saudi Arabia in April 2012, over 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 published on 7 May, and as of 31 May 2021, one new MERS-CoV case including one death has been reported by Saudi Arabian health authorities.

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

Opening date: 9 December 2019

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 4 May 2021, the [twenty-eighth](#) meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was held.

In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the previous CDTR update on 7 May 2021 and as of 25 May 2021, 26 cases of polioviruses (cVDPV1 and cVDPV2) have been reported. No new cases of WPV1 have been reported since the last update.

Wild poliovirus (WPV1):

- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Afghanistan.
- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 has been reported in Pakistan.
- Two WPV1 environmental samples have been detected in Pakistan.

Circulating vaccine-derived poliovirus (cVDPV):

- Four new cases of AFP caused by cVDPV1 have been reported from Madagascar (3) and Yemen (1).
- One cVDPV1 environmental sample has also been detected in Madagascar.
- 22 cases of AFP caused by cVDPV2 have been reported from 12 countries: Afghanistan (5), Democratic Republic of the Congo (5), Burkina Faso (2), Mali (2), Benin (1), Congo (1), Guinea (1), Liberia (1), Nigeria (1), Pakistan (1), Senegal (1) and South Sudan (1).
- 16 cVDPV2 environmental samples have also been detected in seven countries: Liberia (5), Tajikistan (4), Afghanistan (2), Sierra Leone (2), Nigeria (1), Pakistan (1), and Senegal (1).
- No new cases of AFP caused by cVDPV3 have been reported.
- One environmental sample of cVDPV3 has been detected in China.

II. Detailed reports

New! West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 4 June 2021

Epidemiological summary

Between 28 May and 3 June 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season and as of 3 June 2021, EU/EEA countries have reported no human cases of WNV infection. EU-neighbouring countries have reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season, no outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries.

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

Sources: TESSy | Animal Disease Information System

ECDC assessment

No human cases or outbreaks among animals have been notified at this early stage of the transmission season.

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, a dashboard and an epidemiological summary every Friday.

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 03.06.

ECDC and ADIS



**Distribution of human and animal West Nile virus infections by NUTS 3 and GAUL 1 regions in the EU/EEA and EU-neighbouring countries as of 03 of June 2021
Season 2021**

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No cases reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat.
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Distribution of human West Nile virus infections by affected areas as of 03.06.

ECDC

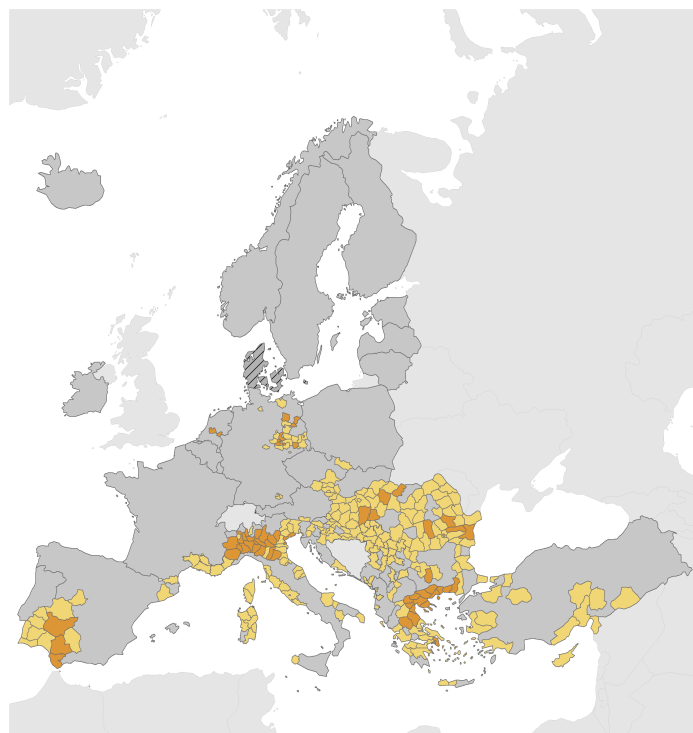


**Distribution of human West Nile virus infections by NUTS 3 and GAUL 1 regions in the EU/EEA and EU-neighbouring countries as of 03 of June 2021
Seasons 2011 - 2021**

- Human infections reported current season
- Human infections reported 2020
- Human infections reported between 2011 - 2019
- No data reported
- No cases reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat.
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COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 4 June 2021

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European Centre for Disease Prevention and Control (ECDC)

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[Link](#) to ECDC CDTR web page – including related PowerPoint© slides

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-21, 171 049 741 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 549 710 deaths.

Cases have been reported from:

Africa: 4 835 646 cases; the five countries reporting most cases are South Africa (1 662 825), Morocco (519 108), Tunisia (345 474), Ethiopia (271 345) and Egypt (261 666).

Asia: 44 947 054 cases; the five countries reporting most cases are India (28 047 534), Iran (2 893 218), Indonesia (1 816 041), Philippines (1 223 627) and Iraq (1 197 082).

America: 67 895 582 cases; the five countries reporting most cases are United States (33 259 571), Brazil (16 471 600), Argentina (3 781 721), Colombia (3 406 456) and Mexico (2 413 742).

Europe: 53 294 291 cases; the five countries reporting most cases are France (5 666 113), Turkey (5 242 911), Russia (5 071 917), United Kingdom (4 484 056) and Italy (4 216 003).

Oceania: 76 463 cases; the five countries reporting most cases are Australia (30 098), French Polynesia (18 860), Papua New Guinea (15 848), Guam (8 156) and New Zealand (2 317).

Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 130 399 deaths; the five countries reporting most deaths are South Africa (56 439), Egypt (15 047), Tunisia (12 654), Morocco (9 143) and Ethiopia (4 155).

Asia: 624 255 deaths; the five countries reporting most deaths are India (329 100), Iran (79 741), Indonesia (50 404), Philippines (20 860) and Pakistan (20 779).

America: 1 659 173 deaths; the five countries reporting most deaths are United States (594 431), Brazil (461 057), Mexico (223 568), Colombia (88 774) and Argentina (78 093).

Europe: 1 134 485 deaths; the five countries reporting most deaths are United Kingdom (127 781), Italy (126 046), Russia (121 501), France (109 431) and Germany (88 442).

Oceania: 1 392 deaths; the five countries reporting most deaths are Australia (910), Papua New Guinea (162), French Polynesia (142), Guam (139) and New Zealand (26).

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

EU/EEA:

As of week 2021-21, 32 608 386 cases have been reported in the EU/EEA: France (5 666 113), Italy (4 216 003), Germany (3 681 126), Spain (3 678 390), Poland (2 872 283), Czechia (1 661 272), Netherlands (1 647 329), Romania (1 077 737), Sweden (1 068 473), Belgium (1 062 373), Portugal (849 093), Hungary (804 538), Slovakia (774 506), Austria (640 528), Bulgaria (418 274), Greece (401 301), Croatia (356 181), Denmark (281 227), Lithuania (274 776), Ireland (260 802), Slovenia (253 722), Latvia (133 098), Estonia (129 544), Norway (124 780), Finland (92 488), Cyprus (72 407), Luxembourg (69 889), Malta (30 535), Iceland (6 586) and Liechtenstein (3 012).

As of week 2021-21, 725 694 deaths have been reported in the EU/EEA: Italy (126 046), France (109 431), Germany (88 442), Spain (79 953), Poland (73 745), Romania (30 312), Czechia (30 108), Hungary (29 733), Belgium (24 955), Bulgaria (17 662), Netherlands (17 601), Portugal (17 025), Sweden (14 451), Slovakia (12 343), Greece (12 054), Austria (10 339), Croatia (8 026), Ireland (4 941), Slovenia (4 693), Lithuania (4 276), Denmark (2 516), Latvia (2 370), Estonia (1 252), Finland (956), Luxembourg (814), Norway (783), Malta (419), Cyprus (360), Liechtenstein (58) and Iceland (30).

The latest daily situation update for the EU/EEA is available [here](#).

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](#), [fourth](#), [fifth](#), [sixth](#) and [seventh](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

DISCLAIMER: On week 19 -2021, France performed data cleaning and retro-correction, therefore the data are not displayed in this map. However, the French situation update is available on the sub national map [here](#).

ECDC assessment

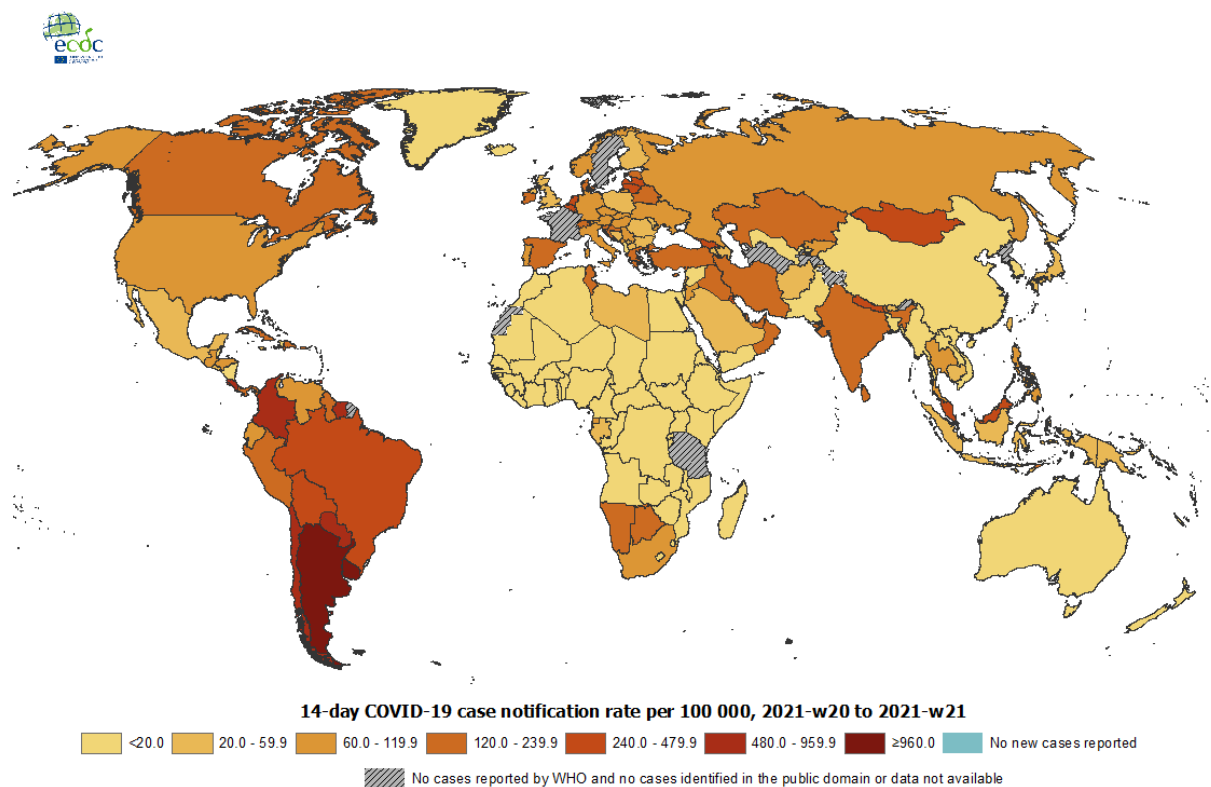
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

Actions: ECDC published the 14th update of its [rapid risk assessment](#) on 15 February 2021. A [dashboard](#) with the latest updates is available on ECDC's website.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w20 to 2021-w21

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: 02/06/2021

New! Influenza A(H10N3) - China - 2021

Opening date: 1 June 2021

Latest update: 4 June 2021

Epidemiological summary

On 1 June 2021, Chinese health authorities reported a human case with A(H10N3) avian influenza infection in Zhenjiang, Jiangsu, China. This is the first case of human infection with avian influenza A(H10N3) in the world.

The patient is a 41-year-old man who developed symptoms on 23 April 2021. He was hospitalised on 28 April and is now in a stable condition. No further cases were identified among the contacts of the patient.

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Whole genome sequencing showed the infection was caused by A(H10N3) influenza virus of avian origin. According to the Chinese authorities, the virus did not have the ability to effectively infect humans. Influenza A(H10N3) virus is considered a low pathogenic avian influenza.

Sources: [National Health Commission of the People's Republic of China](#) | [The Government of the Hong Kong Special Administrative Region](#)

ECDC assessment

This is the first human case of influenza A(H10N3) virus infection. No human-to-human transmission has been reported and further investigations on exposure as well as on the virus characteristics are needed to understand the circumstances of the transmission to human.

Sporadic zoonotic transmission cannot be excluded, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a [quarterly updated report of the avian influenza situation](#). The [most recent report](#) was published on 31 May 2021. Cases should be reported immediately to EWRS and IHR.

New! Human infection with influenza A(H1N2) variant virus – US – 2021

Opening date: 1 June 2021

Latest update: 4 June 2021

Epidemiological summary

At the end of May 2021, the US CDC reported about a confirmed human case with A(H1N2)virus variant (A(H1N2)v) infection in Ohio, the US.

The patient is <18 years of age, he was not hospitalised and has recovered from the illness. No human-to-human transmission of influenza A(H1N2)v has been identified associated with this case. Investigation into the source of the infection revealed that the case lives on a farm where pigs are present. This is the first case detected this year in the US.

Source: the [US CDC](#)

ECDC assessment

Sporadic cases of A(H1N2)v infection occur in humans who have direct or indirect contact with pigs and contaminated environments. Since 2005, 29 cases of A(H1N2)v infection have been reported worldwide, of which 27 in the US. Further epidemiological investigations, including the characterisation of the virus, are needed to assess the source of infection and risk of transmission to humans as well as between humans. Close cross-sectoral cooperation and communication between animal and public health authorities are recommended to better understand the circulating viruses in pigs in order to implement safety measures and prevent zoonotic transmission events. Detailed virus characterisation analyses for unsubtypable influenza viruses should be performed and specimens shared with national influenza centres or reference laboratories.

Actions

ECDC is monitoring zoonotic influenza events through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 4 June 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 1 June 2021, 23 EVD cases (16 confirmed and seven probable), including 12 deaths (from five confirmed and seven probable cases) have been identified. The most recently detected case was reported on 3 April 2021. Among the cases, five healthcare workers were infected, resulting in two deaths (one confirmed and one probable case). All cases have been reported from the N'Zerekore prefecture in the region of N'Zerekore. Ten patients with confirmed EVD have recovered. One case from the N'Zerekore region was reported in a person who escaped, having refused to go into isolation in a healthcare facility.

According to WHO, an initial cluster of seven cases began with a patient (index case) who died on 28 January 2021, after having visited two healthcare facilities and a traditional practitioner. Five family members who attended the funeral on 1 February and the traditional practitioner showed Ebola-like symptoms. Five of the seven cases died. Two unsafe burials took place for these EVD patients.

Results of genomic sequencing suggest a link between the 2021 and the 2013–2016 West Africa outbreaks. The re-emergence of the 2013–2016 West Africa epidemic strain would suggest that the index case was infected from a [persistent source](#).

A [vaccination campaign](#) began on 23 February and as of 30 May, 10 873 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions. No new vaccines are being administered. Currently there are no active contacts under follow-up.

The response is being conducted by the Ministry of Health of Guinea, WHO, and Global Outbreak Alert and Response Network (GOARN) partners. Measures are ongoing and WHO has supported the country in procuring an EVD vaccine, therapeutics, reagents, and personal protective equipment. To date, 32 960 vaccines have been deployed to Guinea. WHO considers the risk of spread in the country as very high, given the unknown size, duration and origin of the outbreak, the potentially large number of contacts, the potential spread to other parts of Guinea and neighbouring countries, and the limited response capacity on the ground.

As the outbreak is located in a porous border area, WHO is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity and conducting surveillance in health facilities. WHO is also in contact with the neighbouring countries of Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries are on high alert, however their overall [estimated state of readiness](#) lies below the required benchmark.

According to WHO, challenges remain in the surveillance and response, and include inadequate coordination in N'Zerekore, a lower number of alerts than expected from the community and therefore too few samples being tested, problems locating contacts lost to follow-up, problems with the isolation of suspected patients, and the need for additional staff to strengthen field operations which are limited by insufficient funds. Due to major challenges with surveillance and response, it is likely that there are undetected chains of transmission, posing a risk of further disease clusters and greater geographical spread.

Background: Guinea was one of the three most-affected countries in the 2013–2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976, and during which there were over 28 000 cases, including around 11 000 deaths. The outbreak started in Guinea and then moved across land borders to Sierra Leone and Liberia.

Sources: [WHO regional office for Africa](#) | [Ministry of health of Guinea](#) | [Agence Nationale de Sécurité Sanitaire \(ANSSrec\)](#) | [WHO Disease Outbreak News](#) | [WHO Regional Office for Africa Twitter](#) | [ANSS report](#) | [Weekly Afro Bulletin](#)

ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since 2016. Based on molecular studies, the hypothesis is that the virus re-emerged from a persistently infected person from the 2013–2016 outbreak. Nevertheless, importation via travellers from an Ebola virus-endemic country or a spill-over event from animal reservoirs cannot be ruled out as potential sources of the outbreak. Some bat species are reservoir hosts for Ebola virus in Central Africa. However, the evidence for competent animal reservoirs of the virus in West Africa is inconclusive, and the role of other animals, such as non-human primates as (intermediate) hosts remains unclear (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). The ongoing outbreak may spread to other areas within Guinea and/or to neighbouring countries. During the 2013–2016 outbreak in West Africa, Guinea acquired essential experience, which is an asset in order to be able to respond adequately to this outbreak. However, the current epidemiological data and situation reports indicate issues with the timely identification and isolation of cases necessary to prevent further transmission. The COVID-19 pandemic and other ongoing outbreaks (e.g. Yellow Fever and measles) may also challenge the response.

Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in Guinea. The current risk for citizens in the EU/EEA

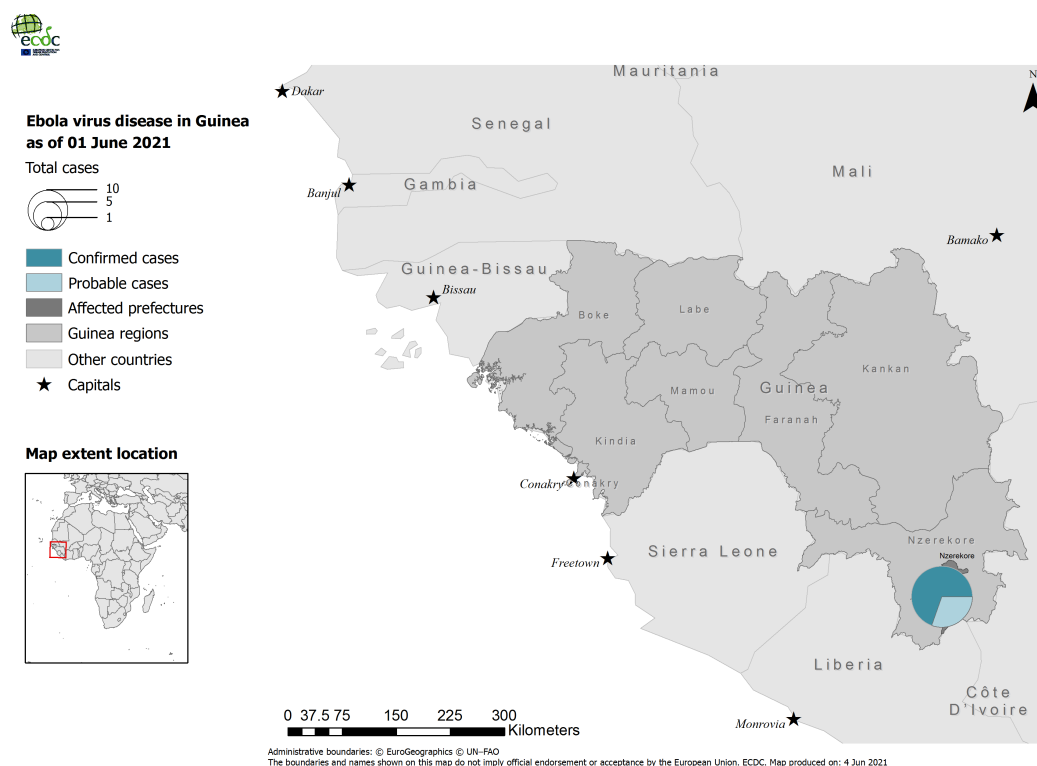
is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, [EVD outbreak in Guinea](#), on 22 February 2021, in which options for response measures are described.

Geographical distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021

Source: ECDC



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

Opening date: 24 September 2012

Latest update: 2 June 2021

Epidemiological summary

From 1 January 2021 to 31 May 2021, nine MERS-CoV cases have been reported in Saudi Arabia (8) and the United Arab Emirates (1), including five deaths. In Saudi Arabia, all were primary cases, of whom five reported contact with camels. These eight cases were reported in Riyadh (4), Makkah (2), and Eastern Province (2).

Since April 2012 and as of 31 May 2021, 2 590 cases of MERS-CoV, including 941 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](#) | [WHO DON](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014. 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 ECDC's [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](#),

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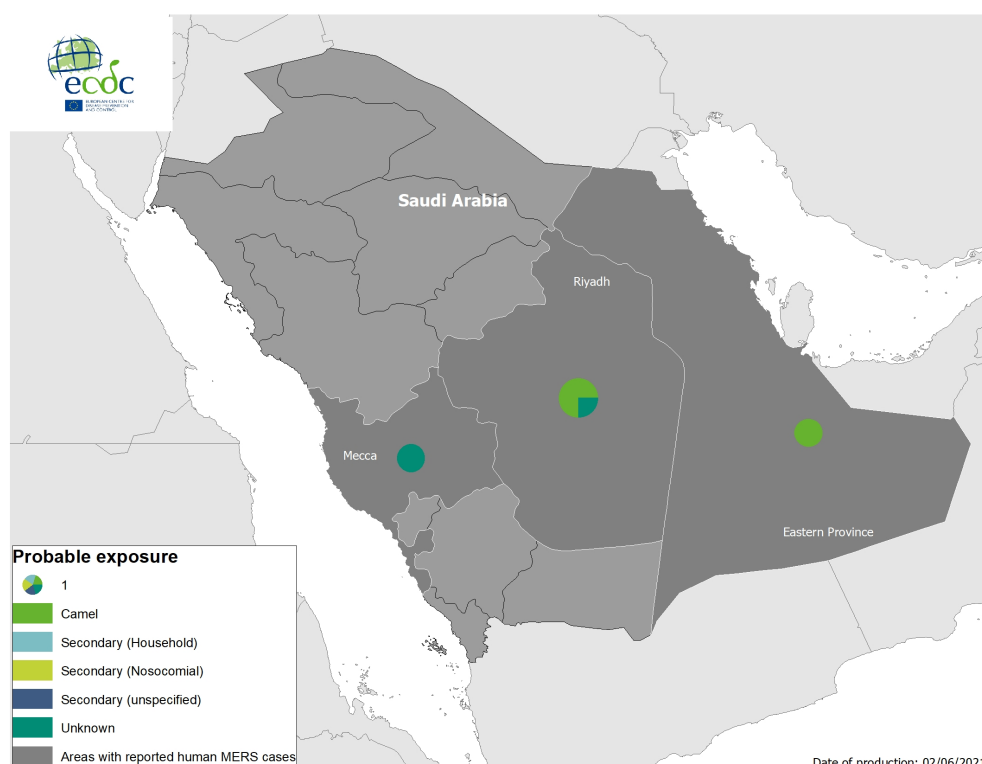
in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)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

Actions

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

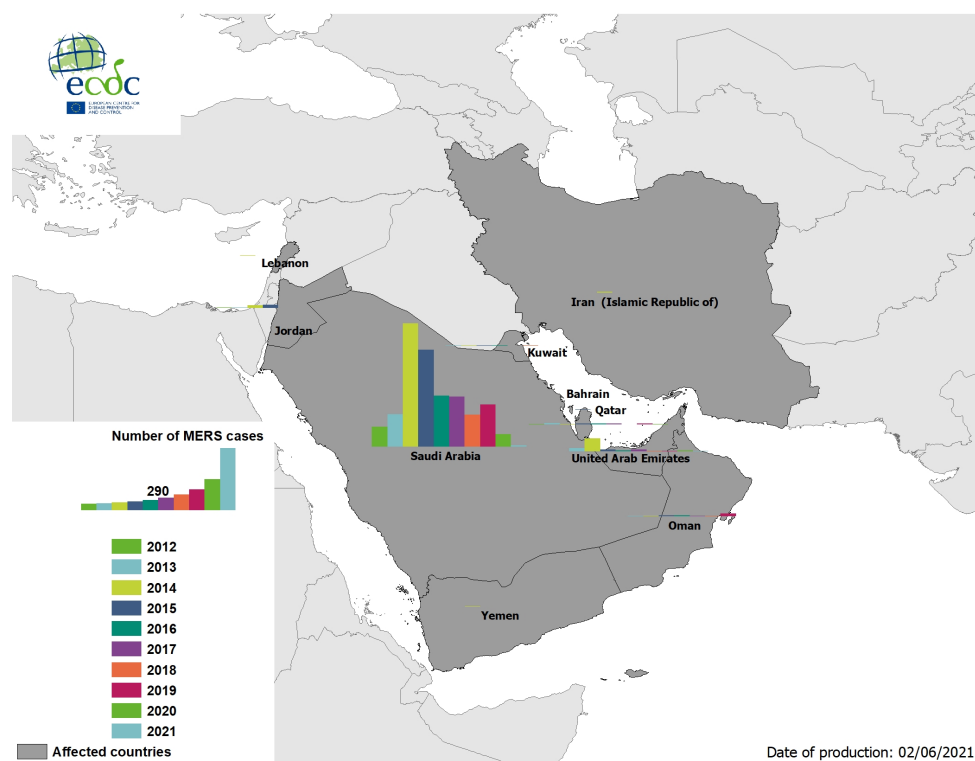
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2021 to 31 May 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 31 May 2021

Source: ECDC



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

Opening date: 9 December 2019

Epidemiological summary

Wild poliovirus:

In 2021 overall, as of 25 May two cases of WPV1 have been reported from two endemic countries: Afghanistan (1) and Pakistan (1). In 2020, a total of 140 cases have been reported from Pakistan (84) and Afghanistan (56).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 25 May 2021, 34 cases of cVDPV1 have been reported by Yemen (31), Madagascar (2) and Malaysia (1). In addition, 1 054 cases of cVDPV2 have been reported from 24 countries: Afghanistan (308), Pakistan (135), Chad (99), Democratic Republic of the Congo (81), Burkina Faso (62), Côte D'Ivoire (60), Sudan (58), South Sudan (50), Mali (48), Guinea (44), Ethiopia (26), Somalia (14), Ghana (12), Sierra Leone (10), Niger (9), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Congo (2), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

In 2021 overall, and as of 25 May 2021, six cases of cVDPV1 have been reported by Madagascar (4) and Yemen (2). In addition, 90 cases of cVDPV2 have been reported from 13 countries: Afghanistan (38), Democratic Republic of the Congo (7), Pakistan (7), Guinea (6), Nigeria (6), South Sudan (6), Tajikistan (6), Senegal (4), Sierra Leone (4), Congo (2), Liberia (2), Benin (1) and Burkina Faso (1). No cases of cVDPV3 have been reported to date this year.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [WPV3 eradication certificate](#)

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a [sustained polio outbreak](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of

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cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the concerning occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

[ECDC](#) endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. The agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and that have ongoing outbreaks of cVDPV.

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