



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 17, 25 April-1 May 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

ESCAIDE 2021

The abstract call is open for ESCAIDE 2021 between **19 April and 19 May** (23:59 CET).

Abstracts in all areas related to infectious disease prevention and control, including epidemiology, public health microbiology, surveillance, and the application of tools and methods to support infectious disease outbreaks or interventions are welcome. Guidelines for abstract submission, selection and review are published below or can be found on [ESCAIDE](#) conference website. The call for late breaker abstracts will open on 1 September and will close on 20 September 2021. More information to follow. ESCAIDE 2021 will take place online between 16–19 November 2021. Information about registration and participation will be available on the website.

[Guidelines for abstract submission for ESCAIDE 2021](#)

[Guidelines for selection of abstracts for ESCAIDE 2021](#)

[Guidelines for reviewers for ESCAIDE 2021](#)

European Immunization week

The rapid and effective deployment of vaccines is essential to reducing the number of susceptible individuals, hospitalizations, deaths and the viral circulation of COVID-19 in the community, so that a relaxation of measures for fully vaccinated individuals can be permitted.

On the occasion of [European Immunization Week](#), ECDC reiterates the importance of vaccination as the main way of bringing people back together and looking toward the future with hope for an end to the COVID-19 pandemic.

“With over one hundred million doses of COVID-19 vaccines administered in the European Union, we have made important steps to protect vulnerable groups and frontline workers. Vaccination rollout must now be accelerated to protect the entire population, because nobody is safe until everyone is safe.” Andrea Ammon, ECDC Director.

I. Executive summary

EU Threats

New! Crimean-Congo haemorrhagic fever – Spain – 2021

Opening date: 29 April 2021

Latest update: 30 April 2021

According to Spanish health authorities, one case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by the national reference laboratory in the autonomous community of Castilla y Leon on 19 April 2021. The case is a 59-year-old male farmer with recent exposure to tick bites.

→Update of the week

The case sought medical attention on 18 April 2021 in Salamanca, Spain, showing compatible symptoms for CCHF. The case is currently in a stable condition and reported one close contact, which is currently being followed up by the regional health authorities.

New! Dengue outbreak - France, Réunion - 2021

Opening date: 29 April 2021

Latest update: 30 April 2021

A dengue epidemic is ongoing in France, Réunion.

→Update of the week

In Réunion, [French authorities](#) have reported 7 864 confirmed dengue cases for 2021, including 1 599 confirmed cases in week 14 and 1 443 cases in week 15, with the whole territory affected. Among the hospitalised dengue cases, 22% had severe dengue, which is a higher proportion than in 2019 (17%) and 2020 (16%). Two deaths were considered directly related to dengue.

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

Opening date: 7 January 2020

Latest update: 30 April 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 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 week 2021-15 and as of week 2021-16, 5 638 231 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 90 525 new deaths have been reported.

Globally, since 31 December 2019 and as of 26 April 2021, 147 443 848 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 117 542 deaths.

In the EU/EEA, 30 290 698 cases have been reported, including 678 653 deaths.

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

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 30 April 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

Week 16/2021 (19 April–25 April 2021)

Influenza activity remains at or below interseasonal level.

Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

Latest update: 30 April 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD) after a laboratory-confirmed case was detected. The outbreak is in the North Kivu province in the eastern region of the DRC, where a large outbreak occurred between 2018 and 2020. To date, 12 EVD cases have been identified.

→ Update of the week

Since the last update on 23 April 2021, and as of 27 April 2021, no new cases nor deaths have been reported. The 42-day [countdown](#) to declaring the end of the outbreak began on 22 March 2021, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in Katwa. Therefore, as of 27 April 2021, 6 days remain to declaring the end of the outbreak, provided no new confirmed cases are detected.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 30 April 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouéké in the N'Zerekore 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. To date, 23 EVD cases have been identified in the current outbreak.

→ Update of the week

Since the last update on 23 April 2021, and as of 27 April 2021, no new cases nor deaths have been reported. The last confirmed case was reported on 3 April 2021.

One new [recovery](#) was reported on 23 April 2021.

II. Detailed reports

New! Crimean-Congo haemorrhagic fever – Spain – 2021

Opening date: 29 April 2021

Latest update: 30 April 2021

Epidemiological summary

According to Spanish health authorities, one case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by the national reference laboratory in the autonomous community of Castilla y Leon on 19 April 2021. The case is a 59-year-old male farmer with recent exposure to tick bites. The case sought medical attention on 18 April 2021 in Salamanca, Spain, showing compatible symptoms for CCHF. The case is currently in a stable condition and reported one close contact, which is currently being followed up by the regional health authorities.

Sources: [Media](#) | [Regional health authorities](#)

ECDC assessment

Ticks from the *Hyalomma* spp. are considered the principal vectors of the CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the [distribution map](#) published in March 2021. In Spain, the main vector is *Hyalomma lusitanicum*, as shown in the [distribution map](#) published in March 2021.

Hunters, forest workers, hikers, and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in [2016 in Spain](#), in which a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

On 9 September 2016, ECDC published a [rapid risk assessment](#) related to CCHF cases in Spain. The assessment remains valid for the current event. In addition, in July 2019, the Spanish authorities published a [situational report](#) and risk assessment related to CCHF in Spain.

Additional information on CCHF can be found in [ECDC's Surveillance Atlas](#) of Infectious Diseases, [ECDC's factsheet](#) and in the latest version of [ECDC's annual epidemiological report](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again if epidemiological updates become available.

New! Dengue outbreak - France, Réunion - 2021

Opening date: 29 April 2021

Latest update: 30 April 2021

Epidemiological summary

Since 1 January and as of 28 April 2021, 7 864 confirmed dengue cases have been reported for 2021, according to [French authorities](#). In [2019](#) and [2020](#), there were 18 206 and 16 050 cases, respectively. According to data submitted to The European Surveillance System, in 2019 there were 116 cases imported from Réunion to the EU/EEA, the majority of which were reported in mainland France.

ECDC assessment

Réunion is facing an outbreak of dengue of a magnitude comparable to 2019 and 2020. In those two years, the peak of the epidemic was reached between week 15 and week 19, which would suggest that the epidemic peak for this year might be reached in the coming weeks.

The likelihood of infection for EU/EEA citizens visiting or residing in Réunion is currently high if they do not apply protective measures, particularly in those communes where the circulation of the virus is intense (i.e. St Paul and Port). [Personal protective](#)

[measures against mosquito bites](#) include the use of mosquito repellent, wearing long-sleeved shirts and long trousers, sleeping or resting in screened or air-conditioned rooms, and using mosquito nets.

The likelihood for onward transmission of dengue in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus*). *Aedes albopictus* is [established](#) in a large part of southern EU. The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is low, as the environmental conditions are not favourable to vector activity and virus replication. Environmental conditions in the EU/EEA are expected to become more favourable for the growth of mosquito populations and virus replication of the vector in the coming months, reaching high vector abundance in the summer and early autumn. To date, all autochthonous outbreaks of dengue in mainland EU/EEA [occurred](#) between July and November.

For a more detailed analysis about the dengue epidemiological situation in the Indian ocean region, consult ECDC's [monthly dengue reports](#), the [ECDC factsheet](#) and [ARS Reunion](#).

Actions

ECDC is monitoring this through its epidemic intelligence activities. ECDC will produce a Threat Assessment Brief on "Dengue outbreak in Réunion, 2021" to be circulated on Tuesday, 4 May 2021.

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

Opening date: 7 January 2020

Latest update: 30 April 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-16, 147 443 848 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 117 542 deaths.

Cases have been reported from:

Africa: 4 508 664 cases; the five countries reporting most cases are South Africa (1 575 471), Morocco (509 363), Tunisia (301 627), Ethiopia (252 279) and Egypt (222 523).

Asia: 31 440 411 cases; the five countries reporting most cases are India (17 118 040), Iran (2 396 204), Indonesia (1 641 194), Iraq (1 037 858) and Philippines (997 523).

America: 61 824 341 cases; the five countries reporting most cases are United States (32 125 099), Brazil (14 369 423), Argentina (2 879 677), Colombia (2 787 303) and Mexico (2 329 534).

Europe: 49 599 293 cases; the five countries reporting most cases are France (5 498 044), Russia (4 771 372), Turkey (4 629 969), United Kingdom (4 404 882) and Italy (3 962 674).

Oceania: 70 434 cases; the five countries reporting most cases are Australia (29 666), French Polynesia (18 734), Papua New Guinea (10 670), Guam (7 915) and New Zealand (2 601).

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

Deaths have been reported from:

Africa: 120 219 deaths; the five countries reporting most deaths are South Africa (54 148), Egypt (13 049), Tunisia (10 352), Morocco (8 992) and Ethiopia (3 551).

Asia: 445 766 deaths; the five countries reporting most deaths are India (195 123), Iran (69 574), Indonesia (44 594), Pakistan (17 187) and Philippines (16 783).

America: 1 498 371 deaths; the five countries reporting most deaths are United States (572 674), Brazil (391 936), Mexico (215 113), Colombia (71 799) and Argentina (62 087).

Europe: 1 051 856 deaths; the five countries reporting most deaths are United Kingdom (127 428), Italy (119 238), Russia (108 588), France (102 887) and Germany (81 624).

Oceania: 1 324 deaths; the five countries reporting most deaths are Australia (910), French Polynesia (141), Guam (136), Papua New Guinea (102) and New Zealand (26).

Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-16, 30 290 698 cases have been reported in the EU/EEA: France (5 498 044), Italy (3 962 674), Spain (3 488 469), Germany (3 299 325), Poland (2 762 323), Czechia (1 620 206), Netherlands (1 465 439), Romania (1 047 520), Belgium (976 875), Sweden (950 182), Portugal (834 638), Hungary (771 454), Austria (605 510), Bulgaria (397 500), Slovakia (380 010), Greece (333 129), Croatia (323 036), Denmark (248 326), Ireland (246 633), Lithuania (241 872), Slovenia (237 219), Estonia (120 378), Latvia (115 316), Norway (110 611), Finland (85 937), Luxembourg (66 202), Cyprus (62 349), Malta (30 189), Iceland (6 429) and Liechtenstein (2 903).

As of week 2021-16, 678 653 deaths have been reported in the EU/EEA: Italy (119 238), France (102 887), Germany (81 624), Spain (77 738), Poland (65 437), Czechia (29 002), Romania (27 511), Hungary (26 801), Belgium (24 057), Netherlands (17 041), Portugal (16 965), Bulgaria (15 907), Sweden (13 967), Slovakia (11 531), Greece (10 007), Austria (9 832), Croatia (6 905), Ireland (4 873), Slovenia (4 521), Lithuania (3 857), Denmark (2 477), Latvia (2 102), Estonia (1 143), Finland (906), Luxembourg (790), Norway (737), Malta (413), Cyprus (298), Liechtenstein (57) and Iceland (29).

The latest daily situation update for 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.

ECDC assessment

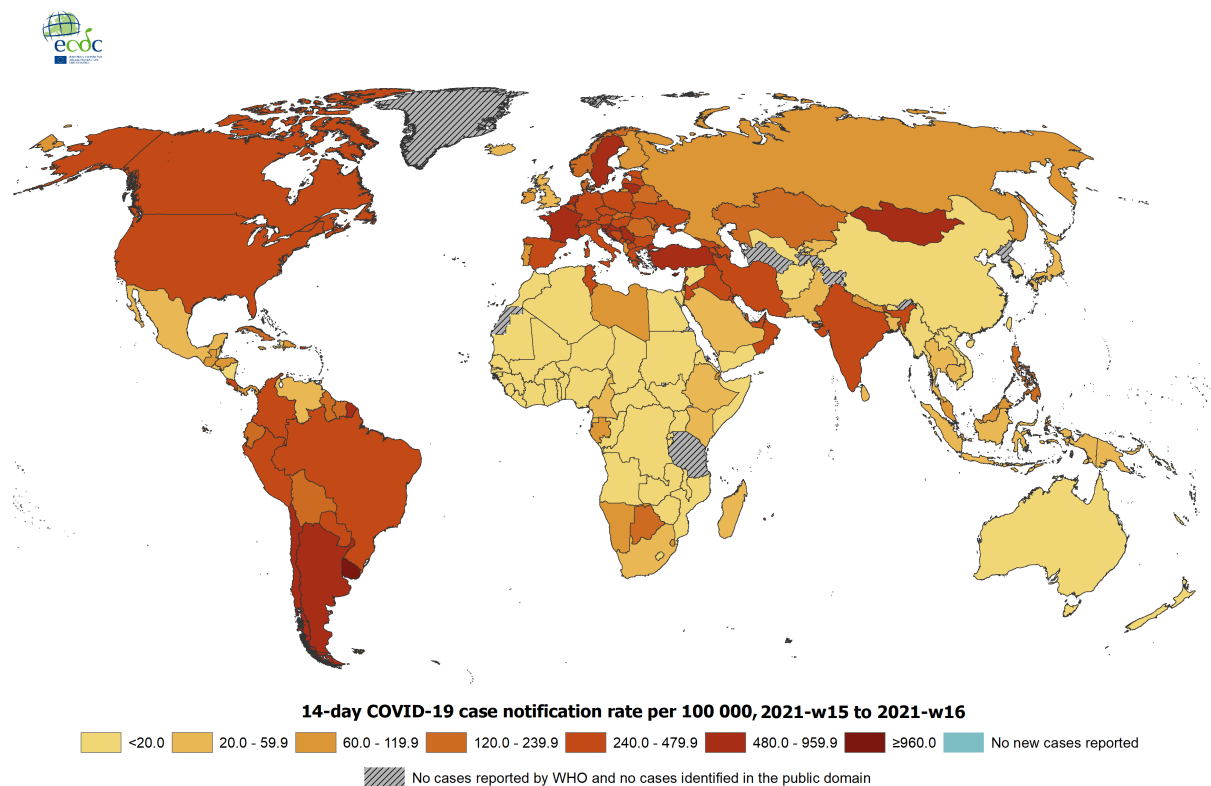
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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-w16 to 26 April 2021

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: 29/04/2021

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 30 April 2021

Epidemiological summary

2020-2021 season overview

For the Region as a whole, influenza activity has been at baseline level since the start of the season.

Despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic had affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. However, surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested as compared with previous seasons, there was a remarkable decrease (>99%) in the

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number of influenza infections detected, with numbers detected on a weekly basis being similar to those reported during interseasonal periods.

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

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level, which is unusual. This is probably due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

Due to the COVID-19 pandemic, the influenza data presented by ECDC will need to be interpreted with caution, notably in terms of seasonal patterns.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region between week 40–2020 and week 20–2021. They publish their weekly report on the [Flu News Europe](#) website.

Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

Latest update: 30 April 2021

Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 27 April 2021, 12 EVD cases (11 confirmed and one probable), including six deaths, have been reported in the North Kivu province in the eastern region of the DRC. More specifically, the cases have been reported from the Biena (6), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Six patients have recovered and been integrated into the survivor's care programme. The 42-day countdown was initiated on 22 March 2021.

The index case was in a patient who sought treatment for Ebola-like symptoms at two healthcare centres in Butembo city in the Biena Health Zone from 25 January 2021 onwards, and was admitted to a hospital ICU ward in the Katwa health zone on 3 February 2021, where she died one day later. The EVD diagnostic was laboratory-confirmed on 6 February 2021. The source of infection of the index case in this outbreak is currently unknown and investigations are ongoing.

Results from genome sequencing confirmed that the first cases were infected with the Zaire ebolavirus species, **suggesting** that the ongoing outbreak is genetically linked to the 10th EVD outbreak that occurred between 2018 and 2020 in the North Kivu and Ituri provinces.

North Kivu provincial health authorities are leading the response, supported by WHO and the DRC Ministry of Health. All contacts have completed their 42-day follow-up. A **vaccination campaign** was launched on 15 February 2021 in Butembo. A ring vaccination strategy was deployed, during which 1 898 contacts were vaccinated, including 542 healthcare workers.

According to WHO, there are a number of ongoing challenges, including access to affected areas due to ongoing conflicts in the country and community mistrust towards authorities and outbreak responders, limited infrastructure for isolation of suspected cases and insufficient financial resources to support all pillars of the surveillance and response.

Background: The 10th EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this ongoing outbreak is occurring. The 10th outbreak resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end was **declared** on 25 June 2020. The 11th outbreak of EVD in the DRC was declared on 1 June 2020 and occurred on the western side of the country in the **Equateur Province**. It culminated in 130 cases, including 55 deaths, and was **declared over** on 18 November 2020.

Sources: [WHO Regional Office for Africa](#) | [Ministere de la Sante Sitrep](#) | [WHO Disease Outbreak News](#) | [WHO Country Office DRC](#) | [Twitter](#) | [Weekly Afro Bulletin](#) | [Africa CDC Outbreak Brief #10](#)

ECDC assessment

These EVD cases are the first reported in North Kivu, DRC, since the 10th outbreak was declared over in June 2020 (see the

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[Threat Assessment Brief](#) published on 22 February 2021 for more information). According to the current information, the health authorities in the DRC have been successful in controlling the outbreak as the number of cases has remained low (compared to previous outbreaks in the country) and no new cases have been reported in over a month. However, due to the above-mentioned difficulties, there is still a possibility that there will be further cases and spread. The COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) may also challenge the response.

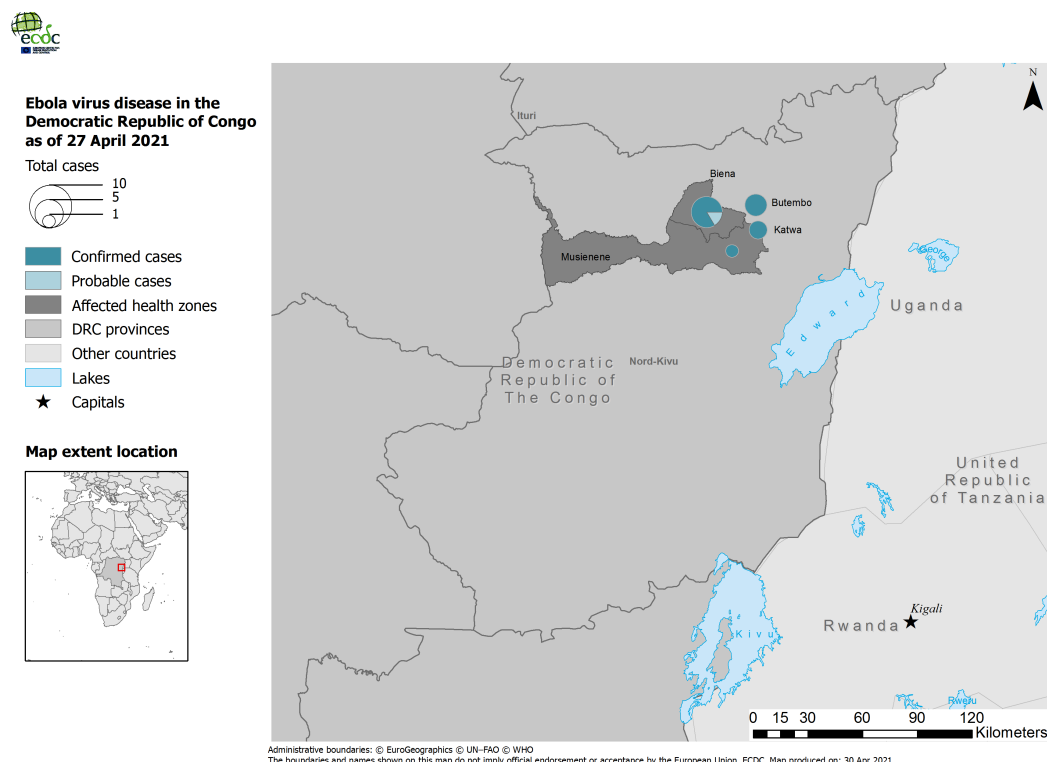
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in the DRC is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in the DRC. 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 North Kivu, DRC](#), on 22 February 2021, in which options for response measures are described.

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

Source: ECDC



Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 30 April 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 27 April 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. The Agence Nationale de Sécurité Sanitaire (ANSS) also reported one case from the N'Zerekore region in a person who escaped, having refused to go into isolation into 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

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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.

[Preliminary 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 in Gouecke, N'Zerekore, and vaccines have been further deployed to the Boke and Kankan regions. A ring vaccination strategy is being deployed, whereby healthcare workers, contacts of EVD cases, contacts of contacts and suspected contacts are being vaccinated. As of 26 April, 7 982 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

The response is being conducted by the Ministry of Health (MoH) 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 currently on the ground. The Guinean MoH and GOARN partners are supporting case management and training teams in the practice of safe and dignified burials. Multidisciplinary teams are currently in the field to actively search and provide care for cases, trace and follow-up contacts, and increase awareness in communities of the need for infection prevention and control.

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 bordering 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. [Governmental representatives](#) of Guinea and the six bordering countries held a meeting on 2 March 2021, at which it was agreed to unify the response by setting up a coordination mechanism, increasing surveillance and screening at border crossings and in high-risk communities, and facilitating import regulations for vaccines.

According to WHO, challenges remain in the surveillance and response, and include inadequate coordination in N'Zerekore, a lower number of alerts than expected 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 in the surveillance and response, it is likely that there are undetected chains of transmission, posing a risk of further disease clusters and greater geographical spread. Responders have faced resistance, especially from the village of Kpagalaye in the sub-prefecture Soulouta, where the most recent cases were reported, however this is being slowly overcome.

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](#) | [Africa CDC Outbreak Brief #10](#)

ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since 2016. Based on preliminary molecular studies, re-emergence of the virus from a persistently infected person from the 2013–2016 outbreak is hypothesised. However, 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

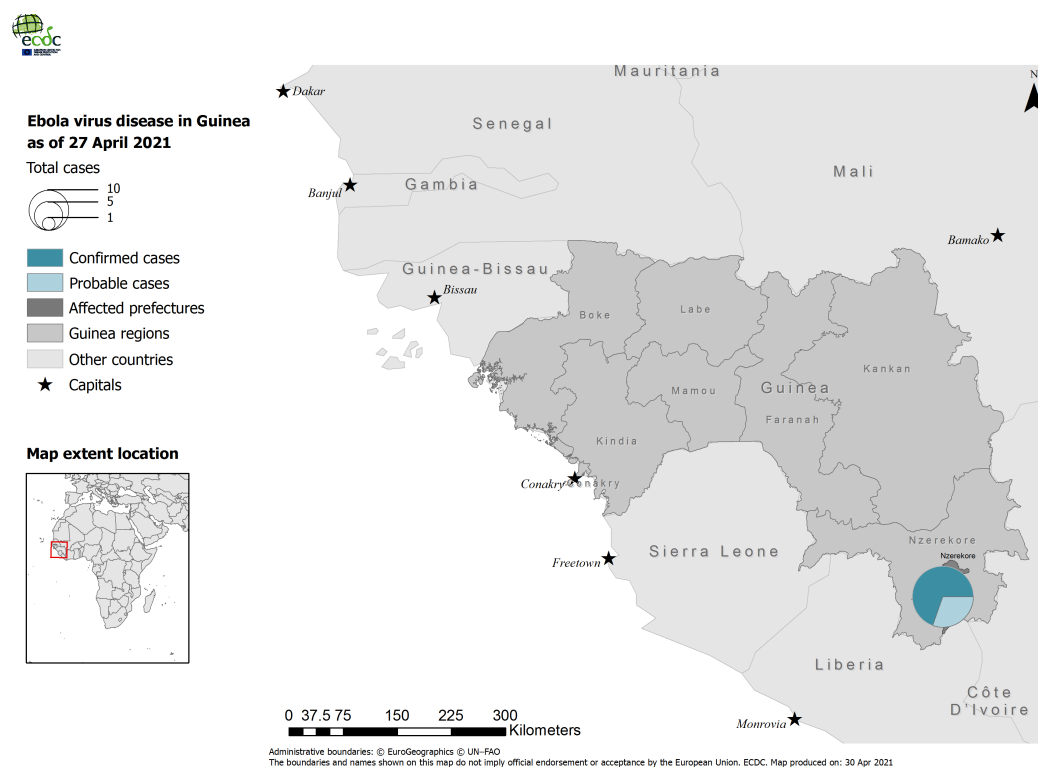
disease, there is a very low likelihood of EU/EEA citizens becoming infected in Guinea. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

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



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