COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 23, 6-12 June 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

UEFA European Football Championship 2020

UEFA European Football Championship (UEFA EURO 2020), which was postponed in March 2020 due to the COVID-19 pandemic, will take place between 11 June and 11 July 2021. Eleven countries will host the games, of which seven are EU countries: Denmark, Germany, Hungary, Italy, the Netherlands, Romania, and Spain. Other countries are Azerbaijan, Russia, England and Scotland (United Kingdom). Twenty-four teams will be playing the matches with an estimated 460 000 spectators in this period. ECDC enhanced epidemic intelligence activities with daily between 4 June and 16 July 2021 (including one week before and one week after the event). Weekly reports will be provided in the Communicable Disease Threats Report (CDTR).

EU/EEA travellers to UEFA matches abroad will have to comply with border entry restrictions, including COVID-19 restrictions, and requirements that will be in force at the time of the games in the hosting country as well as COVID-19 restrictions to access the stadiums, which may necessitate, for some venues, proof of negative COVID-19 test, and/or vaccination, and/or proof of COVID-19 diagnosis within certain period. Before travelling, it is strongly advised to check the latest COVID-19 restrictions on the official websites of the hosting country and stadium. EU/EEA travellers with significant underlying conditions should be discouraged from attending.

For host countries, surveillance, identification of cases, contact tracing and quarantine of contacts remain key cornerstones for monitoring the epidemiological situation and preventing a surge of cases after the event.

For the latest information about COVID-19 situation please visit ECDC website.
Overall, the risk for EU/EEA citizens to become infected with other communicable diseases is considered low if preventive measures are applied. Epidemiological overview of the most recent events on communicable diseases in EU/EEA and other countries is published in the weekly CDTR.

Health promotion and risk communication messaging alongside non-pharmaceutical interventions such as physical distancing and measures to avoid crowding as well as environmental, respiratory and hand hygiene should be strictly practiced at all times, both outside and inside sporting venues to prevent transmission of SARS-CoV-2 and other respiratory viruses. Good hygiene practices such as good hand hygiene will also prevent food and waterborne diseases.

In addition to COVID-19 requirements and recommendations, general recommendations for other communicable diseases apply to all travellers. They should ensure they are fully vaccinated according to their national immunizations schedule before the travel.
In case of fever or any other symptom, the person should consult a healthcare provider to enable early diagnosis and treatment. In addition, any person with COVID-19 compatible symptoms should not attend match or post-match events, irrespective of their vaccination status. If a person who participated in the UEFA Championship event in any capacity, develops symptoms and consults a physician after returning from travel, the healthcare provider should be informed about the travel to the UEFA hosting country.

I. Executive summary

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EU Threats

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

Opening date: 7 January 2020 Latest update: 11 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 2021-21 and as of week 2021-22, 2 980 299 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 73 184 new deaths have been reported.

Since 31 December 2019 and as of week 2021-22, 174 032 728 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 738 030 deaths.

In the EU/EEA, 32 801 529 cases have been reported, including 729 953 deaths.

More details are available here. The latest daily situation update for the EU/EEA is available here.

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

Opening date: 4 June 2021 Latest update: 11 June 2021

During the transmission season for West Nile virus, which usually runs from June to November, ECDC monitors the occurrence of infections in European Union (EU) and European Economic Area (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 4 and 10 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.

Dengue outbreak - France, Réunion - 2021

Opening date: 29 April 2021 Latest update: 11 June 2021

A dengue epidemic is ongoing in France, Réunion.

➔Update of the week

In Réunion, French authorities have reported 20 800 confirmed dengue cases for 2021, including 2 320 confirmed cases in week 20 and 1 750 cases in week 21, with the whole territory affected. Among the hospitalised dengue cases, 20% had severe dengue, which is a slightly higher proportion than in 2019 (17%) and 2020 (16%). Twelve deaths are considered directly related to dengue. This represents an increase of 4 602 cases since the last CDTR report with data as of 25 May 2021.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 11 June 2021

A sharp decrease in measles cases has been observed globally during the COVID-19 pandemic. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week

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Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 21 May 2021, two new cases have been reported by one country in the EU/EEA: Poland (2). No other countries reported new cases of measles.

No deaths have been reported by EU/EEA countries in 2021.

Relevant updates outside the EU/EEA are available for WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Regional Office for Eastern Mediterranean (EMRO), WHO Pan American Health Organization (PAHO), WHO Western Pacific Region (WPRO). There were no updates for WHO Regional Office for South-East Asia (SEARO).

Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

Non EU Threats

New! Human cases of swine influenza A(H1N1)variant virus – Multi-country – 2021

Opening date: 11 June 2021 Latest update: 11 June 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats.

➔Update of the week

Two new human cases with swine-origin influenza A(H1N1) virus variant (A(H1N1)v) were reported in Germany and the United States (US). Both had an exposure to pigs and both fully recovered. No further cases were detected among the contacts of these cases. No human-to-human transmission has been identified.

New! Human case of swine influenza A(H1N2)variant virus – Taiwan – 2021

Opening date: 11 June 2021 Latest update: 11 June 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats.

➔Update of the week

On 7 June 2021, Taiwanese authorities reported a human infection with a swine influenza A(H1N2) variant (A(H1N2)v) virus in a five-year-old girl. The case has fully recovered. She had exposure to pigs. No further cases were detected among the contacts of this case.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 11 June 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouécké 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. In the current outbreak, 23 EVD cases have been identified to date.

➔Update of the week

Since the last update on 4 June 2021, and as of 9 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'Zerekore 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 9 June 2021, 10 days remain till the declaration, provided no new cases are detected.

According to the WHO, six suspected cases are currently hospitalised in the Epidemic Diseases Hospital treatment centres, and 18 new community deaths have been reported, of which nine samples were collected and no safe and dignified burials were carried out.

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Influenza A(H5N6) – Multi country – Monitoring human cases

Opening date: 17 January 2018 Latest update: 11 June 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China.

➔Update of the week

On 8 June 2021, Chinese authorities notified a new case of human infection with avian influenza A(H5N6) in Sichuan Province, China. The case is a 49-year-old woman living in Chengdu, Sichuan Province. She developed symptoms on 13 May and was admitted for treatment on the same day. The patient is now in serious condition. Exposure history is unknown for this case.

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021 Latest update: 11 June 2021

The UEFA European Football Championship (UEFA EURO 2020), which was postponed in March 2020 due to the COVID-19 pandemic, will take place between 11 June and 11 July 2021. Eleven cities will host the matches, of which seven are in EU countries: Denmark, Germany, Hungary, Italy, the Netherlands, Romania, and Spain. Other cities are in Azerbaijan, Russia, England, and Scotland. Twenty-four teams will be playing with an estimated 460 000 spectators - a reduced capacity in hosting stadiums due to the COVID-19 restrictions.

ECDC enhanced epidemic intelligence activities will take place between 4 June and 16 July 2021, using a targeted and systematic screening approach on a daily basis and tailored tools.

➔Update of the week

No significant events have been detected during the active daily monitoring from 4 to 11 June 2021.

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 11 June 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-22, 174 032 728 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 738 030 deaths.

Cases have been reported from:
Africa: 4 928 439 cases; the five countries reporting most cases are South Africa (1 696 564), Morocco (521 426), Tunisia (356 750), Ethiopia (272 914) and Egypt (267 972).
Asia: 46 272 377 cases; the five countries reporting most cases are India (28 909 975), Iran (2 966 363), Indonesia (1 856 038), Philippines (1 269 478) and Iraq (1 224 992).
America: 69 102 067 cases; the five countries reporting most cases are United States (33 362 633), Brazil (16 947 062), Argentina (3 977 634), Colombia (3 593 016) and Mexico (2 434 562).
Europe: 53 651 676 cases; the five countries reporting most cases are France (5 712 753), Turkey (5 287 980), Russia (5 126 437), United Kingdom (4 516 892) and Italy (4 232 428).
Oceania: 77 464 cases; the five countries reporting most cases are Australia (30 175), French Polynesia (18 889), Papua New Guinea (16 327), Guam (8 204) and New Zealand (2 326).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 132 347 deaths; the five countries reporting most deaths are South Africa (56 974), Egypt (15 352), Tunisia (13 027), Morocco (9 178) and Ethiopia (4 209).
Asia: 652 295 deaths; the five countries reporting most deaths are India (349 186), Iran (81 063), Indonesia (51 612), Philippines (21 898) and Pakistan (21 323).
America: 1 808 880 deaths; the five countries reporting most deaths are United States (597 628), Brazil (473 404), Mexico (228 838), Peru (186 757) and Colombia (92 496).
Europe: 1 143 108 deaths; the five countries reporting most deaths are United Kingdom (127 840), Italy (126 523), Russia (123 787), France (110 027) and Germany (89 244).
Oceania: 1 394 deaths; the five countries reporting most deaths are Australia (910), Papua New Guinea (164), French Polynesia (142), Guam (139) and New Zealand (26).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2021-22, 32 801 529 cases have been reported in the EU/EEA: France (5 712 753), Italy (4 232 428), Spain (3 707 523), Germany (3 701 484), Poland (2 875 328), Czechia (1 663 607), Netherlands (1 662 281), Sweden (1 080 248), Romania (1 078 952), Belgium (1 071 404), Portugal (853 034), Hungary (806 089), Slovakia (776 147), Austria (642 784), Bulgaria (419 473), Greece (409 368), Croatia (357 608), Denmark (286 948), Lithuania (276 759), Ireland (263 647), Slovenia (255 432), Latvia (134 812), Estonia (130 156), Norway (126 817), Finland (93 281), Cyprus (72 779), Luxembourg (70 182), Malta (30 571), Iceland (6 612) and Liechtenstein (3 022).

As of week 2021-22, 729 953 deaths have been reported in the EU/EEA: Italy (126 523), France (110 027), Germany (89 244), Spain (80 236), Poland (74 160), Romania (30 878), Czechia (30 164), Hungary (29 866), Belgium (25 043), Bulgaria (17 820), Netherlands (17 659), Portugal (17 036), Sweden (14 546), Slovakia (12 414), Greece (12 277), Austria (10 376), Croatia (8 091), Ireland (4 941), Slovenia (4 707), Lithuania (4 317), Denmark (2 520), Latvia (2 413), Estonia (1 264), Finland (959), Luxembourg (818), Norway (784), Malta (419), Cyprus (363), Liechtenstein (58) and Iceland (30).

The latest daily situation update for the EU/EEA is available here.

COVID-19 hospital outbreak caused by B1.617.2 (Delta) VOC in Kanta-Häme Central Hospital in May 2021.
According to Finnish health authorities, the B1.617.2 (Delta) VOC has been confirmed as the causative agent of the outbreak that initiated in the Kanta-Häme Central Hospital and spread further in other neighbouring health care facilities in May 2021. According to the same authorities, more than 80 cases were reported linked to this outbreak, most of which were vaccinated with one vaccine dose. About 11% percent of the health care workers that were fully vaccinated with a two-vaccine scheme and used personal protective equipment, were also infected in this outbreak and half of them developed clinical symptoms of the disease, including relevant symptoms. Secondary infections in household members from those health care workers vaccinated with a two-

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dose vaccine regime has also been observed. According to Finnish health authorities, the protection measures successfully used in the past to prevent SARS-CoV-2 virus infection have now been proved to be insufficient for the B1.617.2 (Delta) VOC.

ECDC assessment: This event illustrates the ongoing risk of outbreaks in healthcare settings with more transmissible variants such as B.1.617.2. Breakthrough infection cases and onward transmission from these cases are possible and vulnerable groups in these settings, even if vaccinated, remain at risk. Surveillance is key and hospitals should be vigilant to identify COVID-19 outbreaks. Proper application of infection prevention and control measures including the use of the recommended personal protective equipment is essential.

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: Data for Sweden is incomplete for week 2021-21 due to a disruption to the national database on notifiable diseases (SmiNet). Cases that should have been registered and reported during week 2021-21 are now instead reported during week 2021-22.

ECDC assessment

For the most recent risk assessment, please visit ECDC's dedicated webpage.

Actions

Actions: ECDC published the 15th update of its rapid risk assessment on 10 June 2021. A dashboard with the latest updates is available on ECDC's website.

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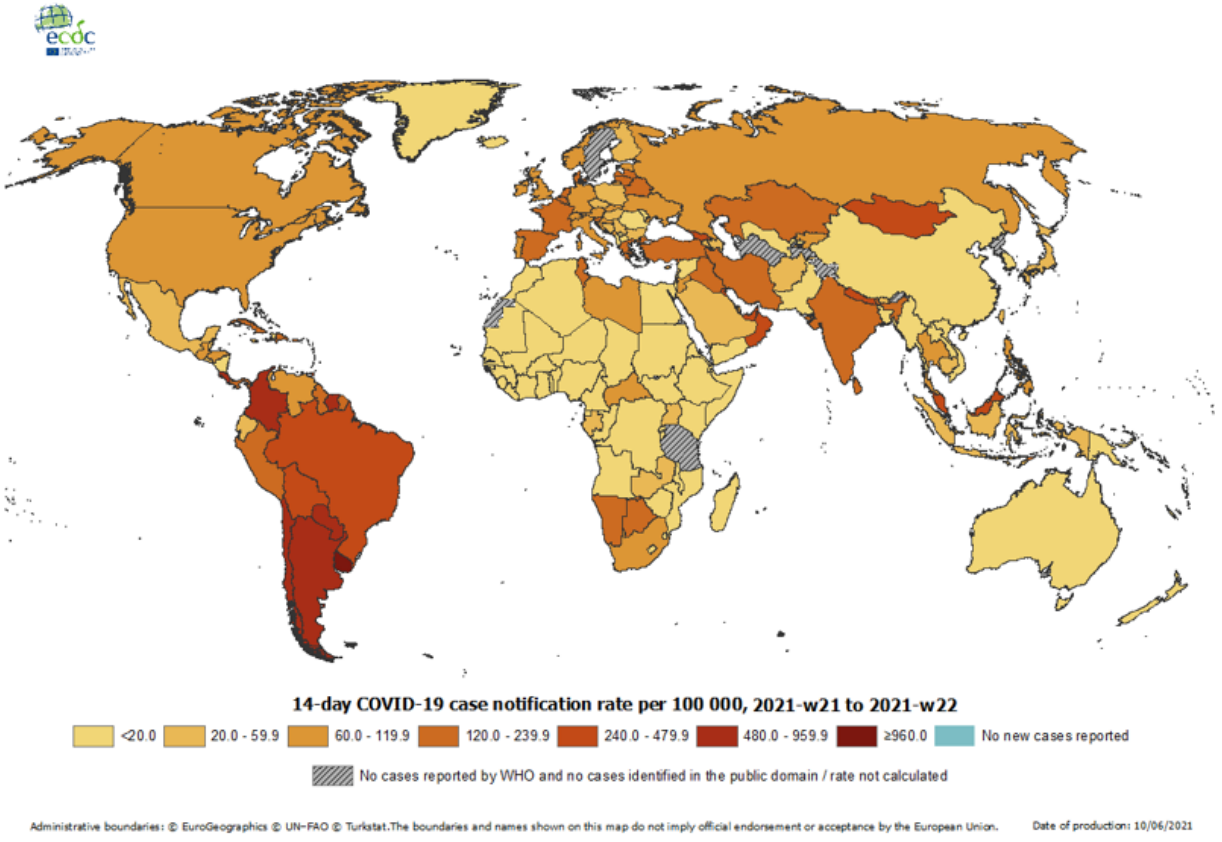
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w20 to 2021-w21

ECDC



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

Opening date: 4 June 2021 Latest update: 11 June 2021

Epidemiological summary

Between 4 and 10 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 10 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.

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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 10.06.

ECDC and ADIS

Dengue outbreak - France, Réunion - 2021

Opening date: 29 April 2021 Latest update: 11 June 2021

Epidemiological summary

Since 1 January and as of 8 June 2021, 20 800 confirmed dengue cases, including 12 deaths, 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 (TESSy), in 2019 there were 116 cases imported from Réunion to the EU/EEA in 2019, the majority of which were reported in mainland France.

ECDC assessment

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Réunion is facing an outbreak of dengue of a higher magnitude than in 2019 and 2020. In those two years, the peaks of the epidemics were reached in week 16 (2019) and week 17 (2020); in 2021 the peak of the epidemic seems to have been reached in week 20, according to French authorities.

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, Le Port, and Possession). 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 very low, as the environmental conditions are not yet considered 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 weeks, 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 produced a Threat Assessment Brief, Dengue outbreak in Réunion, 2021, which was published on 5 May 2021.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 11 June 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 21 May 2021, two new cases have been reported by one country in the EU/EEA: Poland (2). No other countries reported new cases of measles.

No deaths have been reported by EU/EEA countries in 2021.

Relevant updates outside the EU/EEA are available for WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Regional Office for Eastern Mediterranean (EMRO), WHO Pan American Health Organization (PAHO), WHO Western Pacific Region (WPRO). There were no updates for WHO Regional Office for South-East Asia (SEARO). There were no updates for WHO Regional Office for South-East Asia (SEARO).

EU/EEA countries are encouraged to maintain routine immunisation sessions, provided that COVID-19 response measures allow.

Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

Epidemiological summary for EU/EEA countries with updates since last month

Poland reported 8 cases of measles from 1 January to 31 May 2021, an increase of two cases since the previous report on 15 May 2021.

Relevant epidemiological summary for countries outside the EU/EEA

A global overview is available on WHO's website. Additional information with the latest available data is provided for several countries.

According to WHO Regional Office for Europe (EURO) as of report on 5 May 2021 and for the reporting period from January to

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March 2021, sporadic measles cases were reported in: Belgium, France, Germany, Ireland, Kazakhstan, Poland, Serbia, Turkey, Ukraine and United Kingdom.

According to the WHO Regional Office for Africa (AFRO), as of 6 June 2021 (week 23), outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan.

According to WHO Regional Office for Eastern Mediterranean (EMRO) report for the period January–March 2021, 3 827 measles cases were reported in 12 countries: Afghanistan, Iraq, Kuwait, Lebanon, Libya, Pakistan, Saudi Arabia, Somalia, Sudan, Syria, Tunisia and the United Arab Emirates. Most of the cases were reported by Pakistan (2 832, and Afghanistan 727).

According to the WHO Pan American Health Organization (PAHO) in 2021 and as of 29 May 2021, one country (Brazil) reported 411 confirmed cases of measles.

According to WHO Western Pacific Region (WPRO) report as of February 2021, overall there were 41 confirmed and clinically compatible cases reported by four countries: China, Malaysia, Cambodia and the Philippines.

No updates were available for WHO Regional Office for South-East Asia (SEARO).

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the decline of cases observed. Nevertheless, achieving the best possible vaccine uptake in the current circumstances is crucial in order to prevent measles outbreaks in the future.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a risk assessment entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

New! Human cases of swine influenza A(H1N1)variant virus – Multi-country – 2021

Opening date: 11 June 2021 Latest update: 11 June 2021

Epidemiological summary

Two new human cases with swine-origin influenza A(H1N1) virus variant (A(H1N1)v) were reported in Germany and the United States (US). Both had an exposure to pigs and both fully recovered. No further cases were detected among the contacts of these cases. No human-to-human transmission has been identified.

On 7 May 2021, Germany reported the detection of a human case of infection with swine-origin influenza A(H1N1) variant virus infection. The case is a 17-year-old boy from Mecklenburg-Western Pomerania, Germany. He developed an influenza-like illness on 18 April 2021. The virus was confirmed with genome sequencing conducted at the National Influenza Centre (NIC) at the Robert Koch Institute in a sample collected as part of routine sentinel surveillance. Sequencing indicated the virus belonged to the Eurasian avian-like (EA) lineage of swine influenza A viruses, specifically clade 1C.2.1. The patient worked on a swine farm a few days prior to illness onset. After developing respiratory symptoms, he was isolated as SARS-CoV-2 infection was suspected. Compatible symptoms were not reported in other workers at the farm or other members of the case's family and the case has recovered. Further animal health and virological investigations are ongoing.

On 4 June 2021, US CDC notified of a new human case with a swine-origin influenza A(H1N1) variant virus infection from Iowa, US. The patient is an adult, was not hospitalised, and has completely recovered. The patient works on a farm with pigs. No human-to-human transmission has been identified associated with this human infection. This is the second human influenza A (H1N1)v virus infection identified in the US in 2021.

ECDC assessment

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Sporadic transmission of swine influenza viruses from pigs or contaminated environment to humans has been observed over the last years also in EU/EEA and these cases are therefore not unexpected. Testing for influenza virus should always be considered in patients with respiratory symptoms reporting prior contact to pigs. This helps to identify such event early and initiate follow-up investigations to identify any human-to-human transmission. Unsubtypable influenza viruses should be shared with national influenza centres or reference laboratories, as well as WHO Collaborating Centres, for further virus characterisation analysis.

Actions

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

New! Human case of swine influenza A(H1N2)variant virus – Taiwan – 2021

Opening date: 11 June 2021 Latest update: 11 June 2021

Epidemiological summary

On 7 June 2021, Taiwanese authorities reported a human infection with a swine influenza A(H1N2) variant (A (H1N2)v) virus in a five-year-old girl. The case developed mild influenza-like-illness on 12 March 2021. On 14 March, a sample was taken for influenza. She received antiviral treatment, was not hospitalised, and fully recovered. Exposure to pigs was reported and six close contacts were followed up. Of these, three developed respiratory symptoms, but tested negative. To date, there is no evidence of human-to-human transmission. Influenza A(H1N2) was not detected in pigs on the family farm.

Source: Taiwan Centers for Disease Control

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 globally, mainly from the United States (27 cases). Testing for influenza virus should always be considered in patients with respiratory symptoms reporting prior contact to pigs. This helps to identify such event early and initiate follow-up investigations to identify any human-to-human transmission. Unsubtypable influenza viruses should be shared with national influenza centres or reference laboratories, as well as WHO Collaborating Centres, for further virus characterisation analysis.

Actions

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Health authorities are requested to report human cases of avian and swine influenza viruses through EWRS and IHR.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 11 June 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 9 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

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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 since then, 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, but 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 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 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.

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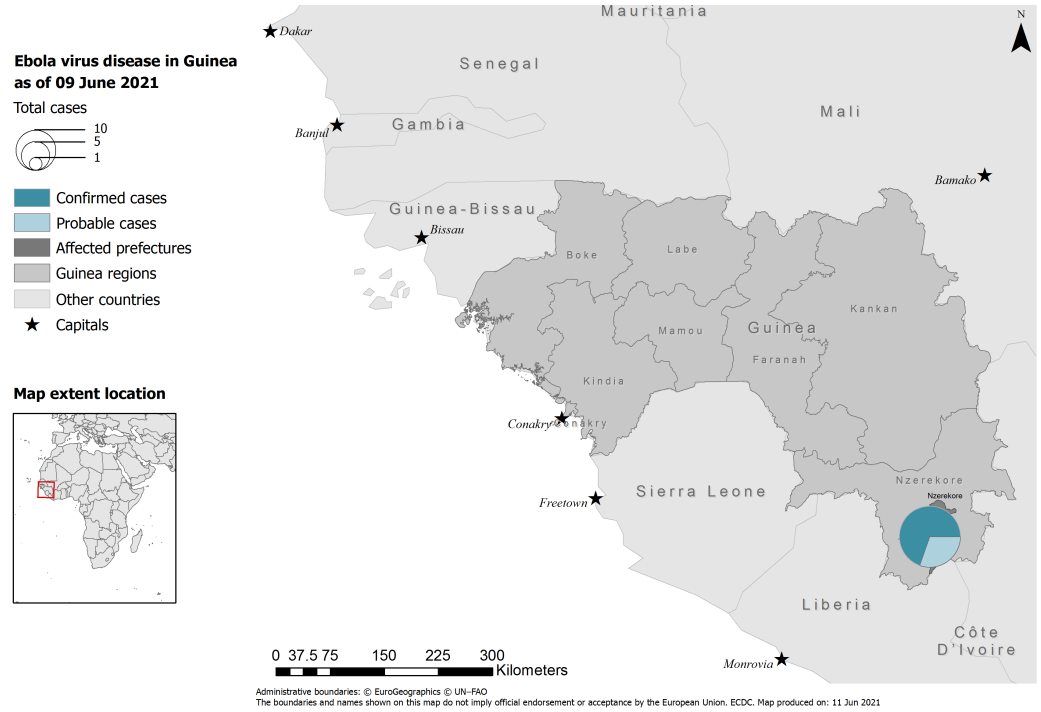
Geographical distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021

Source: ECDC



Influenza A(H5N6) – Multi country – Monitoring human cases

Opening date: 17 January 2018 Latest update: 11 June 2021

Epidemiological summary

On 8 June 2021, Chinese authorities notified a new case of human infection with avian influenza A(H5N6) in Sichuan Province, China. The case is a 49-year-old woman living in Chengdu, Sichuan Province. She developed symptoms on 13 May and was admitted for treatment on the same day. The patient is now in serious condition. Exposure history is unknown for this case.

Since 2014 and as of 8 June 2021, 32 cases, including 16 deaths, of human influenza A(H5N6) virus infection have been reported. The cases have occurred in China: Anhui (2), Chongqing (1), Fujian (1), Guangdong (9), Guizhou (1), Hubei (1), Hunan (5), Sichuan (1), Jiangsu (2) and Yunnan Provinces (2), Guangxi Zhuang Autonomous Region (5) and Beijing (1), and in Laos: Luang Prabang province (1). Of the reported cases, 17 have died. All cases had exposure to live poultry or live poultry markets, except for five cases where the exposure source was not reported. No clustering of cases has been reported. In addition, one case in China with year of onset 2015 have been reported in the literature.

Sources: ECDC Avian influenza page | Joint ECDC, EFSA, EURLAI report: Avian influenza overview August – December 2020 | WHO Avian Influenza Weekly Update | Government of Hong Kong Special Administrative Region | WHO | media

ECDC assessment

Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. However, characterisation of the virus detected recently in the Guangxi Province is ongoing and therefore complete information is lacking on virus evolution to assess its pandemic potential.

Currently detected avian influenza viruses in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been involved in human infections. The above-mentioned A(H5N6) viruses have not been detected in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA is considered very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

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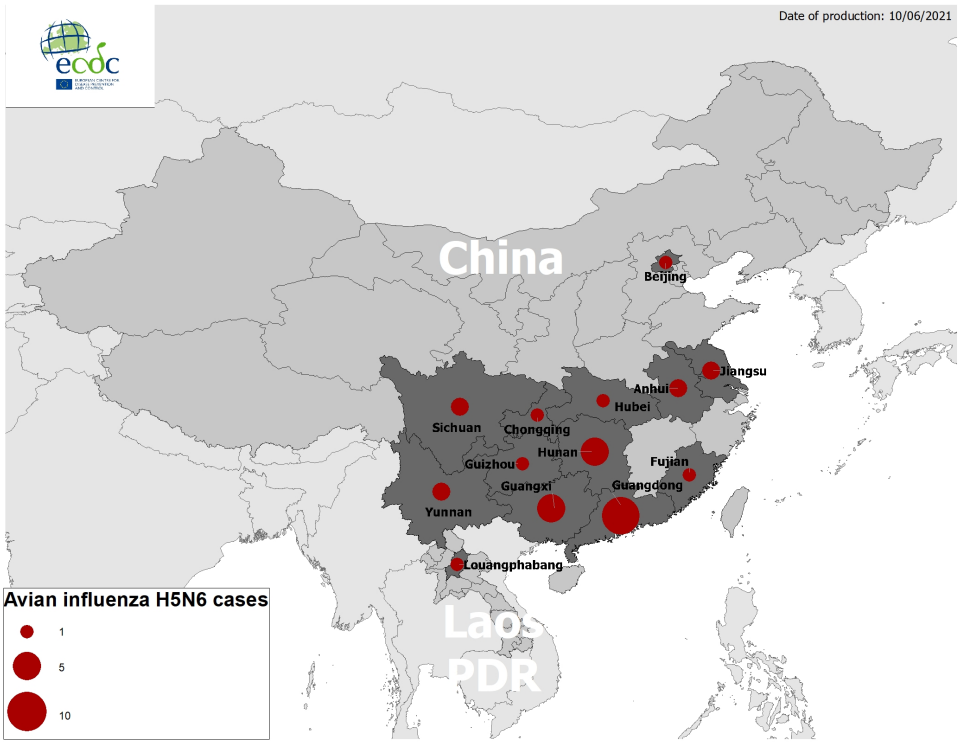
Actions

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 26 February 2021.

Geographical distribution of confirmed human cases with avian influenza A(H5N6) virus infection, 2014–2021

Source: ECDC



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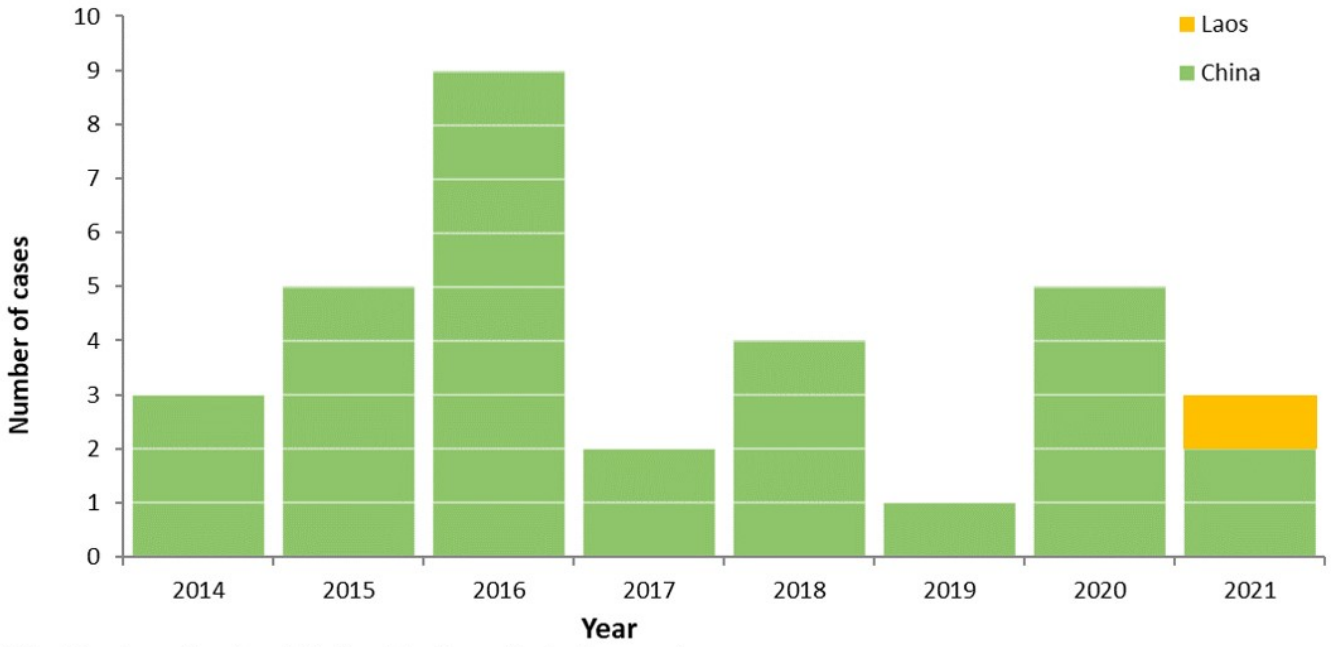
Distribution of confirmed human cases with avian influenza A(H5N6) virus infection, 2014–2021

Source: ECDC



*If the date of onset is not available the date of reporting has been used
** the epicurve includes one case reported in the literature with year of onset in 2015

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021 Latest update: 11 June 2021

Epidemiological summary

No significant events have been detected during the active daily monitoring from 4 to 11 June 2021.

ECDC assessment

According to the current assessment, the risk levels for contracting COVID-19 have decreased compared with the 14th update of the ECDC COVID-19 risk assessment published in February 2021. However, in the countries where mass gathering events such as the UEFA European Football Championship take place, in the absence of sufficient mitigation measures the risk of local and pan-European transmission risk of COVID-19, including the spread of variants of concern, is expected to increase. Options for COVID-19 response are described in ECDC's latest COVID-19 rapid risk assessment, published on 10 June 2021.

COVID-19-related country profiles in EU/EEA can be found here, and for countries outside the EU/EEA are available here.

The risk of becoming infected with other communicable diseases in UEFA-hosting countries varies, but is considered low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

Actions

ECDC is monitoring this event through its epidemic intelligence activities on a daily basis. ECDC published its Rapid risk assessment: Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update on 10 June 2021.

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