

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 12 March 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 2021-8 and as of week 2021-9, 2 790 727 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 61 917 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-9, 117 160 237 cases of COVID-19 have been reported, including 2 598 892 deaths.

In the EU/EEA, 23 255 514 cases have been reported, including 562 440 deaths.

More details are available [here](#).

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

Opening date: 9 February 2011

Latest update: 12 March 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

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 February 2021, five new cases have been reported by two countries in EU/EEA: Germany (4) and Spain (1). In addition, updates are available for Ireland and Italy. Other countries did not report new cases of measles.

So far in 2021, no new deaths have been reported by EU/EEA countries.

Relevant updates outside the EU/EEA are available for the United Kingdom, WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO Western Pacific Region (WPRO).

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

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 12 March 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

Week 09/2021 (1 March–7 March 2021)

Influenza activity remained at interseasonal levels.

Of 1 026 specimens tested for influenza viruses in week 09/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, three were positive.

Influenza viruses were detected sporadically from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions). Both influenza type A and type B viruses were detected.

No hospitalised laboratory-confirmed influenza cases were reported in week 09/2021.

The influenza epidemic in the European Region has usually reached its peak by this point in the year, but despite widespread and regular testing for influenza viruses reported influenza activity still remains at a very low level, 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 has affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which have negatively impacted on the collection of influenza epidemiologic and virologic data during the 2020-2021 season. Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

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

Opening date: 9 February 2021

Latest update: 12 March 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.

→Update of the week

Since last week's report on 5 March 2021, and as of 11 March 2021, one new probable case, who died, has been reported by WHO. This probable case was a community death and was reported on 11 March, so it is not yet known from where this case is being reported.

[Results](#) from genome sequencing confirmed that the first cases were infected with the Zaire ebolavirus species and [suggest](#) 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. The source of infection of the index case is currently unknown, and investigations are ongoing.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 12 March 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. Three cases were confirmed by the national laboratory and are the first confirmed cases reported since the 2013-2016 West Africa outbreak, which was the largest EVD outbreak ever recorded.

→Update of the week

Since last week's CDTR report on 5 March 2021, and as of 10 March 2021, one new confirmed case, who died, has been reported by WHO from the N'Zerekore prefecture, N'Zerekore region, Guinea. Two suspected cases are currently in isolation in the Ebola Treatment Centre (ETC) in N'Zerekore. Two people have recovered.

As of 9 March, 302 contacts have been identified, 96% of which are being monitored. However, four contacts are displaced, three of them internal to Guinea (in Conakry, Lola and Tougué) and one outside of Guinea in Cote d'Ivoire. They are actively being sought.

The [Nigerian Centre for Disease Control](#) announced Nigeria is at moderate risk of an EVD outbreak. Nigeria has initiated preparedness activities and is on alert mode.

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

Opening date: 9 December 2019

Latest update: 12 March 2021

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 1 February 2021, the [27th 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 19 February 2021 and as of 2 March 2021, 41 cases of polioviruses (WPV1 and cVDPV2) have been reported, one of which was caused by the WPV1 strain and 40 by the cVDPV2 strain.

Wild poliovirus (WPV1):

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

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of AFP caused by cVDPV1 have been reported.
- 40 cases of AFP caused by cVDPV2 have been reported from 11 countries: Afghanistan (8), South Sudan (7), Guinea (6), Ethiopia (5), Pakistan (5), Mali (3), Democratic Republic of the Congo (2), Congo (1), Côte D'Ivoire (1), Sudan (1), and Tajikistan (1),
- No new cases of cVDPV3 have been reported.
- 44 cVDPV2 environmental samples have also been detected: Pakistan (15), Afghanistan (14), Egypt (5), Liberia (3), Sudan (3), Congo (1), Ethiopia (1), Kenya (1), and Tajikistan (1).

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 12 March 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-9, 117 160 237 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 598 892 deaths.

Cases have been reported from:

Africa: 3 979 222 cases; the five countries reporting most cases are South Africa (1 520 206), Morocco (486 223), Tunisia (238 017), Egypt (186 503) and Ethiopia (166 138).

Asia: 22 129 625 cases; the five countries reporting most cases are India (11 229 398), Iran (1 681 682), Indonesia (1 379 662), Israel (803 260) and Iraq (726 548).

America: 52 235 301 cases; the five countries reporting most cases are United States (28 988 762), Brazil (11 051 665), Colombia (2 278 861), Argentina (2 154 694) and Mexico (2 130 477).

Europe: 38 756 104 cases; the five countries reporting most cases are Russia (4 333 029), United Kingdom (4 218 520), France (3 904 233), Spain (3 160 970) and Italy (3 067 486).

Oceania: 59 280 cases; the five countries reporting most cases are Australia (29 037), French Polynesia (18 459), Guam (7 751), New Zealand (2 049) and Papua New Guinea (1 670).

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

Deaths have been reported from:

Africa: 105 783 deaths; the five countries reporting most deaths are South Africa (50 647), Egypt (10 995), Morocco (8 682), Tunisia (8 225) and Algeria (3 013).

Asia: 365 751 deaths; the five countries reporting most deaths are India (157 853), Iran (60 594), Indonesia (37 266), Iraq (13 572) and Pakistan (13 227).

America: 1 249 895 deaths; the five countries reporting most deaths are United States (524 979), Brazil (266 398), Mexico (190 923), Colombia (60 598) and Argentina (53 121).

Europe: 876 229 deaths; the five countries reporting most deaths are United Kingdom (124 501), Italy (99 785), Russia (89 473), France (88 600) and Germany (71 934).

Oceania: 1 228 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (140), Guam (133), New Zealand (26) and Papua New Guinea (16).

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

EU/EEA:

As of week 2021-9, 23 255 514 cases have been reported in the EU/EEA: France (3 904 233), Spain (3 160 970), Italy (3 067 486), Germany (2 505 193), Poland (1 801 083), Czechia (1 325 291), Netherlands (1 122 484), Romania (830 563), Portugal (810 459), Belgium (789 491), Sweden (694 009), Austria (471 820), Hungary (468 713), Slovakia (323 786), Bulgaria (260 308), Croatia (246 608), Ireland (223 219), Denmark (215 264), Greece (205 120), Lithuania (202 900), Slovenia (195 681), Latvia (90 331), Estonia (76 183), Norway (74 940), Finland (62 522), Luxembourg (56 646), Cyprus (36 878), Malta (24 599), Iceland (6 064) and Liechtenstein (2 670).

As of week 2021-9, 562 440 deaths have been reported in the EU/EEA: Italy (99 785), France (88 600), Germany (71 934), Spain (71 436), Poland (45 317), Belgium (22 287), Czechia (21 882), Romania (20 963), Portugal (16 565), Hungary (15 988), Netherlands (15 842), Sweden (13 008), Bulgaria (10 614), Austria (8 538), Slovakia (7 921), Greece (6 758), Croatia (5 609), Ireland (4 422), Slovenia (4 169), Lithuania (3 341), Denmark (2 381), Latvia (1 695), Finland (774), Estonia (667), Luxembourg (662), Norway (632), Malta (334), Cyprus (233), Liechtenstein (54) and Iceland (29).

EU:

As of week 2021-9, 23 171 840 cases and 561 725 deaths have been reported in the EU.

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

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

ECDC assessment

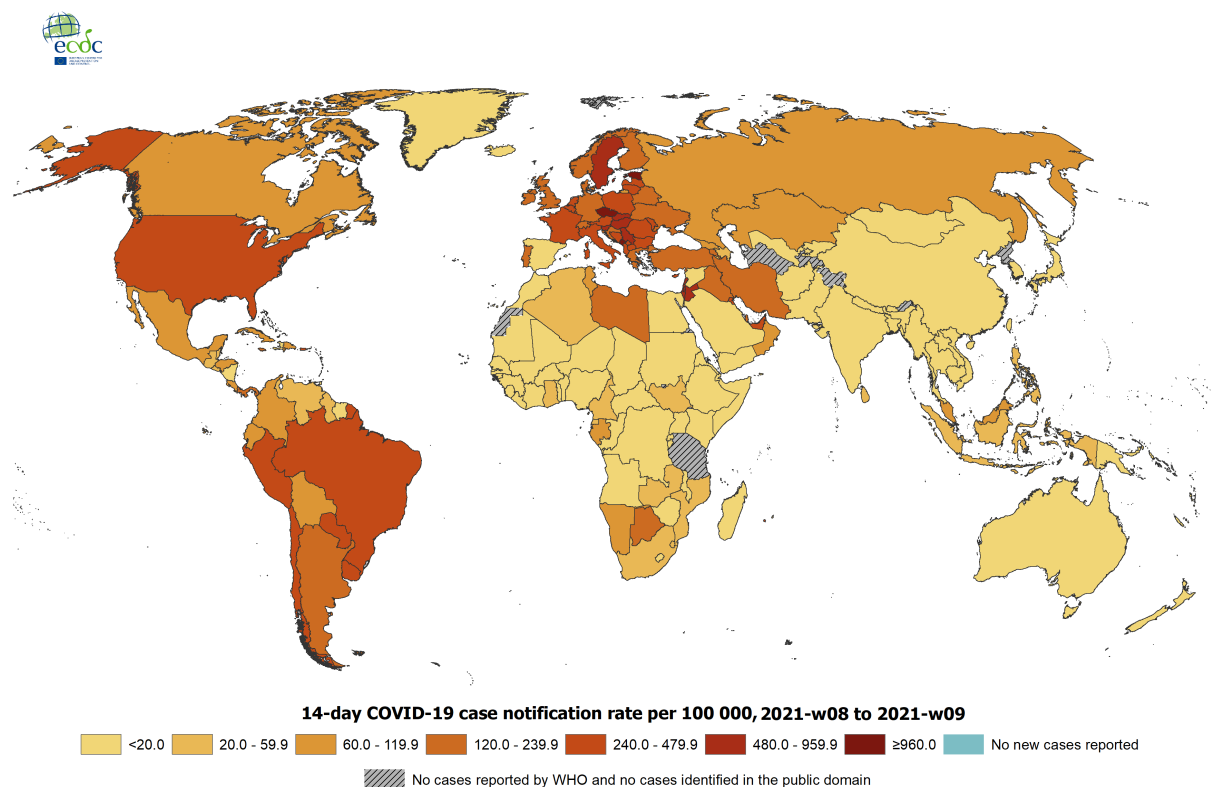
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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, as of week 9 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: 11/03/2021

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

Opening date: 9 February 2011

Latest update: 12 March 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 February 2021, five new cases have been reported by two countries in EU/EEA: Germany (4) and Spain (1). In addition, updates are available for Ireland and Italy. Other countries did not report new cases of measles.

So far in 2021, no new deaths have been reported by EU/EEA countries.

Relevant updates outside the EU/EEA are available for the United Kingdom, WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO Western Pacific Region (WPRO).

EU/EEA countries are encouraged to maintain [Routine immunisation sessions](#), provided that COVID-19 response measures allow.

In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, Czechia, Greece and the United Kingdom) had lost their measles elimination status.

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 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.

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

[Germany](#) reported 12 cases in 2021 and as of week 10 (ending 14 March 2021), an increase of four cases from week 4 in 2021 (ending 31 January 2021). In 2020, Germany reported 160 cases.

[Ireland](#) reported one case in 2021 and as of week 8 (ending on 27 February 2021), a decrease by one case since week 4 (ending 31 January 2021).

[Italy](#) reported 103 cases and no deaths from 1 January to 31 December 2020, an increase of two cases since the previous national report on 26 November 2020. All these cases were reported in January-March 2020. No cases were reported since April 2020 in Italy.

[Spain](#) reported one case in 2021 and as of week 9 (ending 7 March 2021). In [2020](#), Spain reported 90 cases.

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.

[The United Kingdom](#): According to the recent quarterly report, UK reported 79 cases in 2020. The last case was reported in March 2020.

According to the WHO Regional Office for Africa ([AFRO](#)), as of 07 March 2021 (week 10), 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 the WHO Pan American Health Organization ([PAHO](#)) in 2021 and as of [week 8](#) (ending 6 March 2021), one country (Brazil) reported 144 confirmed cases of measles.

According to WHO Western Pacific Region ([WPRO](#)) report as of January 2021, in 2020, overall there were 6 542 confirmed and clinically compatible cases reported by 18 countries, of which most of the cases were reported by the Philippines (3 832).

According to WHO Regional Office for Eastern Mediterranean ([EMRO](#)) report for November 2020, 7 015 measles cases were reported in all but four countries (Jordan, Egypt, Kuwait and Oman). Most of the cases were reported in Pakistan (2 447) and Somalia (2 253).

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries and the UK 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.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 12 March 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.

In total, 728 specimens have tested positive for influenza viruses, 35 from sentinel sources and 693 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); 9 (all type A viruses) in wards outside ICUs; and 18 from severe acute respiratory infection (SARI)-based surveillance (17 infected with type A viruses and one with type B).

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

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual for this season that there is still very low influenza activity reported. This is likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The novel coronavirus disease 2019 (COVID-19) pandemic has also affected healthcare-seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region and this has had a negative impact on the reporting of influenza epidemiological and virological data during the 2020–2021 season.

Due to the COVID-19 pandemic, the influenza data we present 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: 12 March 2021

Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 11 March 2021, 11 confirmed and one probable case of Ebola virus disease (EVD), including five deaths, have been reported in the North Kivu province, in the eastern region of the DRC. More specifically, the cases were reported from the Biena (5), Butembo (3), Katwa (2), and Musienene (1) health zones. It is currently not known from where the probable case is being reported. Since the start of the outbreak, two healthcare workers have been infected. Two cases have recovered so far and will be integrated into the survivor's care programme.

The index case is 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 a day after. The EVD diagnostic was laboratory confirmed on 6 February. The patient was married to an EVD survivor, whose biological samples tested negative twice since 28 September 2020. A cluster of three other cases was reported, with one of these being a vaccinated healthcare worker who had treated the index case. The first two known deaths in this outbreak were buried in the traditional way without safety precautions. The source of infection of the first human case in this outbreak is currently unknown.

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

North Kivu Provincial health authorities are currently leading the response and are supported by WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on site. A total of 394 contacts have been identified as of 8 March, 329 (83.5%) of which are being followed-up. However, 65 are not being followed up; among these, 17 are lost to follow-up, 45 have never been seen and three are absent from follow-up appointments.

A **vaccination campaign** was launched on 15 February 2021 in Butembo. Vaccines and treatments were already available in Goma from the 10th EVD outbreak in the DRC. The ring vaccination strategy is being deployed, and so as of 9 March, 1 211 contacts and healthcare workers have been vaccinated since the start of this outbreak. There are a number of ongoing challenges for surveillance, including access to affected areas and community mistrust toward authorities and outbreak responders. According to WHO, challenges include the low adherence of contacts to immunisation (despite vaccine availability), poor alert management, inadequate case management in treatment centres including limited infrastructure for isolation of cases, and insufficient financial resources to support all pillars of the response and resolve problems around internet speed and data transmission.

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 took place on the western side of the country in the **Equateur Province**. It culminated to 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](#)

ECDC assessment

These EVD cases are the first ones of the disease reported in North Kivu, DRC since the tenth outbreak was declared over in June 2020 (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). The ongoing outbreak may spread to other areas within DRC and/or in neighbouring countries, despite the health authorities in DRC having extensive experience in responding to EVD outbreaks. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) might challenge the response.

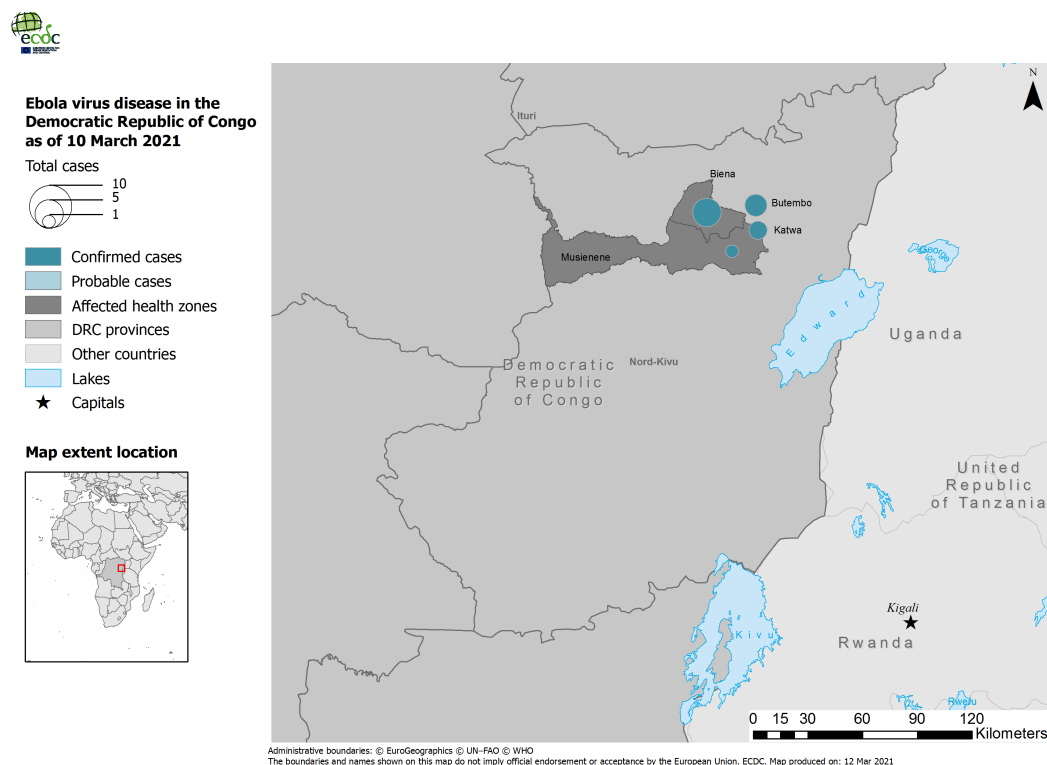
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in DRC is considered low, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens 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, [Outbreak of Ebola virus disease 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: 12 March 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 10 March 2021, 18 EVD cases (14 confirmed and four probable), including nine deaths (among five confirmed and four probable cases), have been identified. Among these, five healthcare workers have been infected, including two deaths (one confirmed and one probable case). The cases are reported from the N'Zerekore prefecture, in the region of N'Zerekore.w

According to the Agence Nationale de Sécurité Sanitaire (ANSS), and as of 10 March, five confirmed and two suspected cases are currently hospitalised in the ETC in N'Zerekore. Four cases have recovered to date.

According to WHO, the initial cluster of seven cases began with the 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 have died. Two unsafe burials have occurred for these EVD cases. The source of infection of this case is unknown. [Preliminary results](#) from genome sequencing confirmed that the cases were infected with the *Zaire ebolavirus* species, which was the species circulating in the 2013–2016 EVD outbreak. However, further sequencing is under way to determine whether the genome is linked to the previous outbreak.

The [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, whereby the ring vaccination strategy is being deployed; therefore, healthcare workers and contacts of EVD cases are among the first to be vaccinated. As of 10 March, 2 636 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

Response measures are ongoing and the WHO is supporting the country to procure an EVD vaccine, as well as 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, together with Global Outbreak Alert and Response Network (GOARN) partners, are supporting case management and training safe and dignified burial teams. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow-up contacts, and sensitize communities on infection prevention and control.

10/14

As the outbreak is located in a porous bordering 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 Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries have completed their national preparedness and readiness plans, and 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, in 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, as well as facilitating import regulations for vaccines. In a [media report citing WHO](#), the risk level of spread to neighbouring countries was said to be very high. This may be due to, in part, a lack of preparedness in some neighbouring countries, and the limited availability of vaccines for wide-scale preventative vaccination.

According to WHO, challenges include inadequate coordination in N'Zerekore, community resistance to response measures, and the need for additional staff to strengthen field operations, which is limited by insufficient funds.

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 \(ANSS\)](#) | [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 the large outbreak occurred in West Africa between 2013 and 2016. Importation of the infection via travellers from an Ebola virus-endemic country is a possible scenario. A spill-over event from animal reservoirs is another potential source of the infection. 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 neighbouring countries. During the 2013-2016 outbreak in West Africa, Guinea acquired essential experience, which is an asset to adequately respond to this outbreak, including the timely identification and isolation of cases to prevent further transmission. The ongoing COVID-19 pandemic and other ongoing outbreaks (e.g. yellow fever and measles) might challenge the response.

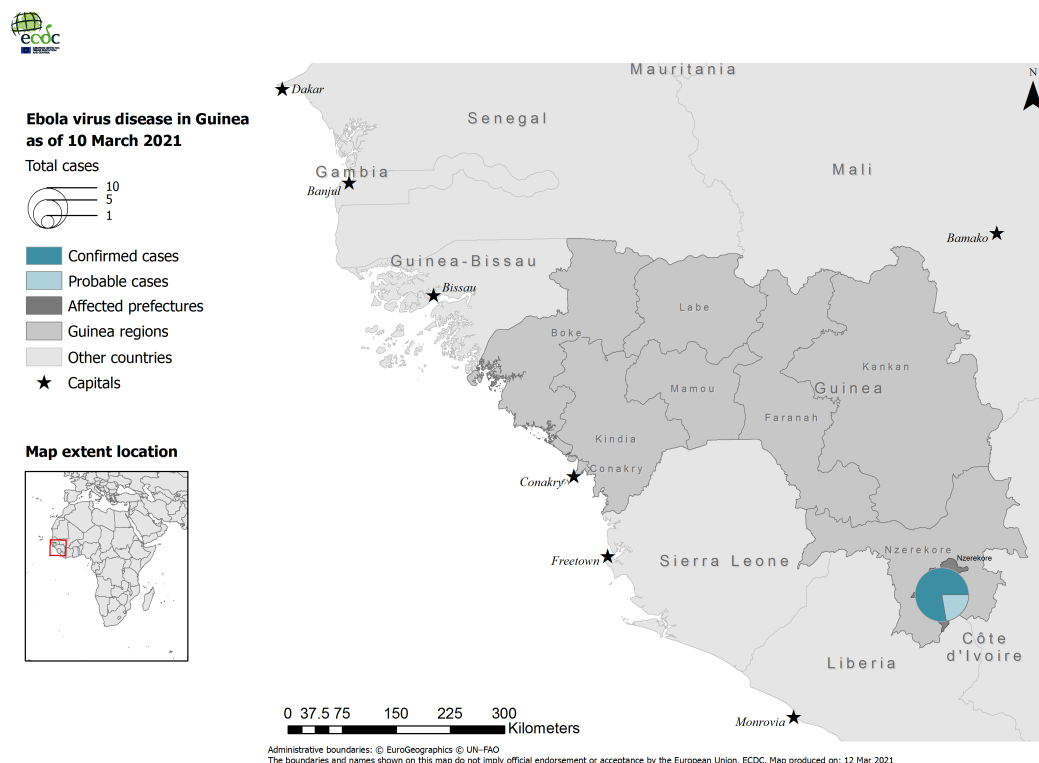
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease there is a very low likelihood of infection of EU/EEA citizens 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, [Outbreak of Ebola virus disease 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



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

Opening date: 9 December 2019

Latest update: 12 March 2021

Epidemiological summary

Wild poliovirus:

In 2020 overall, 140 cases of WPV1 have been reported from two endemic countries: Pakistan (84) and Afghanistan (56).

In 2021 overall, as of 2 March, two cases of WPV1 have been reported from two endemic countries: Afghanistan (1) and Pakistan (1).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 2 March 2021, 30 cases of cVDPV1 have been reported by Yemen (29) and Malaysia (1). In addition, 1 037 cases of cVDPV2 have been reported from 24 countries: Afghanistan (305), Pakistan (135), Chad (99), Democratic Republic of the Congo (78), Côte D'Ivoire (72), Burkina Faso (59), Sudan (57), South Sudan (47), Guinea (45), Mali (38), Ethiopia (26), Somalia (14), Ghana (12), Niger (9), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Sierra Leone (3), Congo (2), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

In 2021 overall, as of 2 March 2021 13 cases of cVDPV2 have been reported from three countries: Afghanistan (6), Pakistan (6), and Tajikistan (1). No cases of cVDPV1 and cVDPV3 have been reported 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.