



COMMUNICABLE DISEASE THREATS REPORT

CDTR Week 32, 8-14 August 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary EU Threats

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

Opening date: 7 January 2020 Latest update: 13 August 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. The third, fourth, fifth, sixth, seventh and eight International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, and 15 July 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-30 and as of week 2021-31, 4 435 137 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 66 387 new deaths have been reported.

Since 31 December 2019 and as of week 2021-31, 203 398 955 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 299 081 deaths.

In the EU/EEA, 35 381 520 cases have been reported, including 746 566 deaths.

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: 13 August 2021

During the transmission season for West Nile virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the 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 6 and 12 August 2021, European Union (EU) and European Economic Area (EEA) countries reported 12 human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Greece (5), Italy (4), Austria (2) and Romania (1). EU-neighbouring countries reported two fatal human cases of WNV infection in Serbia.

Monitoring environmental suitability of Vibrio growth in the Baltic Sea -Summer 2021

Opening date: 2 July 2021

Latest update: 13 August 2021

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (ECDC Vibrio Map Viewer). Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 12 August 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very-low-tolow, except on the coast of Lithuania, Stockholm and Kalmar counties (Sweden); and Southern Finland (Finland), where it was medium-to-high.

For the next five days overall, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be generally very-low-to-low, except in Kalmar county (Sweden) and the Gulf of Gdansk (Poland) where the risk is considered to be medium-to-high.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low in Saint Petersburg and medium-to-high in Kaliningrad (Russia). For the next five days, the environmental suitability for Vibrio growth is considered very-low-to-low on Russia's Baltic coast.

In 2021 and as of 11 August, <u>Sweden</u> has reported 28 cases of more severe *Vibrio* infections in wounds or blood during the summer, with most having fallen ill in late July.

Non EU Threats

New! Marburg virus disease - Guinea - 2021

Opening date: 11 August 2021

Latest update: 13 August 2021

A case of Marburg virus disease (MVD) has been reported in Guinea.

Mass Gathering Monitoring - Olympic Games in Tokyo - 2020 (2021)

Opening date: 21 July 2021

Latest update: 13 August 2021

The Olympic Games in Tokyo 2020 (OG) take place from 23 July to 8 August 2021, with some events starting on 21 July 2021. The Paralympic Games will be held from 24 August to 5 September 2021. The games were rescheduled to 2021 due to the COVID-19 pandemic. Over 11 000 athletes, including over 2 600 athletes from the European Union, competed in <u>33 sports, involving 339 events, across 42 competition venues</u>. In addition, almost 40 000 support staff from all over the world attended the Games.

ECDC intensified its enhanced epidemic intelligence activities between 16 July and 16 August 2021, using a targeted and systematic screening approach on a daily basis and tailored tools.

→Update of the week

From 6 August to 12 August 2021, only COVID-19 related signals were detected by the daily epidemic intelligence (EI) screening activities around the Olympic Games in Tokyo 2020 (2021).

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 13 August 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-31, 203 398 955 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 299 081 deaths.

Cases have been reported from:

Africa: 7 043 648 cases; the five countries reporting most cases are South Africa (2 533 466), Morocco (696 282), Tunisia (613 628), Egypt (284 706) and Ethiopia (284 091).

Asia: 57 249 453 cases; the five countries reporting most cases are India (31 969 954), Iran (4 158 729), Indonesia (3 666 031), Iraq (1 712 709) and Philippines (1 658 916).

America: 78 971 336 cases; the five countries reporting most cases are United States (35 765 100), Brazil (20 165 672), Argentina (5 029 075), Colombia (4 843 007) and Mexico (2 978 330).

Europe: 60 008 184 cases; the five countries reporting most cases are Russia (6 447 750), France (6 305 158), United Kingdom (6 094 243), Turkey (5 871 884) and Spain (4 627 770).

Oceania: 125 629 cases; the five countries reporting most cases are Fiji (36 979), Australia (36 330), French Polynesia (22 459), Papua New Guinea (17 804) and Guam (8 725).

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

Deaths have been reported from:

Africa: 177 631 deaths; the five countries reporting most deaths are South Africa (74 813), Tunisia (21 089), Egypt (16 575), Morocco (10 335) and Algeria (4 550).

Asia: 868 345 deaths; the five countries reporting most deaths are India (428 309), Indonesia (107 096), Iran (94 015), Philippines (29 122) and Pakistan (23 918).

America: 2 039 303 deaths; the five countries reporting most deaths are United States (616 829), Brazil (563 151), Mexico (244 690), Peru (197 029) and Colombia (122 601).

Europe: 1 212 033 deaths; the five countries reporting most deaths are Russia (164 881), United Kingdom (130 356), Italy (128 220), France (112 250) and Germany (91 784).

Oceania: 1 763 deaths; the five countries reporting most deaths are Australia (936), Fiji (299), Papua New Guinea (192), French Polynesia (157) and Guam (143).

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

EU/EEA:

As of week 2021-31, 35 381 520 cases have been reported in the EU/EEA: France (6 305 158), Spain (4 627 770), Italy (4 396 417), Germany (3 791 949), Poland (2 884 162), Netherlands (1 885 729), Czechia (1 675 010), Belgium (1 141 788), Sweden (1 105 360), Romania (1 085 100), Portugal (988 061), Hungary (810 011), Slovakia (779 593), Austria (658 748), Greece (514 192), Bulgaria (428 049), Croatia (365 089), Denmark (324 721), Ireland (312 465), Lithuania (286 943), Slovenia (260 371), Norway (140 830), Latvia (139 421), Estonia (135 223), Finland (112 207), Cyprus (105 982), Luxembourg (74 262), Malta (34 902), Iceland (8 900) and Liechtenstein (3 107).

As of week 2021-31, 746 566 deaths have been reported in the EU/EEA: Italy (128 220), France (112 250), Germany (91 784), Spain (82 125), Poland (75 285), Romania (34 319), Czechia (30 363), Hungary (30 037), Belgium (25 275), Bulgaria (18 255), Netherlands (17 869), Portugal (17 485), Sweden (14 658), Greece (13 075), Slovakia (12 541), Austria (10 548), Croatia (8 273), Ireland (5 044), Slovenia (4 762), Lithuania (4 433), Latvia (2 559), Denmark (2 552), Estonia (1 277), Finland (991), Luxembourg (824), Norway (804), Cyprus (441), Malta (428), Liechtenstein (59) and Iceland (30).

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

In week 2021-31, overall, the reported weekly cases decreased by 4.67% compared to the previous week. Nine of the 29 EU/EEA countries (Cyprus, Hungary, Iceland, Luxembourg, Malta, the Netherlands, Portugal, Slovakia and Spain) reported a decrease in the weekly cases. The highest weekly increase was observed in Liechtenstein, Bulgaria, Romania, Lithuania, Sweden, Norway, Germany and Latvia. The countries with the highest 14-day notification rate were: Cyprus (1 242), Spain (721), France (414), the Netherlands (399) and Iceland (386).

At the end of week 31 (week ending Sunday 8 August 2021), the overall COVID-19 case notification rate for the European Union and European Economic Area (EU/EEA) was 209.2 per 100 000 population (214.0 the previous week). This rate has been stable for one week. Overall hospital admissions due to COVID-19 have been stable for 10 weeks and the 14-day COVID-19 death rate (6.3 deaths per million population, compared with 4.7 deaths the previous week) has been increasing for one week.

ECDC's assessment of each country's epidemiological situation derives from a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 31, the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). Two countries were categorised as of high concern, 13 countries as of moderate concern, 11 countries as of low concern and four countries as of very low concern.

By the end of week 31, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and older was 73.6% (country range: 19.8–91.2%). The median cumulative uptake of full vaccination among adults aged 18 years and older was 62.3% (country range: 18.0–87.6%).

The estimated distribution (median and range of values from 15 countries) of variants of concern was 94.4% (81.6–98.8%) for B.1.617.2 (Delta), 2.0% (0.4–11.2%) for B.1.1.7 (Alpha), 0.1% (0.0–1.1%) for P.1 (Gamma), 0.0% (0.0–1.3%) for B.1.351 (Beta) and 0.0% (0.0–0.3%) for B.1.1.7+E484K.

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 <u>WHO</u> declared the COVID-19 outbreak a pandemic. The <u>third</u>, <u>fourth</u>, <u>fifth</u>, <u>sixth</u>, <u>seventh</u> and <u>eight</u> International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, and 15 July 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 <u>ECDC's dedicated webpage</u>.

Actions

Actions: ECDC published the 15th update of its <u>rapid risk assessment</u> on 10 June 2021 and a <u>Threat Assessment Brief</u> on the implications of the circulation of SARS-CoV-2 Delta on 23 June 2021. A <u>dashboard</u> with the latest updates is available on ECDC's <u>website</u>.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w30 to 2021-w31

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: 11/08/2021

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

Opening date: 4 June 2021

Latest update: 13 August 2021

Epidemiological summary

Between 6 and 12 August 2021, European Union (EU) and European Economic Area (EEA) countries reported 12 human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Greece (5), Italy (4), Austria (2) and Romania (1). EU-neighbouring countries reported two fatal human cases of WNV infection in Serbia.

Since the beginning of the 2021 transmission season and as of 12 August 2021, EU/EEA countries have reported 19 human cases of WNV infection in Greece (10), Italy (6), Austria (2) and Romania (1) and no deaths. EU-neighbouring countries have reported two human cases of WNV infection in Serbia (2) and two deaths in Serbia (2).

During the current transmission season, within the reporting countries, human cases of WNV infection have been reported from 11 different NUTS 3 or GAUL 1 regions, with the following regions reported human cases of WNV infection for the first time: La Spezia in Italy.

Since the beginning of the 2021 transmission season, one outbreak among equids and no outbreaks among birds have been reported by EU/EEA countries. The outbreaks among equids was reported by Spain (1).

ECDC assessment

Human WNV infections have been reported in four EU Member States where seasonal circulation of the virus has been previously reported.

In accordance with <u>Commission Directive 2014/110/EU</u>, prospective blood 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 human West Nile virus infections by affected areas as of 12.08.



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. Map produced by ECDC on 13 August 2021 ECDC

ECDC and ADIS

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 12.08.



Monitoring environmental suitability of Vibrio growth in the Baltic Sea -Summer 2021

Opening date: 2 July 2021

Latest update: 13 August 2021

Epidemiological summary

As of 12 August 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very-low-to-low, except on the coast of Lithuania, Stockholm and Kalmar counties (Sweden); and Southern Finland (Finland), where it was medium-to-high.

For the next five days overall, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be generally verylow-to-low, except in Kalmar county (Sweden) and the Gulf of Gdansk (Poland) where the risk is considered to be medium-tohigh.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low in Saint Petersburg and medium-to-high in Kaliningrad (Russia). For the next five days, the environmental suitability for Vibrio growth is considered very-low-to-low on Russia's Baltic coast.

According to the <u>Finnish authorities</u>, three *Vibrio cholerae* infections and one *Vibrio vulnificus* infection have been detected in Finland in 2021.

In 2021 and as of 11 August, <u>Sweden</u> has reported 28 cases of more severe *Vibrio* infections in wounds or blood during the summer, with most having fallen ill in late July.

On 16 July 2021, a publication entitled <u>'Non-cholera vibrios - currently still a rare but growing risk of infection in the North and</u> <u>Baltic Seas'</u> was published in *The Internist*.

Sources: ECDC Vibrio Map Viewer, National Environmental Satellite, Data and Information Service

Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters used in the map are the following values: number colour

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bands (20), scale method linear, legend range minimum value (0), and maximum value (28).

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus, V. vulnificus* and non-toxigenic *V. cholera*. In the past, vibriosis in humans caused by these species in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius). The most common clinical manifestations are gastroenteritis with nausea, vomiting and diarrhoea; wound infections when a cut has been exposed; infected wounds or abrasions due to contaminated seawater; primary septicaemia; and otitis externa. In addition to contracting vibriosis through contact with water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2021 and will report on increased environmental suitability for the growth of *Vibrio* species.

New! Marburg virus disease - Guinea - 2021

Opening date: 11 August 2021 Latest update: 13 August 2021

Epidemiological summary

On 5 August 2021, the <u>National Health Security Agency of Guinea</u> was notified of a confirmed case of Marburg virus disease (MVD) in Tèmèssadou M'boke, Guéckédou prefecture, Nzérékoré region. A sample of the case was sent to two national laboratories in Guéckédou and Conakry and was laboratory-confirmed as MVD. Samples have also been sent to Institute Pasteur in Dakar, Senegal, for re-confirmation. This is the first recorded MVD case in Guinea.

The case was a <u>46-year-old</u> male and had onset of symptoms on 25 July 2021. He presented to the local healthcare centre on 1 August 2021 with fever, headache, fatigue, abdominal pain and gingival haemorrhage, where he received ambulatory supportive care and a malaria test returned negative. On 2 August he died in the community and was buried with the support of the national Red Cross. Four high-risk close contacts were identified and they are being monitored.

MVD was confirmed by RT-PCR on 3 August by the viral haemorrhagic fever reference laboratory in Guéckédou and on 5 August 2021 by the National Reference Laboratory, Conakry. Samples have also been sent to Institute Pasteur in Dakar, Senegal, for reconfirmation. This is the first recorded MVD case in Guinea.

Epidemiological investigations are ongoing, including contact tracing. Surveillance has been enhanced in the area and awareness campaigns have started.

Sources: National Health Security Agency Guinea, media, WHO Disease Outbreak News

ECDC assessment

This first report of MVD in West Africa is from the same area in Guinea where the Ebola outbreak in 2021 occurred. The source of infection is currently unknown. In 2018, Marburg virus was first identified in West Africa in fruit bats (Rousettus aegyptiacus) from <u>Sierra Leone</u>; this finding provides evidence of Marburg virus circulation in West Africa. Overall, the likelihood of infection for EU/EEA citizens living or traveling to the affected area is considered to be very low.

Actions

ECDC is monitoring the event through epidemic intelligence activities. A <u>factsheet</u> on Ebola and Marburg virus diseases is available on the ECDC website.

Mass Gathering Monitoring - Olympic Games in Tokyo - 2020 (2021)

Opening date: 21 July 2021

Latest update: 13 August 2021

Epidemiological summary

From 6 August to 12 August 2021, only COVID-19 related signals were detected by the daily epidemic intelligence (EI) screening activities around the Olympic Games in Tokyo 2020 (2021).

COVID-19-related news

Update: Since the previous report, 160 new SARS-CoV-2 positive cases related to the Olympic Games have been reported.

Summary

As of 12 August 2021, according to the <u>Tokyo 2020 Organising Committee</u>, a total of 518 SARS-CoV-2 positive cases (348 residents of Japan and 170 non-residents) have been detected among the Tokyo Olympic 2020 (2021) participants. These cases were reported among Tokyo 2020 contractors (271), games-related personnel (137), media staff (32), athletes (29), volunteers (28) and Tokyo 2020 employees (14). Additionally, <u>municipal governments</u> hosting training camps also reported cases among athletes (3) and games-related personnel (4).

According to multiple media sources, some of the positive cases reported among athletes were notified in nationals from <u>Czech</u> <u>Republic</u> (4), <u>Greece</u> (4), <u>United States of America</u> (4), <u>the Netherlands</u> (2), <u>South Africa</u> (2), <u>Trinidad and Tobago</u> (2), <u>United</u> <u>Kingdom</u> (1), <u>Algeria</u> (1), <u>Argentina</u> (1), <u>Germany</u> (1), <u>Italy</u> (1), <u>Russia</u> (1), <u>Spain</u> (1), and <u>Chile</u> (1).

According to <u>IOC Press Release</u> on 9 August 2021, the organising committee of the Tokyo Olympics carried out 651 296 tests during the period 1 July to 7 August. The local health authorities conducted another 42 711 tests at Tokyo's main airports. The cumulative positivity rate among games participants from 1 July to the end of the games was 0.02%, whereas in main airports the positivity rate was estimated at 0.09%.

On 11 August 2021, according to <u>media</u> quoting the Olympic Organising Committee, the total number of spectators at the Tokyo Olympics was 43 300, and the maximum number of people at one venue was 5 500 during the men's football quarter-final match between Spain-Côte d'Ivoire on 31 July 2021.

As of 11 August 2021, <u>Japan</u> had a total of 1 065 910 cumulative SARS-CoV-2 positive cases. In recent weeks, an increasing trend in the SARS-CoV-2 positive cases has been observed. On <u>7 August 2021</u>, Japan confirmed its first case of SARS-CoV-2 Lambda variant infection.

Vaccine update

The COVID-19 vaccine <u>was not mandatory for Olympic participants</u>, but it was recommended. However, the vaccination rate among Olympic participants was generally high. According to <u>a press release by IOC</u> on 9 August 2021, the vaccination rate for IOC Members and staffs who went to Japan was close to 100% and approximately 85% of all the residents at the Olympic Village were vaccinated.

As of 11 August 2021, <u>Japan</u> has administered 107 081 571 SARS-CoV-2 vaccine doses. The vaccination coverage reported in the Japanese population is 48.1% for one dose and 36.1% for two doses. Among individuals 65 years and older, 87.9% has received the first dose and the 83% were fully vaccinated.

Other events

According to various <u>media report</u>, South Australia imposed a 28-day quarantine on 16 Olympic athletes. The athletes are currently undergoing two weeks of quarantine in Sydney as part of the country's travel rules. However, those making the onward journey to their home state of South Australia will have to comply with restrictions on inter-state travel and complete an extra two weeks of quarantine in the South Australian capital of Adelaide. The <u>Australian Olympic Committee (AOC)</u> condemned the four-week quarantine for some of the team's athletes and asked that the quarantine period for athletes be halved.

ECDC assessment

Where mass gathering events, such as the Olympic Games in Tokyo 2020 (2021), take place, in the absence of sufficient mitigation measures the risk of local and regional transmission of COVID-19 is expected to increase, including the spread of variants of concern. Options for COVID-19 response are described in ECDC's <u>latest COVID-19 rapid risk assessment</u>, published on 10 June 2021.

COVID-19-related country profiles for countries outside the EU/EEA are available here.

The risk of becoming infected with other communicable diseases at the Olympic Games in Tokyo 2020 (2021) and in other hosting regions varies, but is considered low if preventive measures are applied (e.g. being fully vaccinated according to the national immunisation schedule, following rules on hand and food hygiene, observing respiratory etiquette, refraining from any activities and contacts if symptoms occur, and seeking prompt testing and medical advice as needed).

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Actions

ECDC is monitoring this event through its epidemic intelligence activities on a daily basis until 16 August 2021. Therefore, this will be the last weekly update on the Olympic Games in Tokyo 2020 (2021).

In addition, ECDC published a Rapid Risk Assessment <u>Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update on 10 June 2021, and a Threat Assessment Brief Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta (B.1.617.2) variant of concern on 23 June 2021.</u>

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