COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 33, 15-21 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: 20 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 eighth 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 2021-31 and as of week 2021-32, 4 452 173 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 67 204 new deaths have been reported.

Since 31 December 2019 and as of week 2021-32, 207 851 733 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 366 290 deaths.

In the EU/EEA, 35 848 469 cases have been reported, including 748 358 deaths.

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

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

Opening date: 4 June 2021 Latest update: 20 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

Due to technical issues, the WNV-related outputs (maps, dashboard and downloadable data file) have not been generated this week but will be updated on the ECDC website as soon as possible.

Between 13 and 19 August 2021, European Union (EU) and European Economic Area (EEA) countries reported nine human cases of West Nile virus (WNV) infection, in Greece (4) (Anatoliki Attiki, Imathia, Thessaloniki and Boeotia) and Italy (5) (Mantova, Reggio Emilia and Modena). EU-neighbouring countries reported one human case of WNV infection in Serbia (Juzno-Backi).

According to media reports, three human cases of WNV infection have been reported from the province of Seville, Spain. As these cases have not yet been reported through TESSy, they will not appear in this week's WNV outputs, such as the WNV dashboard, maps and downloadable data file.

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

Opening date: 2 July 2021 Latest update: 20 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 19 August 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very low to low, except in Klaipeda (Lithuania), 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.

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.

On 12 August 2021, district authorities reported one death after *Vibrio* infection in Ostholstein, Germany.

Non EU Threats

New! Ebola virus disease – Côte d'Ivoire – 2021

Opening date: 16 August 2021 Latest update: 20 August 2021

On 14 August 2021, the Ministry of Health of Côte d'Ivoire reported the first confirmed case of Ebola virus disease (EVD) since 1994. EVD was confirmed by the Institut Pasteur in Côte d'Ivoire.

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Zika - Kerala state, India - 2021

Opening date: 14 July 2021 Latest update: 20 August 2021

According to media reports, an outbreak of Zika virus has been detected in the Thiruvananthapuram district, Kerala state, India. So far, 65 cases have been detected.

➔Update of the week

According to media reports quoting the Minister of Health, and as of 2 August, 37 additional Zika cases have been reported in the Indian state of Kerala. According to the same source, the following public health measures have been implemented: dissemination of the Zika action plan, control and containment activities, entomological surveys in international airports and their surroundings, vector control activities.

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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: 20 August 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-32, 207 851 733 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 366 290 deaths.

Cases have been reported from:

Africa: 7 292 302 cases; the five countries reporting most cases are South Africa (2 605 586), Morocco (759 456), Tunisia (626 750), Ethiopia (289 274) and Libya (286 894).
Asia: 58 844 967 cases; the five countries reporting most cases are India (32 225 513), Iran (4 389 085), Indonesia (3 854 354), Iraq (1 775 764) and Philippines (1 741 616).
America: 80 477 464 cases; the five countries reporting most cases are United States (36 681 559), Brazil (20 364 099), Argentina (5 088 271), Colombia (4 870 922) and Mexico (3 108 438).
Europe: 61 095 909 cases; the five countries reporting most cases are Russia (6 600 836), France (6 471 035), United Kingdom (6 267 437), Turkey (6 059 806) and Spain (4 719 266).
Oceania: 140 386 cases; the five countries reporting most cases are Fiji (40 587), Australia (39 096), French Polynesia (30 541), Papua New Guinea (17 812) and Guam (9 018).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 183 771 deaths; the five countries reporting most deaths are South Africa (77 141), Tunisia (22 025), Egypt (16 619), Morocco (11 017) and Algeria (4 794).
Asia: 899 570 deaths; the five countries reporting most deaths are India (431 642), Indonesia (117 588), Iran (97 208), Philippines (30 340) and Pakistan (24 478).
America: 2 059 079 deaths; the five countries reporting most deaths are United States (621 636), Brazil (569 058), Mexico (248 652), Peru (197 487) and Colombia (123 580).
Europe: 1 221 930 deaths; the five countries reporting most deaths are Russia (170 499), United Kingdom (130 953), Italy (128 432), France (112 702) and Germany (91 871).
Oceania: 1 934 deaths; the five countries reporting most deaths are Australia (958), Fiji (394), French Polynesia (211), Papua New Guinea (192) and Guam (143).
Other: six deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-32, 35 848 469 cases have been reported in the EU/EEA: France (6 471 035), Spain (4 719 266), Italy (4 440 669), Germany (3 823 139), Poland (2 885 461), Netherlands (1 901 827), Czechia (1 676 297), Belgium (1 155 185), Sweden (1 111 177), Romania (1 087 509), Portugal (1 004 470), Hungary (810 504), Slovakia (780 281), Austria (664 283), Greece (537 125), Bulgaria (433 234), Croatia (367 068), Denmark (331 736), Ireland (324 747), Lithuania (290 766), Slovenia (261 804), Norway (144 478), Latvia (140 122), Estonia (137 155), Finland (117 531), Cyprus (108 872), Luxembourg (74 595), Malta (35 380), Iceland (9 578) and Liechtenstein (3 175).

As of week 2021-32, 748 358 deaths have been reported in the EU/EEA: Italy (128 432), France (112 702), Germany (91 871),

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Spain (82 595), Poland (75 299), Romania (34 353), Czechia (30 375), Hungary (30 041), Belgium (25 298), Bulgaria (18 344), Netherlands (17 909), Portugal (17 573), Sweden (14 659), Greece (13 223), Slovakia (12 544), Austria (10 558), Croatia (8 285), Ireland (5 059), Slovenia (4 764), Lithuania (4 458), Latvia (2 561), Denmark (2 560), Estonia (1 279), Finland (1 003), Luxembourg (828), Norway (809), Cyprus (456), Malta (431), Liechtenstein (59) and Iceland (30).

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

In week 2021-32, overall, the reported weekly cases increased by 0.8% compared to the previous week. The highest weekly increase was observed in Liechtenstein, Bulgaria, Slovenia, Germany, Austria, Croatia. The countries with the highest 14-day notification rate were: Cyprus (931), Spain (604), France (462), Iceland (438) and Ireland (392). Six of the 29 EU/EEA countries (Cyprus, Iceland, Luxembourg, the Netherlands, Slovakia and Spain) reported a decrease in the weekly cases.

At the end of week 32 (week ending Sunday 15 August 2021), the overall COVID-19 case notification rate for the European Union and European Economic Area (EU/EEA) was 205.1 per 100 000 population (209.2 the previous week). This rate has been stable for two weeks. Overall hospital admissions due to COVID-19 have been stable for 11 weeks although the 14-day COVID-19 death rate (7.4 deaths per million population, compared with 6.3 deaths the previous week) has been increasing for two weeks.

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 32, the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). Four countries were categorised as of high concern, 16 countries as of moderate concern, six countries as of low concern and four countries as of very low concern.

By the end of week 32, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and older was 74.3% (country range: 20.5–96.8%). The median cumulative uptake of full vaccination among adults aged 18 years and older was 63.2% (country range: 18.6–94.1%).

The estimated distribution (median and range of values from 13 countries for weeks 30 to 31, 26 July to 8 August 2021) of variants of concern was 97.2% (86.3–99.2%) for B.1.617.2 (Delta), 1.5% (0.6–3.6%) for B.1.1.7 (Alpha), 0.1% (0.0–1.0%) for P.1 (Gamma), 0.0% (0.0–0.3%) for B.1.1.7+E484K and 0.0% (0.0–0.2%) for B.1.351 (Beta).

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, 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.

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 and a Threat Assessment Brief on the implications of the circulation of SARS-CoV-2 Delta on 23 June 2021. A dashboard with the latest updates is available on ECDC's website.

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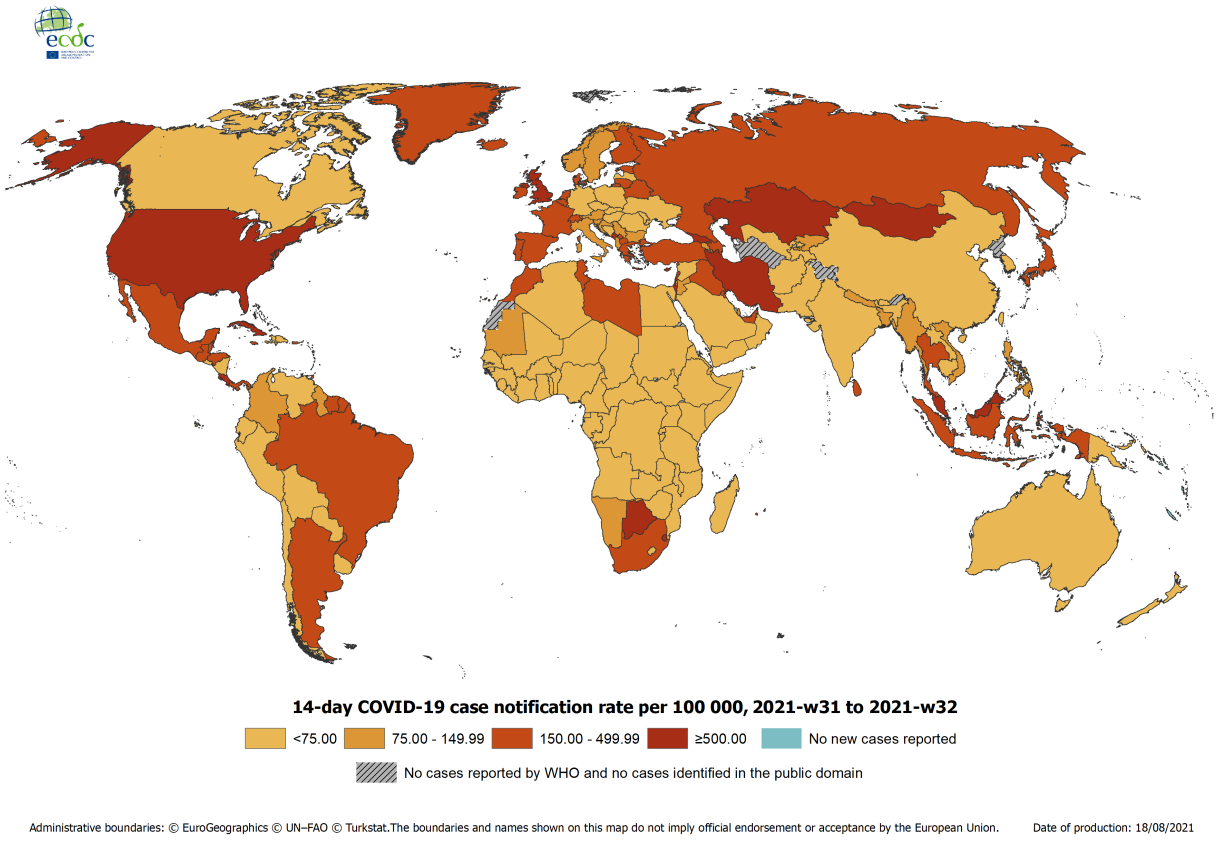
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w31 to 2021-w32

Source: ECDC



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

Opening date: 4 June 2021 Latest update: 20 August 2021

Epidemiological summary

Due to technical issues, the WNV-related outputs (maps, dashboard and downloadable data file) have not been generated this week but will be updated on the ECDC website as soon as possible.

Between 13 and 19 August 2021, European Union (EU) and European Economic Area (EEA) countries reported nine human cases of West Nile virus (WNV) infection, in Greece (4) (Anatoliki Attiki, Imathia, Thessaloniki and Boeotia) and Italy (5) (Mantova, Reggio Emilia and Modena). EU-neighbouring countries reported one human case of WNV infection in Serbia (Juzno-Backi).

According to media reports, three human cases of WNV infection have been reported from the province of Seville, Spain. As these cases have not yet been reported through TESSy, they will not appear in this week's WNV outputs, such as the WNV dashboard, maps and downloadable data file.

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Since the beginning of the 2021 transmission season and as of 19 August 2021, EU/EEA countries have reported 28 human cases of WNV infection in Greece (14), Italy (11), Austria (2) and Romania (1). EU-neighbouring countries have reported three human cases of WNV infection in Serbia.

During the current transmission season, the following region reported human cases of WNV infection for the first time: La Spezia in Italy.

Since the beginning of the 2021 transmission season, three outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (3).

ECDC assessment

Human WNV infections have been reported in five EU Member States where seasonal circulation of the virus has been previously reported. According to the data from previous years and the epidemiology of WNV infections, cases in this period of the year are not unexpected in the affected countries and further cases will very likely occur in the forthcoming weeks.

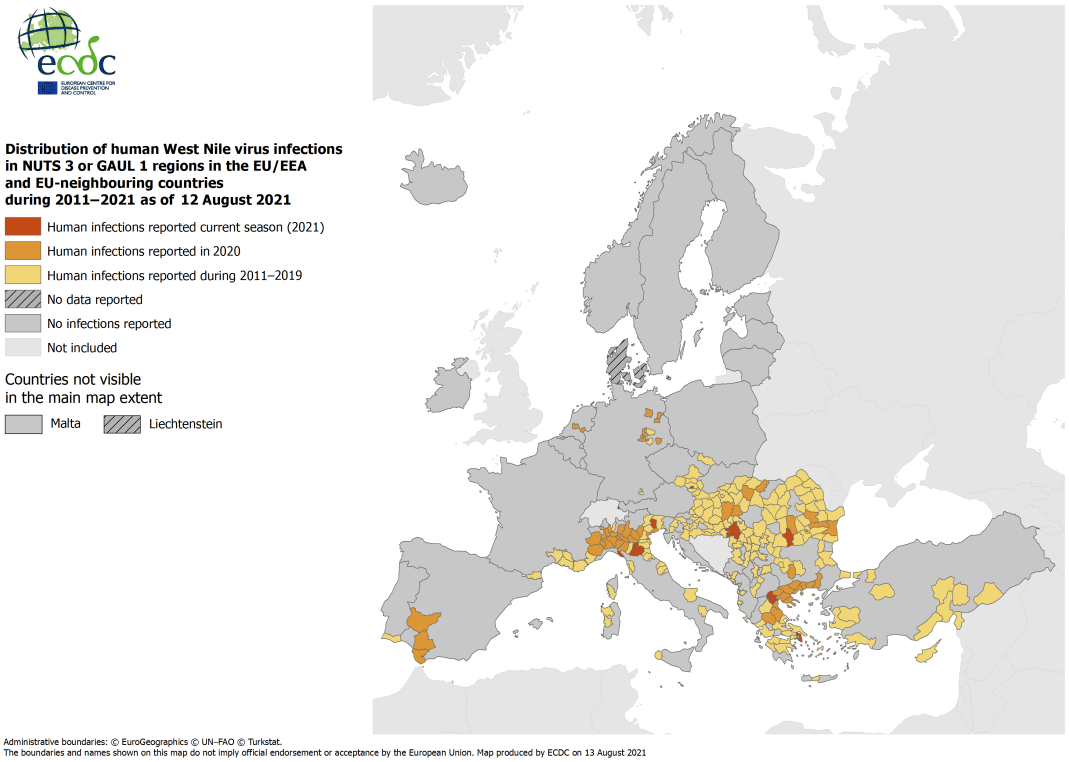
In accordance with Commission Directive 2014/110/EU, prospective blood donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

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.

ECDC



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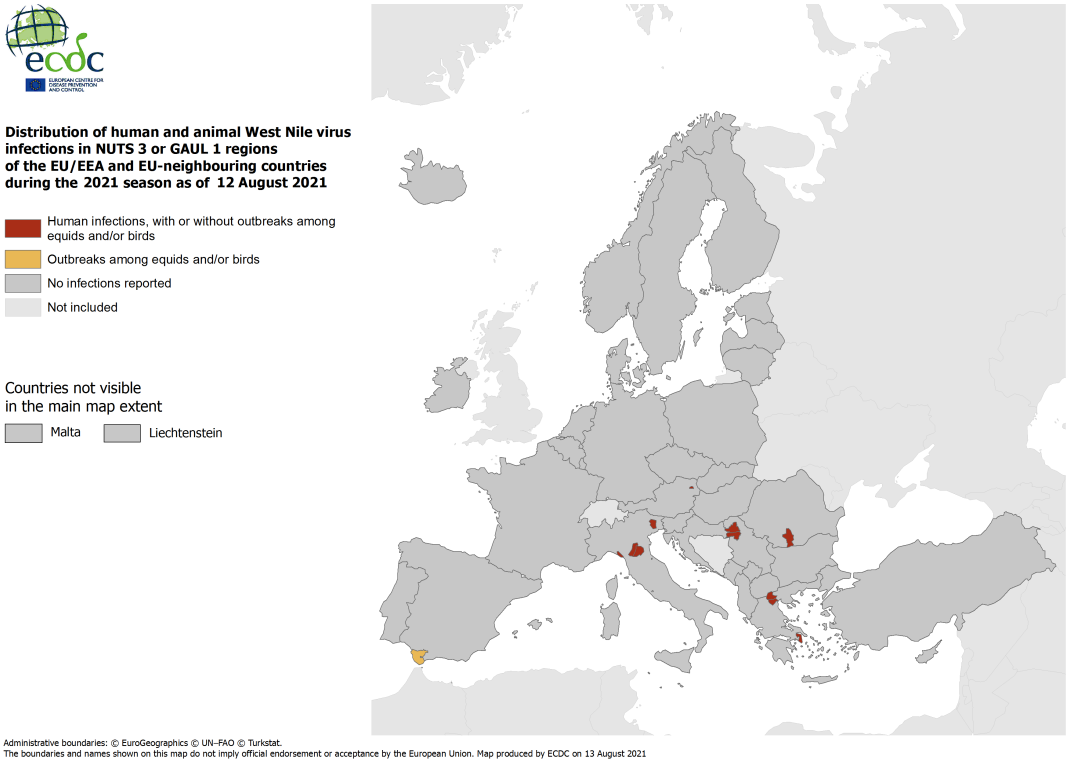
Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 12.08.

ECDC and ADIS



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

Opening date: 2 July 2021 Latest update: 20 August 2021

Epidemiological summary

As of 19 August 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very low to low, except in Klaipeda (Lithuania), 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.

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 8 July, Finland reported three *Vibrio cholerae* infections and one *Vibrio vulnificus* infection.

In 2021 and as of 12 August, Germany reported one death after *Vibrio* infection.

In 2021 and as of 11 August, Sweden 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 'Non-cholera vibrios - currently still a rare but growing risk of infection in the North and Baltic Seas' 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 bands (20), scale method linear, legend range minimum value (0), and maximum value (28).

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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! Ebola virus disease – Côte d'Ivoire – 2021

Opening date: 16 August 2021 Latest update: 20 August 2021

Epidemiological summary

On 14 August 2021, the Ministry of Health of Côte d'Ivoire reported the first confirmed case of Ebola virus disease (EVD) since 1994. EVD was confirmed by the Institut Pasteur in Côte d'Ivoire. On 17 August, the WHO reported that the Ebola vaccinations have started in Cote d'Ivoire and that in addition to the confirmed Ebola case, one suspected case and nine contacts are being monitored.

The patient arrived to Côte d'Ivoire from Guinea by road on 12 August and was admitted to a hospital in Abidjan with fever and suspicion of EVD. The patient was transferred to the Infectious and Tropical Diseases Service of Treichville hospital, Abidjan and the following measures were initially implemented: decontamination and closure of the patient's room, provision of personal protective equipment to the emergency department, identification and self-monitoring of first contact personnel. The patient is currently under treatment.

Investigations, including genomic sequencing are ongoing to identify the strain and determine if there is a connection with the earlier outbreak in Guinea.

WHO is supporting the implementation of public health measures such as cross-border EVD response activities, transferring 5 000 EVD vaccines to Côte d'Ivoire following an agreement between the Ministries of Health of Côte d'Ivoire and Guinea, vaccination of people at risk (healthcare workers, first responders and contacts of confirmed cases) and investigation into the case. In addition, a multidisciplinary team of WHO experts covering all key response areas will be deployed to the field to support with increasing infection prevention and control of health facilities, diagnostics, contact tracing, treatment and reaching out to communities to ensure they take a key role in the response.

Background: Despite Côte d'Ivoire borders Guinea and Liberia, the country has had no confirmed cases reported since 1994, when a scientist got infected and an outbreak among chimpanzees occurred.

Sources: WHO Africa news, Abidjan hospital

ECDC assessment

The current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Côte d'Ivoire 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 Côte d'Ivoire. 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.

The unknowns around this event are numerous. Further information, especially from the sequencing of the sample, is needed to fully assess this event.

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Actions

ECDC is monitoring this event through epidemic intelligence activities and will report when new relevant information is available.

Zika - Kerala state, India - 2021

Opening date: 14 July 2021 Latest update: 20 August 2021

Epidemiological summary

According to reports in the media, health authorities in the Indian state of Kerala have declared a state of alert after identifying Zika cases in the Thiruvananthapuram district. The first patient identified was, according to the media, a 24-year-old pregnant woman who was admitted to hospital on 28 June 2021 with fever, headache, and rash.

As of 2 August 2021, 65 cases have been reported.

Background: India is classified by WHO as a country with known previous or current circulation of Zika virus, but no cases have been reported from Kerala state before. However, cases have been reported from the states of Gujarat, Madhya Pradesh, Rajasthan and Tamil Nadu between 2017 and 2018.

Sources: Media 1, Media 2, Media 3, Media 4

ECDC assessment

The predominant mode of transmission for Zika virus is through the bites of infected mosquitoes, but the virus can also be transmitted by sexual contact, blood or blood components and possibly other substances of human origin. Zika virus infection during pregnancy is associated with intrauterine central nervous system infection, congenital malformations and foetal death. Hence, pregnant women are the main risk group and the primary target for preventive measures.

On 2 July 2019, WHO published an overview of the global epidemiology of Zika virus transmission. However, the map of countries and territories with current or previous Zika transmission has not been updated since 5 June 2019. Zika transmission persists, but has generally been at lower levels since 2018. For travellers, WHO advises against any restriction of travel to or trade with countries, areas and territories with Zika virus transmission. However, WHO recommends that pregnant women avoid travel to areas with Zika virus transmission, particularly during outbreaks, based on the increased risk of microcephaly and other severe congenital malformations. To prevent potential sexual transmission, all travellers returning from affected areas should practice safer sex for at least three months after last possible exposure for men or two months for female travellers.

The first and so far only autochthonous cases of Zika vector-borne transmission in Europe were reported in the Var department of France in October 2019.

The likelihood of autochthonous transmission of Zika virus in areas of mainland EU where *Aedes albopictus* is established is currently considered to be very low as introduction of the virus in mainland EU is estimated to be minimal.

Actions

ECDC is monitoring the situation through epidemic intelligence activities.

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

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