

## I. Executive summary

### EU Threats

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

Opening date: 7 January 2020

Latest update: 21 May 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 2021-18 and as of week 2021-19, 4 671 981 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 85 041 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-19, 163 738 674 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 384 750 deaths.

In the EU/EEA, 32 249 355 cases have been reported, including 712 341 deaths.

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

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

Opening date: 9 February 2011

Latest update: 21 May 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 23 April 2021, 17 new cases have been reported by four countries in the EU/EEA: Bulgaria (2), France (1), Germany (13), Poland (1). 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 the WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO Regional Office for Eastern Mediterranean (EMRO).

**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! **Salmonella Braenderup cluster in Denmark – multinational outbreak**

Opening date: 20 May 2021

Latest update: 21 May 2021

A multi-country outbreak of cases of *Salmonella* Braenderup has been reported in the EU/EEA countries in 2021.

## Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 21 May 2021

Reported influenza activity in Europe remains at inter-seasonal levels.

### →Update of the week

Influenza activity remains at or below the inter-seasonal level.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 21 May 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 so far.

→ Update of the week

Since the last update on 7 May 2021, and as of 16 May 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 16 May 2021, 34 days remain till the declaration, provided no new cases are detected.

In the most recent report from the Agence Nationale de Securite Sanitaire (ANSS) of Guinea, 21 new suspected cases have been identified, two of which have been transferred to Ebola Treatment Centres (ETC) in N'Zerekore, but the remaining 19 cases refused transferrals to the ETCs.

[Media citing health officials](#) report one case of Lassa fever in the Yomou prefecture, N'Zerekore region. The patient has died and so far, 30 contacts have been listed. As this outbreak is located in the same region as where the Ebola outbreak is occurring, this may jeopardise and further challenge the Ebola response.

[Sierra Leone](#) began vaccinating key populations as a preventive measure on 11 May 2021, launching the campaign in the Kambia district where populations are most at risk since they live close to the border with Guinea and/or in economic and commercial hotspots for trade between Guinea and Sierra Leone. Further key populations being targeted include frontline healthcare workers, traditional healers, and motorbike riders who provide transportation services across borders and to healthcare facilities.

## Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 21 May 2021

Several countries in Africa and Asia have reported [cholera](#) outbreaks. Major ongoing outbreaks are being reported from Bangladesh and Yemen. Haiti reported its last laboratory-confirmed case in February 2019.

→ Update of the week

Since the last update on 10 April 2021, new cholera cases have been reported worldwide. Countries reporting the majority of new cases since the previous update are Bangladesh and Yemen. A list of all countries reporting new cases since our previous update on 10 April 2021 can be found in this report.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 21 May 2021

#### Epidemiological summary

**Summary:** Since 31 December 2019 and as of week 2021-19, 163 738 674 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 384 750 deaths.

#### Cases have been reported from:

**Africa:** 4 695 132 cases; the five countries reporting most cases are South Africa (1 613 728), Morocco (514 944), Tunisia (327 473), Ethiopia (266 264) and Egypt (245 721).

**Asia:** 40 859 830 cases; the five countries reporting most cases are India (24 965 463), Iran (2 739 875), Indonesia (1 739 750), Philippines (1 143 963) and Iraq (1 139 373).

**America:** 65 431 924 cases; the five countries reporting most cases are United States (32 943 878), Brazil (15 586 534), Argentina (3 335 902), Colombia (3 118 426) and Mexico (2 381 923).

**Europe:** 52 677 025 cases; the five countries reporting most cases are France (5 877 787), Turkey (5 117 374), Russia (4 949 573), United Kingdom (4 450 777) and Italy (4 159 122).

**Oceania:** 74 058 cases; the five countries reporting most cases are Australia (29 975), French Polynesia (18 815), Papua New Guinea (13 928), Guam (8 103) and New Zealand (2 295).

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

#### Deaths have been reported from:

**Africa:** 126 394 deaths; the five countries reporting most deaths are South Africa (55 210), Egypt (14 327), Tunisia (11 899), Morocco (9 098) and Ethiopia (3 996).

**Asia:** 551 576 deaths; the five countries reporting most deaths are India (274 390), Iran (76 633), Indonesia (48 093), Pakistan (19 617) and Philippines (19 191).

**America:** 1 595 323 deaths; the five countries reporting most deaths are United States (586 001), Brazil (434 715), Mexico (220 437), Colombia (81 300) and Argentina (71 027).

**Europe:** 1 110 086 deaths; the five countries reporting most deaths are United Kingdom (127 679), Italy (124 156), Russia (116 211), France (107 645) and Germany (86 160).

**Oceania:** 1 365 deaths; the five countries reporting most deaths are Australia (910), French Polynesia (141), Guam (139), Papua New Guinea (136) and New Zealand (26).

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

#### EU/EEA:

As of week 2021-19, 32 378 152 cases have been reported in the EU/EEA: France (5 877 787), Italy (4 159 122), Spain (3 615 860), Germany (3 598 846), Poland (2 855 190), Czechia (1 653 099), Netherlands (1 598 924), Romania (1 072 291), Sweden (1 045 017), Belgium (1 033 349), Portugal (842 381), Hungary (798 573), Slovakia (770 349), Austria (633 074), Bulgaria (414 192), Greece (377 090), Croatia (350 506), Denmark (267 339), Lithuania (266 063), Ireland (254 870), Slovenia (249 424), Latvia (127 978), Estonia (127 206), Norway (119 257), Finland (90 249), Cyprus (71 064), Luxembourg (69 028), Malta (30 484), Iceland (6 548) and Liechtenstein (2 992).

As of week 2021-19, 713 202 deaths have been reported in the EU/EEA: Italy (124 156), France (107 645), Germany (86 160), Spain (79 432), Poland (71 675), Czechia (29 913), Romania (29 571), Hungary (29 213), Belgium (24 727), Netherlands (17 435), Bulgaria (17 259), Portugal (17 009), Sweden (14 348), Slovakia (12 238), Greece (11 415), Austria (10 213), Croatia (7 738), Ireland (4 941), Slovenia (4 652), Lithuania (4 112), Denmark (2 503), Latvia (2 266), Estonia (1 222), Finland (929), Luxembourg (806), Norway (774), Malta (417), Cyprus (346), Liechtenstein (58) and Iceland (29).

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

#### Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#) and [seventh](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

## ECDC assessment

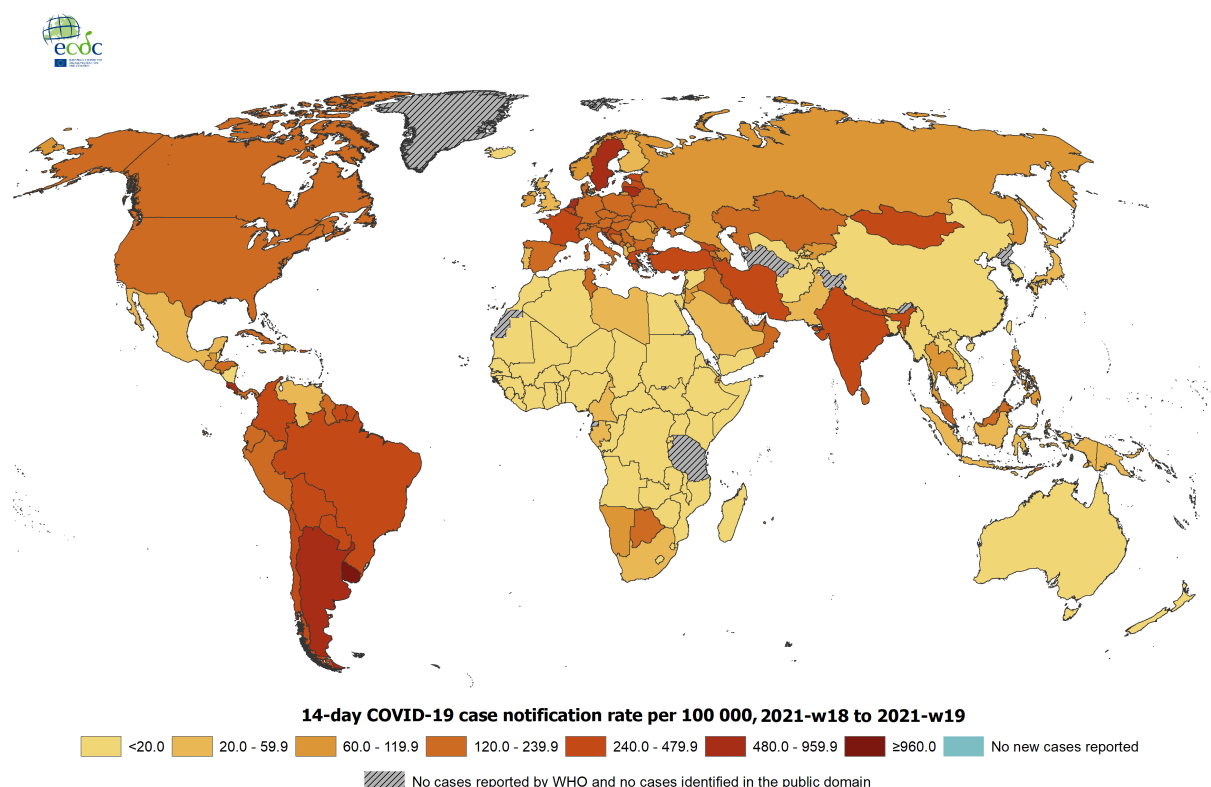
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

## Actions

**Actions:** ECDC published the 14th update of its [rapid risk assessment](#) on 15 February 2021. A [dashboard](#) with the latest updates is available on ECDC's website.

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w18 to 2021-w19

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: 19/05/2021

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

Opening date: 9 February 2011

Latest update: 21 May 2021

## Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 23 April 2021, 17 new cases have been reported by four countries in the EU/EEA: Bulgaria (2), France (1), Germany (13), Poland (1). 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 the WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO Regional Office for Eastern Mediterranean (EMRO).

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**

[Bulgaria](#) reported two cases in week 17 in 2021 (week ending 2 May 2021) and as of 17 May 2021. In 2020, Bulgaria reported 257 cases.

[France](#): according to the national report published on 1 April 2021, France reported some sporadic cases of measles in 2021. According to TESSy, France reported five cases in the period from January to March 2021. In 2020, there were 240 cases reported, of which 230 cases (96%) occurred between weeks 1 to 13 in 2020.

[Germany](#) reported 31 cases as of 18 May 2021 (week 20, ending 23 May 2021), an increase of 13 cases since week 15 (ending 18 April 2021).

[Poland](#) reported six cases of measles from 1 January to 15 May 2021, an increase of one case since the previous report on 15 April 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 the WHO Regional Office for Africa ([AFRO](#)), as of 16 May 2021 (week 20), 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 8 May 2021, one country (Brazil) reported 414 confirmed cases of measles.

According to WHO Regional Office for Eastern Mediterranean ([EMRO](#)) report for the period January-February 2021, 2 030 measles cases were reported in eight countries (Afghanistan, Iraq, Lebanon, Libya, Pakistan, Sudan, Syria, Tunisia and the United Arab Emirates). Most of the cases were reported by Pakistan (1 647) and Afghanistan (352).

No updates were available for WHO Regional Office for Europe (EURO), WHO Western Pacific Region (WPRO) and 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! **Salmonella Braenderup cluster in Denmark – multinational outbreak**

Opening date: 20 May 2021

Latest update: 21 May 2021

### Epidemiological summary

On 3 May, **Denmark** launched an urgent inquiry in EPIS-FWD and 27 cases of *Salmonella* Braenderup ST22 were identified between 26 March and 28 April. Nineteen of the cases are female and eight male, ranging in age from one to 90 years. The cases are geographically spread and have not travelled outside of the country. Matches have also been identified in Enterobase for Scotland and the UK.

By 20 May 2021, isolates clustering within 0-6 allelic differences with the Danish outbreak strain through cgMLST had been reported from nine EU/EEA countries (Denmark, Belgium, Finland, France, Germany, Ireland, the Netherlands, Norway and Sweden), the UK, Canada and Switzerland. In addition, Czechia and Spain report recent cases of *S. Braenderup*. In total, more than 200 cases have been reported. There is no information to indicate that cases would have travelled during the incubation period.

#### EU/EEA

**Belgium:** 42 cases of *S. Braenderup* between 23 March and 5 May 2021, 30 cases female, 12 male, one unknown gender, age 1-97 years (median 34). Four cases have a confirmed match with the outbreak strain from Denmark so far.

**Czechia:** Four cases of *S. Braenderup* between 22 March and 29 April 2021, three female and one male, age 1-40 years. WGS not yet performed.

**Finland:** Five cases of *S. Braenderup* between 13 April and 2 May 2021, three female and two male, age 44-75 years (median 65 years). Three cases have a confirmed match with the outbreak strain from Denmark so far.

**France:** One male case of *S. Braenderup* matching the outbreak strain from Denmark since 30 March, age unknown.

**Germany:** 49 cases of *S. Braenderup* since 30 March 2021, 23 cases female, 12 male, 14 cases missing gender information, age 1-79 years (median 44). Thirteen cases have confirmed match with the outbreak strain from Denmark so far.

**Ireland:** Four cases of *S. Braenderup* matching the outbreak strain from Denmark since 30 March 2021, gender and age information missing.

**Netherlands:** 13 cases of *S. Braenderup* matching the outbreak strain from Denmark in April 2021, six female, three male, four unknown gender, age 4-84 years (median 76).

**Norway:** Five cases of *S. Braenderup* between 13 and 26 April 2021 in a nursing home, four cases female, one case missing gender information, age 77-93 years. Three cases have confirmed match with the outbreak strain from Denmark so far.

**Spain:** Two *S. Braenderup* cases in 2021, 28 February and 9 April 2021, both in infants, two and five months old. WGS not yet performed.

**Sweden:** 22 cases of *S. Braenderup* matching the outbreak strain from Denmark between 13 April and 1 May 2021, seventeen female and five male, age 0-91 years (median 40 years).

#### Non-EU/EEA

**The UK:** 52 cases of *S. Braenderup* matching the outbreak strain from Denmark between 29 March to 28 April 2021, 33 female and 19 male, age 0-88 years (median 46).

**Switzerland:** 15 cases of *S. Braenderup* between 24 March and 7 May 2021, 12 females and 3 males, age 7 months - 87 years. Twelve cases have a confirmed match with the outbreak strain from DK so far, one case excluded due to no match.

**Canada:** One case of *S. Braenderup* matching the DK outbreak strain with symptom onset 8 March. The case is a 53-year old male with no history of travel.

#### TESSy background:

*S. Braenderup* was the 19th most common serotype in 2015-2019. In 2019, 300 cases were reported by 20 EU/EEA countries (six countries reported zero cases). Annual number of confirmed cases ranged from 250 to 388 during this five-year-period. The United Kingdom and France accounted for 43% and 14% of reported cases. Cases were more common among adults 25-44 years (30%) and 45-64 years old (24%). There was significant predominance of female cases in the age range 15-64 years (60%,  $p < 0.001$ ). Among domestically-acquired infections, the proportion of females (73%) was significantly higher in the age group 15-24 years. History of travel was reported for 63% of cases. Among those, about half of the cases (51%) were reported as having a travel history. The most frequent travel destinations were Thailand (14%), India (12%), and Mexico (8%).

### ECDC assessment

This is a rapidly evolving international outbreak with more than 200 cases of *Salmonella* Braenderup. There is a predominance of women among the cases. Investigations are ongoing to identify a possible source. Given the extent of cases within but also outside of the EU, it is likely to be a food item with a wide geographical distribution.

## Actions

ECDC is supporting an international outbreak investigation by arranging teleconferences with affected countries and sharing the UK-based questionnaire, standard line listing and centralised WGS analysis.

## Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 21 May 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.

The influenza epidemic in the European Region did not increase above baseline, despite widespread and regular testing for influenza viruses. Reported influenza activity has remained at a very low level throughout the season, probably due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic had affected healthcare seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which has had a negative impact on the collection of influenza epidemiological and virological data since March 2020. However, surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested as compared with previous seasons, there was a remarkable decrease (>99%) in the number of influenza infections detected, with numbers detected on a weekly basis being similar to those reported during inter-seasonal periods.

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

### ECDC assessment

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

## Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis until the end of the regular influenza season (week 20 data) and on a monthly basis during the interseason period. The data are available on the [Flu News Europe](#) website.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 21 May 2021

### Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 16 May 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

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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 into a healthcare facility.

According to WHO, an initial cluster of seven cases began with a patient (index case) who died on 28 January 2021, after having visited two healthcare facilities and a traditional practitioner. Five family members who attended the funeral on 1 February and the traditional practitioner showed Ebola-like symptoms. Five of the seven cases died. Two unsafe burials took place for these EVD patients.

[Preliminary results](#) of genomic sequencing suggest a link between the 2021 and the 2013–2016 West Africa outbreaks. The re-emergence of the 2013–2016 West Africa epidemic strain would suggest that the index case was infected from a [persistent source](#).

A [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, and vaccines have also been deployed to the Boke and Kankan regions. A ring vaccination strategy is being deployed, whereby healthcare workers, contacts of EVD cases, contacts of contacts and suspected contacts are being vaccinated. As of 15 May, 9 698 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions. In total, 1 114 contacts had been listed, 56% of whom have been vaccinated, and 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. The Guinean Ministry of Health and GOARN partners are supporting case management and training teams in the practice of safe and dignified burials. Multidisciplinary teams are currently in the field to actively search and provide care for cases, trace and follow-up contacts, and increase awareness in communities of the need for infection prevention and control.

As the outbreak is located in a porous border area, WHO is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity and conducting surveillance in health facilities. WHO is also in contact with the neighbouring countries of Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries are on high alert, however their overall [estimated state of readiness](#) lies below the required benchmark. [Governmental representatives](#) of Guinea and the six bordering countries held a meeting on 2 March 2021, at which it was agreed to unify the response by setting up a coordination mechanism, increasing surveillance and screening at border crossings and in high-risk communities, and facilitating import regulations for vaccines.

According to WHO, challenges remain in the surveillance and response, and include inadequate coordination in N'Zerekore, a lower number of alerts than expected from the community and therefore too few samples being tested, problems locating contacts lost to follow-up, problems with the isolation of suspected patients, and the need for additional staff to strengthen field operations which are limited by insufficient funds. Due to major challenges 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](#) | [Africa CDC Outbreak Brief #10](#)

## ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since 2016. Based on preliminary molecular studies, the hypothesis is that the virus re-emerged in 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 in order to be able to respond adequately to this outbreak. However, the current epidemiological data and situation reports indicate issues with the timely identification and isolation of cases necessary to prevent further transmission. The COVID-19 pandemic and other ongoing outbreaks (e.g. Yellow Fever and measles) may also challenge the response.

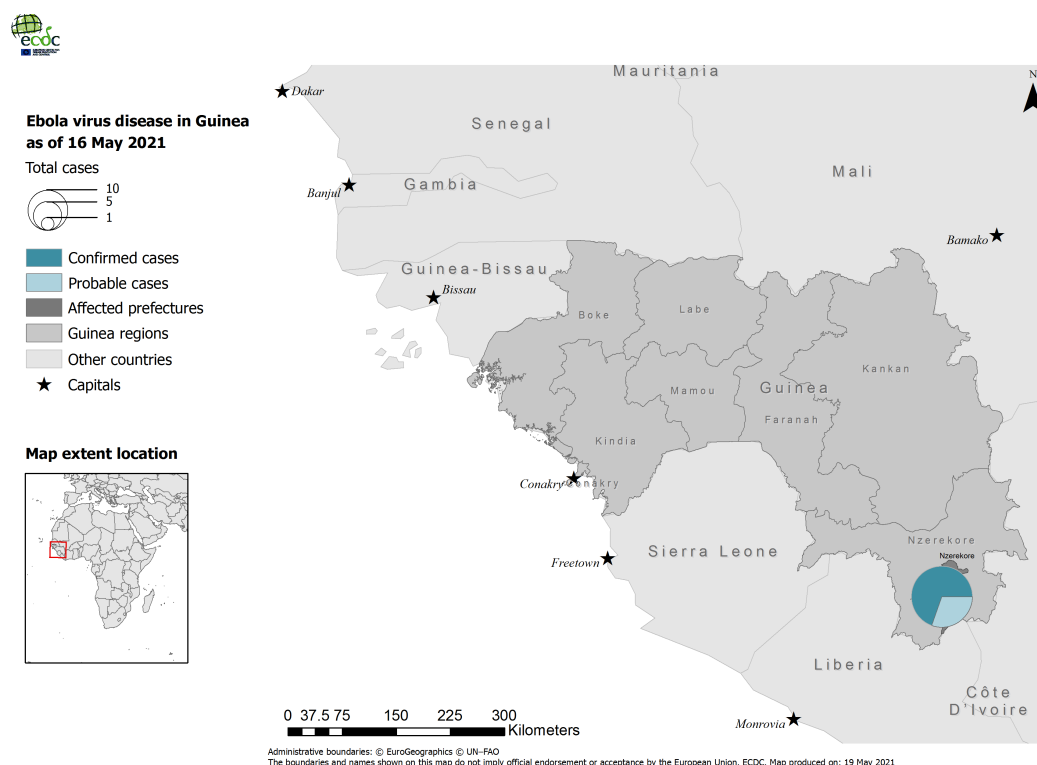
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in Guinea. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

## Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, [EVD outbreak in Guinea](#), on 22 February 2021, in which options for response measures are described.

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

Source: ECDC



## Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006

Latest update: 21 May 2021

## Epidemiological summary

### Americas

**Haiti:** No new cases have been reported since the last update. In 2020 and 2021, no confirmed cholera cases were reported in Haiti. According to a [UNICEF report](#), the last confirmed cholera cases in Haiti were reported in February 2019. In 2019, Haiti reported 684 suspected cases, including three deaths (CFR: 0.4%). Since the beginning of the outbreak in 2010, and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases, including 9 792 deaths (CFR: 1.2%).

**Dominican Republic:** No new cases have been reported since the last update. In 2021, no cholera cases were reported in the Dominican Republic.

### Africa

**Cameroon:** Since the previous CDTR update, and as of 4 April 2021, no new additional cholera cases have been reported.

**DR Congo:** In 2021, and as of 25 April, 2 682 suspected cholera cases, including 83 deaths (CFR: 3.1%), were reported from 69

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health zones across 12 provinces of the Democratic Republic of the Congo.

**Ethiopia:** Since the previous CDTR update, and as of 14 March 2021, 29 new suspected cholera cases have been reported, but no new deaths.

**Mozambique:** In 2021, as of 31 March, 3 334 cholera cases including 16 deaths have been reported in Mozambique. In 2020, the country reported 2 176 cases of cholera, including 54 deaths.

**Nigeria:** In 2021, as of 25 April, Nigeria has reported 3 648 suspected cases, including five laboratory-confirmed cases. Additionally, 124 deaths have been reported.

**Somalia:** Since the previous CDTR update, and as of 5 May 2021, 199 suspected acute watery diarrhoea (AWD) and cholera cases, including ten deaths, have been reported from health facilities in Cadale. No new cases have been reported from the outbreaks previously reported in the Banadir and Bay region.

No updates were available for the outbreak in **Togo** reported earlier this year.

### Asia

**Bangladesh:** In 2021, and as of 9 May, 50 115 acute watery diarrhoea (AWD) cases were reported in Cox's Bazar, Bangladesh. Among these cases, 26 tested positive using a cholera rapid diagnostic test or culture.

**India:** Since the previous CDTR update, as of 7 March 2021, 51 additional cholera cases were reported from the Hooghly district of West Bengal.

**Yemen:** In 2021, and as of 28 March, 14 246 suspected acute watery diarrhoea (AWD) and cholera cases have been reported, including two deaths. The outbreak has affected 14 of 23 governorates.

**Disclaimer:** Data presented in this report originate from several sources, both official public health authorities and non-official, such as the media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

## ECDC assessment

Cholera cases have continued to be reported in eastern Africa, the Horn of Africa, and the Gulf of Aden over the past few months. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

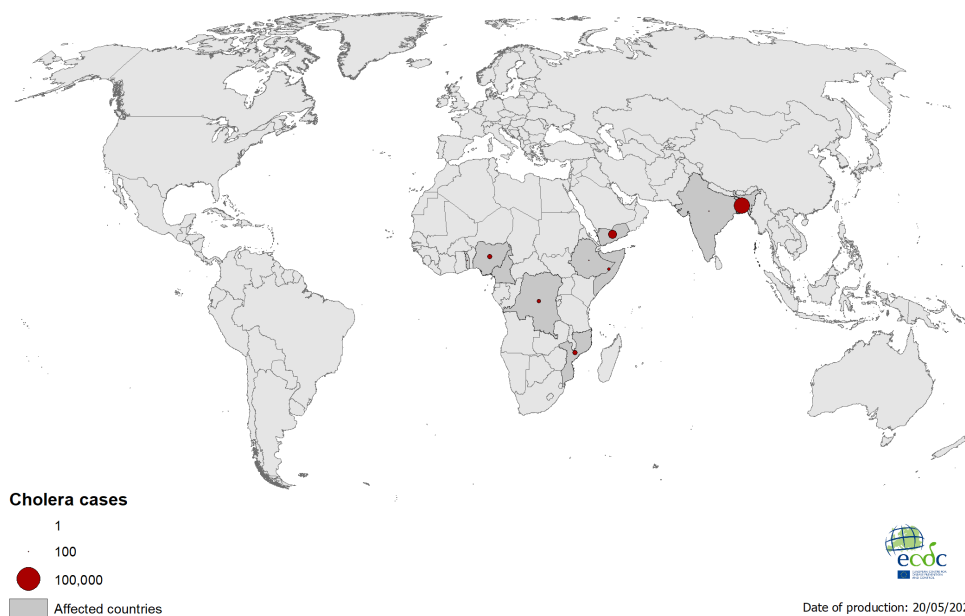
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding the consumption of raw seafood products.

## Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

## Geographical distribution of cholera cases reported worldwide in 2021

Source: ECDC



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