

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: 23 July 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 2021-27 and as of week 2021-28, 3 647 703 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 55 975 new deaths have been reported.

Since 31 December 2019 and as of week 2021-28, 191 158 708 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 098 967 deaths.

In the EU/EEA, 33 956 561 cases have been reported, including 742 847 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: 23 July 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 16 and 22 July 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. EU-neighbouring countries reported no human cases of WNV infection.

Non EU Threats

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

Opening date: 21 July 2021

Latest update: 23 July 2021

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

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

→Update of the week

From 16 July to 22 July 2021, several signals were detected during the daily screening of the Olympic Games in Tokyo 2020 (2021).

New! OXA-244-producing *Escherichia coli* ST38 - EU/EEA and the UK - 2013-2020

Opening date: 21 July 2021

Latest update: 23 July 2021

The increase in OXA-244 -producing *Escherichia coli* in the European Union/European Economic Area and the UK since 2013 is of concern as this species frequently causes community-acquired infections, producing a difficult-to-detect carbapenemase (OXA-244).

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Opening date: 15 June 2005

Latest update: 23 July 2021

Highly pathogenic avian influenza viruses A(H5) of Asian origin are extremely infectious for several bird species, including poultry. So far, human infections have occurred only sporadically. Influenza A(H5N1) virus infections have been reported outside of the EU/EEA and the UK, whereas influenza A(H5N6) virus infections have been reported in China. Other avian influenza subtypes, including H7N7 and H9N2, have also infected people sporadically with a clinical course that, in the majority of cases, was mild or even sub-clinical. However, there have been severe cases resulting in deaths. ECDC's Influenza Programme and Epidemic Intelligence Unit are following the development of these viruses and monitoring infections in humans.

→Update of the week

On 20 July 2021, the All India Institute of Medical sciences (AIIMS) reported one case of avian influenza A(H5) in an eleven-year-old male from Gurugram, Haryana, India - (45 km from New Delhi). The boy had been admitted to hospital on 2 July with a high fever and a cough that progressed to acute respiratory distress syndrome (ARDS) and resulted in death on 20 July 2021. According to the same report, the child was being treated for acute myeloid leukaemia (AML).

According to a [press release](#) published on 21 July 2021 from the Ministry of Health and Family Welfare in India, the exposure history of the case remains unknown. However, epidemiological investigation by NCDC, involving the Animal Husbandry Department and the State Government Surveillance Unit, is underway and appropriate public health measures have been implemented. The public health measures include contact tracing with active search of symptomatic cases in the hospital and the surrounding area. Additionally, information, education and communication (IEC) activities have been initiated for the general public. Finally, the Animal Husbandry Department has not found any suspected cases of bird flu in the area and has enhanced surveillance in a 10 km zone as a precautionary measure.

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

Opening date: 20 April 2006

Latest update: 23 July 2021

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

→Update of the week

Since the last update on 18 June 2021, new cholera cases have been reported worldwide. The two countries reporting the majority of new cases since the previous update are Bangladesh and Nigeria. A list of all countries reporting new cases since our previous update on 18 June 2021 can be found below.

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

Opening date: 17 January 2018

Latest update: 23 July 2021

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

→Update of the week

On 14 July 2021, the Chinese authorities reported a new case of human infection with avian influenza A(H5N6) in Sichuan Province, China. The case is in a critical condition.

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

Opening date: 2 July 2021

Latest update: 23 July 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 22 July 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally medium-to- high in the EU/EEA countries, except in the Gulf of Bothnia (Sweden, Finland), Zealand and Bornholm (Denmark) and Mecklenburg-Western Pomerania and Schleswig-Holstein (Germany), where it was very-low-to-low. In addition, in Stockholm and Södermännland counties (Sweden), Helsinki (Finland), Saare and Pärnu counties (Estonia), Szczecinski and Elblaski (Poland) the suitability was very high.

For the next five days overall, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be generally medium-to-high, except in the Gulf of Bothnia (Swedish coast) where the risk is considered to be very-low -to-low. In addition, in Öland, Stockholm and Södermännland counties (Sweden), the Gulf of Riga (Estonia, Latvia), Szczecinski and Elblaski (Poland) and Mecklenburg-Western Pomerania (Germany) the risk is considered to be very high.

Outside the EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very high in Kaliningrad and Saint Petersburg (Russia), and will continue to be considered very high for the next five days.

In 2021 and as of 22 July, [Sweden](#) has reported 13 cases of vibriosis.

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.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 23 July 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-28, 191 158 708 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 098 967 deaths.

Cases have been reported from:

Africa: 6 244 285 cases; the five countries reporting most cases are South Africa (2 295 095), Morocco (557 632), Tunisia (548 753), Egypt (283 703) and Ethiopia (277 696).

Asia: 52 579 160 cases; the five countries reporting most cases are India (31 144 229), Iran (3 523 263), Indonesia (2 877 476), Philippines (1 507 755) and Iraq (1 491 712).

America: 75 276 121 cases; the five countries reporting most cases are United States (34 112 247), Brazil (19 376 574), Argentina (4 769 142), Colombia (4 655 921) and Mexico (2 664 444).

Europe: 56 960 030 cases; the five countries reporting most cases are Russia (5 982 766), France (5 867 730), Turkey (5 529 719), United Kingdom (5 433 939) and Italy (4 287 458).

Oceania: 98 407 cases; the five countries reporting most cases are Australia (31 898), French Polynesia (19 085), Fiji (18 228), Papua New Guinea (17 464) and Guam (8 478).

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

Deaths have been reported from:

Africa: 157 853 deaths; the five countries reporting most deaths are South Africa (66 859), Tunisia (17 644), Egypt (16 446), Morocco (9 450) and Ethiopia (4 357).

Asia: 780 652 deaths; the five countries reporting most deaths are India (414 108), Iran (87 161), Indonesia (73 582), Philippines (26 714) and Pakistan (22 811).

America: 1 970 893 deaths; the five countries reporting most deaths are United States (609 153), Brazil (542 214), Mexico (236 469), Peru (195 243) and Colombia (116 753).

Europe: 1 188 027 deaths; the five countries reporting most deaths are Russia (149 138), United Kingdom (128 708), Italy (127 867), France (111 501) and Germany (91 363).

Oceania: 1 536 deaths; the five countries reporting most deaths are Australia (914), Papua New Guinea (187), French Polynesia (144), Guam (143) and Fiji (113).

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

EU/EEA:

As of week 2021-28, 33 956 561 cases have been reported in the EU/EEA: France (5 867 730), Italy (4 287 458), Spain (4 161 850), Germany (3 745 227), Poland (2 881 491), Netherlands (1 805 148), Czechia (1 671 145), Belgium (1 107 622), Sweden (1 094 624), Romania (1 081 678), Portugal (932 540), Hungary (808 864), Slovakia (779 419), Austria (649 359), Greece (457 312), Bulgaria (422 965), Croatia (361 613), Denmark (306 944), Ireland (284 480), Lithuania (279 914), Slovenia (258 286), Latvia (138 159), Norway (134 337), Estonia (131 882), Finland (100 156), Cyprus (91 196), Luxembourg (72 759), Malta (32 616), Iceland (6 718) and Liechtenstein (3 069).

As of week 2021-28, 742 847 deaths have been reported in the EU/EEA: Italy (127 867), France (111 501), Germany (91 363), Spain (81 119), Poland (75 215), Romania (34 254), Czechia (30 338), Hungary (30 017), Belgium (25 213), Bulgaria (18 174), Netherlands (17 756), Portugal (17 215), Sweden (14 650), Greece (12 850), Slovakia (12 527), Austria (10 521), Croatia (8 240), Ireland (5 018), Slovenia (4 760), Lithuania (4 404), Latvia (2 543), Denmark (2 542), Estonia (1 271), Finland (979), Luxembourg (820), Norway (796), Malta (420), Cyprus (385), Liechtenstein (59) and Iceland (30).

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

In week 2021-28, overall, the reported weekly cases increased by 71.2 % compared to previous week. Eight of the 29 EU/EEA countries (Latvia, Iceland, Bulgaria, Sweden, Liechtenstein, Poland, Norway and Romania) reported a decrease in weekly cases. The highest weekly increase was observed in Malta, the Netherlands, Slovenia, Greece, and Luxembourg. The countries with the highest 14-day notification rate were: Cyprus, Spain, Portugal, Netherlands and Luxembourg.

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 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, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

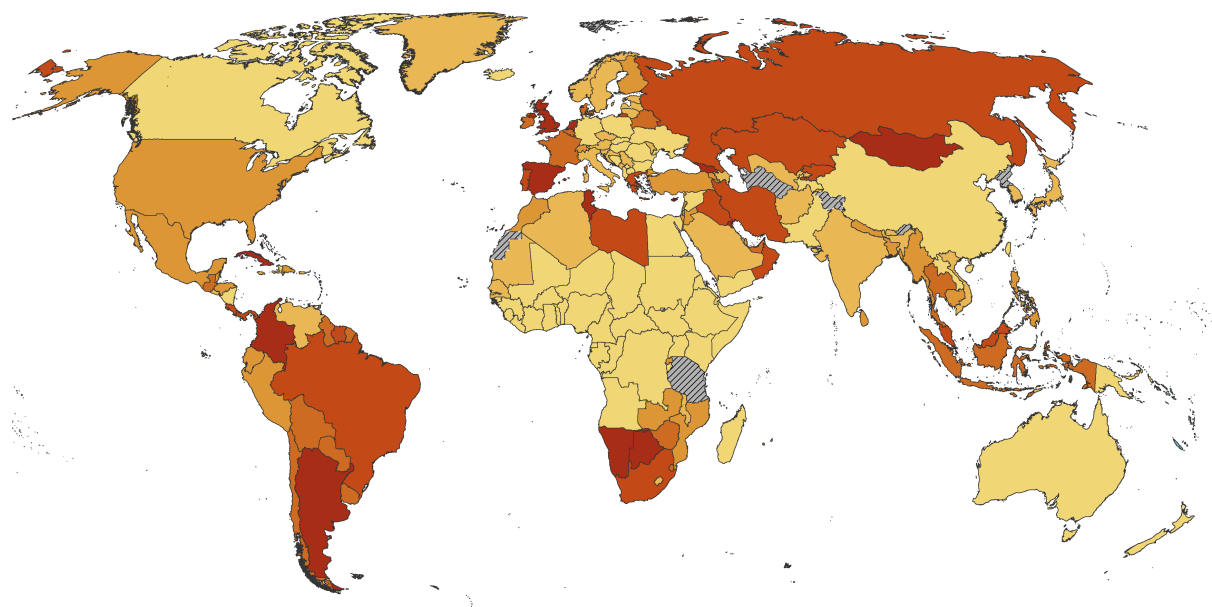
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

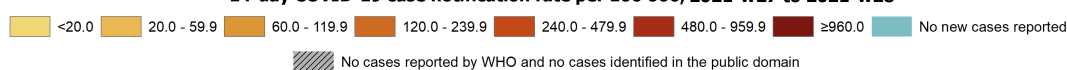
Actions: ECDC published the 15th update of its [rapid risk assessment](#) on 10 June 2021 and a [Threat Assessment Brief](#) on the implications of the circulation of SARS-CoV-2 Delta on 23 June 2021. A [dashboard](#) with the latest updates is available on ECDC's [website](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w27 to 2021-w28

Source: ECDC



14-day COVID-19 case notification rate per 100 000, 2021-w27 to 2021-w28



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: 21/07/2021

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

Opening date: 4 June 2021

Latest update: 23 July 2021

Epidemiological summary

Between 16 and 22 July 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. EU-neighbouring countries reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season and as of 22 July 2021, EU/EEA countries have reported one human case of WNV infection in Italy and no deaths. EU-neighbouring countries have reported no human cases of WNV infection.

During the current transmission season a single human case of WNV infection has been reported by those countries that provide information. The case was reported by La Spezia in Italy, and it was the first time that this province has reported a human case.

Since the beginning of the 2021 transmission season, one outbreak among equids and no outbreaks among birds have been

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reported by EU/EEA countries. The outbreak among equids was reported by Spain.

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment

So far, one human case of WNV infection has been reported (week 27) from an EU Member State during the 2021 transmission season, which is consistent with observations of seasonal transmission in previous years. In the previous five years, the first human WNV infections were reported to ECDC between weeks 23 and 28.

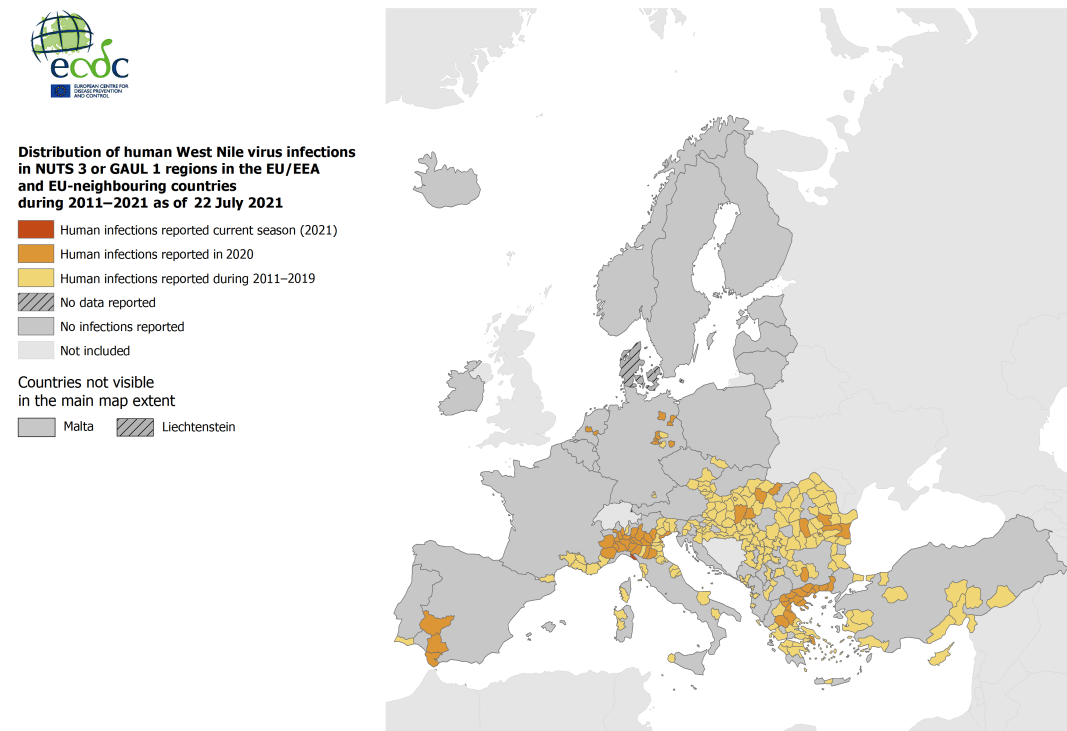
In accordance with [Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

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 22 July

ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turistat.
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 23 July 2021

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 22 July

ECDC and ADIS



Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and EU-neighbouring countries during the 2021 season as of 22 July 2021

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics © UN-FAO © Turstat.
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 23 July 2021

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

Opening date: 21 July 2021

Latest update: 23 July 2021

Epidemiological summary

From 16 July to 22 July 2021, several signals were detected during the daily screening of the Olympic Games in Tokyo 2020 (2021).

The list below refers to signals detected, with potential risks to the participating athletes and citizens from the EU/EEA at the Olympic Games in Tokyo 2020 (2021):

COVID-19 related news

Summary

As of 22 July 2021, 91 SARS-CoV-2 positive cases have been detected among the Tokyo Olympic 2020 (2021) participants according to the [Tokyo 2020 Organising Committee](#). These cases were reported among Tokyo 2020 contractors (48), Games-related personnel (22), athletes (8), media staff (5), Tokyo 2020 employees (3) and volunteers (1). [Other](#) municipal governments and the national government have also reported: athletes (2), Games-related personnel (2).

According to [multiple media sources](#), some of the positive cases reported among athletes were in citizens of the [Netherlands](#) (2), [Czech Republic](#) (3), [South Africa](#) (2), [United States of America](#) (1) and [Chile](#) (1).

A [State of Emergency](#) has been declared in Tokyo for the period 12 July to 22 August 2021, following on from the previously declared State of Emergency for Okinawa Prefecture running until the same date. Local and foreign spectators are not expected to attend the events at Tokyo Olympic venues, or the surrounding areas. Other Japanese prefectures such as Saitama, Chiba, Kanagawa and Osaka are under [priority measures](#) which include limited opening hours for restaurants (8 pm), prohibition on group drinking, teleworking etc. These measures can be modified, based on the local COVID situation.

[Media](#) quoting the Tokyo Olympics Committee mentioned that the Olympic Games in Tokyo 2020 (2021) could be cancelled due to

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the recent increase in SARS-CoV-2 cases in Japan. In addition, the [media](#) has reported that former Japanese Prime Minister Shinzo Abe will not attend Olympics opening ceremony.

Recent [news](#), quoting the Prime Minister of the Republic of Guinea, stated that the Guinean Olympic team intends to drop out of the Olympic Games in Tokyo 2020 (2021).

Other events

No other events detected during the daily screening.

ECDC assessment

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

COVID-19-related country profiles 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 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).

Actions

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

New! OXA-244-producing *Escherichia coli* ST38 - EU/EEA and the UK - 2013-2020

Opening date: 21 July 2021

Latest update: 23 July 2021

Epidemiological summary

Following the report of an outbreak of OXA-244-producing *E. coli* ST38 in three hospitals in Vestland, Norway in 2020, ECDC asked National Reference Laboratories participating in the European Antimicrobial Resistance Genes Surveillance Network (EURGen-Net) for additional whole genome sequencing (WGS) data, collected since the publication of the previous ECDC rapid risk assessment (18 February 2020). The analysis included WGS data that were directly submitted to ECDC from Austria, Denmark, Finland, France, Germany, Ireland, Luxembourg, the Netherlands, Norway, Poland, Portugal, Sweden as well as the UK (until 11/2019), completed with data from the public domain.

A phylogenetic tree was constructed including data on 458 isolates of *E. coli* ST38, of which 370 carried blaOXA-244. Several clusters were identified, including one large cluster with 210 closely-related OXA-244-producing *E. coli* ST38 isolates from 11 EU/EEA countries and the UK (cluster A). This cluster had 20 cgMLST allelic differences from root to tip of the cluster subtree and isolates in this cluster generally carried both the blaOXA-244 and bla CTX-M-27 genes. Cluster A was first detected in 2016 and the number of corresponding cases continued to increase over time. Cases related to cluster A had a median age of 51 years, a high proportion of women (75%), and the isolates were frequently isolated from urine samples (51%).

Source: EPIS AMR-HAI

ECDC assessment

The observed increase in the number of cases of *E. coli*, a species that frequently causes community-acquired infections, producing a difficult-to-detect carbapenemase (OXA-244), is of concern. The risk of further spread of OXA-244-producing *E. coli* in the EU/EEA is high, given the rapid and simultaneous increase in various countries. In addition, difficulties with laboratory detection and lack of identification of the route of introduction into the EU/EEA are hampering the initiation of targeted control

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measures.

Actions

ECDC has published an updated version of its [rapid risk assessment](#) on 20 July 2021.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Opening date: 15 June 2005

Latest update: 23 July 2021

Epidemiological summary

From January 2003 and as of 21 July 2021, there have been 863 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection world-wide, including 456 deaths (Case Fatality Rate: 52.8%), from 18 countries. Most of the cases have been reported from Egypt, Indonesia and Vietnam. The latest case was reported in November 2020 in Laos.

Sources: [ECDC Avian influenza](#) | [ECDC Avian influenza overview: Latest situation update of the avian influenza in EU/EEA](#) | [OIE](#) | [EFSA](#) | [WHO](#)

ECDC assessment

Human cases related to the avian influenza A(H5N1) virus could occur in regions where A(H5N1) is endemic in the poultry population (Asia, Africa and the Middle East). Current epidemiological and virological evidence suggests that A(H5N1) viruses have not acquired the ability to transmit from human to human, so the likelihood of sustained human-to-human transmission is low. No human cases due to A(H5N1) have been reported in Europe.

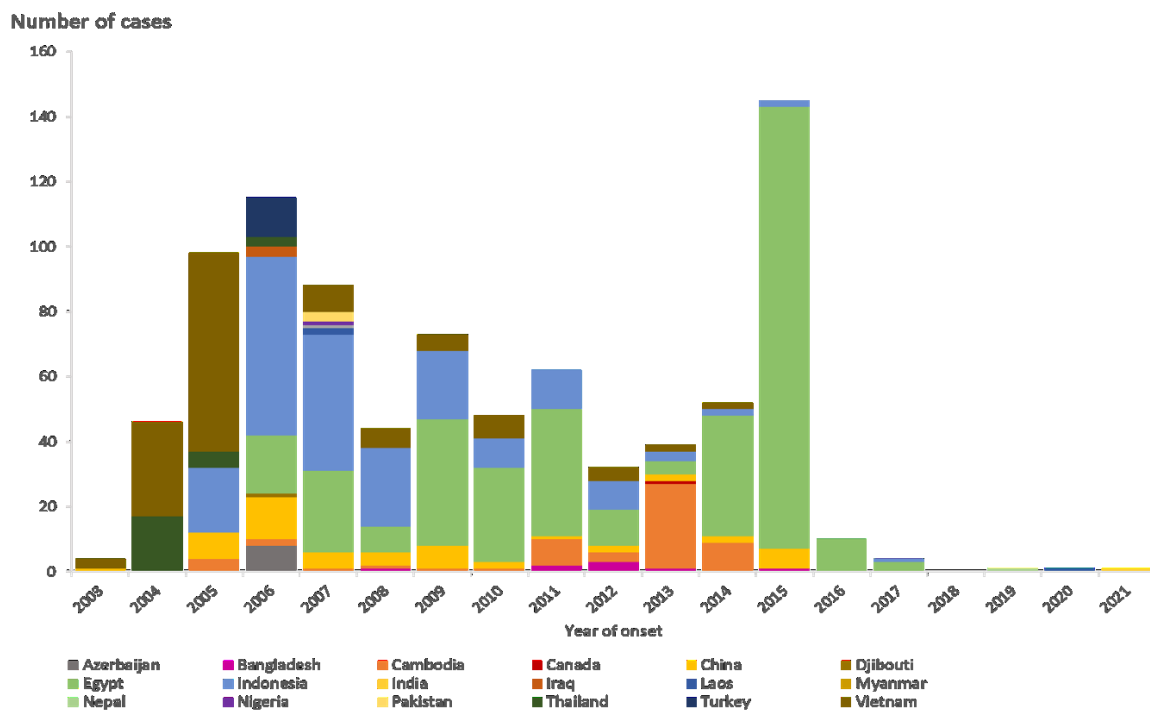
The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. Direct contact with infected birds or a contaminated environment is the most likely source of infection and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk.

Actions

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities, and in collaboration with EFSA and the EU reference laboratory, in order to identify significant changes in the virological characteristics and epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report [of the avian influenza situation](#). The most [recent report](#) was published on 31 May 2021.

Distribution of confirmed human cases of A(H5N1) by year and reporting country from 2003 to 21 July 2021

ECDC



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

Opening date: 20 April 2006

Latest update: 23 July 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

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DR Congo: In 2021, and as of 27 June, 3 516 suspected cholera cases, including 93 deaths (CFR: 2.60%), have been reported from 76 health zones across 14 provinces of the Democratic Republic of the Congo.

Ethiopia: No new cases have been reported since the previous CDTR. In 2021, as of 2 May the country reported a total of 1 758 cases and 15 deaths (CFR 0.9%).

Mozambique: Since the previous CDTR no new cases have been reported. Since the beginning of the outbreak on 20 February 2020 and as of 27 June 2021, a total of 5 681 cases of cholera, including 35 deaths, have been reported.

Nigeria: In 2021 and as of and as of 27 June, Nigeria has reported 14 343 suspected cholera cases, including 325 associated deaths (CFR 2.7%).

Somalia: Since the previous CDTR update, and as of 6 June, a total of 2 761 suspected cholera cases have been reported, including 24 associated deaths (CFR: 0.9%). All cases have been reported from Banadir, Bay and lower Shabelle regions.

No updates were available for the outbreaks in **Togo** and **Cameroon** reported earlier this year.

Asia

Bangladesh: In 2021, and as of 11 July, 77 122 acute watery diarrhoea (AWD) cases were reported in Cox's Bazar, Bangladesh. Among these cases, 94 tested positive by means of a cholera rapid diagnostic test or culture. This represents an increase of 16 705 acute watery diarrhoea (AWD) cases and 52 cholera cases confirmed using a cholera rapid diagnostic test or culture since the last CDTR report.

India: Since the previous CDTR update and according to [media](#), more than 400 cholera cases have been reported in Panchkula, Haryana State. In addition, [media](#) have reported 50 acute watery diarrhoea (AWD) cases in Kheda district, Gujarat State.

Yemen: Since the previous CDTR update, no cases have been reported. In 2021, and as of 6 June, 15 863 suspected cholera cases have been reported, including two deaths.

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 from May to July 2021

ECDC



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

Opening date: 17 January 2018

Latest update: 23 July 2021

Epidemiological summary

On 14 July 2021, the Chinese authorities reported a new case of human infection with avian influenza A(H5N6) in Bazhong City in Sichuan Province, China. The case is a 55-year-old man. He developed symptoms on 30 June 2021 and was admitted to hospital on 4 July 2021. The patient is in a critical condition. He was exposed to domestic poultry. No further cases have been detected among contacts of the case.

Summary: Since 2014 and as of 14 July 2021, overall 34 cases, including 17 deaths, of human influenza A(H5N6) virus infection have been reported from China (33) and Laos (1). One additional case in China with year of onset 2015 has been reported in the literature.

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

ECDC assessment

Sporadic human cases of influenza A(H5N6) virus infection have been observed previously. No human-to-human transmission has been reported and further investigations on exposure as well as on the virus characteristics are needed to understand the circumstances of the transmission to humans.

As sporadic zoonotic transmission cannot be excluded, the use of personal protective measures for people directly exposed to poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

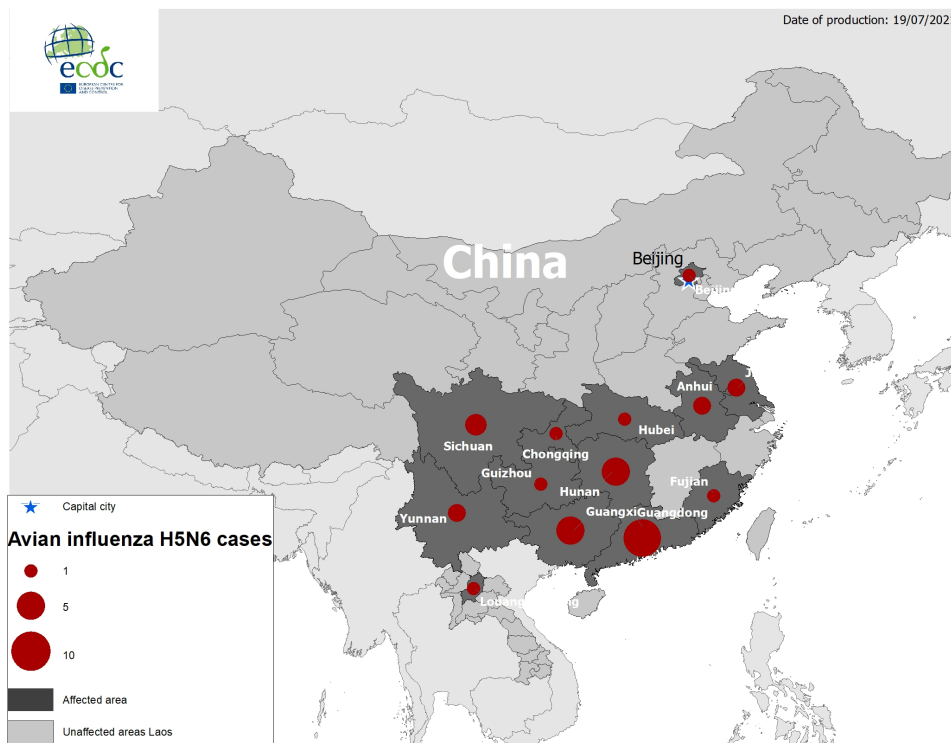
Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities, and in collaboration with EFSA and the EU reference laboratory, in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated [report of the avian influenza situation](#). The most [recent report](#) was published on 31 May 2021.

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

Source: ECDC



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

Opening date: 2 July 2021

Latest update: 23 July 2021

Epidemiological summary

As of 22 July 2021, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally medium-to-high in the EU/EEA countries, except in the Gulf of Bothnia (Sweden, Finland), Zealand and Bornholm (Denmark) and Mecklenburg-Western Pomerania and Schleswig-Holstein (Germany), where it was very-low-to-low. In addition, in Stockholm and Södermännland counties (Sweden), Helsinki (Finland), Saare and Pärnu counties (Estonia), Szczecinski and Elblaski (Poland) the suitability was very high.

For the next five days overall, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be generally medium-to-high, except in the Gulf of Bothnia (Swedish coast) where the risk is considered to be very-low-to-low. In addition, in Öland, Stockholm and Södermännland counties (Sweden), the Gulf of Riga (Estonia, Latvia), Szczecinski and Elblaski (Poland) and Mecklenburg-Western Pomerania (Germany) the risk is considered to be very high.

Outside the EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very high in Kaliningrad and Saint Petersburg (Russia), and will continue to be considered very high for the next five days.

According to [Finnish authorities](#), three *Vibrio cholerae* infections and one *Vibrio vulnificus* infection have been detected in Finland in 2021.

In 2021 and as of 22 July, [Sweden](#) has reported 13 cases of vibriosis.

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](#)

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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).

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-toxicogenic *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 natural bodies of 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.

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