

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 - 2022

Opening date: 7 January 2020

Latest update: 25 February 2022

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, eighth, ninth and tenth 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, 15 April 2021, 14 July 2021, 22 October 2021 and 13 January 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→ Update of the week

Since week 6 2022 and as of week 7 2022, 12 608 744 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 69 853 new deaths have been reported.

Since 31 December 2019 and as of week 7 2022, 424 971 978 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 898 291 deaths.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

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

Since the last update on 17 February 2022 and as of 24 February 2022, no changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring and de-escalated variants.

For the latest information about variants, please see [ECDC's webpage on variants](#).

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 25 February 2022

The current circulation of influenza viruses across the WHO European Region is slightly higher than in the season 2020/21, but substantially lower than in the influenza seasons before the COVID-19 pandemic.

→Update of the week

Week 7 2022:

Armenia, Hungary, Ireland, Kazakhstan, Republic of Moldova and Slovakia reported widespread influenza activity and/or medium influenza intensity.

Of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms, 9% tested positive for an influenza virus.

Seven countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Hungary (42%), France (32%), Luxembourg (27%), Slovenia (20%), United Kingdom (Scotland) (13%), Switzerland (12%) and Italy (12%).

Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.

Hospitalised cases with confirmed influenza virus infection were reported from intensive care units (six type A virus (not subtyped)), other wards (10 type A viruses (not subtyped) and one subtype A(H3)) and SARI surveillance (two type A viruses (not subtyped) and three subtype A(H3)).

Non EU Threats

Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022

Latest update: 25 February 2022

The Winter Olympic Games took place from 4 to 20 February 2022 in Beijing, China. Indoor and outdoor venues were used, including the Beijing National Stadium (which hosted the opening and closing ceremonies).

→Update of the week

From [22 to 24 February 2022](#), three Olympic-related COVID-19 cases were reported after screening for SARS-CoV-2. All cases were detected at Beijing International Airport. Overall, since 23 January 2022 and as of 24 February 2022, there have been 440 Olympic-related COVID-19 cases, of which 187 were among athletes and team officials and 253 among other stakeholders.

Daily COVID-19 updates can be found on the official [Beijing 2022 Winter Olympics website](#).

From 18 to 24 February 2022, no other events of public health significance were detected in the context of the Beijing 2022 Winter Olympic Games.

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 25 February 2022

Avian influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

→Update of the week

As of 24 February 2022, and since the previous monthly report on 25 January 2021, six new cases of human infection with avian influenza A(H9N2) were reported from China, according to WHO.

Human cases with swine influenza A(H1N1) variant virus – Multi-country – 2021

Opening date: 11 June 2021

Latest update: 25 February 2022

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.

→Update of the week

Since the previous monthly update for avian and swine influenza virus infections in humans in January 2022, one confirmed human case swine-origin influenza A(H1N1) virus variant (A(H1N1)v) infection was reported in Denmark. This case was reported in the [CDTR](#) published on 4 February 2022.

Human cases with swine influenza A(H1N2) variant virus – Multi-country – 2021

Opening date: 1 June 2021

Latest update: 25 February 2022

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats. Sporadic cases of swine origin influenza A(H1N2) virus variant infections in humans have been reported from EU countries, Canada, and the United States (US).

→Update of the week

As of 24 February 2022, one new case of swine influenza A(H1N2) virus variant (A(H1N2)v) was reported in California, US. The case was an adult with reported exposure to pigs.

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

Opening date: 17 January 2018

Latest update: 25 February 2022

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. Highly pathogenic avian influenza viruses A(H5) of Asian origin are extremely infectious for several bird species, including poultry. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China. To date, only sporadic human cases of avian influenza A(H5N6) virus infection have been reported, mainly from China.

→Update of the week

As of 24 February 2022, and since the previous monthly report at the Round Table on 25 January 2022, eight new human cases (including one death) of avian influenza A(H5N6) were reported from China.

II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020

Latest update: 25 February 2022

Epidemiological summary

Since 31 December 2019 and as of week 7 2022, 424 971 978 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 898 291 deaths.

Cases have been reported from:

Africa: 11 175 223 cases; the five countries reporting most cases are South Africa (3 658 547), Morocco (1 158 967), Tunisia (988 329), Libya (486 752) and Egypt (469 457).

Asia: 96 320 034 cases; the five countries reporting most cases are India (42 838 524), Iran (6 942 452), Indonesia (5 197 505), Japan (4 473 725) and Philippines (3 653 526).

America: 146 147 833 cases; the five countries reporting most cases are United States (78 529 492), Brazil (28 245 551), Argentina (8 838 569), Colombia (6 049 952) and Mexico (5 413 425).

Europe: 168 316 411 cases; the five countries reporting most cases are France (22 286 826), United Kingdom (18 605 752), Russia (15 522 756), Germany (13 675 037) and Turkey (13 503 594).

Oceania: 3 011 772 cases; the five countries reporting most cases are Australia (2 705 869), Fiji (63 650), French Polynesia (60 716), New Caledonia (45 326) and Guam (42 818).

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

Deaths have been reported from:

Africa: 246 947 deaths; the five countries reporting most deaths are South Africa (98 667), Tunisia (27 512), Egypt (23 752), Morocco (15 894) and Ethiopia (7 438).

Asia: 1 219 208 deaths; the five countries reporting most deaths are India (512 109), Indonesia (146 365), Iran (135 040), Philippines (55 763) and Vietnam (39 605).

America: 2 612 266 deaths; the five countries reporting most deaths are United States (935 991), Brazil (644 604), Mexico (315 688), Peru (209 641) and Colombia (138 205).

Europe: 1 812 064 deaths; the five countries reporting most deaths are Russia (346 235), United Kingdom (160 581), Italy (152 989), France (136 708) and Germany (121 586).

Oceania: 7 800 deaths; the five countries reporting most deaths are Australia (4 929), Fiji (826), French Polynesia (637), Papua New Guinea (628) and Guam (317).

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

EU/EEA:

As of week 7 2022, 105 721 469 cases have been reported in the EU/EEA: France (22 286 826), Germany (13 675 037), Italy (12 286 911), Spain (10 849 603), Netherlands (6 082 495), Poland (5 569 635), Czechia (3 508 056), Belgium (3 505 697), Portugal (3 193 088), Romania (2 614 049), Denmark (2 490 597), Austria (2 457 984), Sweden (2 429 206), Greece (2 306 555), Slovakia (1 787 047), Hungary (1 759 766), Ireland (1 273 304), Lithuania (1 180 986), Norway (1 144 999), Bulgaria (1 066 413), Croatia (1 041 205), Slovenia (880 073), Finland (618 835), Latvia (585 942), Estonia (447 686), Cyprus (305 914), Luxembourg (185 302), Iceland (109 117), Malta (67 954) and Liechtenstein (11 187).

As of week 7 2022, 995 716 deaths have been reported in the EU/EEA: Italy (152 989), France (136 708), Germany (121 586), Poland (110 189), Spain (98 051), Romania (59 750), Hungary (42 160), Czechia (38 307), Bulgaria (34 998), Belgium (29 555), Greece (25 390), Netherlands (21 504), Portugal (20 863), Slovakia (18 252), Sweden (16 800), Croatia (14 815), Austria (14 052), Lithuania (8 756), Ireland (6 417), Slovenia (6 203), Latvia (5 558), Denmark (3 821), Finland (2 956), Estonia (2 061), Norway (1 548), Luxembourg (1 014), Cyprus (930), Malta (349), Liechtenstein (75) and Iceland (59).

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

In week 7 2022, in the EU/EEA overall, the reported weekly cases decreased by 32.8% compared to the previous week. Weekly increases in descending order were observed in Iceland and Estonia. The countries with the highest 14-day notification rates per 100 000 population are: Denmark (9 875), Iceland (8 557), Lithuania (7 250) and the Netherlands (6 922). Overall, 28 of the 30 EU/EEA countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden) reported a decrease in weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score for the absolute value and trend of

five weekly COVID-19 epidemiological indicators. For week 7, five countries (Denmark, Estonia, Iceland, Latvia and Slovakia) were categorised as of very high concern, 16 countries (Belgium, Bulgaria, Croatia, Cyprus, Czechia, Finland, France, Hungary, Ireland, Liechtenstein, Lithuania, the Netherlands, Norway, Poland, Romania and Slovenia) as of high concern and nine countries (Austria, Germany, Greece, Italy, Luxembourg, Malta, Portugal, Spain and Sweden) as of moderate concern. Compared with the previous week, seven countries (Austria, Germany, Greece, Ireland, Lithuania, Luxembourg and Norway) moved to a lower category and 23 countries stayed in the same category.

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

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](#), [eighth](#), [ninth](#) and [tenth](#) 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, 15 April 2021, 4 July 2021, 22 October 2021 and 13 January 2022, 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 web page](#).

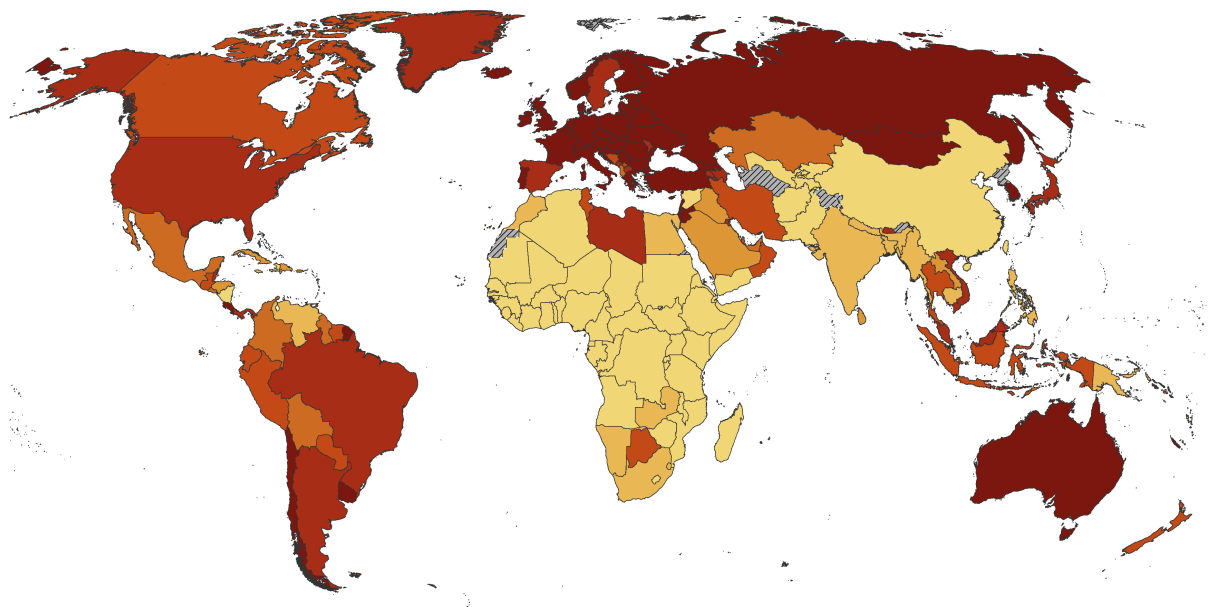
Actions

On 27 January 2022, ECDC published its Rapid Risk Assessment 'Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update'.

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's web page on variants](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w06 to 2022-w07

Source: ECDC.



14-day COVID-19 case notification rate per 100 000, 2022-w06 to 2022-w07



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Date of production: 23/02/2022

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 25 February 2022

Epidemiological summary

2021/22 season overview:

In Europe, influenza activity started to increase in week 49 2021, with a general dominance of A(H3) viruses, although some countries reported cocirculation of both A(H3) and A(H1)pdm09 viruses (e.g. France).

Source: [Flu News Europe](#)

ECDC assessment

The circulation of influenza viruses across the WHO European Region is slightly higher than in the 2020/21 season, but substantially lower than in the influenza seasons before the COVID-19 pandemic.

Vaccination remains the best protective measure for the prevention of influenza. With dominant A(H3) circulation, clinicians

6/12

should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance in order to prevent severe outcomes.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the [Flu News Europe](#) website.

Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022

Latest update: 25 February 2022

Epidemiological summary

COVID-19-related information:

As of [24 February 2022](#), there were 203 863 confirmed COVID-19 cases and 5 873 COVID-19-related deaths in China. Full vaccination uptake in China is close to [90%](#).

Other diseases:

According to the [Chinese Weekly Influenza Surveillance Report](#), influenza activity in China in week 6 2022 increased slightly in southern provinces and decreased in northern provinces. One B/Victoria virus outbreak was reported in week 6. A total of 2 001 positive specimens were detected among the 9 264 (21.6%) tested in outpatient or emergency visits for influenza-like illness.

ECDC assessment

The Winter Olympics generally attract a smaller audience and fewer athletes than the Summer Olympics. Spectators at the 2022 Winter Olympics were further limited due to the spread of the Omicron variant and China's strategy to control and prevent COVID-19. Significant public health measures were put in place for the Beijing Olympic Games, but – given the high transmissibility of the Omicron variant and the context of a mass gathering event – there was an increased risk of SARS-CoV-2 transmission.

For the latest COVID-19 risk assessment, please visit [ECDC's dedicated webpage](#).

The risk of infection from other communicable diseases in China during the Winter Olympic Games 2022 was considered low if preventive measures were applied. These measures include being fully vaccinated according to the national immunisation schedule; following hand and food hygiene, as well as respiratory etiquette; refraining from social activities if any symptoms occur; and seeking prompt testing and medical advice when needed.

Actions

ECDC was monitoring this event through its epidemic intelligence activities daily until 25 February 2022 and weekly reports were included in the Communicable Disease Threats Report. This will be the last update on the Beijing Winter Olympic Games 2022.

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 25 February 2022

Epidemiological summary

As of 24 February 2022, and since the previous monthly report on 25 January 2021, six new cases of human infection with avian influenza A(H9N2) were reported from China, according to WHO.

Summary: As of 24 February 2022 and since 1998, a total of 107 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (95), Egypt (4), Bangladesh (3), Cambodia (1), Oman (1), Pakistan (1),

India (1), and Senegal (1). Among these 107 cases, two deaths have been confirmed so far. Most of the cases were children with mild disease.

Source: [WHO](#)

ECDC assessment

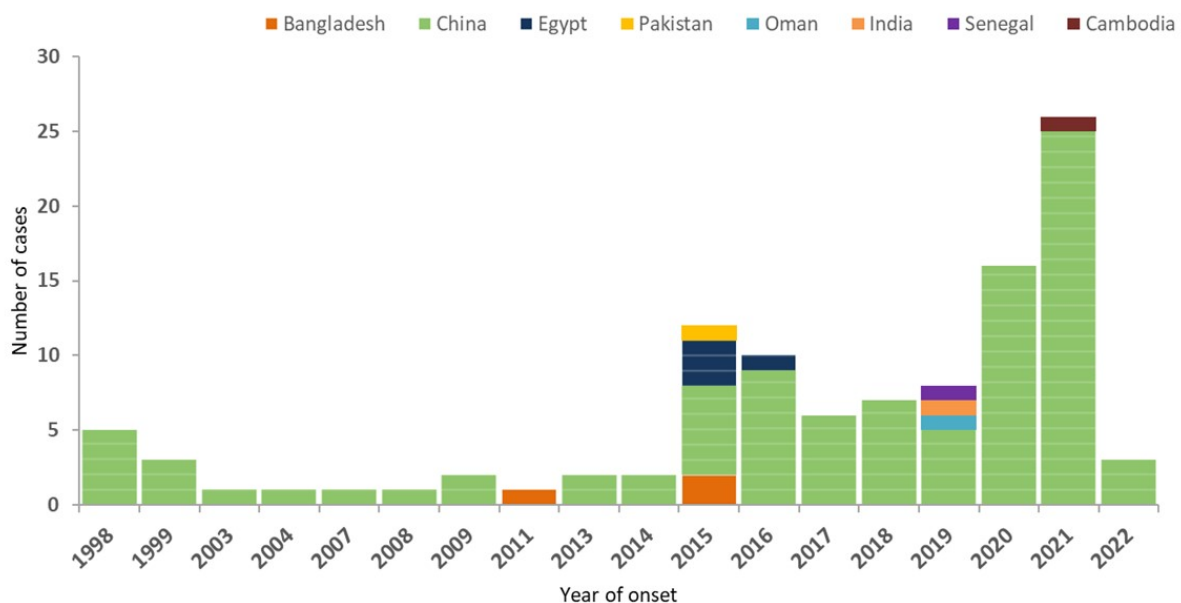
Sporadic human cases of avian influenza A(H9N2) have been observed, but no cases of human-to-human transmission have been documented. The use of personal protective measures for people directly exposed to poultry and birds potentially infected with avian influenza viruses will minimise the risk of infection. 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 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 on the [avian influenza situation](#). The most recent report was published in December 2021.

Distribution of confirmed human cases of avian influenza A(H9N2) virus infection by year of onset and country, 1998-2022

Source: ECDC



Human cases with swine influenza A(H1N1) variant virus – Multi-country – 2021

Opening date: 11 June 2021

Latest update: 25 February 2022

Epidemiological summary

Since the previous monthly update for avian and swine influenza virus infections in humans in January 2022, one confirmed human case with swine-origin influenza A(H1N1) virus variant (A(H1N1)v) infection was reported in Denmark. This case was reported in the CDTR published on 4 February 2022.

On 29 January 2022, Denmark's Statens Serum Institute (SSI) published information on a human case of swine influenza virus infection. According to SSI, the patient was admitted to hospital with acute illness in late November 2021 and tested positive for

8/12

influenza virus previously detected in pigs. The likely place of infection was a pig slaughterhouse where the patient worked. The investigation did not reveal any additional cases, and according to SSI there is no risk for human-to-human transmission. No further cases were reported as of 24 February 2022.

Summary: in 2021 and as of 24 February 2022, there were 24 human cases (including the recent case in Denmark) of swine influenza A(H1N1) virus variant reported in Canada, China, Denmark, Germany and the US.

Sources: [WHO Influenza at the human-animal interface Summary and assessment, from 9 August to 1 October 2021](#) | the [US CDC](#) | [Statens Serum Institute in Denmark](#)

ECDC assessment

Sporadic human cases infected with an influenza virus of swine origin have been reported from several countries in the EU/EEA and are not unexpected. Exposure to pigs or pig products have been reported in the past and represent the most common risk factor. Transmission events have also been observed in healthy people without underlying conditions. Viruses from patients with severe conditions and an influenza-positive test should be further characterised, as well as shared with the national influenza reference laboratories and WHO Collaborating Centres. Such cases need to be followed-up to identify human-to-human transmission and implement control measures.

ECDC published a [Threat Assessment Brief on Eurasian avian-like A\(H1N1\) swine influenza viruses](#) in July 2020.

Actions

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

Human cases with swine influenza A(H1N2) variant virus – Multi-country – 2021

Opening date: 1 June 2021

Latest update: 25 February 2022

Epidemiological summary

A case with swine influenza A(H1N2) virus variant (A(H1N2)v) was reported in California, US. The case was an adult with reported exposure to pigs prior to symptom onset. Symptoms resolved and the patient is reported as recovered. No person-to-person transmission has been documented as associated with this case.

Overall, in 2021 and 2022, 10 cases were reported with swine influenza A(H1N2)v in Austria, Canada, China, France and the US.

Source: [US CDC weekly report](#)

ECDC assessment

Sporadic transmission of swine influenza viruses from pigs or contaminated environment to humans has been observed in recent years in the EU/EEA, Canada, China and the US, so these cases are not unexpected. Swine influenza virus infection should always be considered in patients with respiratory symptoms reporting prior contact to pigs. This helps to identify transmission events to humans early and to initiate follow-up investigations. Unsubtypable influenza viruses should be shared with national influenza centres or reference laboratories, as well as WHO Collaborating Centres, for further virus characterisation.

Actions

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

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

Opening date: 17 January 2018

Latest update: 25 February 2022

Epidemiological summary

As of 24 February 2022, and since the previous monthly report on 25 January 2022, eight new human cases (including one death) of avian influenza A(H5N6) virus infection were reported, all in China. Case-based information is available for four cases detected from Guangxi (1), Jiangsu (1), Sichuan (1) and Zhejiang (1) provinces in China. Cases were aged between 35 and 68 years, and three out of four were male. All had onset of symptoms in January 2022 and were hospitalised in critical condition. All cases had exposure to either live or slaughtered poultry. No further cases were detected among close contacts of these cases.

Epidemiological details of these four cases are as follows:

1. 68-year-old male from Langzhong, Sichuan Province with onset of symptoms on 3 January 2022. The case was hospitalised on 4 January 2021 in critical condition. The case had exposure to slaughtered poultry prior to onset of illness.
2. 55-year-old female from Hangzhou, Zhejiang Province with onset of symptoms on 6 January 2022. The case was hospitalised on 9 January 2022 in critical condition. The case had exposure to slaughtered poultry prior to onset of illness.
3. 50-year-old male from Baise, Guangxi Province with onset of symptoms on 12 January 2022. The case was hospitalised on 13 January 2022 in critical condition. The case had exposure to poultry prior to onset of illness.
4. 35-year-old male from Zhenjiang City, Jiangsu Province with onset of symptoms on 15 January 2022. The case was hospitalised on 19 January 2022 in critical condition. The case had exposure to a poultry market prior to onset of illness.

Summary: To date, a total of 72 laboratory-confirmed cases of human infection with influenza A(H5N6) virus, including 30 deaths, have been reported to [WHO in the Western Pacific Region](#) since 2014.

Sources: WHO Avian Influenza Weekly Update Number [829](#) and [832](#).

ECDC assessment

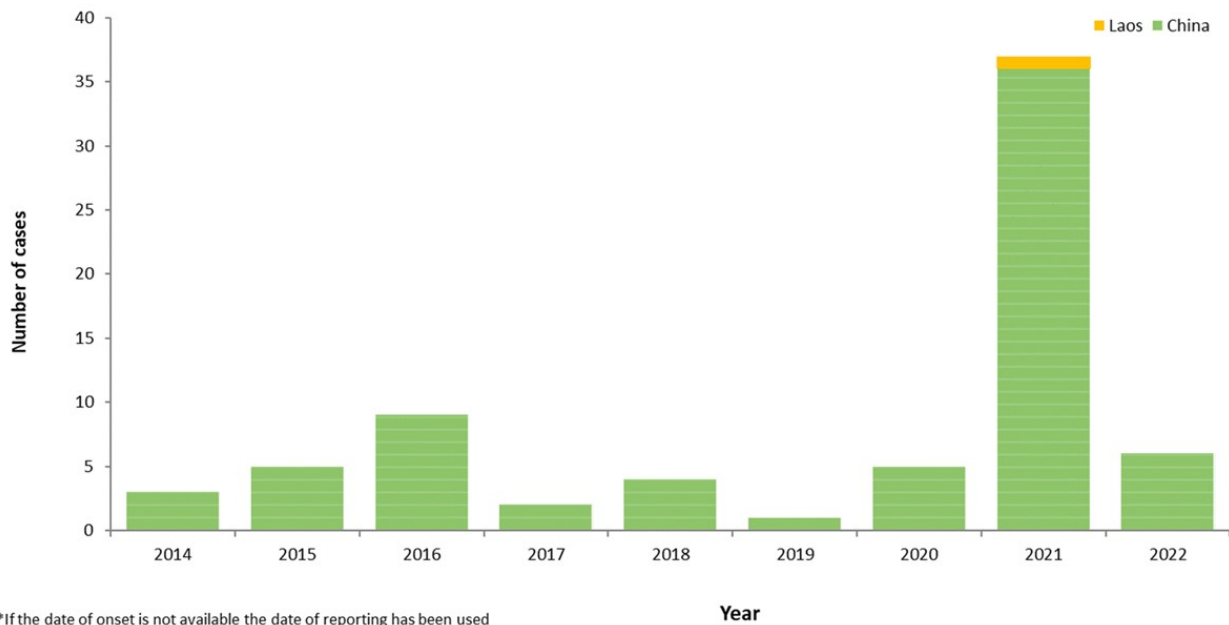
Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported so far. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with 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 in December 2021.

Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014–2022¹

Source: ECDC



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