



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 35, 29 August-4 September 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 3 September 2021

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh and eighth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, and 14 July 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-33 and as of week 2021-34, 4 870 792 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 71 092 new deaths have been reported.

Since 31 December 2019 and as of week 2021-34, 217 289 485 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 507 388 deaths.

In the EU/EEA, 36 750 802 cases have been reported, including 754 101 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: 3 September 2021

During the transmission season for West Nile virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA), and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

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

According to manual processing and analysis of the currently available data, between 27 August and 2 September 2021, European Union (EU) and European Economic Area (EEA) countries reported 21 human cases of West Nile virus (WNV) infection and at least one death related to WNV infections. Cases were reported by Greece (9), Italy (6), Spain (3), Austria (1), Hungary (1), and Romania (1). One death was reported by Romania. EU-neighbouring countries reported three human cases of WNV infection, all in Serbia, and no deaths related to WNV infections.

Non EU Threats

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 3 September 2021

Since the disease was first identified in Saudi Arabia in April 2012, over 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since the previous update published on 3 August, and as of 1 September 2021, one new MERS-CoV case was reported by Saudi Arabian health authorities.

Ebola virus disease – Côte d'Ivoire – 2021

Opening date: 16 August 2021

Latest update: 3 September 2021

On 14 August 2021, the Ministry of Health of Côte d'Ivoire reported a case of Ebola virus disease (EVD) that was discarded following additional laboratory tests on 31 August 2021.

→Update of the week

On 31 August, the Ministry of Health of Côte d'Ivoire and WHO informed that the Ebola virus disease diagnosis of the case reported on 14 August 2021 in Côte d'Ivoire was not confirmed by the reference laboratory in Lyon. The case was discarded by the Ministry of Health of Côte d'Ivoire.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 3 September 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-34, 217 289 485 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 507 388 deaths.

Cases have been reported from:

Africa: 7 746 207 cases; the five countries reporting most cases are South Africa (2 764 931), Morocco (853 373), Tunisia (662 752), Libya (307 471) and Ethiopia (306 117).

Asia: 62 084 175 cases; the five countries reporting most cases are India (32 737 939), Iran (4 926 964), Indonesia (4 073 831), Philippines (1 954 023) and Iraq (1 874 435).

America: 83 971 866 cases; the five countries reporting most cases are United States (39 057 665), Brazil (20 752 281), Argentina (5 178 889), Colombia (4 907 264) and Mexico (3 341 264).

Europe: 63 316 753 cases; the five countries reporting most cases are Russia (6 882 827), France (6 742 488), United Kingdom (6 731 423), Turkey (6 346 881) and Spain (4 847 298).

Oceania: 169 779 cases; the five countries reporting most cases are Australia (51 256), Fiji (46 027), French Polynesia (40 178), Papua New Guinea (17 999) and Guam (10 353).

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

Deaths have been reported from:

Africa: 194 840 deaths; the five countries reporting most deaths are South Africa (81 595), Tunisia (23 430), Egypt (16 721), Morocco (12 437) and Algeria (5 209).

Asia: 957 479 deaths; the five countries reporting most deaths are India (438 210), Indonesia (131 923), Iran (106 482), Philippines (33 109) and Bangladesh (26 015).

America: 2 106 383 deaths; the five countries reporting most deaths are United States (638 715), Brazil (579 574), Mexico (258 491), Peru (198 263) and Colombia (124 883).

Europe: 1 246 444 deaths; the five countries reporting most deaths are Russia (181 637), United Kingdom (132 437), Italy (129 093), France (114 210) and Germany (92 140).

Oceania: 2 236 deaths; the five countries reporting most deaths are Australia (999), Fiji (479), French Polynesia (385), Papua New Guinea (192) and Guam (145).

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

EU/EEA:

As of week 2021-34, 36 750 802 cases have been reported in the EU/EEA: France (6 742 488), Spain (4 847 298), Italy (4 530 246), Germany (3 937 106), Poland (2 888 385), Netherlands (1 936 511), Czechia (1 678 944), Belgium (1 183 186), Sweden (1 124 313), Romania (1 097 452), Portugal (1 036 019), Hungary (812 227), Slovakia (782 129), Austria (681 513), Greece (581 315), Bulgaria (451 599), Croatia (373 330), Ireland (349 773), Denmark (344 850), Lithuania (298 825), Slovenia (267 198), Norway (157 034), Latvia (142 319), Estonia (141 599), Finland (126 093), Cyprus (113 277), Luxembourg (75 672), Malta (36 123), Iceland (10 705) and Liechtenstein (3 273).

As of week 2021-34, 754 101 deaths have been reported in the EU/EEA: Italy (129 093), France (114 210), Germany (92 140), Spain (84 146), Poland (75 340), Romania (34 539), Czechia (30 402), Hungary (30 057), Belgium (25 374), Bulgaria (18 731), Netherlands (17 996), Portugal (17 730), Sweden (14 692), Greece (13 636), Slovakia (12 548), Austria (10 561), Croatia (8 331), Ireland (5 092), Slovenia (4 779), Lithuania (4 561), Denmark (2 580), Latvia (2 573), Estonia (1 291), Finland (1 024), Luxembourg (830), Norway (814), Cyprus (499), Malta (440), Liechtenstein (59) and Iceland (33).

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

In week 2021-34, overall, the reported weekly cases decreased by 3.5% compared to the previous week. The highest weekly increase was observed in Norway, Hungary, Luxembourg and Romania. The countries with the highest 14-day notification rate were: Cyprus (603), Ireland (497), France (467), Greece (420) and Spain (352). Nine of the 29 EU/EEA countries (Cyprus, Finland, France, Iceland, Liechtenstein, Malta, Portugal, Slovakia and Spain) reported a decrease in the weekly cases.

At the end of week 34 (week ending Sunday 29 August 2021), the overall epidemiological situation in the European Union and

European Economic Area (EU/EEA) was characterised by a high, stable COVID-19 case notification rate and a low, slowly increasing death rate. Over the next two weeks, hospitalisations and ICU admissions are forecast to increase slightly, while deaths are predicted to stabilise. Case notification rates among those aged 15 to 24 years, the most affected age group, have continued to decrease across the EU/EEA. This is in contrast to case notification rates among children under 15 years of age, which is the only age group with a clearly increasing trend. The picture varies at the Member State level, and several countries are reporting increases in cases in older age groups, including hospitalisation indicators and mortality.

The overall COVID-19 case notification rate for the EU/EEA was 199.1 per 100 000 population (204.4 the previous week). This rate has been stable for four weeks. The 14-day COVID-19 death rate (12.7 deaths per million population, compared with 9.6 deaths the previous week) has been increasing for four weeks. Of 28 countries with data on hospital/ICU admissions or occupancy up to week 34, 15 reported an increasing trend in at least one of these indicators compared to the previous week.

ECDC's assessment of each country's epidemiological situation derives from a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 34, the epidemiological situation in the EU/EEA overall was categorised as of moderate concern (the same as the previous week). Three countries were categorised as of high concern, 18 countries as of moderate concern, six countries as of low concern and three countries as of very low concern.

By the end of week 34, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and older was 75.9% (country range: 21.8–95.0%). The median cumulative uptake of full vaccination among adults aged 18 years and older was 67.7% (country range: 20.0–91.0%).

The estimated distribution (median and range of values from 17 countries for weeks 32 to 33, 9 to 22 August 2021) of variants of concern was 99.3% (29.8–100.0%) for B.1.617.2 (Delta) and 0.3% (0.0–64.8%) for B.1.1.7 (Alpha). No other variant was detected above a level of 1% in any country.

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

Public Health Emergency of International Concern (PHEIC):

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

ECDC assessment

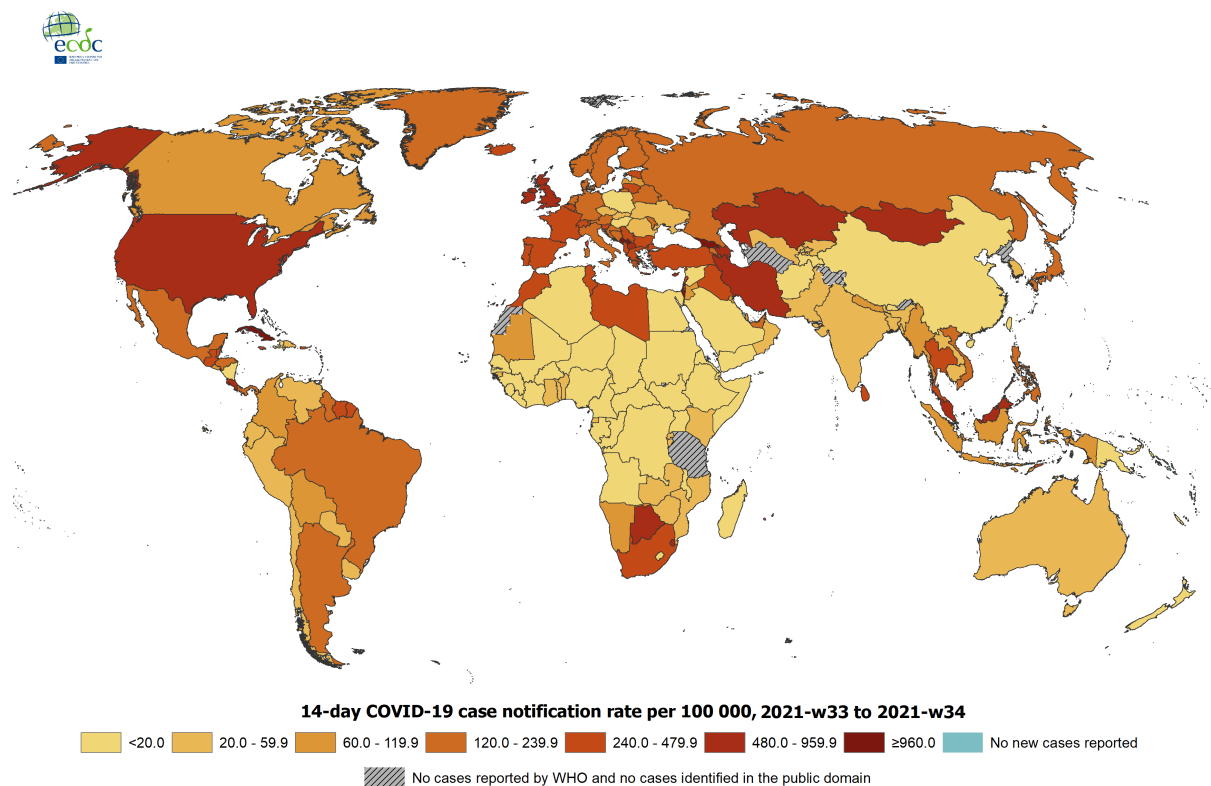
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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-w33 to 2021-w34

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: 02/09/2021

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

Opening date: 4 June 2021

Latest update: 3 September 2021

Epidemiological summary

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

According to manual processing and analysis of the currently available data, between 27 August and 2 September 2021, European Union (EU) and European Economic Area (EEA) countries reported 21 human cases of West Nile virus (WNV) infection and at least one death related to WNV infections. Cases were reported by Greece (9), Italy (6), Spain (3), Austria (1), Hungary (1), and Romania (1). One death was reported by Romania. EU-neighbouring countries reported three human cases of WNV infection, all in Serbia, and no deaths related to WNV infections.

Due to technical issues, seven cases of WNV infections reported by Italy during the previous week were not included in last week's weekly update but are now included in this week's total numbers. All of these occurred in places that had already reported

5/9

WNV infections during the current season.

Since the beginning of the 2021 transmission season and as of 2 September 2021, EU/EEA countries have reported 71 human cases of WNV infection in Greece (34), Italy (24), Romania (4), Austria (3), Spain (3) and Hungary (3) and two deaths in Greece (1) and Romania (1). EU-neighbouring countries have reported nine human cases of WNV infection, all in Serbia, including two deaths.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 27 different NUTS 3 or GAUL 1 regions, of which the following regions reported human cases of WNV infection for the first time: La Spezia in Italy. This weekly report does not contain information on potentially newly affected NUTS3 areas, until the technical problems are solved.

Since the beginning of the 2021 transmission season, seven outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (5) and Germany (2).

ECDC assessment

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

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

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Latest update: 3 September 2021

Epidemiological summary

From 1 January 2021 to 1 September 2021, 13 MERS-CoV cases have been reported in Saudi Arabia (12) and the United Arab Emirates (1), including five deaths. In Saudi Arabia, all were primary cases, of whom nine reported contact with camels. These 12 cases were reported in Riyadh (7), Makkah (3), and the Eastern Province (2).

Since April 2012, and as of 1 September 2021, 2 594 cases of MERS-CoV, including 941 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#) | [WHO DON](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

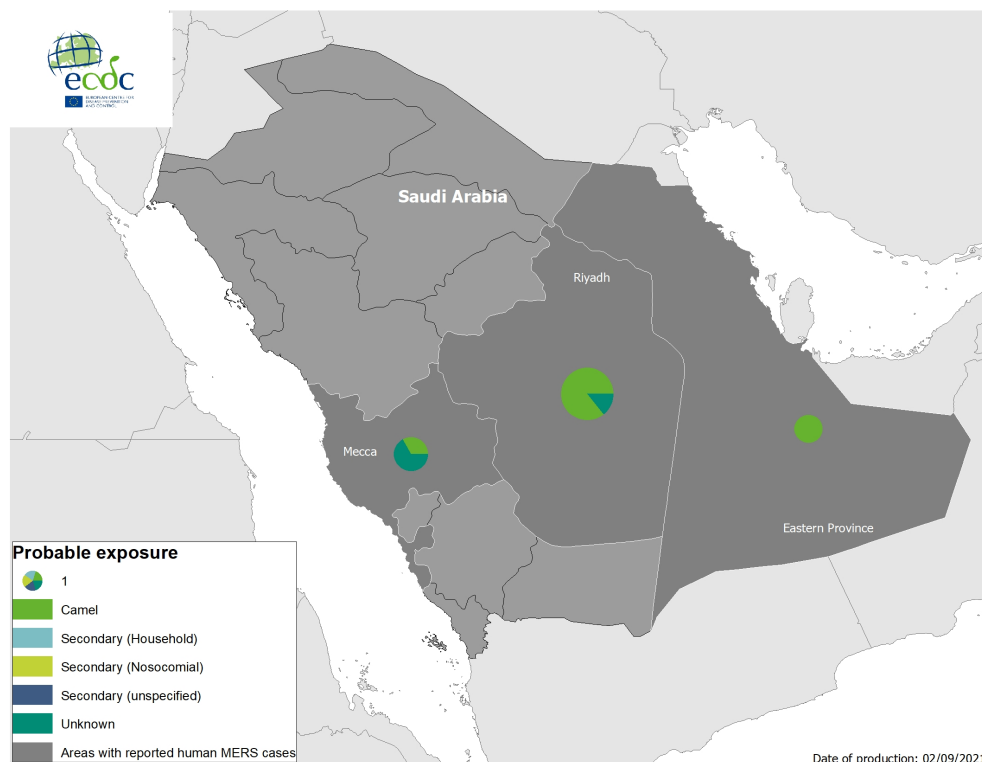
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

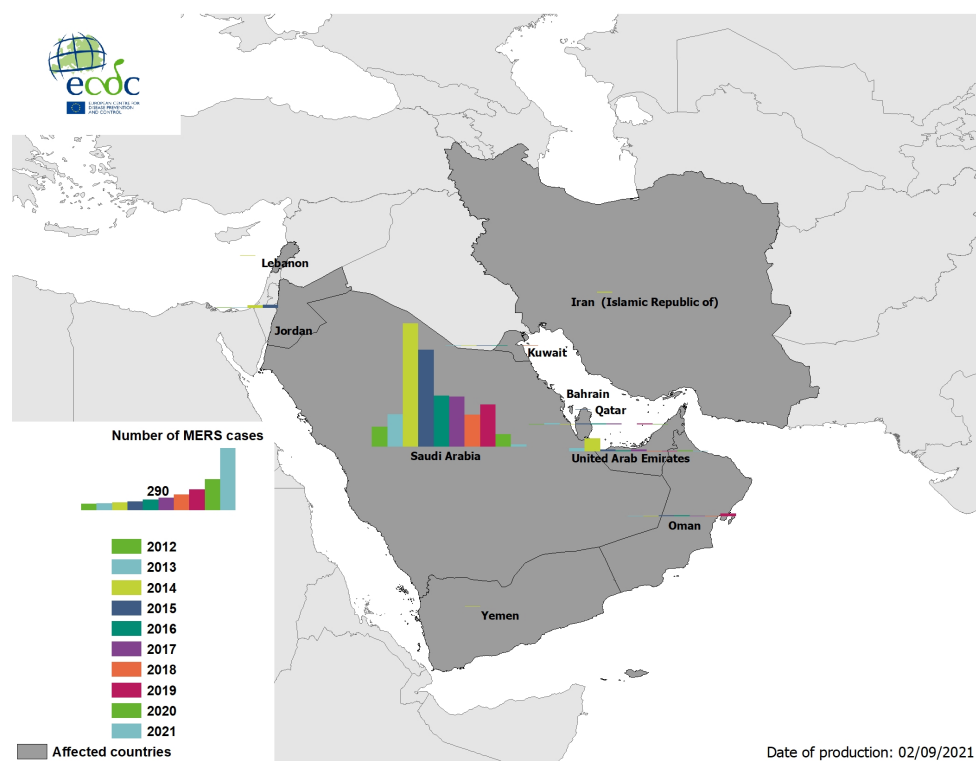
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 1 September 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 1 September 2021

Source: ECDC



Ebola virus disease – Côte d'Ivoire – 2021

Opening date: 16 August 2021

Latest update: 3 September 2021

Epidemiological summary

On 14 August 2021, the Ministry of Health of Côte d'Ivoire reported the first case of Ebola virus disease since 1994. This case was initially confirmed by the Institut Pasteur in Côte d'Ivoire. On 17 August, [WHO reported](#) that Ebola vaccinations have started in Côte d'Ivoire. The case was discarded on 31 August 2021 by the Ministry of Health of Côte d'Ivoire as it was not confirmed by the reference laboratory, Bio-Mérieux in Lyon.

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

Sources: [WHO Africa news](#), [Abidjan hospital](#), [WHO](#), [Ministry of Health of Côte d'Ivoire](#)

ECDC assessment

Not applicable.

Actions

ECDC monitors Ebola virus disease through its epidemic intelligence activities.

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