**COMMUNICABLE DISEASE THREATS** REPORT

# CDTR
# Week 9, 28 February-6 March 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: 5 March 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 the 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 2021-7 and as of week 2021-8, 2 685 122 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 52 370 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-8, 114 458 164 cases of COVID-19 have been reported, including 2 536 888 deaths.

In the EU/EEA, 22 527 370 cases have been reported, including 547 276 deaths.

More details are available here.



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# Non EU Threats

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

Opening date: 14 October 2020 Latest update: 5 March 2021

Reported influenza activity in Europe remained at interseasonal levels.

➔Update of the week

**Week 08/2021 (22 February– 28 February 2021)**

Influenza activity remained at interseasonal levels.

Of 1 045 specimens tested for influenza in week 08/2021, from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms to sentinel primary healthcare sites, three were positive for an influenza virus.

Influenza viruses were detected sporadically from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions). Both influenza type A and type B viruses were detected.

One SARI case was positive for an influenza virus and one hospitalised laboratory-confirmed influenza case from wards outside ICUs was reported for week 08/2021.

The influenza season in the European Region has usually been designated as having started by this point in the year but, despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic has affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which have negatively impacted on the reporting of influenza epidemiologic and virologic data during the 2020-2021 season. Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

## Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021 Latest update: 5 March 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD) after a laboratory-confirmed case was detected. The outbreak is in the North Kivu province in the eastern region of the DRC, where a large outbreak was declared over in June 2020.

➔Update of the week

Since last week's report on 26 February 2021, and as of 3 March 2021, three new confirmed cases and no new deaths have been reported by the WHO in the North Kivu province of the DRC, from the Butembo health zone. These are the first cases reported from this health zone, which is centred around the already affected health zones, and contains the second largest city (Butembo) in North Kivu. These cases were known contacts from the sixth case. So far, two cases have recovered.

As of 3 March, 856 contacts and healthcare workers have been vaccinated since the start of the outbreak. However, a report from the UN Office for the Coordination of Humanitarian Affairs describes major challenges in the response, including contact tracing and acceptance to the response, especially vaccination acceptance.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 5 March 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouéké in the N'Zerekore region, Guinea. Three cases were confirmed by the national laboratory, being the first confirmed cases reported since the 2013–2016 West Africa outbreak, which was the largest EVD outbreak ever recorded.

➔Update of the week



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Since last week's CDTR report on 26 February 2021, and as of 3 March 2021, eight new confirmed cases and three new deaths have been reported by the WHO from the N'Zerekore prefecture, N'Zerekore region, Guinea. Five healthcare workers have so far been among the infected. Two suspected cases are currently in isolation in the Ebola Treatment Centre (ETC) in N'Zerekore.

Two further vaccine shipments were sent over the past week, therefore in total 32 960 vaccines have been deployed to Guinea. The total number of people vaccinated as of 3 March 2021 stands at 1 489; of which 188 are contacts, 962 are contacts of contacts and 339 are probable contacts.

According to the WHO, challenges include inadequate coordination in N'Zerekore, community resistance to response measures, and the need for additional staff to strengthen field operations, which is limited by insufficient funds.

Governmental representatives of Guinea and the six bordering countries held a meeting on 2 March, in 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, as well as facilitating import regulations for vaccines.

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

Opening date: 24 September 2012 Latest update: 5 March 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 on 2 February, and as of 1 March 2021, five MERS-CoV cases, including three deaths, have been reported by Saudi Arabian health authorities.

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

Opening date: 20 April 2006 Latest update: 5 March 2021

Several countries in Africa and Asia have reported cholera outbreaks. Major ongoing outbreaks are being reported from the Democratic Republic of the Congo and Yemen. Haiti reported its last laboratory-confirmed case in February 2019.

➔Update of the week

Since the last update on 5 February 2021, new cholera cases have been reported worldwide. The countries reporting the majority of new cases since the previous update are Yemen and Bangladesh. A list of all countries reporting new cases since our previous update can be found below.

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

Opening date: 30 January 2019 Latest update: 5 March 2021

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

➔Update of the week

Since the previous update on 28 January 2021, and as of 26 February 2021, three new sporadic human cases of influenza A (H9N2) virus infection have been reported in China in children younger than five years old. All three cases had mild symptoms and recovered, and none were hospitalised. Only one case had a known exposure to backyard poultry; exposure to birds is unknown for the other two. No further cases were detected among contacts of these cases.



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# II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 5 March 2021

### Epidemiological summary

Since 31 December 2019 and as of week 2021-8, 114 458 164 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 536 888 deaths.

**Cases have been reported from:**
**Africa:** 3 898 190 cases; the five countries reporting most cases are South Africa (1 512 225), Morocco (483 766), Tunisia (233 669), Egypt (182 424) and Ethiopia (159 072).
**Asia:** 21 677 877 cases; the five countries reporting most cases are India (11 112 241), Iran (1 631 169), Indonesia (1 334 634), Israel (778 172) and Iraq (695 489).
**America:** 51 118 746 cases; the five countries reporting most cases are United States (28 605 661), Brazil (10 587 001), Colombia (2 255 260), Argentina (2 111 972) and Mexico (2 089 281).
**Europe:** 37 703 963 cases; the five countries reporting most cases are Russia (4 257 650), United Kingdom (4 176 554), France (3 755 968), Spain (3 204 531) and Italy (2 925 265).
**Oceania:** 58 683 cases; the five countries reporting most cases are Australia (28 970), French Polynesia (18 387), Guam (7 737), New Zealand (2 022) and Papua New Guinea (1 275).
**Other:** 705 cases have been reported from an international conveyance in Japan.

**Deaths have been reported from:**
**Africa:** 103 718 deaths; the five countries reporting most deaths are South Africa (49 941), Egypt (10 688), Morocco (8 637), Tunisia (8 022) and Algeria (2 983).
**Asia:** 360 513 deaths; the five countries reporting most deaths are India (157 157), Iran (60 073), Indonesia (36 166), Iraq (13 406) and Pakistan (12 896).
**America:** 1 217 574 deaths; the five countries reporting most deaths are United States (513 091), Brazil (255 720), Mexico (186 152), Colombia (59 866) and Argentina (52 077).
**Europe:** 853 856 deaths; the five countries reporting most deaths are United Kingdom (122 849), Italy (97 699), Russia (86 455), France (86 454) and Germany (70 105).
**Oceania:** 1 221 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (139), Guam (131), New Zealand (26) and Papua New Guinea (12).
**Other:** 6 deaths have been reported from an international conveyance in Japan.

**EU/EEA:**
As of week 2021-8, 22 527 370 cases have been reported in the EU/EEA: France (3 755 968), Spain (3 204 531), Italy (2 925 265), Germany (2 447 068), Poland (1 711 772), Czechia (1 240 051), Netherlands (1 091 056), Portugal (804 956), Romania (804 090), Belgium (772 875), Sweden (666 270), Austria (456 112), Hungary (432 925), Slovakia (308 925), Bulgaria (247 038), Croatia (243 064), Ireland (219 592), Denmark (211 692), Lithuania (199 398), Greece (191 100), Slovenia (190 324), Latvia (86 186), Norway (71 002), Estonia (66 628), Finland (58 064), Luxembourg (55 425), Cyprus (34 707), Malta (22 657), Iceland (6 054) and Liechtenstein (2 575).

As of week 2021-8, 547 276 deaths have been reported in the EU/EEA: Italy (97 699), France (86 454), Germany (70 105), Spain (69 609), Poland (43 793), Belgium (22 111), Czechia (20 469), Romania (20 403), Portugal (16 351), Netherlands (15 565), Hungary (15 058), Sweden (12 845), Bulgaria (10 191), Austria (8 414), Slovakia (7 270), Greece (6 504), Croatia (5 537), Ireland (4 319), Slovenia (4 113), Lithuania (3 253), Denmark (2 365), Latvia (1 618), Finland (750), Luxembourg (638), Norway (623), Estonia (589), Malta (316), Cyprus (231), Liechtenstein (54) and Iceland (29).

**EU:**
As of week 2021-8, 22 447 739 cases and 546 570 deaths have been reported in the EU.

**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 the WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth and sixth International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April, 31 July, 29 October 2020, and 14 January 2021, respectively. The committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.



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**Sources:** Wuhan Municipal Health Commission | China CDC | WHO statement | WHO coronavirus website | ECDC 2019-nCoV website | RAGIDA | WHO

## ECDC assessment

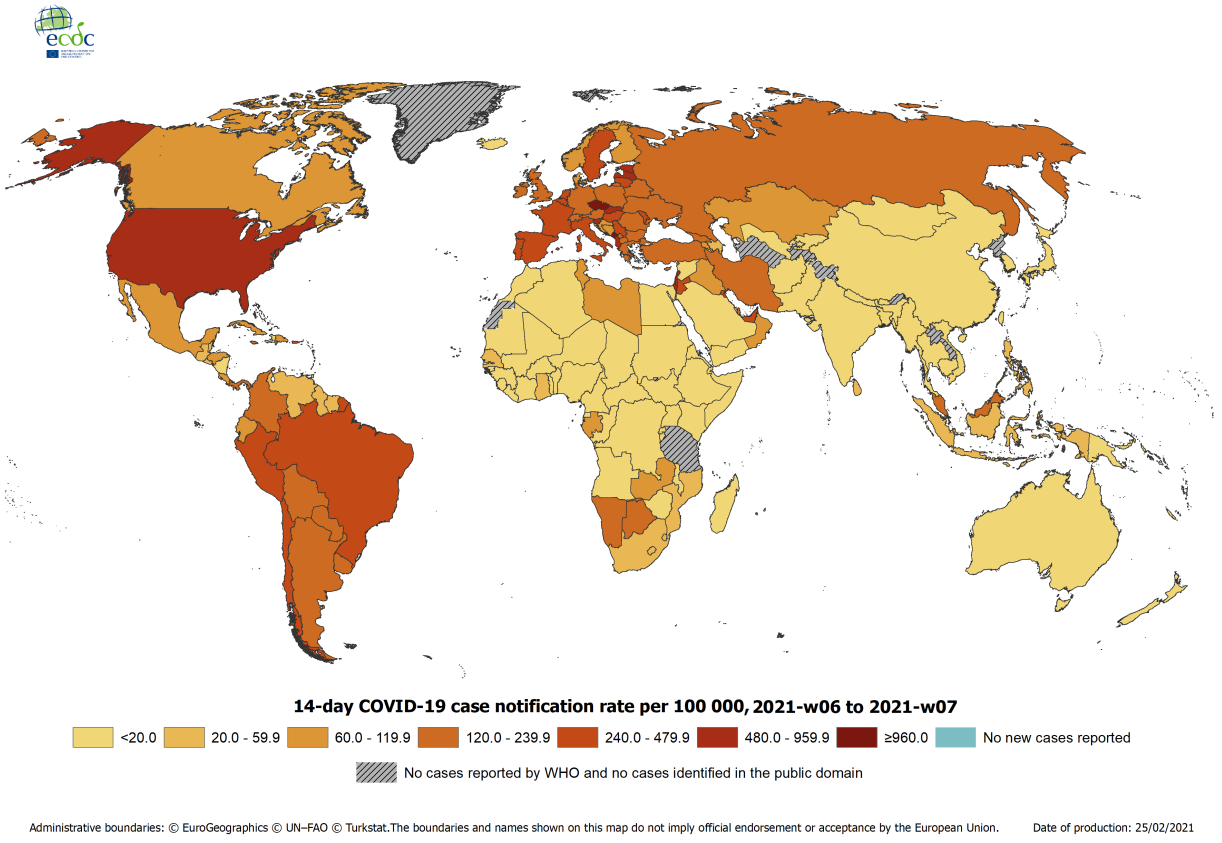
For the last available risk assessment, please visit ECDC's dedicated webpage.

## Actions

**Actions:** ECDC has 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, as of week 7 2021

Source: ECDC




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



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Opening date: 14 October 2020 Latest update: 5 March 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.

In total, 712 specimens have tested positive for influenza viruses, 33 from sentinel sources and 679 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); nine (all type A viruses) in wards outside ICUs; and 15 from severe acute respiratory infection (SARI)-based surveillance (14 infected with type A viruses and three with type B).

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season.

**Sources:** EuroMOMO | Flu News Europe | Influenzanet

## ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual for this season that there is still very low influenza activity reported. This is likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The novel coronavirus disease 2019 (COVID-19) pandemic has also affected healthcare-seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region and this has had a negative impact on the reporting of influenza epidemiological and virological data during the 2020–2021 season.

Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

## Actions

ECDC and WHO monitor influenza activity in the WHO European Region between week 40–2020 and week 20–2021. They publish their weekly report on the Flu News Europe website.

# Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021 Latest update: 5 March 2021

## Epidemiological summary

Since the start of the outbreak declared on 7 February 2021, and as of 3 March 2021, 11 confirmed cases of Ebola virus disease (EVD) including four deaths, have been reported in the North Kivu province, in the eastern region of the DRC, in the Biena (5), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Two cases have recovered so far and will be integrated into the survivor's care programme.

The index case of EVD was in a patient who sought treatment for Ebola-like symptoms at two healthcare centres in Butembo city in the Biena Health Zone from 25 January 2021 onwards, and was admitted to a hospital ICU ward in the Katwa health zone on 3 February 2021, where she died a day after. Samples were laboratory confirmed EVD-positive on 6 February. The patient was married to an EVD survivor, whose biological samples tested negative twice since 28 September 2020. A further cluster of three cases were reported, with one of these being a vaccinated healthcare worker who had treated the first case. The first two cases who died were buried in the traditional way without safety precautions. The source of infection of the first human case in this outbreak is currently unknown.



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Preliminary results from genome sequencing confirmed that these cases were infected with the Zaire ebolavirus species. According to media citing health officials, the so-called "Ituri strain" was identified in this outbreak. This strain was circulating in regions in North Kivu during the tenth EVD outbreak.

North Kivu Provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on site. A total of 636 contacts have been identified as of 1 March, 571 (89.8%) of which are being followed-up. However, 62 are not being followed-up; among these, 28 are lost to follow-up, 19 have never been seen, 13 are absent to follow-up appointments, and two are displaced.

A vaccination campaign was launched on 15 February 2021 in Butembo. Vaccines and treatments were already available in Goma from the tenth EVD outbreak in the DRC. The ring vaccination strategy is being deployed, and so as of 3 March, 856 contacts and healthcare workers have been vaccinated since the start of this outbreak. There are several ongoing challenges for surveillance, including access to affected areas and community mistrust toward authorities and outbreak responders. According to WHO, challenges include the low adherence of contacts to immunisation (despite vaccine availability), poor alert management, inadequate case management in treatment centres including limited infrastructure for isolation of cases, and insufficient financial resources to support all pillars of the response and resolve problems around internet speed and data transmission.

**Background:** The tenth EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this most recent outbreak is occurring, and which resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end was declared on 25 June 2020. The eleventh outbreak of EVD in the DRC was declared on 1 June 2020 and took place on the western side of the country in the Equateur Province. It culminated in 130 cases, including 55 deaths, and was declared over on 18 November 2020.

**Sources:** WHO Regional Office for Africa | Ministere de la Sante Sitrep | WHO Disease Outbreak News | WHO Country Office DRC Twitter | Weekly Afro Bulletin

## ECDC assessment

These EVD cases are the first ones of the disease reported in North Kivu, DRC since the tenth outbreak was declared over in June 2020 (see the Threat Assessment Brief published on 22 February 2021 for more information). The virus is known to persist in a very low percentage of survivors for more than two years, and transmission might have occurred through contact with a virus carrier survivor of the previous epidemic in North Kivu. However, a spill-over event from an animal reservoir cannot be excluded either. The ongoing outbreak may spread to other areas within DRC and/or in neighbouring countries, despite the health authorities in DRC having extensive experience in responding to EVD outbreaks. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) might challenge the response.

Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in DRC is considered low, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. 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, Outbreak of Ebola virus disease in North Kivu, DRC, on 22 February 2021, in which options for response measures are described.



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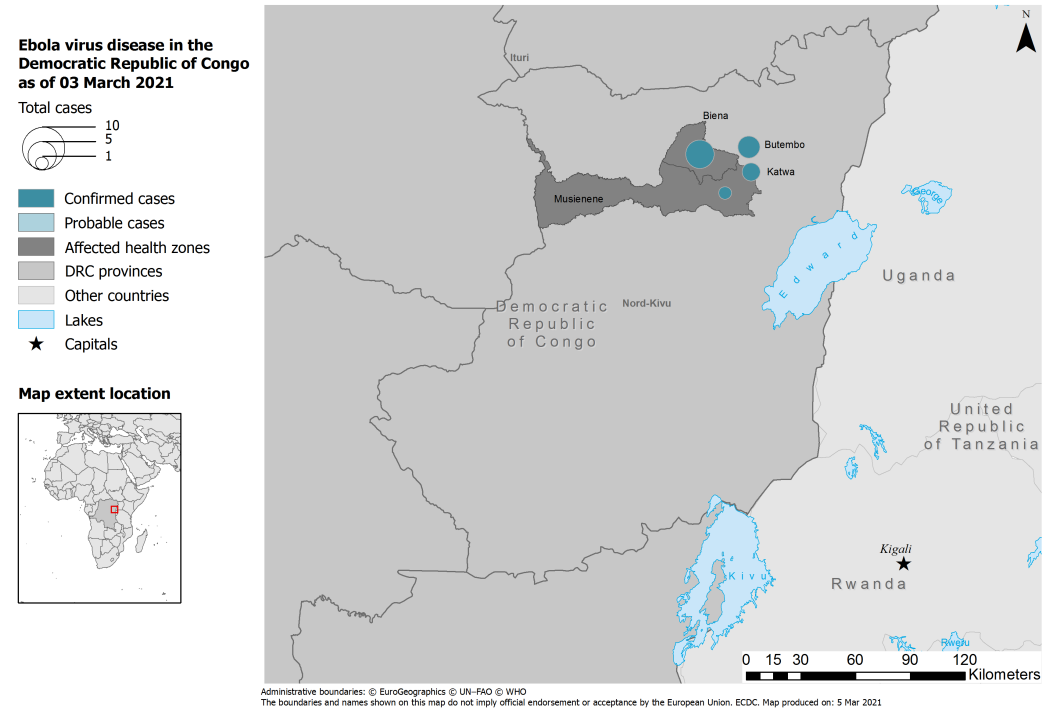
## Geographical distribution of confirmed and probable Ebola virus disease cases in the DRC, 2021

Source: ECDC




# Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 5 March 2021

## Epidemiological summary

Since the outbreak was declared on 14 February 2021, and as of 3 March 2021, 17 EVD cases (13 confirmed and four probable), including eight deaths (among four probable and four confirmed cases), have been identified. Among these, five healthcare workers have been infected, including two deaths (one confirmed and one probable case). The cases are reported from the N'Zerekore prefecture, in the region of N'Zerekore.

According to the Agence Nationale de Sécurité Sanitaire (ANSS), and as of 2 March, seven confirmed and two suspected cases are currently hospitalised in the ETC in N'Zerekore. One of these is reported from the Bayle prefecture, N'Zerekore region, and is awaiting results. Two cases have so far recovered. According to media citing health authorities, a confirmed case has been detected in the Siguiri prefecture, Kankan region. The case is reported to have left the south-eastern region of Guinea to go to Lero in the Siguiri prefecture, which is the northern region of Guinea that borders Mali.

According to the WHO, the initial cluster of seven cases began with the 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 have died. Two unsafe burials have occurred for these EVD cases. The source of infection of this case is unknown. Preliminary results from genome sequencing confirmed that the cases were infected with the Zaire ebolavirus species, which was the species circulating in the 2013–2016 EVD outbreak.

As of 3 March 2021, 579 contacts have been identified, 93% of which are being monitored. However, 41 are not being followed-up: one is absent, two are lost to follow-up appointments for three successive days and 38 have never been seen. The vaccination campaign began on 23 February in Gouecke, N'Zerekore, whereby the ring vaccination strategy is being deployed; therefore, healthcare workers and contacts of EVD cases are among the first to be vaccinated. As of 3 March, 1 489 contacts including frontline healthcare workers have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

Response measures are ongoing and the WHO is supporting the country to procure an EVD vaccine, as well as 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



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contacts, the potential spread to other parts of Guinea and neighbouring countries, and the limited response capacity currently on the ground. The Guinean MoH, together with Global Outbreak Alert and Response Network (GOARN) partners, are supporting case management and training safe and dignified burial teams. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow-up contacts, and sensitize communities on infection prevention and control.

As the outbreak is located in a porous bordering 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 bordering countries Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries have completed their national preparedness and readiness plans, and are on high alert, however their overall estimated state of readiness lies below the required benchmark. WHO assesses the risk for the region as high.

**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 (ANSS) | WHO Disease Outbreak News| WHO Regional Office for Africa Twitter | ANSS report | Weekly Afro Bulletin

## ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since the large outbreak occurred in West Africa between 2013 and 2016. Importation of the infection via travellers from an Ebola virus-endemic country is a possible scenario. A spill-over event from animal reservoirs is another potential source of the infection. 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 neighbouring countries. During the 2013–2016 outbreak in West Africa, Guinea acquired essential experience, which is an asset to adequately respond to this outbreak, including the timely identification and isolation of cases to prevent further transmission. The ongoing COVID-19 pandemic and other ongoing outbreaks (e.g. yellow fever and measles) might 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, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease there is a very low likelihood of infection of EU/EEA citizens in 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, Outbreak of Ebola virus disease in Guinea, on 22 February 2021, in which options for response measures are described.



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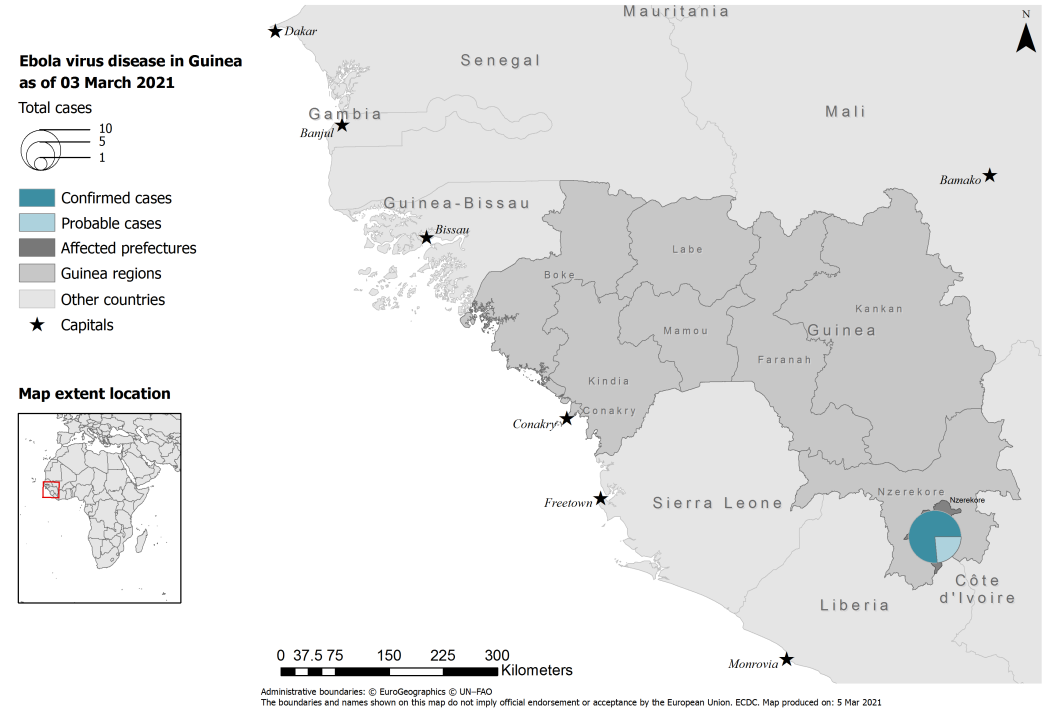
## Geographical distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021

Source: ECDC




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

Opening date: 24 September 2012 Latest update: 5 March 2021

## Epidemiological summary

From 1 January 2021 to 1 March 2021, five MERS-CoV cases, including three deaths, have been reported in Saudi Arabia. Of these five cases, all were primary cases, of whom three reported contact with camels. These five cases were reported in Riyadh (2), Makkah (2) and Eastern Province (1).

Since April 2012 and as of 1 March 2021, 2 586 cases of MERS-CoV, including 939 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

## 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.



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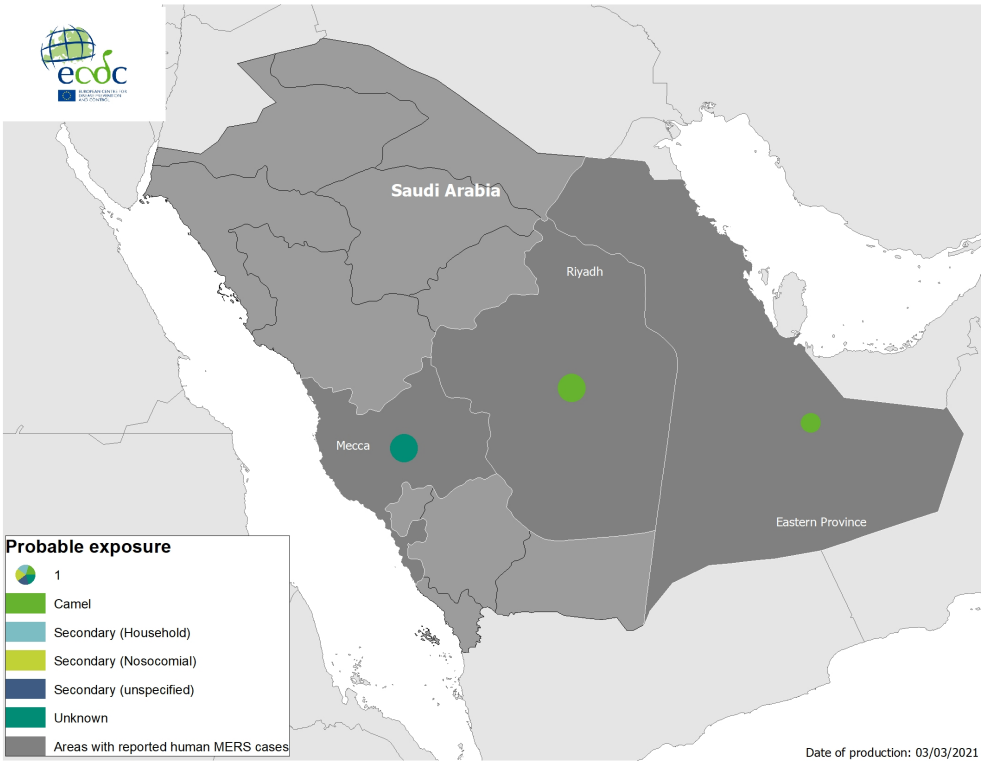
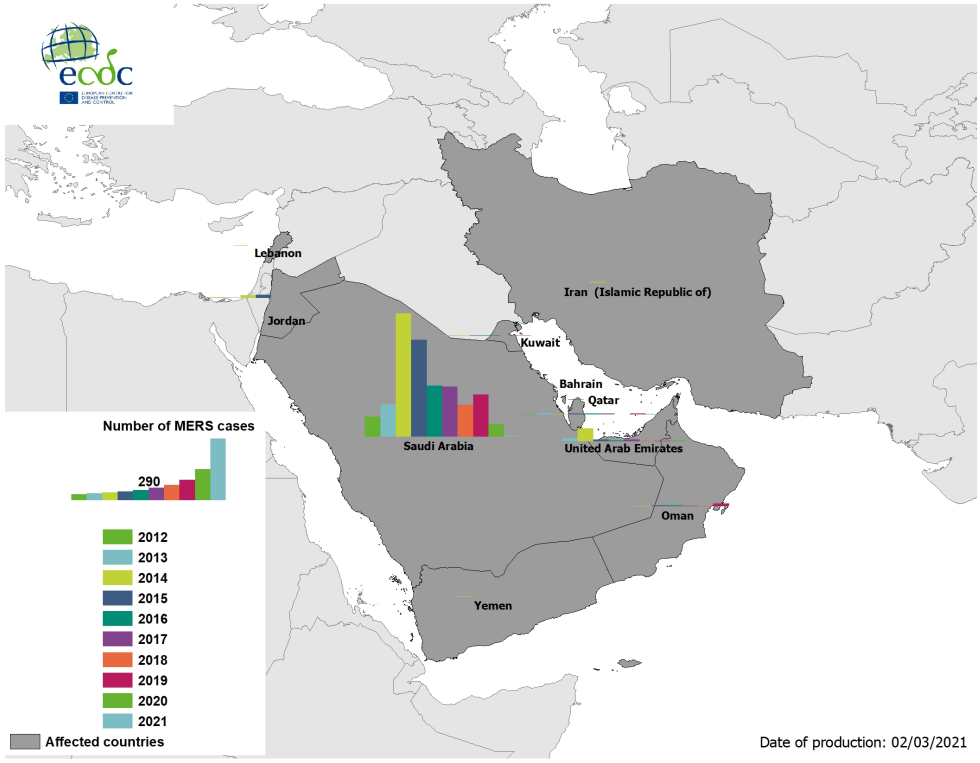
## Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2021 to 1 March 2021

Source: ECDC




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

Source: ECDC



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

Opening date: 20 April 2006 Latest update: 5 March 2021

## Epidemiological summary

**Americas**

Haiti: No new cases have been reported since the last update. In 2020, as of December, no confirmed cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases, including three deaths (CFR: 0.4%). According to a UNICEF report, the last confirmed cholera cases in Haiti were reported in February 2019. 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 last update. In 2020, as of 26 December, no cholera cases have been reported in the Dominican Republic.

**Africa**

Benin: In 2020, and as of week 53, Benin has reported 223 suspected cases, including 27 laboratory-confirmed cases and five deaths (CFR: 2.2%).

DR Congo: In 2021, and as of 19 February, the media reported 80 cases of cholera including three deaths in South Kivu.

Ethiopia: Since week 1-2021 and as of 10 January, the country reported 78 new suspected cases, including one associated death.

Mozambique: Since the beginning of the outbreak on 20 February 2020 and as of 17 January 2021, a total of 2 952 cases, including 108 laboratory-confirmed cases and 40 deaths have been reported in the Cabo Delgado province, with seven districts affected.

Somalia: In 2021, and as of 14 February, WHO has reported 565 suspected cholera cases, including two associated deaths (CFR: 0.4%). All cases were reported from the regions Banadir and Bay.

Togo: Since the beginning of the outbreak on 17 November 2020, and as of 11 January 2021, 68 suspected cases of cholera were reported, including 18 confirmed cases and two deaths (CFR: 2.9%). The first case was identified on 11 November 2020, and the outbreak was confirmed by the National Institute of Hygiene on 17 November 2020.

Cameroon and Nigeria had no updates available since the last report in the CDTR.

**Asia**

Bangladesh: In 2021, and as of 7 February, 1 974 acute watery diarrhoea (AWD) cases were reported in Cox's Bazar, Bangladesh. Among these cases, five tested positive by means of a cholera rapid diagnostic test or culture. In 2020 and as of 13 December, 141 133 acute watery diarrhoea (AWD) cases have been reported in the Cox's Bazar. According to WHO, in 2020 and as of 13 December, 25 cases of AWD tested positive by means of a cholera rapid diagnostic test or culture in Cox's Bazar, Bangladesh.

Yemen: In 2021, and as of 1 February, 1 415 cholera cases have been reported in Yemen. In 2020 and as 27 December, WHO reported 229 887 suspected cholera cases, including 73 associated deaths (CFR: 0.03%).

There is no update available for the cases reported in the previous CDTR report in India.

***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.



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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.

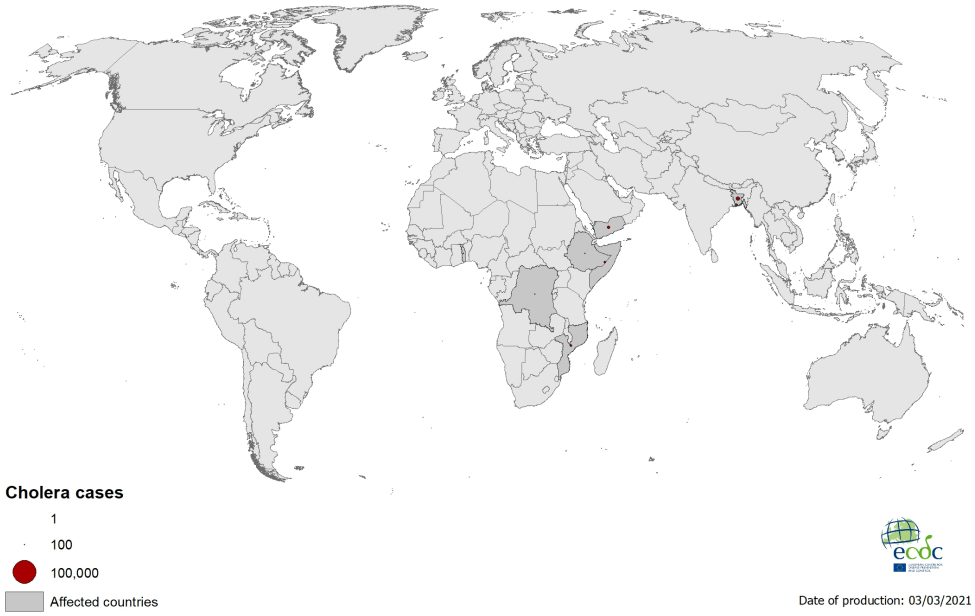
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with 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 for the year 2021

Source: ECDC




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

Opening date: 30 January 2019 Latest update: 5 March 2021

## Epidemiological summary

Since the previous update on 28 January 2021, and as of 26 February 2021, three new sporadic human cases of influenza A (H9N2) virus infection have been reported in China in children younger than five years old. All three cases had mild symptoms and recovered. A one-year-old girl from Sichuan developed symptoms on 30 November 2020, a five-year old girl from Anhui province developed symptoms on 17 January 2021, and a two-year-old girl from Jiangxi had onset of symptoms on 18 January 2021. None were hospitalised. Only one case had a known exposure to backyard poultry; exposure to birds is unknown for the other two. No further cases were detected among contacts of these cases.

To date, and since 1998, a total of 80 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (69, of which 43 cases reported since December 2015), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1) and Senegal (1). The previous human infection was reported from China, with disease onset in October 2020.



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**Sources:** ECDC avian influenza page | WHO avian and other zoonotic influenza page | Joint ECDC, EFSA and EU Reference Laboratory scientific for avian influenza report: Avian influenza overview May – August 2020 | Emerging Infectious Diseases | Taiwan CDC | Hong Kong health department | WHO Influenza at the human-animal interface | WHO Surveillance - Avian influenza weekly reports

## ECDC assessment

Although avian influenza A(H9N2) virus has caused infection in humans, human infection remains rare and no sustained human-to-human transmission has been reported. Most of the reported human cases had mild disease. No human cases due to avian influenza A(H9N2) virus infection have been reported in Europe.

Human cases related to the avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where avian influenza A(H9N2) virus is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

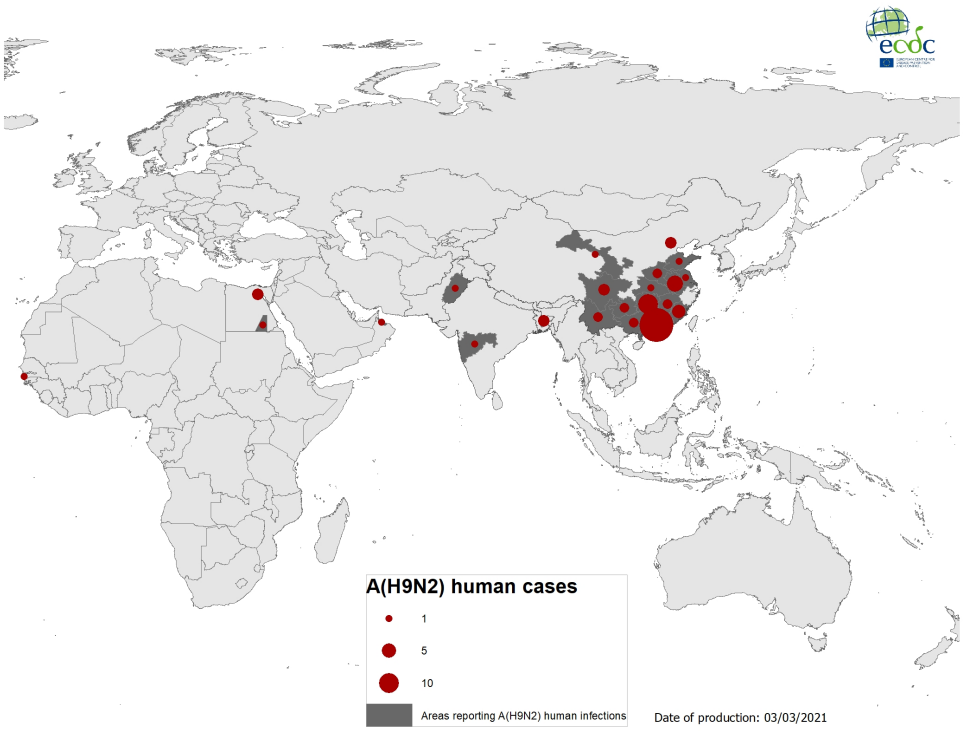
Currently, avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. As the likelihood of zoonotic transmission of newly-introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

## 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 on 11 December 2020.

## Geographical distribution of confirmed human cases with avian influenza A(H9N2) virus infection, 1998–2021

Source: ECDC



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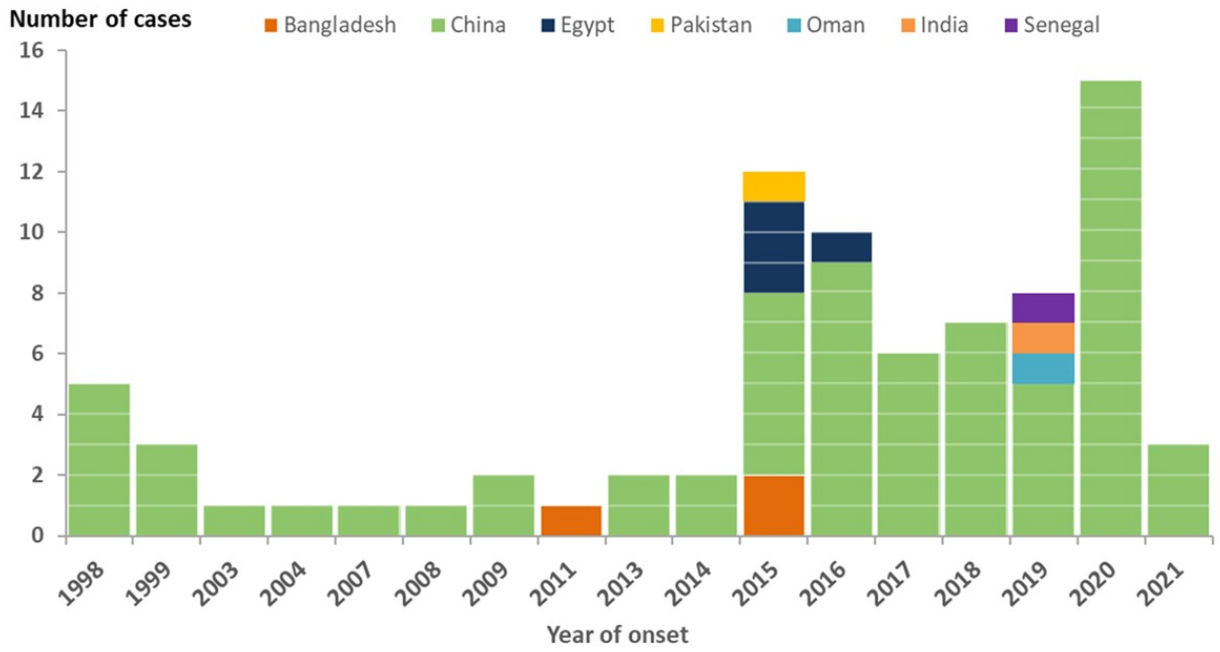
## Distribution of confirmed human cases with avian influenza A(H9N2) virus infection by onset year and country, 1998–2021

Source: ECDC



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



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