



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 44, 31 October-6 November 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 November 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, 15 April 2021, 14 July 2021 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-42 and as of week 2021-43, 3 085 106 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 50 966 new deaths have been reported.

Since 31 December 2019, and as of week 2021-43, 247 234 433 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 007 540 deaths.

In the EU/EEA, as of week 43 2021, 40 693 636 cases have been reported, including 802 006 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](#).

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

Opening date: 4 June 2021

Latest update: 5 November 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 29 October and 4 November 2021, European Union (EU) and European Economic Area (EEA) countries reported two human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Germany (1) and Italy (1). EU-neighbouring countries reported no human cases of WNV infection and no deaths related to WNV infections. This week, among the reporting countries, the following NUTS 3 region reported human cases of WNV infection for the first time: Burgenlandkreis in Germany.

Non EU Threats

New! Acute Flaccid Paralysis (type 1 poliovirus) case – Ukraine – 2021

Opening date: 5 November 2021

Latest update: 5 November 2021

On 3 November 2021, the Public Health Centre of the Ministry of Health of Ukraine reported a case of poliomyelitis in a 12-year-old girl with acute flaccid paralysis (AFP) in the Transcarpathia region of Ukraine.

New! Mass gathering monitoring – the UN Climate Change Conference (COP26) – 2021

Opening date: 5 November 2021

Latest update: 5 November 2021

The 26th United Nations Climate Change Conference of the Parties ([COP26](#)) takes place in Glasgow, UK, from 31 October to 12 November 2021. Originally scheduled for 2020, it was postponed due to the COVID-19 pandemic. The event includes the World Leaders Summit on 1 November 2021 and from 31 October to 12 November, COP26 will bring together the 197 parties to the UN Framework Convention on Climate Change (UNFCCC). These include the EU and all EU Member States. Overall, more than 30 000 people are expected to attend, including representatives from non-government organisations (NGOs) and businesses to journalists, lobbyists, negotiators and protesters.

→Update of the week

From 27 October to 4 November 2021, no events of public health significance were detected in the context of the 26th United Nations Climate Change Conference of the Parties (COP26).

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 5 November 2021

On 8 October 2021, the Ministry of Health for the Democratic Republic of Congo announced a new laboratory-confirmed case of Ebola virus disease (EVD) in Butsili Health Area in Beni Health Zone, North Kivu Province. This Health Area is about 50km from Butembo city, where the DRC's 12th EVD outbreak occurred in 2021, lasting for around three months until it was declared over on 3 May 2021. The city of Beni is a commercial hub with links to the neighbouring countries of Uganda and Rwanda.

→Update of the week

Since the last report published on 29 October, and as of 1 November 2021 two new confirmed EVD cases and two deaths were reported. In total, as of 1 November eight confirmed EVD cases, including six deaths, were reported by WHO since the start of the outbreak (8 October 2021). In total, 551 contacts were followed up.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 5 November 2021

Reported influenza activity in Europe remains at interseasonal levels.

→Update of the week

Week 43 2021 (25-31 October 2021)

Influenza activity was low throughout the European Region, although Uzbekistan reported medium intensity activity.

Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to medical care.

Only influenza A viruses were detected, with A(H3) subtype predominating.

Type A virus infection was reported for six patients in intensive care units. Sixteen patients with SARI in hospital settings were infected with A(H3) viruses.

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

Opening date: 24 September 2012

Latest update: 5 November 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 6 October, and as of 3 November 2021, one new MERS-CoV case has been reported by Saudi Arabian health authorities.

Meningitis – Democratic Republic of the Congo – 2021

Opening date: 10 September 2021

Latest update: 5 November 2021

On 8 September 2021, the Democratic Republic of the Congo declared an outbreak of meningitis in the north-eastern Tshopo Province.

→Update of the week

As of 23 October 2021, a total of 2 395 suspected meningitis cases, including 14 confirmed cases and 200 deaths (case fatality ratio, CFR: 8.4%), have been reported in Banalia health district. Among these cases, 32.0% (764) are aged 15 to 45 years. The CFR has decreased significantly from 100% at the onset of the outbreak (week 20 ending 23 May 2021) to 8.4% at week 42 (ending 24 October 2021). This decrease would be a result of intensified community sensitisation for early health-seeking behaviour by suspected cases and the improvement of case management practices. Of the suspected 2 395 cases, 313 (13.0%) reported a history of vaccination during the preventive vaccination campaign against meningitis serotype A with MenAfriVac vaccine that took place in the Tshopo province in May 2016.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 5 November 2021

Epidemiological summary

Since 31 December 2019, and as of week 2021-43, 247 234 433 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 007 540 deaths.

Cases have been reported from:

Africa: 8 501 011 cases; the five countries reporting most cases are South Africa (2 922 116), Morocco (946 145), Tunisia (712 776), Ethiopia (365 167) and Libya (357 964).

Asia: 69 766 048 cases; the five countries reporting most cases are India (34 285 814), Iran (5 916 211), Indonesia (4 244 358), Philippines (2 787 276) and Malaysia (2 471 642).

America: 93 872 479 cases; the five countries reporting most cases are United States (45 970 881), Brazil (21 810 855), Argentina (5 289 945), Colombia (5 003 977) and Mexico (3 808 205).

Europe: 74 760 195 cases; the five countries reporting most cases are United Kingdom (9 086 299), Russia (8 513 790), Turkey (8 009 040), France (7 154 847) and Spain (5 016 700).

Oceania: 333 995 cases; the five countries reporting most cases are Australia (170 458), Fiji (52 180), French Polynesia (45 541), Papua New Guinea (29 715) and Guam (18 208).

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

Deaths have been reported from:

Africa: 218 156 deaths; the five countries reporting most deaths are South Africa (89 177), Tunisia (25 244), Egypt (18 651), Morocco (14 668) and Ethiopia (6 459).

Asia: 1 081 704 deaths; the five countries reporting most deaths are India (458 437), Indonesia (143 405), Iran (126 126), Philippines (43 172) and Malaysia (28 912).

America: 2 300 096 deaths; the five countries reporting most deaths are United States (745 836), Brazil (607 824), Mexico (288 464), Peru (200 276) and Colombia (127 311).

Europe: 1 403 622 deaths; the five countries reporting most deaths are Russia (238 538), United Kingdom (140 632), Italy (132 568), France (121 664) and Germany (95 334).

Oceania: 3 956 deaths; the five countries reporting most deaths are Australia (1 734), Fiji (674), French Polynesia (636), Papua New Guinea (370) and New Caledonia (266).

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

EU/EEA:

As of week 2021-43, 40 693 636 cases have been reported in the EU/EEA: France (7 154 847), Spain (5 016 700), Italy (4 769 869), Germany (4 601 634), Poland (3 001 924), Netherlands (2 131 986), Czechia (1 765 632), Romania (1 647 566), Belgium (1 360 017), Sweden (1 173 304), Portugal (1 091 136), Hungary (874 711), Slovakia (838 361), Austria (831 079), Greece (744 868), Bulgaria (611 247), Croatia (471 474), Ireland (448 449), Lithuania (398 494), Denmark (382 711), Slovenia (337 110), Latvia (219 137), Norway (207 926), Estonia (195 402), Finland (156 409), Cyprus (123 546), Luxembourg (82 927), Malta (37 845), Iceland (13 731) and Liechtenstein (3 594).

As of week 2021-43, 802 006 deaths have been reported in the EU/EEA: Italy (132 568), France (121 664), Germany (95 334), Spain (87 368), Poland (77 342), Romania (46 208), Czechia (30 722), Hungary (29 685), Belgium (25 776), Bulgaria (24 849), Netherlands (18 438), Portugal (18 159), Greece (15 988), Sweden (15 037), Slovakia (13 729), Austria (11 043), Croatia (9 251), Lithuania (5 807), Ireland (5 182), Slovenia (5 084), Latvia (3 619), Denmark (2 716), Finland (1 587), Estonia (1 517), Norway (1 143), Luxembourg (897), Cyprus (698), Malta (500), Liechtenstein (61) and Iceland (34).

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

In week 2021-43, in the EU/EEA overall, the reported weekly cases increased by 17.3 % compared to the previous week. The highest weekly increases in descending order were observed in Hungary, Czechia, Norway, Poland and Austria. The countries with the highest 14-day notification rates per 100 000 population are: Latvia (1 757), Estonia (1 660), Lithuania (1 493), Slovenia (1 365) and Croatia (1 066). Six of the 29 EU/EEA countries (Belgium, Italy, Latvia, Malta, Romania and Spain) reported a decrease in the weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 43, nine countries (Bulgaria, Croatia,

Czechia, Estonia, Greece, Hungary, Latvia, the Netherlands and Slovenia) were categorised as of very high concern, 12 countries (Austria, Belgium, Denmark, Germany, Iceland, Ireland, Lithuania, Luxembourg, Norway, Poland, Romania and Slovakia) as of high concern, five countries (Finland, France, Liechtenstein, Portugal and Sweden) as of moderate concern, two countries (Cyprus and Italy) as of low concern and two countries (Malta and Spain) as of very low concern. Compared with the previous week, eight countries (Austria, Czechia, Denmark, Greece, Hungary, Iceland, the Netherlands and Poland) moved to a higher category, six countries (Cyprus, Italy, Liechtenstein, Lithuania, Malta and Spain) moved to a lower category and 16 countries stayed in the same category.

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](#), [eight](#) and [ninth](#) 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 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

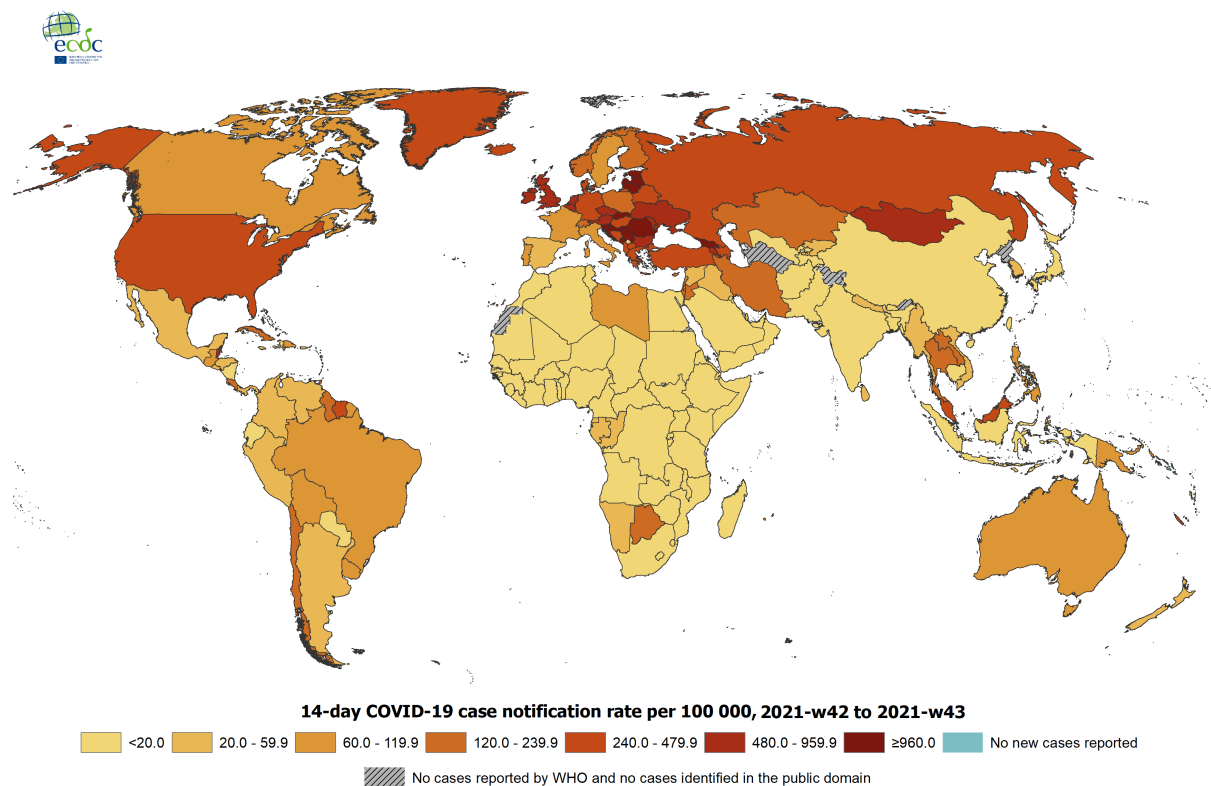
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

On 30 September 2021, ECDC published the [rapid risk assessment](#), 'Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA'. 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-w42 to 2021-w43

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: 04/11/2021

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

Opening date: 4 June 2021

Latest update: 5 November 2021

Epidemiological summary

Between 29 October and 4 November 2021, European Union (EU) and European Economic Area (EEA) countries reported two human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Germany (1) and Italy (1). EU-neighbouring countries reported no human cases of WNV infection and no deaths related to WNV infections. This week, among the reporting countries, the following NUTS 3 region reported human cases of WNV infection for the first time: Burgenlandkreis in Germany.

Since the beginning of the 2021 transmission season, and as of 4 November 2021, EU/EEA countries have reported 138 human cases of WNV infection in Greece (56), Italy (55), Hungary (7), Romania (7), Spain (6), Germany (4) and Austria (3) and 9 deaths in Greece (7), Spain (1) and Romania (1). EU-neighbouring countries have reported 18 human cases of WNV infection in Serbia (18) and three deaths in Serbia (3).

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 46 different NUTS 3 or GAUL 1 regions, of which the following regions reported human cases of WNV infection for the first time:

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Burgenlandkreis and Spree-Neiße in Germany and La Spezia in Italy.

Since the beginning of the 2021 transmission season, 35 outbreaks among equids and eight outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Germany (15), Spain (11), Portugal (4), Hungary (3), Greece (1) and France (1). Outbreaks among birds have been reported by Spain (7) and Slovenia (1).

ECDC assessment

Human WNV infections have been reported in seven EU Member States where seasonal circulation of the virus has been previously reported. As expected, very few new WNV infections were reported in October. A very limited number of cases may still be reported to ECDC in the coming weeks due to reporting delays. The weekly WNV reporting will be conducted until mid-November.

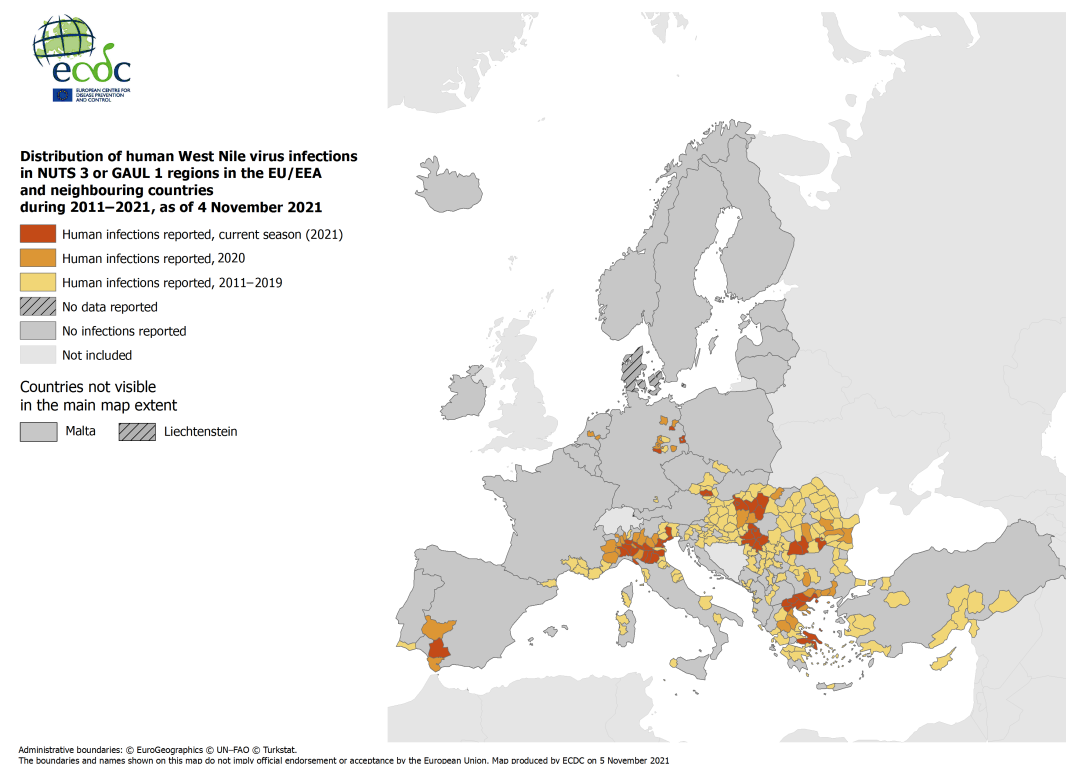
In accordance with [Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

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 04 November

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 04 November

ECDC and ADIS

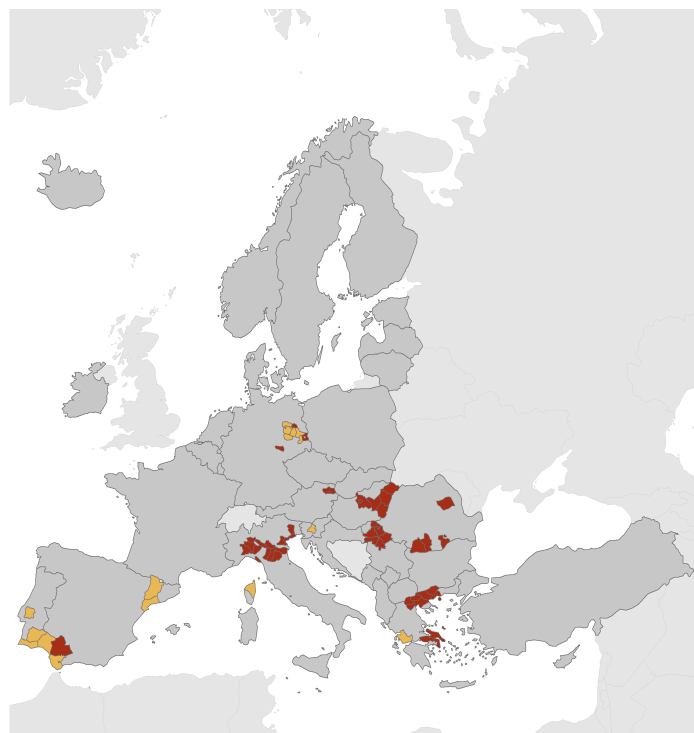


Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and neighbouring countries during the 2021 season, as of 4 November 2021

- 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 © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 5 November 2021

New! Acute Flaccid Paralysis (type 1 poliovirus) case – Ukraine – 2021

Opening date: 5 November 2021

Latest update: 5 November 2021

Epidemiological summary

On 3 November 2021, the Public Health Centre of the Ministry of Health of Ukraine reported a case of poliomyelitis in a 12-year-old girl with acute flaccid paralysis (AFP) in the Transcarpathia region of Ukraine. Biomaterial samples were sent to the World Health Organisation (WHO) reference laboratory in Finland, where infection with type 1 poliovirus was confirmed. The case, who was not vaccinated, is now in need of rehabilitation and is under medical supervision. Epidemiological investigation found that no poliovirus infection has been reported among people who have been in contact with the case and that this case is not related to the case of polio reported from the Rivne region in October 2021. According to the Ministry of Health, polio vaccination coverage in the region remains low: as of 1 October 2021, only 49.6% of children under one year old had received three doses of the vaccine.

Source: [Public Health Centre of the Ministry of Health of Ukraine](#)

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated.

According to the May 2019 report of the [European Regional Commission for Certification of Poliomyelitis Eradication](#), one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak following importation of WPV or emergence of circulating VDPV, due primarily to suboptimal population immunity. The same report highlights that Ukraine had inadequate responses to outbreaks of other vaccine-preventable diseases in recent years. It lists an additional 15 EU/EEA countries that are at intermediate risk of sustained polio outbreaks.

To limit the risk of reintroduction and sustained transmission of WPV and VDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

Ukraine and EU/EEA Member States who conduct environmental surveillance for polioviruses, in particular the countries bordering

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Ukraine, should consider increasing the sampling frequency and geographical area under surveillance until the outbreak has been brought under control.

ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#) | [ECDC factsheet](#)

Actions

ECDC will monitor the ongoing situation through its epidemic intelligence activities and will report again should epidemiological updates become available.

New! Mass gathering monitoring – the UN Climate Change Conference (COP26) – 2021

Opening date: 5 November 2021

Latest update: 5 November 2021

Epidemiological summary

COVID-19 related information

In Scotland, on 3 November 2021, 2 823 new cases of COVID-19 were detected, bringing the total number of the cases to 653 975. There were 33 new deaths recorded on 3 November 2021, with 9 242 deaths reported overall since the beginning of the pandemic. The current vaccination rate for the population over 12 years old is 90.2% for first dose; 81.8% for second dose; and 18% for third dose.

According to the data from the [Public Health Scotland](#), a stable trend of COVID-19 cases and hospitalisations has been observed since October 2021, with a seven-day average of 2 533 cases and 93.9 admissions reported as of 1 November and 31 October, respectively. Previously the number of cases and hospitalisations peaked September 2021.

In the UK as a whole, 37 269 new cases were detected on 4 November 2021, bringing the total number of cases to 9 208 219. There were 214 COVID-19 related deaths recorded on 4 November 2021. The current vaccination rate for the population over 12 years in the UK is 87.1% for first dose; 79.6% for second dose; and 15.7% for third dose.

The latest epidemiological summary for the EU/EEA and individual member states can be found at the ECDC [dedicated webpage](#).

COVID-19-related country profiles for countries outside the EU/EEA are available [here](#).

Other news

According to a [media report](#) a White House aide tested positive for COVID-19 last week and remains in quarantine in Scotland. Other staff, including President Biden, who had contact with the aide tested negative for COVID-19 this week following their return to the US.

ECDC assessment

In countries where mass gathering events 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. For the latest available risk assessment, please visit [ECDC dedicated webpage](#).

The risk of becoming infected with other communicable diseases in Scotland during COP26 is considered low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

Actions

ECDC, in collaboration with Public Health Scotland and the UK Health Security Agency, is monitoring this event through its epidemic intelligence activities on a daily basis until 19 November 2021 and reports weekly.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 5 November 2021

Epidemiological summary

Since the start of the outbreak (on 8 October 2021), and as of 1 November 2021, 11 EVD cases (eight confirmed and three probable), including nine deaths (six among confirmed cases), have been reported in the North Kivu province in the eastern region of the Democratic Republic of Congo.

Initial genomic sequencing at INRB Pathogen Genomic Sequencing laboratory in Kinshasa indicates that the new cases likely represent a flare-up event from the 2018-2020 North Kivu/Ituri outbreak. On 8 October 2021, the Ministry of Health for the Democratic Republic of Congo announced a new laboratory-confirmed case of Ebola virus disease (EVD) in Butsili Health Area in Beni Health Zone, North Kivu Province.

The index case was a three-year-old male who developed symptoms of EVD in early October 2021. He died on 6 October. On 7 October, samples were tested at the National Institute of Biomedical Research (INRB) laboratory in Beni. On 8 October, laboratory samples were sent to the Rodolphe Mérieux INRB Laboratory, Goma, and EVD was confirmed by RT-PCR the same day.

Three neighbours of the case (a father and two children) had died on 14, 19, and 29 September 2021 after developing symptoms consistent with Ebola. However, none were tested for EVD. No samples were taken for EVD testing. No specific precautions were taken during the burial ceremonies. Malaria, EVD, measles, and meningitis were retrospectively listed as potential causes of death.

On 14 October 2021, a second confirmed case of EVD in a 42-year-old female in Beni Health Zone, North Kivu Province was reported, and on 18 October three new confirmed cases of EVD were reported by WHO AFRO (a 32-year-old female, a 41-year-old male, and a three-year-old female). The three-year-old female died on 16 October.

On 31 October 2021, WHO AFRO reported two new confirmed cases of EVD in new Health Areas of Ngilinga and Bundji (one each) in Beni Health Zone. As of 30 October 2021, three Health Areas have reported confirmed cases, namely Butsili (six cases), Bundji (one case), and Ngilinga HA (one case). Children below the age of five years account for 50.0% (4/8) of the confirmed cases. Four community deaths occurred within the six deaths of confirmed cases.

The WHO AFRO bulletin reported that the number of contacts under follow up-was raised to 551, with 448 (81.3%) actively followed up. In addition, 70 (12.7%) contacts had never been seen, 11 contacts have not been seen in the past 48 hours, and nine (1.6%) are lost to follow-up. On 30 October 2021, a total of 643 new alerts (including 30 deaths) had been reported in the Beni Health Zone and seven other Health Zones. Of these alerts, 198 and nine deaths were reported in the Beni Health Zone. Of the 445 alerts (including 21 deaths) notified from other seven Health Zones, 436 (98.0%) were investigated and 45 (10.0%) were validated as suspected cases. Only 18 (40.0%) samples were collected from the suspected cases who accepted being tested.

Vaccinations have started in Beni Health Zone using the 'ring vaccination' approach, whereby contacts and contacts of contacts are vaccinated using the rVSV-ZEBOV Ebola vaccine. In total 394 people have been vaccinated (67 primary care providers including nine high risk contacts, nine contacts of contacts, and 49 probable contacts), including 182 contacts of contacts, 125 probable contacts, and 87 high risk contacts.

On 30 October 2021, 37 laboratory samples were analysed, among which one returned positive for EVD. Since the start of the response, a total of 444 samples have been collected and analysed, of which eight returned positive for EVD.

Source: [WHO AFRO tweet \(03.11.2021\)](#), [WHO HQ](#), [virological.org EBOV sequencing report](#), [Media](#), [WHO AFRO Bulletin \(W44\)](#), [WHO DRC tweet \(26.10.2021\)](#)

ECDC assessment

This is the second outbreak reported in North Kivu, Democratic Republic of Congo, in 2021 since the 10th outbreak was declared over in June 2020 (see the Threat Assessment Brief published on 22 February 2021 for more information). Despite the health authorities in the DRC having extensive experience in responding to EVD outbreaks, new cases were recently identified in two new Health Areas. Therefore, the ongoing outbreak may spread to other areas within the DRC and/or to neighbouring countries. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as malaria and meningitis) might further challenge the response operations.

The age distribution of these EVD cases is unusual, as half of them are children. Investigations are ongoing to identify the source

of the outbreak.

Overall, the current risk for EU/EEA citizens living in or travelling to Beni Health Zone in the DRC is estimated to be low. Although 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 the threat assessment brief [Outbreak of Ebola virus disease in North Kivu, DRC](#) on 22 February 2021, in which options for response measures are described.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 5 November 2021

Epidemiological summary

2021/2022 season overview

For the European Region as a whole, influenza activity has been at baseline level with sporadic detections, mostly of A(H3) viruses. During the influenza Vaccine Composition Meeting for the southern hemisphere 2022 season, held in September 2021, WHO recommended the replacement of the A(H3N2) and the B/Victoria-lineage component. The full report can be found [here](#).

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

ECDC assessment

Reported influenza activity remains at a very low level.

Actions

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

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

Opening date: 24 September 2012

Latest update: 5 November 2021

Epidemiological summary

From 1 January 2021 to 3 November 2021, 14 MERS-CoV cases have been reported in Saudi Arabia (13) and the United Arab Emirates (1), including six deaths. In Saudi Arabia, all were primary cases, of whom 10 reported contact with camels. These 13 cases were reported in Riyadh (8), Makkah (3), and the Eastern Province (2).

Since April 2012, and as of 3 November 2021, 2 595 cases of MERS-CoV, including 942 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](#),

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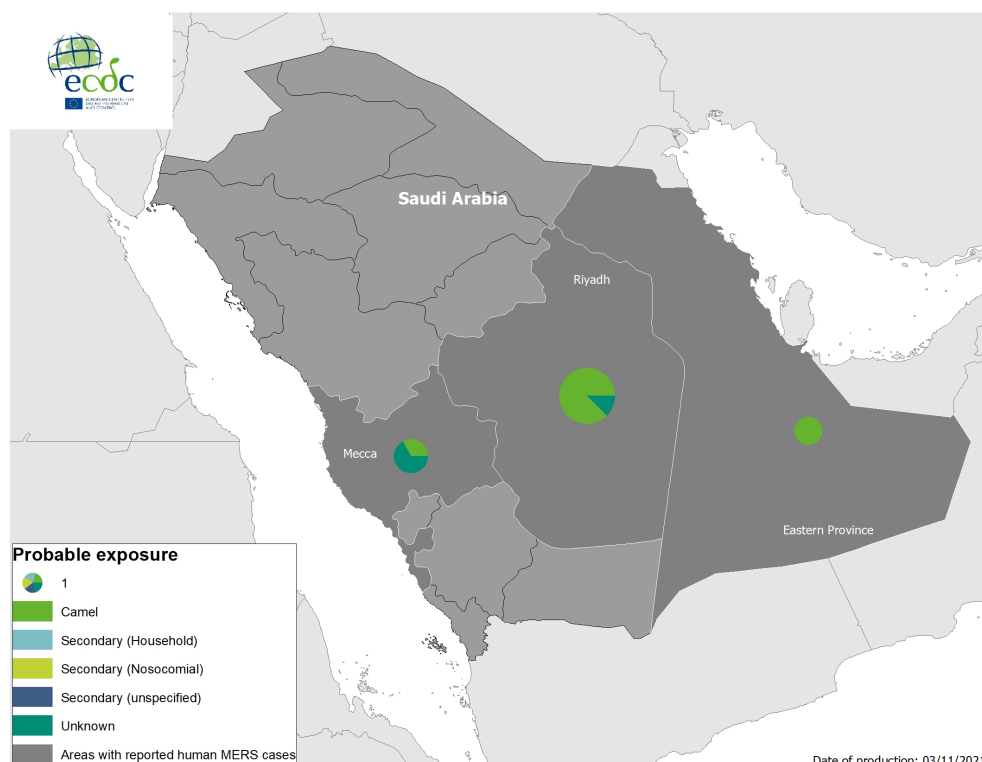
in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)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

Actions

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

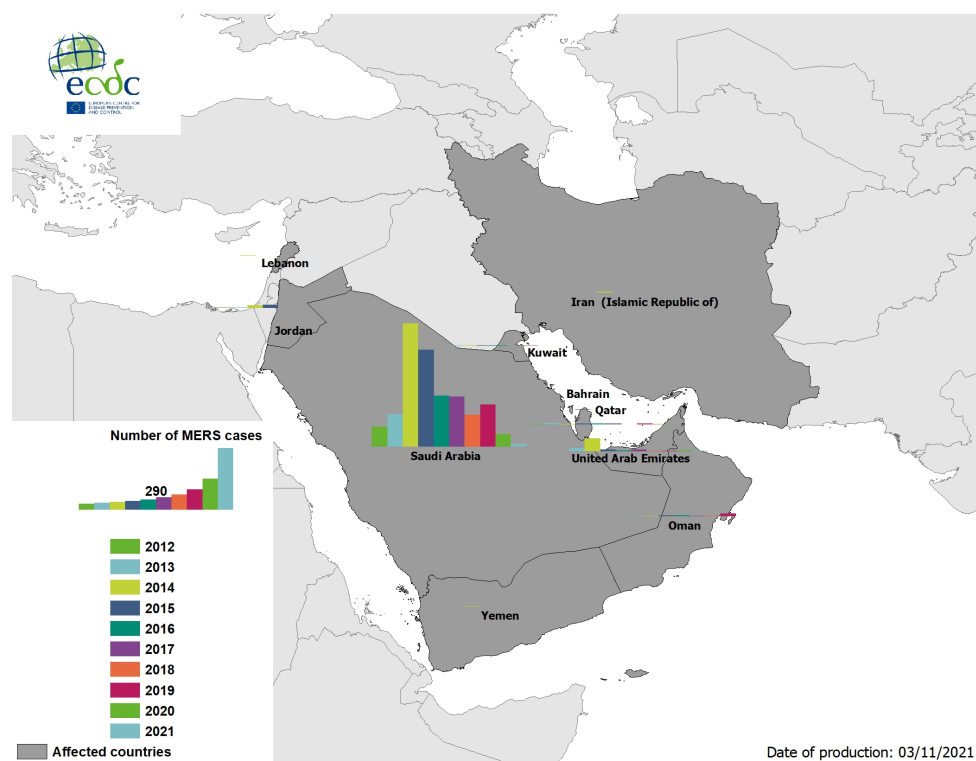
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 3 November 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 3 November 2021

Source: ECDC



Meningitis – Democratic Republic of the Congo – 2021

Opening date: 10 September 2021

Latest update: 5 November 2021

Epidemiological summary

On 8 September 2021, the Democratic Republic of the Congo declared an outbreak of meningitis in the north-eastern Tshopo Province, with 261 suspected cases and 129 deaths initially reported (CFR: 49%). Confirmatory tests carried out by Institut Pasteur in Paris detected *Neisseria meningitidis* – one of the most frequent types of bacterial meningitis, with the potential to cause large epidemics. Health authorities have deployed an initial emergency team, and the World Health Organization (WHO) is supporting the response. A crisis response committee has been set up in Banalia, the community affected by the outbreak, as well as in Kisangani, the capital of Tshopo, to accelerate the outbreak control efforts. WHO has provided medical supplies in Banalia and plans to deploy more experts and resources.

As of 18 September 2021, 608 suspected cases (12 confirmed), including 161 deaths (CFR: 46%) have been reported in Kisangani district in the Democratic Republic of the Congo. Seven samples of cerebrospinal fluid (CSF) of the 37 collected as of 16 September were sent to Pasteur Institute in Paris on 1 September and were confirmed to be *Neisseria meningitidis* serogroup W.

As of 23 October 2021, a total of 2 395 suspected meningitis cases, including 14 confirmed cases and 200 deaths (CFR: 8.4%), have been reported in Banalia health district.

Background: Meningitis is a serious infection of the meninges, the membranes covering the brain and spinal cord. The disease can be caused by many different pathogens, including bacteria, fungi or viruses, but the highest global burden is seen with bacterial meningitis. Several different bacteria can cause meningitis. *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis* are the most frequent ones. *N. meningitidis*, causing meningococcal meningitis, is the one with the potential to produce large epidemics. There are 12 serogroups of *N. meningitidis* that have been identified, six of which (A, B, C, W, X and Y) can cause epidemics. Meningococcal meningitis can affect anyone of any age, but mainly affects babies, preschool children, and young people. The disease can occur in a range of situations, from sporadic cases and small clusters to large epidemics throughout the world, with seasonal variations. Geographic distribution and epidemic potential differ according to serogroup. The largest burden of meningococcal meningitis occurs in the meningitis belt, an area of sub-Saharan Africa, which stretches from Senegal in the west to Ethiopia in the east and comprises 26 countries.

Sources: World Health Organization [\[1\]](#) [\[2\]](#) [\[3\]](#) [\[4\]](#) [\[5\]](#)

ECDC assessment

Meningitis outbreaks have occurred in several provinces of the Democratic Republic of Congo in the past. In 2009, an outbreak in Kisangani infected 214 people and caused 15 deaths - a CFR of 8%. More than 1.6 million people aged between one and 29 years were vaccinated in a large campaign in 2016 in Tshopo. The risk to EU/EEA citizens is low.

Actions

ECDC will monitor the epidemiological situation through its epidemic intelligence activities.

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