

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 12 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 2021-43 and as of week 2021-44, 3 196 115 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 59 776 new deaths have been reported.

Since 31 December 2019 and as of week 2021-44, 250 479 292 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 070 376 deaths.

As of week 2021-44, 41 451 700 cases and 812 052 deaths have been reported in the EU.

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: 12 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 5 and 11 November 2021, European Union (EU) and European Economic Area (EEA) countries reported one human case of West Nile virus (WNV) infection and no deaths related to WNV infections. The case was reported by Greece. EU-neighbouring countries reported no human cases of WNV infection and no deaths related to WNV infections.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 12 November 2021

A sharp decrease in measles cases was observed globally during the COVID-19 pandemic. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 15 October 2021, 12 new cases were reported by three countries in the EU/EEA: Germany (10), Ireland (1) and Poland (1). Other countries have not reported any new cases of measles.

So far, in 2021, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for the United Kingdom (England), WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO Western Pacific Regional Office (WPRO). There were no updates for WHO's Regional Office for South-East Asia (SEARO).

Non EU Threats

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 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 5 November, and as of 8 November 2021, no new EVD cases nor deaths have been reported. In total, eight confirmed and three probable EVD cases, including six deaths, were reported by WHO since the start of the outbreak (8 October 2021).

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 12 November 2021

Reported influenza activity in Europe remains at interseasonal levels.

→Update of the week

Week 44 2021 (1-7 November 2021)

Influenza activity was low throughout the European Region.

Of the 924 specimens tested for influenza viruses in week 44/2021, from patients presenting with influenza-like illness (ILI) or acute respiratory infection (ARI) symptoms to sentinel primary healthcare sites, two were positive for influenza type A viruses.

Hospitalized, laboratory confirmed influenza cases were detected from intensive care units (1 type B virus) and from SARI cases (18 A(H3) and one type B 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.

During week 44/2021, there was one hospitalised laboratory-confirmed influenza case from an ICU and no further cases in wards outside of ICUs.

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

Opening date: 5 November 2021

Latest update: 12 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 5 November 2021 to 11 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). An update of the COVID-19-related information is provided in the epidemiological summary.

Zika – India – 2021

Opening date: 14 July 2021

Latest update: 12 November 2021

In 2021, outbreaks of Zika virus (ZIKV) infection have been reported in the Indian states of Kerala and Uttar Pradesh. In addition, one case of ZIKV infection has been reported in Maharashtra state.

→Update of the week

Kerala: According to media quoting health authorities, and as of 5 November 2021, 90 cases of ZIKV infection have been reported in Kerala state in 2021. This is an increase of 25 cases since last reported in CDTR on week 33 2021.

WHO confirms that the first reported case in Kerala was in a 24-year-old pregnant woman in her third trimester of pregnancy who resides in Trivandrum district. The patient was admitted to hospital on 28 June with fever, headache and a rash. ZIKV viral RNA was detected in the patient's blood through RT-PCR testing at the National Institute of Virology (NIV) in Pune. The woman delivered her baby on 7 July in good health and the baby did not exhibit any apparent birth defects. Three months prior to delivery, the woman resided in Trivandrum and did not travel. The mother of the 24-year-old pregnant woman exhibited similar symptoms one week prior to ZIKV confirmation in her daughter.

Retrospective testing of 19 hospital staff and patients that presented with fever, myalgia, arthralgia and petechial lesions in May 2021 was carried out and 13 tested positive for ZIKV by RT-PCR, indicating cryptic transmission of ZIKV in Kerala state since May 2021. Between 8 and 26 July, 590 blood samples were collected in Kerala state through active case finding and passive surveillance of which 70 (11.9%) tested positive for ZIKV by RT-PCR. Four additional pregnant women were identified among those that tested positive for ZIKV. All cases were reported from Trivandrum district except two case which had recently travelled to Trivandrum but were reported from Ernakulam and Kottayam district.

So far, no cases of microcephaly and/or Guillain-Barre syndrome have been linked to this outbreak.

The Kerala Health department, along with local self-government health departments have implemented appropriate response activities.

Maharashtra: WHO reports that on 31 July 2021, a case of ZIKV infection was reported in a 50 year old woman from Belsar in the Pune district of Maharashtra state. The case tested positive for both ZIKV (by RT-PCR and sero-neutralization) and chikungunya virus (by RT-PCR and IgM ELISA) at NIV Pune. In Belsar village, 51 samples from ZIKV suspected cases were collected of which 40 tested negative for ZIKV and 11 are pending results.

Uttar Pradesh: According to media quoting health authorities, and as of 10 November 2021, 109 cases of ZIKV infection have been reported in Uttar Pradesh state (108 in Kanpur district and one in Kannauj district) in 2021. In Kanpur district, the first case was reported on 23 October in a 57 year old male Indian Air Force officer. The case in Kannauj district was reported on 6 November in a 45 year old male who had visited Kanpur. Public health response measures have been implemented, including the deployment of a high level multi-disciplinary team by the Indian Health Ministry on 25 October, to assist state health authorities. Media reports that as of 10 November 4 142 samples have been collected and sent for testing.

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

Opening date: 9 December 2019

Latest update: 12 November 2021

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 20 August 2021, the [29th meeting](#) of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

In June 2002, WHO's European Region was officially declared polio-free.

→Update of the week

Since the previous CDTR update on 15 October 2021 and as of 9 November 2021, 103 new cases of Acute Flaccid Paralysis (AFP) caused by poliovirus have been reported (cVDPV1 and cVDPV2). No new cases of AFP caused by WPV1 have been reported since the last update.

Wild poliovirus (WPV1):

No new cases of AFP caused by WPV1 have been reported by the two endemic countries (Afghanistan and Pakistan).

Circulating vaccine-derived poliovirus (cVDPV):

- One new case of AFP caused by cVDPV1 has been detected in Madagascar.
- 102 new cases of AFP caused by cVDPV2 have been reported from eight countries: Nigeria (87), Guinea-Bissau (3), Cameroon (2), Niger (5), Senegal (2), Democratic Republic of the Congo (1), Benin (1) and Somalia (1).
- No new cases of AFP caused by cVDPV3 have been reported.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 12 November 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-44, 250 479 292 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 070 376 deaths.

Cases have been reported from:

Africa: 8 534 354 cases; the five countries reporting most cases are South Africa (2 923 956), Morocco (947 139), Tunisia (713 352), Ethiopia (367 210) and Libya (361 709).

Asia: 70 212 009 cases; the five countries reporting most cases are India (34 366 987), Iran (5 987 814), Indonesia (4 248 165), Philippines (2 803 213) and Malaysia (2 506 309).

America: 94 583 430 cases; the five countries reporting most cases are United States (46 488 417), Brazil (21 880 439), Argentina (5 297 991), Colombia (5 016 959) and Mexico (3 826 786).

Europe: 76 799 553 cases; the five countries reporting most cases are United Kingdom (9 301 909), Russia (8 834 495), Turkey (8 206 375), France (7 203 823) and Spain (5 031 796).

Oceania: 349 241 cases; the five countries reporting most cases are Australia (181 578), Fiji (52 298), French Polynesia (45 573), Papua New Guinea (31 791) and Guam (18 688).

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

Deaths have been reported from:

Africa: 219 403 deaths; the five countries reporting most deaths are South Africa (89 332), Tunisia (25 281), Egypt (19 076), Morocco (14 701) and Ethiopia (6 542).

Asia: 1 090 546 deaths; the five countries reporting most deaths are India (461 057), Indonesia (143 545), Iran (127 299), Philippines (44 430) and Malaysia (29 291).

America: 2 322 439 deaths; the five countries reporting most deaths are United States (754 431), Brazil (609 447), Mexico (298 734), Peru (200 469) and Colombia (127 571).

Europe: 1 433 877 deaths; the five countries reporting most deaths are Russia (248 004), United Kingdom (141 805), Italy (132 901), France (121 894) and Germany (96 228).

Oceania: 4 105 deaths; the five countries reporting most deaths are Australia (1 827), Fiji (675), French Polynesia (636), Papua New Guinea (407) and New Caledonia (269).

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

EU/EEA:

As of week 2021-44, 41 687 599 cases have been reported in the EU/EEA: France (7 203 823), Spain (5 031 796), Italy (4 806 686), Germany (4 779 700), Poland (3 083 306), Netherlands (2 200 934), Czechia (1 819 106), Romania (1 703 679), Belgium (1 438 190), Sweden (1 178 358), Portugal (1 098 127), Hungary (910 078), Austria (887 661), Slovakia (881 827), Greece (788 470), Bulgaria (641 718), Croatia (502 569), Ireland (474 289), Lithuania (416 587), Denmark (399 566), Slovenia (357 262), Latvia (231 822), Norway (217 638), Estonia (205 883), Finland (162 280), Cyprus (124 986), Luxembourg (84 874), Malta (38 123), Iceland (14 558) and Liechtenstein (3 703).

As of week 2021-44, 813 320 deaths have been reported in the EU/EEA: Italy (132 901), France (121 894), Germany (96 228), Spain (87 547), Poland (78 116), Romania (50 996), Czechia (31 073), Hungary (30 271), Bulgaria (25 936), Belgium (25 928), Netherlands (18 602), Portugal (18 206), Greece (16 349), Sweden (15 060), Slovakia (13 816), Austria (11 182), Croatia (9 546), Lithuania (6 045), Ireland (5 249), Slovenia (5 140), Latvia (3 884), Denmark (2 740), Finland (1 628), Estonia (1 612), Norway (1 173), Luxembourg (903), Cyprus (700), Malta (500), Liechtenstein (61) and Iceland (34).

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

In week 2021-44, in the EU/EEA overall, the reported weekly cases increased by 19.0 % compared to the previous week. The highest weekly increases in descending order were observed in Malta, Liechtenstein, Austria, Greece and Czechia. The countries with the highest 14-day notification rates per 100 000 population are: Slovenia (1 748), Estonia (1 698), Latvia (1 533), Lithuania (1 402), and Croatia (1 394). Eight of the 30 EU/EEA countries (Belgium, Bulgaria, Estonia, Italy, Latvia, Lithuania, Romania, Spain and Sweden) 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. For week 44, 10 countries (Belgium, Bulgaria, Croatia, Czechia, Estonia,

Greece, Hungary, the Netherlands, Poland and Slovenia) were categorised as of very high concern, 13 countries (Austria, Denmark, Finland, Germany, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Norway, Romania and Slovakia) as of high concern, three countries (Cyprus, France and Portugal) as of moderate concern and four countries (Italy, Malta, Spain and Sweden) as of low concern. Compared with the previous week, four countries (Belgium, Finland, Liechtenstein and Poland) moved to a higher category, five countries (Ireland, Italy, Latvia, Lithuania and Sweden) moved to a lower category and 21 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

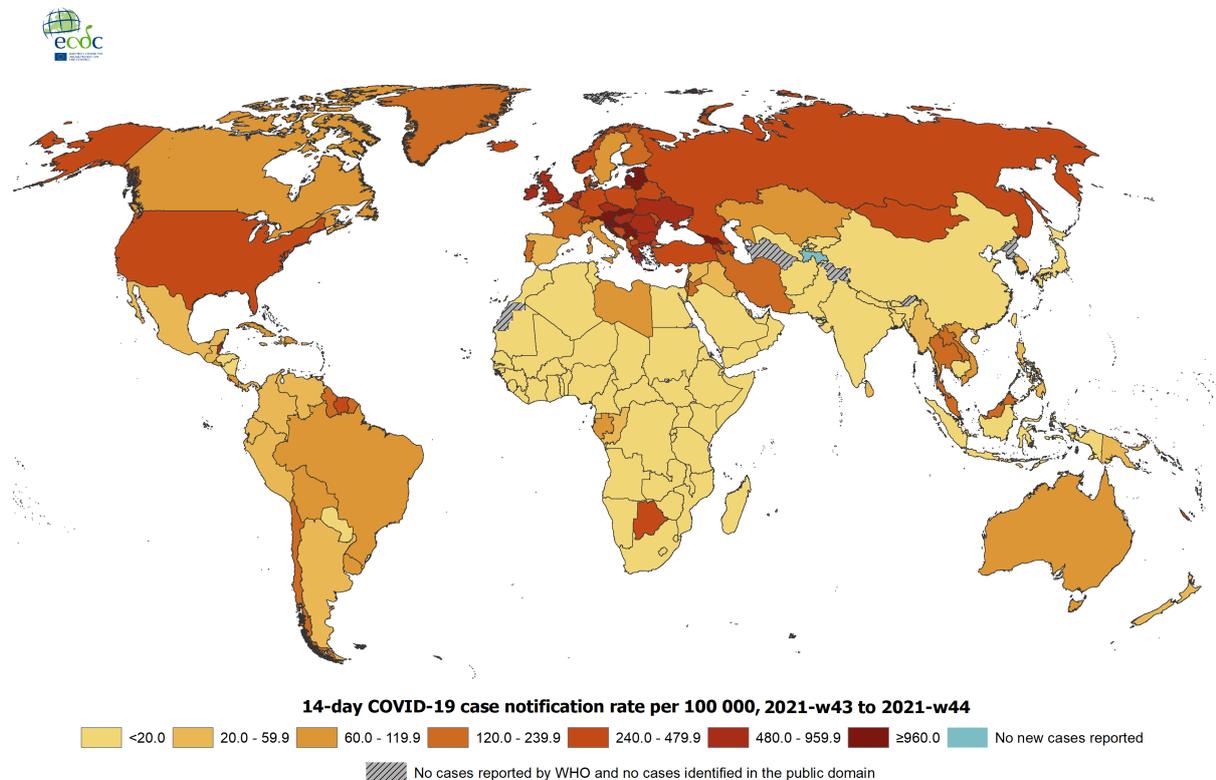
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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-w43 to 2021-w44

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: 10/11/2021

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

Opening date: 4 June 2021

Latest update: 12 November 2021

Epidemiological summary

Between 5 and 11 November 2021, European Union (EU) and European Economic Area (EEA) countries reported one human case of West Nile virus (WNV) infection and no deaths related to WNV infections. The case was reported by Greece. EU-neighbouring countries reported no human cases of WNV infection and no deaths related to WNV infections.

Since the beginning of the 2021 transmission season and as of 11 November 2021, EU/EEA countries have reported 139 human cases of WNV infection in Greece (57), 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 3 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, 37 outbreaks among equids and eight outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Germany (16), Spain (11), Portugal (4), Hungary (3), France (2) and Greece (1). Outbreaks among birds have been reported by Spain (7) and Slovenia (1).

ECDC assessment

In 2021, 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. As no new cases with date of disease onset in the past two weeks have been reported this will be the last weekly WNV update for the 2021 season.

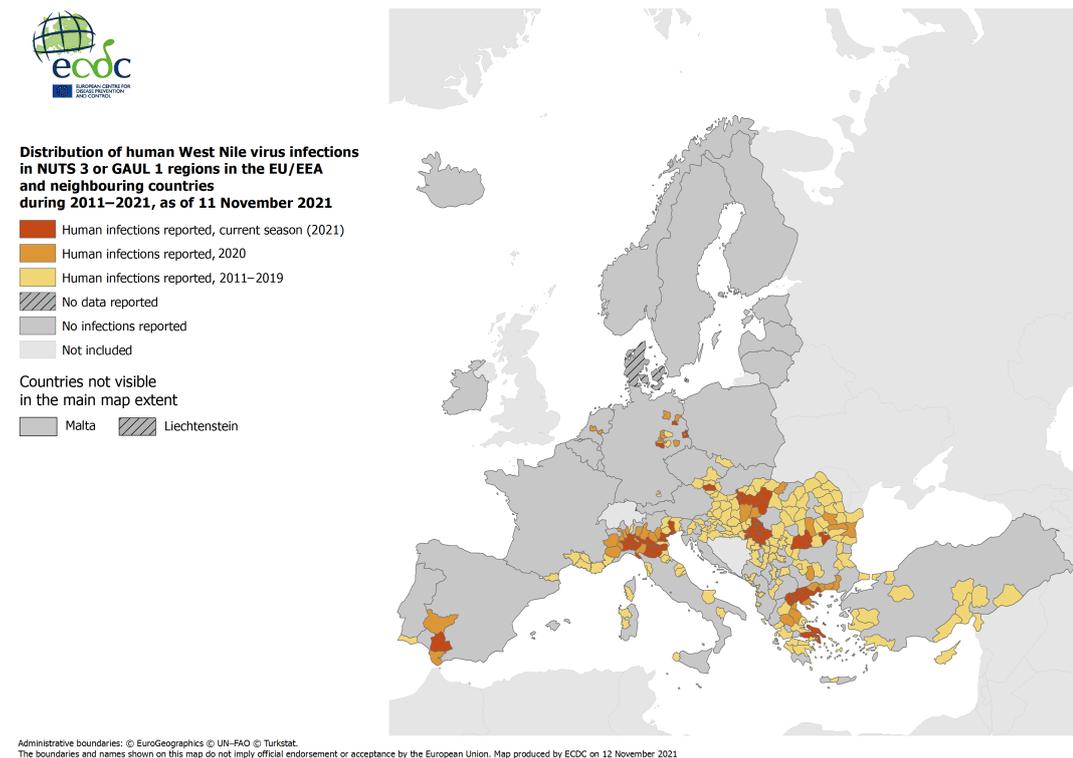
In accordance with [Commission Directive 2014/110/EU](#), prospective blood donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

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 11 Nov

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 11 Nov

ECDC and ADIS

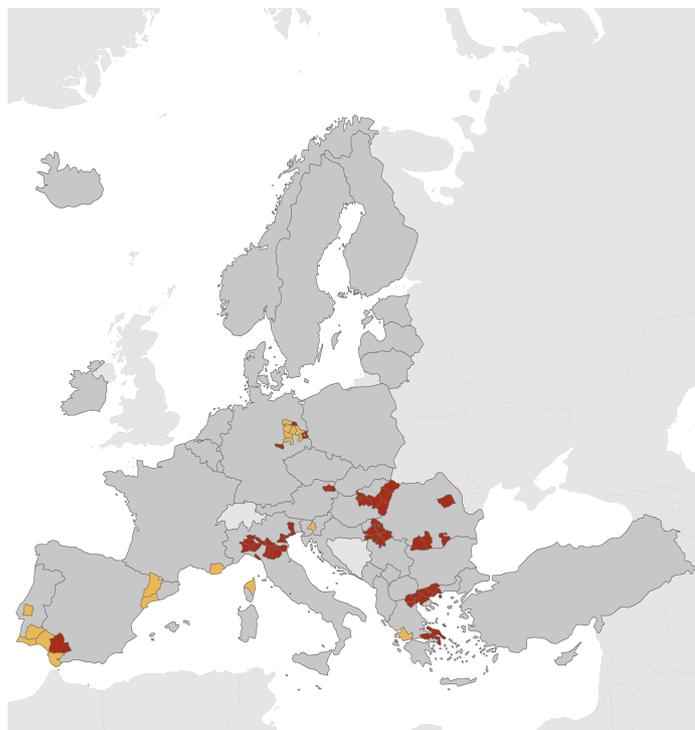


Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and neighbouring countries during the 2021 season, as of 11 November 2021

- 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 12 November 2021

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 12 November 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 15 October 2021, 12 new cases were reported by three countries in the EU/EEA: Germany (10), Ireland (1) and Poland (1). Other countries have not reported any new cases of measles.

So far, in 2021, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for the United Kingdom (England), WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO) and WHO's Western Pacific Regional Office (WPRO). There were no updates for WHO's Regional Office for South-East Asia (SEARO).

EU/EEA countries are encouraged to maintain [routine immunisation sessions](#), provided that COVID-19 response measures allow.

Disclaimer: the [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with updates since last month

[Germany](#) reported 55 confirmed and suspected cases as of week 44 (ending on 7 November 2021) an increase of ten cases since week 40 (ending 10 October 2021).

[Ireland](#) reported two cases as of week 43 (03/11/2021), an increase of one case since week 34 (ending 28 August 2021).

[Poland](#) reported one new case since 31 August 2021, bringing the total number of cases to 14 in January–October 2021.

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Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from the [WHO website](#).

According to data published by WHO's Regional Office for Europe ([EURO](#)) on 6 October 2021, sporadic measles cases were reported in the following EU/EEA countries: Belgium, Finland, France, Germany, Ireland, Italy, Poland and Romania; and confirmed cases have been reported in the following non-EU/EEA countries – same countries as in previous monthly update: Belarus, Georgia Kazakhstan, Kyrgyzstan, Russia, Serbia, Turkey, Ukraine and United Kingdom.

According to WHO's Regional Office for Africa ([AFRO](#)), in 2021 and as of 31 October 2021 (week 44), cases and outbreaks of measles were reported in the same countries as in the previous report: Angola, Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan. Due to varying reporting periods by the countries please visit the [latest weekly bulletin](#).

According to the weekly bulletin for week 44, in the Democratic Republic of the Congo (DRC) from week 1 to week 40, 2021 (ending 10 October) a total of 43 277 suspected cases of measles with 665 deaths (CFR: 1.5%) have been reported from 369 (71%) health districts out of 519 across 26 provinces. Although sporadic measles cases are currently reported in 369 health districts across 26 provinces, more than 80 health districts across 23 affected provinces including the capital city of Kinshasa are having an ongoing measles outbreak. Overall, a declining trend is observed compared to the situation in DRC in 2019 and 2020.

According to WHO's Regional Office for Eastern Mediterranean ([EMRO](#)) report in 2021 for the period January – September, 9 723 measles cases (confirmed, Epi-linked and clinically compatible) were reported in 13 countries (the same countries as in the previous report): Afghanistan, Iran, Iraq, Kuwait, Lebanon, Libya, Pakistan, Saudi Arabia, Somalia, Sudan, Syria, Tunisia and the United Arab Emirates. Most of the cases were reported by Pakistan (6 431) and Afghanistan (1 679).

According to WHO's Pan American Health Organization ([PAHO](#)), in 2021 and as of week 43 (ending 30 October 2021), 666 confirmed cases of measles were reported by two countries reported: Brazil (619) and the US (47).

According to WHO's Western Pacific Region ([WPRO](#)) report (Vol 15, No 10), as of 20 October 2021, there were 781 confirmed and clinically compatible cases, including ten deaths (CFR: 1.3%). The cases were reported by eight countries: Cambodia, China (including Hong Kong SAR), Japan, Laos, Malaysia, the Philippines, Singapore and Vietnam. Most of the cases reported by China (442) and the Philippines (176 cases, 10 deaths).

No updates were available for WHO's Regional Office for South-East Asia (SEARO).

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks during the spring in temperate climates. A similar decrease was observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the observed decline in cases. With the potential lifting of non-pharmaceutical interventions related to the COVID-19 pandemic in the coming months, possible measles outbreaks are anticipated in the EU/EEA. Active measles surveillance and public health measures should be reinforced, and enhanced measles vaccination campaigns should be planned in order to ensure high measles vaccination uptake.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a [risk assessment](#) entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Epidemiological summary

Since the start of the outbreak (on 8 October 2021), and as of 8 November 2021, 11 EVD cases (eight confirmed and three

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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 (W45) reported that 510 contacts have been listed of which 433 (86.9%) are actively followed up. Additionally, 699 alerts (including 17 deaths) had been reported, 99.3% (664) of which had been investigated and of these 45 (10.0%) were validated as suspected cases. From the suspected cases, 18 (40.0%) samples were collected from those who consented testing.

Since the start of the response, a total of 696 samples have been collected and 694 (99.7%) were analysed, of which eight returned positive for EVD.

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. According to the DRC WHO updates, until 10 November 2021, in total 559 people have been vaccinated (98 contacts, 277 contacts of contacts, and 184 probable contacts).

Source: [WHO AFRO tweet \(03.11.2021\)](#), [WHO HQ, virological.org EBOV sequencing report](#), [Media, WHO AFRO Bulletin \(W44\)](#), [WHO DRC tweet \(26.10.2021\)](#), [WHO AFRO Bulletin \(W45\)](#), [WHO DRC tweet \(09.11.2021\)](#), [WHO DRC tweet \(10.11.2021\)](#)

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: 12 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.

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

Opening date: 5 November 2021

Latest update: 12 November 2021

Epidemiological summary

COVID-19 related information

In [Scotland](#), as reported on 11 November 2021, the overall number of cases is 674 062, while the total number of COVID-19 related deaths is 9 358. Overall, a slightly increasing trend of COVID-19 cases has been observed in the last two weeks with a 7-day moving average of 2 823 cases (7 November 2021); while hospitalisations are slightly decreasing with a 7-day moving average of 81.6 admissions (7 November 2021). Previously, the number of cases and hospitalisations peaked in September 2021. Current vaccination rate for the population over 12 years old is 90.4% for first dose; 82.0% for second dose; and 22.7% for third dose.

In all of the [United Kingdom](#), as reported on 10 November 2021, the overall number of cases is 9 406 001, while the total number of COVID-19 related deaths is 165 534. Overall, a slight decrease of COVID-19 cases is observed in the last two weeks with a 7-day moving average of 33 866 cases (7 November 2021), while hospitalisations remain stable with a 7-day moving average of 949.7 admissions as of 3 November 2021. Previously in the UK, the number of cases and hospitalisations peaked in January 2021. Current vaccination rate for the population over 12 years old in the UK is 87.5% for first dose; 79.8% for second dose; and 19% for third dose.

The overall number of cases in EU/EEA is increasing in the past weeks with certain countries reintroducing COVID-19 non-pharmaceutical interventions and [restrictions](#). 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](#).

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.

Zika – India – 2021

Opening date: 14 July 2021

Latest update: 12 November 2021

Epidemiological summary

Kerala: According to media quoting health authorities, and as of 5 November 2021, 90 cases of ZIKV infection have been reported in Kerala state in 2021.

WHO confirms that the first reported case in Kerala was in a 24-year-old pregnant woman in her third trimester of pregnancy who resides in Trivandrum district. The patient was admitted to hospital on 28 June with fever, headache and a rash. ZIKV viral RNA was detected in the patient's blood through RT-PCR testing at the National Institute of Virology (NIV) in Pune. The woman delivered her baby on 7 July in good health and the baby did not exhibit any apparent birth defects. Three months prior to delivery, the woman resided in Trivandrum and did not travel. The mother of the 24-year-old pregnant woman exhibited similar symptoms one week prior to ZIKV confirmation in her daughter.

Retrospective testing of 19 hospital staff and patients that presented with fever, myalgia, arthralgia and petechial lesions in May 2021 was carried out and 13 tested positive for ZIKV by RT-PCR, indicating cryptic transmission of ZIKV in Kerala state since May 2021. Between 8 and 26 July, 590 blood samples were collected in Kerala state through active case finding and passive surveillance of which 70 (11.9%) tested positive for ZIKV by RT-PCR. Four additional pregnant women were identified among those that tested positive for ZIKV. All cases were reported from Trivandrum district except two case which had recently travelled to Trivandrum but were reported from Ernakulam and Kottayam district.

So far, no cases of microcephaly and/or Guillain-Barre syndrome have been linked to this outbreak.

The Kerala Health department, along with local self-government health departments have implemented appropriate response activities.

Maharashtra: WHO reports that on 31 July 2021, a case of ZIKV infection was reported in a 50 year old woman from Belsar in the Pune district of Maharashtra state. The case tested positive for both ZIKV (by RT-PCR and sero-neutralization) and chikungunya virus (by RT-PCR and IgM ELISA) at NIV Pune. In Belsar village, 51 samples from ZIKV suspected cases were collected of which 40 tested negative for ZIKV and 11 are pending results.

Uttar Pradesh: According to media quoting health authorities, and as of 10 November 2021, 109 cases of ZIKV infection have been reported in Uttar Pradesh state (108 in Kanpur district and one in Kannauj district) in 2021. In Kanpur district, the first case was reported on 23 October in a 57 year old male Indian Air Force officer. The case in Kannauj district was reported on 6 November in a 45 year old male who had visited Kanpur. Public health response measures have been implemented, including the deployment of a high level multi-disciplinary team by the Indian Health Ministry on 25 October, to assist state health authorities. Media reports that as of 10 November 4 142 samples have been collected and sent for testing.

Background: India is classified by [WHO](#) as a country with known previous or current circulation of Zika virus but prior to 2021 no cases were reported from Kerala, Maharashtra or Uttar Pradesh state. Between 2017 and 2018, cases have been previously reported from the states of Gujarat, Madhya Pradesh, Rajasthan and Tamil Nadu.

Sources: [WHO](#), [Government of India](#), Media [1] [2] [3] [4]

ECDC assessment

The predominant mode of transmission for Zika virus is through the bites of infected mosquitoes, but the virus can also be transmitted by sexual contact, blood or blood components and possibly other substances of human origin. Zika virus infection during pregnancy is associated with intrauterine central nervous system infection, congenital malformations and foetal death. Hence, pregnant women are the main risk group and the primary target for preventive measures.

On 2 July 2019, WHO published an overview of the global epidemiology of Zika virus transmission. However, the [map](#) of countries and territories with current or previous Zika transmission has not been updated since 5 June 2019. Zika transmission persists, but has generally been at lower levels since 2018. For travellers, WHO advises against any restriction of travel to or trade with countries, areas and territories with Zika virus transmission. However, WHO recommends that pregnant women avoid travel to areas with Zika virus transmission, particularly during outbreaks, based on the increased risk of microcephaly and other severe congenital malformations. To [prevent potential sexual transmission](#), all travellers returning from affected areas should practice safe sex for at least three months after last possible exposure for men or two months for female travellers.

The likelihood for sustained transmission of ZIKV infections in mainland EU/EEA is, among other things, highly dependent on favourable environmental conditions for the growth of active competent vectors (i.e. *Aedes albopictus*). As the environmental conditions are currently unfavourable to high density of mosquito populations and virus replication in the vector, the likelihood of sustained ZIKV transmission events in mainland EU/EEA is very low. While *Aedes albopictus* is established in a large part of mainland Europe, only a single autochthonous ZIKV transmission event has been reported in Europe to date ([reported](#) in the Var department of France in October 2019).

Actions

ECDC is monitoring the situation through epidemic intelligence activities.

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

Opening date: 9 December 2019

Latest update: 12 November 2021

Epidemiological summary

Wild poliovirus:

In 2021 overall, as of 9 November, two cases of AFP caused by WPV1 had been reported from two endemic countries: Afghanistan (1) and Pakistan (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2021 overall, and as of 9 November 2021, 13 cases of AFP caused by cVDPV1 have been reported by Madagascar (10) and Yemen (3). In addition, 435 cases of AFP caused by cVDPV2 have been reported from 19 countries: Nigeria (274), Afghanistan (43), Tajikistan (32), Senegal (16), Democratic Republic of the Congo (11), South Sudan (9), Ethiopia (9), Pakistan (8), Guinea (6), Sierra Leone (5), Guinea-Bissau (3), Liberia (3), Benin (3), Burkina Faso (2), Cameroon (2), Congo (2), Niger (5), Somalia (1) and Ukraine (1). No cases of AFP caused by cVDPV3 have been reported to date this year.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue, to the extent possible, to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Other news:

On 18 October 2021, the Global Polio Eradication Initiative (GPEI) [reported](#) plans to resume nationwide polio vaccination in Afghanistan on 8 November 2021. The campaign is the first in over three years that will reach all children in the country. A second nationwide campaign has also been agreed and will be synchronised with Pakistan's own polio campaign planned in December.

On 9 November 2021, the GPEI [reported](#) that no polio has been detected in Tajikistan since completion of the third round of supplemental immunisation with nOPV2 in early September. The latest AFP case caused by cVDPV2 had onset of paralysis on 26 June 2021 and the latest positive environmental sample was collected on 27 August 2021. The supplemental immunisation campaign was conducted in response to the cVDPV2 outbreak in Khatlon province that began in November 2020. A reported 99% of the target group (children under the age of six) were reached.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [WPV3 eradication certificate](#)

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](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to sub-optimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

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

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

Actions

ECDC provides updates on the polio situation on a monthly basis. The agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and that have ongoing outbreaks of cVDPV.

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