

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Outbreaks of highly pathogenic avian influenza A(H5N1) among birds in Europe

Following the autumn bird migration, an increasing number of outbreaks of highly pathogenic avian influenza A(H5N1) have been reported from many countries across the EU/EEA ([map](#), [list](#)) with large outbreaks in the poultry sector in Italy and in wild birds and poultry in Germany. Sweden [declared the risk](#) as very high and raised its threat level to 2. In the United Kingdom, an [Avian Influenza Prevention Zone](#) was declared across Great Britain on 3 November 2021. To date, no human cases have been reported in the EU/EEA. Outbreaks of highly pathogenic avian influenza A(H5N1) in poultry and wild birds have recently been reported for the first time in [Japan and South Korea](#).

According to [WHO](#), between January 2003 and 4 November 2021, 863 cases of human infection with avian influenza A(H5N1) virus were reported globally, from 18 countries. Of these, 456 were fatal (CFR: 53%). The most recent case was reported from India in July 2021. No human infections with the currently circulating A(H5N1) viruses of clade 2.3.4.4b have been reported to date.

A [new publication](#) (C. Adlhoch et al., 2021) outlines the latest situation and aims to raise awareness among clinicians to test for avian influenza in cases with previous exposure to possibly infected birds.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 19 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 2021-44 and as of week 2021-45, 3 587 346 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 50 423 new deaths have been reported.

Since 31 December 2019 and as of week 2021-45, 254 053 508 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 111 187 deaths.

As of week 2021-45, 42 872 622 cases and 822 614 deaths have been reported in the EU/EEA.

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](#).

Non EU Threats

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

Opening date: 30 January 2019

Latest update: 19 November 2021

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

→Update of the week

As of 16 November 2021, and since the previous monthly report published in CDTR on 18 October 2021, one new case of human infection with avian influenza A(H9N2) was reported from China. No further cases were detected among contacts of this patient.

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

Opening date: 17 January 2018

Latest update: 19 November 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. Highly pathogenic avian influenza viruses A(H5) of Asian origin are extremely infectious for several bird species, including poultry. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China. To date, only sporadic human cases of avian influenza A(H5N6) virus infection have been reported, mainly from China.

→Update of the week

As of 16 November 2021 and since the previous monthly report published in the CDTR on 22 October 2021, three new cases of human infection with avian influenza A(H5N6) virus have been reported from China, including one death. No human-to-human transmission was reported.

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

Opening date: 1 June 2021

Latest update: 19 November 2021

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

→Update of the week

From 18 October 2021 to 17 November, one new case with swine influenza A(H1N2) variant virus was reported in an adult from Indiana state in the US. The case had exposure to pigs.

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

Opening date: 11 June 2021

Latest update: 19 November 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats.

→Update of the week

Eight confirmed human cases with swine-origin influenza A(H1N1) virus variant (A(H1N1)v) infection were reported in October and November in the United States of America (Iowa and North Dakota) and China.

Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

Opening date: 15 September 2021

Latest update: 19 November 2021

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

→Update of the week

From 18 October 2021 to 17 November, one new case of human infection with swine influenza A(H3N2) virus variant was reported in the state of Ohio in the US.

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

Opening date: 5 November 2021

Latest update: 19 November 2021

The 26th United Nations Climate Change Conference of the Parties ([COP26](#)) took 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 were estimated to attend, including representatives from non-government organisations (NGOs) and businesses to journalists, lobbyists, negotiators and protesters.

→Update of the week

From 12 November 2021 to 18 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.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 19 November 2021

On 8 October 2021, the Ministry of Health for the Democratic Republic of the 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 12 November and as of 17 November, no new Ebola virus disease (EVD) cases nor deaths have been reported in North Kivu province in the eastern region of the Democratic Republic of the Congo. In total, eight confirmed and three probable EVD cases, including nine deaths (six among the confirmed cases) were reported by WHO since the start of the outbreak (8 October 2021) with the last confirmed case reported on 30 October 2021.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 19 November 2021

Reported influenza activity in Europe remains at interseasonal levels.

→Update of the week

Week 45 2021 (8-14 November 2021)

Influenza activity was low throughout the European Region.

Of the 1 317 specimens tested for influenza viruses in week 45/2021 from patients presenting with influenza-like illness (ILI) or acute respiratory illness (ARI) symptoms to sentinel primary healthcare sites, 13 (1%) were positive for influenza virus; 12 influenza A viruses (3 subtyped as A(H3)) and one influenza B virus.

Hospitalised laboratory confirmed influenza cases were reported from an ICU ward (1 A(H3) virus) and from severe acute respiratory infection (SARI) cases (21 influenza A viruses).

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.

Other News

Out of season increase in Influenza cases observed in South Africa

Starting from week 34 up until week 44/2021, a [sharp increase](#) in the number of influenza cases from 68 in week 34 to 226 in week 44 from ILI and pneumonia (hospitalised cases) surveillance sentinel sites has been reported in South Africa. To date, the most commonly detected subtype and lineage is influenza B Victoria (87/226, 38.5%) followed by influenza A (H1N1)pdm09 (53/226, 23.5%) and influenza A (H3N2) (24/226, 10.6%).

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 19 November 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-45, 254 053 508 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 111 187 deaths.

Cases have been reported from:

Africa: 8 562 156 cases; the five countries reporting most cases are South Africa (2 925 939), Morocco (948 226), Tunisia (715 716), Ethiopia (368 822) and Libya (365 237).

Asia: 70 629 567 cases; the five countries reporting most cases are India (34 447 536), Iran (6 031 575), Indonesia (4 250 855), Philippines (2 818 511) and Malaysia (2 546 309).

America: 95 534 012 cases; the five countries reporting most cases are United States (47 221 647), Brazil (21 960 766), Argentina (5 307 080), Colombia (5 034 266) and Mexico (3 845 733).

Europe: 78 965 524 cases; the five countries reporting most cases are United Kingdom (9 561 099), Russia (9 070 674), Turkey (8 408 166), France (7 271 776) and Spain (5 056 912).

Oceania: 361 544 cases; the five countries reporting most cases are Australia (190 604), Fiji (52 429), French Polynesia (45 573), Papua New Guinea (32 985) and Guam (18 942).

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

Deaths have been reported from:

Africa: 220 664 deaths; the five countries reporting most deaths are South Africa (89 484), Tunisia (25 315), Egypt (19 499), Morocco (14 743) and Ethiopia (6 623).

Asia: 1 097 255 deaths; the five countries reporting most deaths are India (463 655), Indonesia (143 659), Iran (128 042), Philippines (45 709) and Malaysia (29 676).

America: 2 328 692 deaths; the five countries reporting most deaths are United States (764 365), Brazil (611 346), Mexico (291 147), Peru (200 672) and Colombia (127 833).

Europe: 1 460 341 deaths; the five countries reporting most deaths are Russia (255 386), United Kingdom (142 898), Italy (133 258), France (122 130) and Germany (97 479).

Oceania: 4 229 deaths; the five countries reporting most deaths are Australia (1 888), Fiji (695), French Polynesia (636), Papua New Guinea (436) and New Caledonia (272).

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

EU/EEA:

As of week 2021-45, 42 872 622 cases have been reported in the EU/EEA: France (7 271 776), Spain (5 056 912), Germany (5 046 312), Italy (4 858 415), Poland (3 185 792), Netherlands (2 294 966), Czechia (1 896 026), Romania (1 734 210), Belgium (1 511 833), Sweden (1 184 188), Portugal (1 108 466), Austria (961 195), Hungary (960 925), Slovakia (932 781), Greece (835 051), Bulgaria (654 819), Croatia (520 136), Ireland (503 000), Lithuania (432 407), Denmark (422 256), Slovenia (379 964), Latvia (240 338), Norway (229 477), Estonia (212 607), Finland (167 641), Cyprus (126 576), Luxembourg (86 551), Malta (38 447), Iceland (15 733) and Liechtenstein (3 822).

As of week 2021-45, 822 614 deaths have been reported in the EU/EEA: Italy (133 258), France (122 130), Germany (97 479), Spain (87 702), Poland (79 208), Romania (53 264), Czechia (31 513), Hungary (31 070), Bulgaria (26 191), Belgium (26 123), Netherlands (18 775), Portugal (18 262), Greece (16 815), Sweden (15 088), Slovakia (13 972), Austria (11 365), Croatia (9 936), Lithuania (6 239), Ireland (5 298), Slovenia (5 265), Latvia (4 129), Denmark (2 772), Estonia (1 690), Finland (1 651), Norway (1 215), Luxembourg (907), Cyprus (702), Malta (500), Liechtenstein (61) and Iceland (34).

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

In week 2021-45, in the EU/EEA overall, the reported weekly cases increased by 22.5 % compared to the previous week. The highest weekly increases in descending order were observed in Liechtenstein, Portugal, Germany, Austria, Czechia and Hungary. The countries with the highest 14-day notification rates per 100 000 population are: Slovenia (2 044), Slovakia (1 714), Austria (1 528), Croatia (1 301) and Estonia (1 296). Seven of the 30 EU/EEA countries (Bulgaria, Estonia, Italy, Latvia, Lithuania, 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. For week 45, six countries (Croatia, Czechia, Greece, Hungary, Poland and Slovenia) were categorised as of very high concern, 17 countries (Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Germany, Iceland, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Norway, Romania and Slovakia) as of high concern, five countries (Finland, France, Malta, Portugal and Sweden) as of moderate concern and two countries (Italy and Spain) as of low concern. Compared with the previous week, two countries (Cyprus and Malta) moved to a higher category, 10 countries (Belgium, Bulgaria, Estonia, Finland, Germany, Italy, the Netherlands, Norway, Slovakia and Spain) moved to a lower category and 18 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

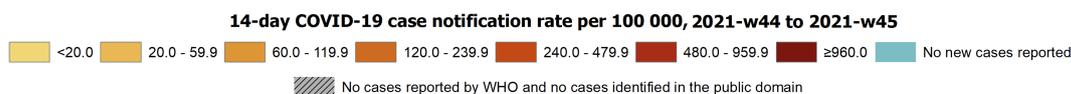
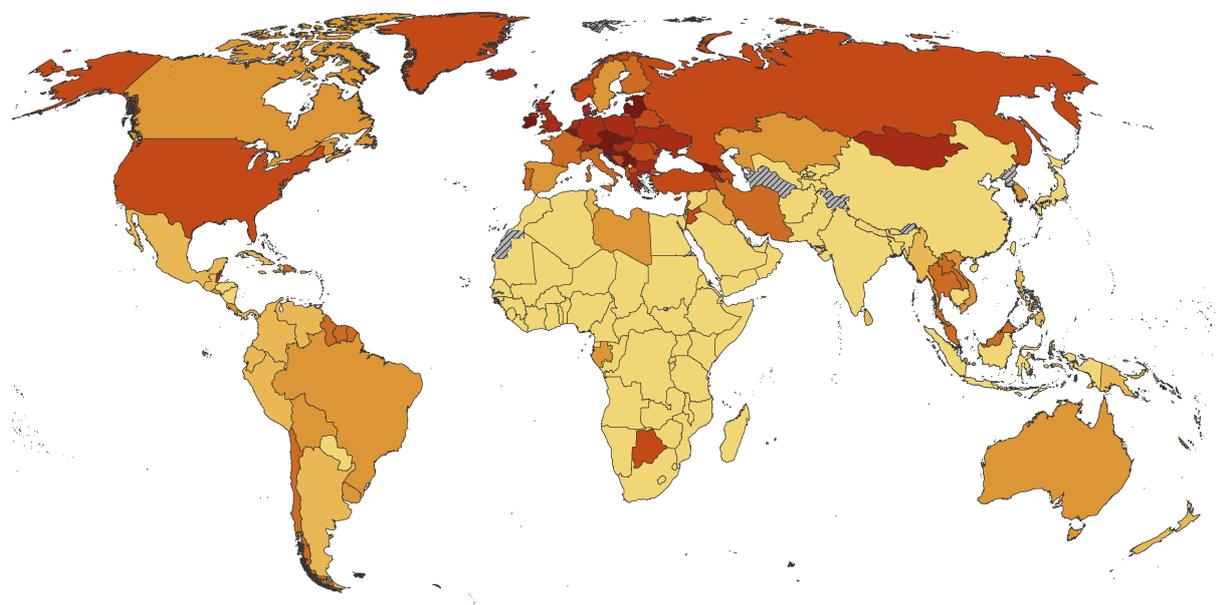
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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-w44 to 2021-w45

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: 18/11/2021

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

Opening date: 30 January 2019

Latest update: 19 November 2021

Epidemiological summary

As of 16 November 2021, and since the previous monthly report published in CDTR on 18 October 2021, one new case of human infection with avian influenza A(H9N2) was reported from China. The case is a 39-year-old male from Qiandongnan Autonomous Prefecture, Guizhou Prefecture. The case developed symptoms on 29 October 2021 and was hospitalised the same day with severe condition. He died on 1 November 2021.

Summary: As of 16 November 2021 and since 1998, a total of 94 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported, from China (82), Egypt (4), Bangladesh (3), Cambodia (1), Oman (1), Pakistan (1), India (1), and Senegal (1). Most of the cases were children with mild disease.

Sources: [ECDC avian influenza page](#) | [Joint ECDC, EFSA and EU Reference Laboratory scientific for avian influenza report: Avian influenza overview May – August 2020](#) | WHO IHR

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ECDC assessment

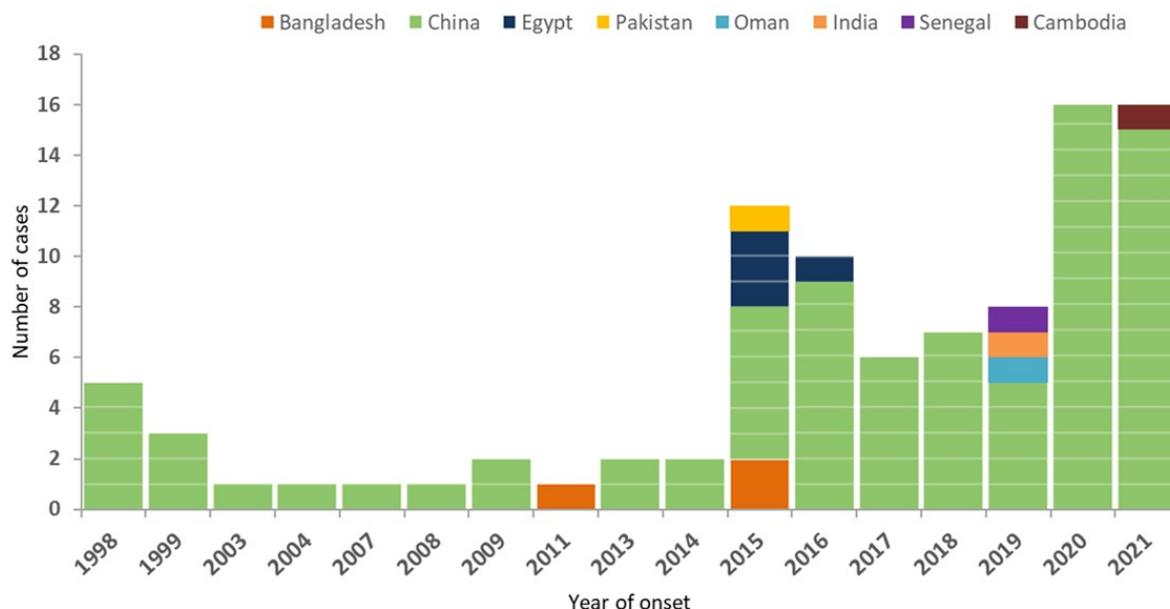
Sporadic human cases of avian influenza A(H9N2) have been previously observed. No human-to-human transmission has been reported. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities 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 30 September 2021 and the next will be published 21 December 2021.

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

Source: ECDC



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

Opening date: 17 January 2018

Latest update: 19 November 2021

Epidemiological summary

As of 16 November 2021 and since the previous monthly report published in the CDTR on 22 October 2021, three new cases of human infection with avian influenza A(H5N6) virus were reported from China, including one death. All new cases were adults from 52 to 66 years of age from two Provinces (Guangdong and Hunan) with onset of symptoms in August, September and October 2021. All cases had exposure to poultry. No further cases were detected among contacts of these cases.

Epidemiological details of the new cases are listed as follows:

1. [58-year-old female](#) farmer from Yongzhou City, Hunan Province with onset of illness on 29 August 2021. The case was hospitalised on 31 August 2021 with severe pneumonia and died on 26 September 2021. The case had exposure to a live poultry market (LPM) before onset of illness.

2. [52-year-old male](#) farmer from Dongguang City, Guangdong Province with onset of illness on 20 October 2021 was hospitalised on 21 October 2021 with severe pneumonia. The case had exposure to a LPM before onset of illness.

3. [66-year-old male](#) from Yongzhou, Hunan Province with onset of symptoms on 25 September 2021, was hospitalised on 27 September in critical condition. The case had exposure to poultry.

Summary: Since 2014, and as of 17 November 2021, 52 cases, including 26 deaths (CFR: 50%), of human influenza A(H5N6) virus infection have been reported from China (51) and Laos (1). One case in China from 2015 was also reported in the literature and it is included in the total number of cases. The last case was reported from China with date of onset on 3 October 2021. An increase of cases of avian influenza A(H5N6) is seen in China with 19 cases reported so far this year, compared to one to nine cases reported annually since 2014.

Sources: [ECDC Avian influenza page](#) | [Joint ECDC, EFSA, EURLAI report: Avian influenza overview August – December 2020](#)

ECDC assessment

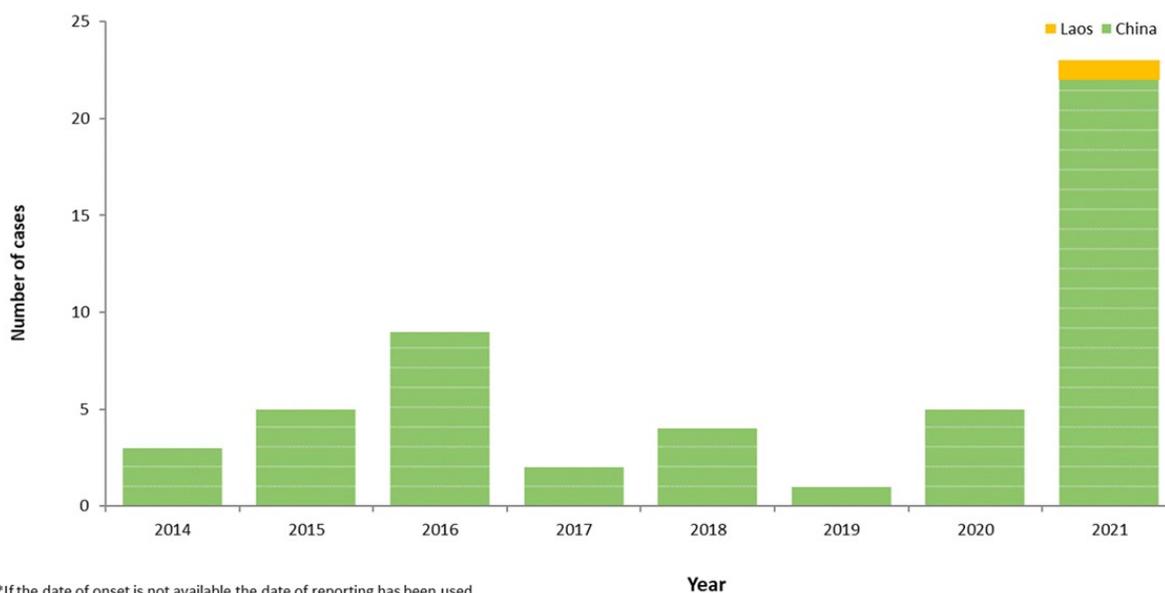
Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported so far. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities and in collaboration with EFSA and the EU reference laboratory in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated [report of the avian influenza situation](#). The most [recent report](#) was published on 30 September 2021 and the next will be published on 21 December 2021.

Distribution of confirmed human cases with avian influenza A(H5N6) virus infection by onset year and country, 2014–2021

Source: ECDC



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

Opening date: 1 June 2021

Latest update: 19 November 2021

Epidemiological summary

In the monitoring period from 18 October 2021 to 17 November, one new case with swine influenza **A(H1N2)v** was reported in an adult from [Indiana](#) in the US. The patient had exposure to pigs both on farm and attending agricultural events where pigs were present.

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

Source: [US CDC](#), [media](#)

ECDC assessment

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

Actions

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

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

Opening date: 11 June 2021

Latest update: 19 November 2021

Epidemiological summary

Eight confirmed human cases with swine-origin influenza A(H1N1) virus variant (A(H1N1)v) infection were reported between October and November in the United States of America (Iowa and North Dakota) and China.

Of the eight cases with **A(H1N1)v** infection three were reported from the US: [one child from North Dakota](#) and [two adults from Iowa](#), all had exposure to pigs either on farms that housed pigs or attending agricultural events where pigs were present; five cases were retrospectively detected and [reported from China](#):

1. six-year-old female from Tianjin Province with onset of symptoms on 27 December 2020. The patient had mild disease and recovered.
2. 65-year-old female from Sihuan Province with onset of symptoms on 27 January 2021. The patient had mild disease and recovered.
3. 13-year-old male from Gansu Province with onset of symptoms on 7 February 2021. The patient developed pneumonia.
4. one-year-old male from Hunan Province with onset of symptoms on 1 March 2021. The patient had mild disease.
5. four-year-old male from Gansu Province with onset of symptoms on 28 February 2021. The patient had a mild disease.

Summary: in 2021 and as of 17 November, there were 23 human cases with swine influenza A(H1N1) variant virus reported in Canada, China, Denmark, Germany and the US.

Sources: [WHO Influenza at the human-animal interface Summary and assessment, from 9 August to 1 October 2021](#) | [media 1](#) | [media 2](#) | the [US CDC](#)

ECDC assessment

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

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Actions

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

Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

Opening date: 15 September 2021

Latest update: 19 November 2021

Epidemiological summary

The US CDC confirmed a new human case with swine influenza A(H3N2) virus variant infection in October 2021 in a child from the state of Ohio in the US. According to the US CDC, the case did not have known swine contact or attendance at agricultural exhibits where pigs were present; it is possible that limited human-to-human transmission occurred. No ongoing human-to-human transmission has been identified associated with either patient.

This year and as of 17 November 2021, no cases of swine influenza A(H3N2) variant virus were reported in EU/EEA countries. The US CDC has recorded one swine influenza variant virus case in the 2021–2022 season: one A(H3N2)v.

Source: [US CDC](#) | [media](#)

ECDC assessment

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

Actions

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

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

Opening date: 5 November 2021

Latest update: 19 November 2021

Epidemiological summary

COVID-19 related information

In [Scotland](#), as reported on 17 November 2021, the overall number of cases is 691 939, while the total number of COVID-19 related deaths is 9 419. Overall, a slightly increasing trend of COVID-19 cases has been observed in the last two weeks with a 7-day moving average of 3 038 cases (14 November 2021); while hospitalisations continue to decrease with a 7-day moving average of 76.7 admissions (13 November 2021). Previously, the number of cases and hospitalisations peaked in September 2021. Current vaccination rate for population over 12 years old is 90.5% for first dose; 82.2% for second dose; and 26.5% for third dose.

In all of the [United Kingdom](#), as reported on 17 November 2021, the overall number of cases is 9 675 058, while the total number of COVID-19 related deaths is 166 730. Overall, an increase of COVID-19 cases is observed in the last two weeks with a 7-day moving average of 37 091 cases (9 November 2021), while hospitalisations remained stable with a 7-day moving average of 918.4 admissions (10 November 2021). Previously, the number of cases and hospitalisations peaked in January 2021. The current vaccination rate for the population over 12 years old in the UK is 88.1% for the first dose; 80.1% for the second dose; and 23.5%

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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 having been infected with other communicable diseases in Scotland during COP26 is considered low if preventive measures have been 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: 19 November 2021

Epidemiological summary

Since the start of the outbreak (on 8 October 2021), and as of 17 November 2021, 11 Ebola virus disease (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 the Congo. The last known confirmed case was reported on 30 October 2021 discharged on 4 November.

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 of the Democratic Republic of the Congo announced a new laboratory-confirmed case of 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 EVD. 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. The last known confirmed case was reported on 30 October 2021.

All confirmed cases have been reported from three health areas in Beni Health Zone, which are as of 30 October 2021, 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 (W46) reported that on 13 November 2021, 183 alerts (including nine deaths) had been reported in Beni Health Zone. Overall, 222 contacts were listed from seven health zones 98.6% (219) of which had been investigated and of these 31 (14.2%) were validated as suspected cases. From the suspected cases, 30 (96.8%) samples were collected from those who consented testing. Since the start of the response, a total of 804 samples have been collected, of which eight returned positive for

12/14

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 WHO AFRO bulletin (W46), since the beginning of the vaccination activities, 608 persons had been vaccinated including high risk contacts (98), contacts of contacts (274) and probable contacts (236). Of the 71 frontline workers that were vaccinated, 11 were high risk contacts, nine contacts of contacts and 51 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 \(10.11.2021\)](#), [WHO AFRO Bulletin \(W46\)](#)

ECDC assessment

This is the second outbreak reported in North Kivu, Democratic Republic of the Congo (DRC), in 2021 (see the Threat Assessment Brief published on 22 February 2021 for more information on the previous outbreak in 2021). New cases were recently reported in two new Health Areas and further spread of the virus cannot be excluded. 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.

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 EU/EEA citizens living in or travelling to Beni Health Zone in the DRC is estimated to be low. 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: 19 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](#) | [Influenzaneet](#)

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.

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