COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 3, 17-23 January 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: 22 January 2021

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

➔Update of the week

Since week 2021-01 and as of week 2021-02, 4 780 878 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 95 250 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-02, 94 582 873 cases of COVID-19 have been reported, including 2 036 713 deaths.

In the EU/EEA, 17 906 888 cases have been reported, including 425 618 deaths.

More details are available here.

Legionnaires' disease outbreak – Portugal – October 2020

Opening date: 19 November 2020 Latest update: 22 January 2021

In Europe, most Legionnaires' disease cases are reported as sporadic, but outbreaks occur, often in relation to cooling towers or other aerosol-generating installations.

➔Update of the week

The public health authority in Portugal has updated ECDC on an outbreak of Legionnaires' disease in the North Region of Portugal. Since the CDTR on 19 December 2020 and as of 20 January 2021, a further nine cases and one additional death was reported. The Portuguese health authorities have declared the end of this outbreak.

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Dengue - French Antilles - 2020-2021

Opening date: 12 February 2020 Latest update: 22 January 2021

French authorities have reported an increased number of dengue cases on the islands of Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique in 2020. Despite a decrease in the number of cases over the past few weeks, the epidemic is still ongoing on the islands.

➔Update of the week

Since the previous update with data as of 6 December and as of 9 January 2021, additional 2 115 cases have been reported in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique.

The following cases have been reported since the previous update:
Guadeloupe: 1 300 additional suspected cases.
Saint-Martin: 90 additional suspected cases.
Saint-Barthelemy: 75 additional suspected cases.
Martinique: 650 additional suspected cases, including one death.

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 22 January 2021

Reported influenza activity in Europe remained at interseasonal levels.

➔Update of the week

Week 02/2021 (11–17 January 2021)

Influenza activity remained at interseasonal levels.

Of 928 specimens tested for influenza in week 02/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was positive for an influenza virus.

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

There were no hospitalised laboratory-confirmed influenza cases reported for week 02/2021.

The influenza season in the European Region has usually been designated as having started by this point but despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level. The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which have negatively impacted on the reporting of influenza epidemiologic and virologic data during the 2020–2021 season. Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 22 January 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. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China.

➔Update of the week

A human case of avian influenza A(H5N6) virus infection was reported in December 2020 from Chongqing province, China. The case had a history of exposure to poultry prior to the occurrence of symptoms on 18 December 2020 and was hospitalised with severe pneumonia on 28 December 2020.

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

Opening date: 30 January 2019 Latest update: 22 January 2021

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

➔Update of the week

Since the CDTR update on 13 November 2020 and as of 18 January 2021, a human case of influenza A(H9N2) virus infection has been reported in a 1-year-and 4-month-old male from Yunfu, Guangdong Province, China. He had exposure to poultry before the onset of mild symptoms on 28 December 2020, and was admitted to hospital on 29 December 2020. No family cluster was reported as of 4 January 2021. In addition, WHO reported about six new human cases of avian influenza A(H9N2) virus infections in China, retrospectively detected through influenza-like-illness Surveillance (ILI) between July 2019 and December 2020.

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

Opening date: 9 December 2019 Latest update: 22 January 2021

Global public health activity to eradicate polio is continuing, with efforts being made to immunise every child until transmission of the virus has stopped. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization 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 14 October 2020, the twenty-sixth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus took place.

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

➔Update of the week

Weekly Summary: Since the previous update and as of 12 January 2021, 172 cases of polioviruses (WPV1, cVDPV1 and cVDPV2) have been reported, two of which were caused by the WPV1 strain, nine by the cVDPV1 strain and 161 by the cVDPV2 strain. No cases have been reported in 2021 so far.

Wild poliovirus (WPV1):
- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Afghanistan.
- Two cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Pakistan.
- 29 WPV1 environmental samples have also been detected: 26 in Pakistan and three in Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV):
- Nine new cases of AFP caused by cVDPV1 have been reported in Yemen.
- 161 cases of AFP caused by cVDPV2 have been reported from 13 countries: Afghanistan (80), Pakistan (18), South Sudan (16), Chad (14), Guinea (7), Burkina Faso (6), Sudan (6), Cote d'Ivoire (3), Democratic Republic of the Congo (3), Nigeria (3), Sierra Leone (3), Central African Republic (1) and Somalia (1).
- No new cases of cVDPV3 have been reported.
- 59 cVDPV2 environmental samples have also been detected: Pakistan (27), Afghanistan (23), Nigeria (3), Benin (2), Liberia (2), Mali (1) and South Sudan (1).

Sierra Leone: According to Sierra Leone's Minister of Health, the country has confirmed three (3) cVDPV2 cases for the first time in 10 years.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017 Latest update: 22 January 2021

Chikungunya virus disease and dengue are vector-borne diseases that affect 50–100 million people per year. In the past decade, an increasing number of countries have detected cases of dengue and chikungunya virus disease. Chikungunya virus disease has been circulating in Africa, Asia, the Americas, the Caribbean and the Pacific since 2013–2014. Dengue is present in Africa, the Americas, Asia, the Caribbean and the Pacific. In 2020, France and Italy reported autochthonous dengue cases.

➔Update of the week

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This monthly review provides an overview of the whole 2020.

Chikungunya virus disease: The virus is widespread in the Americas region, with several countries reporting cases in 2020. Chikungunya virus disease cases have also been reported in Asia and Africa during this period. Since the previous CDTR update on 21 November 2020, Brazil, India and Thailand have reported the majority of new cases.

Dengue: In 2020, the five countries reporting most cases are Brazil, Paraguay, Mexico, Vietnam and Malaysia.

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 22 January 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-02, 94 582 873 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 036 713 deaths.

Cases have been reported from:
Africa: 3 263 605 cases; the five countries reporting most cases are South Africa (1 337 926), Morocco (459 671), Tunisia (181 885), Egypt (156 397) and Ethiopia (131 195).
Asia: 19 076 296 cases; the five countries reporting most cases are India (10 571 773), Iran (1 330 411), Indonesia (907 929), Iraq (608 232) and Israel (551 689).
America: 42 257 586 cases; the five countries reporting most cases are United States (23 938 288), Brazil (8 511 770), Colombia (1 923 132), Argentina (1 807 396) and Mexico (1 649 502).
Europe: 29 927 859 cases; the five countries reporting most cases are Russia (3 591 066), United Kingdom (3 395 959), France (2 910 989), Italy (2 381 277) and Spain (2 336 451).
Oceania: 56 822 cases; the five countries reporting most cases are Australia (28 708), French Polynesia (17 635), Guam (7 485), New Zealand (1 906) and Papua New Guinea (834).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 78 894 deaths; the five countries reporting most deaths are South Africa (37 105), Egypt (8 583), Morocco (7 942), Tunisia (5 750) and Algeria (2 836).
Asia: 324 294 deaths; the five countries reporting most deaths are India (152 419), Iran (56 803), Indonesia (25 987), Iraq (12 944) and Pakistan (10 997).
America: 969 992 deaths; the five countries reporting most deaths are United States (397 611), Brazil (210 299), Mexico (141 248), Colombia (49 004) and Argentina (45 832).
Europe: 662 326 deaths; the five countries reporting most deaths are United Kingdom (89 261), Italy (82 177), France (70 283), Russia (66 037) and Spain (53 769).
Oceania: 1 201 deaths; the five countries reporting most deaths are Australia (909), Guam (128), French Polynesia (126), New Zealand (25) and Papua New Guinea (9).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2021-2, 17 906 888 cases have been reported in the EU/EEA: France (2 910 989), Italy (2 381 277), Spain (2 336 451), Germany (2 040 659), Poland (1 438 914), Netherlands (916 186), Czechia (891 852), Romania (695 153), Belgium (680 040), Portugal (556 503), Sweden (531 145), Austria (391 113), Hungary (352 703), Croatia (225 128), Slovakia (224 385), Bulgaria (211 813), Denmark (189 895), Ireland (172 726), Lithuania (167 992), Slovenia (149 434), Greece (148 607), Norway (58 651), Latvia (55 664), Luxembourg (48 852), Finland (40 337), Estonia (37 344), Cyprus (28 968), Malta (15 742), Iceland (5 970) and Liechtenstein (2 395).

As of week 2021-2, 425 618 deaths have been reported in the EU/EEA: Italy (82 177), France (70 283), Spain (53 769), Germany (46 633), Poland (33 407), Belgium (20 491), Romania (17 271), Czechia (14 449), Netherlands (13 042), Hungary (11 409), Sweden (10 764), Portugal (9 028), Bulgaria (8 483), Austria (7 014), Greece (5 469), Croatia (4 655), Slovakia (3 526), Slovenia (3 371), Ireland (2 608), Lithuania (2 469), Denmark (1 805), Latvia (978), Finland (621), Luxembourg (552), Norway (521), Estonia (333), Malta (241), Cyprus (170), Liechtenstein (50) and Iceland (29).

EU:
As of week 2021-2, 17 839 872 cases and 425 018 deaths have been reported in the EU.

Other News:

This week, doses of the COVID-19 vaccine from Moderna have arrived in several EU countries.

On 14 January 2021, The Norwegian Medicines Agency reported that 23 deaths occurred in older frail individuals following

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vaccination with COVID-19 mRNA vaccines. Of those deaths, 13 have been investigated so far with the results suggesting that common side effects may have contributed to severe reactions in frail, elderly people, according to the Norwegian Medicines Agency. Such individuals were not included in the phase 3 trials. The agency has adapted their vaccination guidelines for the frail and elderly.

According to media reports, BioNTech/Pfizer has announced a reduction in deliveries of its COVID-19 vaccine until early February 2021, citing manufacturing upgrades to boost production.

The Paul-Ehrlich-Institut in Germany reported 51 cases of severe reactions after receiving the BioNTech/Pfizer vaccine, of which seven deaths occurred among persons aged between 79 and 93 with a delay of between 2.5 hours and up to four days after vaccination. One patient had known high blood pressure and diabetes and died of pulmonary embolism and cardiovascular arrest. The cause for death is unclear in the remaining six patients. All patients had underlying conditions.

Additionally, 17 allergic reactions of which six had anaphylactic shocks were reported to be causally associated with the BioNTech/Pfizer vaccine.

Israeli media citing official health authorities, report 13 cases of facial paralysis after receiving the BioNTech/Pfizer vaccine.

According to reports from France's National Agency for the Safety of Medicines and Health Products (ANSM), on 14 January, four cases of allergic reactions and two cases of tachycardia with a favourable outcome were observed in France with the Comirnaty vaccine (Pfizer/BioNTech). In addition, a resident from a nursing home died two hours after vaccination. However, given the lack of immediate adverse effects or allergic reactions, together with the medical history and treatment of the person, there is no sufficient evidence to conclude that the death is related to the vaccination.

According to the Adverse Reaction Center Lareb in the Netherlands, two reports were received of complaints consistent with a serious allergic reaction after administration of the Comirnaty vaccine (Pfizer/BioNTech). The two patients recovered quickly after treatment.

ECDC Assessment: The national regulatory agencies and the European Medicine Agency monitor and assess reported adverse events following immunisation on a daily basis. The reported adverse events are not unexpected.

A non-peer reviewed study on SARS-CoV-2 501Y.V2 / B.1.135 lineage shows, that combination of amino acid changes in 501Y.V2 variant virus confer complete resistance to neutralisation by several monoclonal antibodies, as well as reduced neutralisation or complete resistance to neutralisation by convalescent plasma and sera. These data add to growing evidence implicating substitution E484K (found in 501Y.V2) in escape from a broad array of antibodies. The results show that SARS-CoV-2 501Y.V2 lineage has effectively escaped neutralizing antibodies targeting an immunodominant, highly antigenic site in the receptor binding domain and in N-terminal domain of the spike protein. These results raise some concerns about whether the variant can increase the risk of reinfection or vaccine breakthrough infections.

A non peer-reviewed study published by Pfizer/BioNTech provides further evidence of the preserved neutralisation of pseudoviruses bearing the B.1.1.7 spike by BNT162b2- immune sera, which makes it very unlikely that the SARS-CoV-2 202012/1 lineage B.1.1.7 (variant detected in the UK), can escape BNT162b2- mediated protection. The results in this article are supportive of vaccination using the currently authorised mRNA vaccines in line with national recommendations even if the new variant B.1.1.7 is circulating in the country.

SARS-CoV-2 variants - Multi-country (World) - 2020-2021

As of 18 January 2021, according to media and official sources, the variant **VOC 202012/01** has been identified in 59 countries. Since its identification and as of 18 January 2021, approximately 18 700 cases have been identified.

In the EU/EEA, around 1 200 cases have been identified in 23 countries: Denmark, Netherlands, Belgium, Spain, Portugal, France, Finland, Ireland, Iceland, Italy, Norway, Slovakia, Germany, Sweden, Cyprus, Greece, Hungary, Austria, Luxembourg, Malta, Latvia, Liechtenstein and Romania.

Outside the EU/EEA, approximately 17 500 cases have been identified in 36 countries: United Kingdom, Israel, India, United States of America, Japan, Australia, Canada, Turkey, New Zealand, Chile, China, Switzerland, Singapore, South Korea, Saudi Arabia, Taiwan, Brazil, Ecuador, Iran, Jamaica, Thailand, Pakistan, Russia, Gambia, Jordan, United Arab Emirates, Argentina, Georgia, Lebanon, Malaysia, Mexico, Oman, Peru, Philippines, Sri Lanka and Vietnam.

As of 18 January 2021, according to media and official sources, the variant **501.V2** has been identified in 22 countries. Since its identification and as of 18 January 2021, approximately 560 cases have been identified.

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In the EU/EEA, around 20 cases have been identified in nine countries: Germany, France, Belgium, Ireland, Finland, Austria, Netherlands, Norway and Sweden.

Outside the EU/EEA, approximately 540 cases have been identified in 13 countries: South Africa, United Kingdom, Israel, Australia, Botswana, Canada, China, Switzerland, Brazil, Japan, South Korea, Taiwan and Zambia.

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

The sixth International Health Regulations (IHR) Emergency Committee meeting for COVID-19, held on 14 January 2021, considered issues that needed urgent discussion, such as the recent variants and the use of vaccination and testing certificates for international travel.

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

ECDC assessment

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

Actions

Actions: ECDC has published the 13th update of its rapid risk assessment. A dashboard with the latest updates is available on ECDC's website. ECDC's rapid risk assessment on the risk of increase of COVID-19 infection related to end-of-year festive season was published on 4 December 2020. ECDC's rapid risk assessment on the risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020, and first update published on 21 January 2021.

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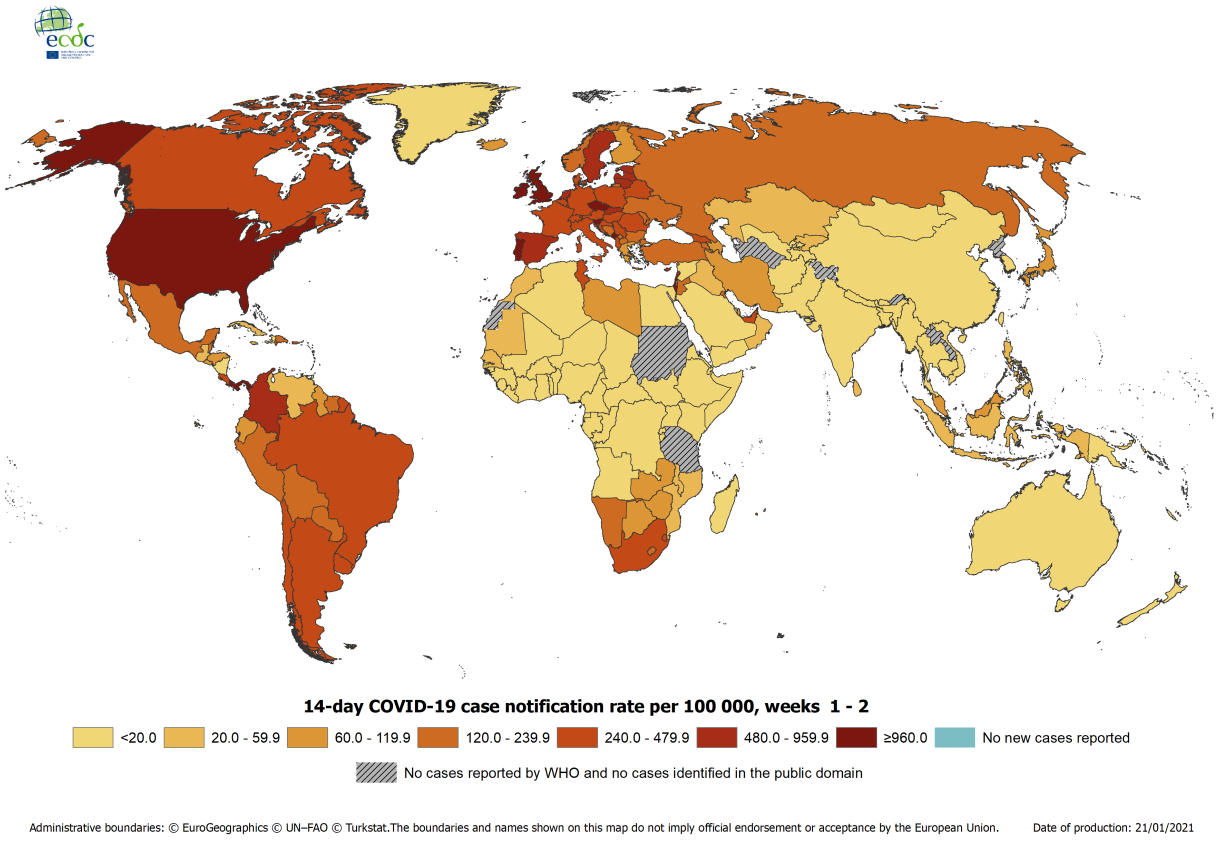
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 2 2021

Source: ECDC



Legionnaires' disease outbreak – Portugal – October 2020

Opening date: 19 November 2020 Latest update: 22 January 2021

Epidemiological summary

Since 29 October 2020, a total of 88 cases of Legionnaires' disease were identified in the North Region of Portugal, involving Póvoa de Varzim, Vila do Conde and Matosinhos counties. The average age of cases was 74 years (range 46 to 97). Fifteen deaths occurred among patients aged 74 to 92 years. There was no match between the genotypes of *Legionella pneumophila* serogroup 1 isolated from patients and environmental samples. The source of exposure has not been identified. The Portuguese health authorities have declared the end of this outbreak.

Source: Public health authority in Portugal

ECDC assessment

This Legionnaires' disease outbreak within the North Region of Portugal is now considered to have ended. Information on the number of outbreak events reported yearly in the EU/EEA is available in the Annual Epidemiological Report. For more information

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about Legionnaires' disease, refer to
ECDC's factsheet.

Actions

ECDC monitors Legionnaires' disease outbreaks through epidemic intelligence activities.

Dengue - French Antilles - 2020-2021

Opening date: 12 February 2020 Latest update: 22 January 2021

Epidemiological summary

According to French authorities, the virus is still circulating in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique although cases have started to decrease since week 40-2019.

In **Guadeloupe**, since week 2019-42 and as of 9 January 2021, 22 800 suspected dengue cases have been reported, including two deaths. Most of the infections have been identified as dengue virus serotype 2, while serotypes 1 and 3 are also present. Despite a decreasing trend, the weekly number of cases remains above the epidemic threshold.

In **Saint-Martin**, since week 2020-03 and as of 9 January 2021, 2 700 suspected dengue cases have been reported, including one death. Most of the infections have been identified as dengue virus serotype 1. The epidemic is still ongoing.

In **Saint-Barthélemy**, since week 2020-17 and as of 9 January 2021, 1 435 suspected dengue cases have been reported. Most of the infections have been identified as dengue virus serotype 1. Cases are decreasing.

In **Martinique**, since 4 November 2019 and as of 9 January 2021, 32 650 suspected dengue cases have been reported, including 17 deaths. Dengue virus serotype 3 has been identified in most of the cases. The number of cases is declining in Martinique but remains above the epidemic threshold. This outbreak constitutes the largest outbreak reported on the island in a decade.

Source: Santé publique France

ECDC assessment

EU/EEA travellers to and residents of the affected areas should apply personal protective measures against mosquito bites. The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is negligible, as the environmental conditions are not favourable to vector activity and virus replication.

More information about dengue is in this ECDC factsheet.

Actions

ECDC is monitoring the situation through its epidemic intelligence activities. ECDC also maintains a list of autochthonous transmission events of dengue virus in continental EU/EEA since 2010.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 22 January 2021

Epidemiological summary

Week 02/2021 (11–17 January 2021)

Influenza activity remained at interseasonal levels.

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Of 928 specimens tested for influenza in week 02/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was positive for an influenza virus.

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

There were no hospitalised laboratory-confirmed influenza cases reported for week 02/2021.

The influenza season in the European Region has usually been designated as having started by this point but despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level. The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which have negatively impacted on the reporting of influenza epidemiologic and virologic data during the 2020–2021 season. Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

2020–2021 season overview

For the Region as a whole, influenza activity has been at baseline level since the start of the season.

In total, 215 specimens have tested positive for influenza viruses, nine from sentinel sources and 206 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalized laboratory-confirmed influenza cases have been reported: ten from ICUs (all infected with type A viruses); three cases: two type A viruses and one type B in wards outside ICUs with one fatality; and four from severe acute respiratory infection (SARI)-based surveillance: three infected with type B viruses and one with type A.

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated against the 2019–2020 influenza vaccine.

Sources: EuroMOMO | Flu News Europe | Influenzanet

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual that for this season there is still very low influenza activity reported.

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

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

Actions

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

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 22 January 2021

Epidemiological summary

WHO reported an additional human case of avian influenza A(H5N6) virus infection in a 51-year-old male farmer from Yongchuan, Chongqing province, China. The case had a history of exposure to poultry. He developed symptoms on 18 December 2020 and was admitted to hospital with severe pneumonia on 28 December 2020.

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The previous case was reported from Hunan province in China with onset of symptoms in December 2020 and a history of exposure to poultry.

Since 2014 and as of 19 January 2020, China has reported 28 human cases of influenza A(H5N6), including one case with year of onset in 2015 reported in literature. The cases have occurred in Anhui (1), Chongqing (1), Fujian (1), Guangdong (9), Hubei (1), Hunan (5), Sichuan (1), Jiangsu (2) and Yunnan Provinces (2), Guangxi Zhuang Autonomous Region (4) and Beijing (1). Of the reported cases, 16 have died. All cases had exposure to live poultry or live poultry markets, except for five cases where the exposure source was not reported. No clustering of cases has been reported.

Sources: ECDC Avian influenza page | Joint ECDC, EFSA, EURLAI report: Avian influenza overview August – December 2020 | WHO Avian Influenza Weekly Update | Government of Hong Kong Special Administrative Region | WHO

ECDC assessment

Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. However, characterisation of the virus is ongoing and its implication to the evolution and potential emergence of a pandemic strain is unknown.

Currently detected avian influenza viruses in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The above mentioned A(H5N6) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk. More information is available in the 2018 Assessment related to outbreaks in poultry in Europe from the UK Department for Environment Food &Rural Affairs.

The World Organisation for Animal Health/Food and Agriculture Organization/EU reference laboratory for avian influenza at the Animal and Plant Health Agency Weybridge has conducted a detailed genetic analysis of a small number of A(H5N6) highly pathogenic avian influenza viruses recently detected in both Europe and Asia. The European strains can be differentiated from those associated with zoonotic infection in Asia. Furthermore, they do not carry any virulence markers strongly associated with human infection risk. In addition, there have been no reported human infections with this particular genetic sublineage of A (H5N6) highly pathogenic avian influenza to date.

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 of the avian influenza situation. The most recent report was published on 11 December 2020. ECDC has published an outbreak alert for new avian influenza outbreaks of A(H5) among wild and domestic birds.

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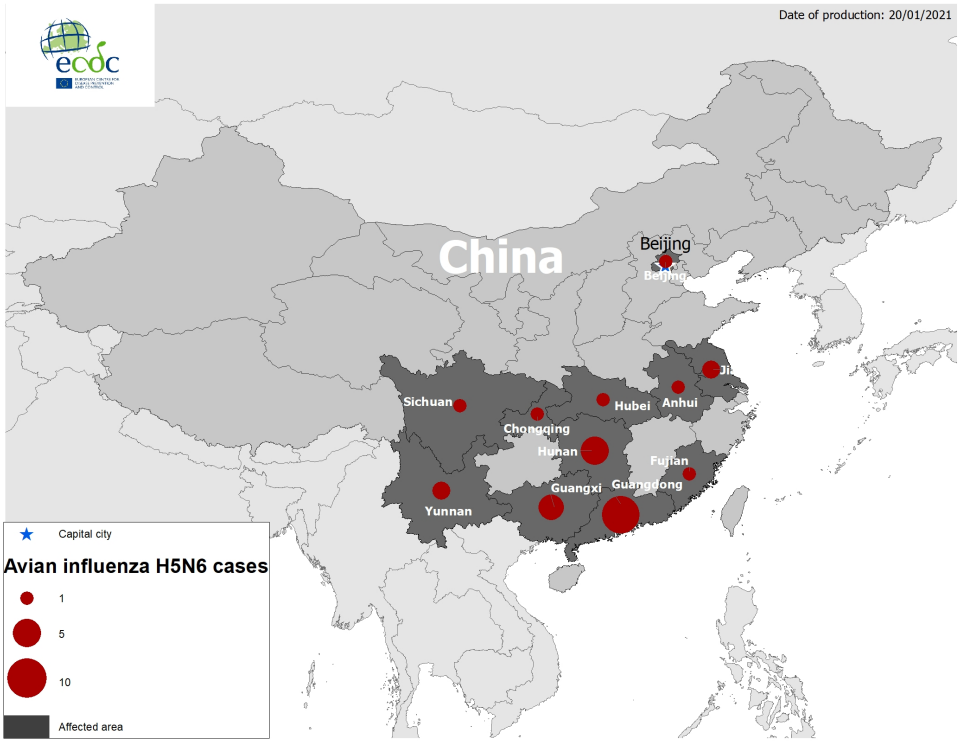
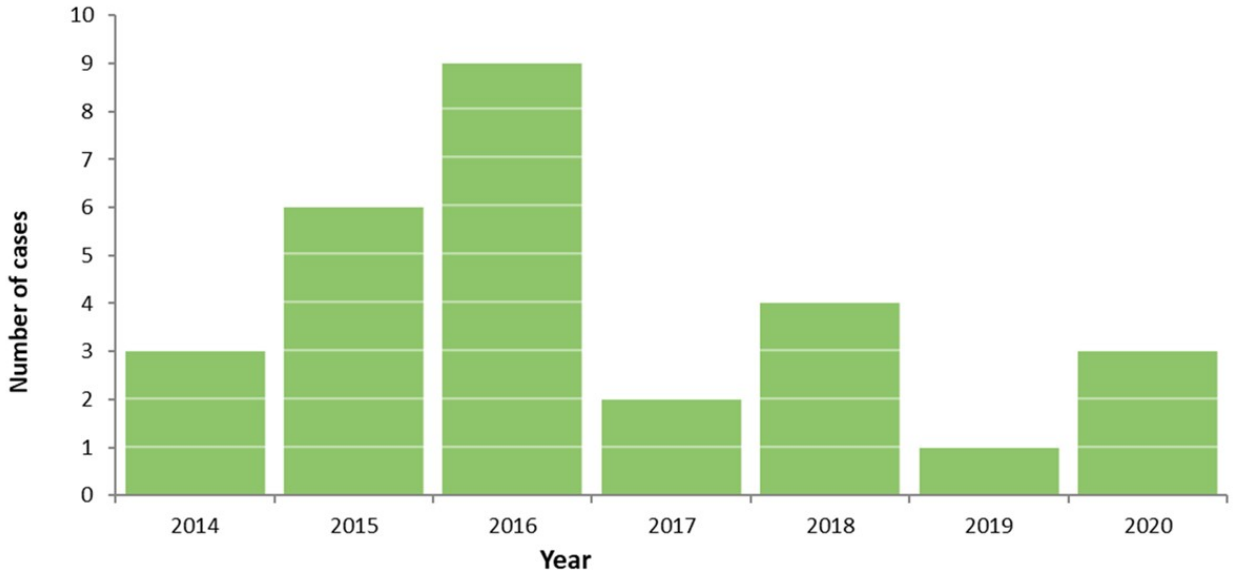
Geographical distribution of confirmed human cases with avian influenza A(H5N6) virus infection, China, 2014–2020

Source: ECDC



Distribution of confirmed human cases with avian influenza A(H5N6) virus infection, China, 2014–2020

Source: ECDC



*If the date of onset is not available the date of reporting has been used
** the epicurve includes one case reported in the literature with year of onset in 2015

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

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Opening date: 30 January 2019 Latest update: 22 January 2021

Epidemiological summary

Since the CDTR update on 13 November 2020 and as of 18 January 2021, an additional human case of influenza A(H9N2) infection has been reported in a 1-year-and 4-month-old male from Yunfu, Guangdong Province, China. He had exposure to poultry before the onset of mild symptoms on 28 December 2020, and was admitted to hospital on 29 December 2020. No family cluster was reported as of 4 January 2021.

In addition, WHO reported about six new human cases of avian influenza A(H9N2) virus infections in China, retrospectively detected through influenza-like-illness Surveillance (ILI) between July 2019 and December 2020. Of these cases, five were children (less than 18 years of age) and one adult. All six cases had mild symptoms and five of them had history of exposure to poultry, whereas one case had no clear exposure to poultry. No family clusters were reported for these six cases.

Overall, 13 cases of human influenza A(H9N2) have been reported in 2020, all in China. To date and since 1998, a total of 75 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (64), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1) and Senegal (1). The previous human infection was reported from China, with disease onset in October 2020.

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

ECDC assessment

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

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

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

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report on the avian influenza situation. The most recent report published on 11 December 2020. ECDC has published an outbreak alert for new avian influenza outbreaks of A(H5) among wild and domestic birds.

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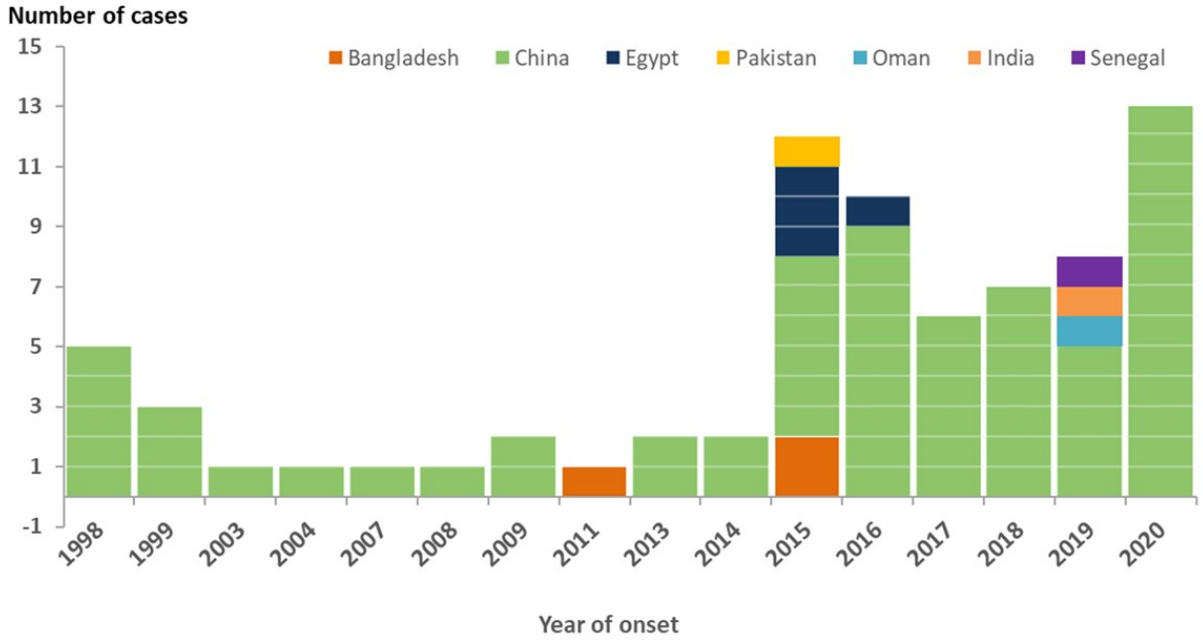
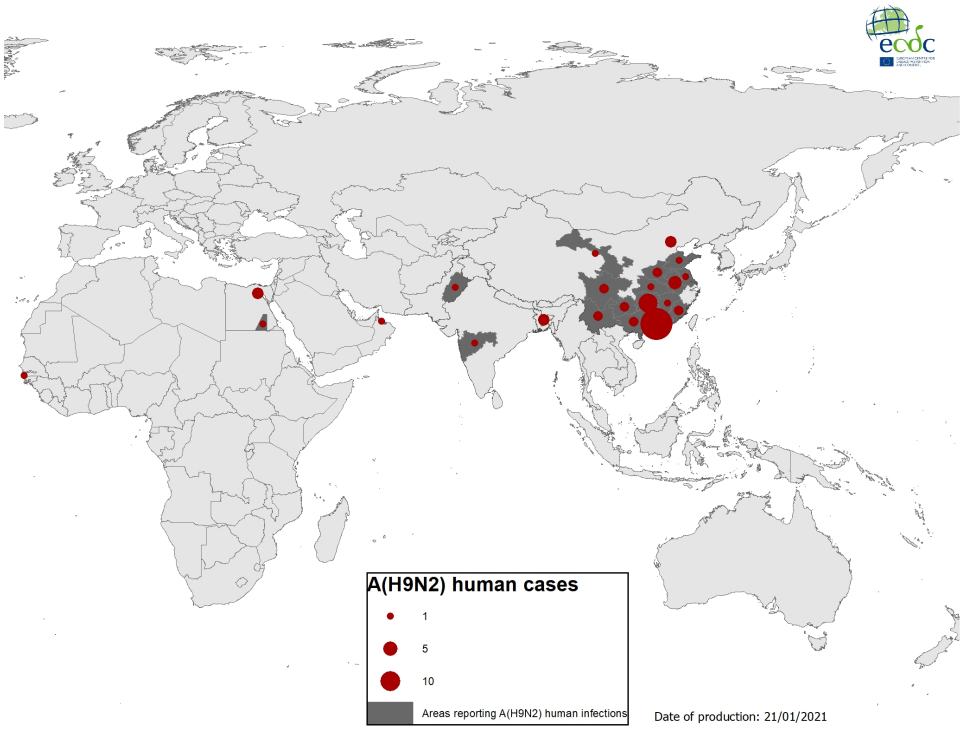
Distribution of confirmed human cases of avian influenza A(H9N2) virus infection by year of onset and country, 1998–2020

Source: ECDC



Geographical distribution of confirmed human cases with avian influenza A(H9N2) virus infection, 1998–2020

Source: ECDC



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

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Opening date: 9 December 2019 Latest update: 22 January 2021

Epidemiological summary

Epidemiological Summary:

Wild poliovirus: In 2020 overall, as of 12 January 2021, 140 cases have been reported from two endemic countries: Pakistan (84) and Afghanistan (56).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 12 January 2021, 28 cases of cVDPV1 have been reported by Yemen (27) and Malaysia (1). In addition, 904 cases of cVDPV2 have been reported from 23 countries: Afghanistan (240), Pakistan (122), Chad (94), Democratic Republic of the Congo (75), Cote D'Ivoire (71), Burkina Faso (55), Sudan (52), South Sudan (38), Guinea (36), Mali (28), Ethiopia (21), Somalia (14), Ghana (12), Niger (9), Togo (9), Cameroon (7), Nigeria (7), Central African Republic (4), Angola (3), Sierra Leone (3), Benin (2), Congo (1) and the Philippines (1). No cases of cVDPV3 have been reported.

No cases have been reported in 2021 so far.

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. WHO 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.

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 for 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 suboptimal 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 the pockets of under-immunised populations.

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 have ongoing outbreaks of cVDPV.

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Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017 Latest update: 22 January 2021

Epidemiological summary

Europe

Chikungunya virus disease:
No autochthonous cases of Chikungunya virus disease have been detected in continental Europe in 2020.

Dengue:
In 2020, France has reported 12 autochthonous cases of dengue: two in Hérault department, three in Var department, six in Alpes Maritimes and one in Gard department.
In Italy, 10 locally-acquired cases were detected in the Veneto region in August 2020.

Americas and the Caribbean

Chikungunya virus disease:
Bolivia: In 2020, as of 12 December, Bolivia has reported 1 560 cases, 54 of which are laboratory-confirmed.

Colombia: In 2020, as of week 53, Colombia has reported 160 cases, five of which are laboratory-confirmed.

Costa Rica: In 2020, as of 26 December, Costa Rica has reported 50 cases.

El Salvador: In 2020, as of 26 December, El Salvador has reported 122 suspected cases. This represents an increase of nine new cases since the last CDTR update. During the same period in 2019, El Salvador reported 661 suspected cases.

Honduras: In 2020, as of 19 December, Honduras has reported 55 suspected case.

Nicaragua: In 2020, as of 19 December, Nicaragua has reported 17 suspected cases. During the same period in 2019, 169 suspected cases were reported.

Paraguay: In 2020, as of week 53, Paraguay has reported 316 suspected cases.

Peru: In 2020, as of week 53, Peru has reported 138 cases, 80 of which are laboratory-confirmed

Venezuela: In 2020, as of 26 December, Venezuela has reported 67 cases, 2 of which are laboratory-confirmed.

No updates are available for Barbados, Brazil, Ecuador, Guatemala and Mexico.

Dengue:
In 2020, the Pan American Health Organization (PAHO) reported 2 245 733 suspected and confirmed dengue cases and 982 deaths, in the Americas region. This corresponds to a 30% decrease compared to 2019 figures. The five countries reporting most cases are: Brazil (1 418 296 cases), Paraguay (223 082), Mexico (120 239), Bolivia (85 130) and Colombia (78 298).

All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Region of the Americas, which increases the risk of severe cases. The figures for each country of the Americas region can be found on the PAHO Health Information Platform.

According to Santé Publique France, the French Caribbean islands are all in epidemic phase, although cases have started to decrease since week 40. Details about the current epidemics in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique can be found in the Dengue – French Antilles – 2020 threat in this CDTR.

Asia

Chikungunya virus disease:
Malaysia: In 2020 and as of 12 December, 2 536 cases have been reported across the country, with most of the cases being reported in Perak and Penang region according to Malaysia's Ministry of Health. This represents an increase of 162 cases since the last CDTR update.

Thailand: In 2020, as of as of 27 December, the country has reported 10 913 cases, with no associated deaths, affecting 72 provinces across the country. This represents an increase of 64 cases since the last CDTR update.

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No updates are available for Cambodia, India and the outbreak previously reported in Yemen.

Dengue:

Bangladesh: According to media sources quoting health authorities, in 2020, Bangladesh reported a total of 1 405 cases and seven confirmed deaths.

Cambodia: In 2020, as of week 52, Cambodia reported 11 977 cases and 16 deaths. The number of cases reported is only 17% of the 68 657 cases reported in the same period in 2019.

Lao PDR: In 2020, as of week 49, Lao PDR reported 7 554 cases and 13 deaths. The cumulative number of cases is 5.1 times lower compared to the same period in 2019, and the trend is within seasonally expected levels.

Malaysia: In 2020, as of 12 December, Malaysia reported 88 074 cases and 141 deaths. Dengue activity showed a decreasing trend from week 33, and overall, the cumulative number of cases in 2020 was lower compared to the same period in 2019, in which 124 777 cases were reported.

Nepal: In 2020, Nepal reported a total of 424 cases.

Pakistan: In 2020, Pakistan reported a total of 4 024 cases of dengue.

The Philippines: In 2020, as of 26 December, the Philippines reported 83 155 dengue cases and 324 deaths. The number of cases is 81% lower compared to the 437 563 cases that were reported in the same period in 2019.

Singapore: In 2020, Singapore reported a total of 35 356 cases. Singapore experienced the largest outbreak this year since records began.

Sri Lanka: In 2020, Sri Lanka reported a total of 30 960 cases.

Taiwan: In 2020, Taiwan reported a total of 137 cases.

Thailand: In 2020, Thailand reported a total of 50 042 cases and six deaths.

Vietnam: In 2020, as of week 48, Vietnam reported 121 938 cases and 19 deaths. This represents a decrease of 63% in cumulative cases, and 35 fewer deaths, compared to the same period in 2019.

There are no new updates available from China, India, Myanmar and Indonesia.

Africa

Chikungunya virus disease:

Democratic Republic of Congo: On 5 December 2020, 227 suspected cases of Chikungunya were reported from the Kwango province in DRC. The first cases were identified in week 45.

No updates are available for the outbreaks previously reported in Chad, Congo, Kenya and Sudan.

Dengue:

During 2020, Réunion reported 16 100 confirmed cases and 11 deaths.

There are no updates for Mayotte, Mauritius, Mauritania or Senegal.

Australia and the Pacific

Chikungunya virus disease:

No outbreaks have been reported since the previous update.

Dengue:

Australia: In 2020, Australia reported a total of 222 cases. This is significantly lower compared to the same period in previous years.

French Polynesia: Since April 2019 and as of week 53 2020, French Polynesia reported 3 330 cases. The data shows that French

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Polynesia is no longer in the epidemic phase of dengue fever.

New Caledonia: In 2020, New Caledonia reported a total of 63 cases. Dengue activity remains at a low level.

Wallis and Futuna: In 2020, Wallis and Futuna reported a total of 124 probable and confirmed dengue cases: 47 in Wallis and 77 in Futuna.

The Republic of the Marshall Islands: Since the start of the epidemic in May 2019 and as of 30 December 2020, the Republic of the Marshall Islands reported 3 873 cases (of which 1 977 were laboratory confirmed) and two deaths.

There are no official updates available from Fiji and the Federated States of Micronesia. The epidemic is declared over in the Cook islands.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation.

ECDC assessment

Chikungunya virus disease and dengue affect most countries in the tropics and sub-tropics. EU/EEA travellers to the affected areas should apply personal protective measures against mosquito bites.

The current likelihood of the occurrence of local transmission events of chikungunya virus and dengue virus in mainland EU/EEA is negligible, as the environmental conditions are not favourable to vector activity and virus replication.

More information about dengue is available in ECDC's factsheet.

Actions

ECDC monitors these threats through epidemic intelligence and reports on a monthly basis. A summary of the worldwide overview of dengue and chikungunya is available on the ECDC website.

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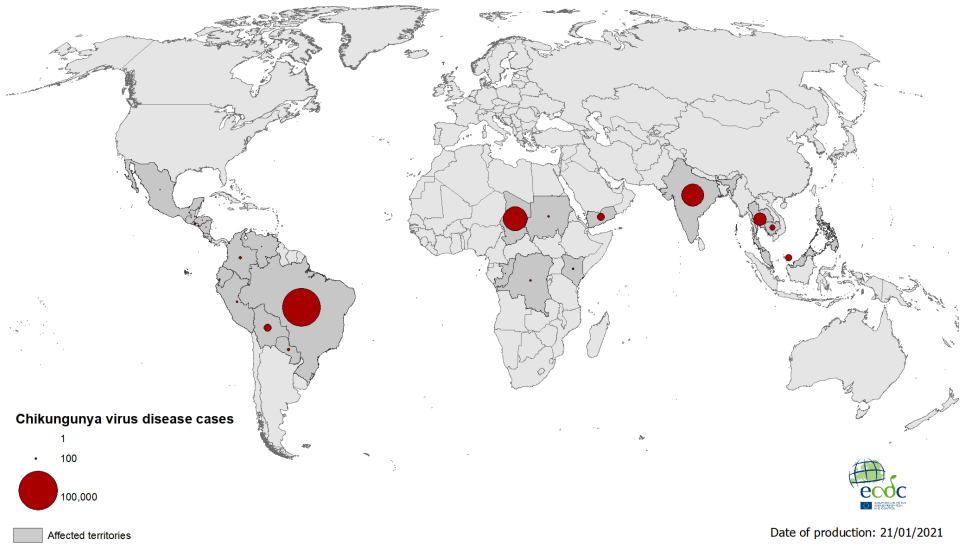
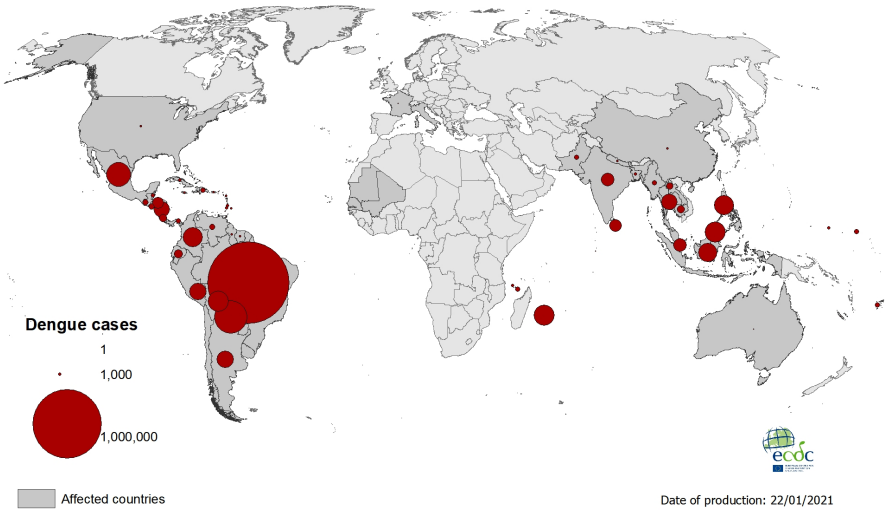
Geographical distribution of chikungunya virus disease cases reported worldwide, January to December 2020

Source:ECDC



Geographical distribution of dengue cases reported worldwide, January to December 2020

Source: ECDC



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