

## I. Executive summary

### EU Threats

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

Opening date: 7 January 2020

Latest update: 31 March 2021

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

##### → Update of the week

Since week 2021-11 and as of 29 March 2021, 3 992 117 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 69 090 new deaths have been reported.

Globally, since 31 December 2019 and as of 29 March 2021, 127 628 928 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 791 055 deaths.

In the EU/EEA, 26 393 414 cases have been reported, including 592 929 deaths.

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

### Non EU Threats

#### New! Influenza A(H1N1) variant – the United States – 2020–2021

Opening date: 30 March 2021

Latest update: 31 March 2021

The US CDC reported a case of influenza A(H1N1) variant in an adult individual with reported exposure to pigs. Follow-up investigations could not identify instances of human to human transmission. Public health measures have been initiated and further investigations are ongoing.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 31 March 2021

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

### →Update of the week

Since the last update, and as of 29 March 2021, no new cases or deaths have been reported by WHO. The 42-day countdown to declaring the end of the outbreak [began](#) last week, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in N'Zerekore on 23 March 2021.

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

Opening date: 9 February 2021

Latest update: 31 March 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD) after a laboratory-confirmed case was detected. The outbreak is in the North Kivu province in the eastern region of the DRC, where a large outbreak occurred between 2018 and 2020.

### →Update of the week

Since the last update, and as of 28 March 2021, no new cases or deaths have been reported by WHO. The 42-day [countdown](#) to declaring the end of the outbreak began last week, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in Katwa on 22 March 2021.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 31 March 2021

#### Epidemiological summary

Since 31 December 2019 and as of 29 March 2021, 127 628 928 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 791 055 deaths.

#### Cases have been reported from:

**Africa:** 4 186 456 cases; the five countries reporting most cases are South Africa (1 545 431), Morocco (494 659), Tunisia (251 169), Ethiopia (200 563) and Egypt (200 050).

**Asia:** 24 072 463 cases; the five countries reporting most cases are India (12 039 644), Iran (1 846 923), Indonesia (1 496 085), Iraq (832 428) and Israel (832 012).

**America:** 56 084 701 cases; the five countries reporting most cases are United States (30 331 794), Brazil (12 573 615), Colombia (2 389 779), Argentina (2 322 557) and Mexico (2 227 842).

**Europe:** 43 220 869 cases; the five countries reporting most cases are France (4 545 589), Russia (4 528 543), United Kingdom (4 333 042), Italy (3 532 057) and Spain (3 270 825).

**Oceania:** 63 734 cases; the five countries reporting most cases are Australia (29 260), French Polynesia (18 607), Guam (7 800), Papua New Guinea (5 184) and New Zealand (2 137).

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

#### Deaths have been reported from:

**Africa:** 111 945 deaths; the five countries reporting most deaths are South Africa (52 663), Egypt (11 882), Morocco (8 798), Tunisia (8 760) and Algeria (3 084).

**Asia:** 383 005 deaths; the five countries reporting most deaths are India (161 843), Iran (62 308), Indonesia (40 449), Pakistan (14 256) and Iraq (14 212).

**America:** 1 348 214 deaths; the five countries reporting most deaths are United States (550 036), Brazil (313 866), Mexico (201 826), Colombia (63 079) and Argentina (55 611).

**Europe:** 946 622 deaths; the five countries reporting most deaths are United Kingdom (126 592), Italy (107 933), Russia (98 033), France (94 623) and Germany (75 913).

**Oceania:** 1 263 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (141), Guam (134), Papua New Guinea (45) and New Zealand (26).

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

#### EU/EEA:

As of 29 March 2021, 26 393 414 cases have been reported in the EU/EEA: France (4 545 589), Italy (3 532 057), Spain (3 270 825), Germany (2 782 273), Poland (2 267 964), Czechia (1 516 772), Netherlands (1 257 561), Romania (940 443), Belgium (874 123), Portugal (820 716), Sweden (793 477), Hungary (641 124), Austria (533 511), Slovakia (358 115), Bulgaria (328 753), Croatia (267 522), Greece (254 031), Ireland (234 541), Denmark (228 692), Lithuania (214 365), Slovenia (212 965), Estonia (104 214), Latvia (101 040), Norway (93 145), Finland (76 425), Luxembourg (60 755), Cyprus (44 631), Malta (28 938), Iceland (6 183) and Liechtenstein (2 664).

As of 29 March 2021, 610 455 deaths have been reported in the EU/EEA: Italy (107 933), France (94 623), Germany (75 913), Spain (75 199), Poland (51 932), Czechia (26 137), Romania (23 234), Belgium (22 929), Hungary (20 161), Portugal (16 843), Netherlands (16 455), Sweden (13 398), Bulgaria (12 710), Slovakia (9 542), Austria (9 006), Greece (7 880), Croatia (5 911), Ireland (4 666), Slovenia (4 311), Lithuania (3 560), Denmark (2 415), Latvia (1 878), Estonia (879), Finland (817), Luxembourg (738), Norway (660), Malta (388), Cyprus (252), Liechtenstein (56) and Iceland (29).

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

The [final report of the joint WHO-China study](#) on the origins of COVID-19 is now available on WHO's website.

#### 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](#) and [sixth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, and 14 January 2021, respectively. The committee concluded during these meetings that the COVID-19 pandemic

continues to constitute a PHEIC.

## ECDC assessment

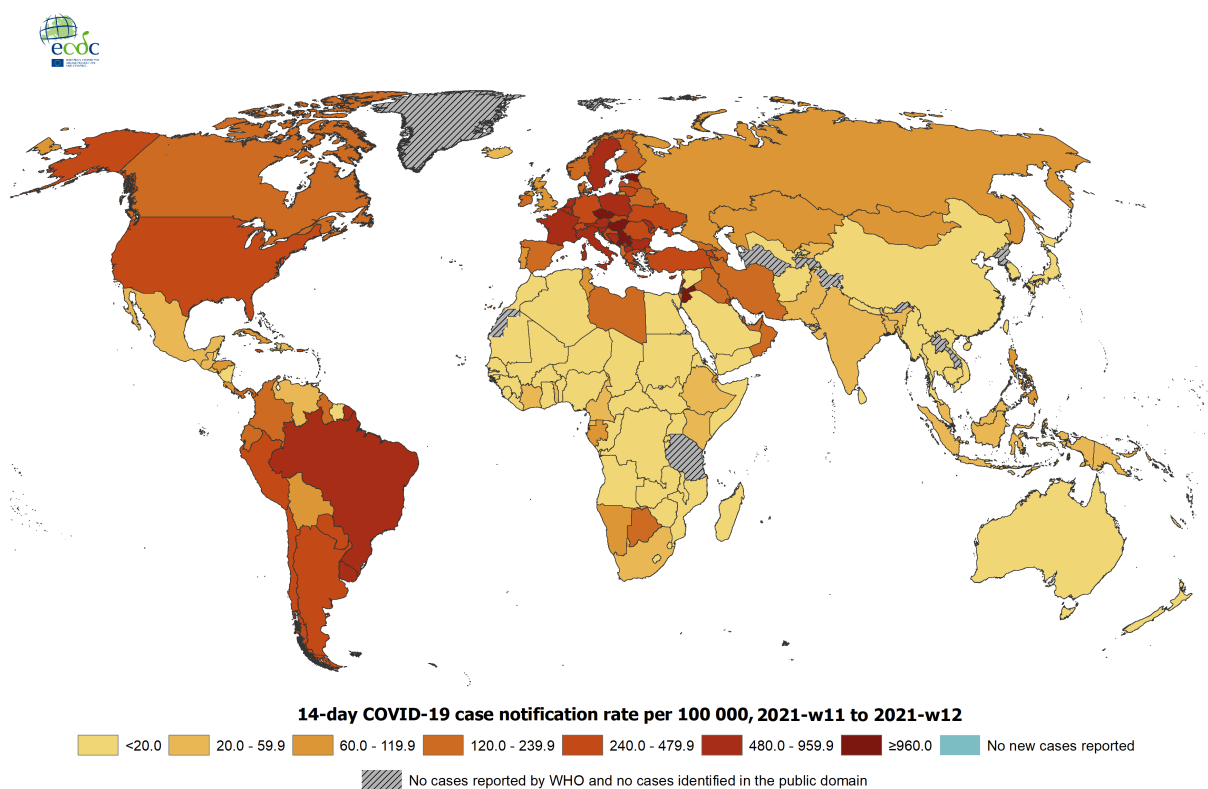
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

## Actions

**Actions:** ECDC published the 14th update of its [rapid risk assessment](#) on 15 February 2021. A [dashboard](#) with the latest updates is available on ECDC's website.

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w11 to 29 March 2021

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: 31-Mar-21

## New! Influenza A(H1N1) variant – the United States – 2020–2021

Opening date: 30 March 2021

Latest update: 31 March 2021

### Epidemiological summary

In March 2021, the United States CDC reported one human case of influenza A(H1N1) variant (A(H1N1)v) virus infection in North Carolina, identified in 2020. The case is an adult individual, who was not hospitalised and has recovered from his illness. Investigation revealed that the case worked and had daily contacts with pigs. No human-to-human transmission has been identified in association with this case and no further influenza A(H1N1)v virus infections have been identified in specimens collected in 2021 thus far.

From 2011, and as of 20 March 2021, the [US CDC](#) has reported 11 cases of human infection with A(H1N1)v virus in the United States.

In Europe, human cases of influenza A(H1N1)v virus infection have recently been reported in Denmark, Germany, and the Netherlands.

**Source:** [US CDC](#)

### ECDC assessment

Sporadic transmission of swine influenza viruses from pigs to humans has been observed in recent years. It is therefore very important to immediately share all unsubtypable influenza viruses with national influenza centres or reference laboratories as well as WHO Collaborating Centres for further virus characterisation analysis. Rigorous follow-up investigations are needed to identify human-to-human transmission immediately and implement public health measures to prevent further spread.

In [2016](#), ECDC flagged the importance of early sharing of information related to human cases of A(H1N1)v virus infections. ECDC underlines the importance to inform health authorities as early as possible and report human cases of avian and swine influenza viruses through EWRS and IHR.

### Actions

ECDC is monitoring influenza events through influenza surveillance and epidemic intelligence activities. In addition, ECDC monitors zoonotic influenza strains in order to identify significant changes in the epidemiology of the virus. ECDC has published [Annual Epidemiological Reports](#) on zoonotic influenza that summarise the human cases related to swine viruses.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 31 March 2021

### Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 29 March 2021, 18 EVD cases (14 confirmed and four probable), including nine deaths (from five confirmed and four probable cases), have been identified. Among these, five healthcare workers have been infected, resulting in two deaths (one confirmed and one probable case). All cases have been reported from the N'Zerekore prefecture, in the region of N'Zerekore.

The last confirmed Ebola patient in Guinea was discharged from the ETC on 23 March 2021. This started the 42-day countdown to the end of the Ebola outbreak in Guinea. Nine patients with confirmed EVD have recovered.

According to WHO, the initial cluster of seven cases began with the index case in a patient who died on 28 January 2021, after having visited two healthcare facilities and a traditional practitioner. Five family members who attended the funeral on 1 February and the traditional practitioner showed Ebola-like symptoms. Five of the seven cases resulted in death. Two unsafe burials took place for these EVD patients. The source of infection of this case is unknown. However, [preliminary results](#) of genomic sequencing

indicate that the index case of the 2021 Guinea cluster was probably infected from a persistent source, suggesting that the virus from the 2013-2016 West Africa epidemic has survived and re-emerged. Further investigations will be carried out to understand this occurrence.

The [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, with a ring vaccination strategy being deployed, involving healthcare workers, contacts of EVD cases, and contacts of contacts being vaccinated. As of 29 March, 4 445 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

Response measures are ongoing and WHO is supporting the country to procure an EVD vaccine, as well as therapeutics, reagents, and personal protective equipment. To date, 32 960 vaccines have been deployed to Guinea. WHO considers the risk of spread in the country as very high, given the unknown size, duration and origin of the outbreak, the potentially large number of contacts, the potential spread to other parts of Guinea and neighbouring countries, and the limited response capacity currently on the ground. The Guinean Ministry of Health, together with Global Outbreak Alert and Response Network (GOARN) partners, is supporting case management and training teams in the practice of safe and dignified burials. Multidisciplinary teams are currently in the field to actively search and provide care for cases, trace and follow up contacts, and sensitise communities to infection prevention and control.

As the outbreak is located in a porous border area, WHO is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity and conducting surveillance in health facilities. WHO is also in contact with the bordering countries of Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries have completed their national preparedness and readiness plans, and are on high alert, however their overall [estimated state of readiness](#) lies below the required benchmark. [Nigeria](#) is at moderate risk of an EVD outbreak, and, as such, is in alert mode. [Governmental representatives](#) of Guinea and the six bordering countries held a meeting on 2 March 2021, at which it was agreed to unify the response by setting up a coordination mechanism, increasing surveillance and screening at border crossings and in high-risk communities, and facilitating import regulations for vaccines. In a [media report citing WHO](#), the risk level of spread to neighbouring countries was said to be very high. This may be due in part to a lack of preparedness in some neighbouring countries, and the limited availability of vaccines for wide-scale preventive vaccination.

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

**Background:** Guinea was one of the three most-affected countries in the 2013-2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976, and during which there were over 28 000 cases, including around 11 000 deaths. The outbreak started in Guinea and then moved across land borders to Sierra Leone and Liberia.

**Sources:** [WHO regional office for Africa](#) | [Ministry of health of Guinea](#) | [Agence Nationale de Sécurité Sanitaire \(ANSS\)](#) | [WHO Disease Outbreak News](#) | [WHO Regional Office for Africa Twitter](#) | [ANSS report](#) | [Weekly Afro Bulletin](#)

## ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since the large outbreak that occurred in West Africa between 2013 and 2016. Based on preliminary molecular studies, re-emergence of the virus from a persistently infected person from the 2013-2016 outbreak is hypothesised. However, importation via travellers from an Ebola virus-endemic country or a spill-over event from animal reservoirs cannot be ruled out as potential sources of the outbreak. Some bat species are reservoir hosts for Ebola virus in Central Africa. However, the evidence for competent animal reservoirs of the virus in West Africa is inconclusive, and the role of other animals, such as non-human primates, as (intermediate) hosts remains unclear (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). The ongoing outbreak may spread to other areas within Guinea and/or to neighbouring countries. During the 2013-2016 outbreak in West Africa, Guinea acquired essential experience, which is an asset to adequately respond to this outbreak, including the timely identification and isolation of cases to prevent further transmission. The ongoing COVID-19 pandemic and other ongoing outbreaks (e.g. Yellow Fever and measles) might challenge the response.

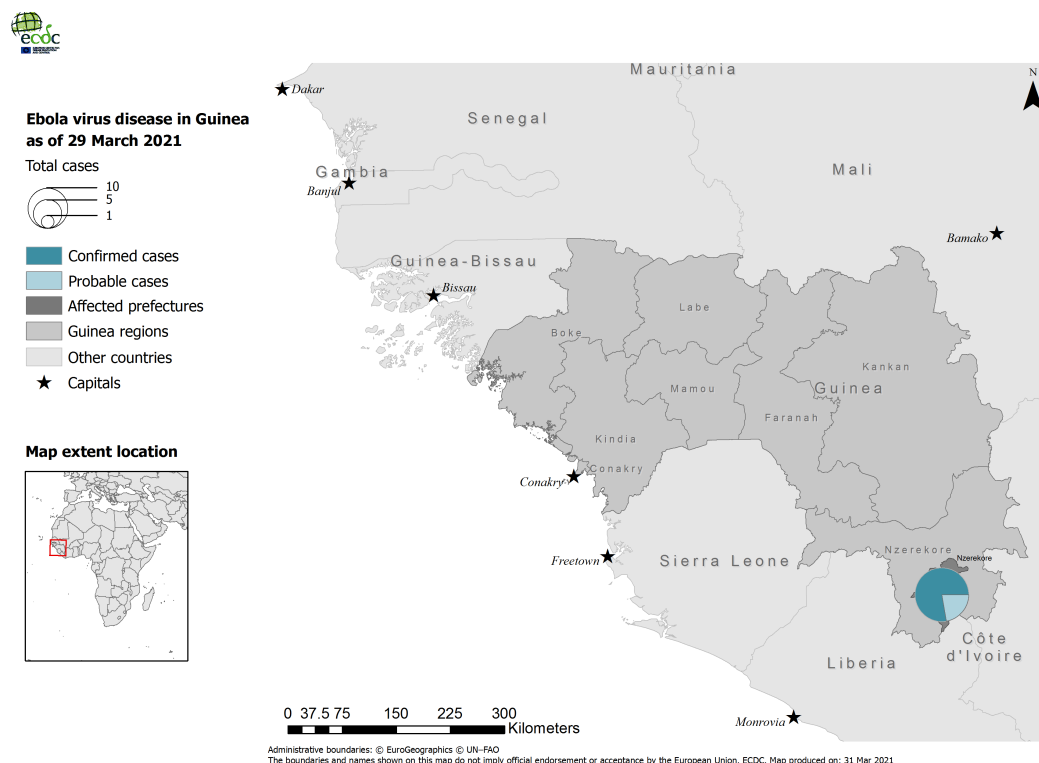
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in Guinea. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

## Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, [Outbreak of Ebola virus disease in Guinea](#), on 22 February 2021, in which options for response measures are described.

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

Source: ECDC



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

Opening date: 9 February 2021

Latest update: 31 March 2021

### Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 28 March 2021, 12 EVD cases (11 confirmed and one probable), including six deaths, have been reported in the North Kivu province of the eastern region of the DRC. More specifically, the cases were reported from the Biena (6), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Six cases have recovered and will be integrated into the survivor's care programme. The 42-day countdown was initiated on 22 March 2021.

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

**Results** from genome sequencing confirmed that the first cases were infected with the Zaire ebolavirus species and **suggest** that the ongoing outbreak is genetically linked to the tenth EVD outbreak that occurred between 2018 and 2020 in the North Kivu and Ituri provinces.

North Kivu provincial health authorities are currently leading the response, supported by WHO and the DRC Ministry of Health. A total of 124 contacts have been identified, 102 (83%) of which have been followed up. WHO states that most of the contacts that have never been seen are linked to the probable case from the Biena Health Zone, and will continue to be sought during the countdown.

A **vaccination campaign** was launched on 15 February 2021 in Butembo. Vaccines and treatments were already available in Goma

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from the 10th EVD outbreak in the DRC. The ring vaccination strategy is being deployed and, as of 28 March, 1 835 contacts and healthcare workers have been vaccinated since the start of this outbreak. Ring vaccination has had to be suspended in Butembo due to security threats.

According to WHO, there are a number of ongoing challenges for surveillance, including access to affected areas and community mistrust towards authorities and outbreak responders. In addition, a much lower number of (false) alerts has been received than expected in some affected and at-risk health zones, indicating a malfunctioning surveillance system. Further challenges include the low adherence of contacts to immunisation (despite vaccine availability), poor alert management, inadequate case management in treatment centres, including limited infrastructure for isolation of cases, and insufficient financial resources to support all pillars of the response and resolve problems related to internet speed and data transmission.

**Background:** The 10th EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this ongoing outbreak is occurring. The 10th outbreak resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end was [declared](#) on 25 June 2020. The 11th outbreak of EVD in the DRC was declared on 1 June 2020 and occurred on the western side of the country in the [Equateur Province](#). It culminated to 130 cases, including 55 deaths, and was [declared over](#) on 18 November 2020.

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

## ECDC assessment

These EVD cases are the first reported in North Kivu, DRC, since the 10th outbreak was declared over in June 2020 (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). The ongoing outbreak may spread to other areas within DRC and/or in neighbouring countries, despite the health authorities in DRC having extensive experience in responding to EVD outbreaks. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) might challenge the response.

Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in the DRC is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in the DRC. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

## Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, [Outbreak of Ebola virus disease in North Kivu, DRC](#), on 22 February 2021, in which options for response measures are described.

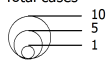
## Geographical distribution of confirmed and probable Ebola virus disease cases in the DRC, 2021

Source: ECDC



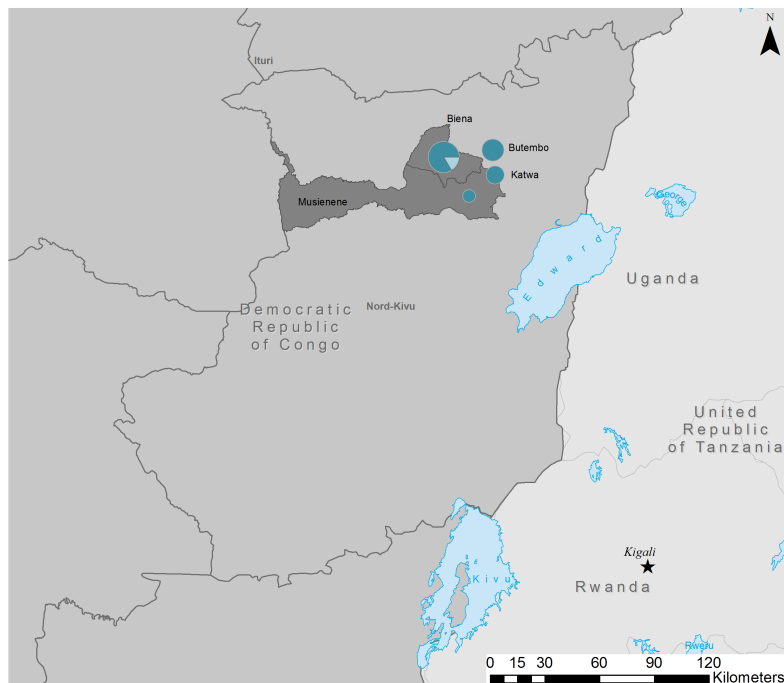
### Ebola virus disease in the Democratic Republic of Congo as of 28 March 2021

Total cases



- Confirmed cases
- Probable cases
- Affected health zones
- DRC provinces
- Other countries
- Lakes
- Capitals

### Map extent location



Administrative boundaries: © EuroGeographics © UN-FAO © WHO  
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The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.