



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 46, 8-14 November 2020

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) – 2020

Opening date: 7 January 2020

Latest update: 13 November 2020

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 6 November 2020 and as of 13 November 2020, 3 968 268 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 58 047 new deaths.

Globally, the number of cases has increased from 48 8070 003 to 52 775 271, and the number of deaths has risen from 1 235 059 to 1 293 106.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 8 571 246 to 10 124 110 (+1 552 864 cases), and the number of deaths has risen from 236 325 to 258 279 (+21 954 deaths).

More details are available [here](#).

West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020

Latest update: 13 November 2020

During the transmission season for West Nile virus, which usually runs from June to November, ECDC monitors the occurrence of infections in the EU/EEA and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

Between 6 and 12 November 2020, EU Member States reported no new human cases of WNV infection and no deaths through TESSy. EU neighbouring countries also did not report any human cases of WNV infection.

On 11 November, [Dutch health authorities](#) reported that a total of seven people in the Netherlands were diagnosed with West Nile virus infections this year. One patient contracted WNV in the Arnhem region, the others were infected in the Utrecht region. The five newly reported patients in the Utrecht region all became infected in the months of July or August. The patient from the Arnhem region only contracted the virus in October, as the season was ending. As the case from Arnhem region has not been reported through TESSy yet, it is currently not represented on the maps and in the Surveillance Atlas.

ECDC links: [West Nile virus infection atlas](#)

Sources: TESSy

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

Opening date: 9 February 2011

Latest update: 13 November 2020

Measles cases in the EU/EEA and the UK continue to occur among both adults and children. However, a sharp decrease in the reporting of measles cases has been observed during the COVID-19 pandemic in the EU/EEA and the UK, as well as in other countries across the globe.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 9 October 2020, 13 new cases have been reported by four EU/EEA countries and UK: Germany (9), Ireland (1), Spain (2) and Sweden (1). No other countries reported new cases of measles.

No new deaths have been reported by EU/EEA countries or the UK. Overall, two deaths have been reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA and the UK are available for the WHO Regional Office for Africa (WHO AFRO).

On 6 November 2020, [UNICEF and the World Health Organization \(WHO\)](#) issued an [urgent call to action](#) to avert major measles and polio epidemics as COVID-19 continues to disrupt immunization services worldwide, leaving millions of vulnerable children at heightened risk of preventable childhood diseases.

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

Non EU Threats

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020

Latest update: 13 November 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) [declared](#) the 11th outbreak of Ebola virus disease in the country. The outbreak is located in the Equateur Province in the north-west of the country, close to the border with Congo.

→Update of the week

Since the last update on 6 November, and as of 9 November 2020, no new cases or deaths have been reported from the Equateur Province in the DRC.

The last confirmed case was reported on 28 September from Makanza Health Zone. The second RT-PCR result for the last case came back negative for Ebola on 6 October, hence as of 9 November, nine days remain until the outbreak can be declared over.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 13 November 2020

Influenza transmission in Europe shows a seasonal pattern, with peak activity during the winter months.

→Update of the week

Week 45/2020 (2–8 November 2020)

Influenza activity remained at interseasonal levels.

Influenza viruses were not detected in specimens from persons with respiratory illness presenting to primary medical care sentinel sites.

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 in non-sentinel source specimens.?

There were no hospitalised laboratory-confirmed influenza cases reported for week 45/2020.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Opening date: 15 June 2005

Latest update: 13 November 2020

Highly pathogenic avian influenza viruses A(H5) of Asian origin are highly infectious for several bird species, including poultry. Human infections with influenza A(H5) viruses have been caused by the influenza A(H5N1) virus in several non-EU/EEA countries and the UK and by the influenza A(H5N6) virus in China. Other avian influenza subtypes, including H7N7 and H9N2, have infected people sporadically. Many of these infections have been mild or even subclinical in humans, but some have been severe and resulted in deaths. ECDC is following the development of these viruses and monitoring infections in humans.

→Update of the week

On 6 November 2020, WHO reported one case of avian influenza A(H5N1) in a one-year-old female from Saravane province, Laos. The girl had exposure to domestic poultry. She developed a cough, fever and had difficulty breathing on 13 October, was hospitalised and had samples collected on 16 October 2020. On 19 October the girl was discharged. All her close contacts tested negative for influenza A. This is the third case of avian influenza A(H5N1) reported from Laos. The latest human case due to A(H5N1) from this country was reported in 2007. According to the Food and Agriculture Organisation (FAO), Laos has not reported A(H5N1) in poultry or wild birds this year with the last report published in 2018. However, the neighbouring country Vietnam reported sporadic A(H5N1) detections in birds in 2020.

II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2020

Opening date: 7 January 2020

Latest update: 13 November 2020

Epidemiological summary

Since 31 December 2019 and as of 13 November 2020, 52 775 271 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 293 106 deaths.

Cases have been reported from:

Africa: 1 935 264 cases; the five countries reporting most cases are South Africa (744 732), Morocco (276 821), Egypt (110 095), Ethiopia (101 248) and Tunisia (76 106).

Asia: 14 603 708 cases; the five countries reporting most cases are India (8 728 795), Iran (726 585), Iraq (511 806), Indonesia (452 291) and Bangladesh (427 198).

America: 22 726 465 cases; the five countries reporting most cases are United States (10 554 801), Brazil (5 700 044), Argentina (1 284 504), Colombia (1 174 012) and Mexico (991 835).

Europe: 13 461 852 cases; the five countries reporting most cases are France (1 898 710), Russia (1 858 568), Spain (1 437 220), United Kingdom (1 290 195) and Italy (1 066 401).

Oceania: 47 286 cases; the five countries reporting most cases are Australia (27 698), French Polynesia (11 316), Guam (5 850), New Zealand (1 639) and Papua New Guinea (599).

Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 46 576 deaths; the five countries reporting most deaths are South Africa (20 076), Egypt (6 417), Morocco (4 570), Tunisia (2 151) and Algeria (2 111).

Asia: 258 967 deaths; the five countries reporting most deaths are India (128 668), Iran (40 121), Indonesia (14 933), Iraq (11 532) and Turkey (11 233).

America: 672 038 deaths; the five countries reporting most deaths are United States (242 430), Brazil (162 829), Mexico (97 056), Peru (35 067) and Argentina (34 782).

Europe: 314 431 deaths; the five countries reporting most deaths are United Kingdom (50 928), Italy (43 589), France (42 960), Spain (40 461) and Russia (32 032).

Oceania: 1 087 deaths; the five countries reporting most deaths are Australia (907), Guam (92), French Polynesia (52), New Zealand (25) and Papua New Guinea (7).

Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 13 November 2020, 10 124 110 cases have been reported in the EU/EEA and the UK: France (1 898 710), Spain (1 437 220), United Kingdom (1 290 195), Italy (1 066 401), Germany (751 095), Poland (641 496), Belgium (520 297), Czechia (446 675), Netherlands (429 938), Romania (334 236), Portugal (198 011), Austria (182 062), Sweden (171 365), Hungary (131 887), Bulgaria (90 725), Slovakia (81 772), Croatia (72 922), Greece (66 637), Ireland (66 632), Denmark (58 963), Slovenia (50 870), Lithuania (29 812), Norway (26 503), Luxembourg (24 505), Finland (18 542), Latvia (9 381), Malta (7 646), Estonia (6 881), Cyprus (6 646), Iceland (5 160) and Liechtenstein (925).

As of 13 November 2020, 258 279 deaths have been reported in the EU/EEA and the UK: United Kingdom (50 928), Italy (43 589), France (42 960), Spain (40 461), Belgium (13 891), Germany (12 200), Poland (9 080), Romania (8 510), Netherlands (8 294), Sweden (6 122), Czechia (5 755), Portugal (3 181), Hungary (2 883), Bulgaria (1 970), Ireland (1 965), Austria (1 510), Greece (959), Croatia (925), Denmark (755), Slovakia (464), Slovenia (437), Finland (365), Norway (291), Lithuania (244), Luxembourg (206), Latvia (107), Malta (88), Estonia (76), Cyprus (34), Iceland (25) and Liechtenstein (4).

EU:

As of 13 November 2020, 8 801 327 cases and 207 031 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the [Director-General of WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#) and [fifth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April, 31 July and 29 October 2020,

respectively. During these meetings, the committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

Sources: [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

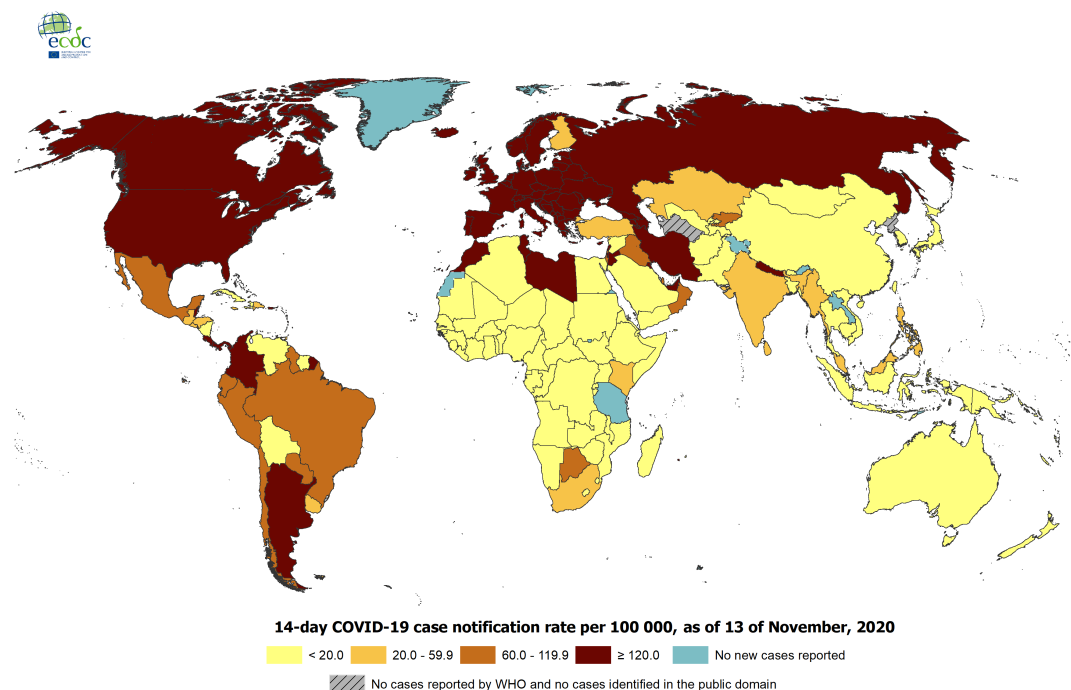
Information on the COVID-19 situation and a risk assessment can be found on [ECDC's website](#).

Actions

ECDC activities related to COVID-19 can be found on [ECDC's website](#). On 12 November 2020 ECDC [published](#) a rapid risk assessment on the detection of new SARS-CoV-2 variants related to minks.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 13 November 2020

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: 13/11/2020

West Nile virus - Multi-country (World) - Monitoring season 2020

Opening date: 20 May 2020

Latest update: 13 November 2020

Epidemiological summary

Between 6 and 12 November 2020, EU Member States reported no new human cases of WNV infection and no deaths through TESSy. EU neighbouring countries also did not report any human cases of WNV infection.

On 11 November, [Dutch health authorities](#) reported that a total of seven people in the Netherlands were diagnosed with West Nile virus infections this year. One patient contracted WNV in the Arnhem region, the others were infected in the Utrecht region. The five newly reported patients in the Utrecht region all became infected in the months of July or August. The patient from the Arnhem region only contracted the virus in October as the season was almost over. As the case from Arnhem region has not been reported through TESSy yet, it is currently not represented on the maps and in the Surveillance Atlas.

Since the start of the 2020 transmission season and as of 12 November 2020, EU Member States have reported 315 human cases

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of WNV infection, including 36 deaths, through TESSy: Greece (143, including 22 deaths), Spain (77, including 7 deaths), Italy (66, including 5 deaths), Germany (13), Romania (6, including 1 death), the Netherlands (6), Hungary (3) and Bulgaria (1, including 1 death). The province of Pazardzhik in Bulgaria, the province of Badajoz in Spain, the region of Utrecht in the Netherlands and five regions in Germany (Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen) reported locally-acquired human cases of WNV infection for the first time. All other cases reported through TESSy were reported from areas that have been affected during previous transmission seasons.

EU neighbouring countries reported 17 human cases of WNV infection, all were reported by Israel.

Since the beginning of the 2020 transmission season, 181 outbreaks among equids have been reported. These outbreaks have been reported by Spain (137), Germany (20), Italy (14), France (5), Portugal (2), Austria (2) and Hungary (1) through the Animal Disease Notification System (ADNS). Since the beginning of the 2020 transmission season, two outbreaks among birds have been reported through ADNS, both by Bulgaria.

ECDC links: [West Nile virus infection atlas](#)

Sources: TESSy | Animal Disease Notification System

ECDC assessment

Human WNV infections have been reported in eight EU Member States (Bulgaria, Germany, Greece, Hungary, Italy, the Netherlands, Romania, and Spain) in which WNV enzootic transmission between mosquitoes and birds has previously been described.

The first detection of a WNV infection in a bird in the Netherlands earlier this year and the subsequent detection of human cases of WNV infection corroborates the further expansion of WNV circulation in Europe. Similarly, the first detection of WNV in a bird in Germany in 2018 was followed by the detection of human WNV infections in 2019. Further human cases may be detected, but environmental conditions have become less suitable for transmission of the virus. In previous years the latest date of onset usually ranged from week 41 to week 46.

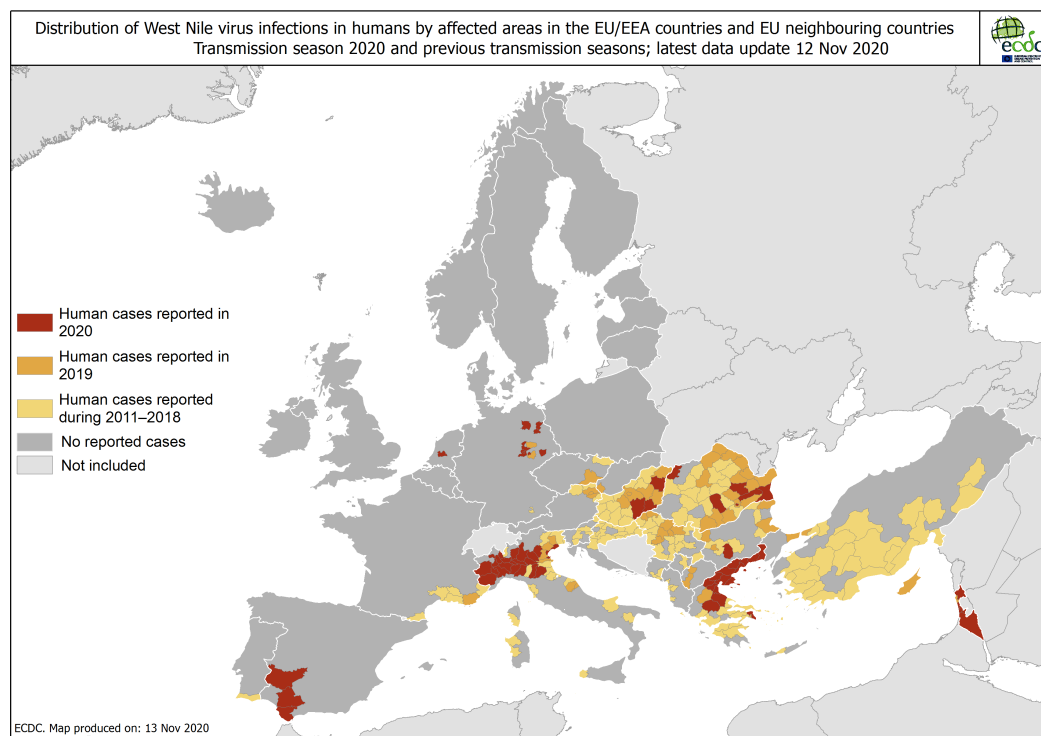
In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps and an epidemiological summary every Friday.

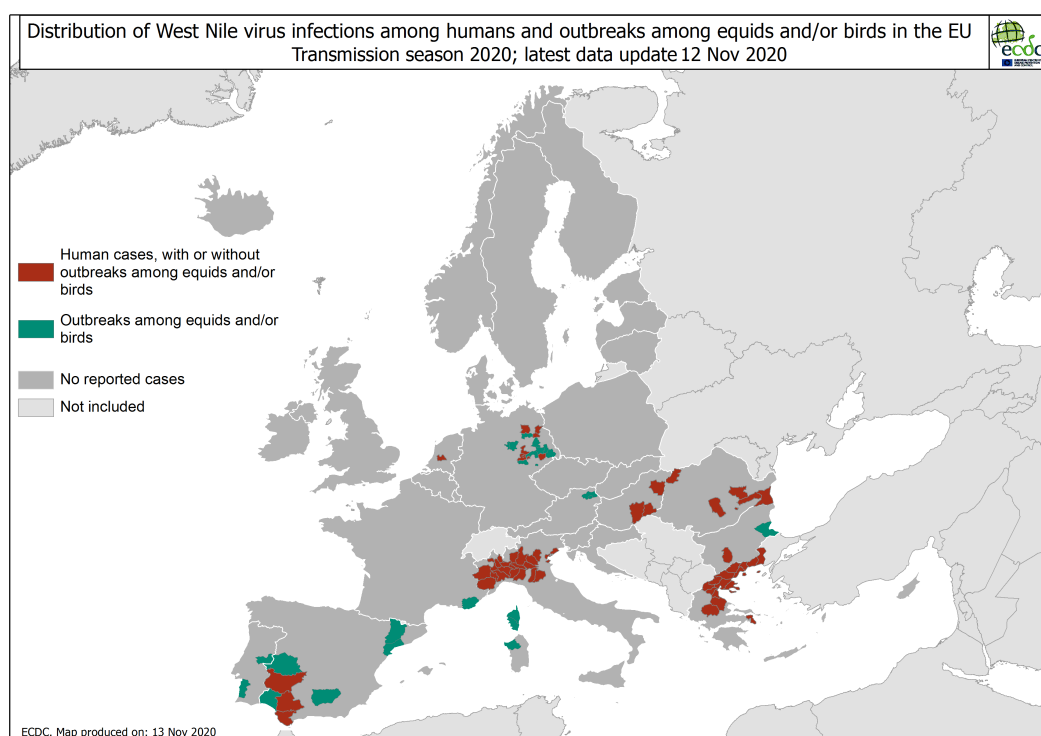
Distribution of human West Nile virus infections by affected areas as of 12 Nov

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 12 Nov

ECDC and ADNS



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

Opening date: 9 February 2011

Latest update: 13 November 2020

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Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 9 October 2020, 13 new cases have been reported by four EU/EEA countries and UK: Germany (9), Ireland (1), Spain (2) and Sweden (1). No other countries reported new cases of measles.

No new deaths have been reported by EU/EEA countries or the UK. Overall, two deaths have been reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA and the UK are available for the WHO Regional Office for Africa (WHO AFRO).

On 6 November 2020, [UNICEF and the World Health Organization \(WHO\)](#) issued an [urgent call to action](#) to avert major measles and polio epidemics as COVID-19 continues to disrupt immunization services worldwide, leaving millions of vulnerable children at heightened risk of preventable childhood diseases.

Routine immunisation sessions should be maintained as long as COVID-19 response measures allow.

In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, the Czech Republic, Greece and the United Kingdom) had lost their measles elimination status.

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

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

[Germany](#) reported 151 cases in 2020 as of week 45 (ending 8 November 2020) an increase of nine cases since the national update as of week 39 (ending 26 September 2020).

[Ireland](#) reported 18 cases in 2020 as of week 44 (ending 31 October 2020) an increase of one case since week 39 (ending 26 September 2020). According to TESSy, 21 cases were reported in January-September 2020.

[Spain](#) reported 92 cases as of week 44 (ending 01 November 2020), an increase of two cases since week 39 (ending 27 September 2020).

[Sweden](#) reported six cases in 2020 as of 10 November, an increase by one case since 4 May 2020.

Relevant epidemiological summary for countries outside the EU/EEA and the UK

A global overview is available on [WHO's website](#). Additional information with the latest available data is provided for several countries.

According to the WHO Regional Office for Africa ([AFRO](#)), as of 4 October 2020 (week 40), outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan.

There were no recent updates or reports about new measles cases available from [WHO PAHO](#) (Pan American Health Organization) and [WHO WPRO](#) (Western Pacific Region) regions.

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries and the UK after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis or a real decrease, due to the direct or indirect effects of the COVID-19 pandemic measures could explain the decline of cases observed. Nevertheless, achieving the best

possible vaccine uptake in the current circumstances is crucial in order to prevent measles outbreaks in the future.

Actions

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

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020

Latest update: 13 November 2020

Epidemiological summary

Since the start of the outbreak, and as of 9 November 2020, a total of 130 cases (119 confirmed, 11 probable), including 55 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (16), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (9), Lotumbe (17), Makanza (1), Mbandaka (25), Monieka (2) and Wangata (2) health zones in the Equateur province of the DRC. Among the reported cases three were healthcare workers.

This is the DRC's [11th outbreak](#) of Ebola virus disease since 1976, when the virus was first discovered. Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 42 080 people have been vaccinated.

Background: Between May and July 2018, the [ninth Ebola outbreak](#) in the DRC occurred in Mbandaka and Bikoro in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to the World Health Organization, the current event seems to be separate from the [10th Ebola outbreak](#) in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths, and was declared over on 25 June 2020. [Sequencing](#) results confirm the 11th outbreak as a separate spill-over event.

Sources: [WHO DRC Twitter](#) | [WHO Afro Twitter](#) | [WHO Afro Sitrep](#) | [WHO Afro bulletin](#) | [WHO DON](#) | [WHO News item](#) | [Dr Tedros](#)

ECDC assessment

Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early on. Response measures can be challenging amid the other outbreaks ongoing in the country, such as COVID-19, cholera, monkeypox, polio, and the bubonic plague. In the past, cases among EU/EEA citizens infected with Ebola were mostly reported among healthcare workers caring for Ebola patients. As the current response is mostly conducted by locals, and a vaccine is also available, this results in a low likelihood of EU/EEA citizens being infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

WHO assessment: As of 3 September, [WHO's assessment](#) states that the risk is high at the regional level, high at the national level and low at the global level. A lack of funding and insufficient human resources is limiting the response, which is being further hampered by strikes among locally-based response teams and the ongoing COVID-19 outbreak. In addition, response teams are currently operating in a logistically challenging environment, with many of the affected areas only accessible by boat or helicopter and with limited telecommunications capacity. Further challenges include inadequate surveillance of deaths in communities, sub-optimal clinical care, and limited laboratory capacity.

Actions

ECDC is monitoring this event through its epidemic intelligence activities. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in the DRC: [Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update](#).

One EPIET fellow is deployed in Geneva (WHO headquarters) until 4 December 2020, contributing remotely to the GOARN response for the DRC Ebola outbreak. Another two EPIET fellows are deployed to the DRC until 10 and 22 December 2020, respectively, to support response activities to the Ebola outbreak.

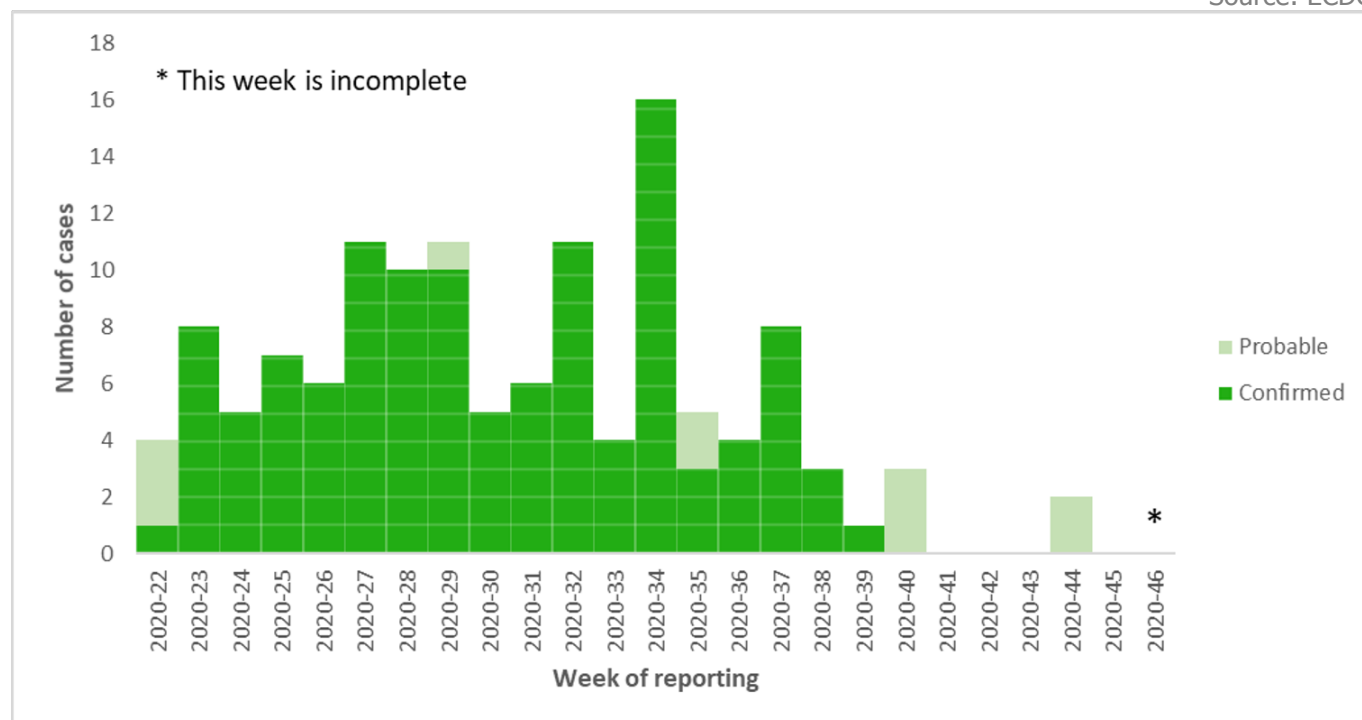
Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 9 November 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths	Conf/Prob cases in past 7 days
Democratic Republic of the Congo	119	11	130	55	
Equateur	119	11	130	55	
Bikoro	32	0	32	19	
Bolerge	1	0	1	1	
Bolomba	13	3	16	4	
Bomongo	2	0	2	1	
Iboko	4	0	4	1	
Ingende	11	2	13	5	
Lilanga Bobangi	6	0	6	0	
Lolanga Mampoko	7	2	9	4	
Lotumbe	17	0	17	2	
Makanza	1	0	1	0	
Mbandaka	21	4	25	17	
Monieka	2	0	2	0	
Wangata	2	0	2	1	
Cumulative Total	119	11	130	55	

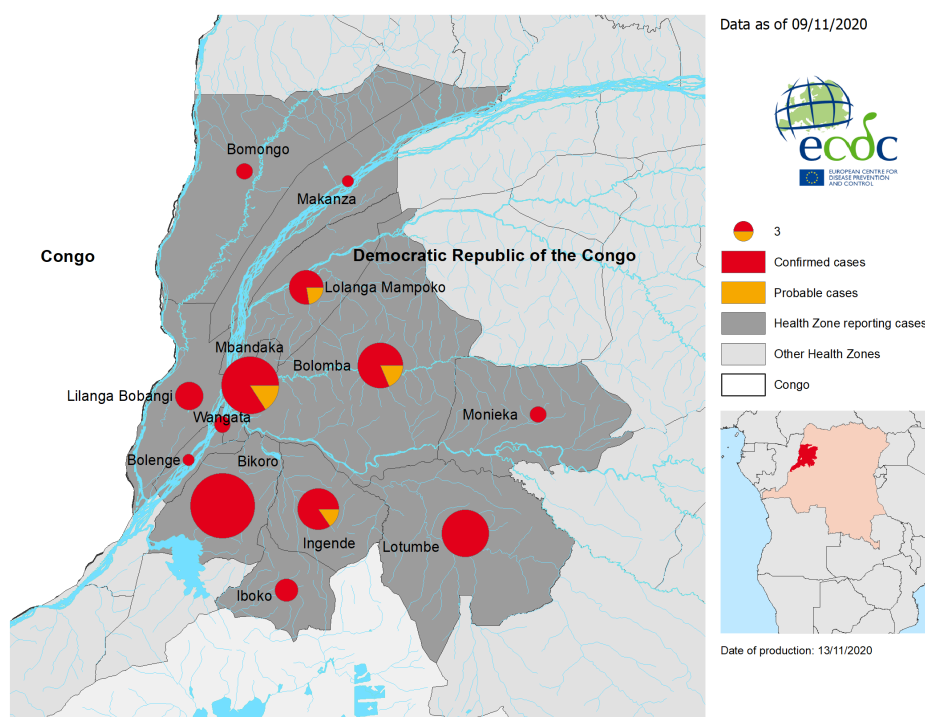
Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 9 November 2020

Source: ECDC



Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 9 November 2020

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 13 November 2020

Epidemiological summary

Week 45/2020 (2–8 November 2020)

Influenza activity remained at interseasonal levels.

Influenza viruses were not detected in specimens from persons with respiratory illness presenting to primary medical care sentinel sites.

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 in non-sentinel source specimens.?

There were no hospitalised laboratory-confirmed influenza cases reported for week 45/2020.

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, 54 specimens have tested positive for influenza viruses, 1 from sentinel sources and 53 from non-sentinel sources, with A (H1)pdm09, A(H3) and type B viruses detected.

No cases of hospitalisation due to influenza virus infection have been reported.

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 compared to the 2019–2020 influenza vaccine.

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

ECDC assessment

Reported influenza activity remains at a very low level, similar to that usually observed during the interseason in summer months. The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare presentations and testing capacities of countries and areas in the European Region, which has negatively impacted reporting of influenza epidemiological and virological data during the 2019-2020 season. It is not unusual for influenza activity to be low at this time of year. However, if the COVID-19

pandemic continues, the influenza data we present need to be interpreted with caution, notably in terms of seasonal patterns.

Actions

ECDC monitors influenza activity in the WHO European Region between week 40–2020 and week 20–2021. ECDC publishes its weekly report on the [Flu News Europe](#) website.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Opening date: 15 June 2005

Latest update: 13 November 2020

Epidemiological summary

On 6 November 2020, WHO reported one case of avian influenza A(H5N1) in a one-year-old female from Saravane province, Laos. The girl had exposure to domestic poultry. She developed a cough, fever and had difficulty breathing on 13 October, was hospitalised and had samples collected on 16 October 2020. On 19 October the girl was discharged. All her close contacts tested negative for influenza A. This is the third human case of A(H5N1) reported from Laos and the first human case reported in 2020 globally. The latest human case due to A(H5N1) from Laos was reported in 2007. According to FAO, Laos has not reported A(H5N1) in poultry or wild birds this year, with the last report published in 2018. However, the neighbouring country Vietnam reported sporadic A(H5N1) detections in birds in 2020.

From January 2003 and as of 12 November 2020, there have been 862 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection, including 455 deaths (Case Fatality Rate: 52.8%), from 17 countries. Most of the cases have been reported from Egypt, Indonesia and Vietnam. The latest case was reported in 2019 in Nepal.

Sources: [ECDC Avian influenza](#) | [ECDC Avian influenza overview: Latest situation update of the avian influenza in EU/EEA](#) | [OIE](#) | [EFSA](#) | [WHO](#)

ECDC assessment

Human cases related to the avian influenza A(H5N1) virus are not unexpected in regions where A(H5N1) is endemic in the poultry population (Asia, Africa and the Middle East). Current epidemiological and virologic evidence suggests that A(H5N1) viruses have not acquired the ability of sustained transmission among humans, so the likelihood of sustained human-to-human transmission is low. No human cases due to A(H5N1) have been reported in Europe. The latest detection of HPAI [A\(H5N1\) in birds](#) in the Netherlands in October 2020 was due to viruses not related to viruses that circulate in south-east Asia.

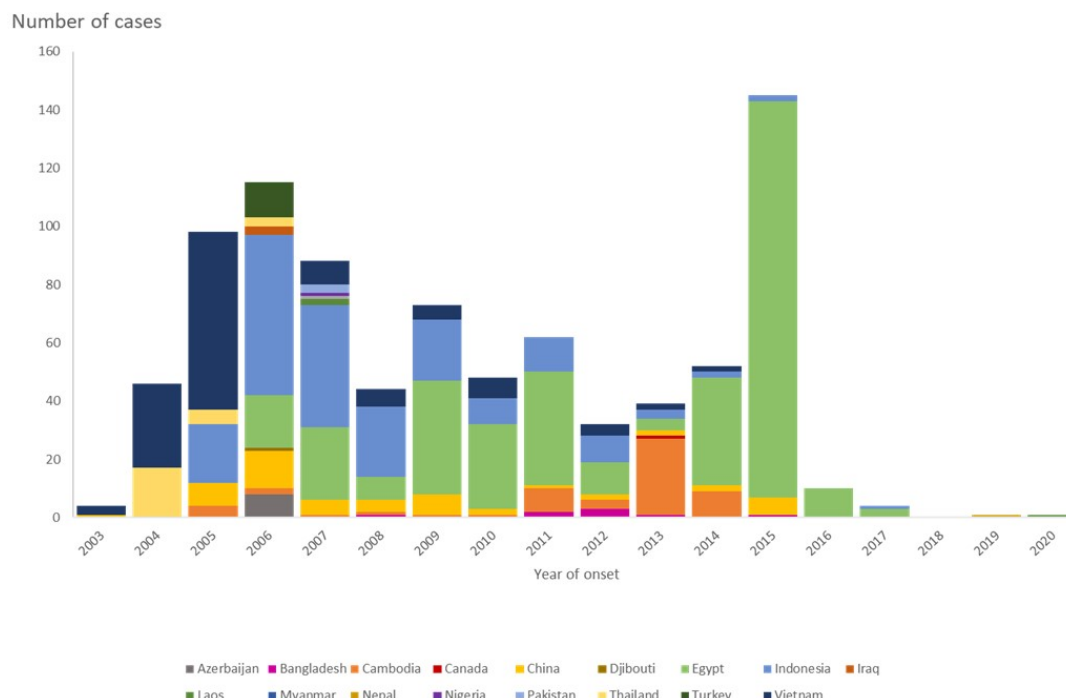
The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. Direct contact with infected birds or a contaminated environment is the most likely source of infection and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk.

Actions

ECDC monitors avian influenza strains through 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 2020. ECDC has published an [outbreak alert for new avian influenza outbreaks of A\(H5\)](#) among wild and domestic birds.

Distribution of confirmed human cases of A(H5N1) by year and reporting country from 2003 to 12 November 2020

Source: ECDC



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