COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 11, 14-20 March 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: 19 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 2021-9 and as of week 2021-10, 3 107 830 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 60 723 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-10, 120 268 427 cases of COVID-19 have been reported, including 2 659 802 deaths.

In the EU/EEA, 24 175 984 cases have been reported, including 577 310 deaths.

More details are available here. The latest daily situation update for EU/EEA is available here.

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Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 19 March 2021

Reported influenza activity in Europe remained at interseasonal levels.

➔Update of the week

Week 10/2021 (8 March–14 March 2021)

Influenza activity remained at interseasonal levels.

Of 1 110 specimens tested for influenza viruses in week 10/2021, from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms to sentinel primary healthcare sites, none were positive.

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.

No hospitalised laboratory-confirmed influenza cases were reported in week 10/2021.

The influenza epidemic in the European Region has usually peaked and started to decline by this point in the year but, despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. Surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) as compared with preivous seasons, there was remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during interseasonal periods.

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

Opening date: 9 February 2021 Latest update: 19 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 last update on 12 March 2021, and as of 17 March 2021, one death has been reported by WHO of a patient with confirmed diagnosis who was being treated in the Ebola Treatment Centre (ETC) in Katwa. The probable case resulting in a death in the community that was reported on 11 March, was from the Biena Health Zone. As of 17 March, no new confirmed cases have been reported for the 16th consecutive day.

Media reported that healthcare providers ceased activities on 13 March 2021 and threatened to go on further strikes at the ETC in Katwa, due to unsatisfactory salaries. In addition, ring vaccination has had to be suspended in Butembo due to security threats. Other challenges remain, such as receiving a much lower number of (false) alerts than expected in some affected and at-risk health zones, indicating a malfunctioning surveillance system, as well as some contacts remaining unseen.

A total of 345 contacts have been identified since the start of the outbreak, 286 (83%) of which were followed-up. Most of these contacts are in their second or third weeks of follow-up. Most never-seen contacts are listed around the probable case from the Biena Health Zone.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 19 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

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Since last update on 12 March 2021, and as of 17 March 2021, no new cases nor deaths have been reported by WHO. Six suspected cases have been reported in patients who are currently isolated and monitored in N'Zerekore. Four more patients have recovered. The last case was reported on 4 March 2021.

The source of infection of the index case is unknown. However, preliminary results of genomic sequencing indicate that the index case of the 2021 Guinea cluster was likely infected from a persistent source, suggesting that the virus from the 2013–2016 West Africa epidemic survived and re-emerged. The Strategic Advisory Group of Experts on Immunisation (SAGE) will convene between 22 and 25 March to discuss the implications and possible solutions of this finding around the understanding of this phenomenon, the treatment of cases, and the care of survivors.

The vaccine has now been dispatched to Boke in the Boke region (north-west of Guinea) and to Siguiri in the Kankan region (north-east of Guinea), where local staff have been trained to provide vaccinations.

A total of 368 contacts have been identified, (341) 93% of which are being monitored. However, 27 contacts are lost to follow-up. In addition, WHO report that an additional contact has migrated within Guinea, therefore in total, five contacts have migrated, four of which internal to Guinea in Conakry (Conakry region), Dinguiraye (Faranah region), Yomou (N'Zerekore region) and Tougue(Labe region), and one outside of Guinea to Cote d'Ivoire. They are actively being sought.

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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: 19 March 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-10, 120 268 427 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 659 802 deaths.

Cases have been reported from:
Africa: 4 045 716 cases; the five countries reporting most cases are South Africa (1 529 420), Morocco (488 937), Tunisia (242 124), Egypt (190 924) and Ethiopia (175 467).
Asia: 22 641 603 cases; the five countries reporting most cases are India (11 385 339), Iran (1 746 953), Indonesia (1 419 455), Israel (819 987) and Iraq (758 184).
America: 53 497 254 cases; the five countries reporting most cases are United States (29 495 422), Brazil (11 519 609), Colombia (2 305 884), Argentina (2 201 832) and Mexico (2 167 729).
Europe: 40 023 320 cases; the five countries reporting most cases are Russia (4 390 608), United Kingdom (4 258 438), France (4 071 662), Italy (3 223 142) and Spain (3 195 062).
Oceania: 59 829 cases; the five countries reporting most cases are Australia (29 117), French Polynesia (18 527), Guam (7 768), New Zealand (2 074) and Papua New Guinea (1 819).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 107 826 deaths; the five countries reporting most deaths are South Africa (51 326), Egypt (11 300), Morocco (8 723), Tunisia (8 404) and Algeria (3 036).
Asia: 371 037 deaths; the five countries reporting most deaths are India (158 725), Iran (61 230), Indonesia (38 426), Iraq (13 751) and Pakistan (13 537).
America: 1 282 028 deaths; the five countries reporting most deaths are United States (535 661), Brazil (279 286), Mexico (194 944), Colombia (61 243) and Argentina (53 836).
Europe: 897 671 deaths; the five countries reporting most deaths are United Kingdom (125 516), Italy (102 145), Russia (92 090), France (90 455) and Germany (73 418).
Oceania: 1 234 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (141), Guam (133), New Zealand (26) and Papua New Guinea (21).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2021-10, 24 175 984 cases have been reported in the EU/EEA: France (4 071 662), Italy (3 223 142), Spain (3 195 062), Germany (2 575 849), Poland (1 917 527), Czechia (1 402 420), Netherlands (1 161 197), Romania (862 681), Portugal (814 513), Belgium (810 909), Sweden (722 590), Hungary (524 196), Austria (490 671), Slovakia (337 960), Bulgaria (278 557), Croatia (251 174), Ireland (226 741), Greece (221 147), Denmark (221 071), Lithuania (205 644), Slovenia (200 579), Latvia (93 781), Estonia (86 086), Norway (80 440), Finland (67 334), Luxembourg (57 877), Cyprus (39 651), Malta (26 748), Iceland (6 083) and Liechtenstein (2 692).

As of week 2021-10, 577 310 deaths have been reported in the EU/EEA: Italy (102 145), France (90 455), Germany (73 418), Spain (72 424), Poland (47 206), Czechia (23 379), Belgium (22 544), Romania (21 565), Hungary (17 083), Portugal (16 694), Netherlands (16 067), Sweden (13 137), Bulgaria (11 285), Austria (8 669), Slovakia (8 605), Greece (7 091), Croatia (5 685), Ireland (4 534), Slovenia (4 220), Lithuania (3 410), Denmark (2 393), Latvia (1 767), Finland (800), Estonia (728), Luxembourg (689), Norway (640), Malta (354), Cyprus (240), Liechtenstein (54) and Iceland (29).

EU:
As of week 2021-10, 24 086 769 cases and 576 587 deaths have been reported in the EU.

The latest daily situation update for EU/EEA is available here.

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 2020, 31

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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.

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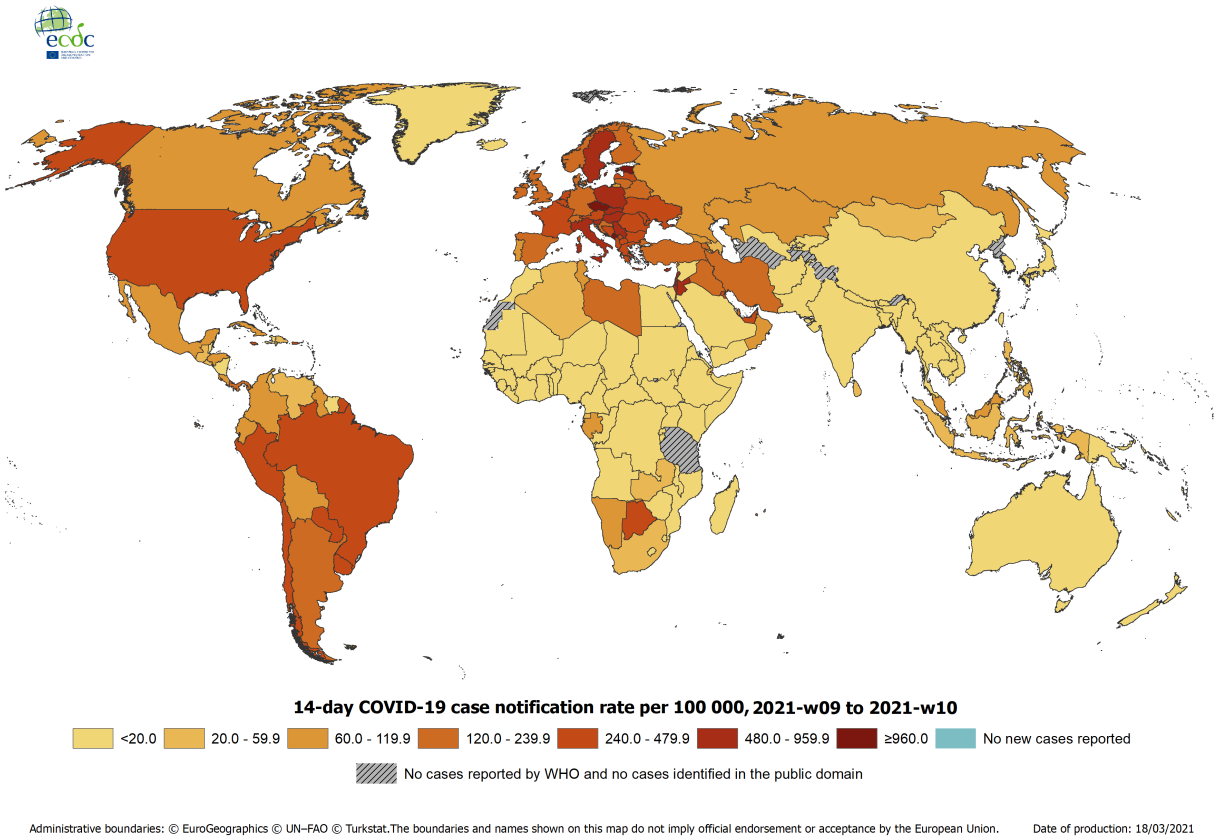
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 19 March 2021

Epidemiological summary

Week 10/2021 (8 March–14 March 2021)

Influenza activity remained at interseasonal levels.

Of 1 110 specimens tested for influenza viruses in week 10/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none were positive.

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.

No hospitalised laboratory-confirmed influenza cases were reported in week 10/2021.

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The influenza epidemic in the European Region had usually peaked and started to decline by this point in the year but, despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. Surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) as compared with preivous seasons, there was remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during interseasonal periods.
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, 727 specimens have tested positive for influenza viruses, 35 from sentinel sources and 692 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the 2020-21 surveillance season, few hospitalized laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); 9 (all type A viruses) in wards outside ICUs; and 18 from severe acute respiratory infection (SARI)-based surveillance (17 infected with type A viruses and 1 with type B).

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 for this season that there is still very low influenza activity reported. This is likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The novel coronavirus disease 2019 (COVID-19) pandemic has also 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.

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

Opening date: 9 February 2021 Latest update: 19 March 2021

Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 17 March 2021, 12 EVD cases (11 confirmed and one probable), including six deaths, have been reported in the North Kivu province, in the eastern region of the DRC. More specifically, the cases were reported from the Biena (5), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Two cases have recovered so far and will be integrated into the survivor's care programme.

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 a day after. The EVD diagnostic was laboratory confirmed on 6 February. The patient was married to an EVD survivor, whose biological samples tested negative twice since 28 September 2020. A cluster of three other cases was

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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 way 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 and are supported by WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on site.

A vaccination campaign was launched on 15 February 2021 in Butembo. Vaccines and treatments were already available in Goma from the 10th EVD outbreak in the DRC. The ring vaccination strategy is being deployed, and so as of 17 March, 1 566 contacts and healthcare workers have been vaccinated since the start of this outbreak. There are a number of ongoing challenges for surveillance, including access to affected areas and community mistrust toward authorities and outbreak responders. According to WHO, 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 around internet speed and data transmission.

Background: The tenth EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this ongoing outbreak is occurring. The tenth 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 eleventh outbreak of EVD in the DRC was declared on 1 June 2020 and took place 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 ones of the disease reported in North Kivu, DRC since the tenth 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 commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published 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.

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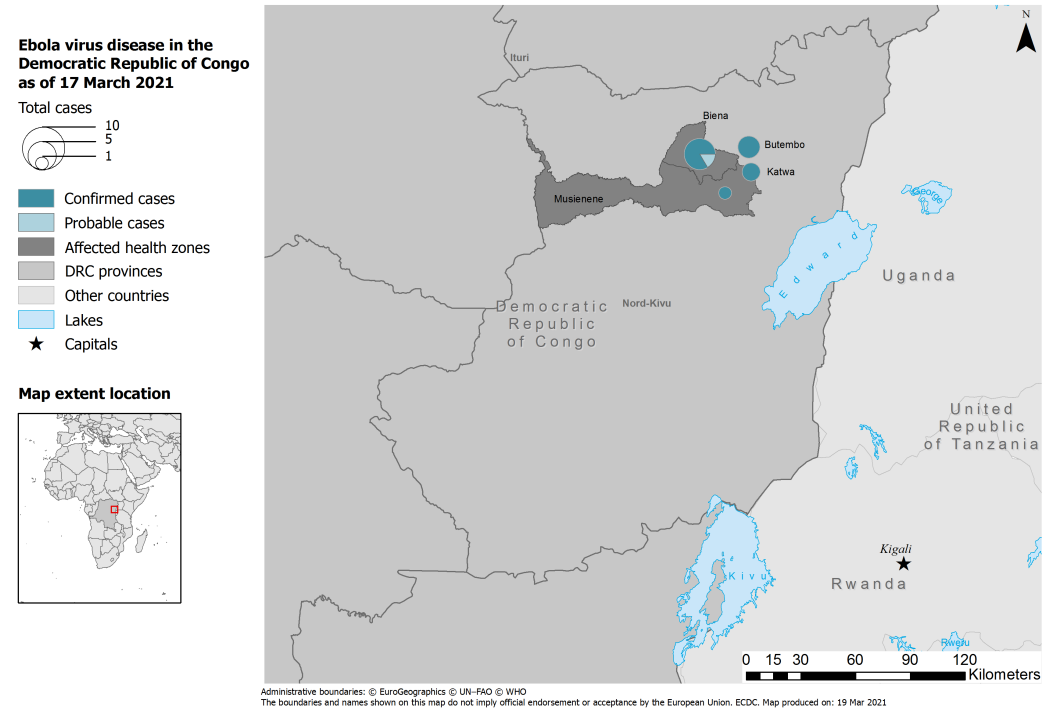
Geographical distribution of confirmed and probable Ebola virus disease cases in the DRC, 2021

Source: ECDC



Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 19 March 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 17 March 2021, 18 EVD cases (14 confirmed and four probable), including nine deaths (among five confirmed and four probable cases), have been identified. Among these, five healthcare workers have been infected, including two deaths (one confirmed and one probable case). The cases are reported from the N'Zerekore prefecture, in the region of N'Zerekore.

According to the Agence Nationale de Sécurité Sanitaire (ANSS), and as of 17 March, one confirmed and two suspected cases in patients who are currently hospitalised in the ETC in N'Zerekore. Four further patients with suspected Ebola are isolated in the regional hospital in N'Zerekore. Eight patients have recovered to date.

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 have occurred 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 likely infected from a persistent source, suggesting that the virus from the 2013-2016 West Africa epidemic 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, whereby the ring vaccination strategy is being deployed; therefore, healthcare workers, contacts of EVD cases and contacts of contacts are being vaccinated. As of 17 March, 3 392 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

Response measures are ongoing and the 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, are

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supporting case management and training safe and dignified burial teams. Multidisciplinary teams are currently in the field to actively search and provide care for cases, trace and follow-up contacts, and sensitise communities on infection prevention and control.

As the outbreak is located in a porous bordering 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 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 are on alert mode. Governmental representatives of Guinea and the six bordering countries held a meeting on 2 March, in 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, as well as facilitating import regulations for vaccines. In a media report citing the WHO, the risk level of spread to neighbouring countries was said to be very high. This may be due to, in part, a lack of preparedness in some neighbouring countries, and the limited availability of vaccines for wide-scale preventative 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 occurred in West Africa between 2013 and 2016. Importation of the infection via travellers from an Ebola virus-endemic country is a possible scenario. A spill-over event from animal reservoirs is another potential source of the infection. 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 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 commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens 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.

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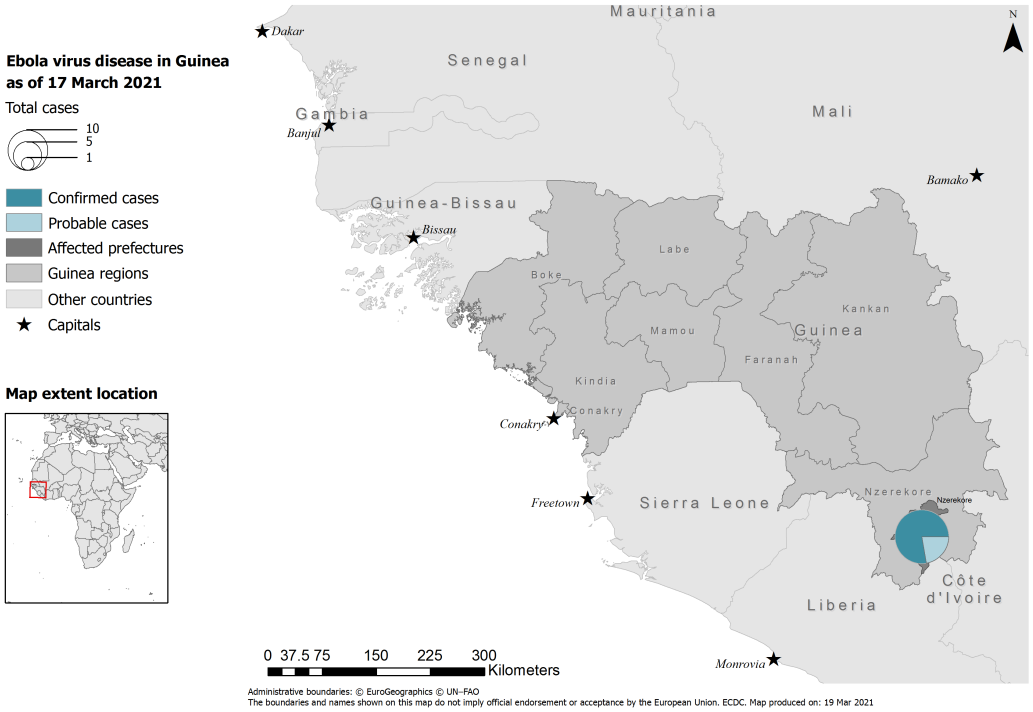
Geographical distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021

Source: ECDC



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

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