

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: 26 February 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 2021-6 and as of week 2021-7, 3 140 801 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 77 103 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-7, 112 348 223 cases of COVID-19 have been reported, including 2 484 324 deaths.

In the EU/EEA, 21 765 152 cases have been reported, including 531 869 deaths.

More details are available [here](#).

### Non EU Threats

#### **New! Avian influenza A(H5N8) virus (human cases) - Russia - 2021**

Opening date: 25 February 2021

Latest update: 26 February 2021

The first cases of human infection with avian influenza A(H5N8) virus were detected in poultry workers in Russia.

## Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 26 February 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

### Week 07/2021 (15 February– 21 February 2021)

Influenza activity remained at interseasonal levels.

Of 996 specimens tested for influenza in week 07/2021, from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms to sentinel primary healthcare sites, two were 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 case reported for week 07/2021.

The influenza season in the European Region has usually been designated as having started by this point in the year but, despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level, 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 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.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 26 February 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, being 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 last week's CDTR report on 19 February 2021, and as of 25 February 2021, an additional two confirmed cases have been reported from the N'Zerekore prefecture in the N'Zerekore region of Guinea.

Vaccines were shipped to Conakry on 22 February and the [vaccination campaign](#) began on 23 February 2021 in the sub-prefecture of Gouecke, N'Zerekore where the outbreak first began.

The six bordering countries, namely Liberia, Mali, Sierra Leone, Côte d'Ivoire, Senegal and Guinea-Bissau are on [high alert](#) and are finalising their preparedness and operational plans.

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

Opening date: 9 February 2021

Latest update: 26 February 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 was declared over in June 2020.

→Update of the week

Since last week's report on 19 February 2021, and as of 25 February, four new confirmed cases have been reported in the North Kivu province of the DRC, from the Biena (three) and Musienene (one) health zones, including two new deaths.

A [vaccination campaign](#) was launched on 15 February 2021 in Butembo, where the first case received treatment, and so far, [658 people](#) have been vaccinated since the start of this outbreak.

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

Opening date: 27 January 2017

Latest update: 26 February 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

**Chikungunya virus disease:** The virus is widespread in the Americas region, with several countries reporting cases in 2021. Chikungunya virus disease cases have also been reported in Asia during this period. Since the previous CDTR update on 22 January 2021, Paraguay, Malaysia, and Thailand have reported the majority of new cases.

**Dengue:** In 2021, the five countries reporting most cases are Vietnam, Colombia, Paraguay, Philippines, and Sri Lanka.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 26 February 2021

#### Epidemiological summary

Since 31 December 2019 and as of week 2021-7, 112 348 223 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 484 324 deaths.

#### Cases have been reported from:

**Africa:** 3 835 631 cases; the five countries reporting most cases are South Africa (1 503 796), Morocco (481 155), Tunisia (228 937), Egypt (178 151) and Ethiopia (153 541).

**Asia:** 21 233 904 cases; the five countries reporting most cases are India (11 005 850), Iran (1 574 012), Indonesia (1 271 353), Israel (752 398) and Iraq (667 937).

**America:** 50 612 223 cases; the five countries reporting most cases are United States (28 767 050), Brazil (10 195 160), Colombia (2 229 663), Argentina (2 069 751) and Mexico (2 043 632).

**Europe:** 36 607 500 cases; the five countries reporting most cases are Russia (4 177 330), United Kingdom (4 115 509), France (3 605 181), Spain (3 153 971) and Italy (2 809 246).

**Oceania:** 58 260 cases; the five countries reporting most cases are Australia (28 930), French Polynesia (18 346), Guam (7 727), New Zealand (2 001) and Papua New Guinea (970).

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

#### Deaths have been reported from:

**Africa:** 101 474 deaths; the five countries reporting most deaths are South Africa (49 053), Egypt (10 353), Morocco (8 554), Tunisia (7 811) and Algeria (2 961).

**Asia:** 354 364 deaths; the five countries reporting most deaths are India (156 385), Iran (59 483), Indonesia (34 316), Iraq (13 272) and Pakistan (12 617).

**America:** 1 196 316 deaths; the five countries reporting most deaths are United States (511 216), Brazil (247 143), Mexico (180 536), Colombia (58 974) and Argentina (51 359).

**Europe:** 830 948 deaths; the five countries reporting most deaths are United Kingdom (120 580), Italy (95 718), France (84 306), Russia (83 630) and Germany (67 903).

**Oceania:** 1 216 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (137), Guam (130), New Zealand (26) and Papua New Guinea (10).

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

#### EU/EEA:

As of week 2021-7, 21 765 152 cases have been reported in the EU/EEA: France (3 605 181), Spain (3 153 971), Italy (2 809 246), Germany (2 390 928), Poland (1 638 767), Czechia (1 157 180), Netherlands (1 059 443), Portugal (797 525), Romania (779 695), Belgium (756 110), Sweden (639 570), Austria (441 742), Hungary (405 646), Slovakia (292 792), Croatia (240 017), Bulgaria (236 666), Ireland (215 057), Denmark (208 027), Lithuania (194 333), Slovenia (184 767), Greece (179 802), Latvia (81 519), Norway (68 531), Estonia (57 616), Luxembourg (54 138), Finland (54 132), Cyprus (33 260), Malta (20 892), Iceland (6 049) and Liechtenstein (2 550).

As of week 2021-7, 531 869 deaths have been reported in the EU/EEA: Italy (95 718), France (84 306), Germany (67 903), Spain (67 636), Poland (42 171), Belgium (21 936), Romania (19 847), Czechia (19 330), Portugal (15 962), Netherlands (15 231), Hungary (14 347), Sweden (12 674), Bulgaria (9 854), Austria (8 258), Slovakia (6 577), Greece (6 297), Croatia (5 449), Ireland (4 136), Slovenia (4 057), Lithuania (3 178), Denmark (2 343), Latvia (1 542), Finland (733), Luxembourg (625), Norway (608), Estonia (535), Malta (304), Cyprus (229), Liechtenstein (54) and Iceland (29).

#### EU:

As of week 2021-7, 21 688 022 cases and 531 178 deaths have been reported in the EU.

As of 22 February 2021, around 10 700 cases of the variant B.1.1.7 have been identified in 31 EU/EEA countries and territories according to media and official sources: Denmark, Austria, France, Netherlands, Spain, Belgium, Norway, Italy, Ireland, Greece, Portugal, Sweden, Germany, Finland, Slovakia, Iceland, Romania, Bulgaria, Luxembourg, Poland, Czechia, Cyprus, Croatia, Hungary, Latvia, Slovenia, Malta, Martinique, Reunion, Liechtenstein and Lithuania.

As of 22 February 2021, around 660 cases of the variant B.1.351 have been identified in 16 EU/EEA countries and territories according to media and official sources: Austria, Belgium, Norway, Netherlands, France, Sweden, Germany, Ireland, Reunion, Denmark, Finland, Greece, Spain, Luxembourg, Portugal and Italy.

As of 22 February 2021, around 50 cases of the variant P.1 have been identified in nine EU/EEA countries and territories according to media and official sources: Italy, Belgium, France, Netherlands, Sweden, Portugal, Spain, Germany and Reunion.

#### **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.

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

#### **ECDC assessment**

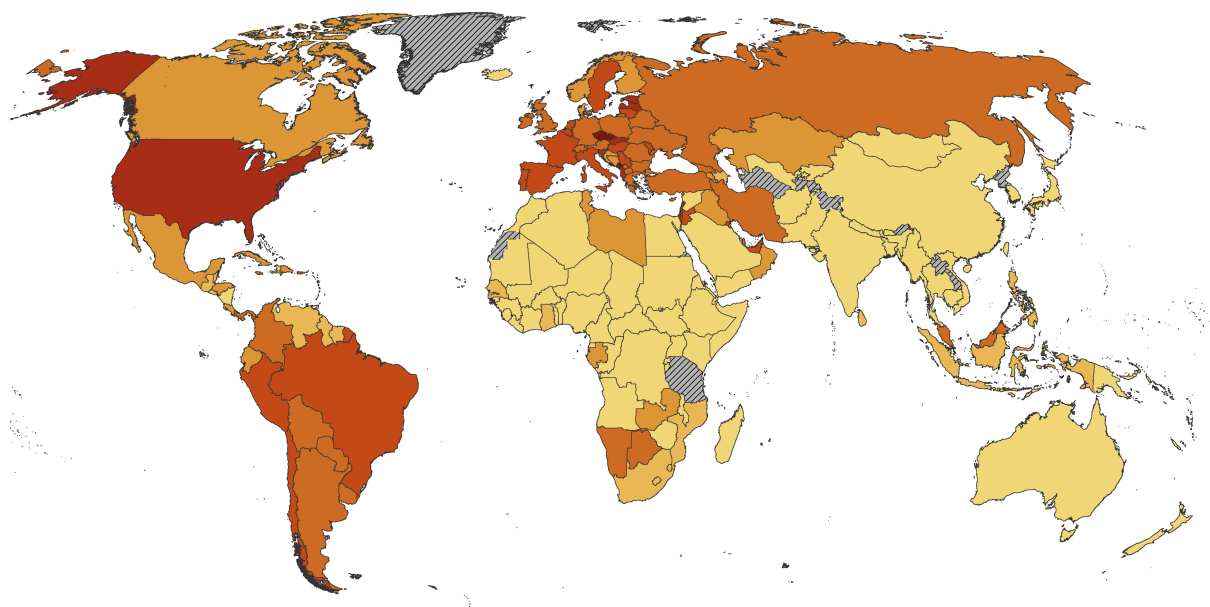
For the last available risk assessment, please visit [ECDC's dedicated webpage](#).

#### **Actions**

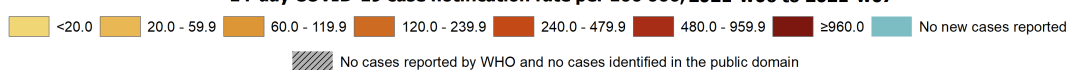
**Actions:** ECDC has published the 14th update of its [rapid risk assessment](#) on 15 February 2021. A [dashboard](#) with the latest updates is available on ECDC's website.

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 7 2021

Source: ECDC



14-day COVID-19 case notification rate per 100 000, 2021-w06 to 2021-w07



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: 25/02/2021

### New! Avian influenza A(H5N8) virus (human cases) - Russia - 2021

Opening date: 25 February 2021

Latest update: 26 February 2021

#### Epidemiological summary

On 20 February 2021, a media report quoting Rospotrebnadzor, Russia's Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing, confirmed the first detection of avian influenza virus A(H5N8) infection in humans in Astrakhan region, in the south part of Russia. The seven reported cases were employees at a poultry farm, who were infected in December 2020 amid an outbreak of A(H5N8) in poultry. All human cases were asymptomatic or presented with mild symptoms. No evidence of human-to-human transmission has been reported so far. The World Health Organization (WHO) was informed about this event.

**Source:** [Media report 1](#), [Media report 2](#)

#### ECDC assessment

This is the first detection of human cases due to avian influenza A(H5N8) virus. The media report that all cases had no or mild

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symptoms and no human-to-human transmission has been reported. More data are needed to better understand the performed investigations and assess the situation. Avian influenza A(H5N8) viruses have been circulating in wild birds and caused large outbreaks in poultry holdings across Europe since 2014, as described in the [first rapid risk assessment](#). No human cases have been reported in the EU/EEA so far.

People at risk are mainly those in direct contact/handling diseased birds or poultry, or their carcasses (e.g. farmers, veterinarians and labourers involved in culling and rendering). Workers should wear personal protective equipment (face mask, goggles/face shield/protective glasses, gloves and gown/overall) and avoid unprotected direct contact with sick or dead birds, their faeces as well as potentially contaminated environments. People that are occupationally or otherwise exposed to birds with likely avian influenza virus infection should be identified and monitored of 10 days for possible development of influenza-like symptoms or conjunctivitis. Appropriate samples for influenza tests should be taken as soon as possible. Human infections with avian influenza viruses are notifiable under EU legislation EU Decision 1082/2013/EU and IHR. Cases need to be reported within 24 hours through the Early Warning and Response System (EWRS) and IHR notification systems.

## Actions

ECDC is in contact with WHO. ECDC, EFSA and the EU reference laboratory for avian influenza viruses are monitoring the situation. Sequence data submitted by Russia to GISAID do not show any marker for human adaptation and pathogenicity. The next joint quarterly joint ECDC/EFSA/EURL situation report on avian influenza is planned to be published on 26 February 2021. The latest report can be found [here](#). On 24 February 2021, ECDC published threat assessment brief [First identification of human cases of avian influenza A \(H5N8\) infection](#).

## Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 26 February 2021

### Epidemiological summary

#### 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, 694 specimens have tested positive for influenza viruses, 29 from sentinel sources and 665 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); eight (all type A viruses) in wards outside ICUs; and 10 from severe acute respiratory infection (SARI)-based surveillance (seven infected with type A viruses and three with type B).

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season.

**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.

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.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 26 February 2021

### Epidemiological summary

Since the outbreak was declared on 14 February 2021 and as of 25 February 2021, nine EVD cases (five confirmed and four probable), including five deaths have been identified. 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 23 February, one suspected case was reported in Lola city, Lola prefecture, of the N'Zerekore region, and has been transferred to a treatment centre in N'Zerekore. Two confirmed cases are currently hospitalised in the Ebola Treatment Centre (ETC) in N'Zerekore. The confirmed case that was hospitalised in the ETC in Nongo, Conakry prefecture, has recovered. In addition, a further case in the ETC in N'Zerekore has recovered. However, according to [media citing health authorities](#), a confirmed case has been detected in the Siguiri prefecture, Kankan region. The case is reported to have left the south-eastern region of Guinea to go to Lero in the Siguiri prefecture, which is the northern region of Guinea that borders Mali. If confirmed by official sources, this would be the first confirmed case in another region of Guinea.

According to the World Health Organization (WHO) and the Ministry of Health of Guinea, the initial cluster of seven cases began with the index case who visited two healthcare facilities and a traditional practitioner between 18 and 24 January 2021 while symptomatic; the patient later died on 28 January 2021. The source of infection of this case is unknown. Five family members who attended the funeral on 1 February and the traditional practitioner the patient had visited, showed Ebola-like symptoms such as diarrhoea, vomiting and bleeding. Five of the seven cases have died. Two unsafe burials have occurred for these EVD cases.

Samples of the confirmed cases have been sent to the Institut Pasteur in Senegal for full genome sequencing; [preliminary results](#) confirmed that these cases were infected with the Zaire species of the *Ebolavirus* genus, which was the species circulating in the 2013-2016 EVD outbreak.

As of 23 February, [394 contacts](#) have been identified, 97% of which are being monitored. The [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, where the outbreak was first reported nine days earlier. The ring strategy is being deployed; therefore, health workers and contacts of EVD cases are among the first to be vaccinated. As of 23 February, [51 contacts](#) have been vaccinated, 11 of which in the Dubreka prefecture (Kindia region adjacent to Conakry) and 41 in the N'Zerekore prefecture.

Response measures have been initiated and WHO is supporting the country to procure an EVD vaccine, as well as therapeutics, reagents and personal protective equipment. To date, 11 360 vaccines have been deployed to Guinea. As the outbreak is located in a 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 Côte d'Ivoire, Mali, Senegal and other countries at risk in the sub-region. Reports of suspected cases of EVD in Sierra Leone and Liberia have been reported to be negative by the [Sierra Leonean Ministry of Health](#) and [Liberian Ministry of Health](#), respectively.

The Guinean MoH together with the Global Outbreak Alert and Response Network (GOARN) partners, have [initiated measures](#) to control the outbreak and prevent further spread. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow-up contacts, and sensitize communities on infection prevention and control. Planned and in-progress response measures include the initiation of a ring vaccination strategy and the vaccination of frontline workers as well as strengthening the capacity of the N'Zérékoré EVD Treatment Centre.

**Background:** Guinea was one of the three most-affected countries in the 2013 to 2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976. During the West Africa EVD outbreak 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 \(ANSS\)](#), [ACDC](#), [WHO Disease Outbreak News](#), [WHO Regional Office for Africa Twitter account](#), [ANSS report](#)

### 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. The source of infection of the first human case in this current epidemic is unknown. Importation of the infection

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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 (please see the [Threat Assessment Brief](#) published on 22 February 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.

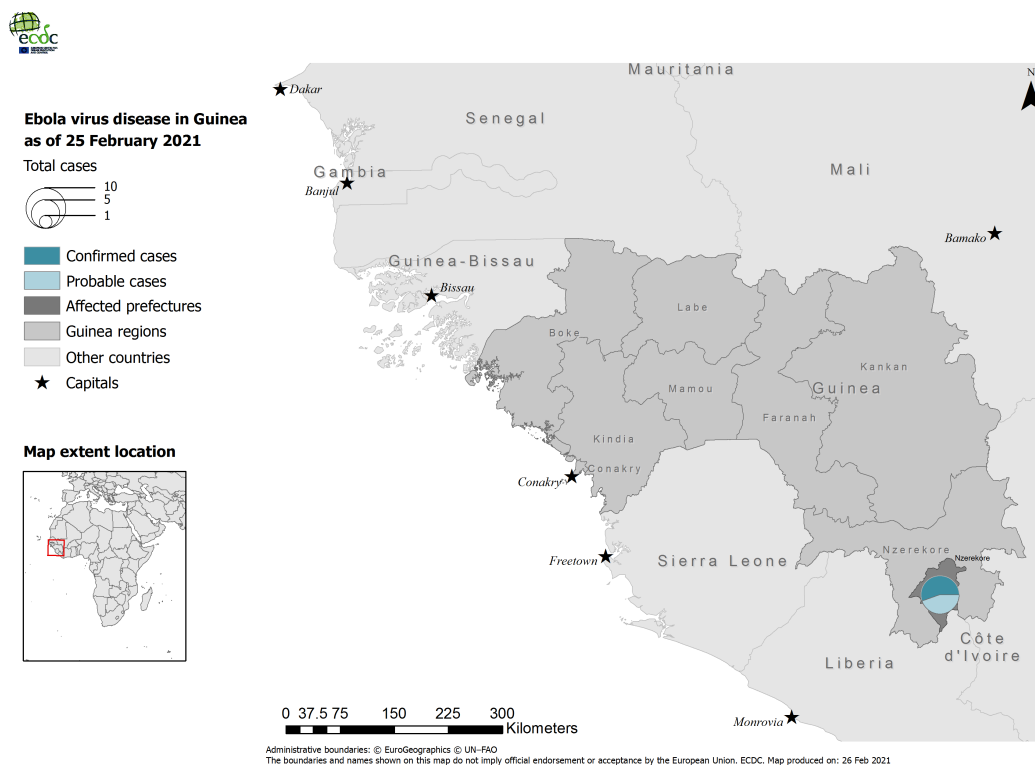
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease there is a very low likelihood 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

**Action:** ECDC is following the situation through Epidemic Intelligence. ECDC published a threat assessment brief (TAB) "[Outbreak of Ebola virus disease in Guinea](#)" on 22 February 2021, where 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: 26 February 2021

### Epidemiological summary

Since the beginning of the outbreak on 7 February 2021 and as of 25 February 2021, eight confirmed cases of EVD, including four deaths, have been reported in the North Kivu province, in the eastern part of DRC, in the Biena (five), Katwa (two) and Musienene (one) health zones. In total, two healthcare workers have been infected since the start of the outbreak.

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The North Kivu province was recently affected by a large outbreak of EVD, which was declared over in June 2020. The start of the current outbreak was declared on 7 February 2021 by the DRC Ministry of Health.

The first known case of EVD was in a patient who sought treatment for Ebola-like symptoms at two local healthcare centres in Butembo city in the Biena health zone from the 25 January 2021 onwards, and was admitted to a hospital intensive care unit (ICU) ward on 3 February 2021, where she died on 4 February 2021. Samples were laboratory confirmed to be EVD-positive on 6 February. The patient was married to an EVD survivor, whose biological samples tested negative twice since 28 September 2020. A further three cases were reported, two of whom were reported to have had contact with the first case, with one of these two being a vaccinated healthcare worker who had treated the first case. The first two cases who died were reportedly buried in the traditional way without safety precautions.

[Preliminary results](#) from samples of confirmed cases that were sent for full genome sequencing confirmed that these cases were infected with the Zaire species of the Ebolavirus genus. According to [media citing health officials](#), the so-called 'Ituri strain' has been identified in this outbreak. This strain was circulating in regions in North Kivu during the tenth EVD outbreak in the DRC. It is unknown whether a new spill-over of the same strain as in the tenth outbreak has occurred, or whether this outbreak is the result of viral persistence in a survivor.

North Kivu Provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on-site. [Media](#) reports say around 150 contacts were lost to follow-up, and [791 contacts](#) have been traced of which 80% are being monitored. A [vaccination campaign](#) was launched on 15 February in Butembo. Hospital staff of the Matanda Hospital, where the first positive detected case received treatment, were the first to receive the vaccine. So far, [658 people](#) have been vaccinated since the start of this outbreak.

**Background:** The tenth EVD outbreak occurred in the eastern regions of the country, affecting the Kivu and Ituri provinces, where this most recent outbreak has been detected, and which resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end of the outbreak 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](#) by the minister of health on 18 November 2020.

**Sources:** [WHO Regional Office for Africa](#) | [Ministere de la Sante Sitrep](#) | [WHO Disease Outbreak News](#) | [WHO Disease Outbreak News](#)

## 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 (please see the [Threat Assessment Brief](#) published on 22 February for more information). The source of infection of the first human case in this epidemic is currently unknown. The virus is known to persist in a very low percentage of survivors for more than two years, and transmission might have occurred through contact with a virus carrier survivor of the previous epidemic in North Kivu. However, a spill-over event from an animal reservoir cannot be totally excluded. 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 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 DRC is considered low, as 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 Epidemic Intelligence. ECDC published a threat assessment brief (TAB) "[Outbreak of Ebola virus disease in North Kivu, DRC](#)" on 22 February 2021, where options for response measures are described.

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

Source: ECDC



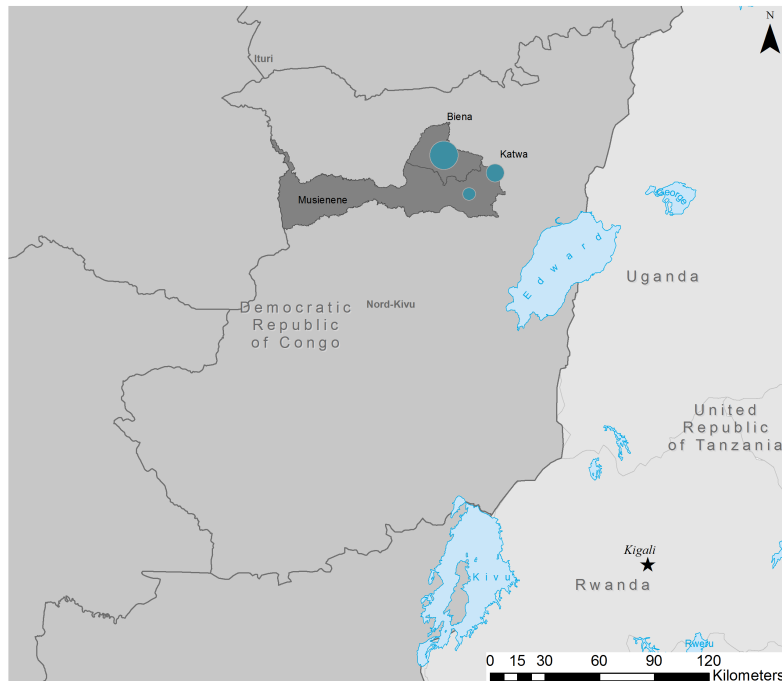
### Ebola virus disease in the Democratic Republic of Congo as of 25 February 2021

Total cases



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

#### Map extent location



Administrative boundaries: © EuroGeographics © UN-FAO © WHO  
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 26 Feb 2021

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

Opening date: 27 January 2017

Latest update: 26 February 2021

### Epidemiological summary

#### Europe

**Chikungunya virus disease:** No autochthonous cases of Chikungunya virus disease have been detected in continental Europe in 2021.

**Dengue:** No autochthonous dengue cases have been detected in continental Europe in 2021.

#### Americas and the Caribbean

##### Chikungunya virus disease:

**Bolivia:** In 2021, as of 30 January, Bolivia has reported 15 suspected cases.

**Costa Rica:** In 2021, as of 6 February, Costa Rica has reported eight cases.

**El Salvador:** In 2021, as of 13 February, El Salvador has reported nine suspected cases.

**Nicaragua:** In 2021, as of 30 January, Nicaragua has reported one suspected case.

**Paraguay:** In 2021, as of 13 February, Paraguay has reported 24 cases, one of which is laboratory confirmed.

**Venezuela:** In 2021, as of 6 February, Venezuela has reported five cases.

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

#### Dengue:

In 2021, and as of week 6, the Pan American Health Organization (PAHO) reported 20 368 suspected and confirmed dengue cases and no associated deaths, in the Americas region. The five countries reporting most cases are: Nicaragua (4 297), Colombia

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(4 118), Paraguay (3 790), Mexico (1 951) and Ecuador (1 670). 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 40-2020.

### Asia

#### Chikungunya virus disease:

[Malaysia](#): In 2021 and as of 16 January, 39 cases have been reported across the country, with most of the cases being reported in Perak and Kedah region according to Malaysia's Ministry of Health.

[Thailand](#): In 2021, as of 14 February, the country has reported 84 cases, with no associated deaths, affecting 20 provinces across the country.

No updates are available for [Cambodia](#) and [India](#).

#### Dengue:

[Bangladesh](#): According to media sources quoting health authorities, in 2021 and as of 21 February 2021, Bangladesh reported a total of 38 cases and no deaths.

[Lao PDR](#): In week 4 of 2021, Lao PDR reported 26 cases and no deaths. The cumulative number of cases is 3.3 times lower compared to the same period in 2020, and the trend is within seasonally expected levels.

[Malaysia](#): In 2021 and as of 23 January, Malaysia reported 2 722 cases and two deaths.

[Nepal](#): In 2021 and as of week 14 February 2021, Nepal reported a total of 11 cases.

[Pakistan](#): In 2021 and as of 13 February 2021, Pakistan reported a total of 252 cases of dengue.

[The Philippines](#): In 2021, and as of 23 January, the Philippines reported 3 353 dengue cases, including 12 deaths. The number of cases is 82% lower compared to the 18 972 cases that were reported in the same period in 2020.

[Singapore](#): In 2021 and as of 23 February 2021, Singapore reported a total of 1 172 cases. Weekly trends are within seasonally expected levels.

[Sri Lanka](#): In 2021 and as of 24 February, Sri Lanka reported a total of 2 967 cases.

[Thailand](#): In 2021 and as of 23 February 2021, Thailand reported a total of 823 cases and no deaths.

[Vietnam](#): In 2021 and as of 31 January 2021, Vietnam reported 9 654 cases and no deaths. This represents a decrease of 19.6% in cumulative cases, compared to the same period in 2020.

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

### Africa

#### Chikungunya virus disease:

In 2021, and as of 23 February no cases have been reported. No updates are available for outbreaks reported in the previous year for [Chad](#), [Congo](#), [Democratic Republic of Congo](#), [Kenya](#) and [Sudan](#).

#### Dengue:

[Ethiopia](#): On 4 February 2021, WHO reported that approximately 160 cases have been confirmed. Additional 47 suspected cases have been reported.

[Réunion](#): In 2021 and as of 23 February 2021, 350 confirmed cases have been reported

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

### Australia and the Pacific

**Chikungunya virus disease:**

No outbreaks have been reported since the previous update.

**Dengue:**

[Australia](#): In 2021, no cases have been reported.

[Cook Islands](#): In 2021 as of week 6, a total of 30 probable and confirmed cases have been reported. On 2 February 2021, an outbreak was declared by the Cook Islands Ministry of Health.

[Fiji](#): Since the end of last year and as of 7 February 2021, the country has reported 300 cases.

[New Caledonia](#): In 2021 and as of week 6 2021, 18 cases were reported, 13 of which were confirmed.

[Wallis and Futuna](#): In 2021 as of week 7, 16 confirmed cases were reported

[The Republic of the Marshall Islands](#): In 2021, and as of 15 February, seven cases have been reported.

There are no official updates available from French Polynesia and the Federated States of Micronesia.

*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.

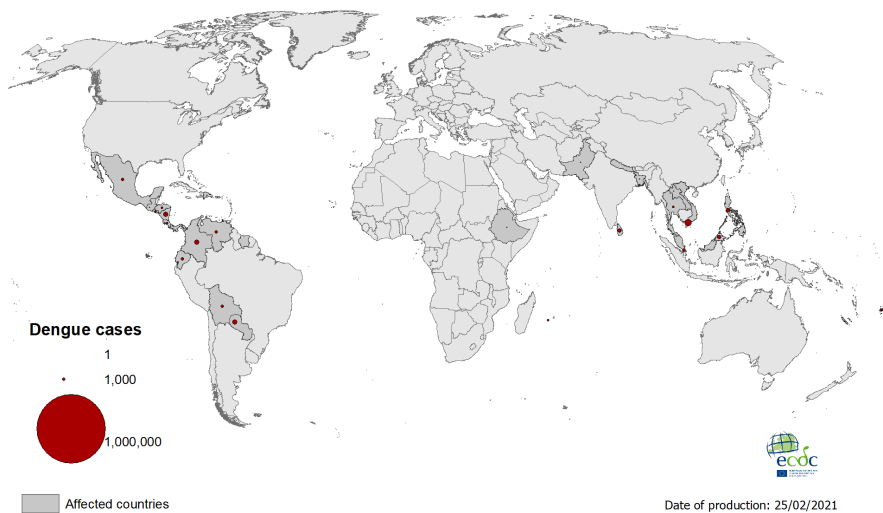
Geographical distribution of chikungunya virus disease cases reported worldwide, January to February 2021

Source: ECDC



Geographical distribution of dengue cases reported worldwide, January to February 2021

Source: ECDC



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