COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 12, 21-27 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: 26 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 2021-10 and as of week 2021-11, 3 377 081 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 61 948 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-11, 123 636 852 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 721 891 deaths.

In the EU/EEA, 25 220 376 cases have been reported, including 592 929 deaths.

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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 26 March 2021

Reported influenza activity in Europe remained at interseasonal levels.

➔Update of the week

Week 11/2021 (15 March–21 March 2021)

Influenza activity remained at inter-seasonal levels.

Of the 1 256 specimens tested for influenza viruses in week 11/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was positive for type A influenza virus.

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

There were no hospitalised laboratory-confirmed influenza cases reported in week 11/2021.

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, probably due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic had affected healthcare seeking behaviour, healthcare provision and testing practices and capacities in countries and areas of the European Region, which have had a negative impact on the collection of influenza epidemiological and virological data from March 2020. Surveillance has improved during the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) compared to previous seasons, there was a remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during inter-seasonal periods.

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

Opening date: 9 February 2021 Latest update: 26 March 2021

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

➔Update of the week

Since the last update on 19 March 2021 and as of 23 March 2021, no new cases or deaths have been reported by WHO. An additional four patients have recovered and been discharged. The 42-day countdown to declaring the end of the outbreak began on 22 March 2021, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in Katwa.

A meeting between the United States, Africa Centres for Disease Control and Prevention (ACDC), the World Health Organization Regional Office for Africa (WHO/AFRO), the West African Health Organization (WAHO), and the Governments of the DRC and the Republic of Guinea will be held on 26 March 2021, to discuss topics related to the Ebola outbreaks, such as reviewing the progress made in strengthening the health security capacity, increasing international co-ordination and acquiring future funding, together with other commitments to combat Ebola outbreaks.

The United Nations Refugee Agency (UNHCR) has reported an alarming increase in the number of attacks carried out in the Beni territory in the North Kivu province by armed groups, which has caused about 200 deaths and the displacement of 40 000 people since the start of 2021.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021 Latest update: 26 March 2021

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

➔Update of the week

Since the last update on 19 March 2021, and as of 22 March 2021, no new cases or deaths have been reported by WHO. The 42-day countdown to declaring the end of the outbreak began on 24 March 2021, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in N'Zerekore.

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 26 March 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China.

➔Update of the week

A new human case of avian influenza A(H5N6) virus infection has been reported in March 2021 in China. The case is a 50-year-old man form Guangxi Province, who was hospitalised with severe pneumonia on 17 February 2021 and died on 2 March 2021.

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

Opening date: 27 January 2017 Latest update: 26 March 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 26 February 2021, Brazil, Malaysia, and Thailand have reported the majority of new cases.

Dengue: In 2021, the majority of cases were reported by Brazil, Vietnam, Philippines, Nicaragua and Peru.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 26 March 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-11, 123 636 852 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 721 891 deaths.

Cases have been reported from:
Africa: 4 108 596 cases; the five countries reporting most cases are South Africa (1 537 852), Morocco (491 709), Tunisia (245 923), Egypt (195 418) and Ethiopia (187 365).
Asia: 23 298 845 cases; the five countries reporting most cases are India (11 646 081), Iran (1 801 065), Indonesia (1 460 184), Israel (828 239) and Iraq (793 892).
America: 54 659 860 cases; the five countries reporting most cases are United States (29 819 108), Brazil (12 047 526), Colombia (2 342 278), Argentina (2 245 717) and Mexico (2 197 160).
Europe: 41 506 917 cases; the five countries reporting most cases are Russia (4 466 153), United Kingdom (4 296 583), France (4 282 603), Italy (3 376 376) and Spain (3 228 803).
Oceania: 61 929 cases; the five countries reporting most cases are Australia (29 206), French Polynesia (18 576), Guam (7 784), Papua New Guinea (3 574) and New Zealand (2 106).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 109 944 deaths; the five countries reporting most deaths are South Africa (52 111), Egypt (11 598), Morocco (8 767), Tunisia (8 569) and Algeria (3 061).
Asia: 376 820 deaths; the five countries reporting most deaths are India (159 967), Iran (61 797), Indonesia (39 550), Iraq (14 007) and Pakistan (13 863).
America: 1 312 918 deaths; the five countries reporting most deaths are United States (542 359), Brazil (295 425), Mexico (198 239), Colombia (62 148) and Argentina (54 545).
Europe: 920 952 deaths; the five countries reporting most deaths are United Kingdom (126 155), Italy (104 942), Russia (95 391), France (92 305) and Germany (74 714).
Oceania: 1 251 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (141), Guam (134), Papua New Guinea (36) and New Zealand (26).
Other: Six deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2021-11, 25 220 376 cases have been reported in the EU/EEA: France (4 282 603), Italy (3 376 376), Spain (3 228 803), Germany (2 667 225), Poland (2 073 129), Czechia (1 467 333), Netherlands (1 206 281), Romania (900 858), Belgium (840 309), Portugal (817 778), Sweden (755 637), Hungary (580 642), Austria (511 662), Slovakia (349 270), Bulgaria (303 423), Croatia (257 789), Greece (237 125), Ireland (230 599), Denmark (226 277), Lithuania (209 340), Slovenia (206 317), Latvia (97 409), Estonia (96 394), Norway (86 939), Finland (72 073), Luxembourg (59 416), Cyprus (42 218), Malta (28 319), Iceland (6 119) and Liechtenstein (2 713).

As of week 2021-11, 592 929 deaths have been reported in the EU/EEA: Italy (104 942), France (92 305), Germany (74 714), Spain (73 543), Poland (49 365), Czechia (24 810), Belgium (22 725), Romania (22 268), Hungary (18 451), Portugal (16 784), Netherlands (16 270), Sweden (13 314), Bulgaria (12 019), Slovakia (9 104), Austria (8 836), Greece (7 462), Croatia (5 786), Ireland (4 587), Slovenia (4 259), Lithuania (3 486), Denmark (2 402), Latvia (1 826), Finland (808), Estonia (797), Luxembourg (718), Norway (649), Malta (373), Cyprus (243), Liechtenstein (54) and Iceland (29).

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 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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

ECDC assessment

For the most recent risk assessment, please visit ECDC's dedicated webpage.

Actions

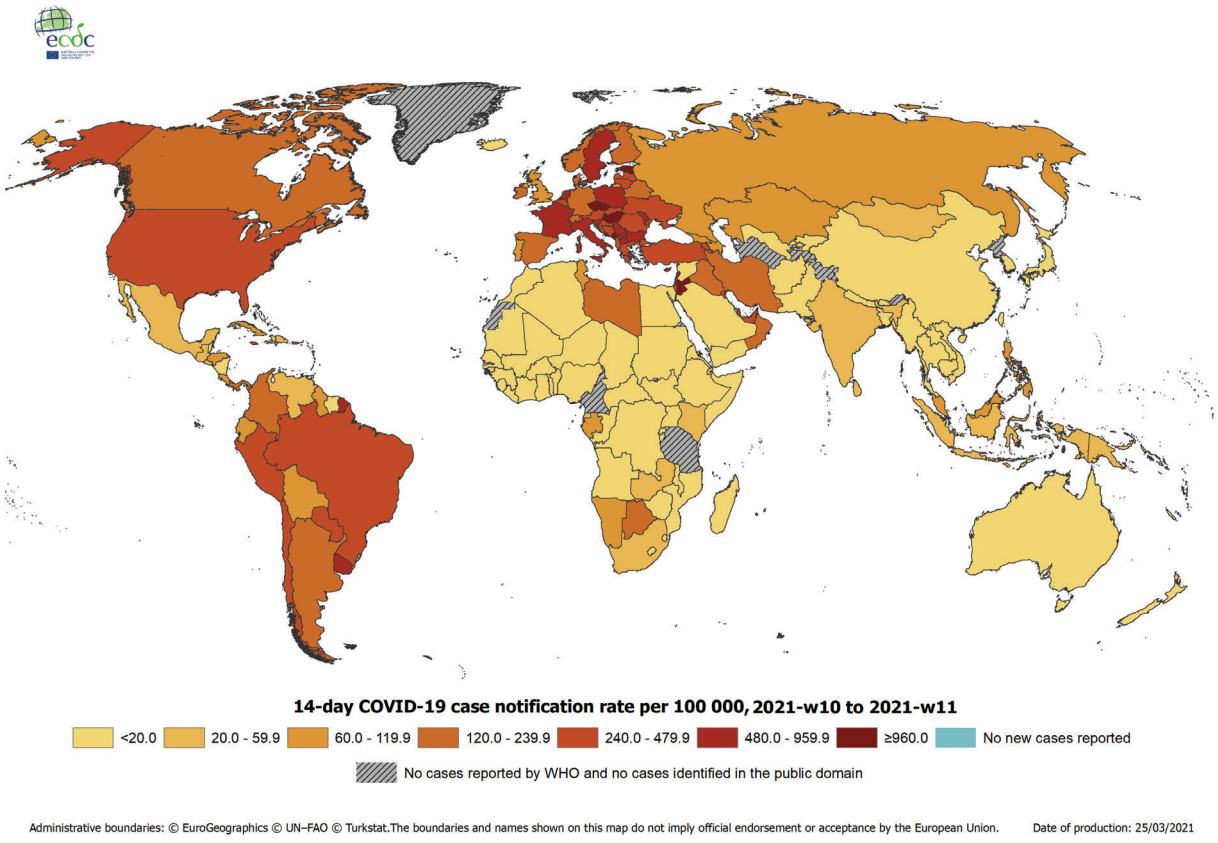
Actions: ECDC published the 14th update of its rapid risk assessment on 15 February 2021. A dashboard with the latest updates is available on ECDC's website.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w10 to 2021 w-11

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 26 March 2021

Epidemiological summary

Week 11/2021 (15 March–21 March 2021)

Influenza activity remained at inter-seasonal levels.

Of the 1 256 specimens tested for influenza viruses in week 11/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was positive for type A 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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

There were no hospitalised laboratory-confirmed influenza cases reported in week 11/2021.

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, probably 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 behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which has had a negative impact on the collection of influenza epidemiological and virological data from March 2020. Surveillance improved during the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) compared to previous seasons, there was a remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during inter-seasonal 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 season, few hospitalised laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); nine (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 one 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 which is unusual. This is probably 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 presented by ECDC 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: 26 March 2021

Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 23 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 (6), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Six cases have recovered and will be integrated into the survivor's care programme. The 42-day countdown was started on 22 March 2021.

The index case is a patient who sought treatment for Ebola-like symptoms at two healthcare centres in Butembo city in the Biena Health Zone from 25 January 2021 onwards, and was admitted to a hospital ICU ward in the Katwa health zone on 3 February

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

2021, where she died a day later. The EVD diagnostic was laboratory-confirmed on 6 February 2021. The patient was married to an EVD survivor, whose biological samples have tested negative twice since 28 September 2020. A cluster of three other cases was reported, with one of these being a vaccinated healthcare worker who had treated the index case. The first two known deaths in this outbreak were buried in the traditional manner, without safety precautions. The source of infection of the index case in this outbreak is currently unknown, and investigations are ongoing.

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

North Kivu provincial health authorities are currently leading the response, supported by WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on site. As of 20 March 2021, a total of 123 contacts have been identified, 105 (85%) of which are being followed-up. All of these contacts are in their third week of follow-up. Of the 18 contacts that are not being followed-up, 16 have never been seen and two have been lost to follow-up. In a separate report, WHO states that most of the contacts that have never been seen are linked to the probable case from the Biena Health Zone, and will continue to be sought during the countdown.

A vaccination campaign was launched on 15 February 2021 in Butembo. Vaccines and treatments were already available in Goma from the tenth EVD outbreak in the DRC. The ring vaccination strategy is being deployed, and as of 23 March, 1 737 contacts and healthcare workers have been vaccinated since the start of this outbreak. Ring vaccination has had to be suspended in Butembo due to security threats.

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

Background: The 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 occurred on the western side of the country in the Equateur Province. It culminated to 130 cases, including 55 deaths, and was declared over on 18 November 2020.

Sources: WHO Regional Office for Africa | Ministere de la Sante Sitrep | WHO Disease Outbreak News | WHO Country Office DRC Twitter | Weekly Afro Bulletin

ECDC assessment

These EVD cases are the first reported in North Kivu, DRC, since the 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 vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in the DRC. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions

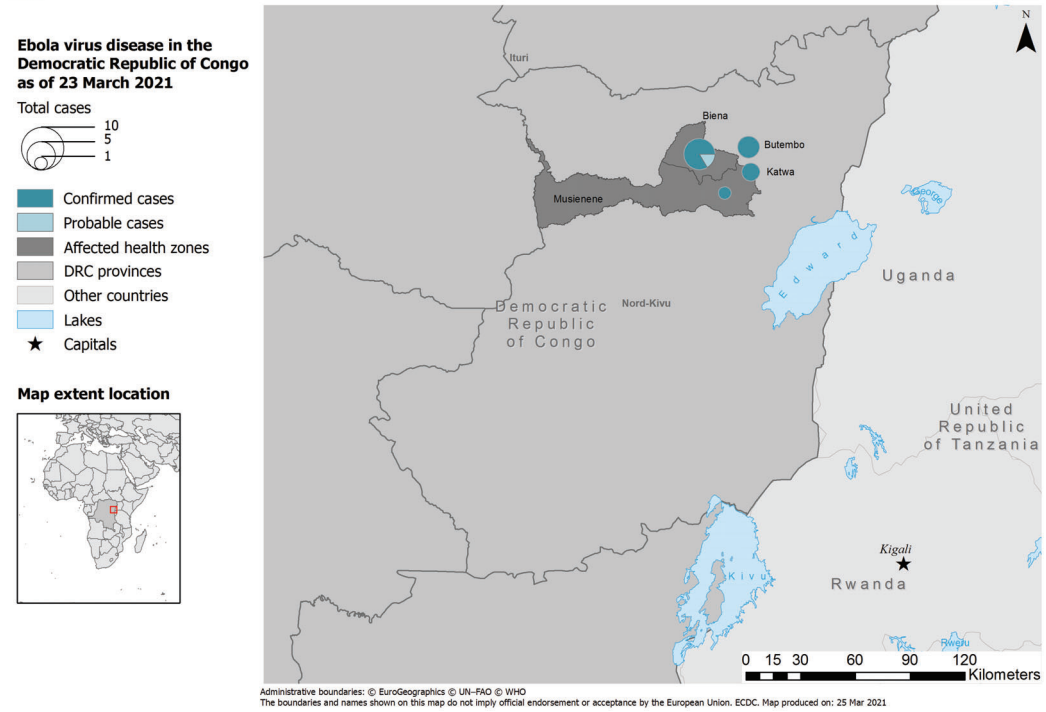
ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, Outbreak of Ebola virus disease in North Kivu, DRC, on 22 February 2021, in which options for response measures are described.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

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: 26 March 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 22 March 2021, 18 EVD cases (14 confirmed and four probable), including nine deaths (from five confirmed and four probable cases), have been identified. Among these, five healthcare workers have been infected, resulting in two deaths (one confirmed and one probable case). All cases have been reported from the N'Zerekore prefecture, in the region of N'Zerekore.

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

According to WHO, the initial cluster of seven cases began with the index case in a patient who died on 28 January 2021, after having visited two healthcare facilities and a traditional practitioner. Five family members who attended the funeral on 1 February and the traditional practitioner showed Ebola-like symptoms. Five of the seven cases resulted in death. Two unsafe burials took place for these EVD patients. The source of infection of this case is unknown. However, preliminary results of genomic sequencing indicate that the index case of the 2021 Guinea cluster was probably infected from a persistent source, suggesting that the virus from the 2013-2016 West Africa epidemic has survived and re-emerged. Further investigations will be carried out to understand this occurrence.

The vaccination campaign began on 23 February in Gouecke, N'Zerekore, with a ring vaccination strategy being deployed, involving healthcare workers, contacts of EVD cases and contacts of contacts being vaccinated. As of 17 March, 3 392 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

in the field to actively search and provide care for cases, trace and follow-up contacts, and sensitise communities to infection prevention and control.

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

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

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

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

ECDC assessment

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

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

Actions

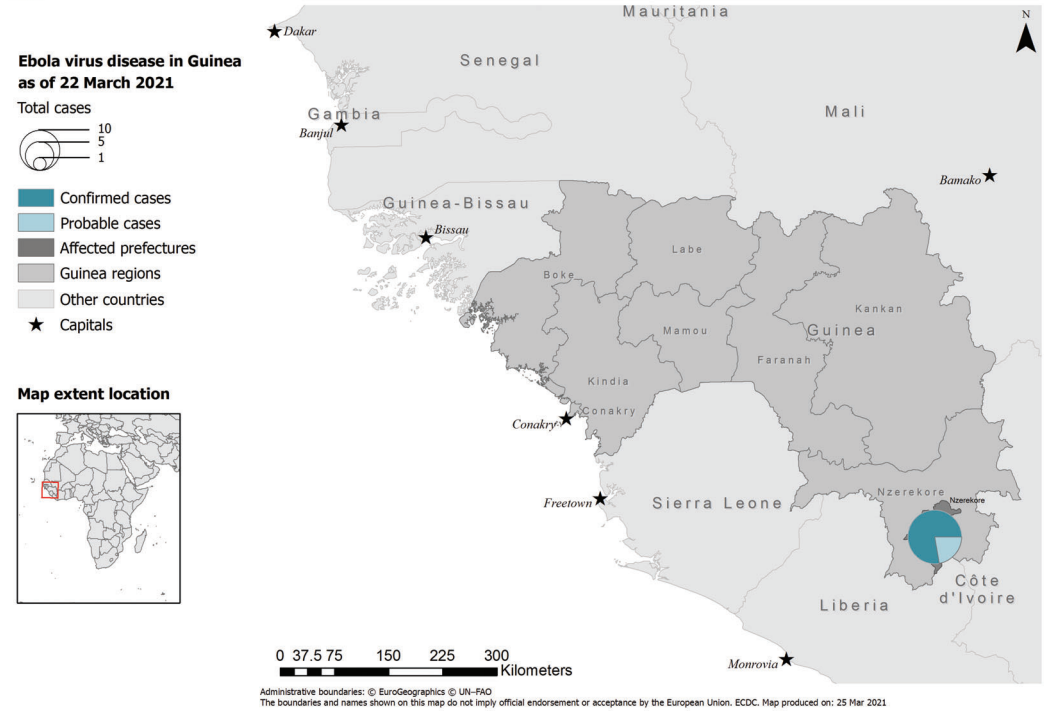
ECDC is following the situation through its epidemic intelligence activities. ECDC published a threat assessment brief, Outbreak of Ebola virus disease in Guinea, on 22 February 2021, in which options for response measures are described.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

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

Source: ECDC



Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018 Latest update: 26 March 2021

Epidemiological summary

A new case of avian influenza A(H5N6) virus infection has been reported in China. A 50-year-old man from Guangxi Province developed symptoms on 16 February 2021, was hospitalised with severe pneumonia on 17 February 2021 and died on 2 March 2021. No further cases were detected among the contacts of this case.

Since 2014 and as of 22 March 2020, China has reported 31 human cases of influenza A(H5N6), including one case with year of onset 2015 reported in literature. The cases have occurred in Anhui (2), Chongqing (1), Fujian (1), Guangdong (9), Guizhou (1), Hubei (1), Hunan (5), Sichuan (1), Jiangsu (2) and Yunnan Provinces (2), Guangxi Zhuang Autonomous Region (5) and Beijing (1). Of the reported cases, 17 have died. All cases had exposure to live poultry or live poultry markets, except for five cases where the exposure source was not reported. No clustering of cases has been reported.

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

ECDC assessment

Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. However, characterisation of the virus detected recently in the Guangxi Province is ongoing and therefore complete information is lacking on virus evolution to assess its pandemic potential.

Currently detected avian influenza viruses in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been involved in human infections. The above mentioned A(H5N6) viruses have not been detected in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA is considered very low. As the likelihood of zoonotic transmission of newly introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

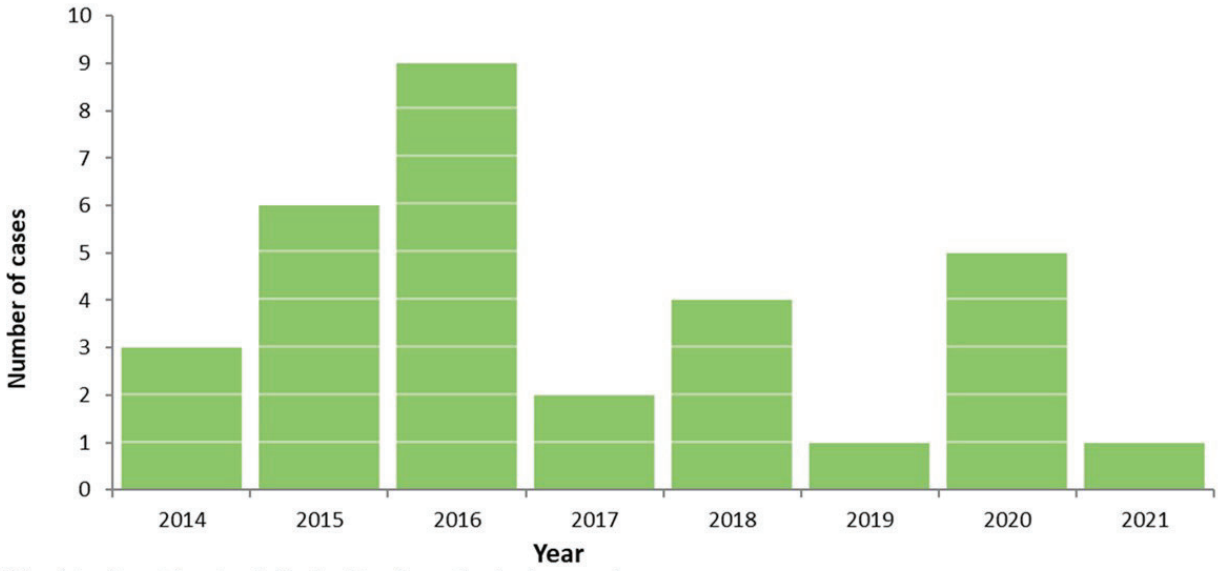
Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of the avian influenza situation. The most recent report was published on 26 February 2021.

Distribution of confirmed human cases with avian influenza A(H5N6) virus infection, China, 2014–2021

Source: ECDC



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

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

Opening date: 27 January 2017 Latest update: 26 March 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 13 March, Bolivia has reported 43 cases, including 10 laboratory-confirmed cases.

Brazil: In 2021, as of 6 March, Brazil has reported 8 841 cases, 1 793 of which are laboratory-confirmed.

Colombia: In 2021, as of 20 February, Colombia has reported five suspected cases.

Costa Rica: In 2021, as of 27 February, Costa Rica has reported nine suspected cases.

El Salvador: In 2021, as of 6 March, El Salvador has reported 14 suspected cases.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Guatemala: In 2021, as of 30 January, Guatemala has reported 52 cases.

Mexico: In 2021 and as of 6 March, Mexico has reported one confirmed case.

Nicaragua: In 2021, as of 20 February, Nicaragua has reported four suspected case.

Paraguay: In 2021, as of 13 March, Paraguay has reported 49 cases, two of which are laboratory-confirmed.

Venezuela: In 2021, as of 6 March, Venezuela has reported nine suspected cases.

No updates are available for Barbados, Ecuador, Honduras and Peru.

Dengue:
In 2021, and as of week 12, the Pan American Health Organization (PAHO) had reported 175 372 suspected and confirmed dengue cases and 32 associated deaths, in the Americas region. The five countries reporting most cases are Brazil (130 013), Nicaragua (9 207), Peru (7 953), Colombia (7 247), Paraguay (6 938). 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, Guadeloupe is still in an epidemic phase, but at a stable level. Whereas in Saint-Martin, Saint-Barthelemy and Martinique the dengue indicators are at low levels. No new cases have been reported to PAHO from the French Caribbean islands since the previous CDTR report published on 26 February 2021.

Asia

Chikungunya virus disease:
Malaysia: In 2021 and as of 13 February, 115 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 as of 10 March, the country has reported 136 cases, with no associated deaths, affecting 27 provinces across the country.

No updates are available for Cambodia and India.

Dengue:
Cambodia: In 2021 and as of 13 February 2021, Cambodia had reported 278 cases and no deaths. The number of cases reported is lower compared to the trends observed in 2020, however still within the normal range.

China: In January 2021, five cases and no deaths were reported in China.

Indonesia: There are no updates available for the dengue situation in Indonesia, however heavy rainfall and floods have been reported over the past few months on the Sumatra, Java and Sulawesi islands of Indonesia.

Lao People's Democratic Republic: In week 8 of 2021, Lao People's Democratic Republic reported eight cases and no deaths. The cumulative number of cases as of week 8 is 3.9 times lower than for the same period in 2020 when 433 cases were reported, and the trend is within seasonally expected levels.

Malaysia: In 2021 and as of 6 March 2021, Malaysia reported 5 571 cases and three deaths. Dengue activity has decreased in terms of the cumulative number of cases and deaths in 2021 compared to the same period in 2020, during which 26 335 cases and 41 deaths were reported.

Nepal: In 2021 and as of 13 March 2021, Nepal reported a total of 20 cases.

Pakistan: In 2021 and as of 13 March 2021, Pakistan reported a total of 370 cases of dengue.

The Philippines: In 2021 and as of 20 February 2021, the Philippines reported 10 260 dengue cases, including 32 deaths. The number of cases is 72% lower compared to the 37 487 cases that were reported in the same period in 2020.

Singapore: In 2021 and as of 20 March 2021, Singapore reported a total of 1 644 cases. Weekly trends are within seasonally expected levels.

Sri Lanka: In 2021 and as of 23 March, Sri Lanka reported a total of 4 703 cases.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

Thailand: In 2021 and as of 22 March 2021, Thailand reported a total of 1 397 cases and no deaths.

Vietnam: In 2021 and as of 28 February 2021, Vietnam reported 13 892 cases including three deaths. This represents a decrease of 20.4% in the number of cumulative cases, compared to the same period in 2020, with the same number of deaths reported.

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

Africa
Chikungunya virus disease:
In 2021, and as of 23 March 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:
Réunion: In 2021 and as of 6 March 2021, 1 292 confirmed cases have been reported. This has been an increase of 942 cases since the last CDTR report on 26 February. The majority of cases has been reported from Le Port.

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

Australia and the Pacific
Chikungunya virus disease:
No outbreaks have been reported since the previous update.

Dengue:
Australia: In 2021 and as of 28 February, Australia had reported one case of dengue.

Cook Islands: In 2021 and as of 22 March 2021, a total of 82 probable and confirmed cases have been reported. On 2 February 2021, an outbreak was declared by the Cook Islands Ministry of Health.

New Caledonia: In 2021 and as 21 March, 47 cases had been reported.

The Republic of the Marshall Islands: In 2021 and as of 14 March, 12 cases have been reported.

Fiji: Since the end of last year and since the last update on 7 February 2021 where 300 cases of dengue were reported in the media, the country has continued to report high levels of dengue-like illness.

There are no new updates available from Wallis and Futuna 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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

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

Source: ECDC

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

Source: ECDC

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides