



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 48, 22-28 November 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary EU Threats

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

Opening date: 7 January 2020

Latest update: 27 November 2020

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

→Update of the week

Since 20 November 2020 and as of 27 November 2020, 4 094 266 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 72 637 new deaths.

Globally, the number of cases has increased from 56 984 774 to 61 079 040 and the number of deaths has risen from 1 360 879 to 1 433 516.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 11 542 665 to 12 709 336 (+1 166 671 cases), and the number of deaths has risen from 283 673 to 311 529 (+27 856 deaths).

More details are available here.

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

Opening date: 20 May 2020 Latest update: 27 November 2020

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

→Update of the week

Between 20 and 26 November 2020, EU Member States and EU-neighbouring countries reported no new human cases nor deaths of WNV infection.

ECDC links: West Nile virus infection atlas

Sources: TESSy

Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 27 November 2020

French authorities have reported an increased number of dengue cases in the islands of Guadeloupe, Saint Martin, Saint Barthélemy and Martinique in recent weeks.

→Update of the week

Since the previous update with data as of 12 November 2020, and as of 22 November 2020, an additional 3 140 cases, including two deaths, have been reported in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique. In the previous CDTR update, when the period 29 October to 12 November was analysed, 3 778 new cases were reported.

The following cases have been reported since the previous update:

Guadeloupe: 1 525 additional suspected cases. **Saint-Martin:** 90 additional suspected cases. **Saint-Barthelemy:** 55 additional suspected cases.

Martinique: 1 470 additional suspected cases, including two deaths.

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 27 November 2020

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

→Update of the week

Week 47/2020 (16-22 November 2020)

Influenza activity remained at interseasonal levels.

Of 663 sentinel specimens tested for influenza viruses in week 47, none tested positive, and of 14 143 non-sentinel specimens tested for influenza viruses, 12 tested positive. Influenza type A and type B viruses were detected. There were no hospitalised laboratory-confirmed influenza cases reported for week 47/2020.

Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 27 November 2020

Several countries in Africa, the Americas and Asia have reported <u>cholera</u> outbreaks. Major ongoing outbreaks are being reported from the Democratic Republic of the Congo and Yemen. Haiti reported its last laboratory-confirmed case in February 2019.

→Update of the week

Since the last update on 30 October 2020, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are Yemen and Bangladesh.

A list of all countries reporting new cases since our previous update on 30 October 2020 can be found below.

II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 27 November 2020

Epidemiological summary

Since 31 December 2019 and as of 27 November 2020, 61 079 040 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 433 516 deaths.

Cases have been reported from:

Africa: 2 120 818 cases; the five countries reporting most cases are South Africa (778 571), Morocco (340 684), Egypt (114 475), Ethiopia (107 669) and Tunisia (92 475).

Asia: 15 428 398 cases; the five countries reporting most cases are India (9 309 787), Iran (908 346), Iraq (544 670), Indonesia (516 753) and Bangladesh (456 438).

America: 26 085 251 cases; the five countries reporting most cases are United States (12 883 845), Brazil (6 204 220), Argentina (1 399 418), Colombia (1 280 487) and Mexico (1 078 594).

Europe: 17 392 944 cases; the five countries reporting most cases are Russia (2 215 533), France (2 183 660), Spain (1 617 355), United Kingdom (1 574 562) and Italy (1 509 875).

Oceania: 50 933 cases; the five countries reporting most cases are Australia (27 867), French Polynesia (13 783), Guam (6 748), New Zealand (1 691) and Papua New Guinea (645).

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

Deaths have been reported from:

Africa: 50 926 deaths; the five countries reporting most deaths are South Africa (21 289), Egypt (6 596), Morocco (5 619), Tunisia (3 034) and Algeria (2 352).

Asia: 268 185 deaths; the five countries reporting most deaths are India (135 715), Iran (46 689), Indonesia (16 352), Iraq (12 125) and Philippines (8 242).

America: 718 639 deaths; the five countries reporting most deaths are United States (263 455), Brazil (171 460), Mexico (104 242), Argentina (37 941) and Colombia (36 019).

Europe: 394 635 deaths; the five countries reporting most deaths are United Kingdom (57 031), Italy (52 850), France (50 957), Spain (44 374) and Russia (38 558).

Oceania: 1 124 deaths; the five countries reporting most deaths are Australia (907), Guam (111), French Polynesia (70), New Zealand (25) and Papua New Guinea (7).

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

EU/EEA and the UK:

As of 27 November 2020, 12 709 336 cases have been reported in the EU/EEA and the UK: France (2 183 660), Spain (1 617 355), United Kingdom (1 574 562), Italy (1 509 875), Germany (1 006 394), Poland (941 112), Belgium (567 436), Czechia (511 520), Netherlands (502 510), Romania (449 349), Portugal (280 394), Austria (264 692), Sweden (236 355), Hungary (198 440), Bulgaria (136 628), Croatia (115 626), Slovakia (101 257), Greece (99 306), Denmark (75 395), Ireland (71 494), Slovenia (71 073), Lithuania (53 757), Norway (34 267), Luxembourg (32 100), Finland (23 148), Latvia (15 171), Estonia (10 955), Cyprus (9 673), Malta (9 253), Iceland (5 323) and Liechtenstein (1 256).

As of 27 November 2020, 311 529 deaths have been reported in the EU/EEA and the UK: United Kingdom (57 031), Italy (52 850), France (50 957), Spain (44 374), Belgium (16 219), Germany (15 586), Poland (15 568), Romania (10 712), Netherlands (9 171), Czechia (7 779), Sweden (6 622), Hungary (4 364), Portugal (4 209), Bulgaria (3 529), Austria (2 616), Ireland (2 036), Greece (2 001), Croatia (1 552), Slovenia (855), Denmark (811), Slovakia (749), Lithuania (449), Finland (388), Norway (316), Luxembourg (288), Latvia (188), Malta (122), Estonia (99), Cyprus (48), Iceland (26) and Liechtenstein (14).

EU:

As of 27 November 2020, 11 093 928 cases and 254 142 deaths have been reported in the EU.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the <u>Director-General of WHO</u> declared the COVID-19 outbreak a pandemic. The <u>third</u>, <u>fourth</u> and <u>fifth</u> International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April, 31 July and 29 October 2020, respectively. During these meetings, the committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

Sources: Wuhan Municipal Health Commission | China CDC | WHO statement | WHO coronavirus website | ECDC 2019-nCoV

website | RAGIDA | WHO

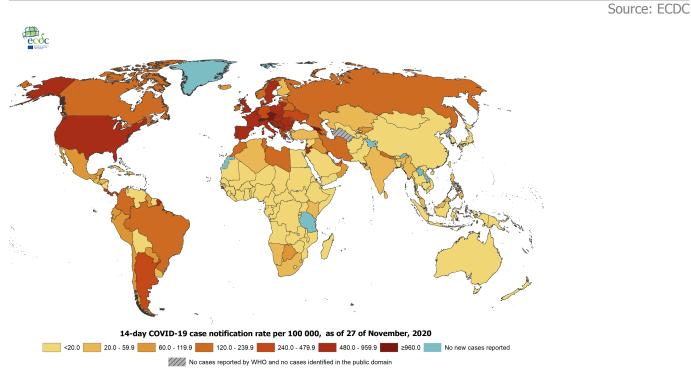
ECDC assessment

Information on the COVID-19 situation and a risk assessment can be found on ECDC's website.

Actions

ECDC activities related to COVID-19 can be found on <u>ECDC's website</u>. On 12 November 2020, ECDC <u>published</u> a rapid risk assessment on the detection of new SARS-CoV-2 variants related to mink.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 27 November 2020



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: 27/11/202

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

Opening date: 20 May 2020 Latest update: 27 November 2020

Epidemiological summary

Between 20 and 26 November 2020, EU Member States and EU-neighbouring countries reported no new human cases nor deaths of WNV infection.

Since the start of the 2020 transmission season, and as of 26 November 2020, EU Member States have reported 316 human cases of WNV infection, including 37 deaths, through TESSy: Greece (143, including 23 deaths), Spain (77, including 7 deaths), Italy (66, including 5 deaths), Germany (13), Romania (6, including 1 death), the Netherlands (7), Hungary (3) and Bulgaria (1, including 1 death). The province of Pazardzhik in Bulgaria, the province of Badajoz in Spain, the regions of Utrecht and Arnhem/Nijmegen in the Netherlands and five regions in Germany (Barnim, Ostprignitz-Ruppin, Saalekreis, Halle (Saale) and Meissen) reported locally acquired human cases of WNV infection for the first time. All other cases reported through TESSy were reported from areas that have been affected during previous transmission seasons.

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

Since the beginning of the 2020 transmission season, 185 outbreaks among equids have been reported. These outbreaks have been reported by Spain (139), Germany (20), Italy (15), France (5), Portugal (2), Austria (2), Greece (1) and Hungary (1) through the Animal Disease Notification System (ADNS). Since the beginning of the 2020 transmission season, two outbreaks among birds have been reported through ADNS, both by Bulgaria.

ECDC links: West Nile virus infection atlas

Sources: TESSy | Animal Disease Notification System

ECDC assessment

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

The first detection of a WNV infection in a bird in the Netherlands earlier this year and the subsequent detection of human cases of WNV infection corroborates the further expansion of WNV circulation in Europe. Similarly, the first detection of WNV in a bird in Germany in 2018 was followed by the detection of human WNV infections in 2019.

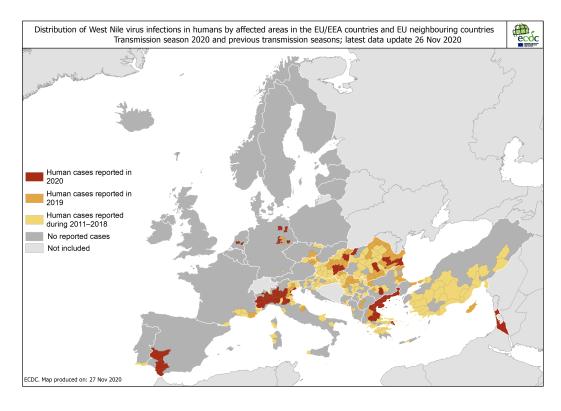
In accordance with <u>Commission Directive 2014/110/EU</u>, prospective donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps and an epidemiological summary every Friday. As no new cases with disease onset in the previous four weeks have been reported, this is the final weekly update for this transmission season. ECDC will publish an end-of-season epidemiological update.

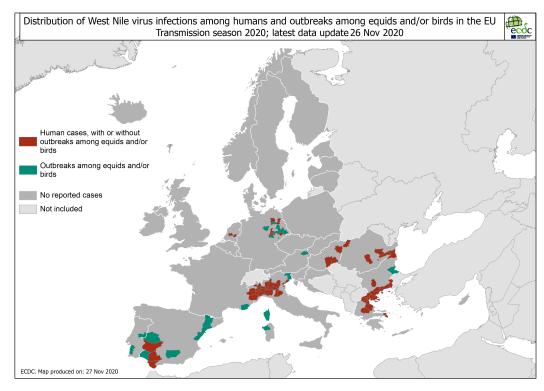
Distribution of human West Nile virus infections by affected areas as of 26 Nov

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 26 Nov

ECDC and ADNS



Dengue - French Antilles - 2020

Opening date: 12 February 2020 Latest update: 27 November 2020

Epidemiological summary

According to French authorities, Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique are all in an epidemic phase, although cases have started to decrease since week 40.

In **Guadeloupe**, since week 2019-43 and as of 22 November 2020, 20 430 suspected dengue cases have been reported, including one death. Most of the cases have been identified as dengue virus serotype 2.

In **Saint-Martin**, since week 2020-03 and as of 22 November 2020, 2 540 suspected dengue cases have been reported, including one death. Most of the cases have been identified as dengue virus serotype 1.

In **Saint-Barthélemy**, since week 2020-17 and as of 22 November 2020, 1 305 suspected dengue cases have been reported. Most of the cases have been identified as dengue virus serotype 1.

In **Martinique**, since 4 November 2019 and as of 22 November 2020, 31 270 suspected dengue cases have been reported, including 16 deaths. Dengue virus serotype 3 has been identified among most of the cases. The number of cases is now declining in Martinique. This outbreak constitutes the largest outbreak reported on the island in the last decade.

Source: Santé publique France

ECDC assessment

EU/EEA travellers to and residents of the affected areas should apply <u>personal protective measures against mosquito bites</u>. The occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for continuous transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations.

The current likelihood of the occurrence of local transmission events of dengue virus in southern continental Europe is considered to be very low, as the environmental conditions are no longer favourable to vector activity and virus replication.

More information about dengue is available at **ECDC** factsheet.

Actions

ECDC is monitoring the ongoing situation through its epidemic intelligence activities. ECDC also maintains a list of <u>autochthonous</u> <u>transmission events of dengue virus in continental EU/EEA</u> since 2010.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 27 November 2020

Epidemiological summary

Week 47/2020 (16-22 November 2020)

Influenza activity remained at interseasonal levels.

Of 663 sentinel specimens tested for influenza viruses in week 47, none tested positive, and of 14 143 non-sentinel specimens tested for influenza viruses, 12 tested positive. Influenza type A and type B viruses were detected.

There were no hospitalised laboratory-confirmed influenza cases reported for week 47/2020.

2020-2021 season overview

For the Region as a whole, influenza activity has been at baseline level since the start of the season.

In total, 80 specimens have tested positive for influenza viruses, one from sentinel sources and 79 from non-sentinel sources, with A(H1)pdm09, A(H3) and type B viruses detected.

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

WHO has published <u>recommendations</u> for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated compared to the 2019–2020 influenza vaccine.

Sources: <u>EuroMOMO</u> | <u>Flu News Europe</u> | <u>Influenzanet</u>

ECDC assessment

Reported influenza activity remains at a very low level, similar to that usually observed during the interseason in summer months.

The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare presentations and testing capacities of countries and areas in the European Region, which has negatively impacted the reporting of influenza epidemiological and virological data during the 2019-2020 season. It is not unusual for influenza activity to be low at this time of year. However, if the COVID-19 pandemic continues, the influenza data we present need to be interpreted with caution, notably in terms of seasonal patterns.

Actions

ECDC 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 <u>Flu News Europe</u> website.

Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 27 November 2020

Epidemiological summary

Americas

Haiti: In 2020, as of 25 November, no confirmed cholera cases have been reported. In 2019, Haiti reported 684 suspected cases, including three deaths (CFR: 0.4%). According to a <u>UNICEF report</u>, the last confirmed cholera cases in Haiti were reported in February 2019. Since the beginning of the outbreak in 2010, and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases, including 9 792 deaths (CFR: 1.2%).

<u>Dominican Republic</u>: No new cases have been reported since the last update. In 2020, as of 7 November, no cholera cases have been reported in the Dominican Republic. During the same period in 2019, 12 cholera cases were reported.

Africa

Nigeria: In 2020, as of 31 October, 1 743 suspected cases and 95 associated deaths have been reported. Among these cases, 55 have been confirmed. This represents an increase of 603 new cases and 32 new deaths since the last report. For the same period in 2019, 3 244 cases, including 54 deaths, were reported.

<u>Somalia</u>: In 2020, as of 15 November, WHO has reported 6 225 suspected cholera cases, including 32 associated deaths (CFR: 0.5%). This represents an increase of 300 new cases and one new death since the previous report. According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Bay, Hiran and Lower Shabelle. Most of the deaths were reported in Banadir Region (21) and 55% of the deaths were infants aged two years and below.

Benin, Burundi, Cameroon, DR Congo, Ethiopia, Kenya, Mozambique and Uganda have no updates available since the last report in the CDTR.

Asia

<u>Bangladesh</u>: In 2020, as of 1 November, 113 088 acute watery diarrhoea (AWD) cases have been reported in the Cox's Bazar refugee camps. This represents an increase of 6 302 AWD cases since the previous CDTR update. For the whole of 2019, 191 057 AWD cases were reported in the Cox's Bazar camps. According to WHO, between 5 September and 29 December 2019, 239 cases of AWD tested positive by means of a cholera rapid diagnostic test or culture in the Cox's Bazar camps, Bangladesh.

Yemen: In 2020, as of October, WHO has reported 204 291 suspected cholera cases, including 53 associated deaths (CFR: 0.03%).

India and Malaysia have no updates available since the last report in the CDTR.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as the 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 and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases have continued to be reported in eastern Africa, the Horn of Africa and the Gulf of Aden over the past few months. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on ECDC's website.

Geographical distribution of cholera cases reported worldwide from September to November 2020

Source: ECDC



Geographical distribution of cholera cases reported worldwide in 2020

Source: ECDC



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