



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 4, 24-30 January 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Dengue - French Antilles - 2020-2021

Opening date: 12 February 2020

Latest update: 29 January 2021

French authorities have reported an increased number of dengue cases on the islands of Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique in 2020. Despite a decrease in the number of cases over the past few weeks, the epidemic is still ongoing on the islands.

→Update of the week

Since the previous update with data as of 9 January 2021 and as of 24 January 2021, additional 536 cases have been reported in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique.

The following cases have been reported since the previous update:

Guadeloupe: 340 additional suspected cases.

Saint-Martin: 40 additional suspected cases.

Saint-Barthélemy: 16 additional suspected cases.

Martinique: 140 additional suspected cases, including one death.

Klebsiella pneumoniae ST147 producing NDM-9, and resistant to colistin and fosfomycin – Italy – 2020-2021

Opening date: 19 January 2021

Latest update: 29 January 2021

An outbreak of New Delhi metallo-beta-lactamase (NDM)-producing carbapenem-resistant Enterobacterales, mostly *Klebsiella pneumoniae*, which started in Tuscany, Italy, in November 2018, has continued through 2021.

→Update of the week

A prolonged outbreak of New Delhi metallo-beta-lactamase (NDM)-producing carbapenem-resistant Enterobacterales, mostly *Klebsiella pneumoniae*, started in Tuscany, Italy, in November 2018 and has continued through 2021. The outbreak was mainly sustained by *K. pneumoniae* ST147 carrying the blaNDM-1 gene, and included in particular 323 bloodstream infections as of 3 January 2021.

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

Opening date: 7 January 2020

Latest update: 29 January 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 2021-02 and as of week 2021-03, 5 144 980 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 100 957 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-03, 99 727 853 cases of COVID-19 have been reported, including 2 137 670 deaths.

In the EU/EEA, 18 849 065 cases have been reported, including 449 395 deaths.

More details are available [here](#).

Non EU Threats

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 29 January 2021

Avian influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

→Update of the week

Since the previous update on 22 January 2021 and as of 28 January 2021, a human case of influenza A(H9N2) virus infection has been reported in a 52-year-old female from Xiamen, Fujian Province, China. She developed symptoms on 2 January 2021. No history of exposure to poultry or birds was reported in the WHO report. As of 13 January 2021, no cases were detected among her contacts.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 29 January 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

Week 03/2021 (18 January–24 January 2021)

Influenza activity remained at interseasonal levels.

Of 1 246 specimens tested for influenza in week 03/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was 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 was one hospitalised laboratory-confirmed influenza case reported for week 3/2021.

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. The novel coronavirus disease 2019 (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.

II. Detailed reports

Dengue - French Antilles - 2020-2021

Opening date: 12 February 2020

Latest update: 29 January 2021

Epidemiological summary

According to French authorities, the virus is still circulating in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique, although cases have started to decrease since week 40-2019.

In **Guadeloupe**, since week 2019-42 and as of week 2021-03, 23 140 suspected dengue cases have been reported, including two deaths. Most of the infections (65%) have been identified as dengue virus serotype 2, with a co-circulation of serotypes 1 (20%) and 3 (15%). There is a decreasing trend and the weekly number of cases are getting close to the epidemic threshold.

In **Saint-Martin**, since week 2020-03 and as of week 2021-03, 2 740 suspected dengue cases have been reported, including one death. Most of the infections have been identified as dengue virus serotype 1. The epidemic is still ongoing.

In **Saint-Barthélemy**, since week 2020-17 and as of week 2021-03, 1 451 suspected dengue cases have been reported. Most of the infections have been identified as dengue virus serotype 1. Cases are still decreasing.

In **Martinique**, since week 2019-45 and as of week 2021-03, 32 790 suspected dengue cases have been reported, including 17 deaths. Dengue virus serotype 3 has been identified in most of the cases. The number of cases is declining in Martinique and, currently, below the epidemic threshold. This outbreak constitutes the largest outbreak reported on the island in a decade.

Source: [Santé publique France](#)

ECDC assessment

EU/EEA travellers to and residents of the affected areas should apply [personal protective measures against mosquito bites](#). Cases numbers are decreasing and are reaching or are below the epidemic threshold. However, the occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for 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 mainland EU/EEA is negligible, as the environmental conditions are not favourable to vector activity and virus replication.

More information about dengue is in this [ECDC factsheet](#).

Actions

ECDC is monitoring the situation through its epidemic intelligence activities. ECDC also maintains a list of [autochthonous transmission events of dengue virus in continental EU/EEA](#) since 2010.

Klebsiella pneumoniae ST147 producing NDM-9, and resistant to colistin and fosfomycin – Italy – 2020-2021

Opening date: 19 January 2021

Latest update: 29 January 2021

Epidemiological summary

A prolonged outbreak of New Delhi metallo-beta-lactamase (NDM)-producing carbapenem-resistant Enterobacterales, mostly *Klebsiella pneumoniae*, started in Tuscany, Italy, in November 2018.

During the period 1 November 2018 to 31 October 2019, it had included a total of 1 645 cases. The outbreak has continued in 2020 and through 2021. The outbreak is mainly sustained by *K. pneumoniae* ST147 carrying the blaNDM-1 gene, and included in particular 323 bloodstream infections (as of 3 January 2021). Cases were mostly from the north-western area of Tuscany.

Characterisation of isolates from two cases (May 2020) revealed that the colistin- and fosfomycin-resistant isolates carried the blaNDM-9 gene and belonged to a subgroup of closely-related ST147 strains. The subclone carrying blaNDM-9 and resistant to

3/10

colistin and fosfomycin likely evolved from the main ST147 clone by a series of mutational events.

Sources: [Regional Health Agency \(ARS Toscana\)](#) | [publication in Eurosurveillance](#)

ECDC assessment

These cases reported from Tuscany, Italy, are an example of the worsening situation regarding carbapenem-resistant Enterobacterales in some EU/EEA countries. As previously reported during the prolonged outbreak in Tuscany, these colistin- and fosfomycin-resistant cases were also reported mainly from the north-western area of Tuscany, where there have so far only been sporadic cases. Continued surveillance of carbapenem-resistant Enterobacterales remains important on both regional and national levels in the EU/EEA, as does the strengthening of infection and prevention control (IPC) measures to control their spread. Laboratories should test all carbapenem-resistant *K. pneumoniae* isolates for colistin and fosfomycin resistance, and are advised to send isolates to a reference laboratory for further characterisation.

Actions

ECDC is monitoring this event through its epidemic intelligence activities. On 4 June 2019, ECDC published a rapid risk assessment, [Regional outbreak of New Delhi metallo-beta-lactamase-producing carbapenem-resistant Enterobacteriaceae, Italy, 2018-2019](#).

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

Opening date: 7 January 2020

Latest update: 29 January 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-3, 99 727 853 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 137 670 deaths.

Cases have been reported from:

Africa: 3 447 422 cases; the five countries reporting the most cases are South Africa (1 412 986), Morocco (466 289), Tunisia (198 636), Egypt (161 817) and Ethiopia (133 767).

Asia: 19 536 946 cases; the five countries reporting the most cases are India (10 667 736), Iran (1 372 977), Indonesia (989 262), Iraq (613 763) and Israel (601 069).

America: 44 467 429 cases; the five countries reporting the most cases are United States (25 297 071), Brazil (8 871 393), Colombia (2 027 746), Argentina (1 874 784) and Mexico (1 771 740).

Europe: 32 218 360 cases; the five countries reporting the most cases are Russia (3 738 690), United Kingdom (3 647 463), France (3 053 617), Spain (2 593 382) and Italy (2 466 813).

Oceania: 56 991 cases; the five countries reporting the most cases are Australia (28 766), French Polynesia (17 635), Guam (7 554), New Zealand (1 932) and Papua New Guinea (849).

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

Deaths have been reported from:

Africa: 85 395 deaths; the five countries reporting the most deaths are South Africa (40 874), Egypt (8 959), Morocco (8 150), Tunisia (6 287) and Algeria (2 863).

Asia: 330 807 deaths; the five countries reporting the most deaths are India (153 470), Iran (57 383), Indonesia (27 835), Iraq (12 993) and Pakistan (11 318).

America: 1 018 269 deaths; the five countries reporting the most deaths are the United States (421 129), Brazil (217 664), Mexico (150 273), Colombia (51 747) and Argentina (47 034).

Europe: 701 991 deaths; the five countries reporting the most deaths are the United Kingdom (97 939), Italy (85 461), France (73 049), Russia (69 918) and Spain (56 208).

Oceania: 1 202 deaths; the five countries reporting the most deaths are Australia (909), Guam (129), French Polynesia (126), New Zealand (25) and Papua New Guinea (9).

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

EU/EEA:

As of week 2021-3, 18 849 065 cases have been reported in the EU/EEA: France (3 053 617), Spain (2 593 382), Italy (2 466 813), Germany (2 141 665), Poland (1 478 119), Netherlands (951 776), Czechia (940 004), Romania (712 561), Belgium (695 252), Portugal (636 190), Sweden (556 289), Austria (401 534), Hungary (360 418), Slovakia (237 027), Croatia (229 054), Bulgaria (214 817), Denmark (195 296), Ireland (187 554), Lithuania (177 166), Slovenia (158 139), Greece (151 980), Norway (61 082), Latvia (61 008), Luxembourg (49 704), Finland (42 580), Estonia (40 716), Cyprus (30 017), Malta (16 861), Iceland (5

4/10

990) and Liechtenstein (2 454).

As of week 2021-3, 449 395 deaths have been reported in the EU/EEA: Italy (85 461), France (73 049), Spain (56 208), Germany (52 087), Poland (35 401), Belgium (20 837), Romania (17 841), Czechia (15 453), Netherlands (13 564), Hungary (12 024), Sweden (11 247), Portugal (10 469), Bulgaria (8 820), Austria (7 362), Greece (5 646), Croatia (4 859), Slovakia (4 068), Slovenia (3 581), Ireland (2 970), Lithuania (2 664), Denmark (2 010), Latvia (1 111), Finland (655), Luxembourg (564), Norway (548), Estonia (376), Malta (253), Cyprus (186), Liechtenstein (52) and Iceland (29).

EU:

As of week 2021-3, 18 779 539 cases and 448 766 deaths have been reported in the EU.

SARS-CoV-2 variants - Multi-country (World) - 2020-2021

As of 25 January 2021, according to media and official sources, the variant **VOC 202012/01** has been identified in 64 countries. Since its identification and as of 25 January 2021, approximately 27 200 cases have been identified.

In the EU/EEA, around 2 100 cases have been identified in 25 countries: Denmark, Czechia, Spain, Netherlands, France, Belgium, Portugal, Italy, Ireland, Finland, Austria, Iceland, Norway, Germany, Slovakia, Sweden, Cyprus, Greece, Hungary, Latvia, Luxembourg, Malta, Romania, Liechtenstein and Poland.

Outside the EU/EEA, approximately 25 200 cases have been identified in 39 countries: the United Kingdom, the United States, India, Israel, Australia, Switzerland, Japan, Canada, the United Arab Emirates, Singapore, Turkey, Chile, New Zealand, Philippines, South Korea, Nepal, Saudi Arabia, Brazil, Taiwan, China, Ecuador, Iran, Jamaica, Thailand, Pakistan, Russia, Gambia, Jordan, Argentina, Georgia, Lebanon, Malaysia, Mexico, Morocco, Oman, Peru, Sri Lanka, Trinidad and Tobago and Vietnam.

As of 25 January 2021, according to media and official sources, the variant **501.V2** has been identified in 28 countries. Since its identification and as of 25 January 2021, approximately 720 cases have been identified.

In the EU/EEA, around 60 cases have been identified in 12 countries: Belgium, Germany, France, Ireland, Denmark, Finland, Austria, the Netherlands, Norway, Portugal, Spain and Sweden.

Outside the EU/EEA, approximately 660 cases have been identified in 16 countries: South Africa, United Kingdom, Israel, Australia, Botswana, the United Arab Emirates, Japan, Switzerland, Canada, China, Kenya, South Korea, Brazil, New Zealand, Taiwan and Zambia.

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

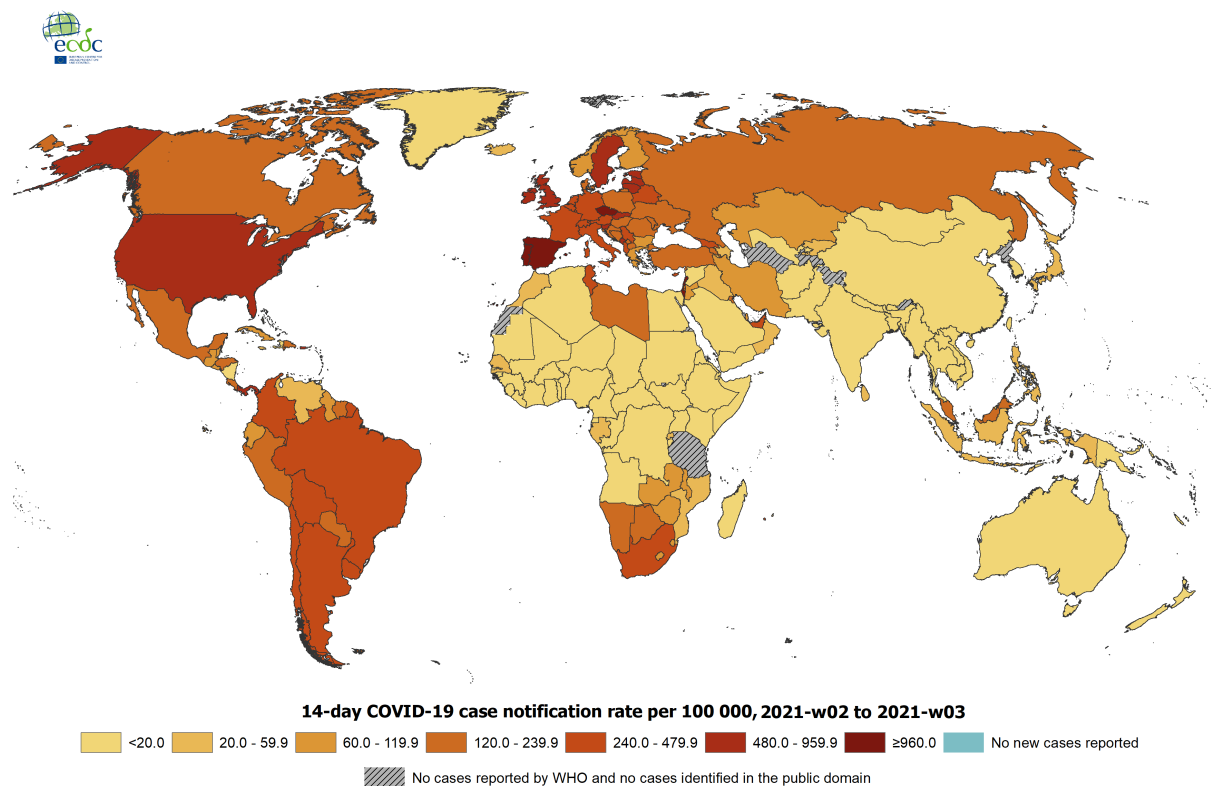
For the last available risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

Actions: ECDC has published the 13th update of its [rapid risk assessment](#). A [dashboard](#) with the latest updates is available on ECDC's website. ECDC's [rapid risk assessment](#) on the risk of the increase of COVID-19 infection related to end-of-year festive season was published on 4 December 2020. ECDC's [rapid risk assessment](#) on the risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020, and a [first update](#) published on 21 January 2021.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 3 2021

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 28/01/2021

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 29 January 2021

Epidemiological summary

Since the previous update on 22 January 2021 and as of 28 January 2021, a human case of influenza A(H9N2) virus infection has been reported in a 52-year-old female from Xiamen, Fujian Province, China. She developed symptoms on 2 January 2021. No history of exposure to poultry or birds was reported in the WHO report. As of 13 January 2021, no cases were detected among her contacts.

Overall, 16 cases of human influenza A(H9N2) have been reported in 2020 (15) and 2021 (1), all in China. To date and since 1998, a total of 78 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (67, of which 43 cases reported since December 2015), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1) and Senegal (1). The previous human infection was reported from China, with disease onset in October 2020.

Sources: [ECDC avian influenza page](#) | [WHO avian and other zoonotic influenza page](#) | [Joint ECDC, EFSA and EU Reference](#)

6/10

[Laboratory scientific for avian influenza report: Avian influenza overview May – August 2020](#) | [Emerging Infectious Diseases](#) | [Taiwan CDC](#) | [Hong Kong health department](#) | [WHO Influenza at the human-animal interface](#) | [WHO Surveillance - Avian influenza](#) weekly reports

ECDC assessment

Although avian influenza A(H9N2) virus has caused infection in humans, human infection remains rare and no sustained human-to-human transmission has been reported. Most of the reported human cases had mild disease. No human cases due to avian influenza A(H9N2) virus infection have been reported in Europe.

Human cases related to the avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where avian influenza A(H9N2) virus is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

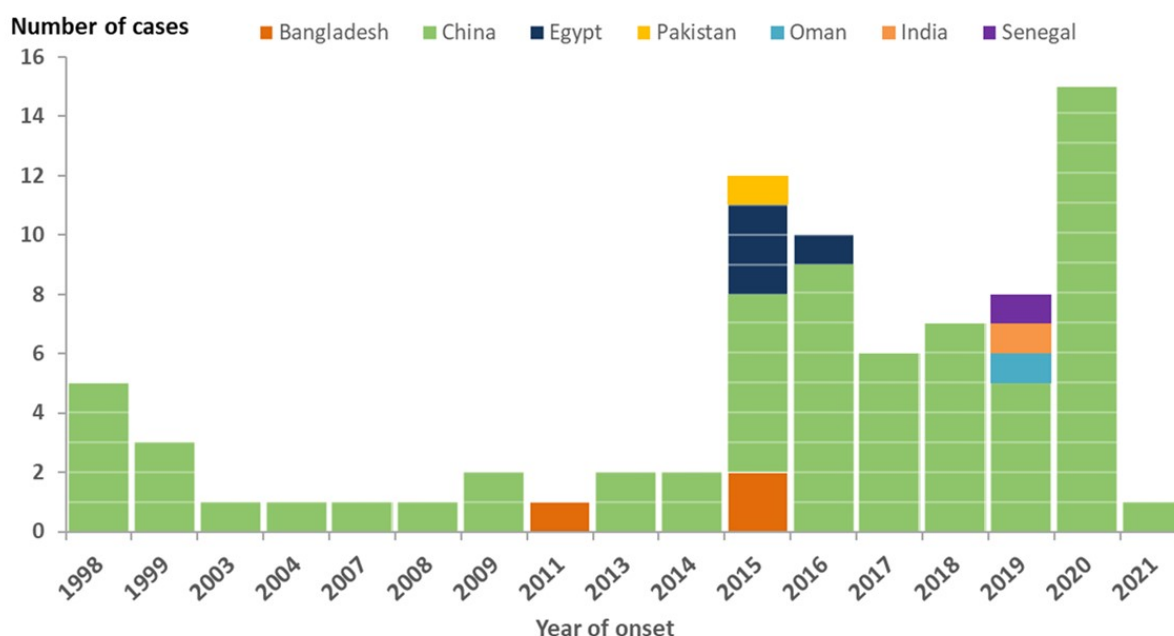
Currently, avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be 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.

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 on the [avian influenza situation](#). The most [recent report](#) was published on 11 December 2020.

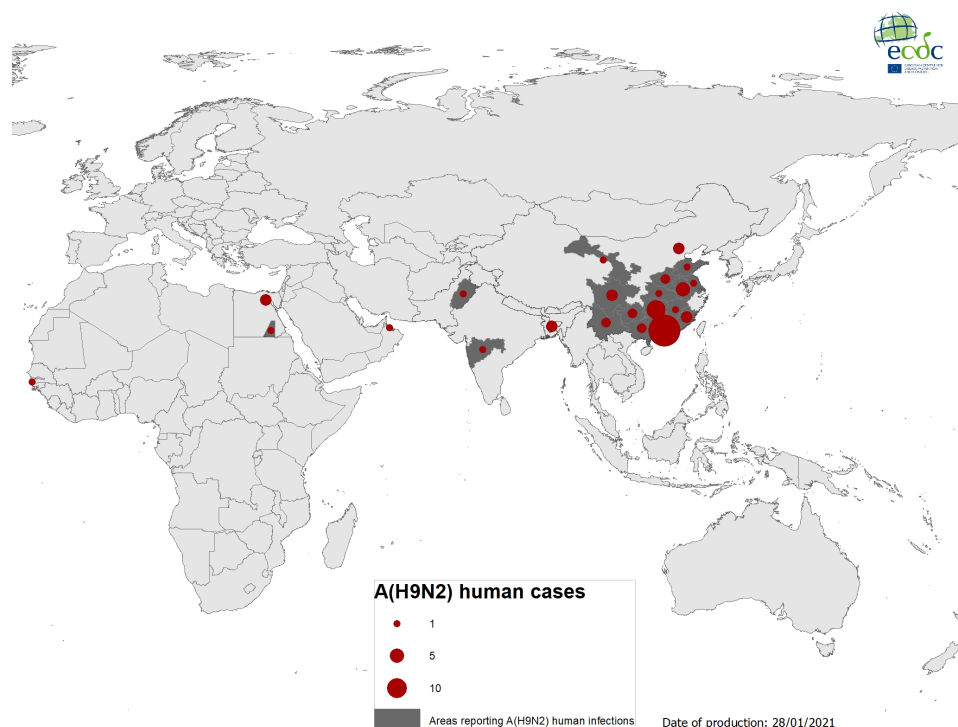
Distribution of confirmed human cases with avian influenza A(H9N2) virus infection by reporting country, 1998–2021

Source: ECDC



Geographical distribution of confirmed human cases with avian influenza A(H9N2) virus infection, 1998–2021

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 29 January 2021

Epidemiological summary

Week 03/2021 (18 January–24 January 2021)

Influenza activity remained at interseasonal levels.

Of 1 246 specimens tested for influenza in week 03/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was 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 was one hospitalised laboratory-confirmed influenza case reported for week 3/2021.

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. The novel coronavirus disease 2019 (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.

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, 557 specimens have tested positive for influenza viruses, 10 from sentinel sources and 547 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

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

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

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 that for this season 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.

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