



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 5, 31 January-6 February 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: 5 February 2021

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

→ Update of the week

Since week 2021-3 and as of week 2021-4, 3 715 259 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 98 094 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-04, 103 448 210 cases of COVID-19 have been reported, including 2 236 453 deaths.

In the EU/EEA, 19 729 006 cases have been reported, including 473 206 deaths.

More details are available [here](#).

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 5 February 2021

Reported influenza activity in Europe remained at interseasonal levels.

→ Update of the week

Week 04/2021 (25 January–31 January 2021)

Influenza activity remained at interseasonal levels.

Of 1 346 specimens tested for influenza in week 04/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, four were positive for an influenza virus.

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

There were four hospitalised laboratory-confirmed influenza case reported for week 04/2021.

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 behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which 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.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→ Update of the week

Since the beginning of 2021 and as of 1 February 2021, no MERS-CoV cases have been reported by Saudi Arabian health authorities or by WHO.

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

Opening date: 20 April 2006

Latest update: 5 February 2021

Several countries in Africa, the Americas and Asia have reported [cholera](#) 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 27 November 2020, new cholera cases have been reported worldwide.

Those 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 27 November 2020 can be found below.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 5 February 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-4, 103 448 210 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 236 453 deaths.

Cases have been reported from:

Africa: 3 579 809 cases; the five countries reporting most cases are South Africa (1 456 309), Morocco (471 157), Tunisia (210 045), Egypt (165 951) and Ethiopia (138 384).

Asia: 20 004 167 cases; the five countries reporting most cases are India (10 757 610), Iran (1 417 999), Indonesia (1 078 314), Israel (646 277) and Iraq (619 636).

America: 46 270 502 cases; the five countries reporting most cases are United States (26 321 125), Brazil (9 229 322), Colombia (2 104 506), Argentina (1 933 840) and Mexico (1 869 708).

Europe: 33 535 466 cases; the five countries reporting most cases are Russia (3 868 087), United Kingdom (3 817 176), France (3 197 114), Spain (2 822 805) and Italy (2 553 032).

Oceania: 57 561 cases; the five countries reporting most cases are Australia (28 818), French Polynesia (18 060), Guam (7 608), New Zealand (1 947) and Papua New Guinea (867).

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

Deaths have been reported from:

Africa: 91 398 deaths; the five countries reporting most deaths are South Africa (44 399), Egypt (9 316), Morocco (8 275), Tunisia (6 802) and Algeria (2 891).

Asia: 338 028 deaths; the five countries reporting most deaths are India (154 392), Iran (57 959), Indonesia (29 998), Iraq (13 047) and Pakistan (11 683).

America: 1 065 014 deaths; the five countries reporting most deaths are United States (443 355), Brazil (225 099), Mexico (159 100), Colombia (54 272) and Argentina (48 249).

Europe: 740 800 deaths; the five countries reporting most deaths are United Kingdom (106 158), Italy (88 516), France (76 057), Russia (73 619) and Spain (59 081).

Oceania: 1 207 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (131), Guam (129), New Zealand (25) and Papua New Guinea (9).

Other: six deaths were reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-4, 19 729 006 cases have been reported in the EU/EEA: France (3 197 114), Spain (2 822 805), Italy (2 553 032), Germany (2 221 971), Poland (1 513 385), Czechia (987 329), Netherlands (980 447), Romania (730 056), Portugal (726 321), Belgium (711 818), Sweden (575 047), Austria (410 985), Hungary (368 710), Slovakia (249 913), Croatia (232 520), Bulgaria (218 748), Denmark (198 960), Ireland (196 547), Lithuania (182 893), Slovenia (166 473), Greece (156 957), Latvia (66 241), Norway (62 966), Luxembourg (50 669), Finland (45 482), Estonia (44 208), Cyprus (30 876), Malta (18 027), Iceland (6 009) and Liechtenstein (2 497).

As of week 2021-4, 473 206 deaths have been reported in the EU/EEA: Italy (88 516), France (76 057), Spain (59 081), Germany (57 120), Poland (37 180), Belgium (21 135), Romania (18 402), Czechia (16 392), Netherlands (14 009), Portugal (12 757), Hungary (12 578), Sweden (11 773), Bulgaria (9 045), Austria (7 653), Greece (5 796), Croatia (5 054), Slovakia (4 642), Slovenia (3 752), Ireland (3 307), Lithuania (2 825), Denmark (2 145), Latvia (1 195), Finland (677), Luxembourg (580), Norway (567), Estonia (419), Malta (269), Cyprus (199), Liechtenstein (52) and Iceland (29).

EU:

As of week 2021-4, 19 657 534 cases and 472 558 deaths have been reported in the EU.

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

As of 1 February 2021, according to media and official sources, the variant **VOC 202012/01** has been identified in 73 countries. Since its identification and as of 1 February 2021, approximately 38 900 cases have been identified.

In the EU/EEA, around 2 700 cases have been identified in 26 countries: Denmark (561), Spain (324), Netherlands (323), France (299), Belgium (194), Greece (173), Ireland (165), Italy (134), Portugal (114), Finland (88), Norway (65), Germany (60), Austria (42), Iceland (37), Slovakia (37), Sweden (15), Czechia (13), Cyprus (12), Romania (9), Hungary (5), Latvia (5), Luxembourg (3), Malta (3), Liechtenstein (1), Poland (1) and Slovenia (1).

Outside the EU/EEA, approximately 36 200 cases have been identified in 47 countries: United Kingdom (34 758), United States of America (467), Switzerland (192), India (150), Israel (147), Australia (62), Turkey (51), Jordan (38), Japan (34), Singapore (34), New Zealand (26), Canada (24), United Arab Emirates (23), Chile (20), South Korea (19), Philippines (17), Brazil (11), Saudi Arabia (10), Taiwan (7), China (6), Ecuador (6), Iran (4), Jamaica (4), Thailand (4), Nepal (3), Pakistan (3), Russia (3), Saint Lucia (3), Gambia (2), Argentina (1), Bangladesh (1), Georgia (1), Kuwait (1), Lebanon (1), Malaysia (1), Mexico (1), Morocco (1), Nigeria (1), North Macedonia (1), Oman (1), Panama (1), Peru (1), Senegal (1), Serbia (1), Sri Lanka (1), Trinidad and Tobago (1) and Vietnam (1).

As of 1 February 2021, according to media and official sources, the variant **501.V2** has been identified in 33 countries. Since its identification and as of 1 February 2021, approximately 850 cases have been identified.

In the EU/EEA, around 140 cases have been identified in 13 countries: France (40), Netherlands (22), Belgium (21), Austria (19), Germany (17), Ireland (9), Denmark (4), Finland (2), Greece (1), Norway (1), Portugal (1), Spain (1) and Sweden (1).

Outside the EU/EEA, approximately 710 cases have been identified in 20 countries: South Africa (524), United Kingdom (86), Mozambique (19), Israel (12), Switzerland (10), Australia (8), United Kingdom (8), Botswana (7), New Zealand (7), United Arab Emirates (5), Japan (4), United States of America (3), Canada (2), China (2), Kenya (2), South Korea (2), Brazil (1), Serbia (1), Taiwan (1) and Zambia (1).

As of 1 February 2021, according to media and official sources, the variant **P.1** has been identified in 9 countries. Since its identification and as of 1 February 2021, approximately 60 cases have been identified.

In the EU/EEA, around five cases have been identified in two countries: Italy (4) and Germany (1).

Outside the EU/EEA, approximately 50 cases have been identified in seven countries: Brazil (30), United Kingdom (9), Japan (4), Colombia (1), Faroe Islands (1), South Korea (1) and United States of America (1).

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

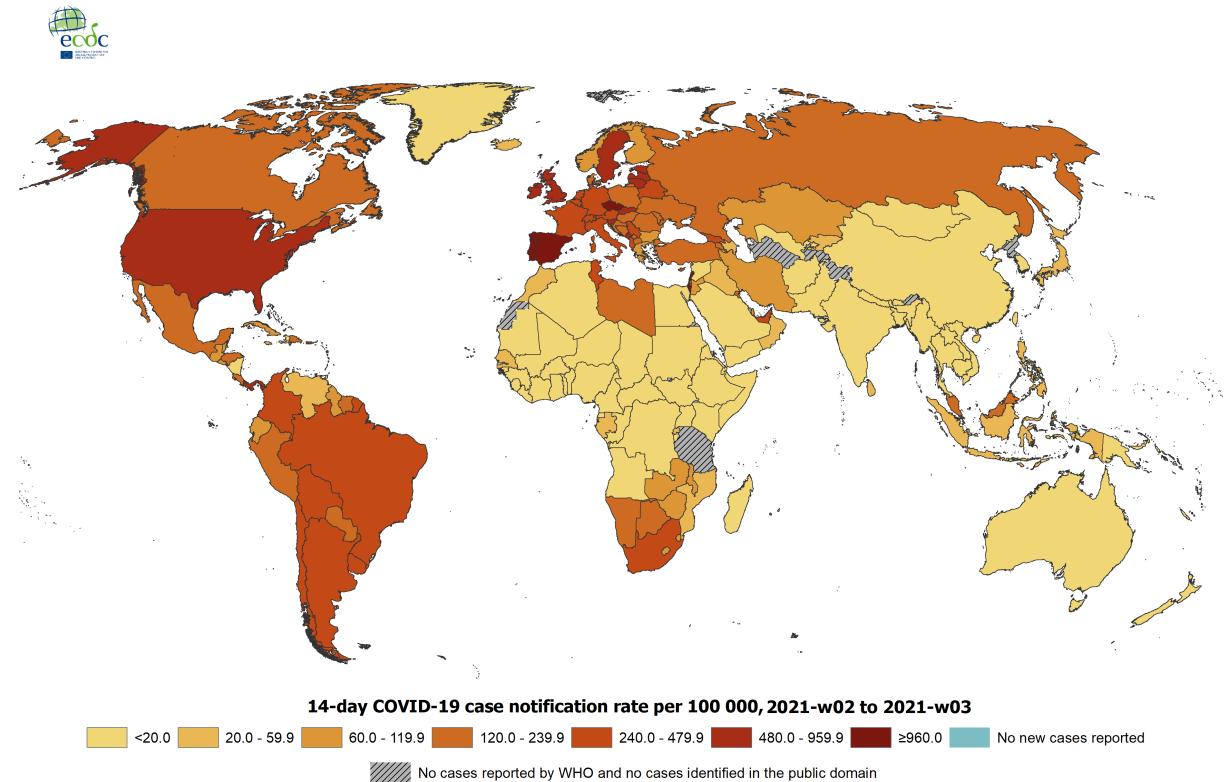
For the last available risk assessment, please visit [ECDC's dedicated webpage](#).

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.

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Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 5 February 2021

Epidemiological summary

2020–2021 season overview

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

In total, 588 specimens have tested positive for influenza viruses, 14 from sentinel sources and 574 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); seven cases (six type A viruses and one type B) in wards outside ICUs with one fatality; and nine from severe acute respiratory infection (SARI)-based surveillance (four infected with type B viruses and five with type A).

Sources: [EuroMOMO](#) | [Flu News Europe](#) | [Influenzanet](#)

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual for this season that there is still very low influenza activity reported.

The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare-seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region and this has had a negative impact on the reporting of influenza epidemiological and virological data during the 2020–2021 season.

Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region between week 40–2020 and week 20–2021. They publish their weekly report on the [Flu News Europe](#) website.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Epidemiological summary

Since the beginning of 2021 and as of 1 February 2021, no MERS-CoV cases have been reported by Saudi Arabian health authorities or by WHO.

Since April 2012 and as of 1 February 2021, 2 581 cases of MERS-CoV, including 936 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

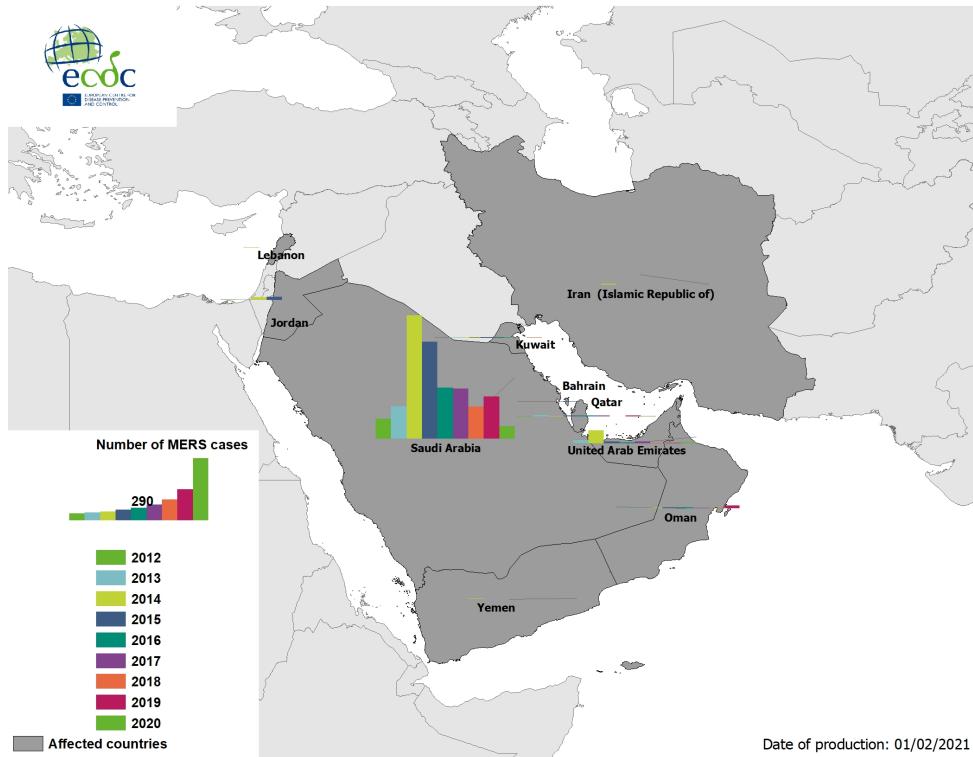
ECDC published a technical report, '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)', in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published '[Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)' on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to January 2021

Source: ECDC



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

Opening date: 20 April 2006

Latest update: 5 February 2021

Epidemiological summary

Americas

Haiti: In 2020, as of December, no confirmed cholera cases have been reported in Haiti. In 2019, Haiti reported 684 suspected cases including three deaths (CFR: 0.4%). According to a [UNICEF report](#), 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%).

Dominican Republic: No new cases have been reported since last update. In 2020, as of 26 December, no cholera cases have been reported in the Dominican Republic. During the same period in 2019, 13 cholera cases were reported.

Africa

Cameroon: In 2020 and as of 16 December, Cameroon has reported 1 952 cholera cases including 87 associated deaths (CFR: 4.5%). A total of 68 cases have been laboratory confirmed. Currently, there are four active regions.

DR Congo: In 2020 and as of 5 December, 18 504 cases including 301 deaths (CFR: 1.6%) have been reported in the country. This represents an increase of 2 461 cases and 48 deaths since the last CDTR report. For the same period in 2019, 27 833 cases and 407 deaths were reported.

Nigeria: In 2020 and as of week 52, 1 803 suspected cases and 95 associated deaths have been reported. Among these cases, 55 have been confirmed.. For the same period in 2019, 3 513 cases, including 71 deaths, were reported.

Somalia: In 2020 and as of 27 December, WHO has reported 6 589 suspected cholera cases, including 33 associated deaths (CFR: 0.5%). According to WHO, in 2020, cholera cases have been reported from the regions of Banadir, Bay, Hiran and Lower Shabelle. Of the 6 589 reported cases 3 036 are aged 2 years or younger and 18 deaths occurred among 2 years old and younger.

[Togo](#): In 2020 and as of week 53, 67 suspected cases of cholera were reported including 18 confirmed cases and two deaths. The first case was identified on 11 November and the outbreak has been confirmed by the National Institute of Hygiene on 17 November.

[Benin](#), [Ethiopia](#) and [Mozambique](#) had no updates available since the last report in the CDTR.

Asia

[Bangladesh](#): In 2020 and as of 13 December, 141 133 acute watery diarrhoea (AWD) cases have been reported in the Cox's Bazar. This represents an increase of 28 045 AWD cases since the previous CDTR update. According to WHO, in 2020 and as of 13 December, 25 cases of AWD tested positive by means of a cholera rapid diagnostic test or culture in Cox's Bazar, Bangladesh. For the whole of 2019, 191 057 AWD cases were reported in the Cox's Bazar.

[Yemen](#): In 2020 and as 27 December, WHO has reported 229 887 suspected cholera cases, including 73 associated deaths (CFR: 0.03%). It represents an increase of 25 596 cases and 20 deaths since last CDTR report.

There is no update available for the cases reported in the previous CDTR report in [India](#) and [Malaysia](#).

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 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 for the year 2020

Source: ECDC



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