COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 45, 1-7 November 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

epitweetr workshop at ESCAIDE

A virtual workshop on the epitweetr tool will be held on 24 November, from 12.00 to 15.00 CET, as part of the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE). This hands-on session aims to provide an understanding of the usage and functionalities of epitweetr for the early detection of public health threats using Twitter data.

This session will be chaired by Bruno Cianco, Head of the Surveillance Section at ECDC. The speakers and breakout group facilitators will be Laura Espinosa, author of the design and concept of epitweetr and package maintainer; Ariana Wijermans, contributor to the design and concept of the package; and Francisco Orchard, the main developer of epitweetr.

The target audience for this session is public health experts working with early detection and/or social media for epidemic intelligence. No previous R knowledge is required.

There will be a maximum of 15 participants, with a shortlist in case of cancellations. Participants are not required to have epitweetr installed on their computer for this session.

If you are interested in participating, please contact Laura Espinosa (laura.espinosa@ecdc.europa.eu) with a short summary of your motivation for participating, your professional background and your current affiliation.

More information is available at: https://www.escaide.eu/en/news-events/workshop-epitweetr

I. Executive summary

European Centre for Disease Prevention and Control (ECDC)
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EU Threats

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

Opening date: 7 January 2020 Latest update: 6 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 30 October 2020 and as of 6 November 2020, 3 642 607 new cases of coronavirus disease (COVID-19) (in accordance with the applied case definition in the countries) have been reported, including 51 963 new deaths.

Globally, the number of cases has increased from 45 120 596 to 48 763 203, and the number of deaths has risen from 1 182 408 to 1 234 371.

In the EU/EEA and the United Kingdom (UK), the number of cases has increased from 6 930 071 to 8 528 088 (+1 598 017 cases), and the number of deaths has risen from 217 104 to 235 648 (+18 544 deaths).

More details are available here.

Denmark has experienced an extensive spread of SARS-CoV-2 in mink farms. According to Denmark's State Serum Institute (SSI), 216 mink farms have been affected and five different groups or clusters of mink variants have been found in the country. Danish authorities are currently culling all minks in the country. SSI identified seven unique mutations/changes in the spike protein of the SARS-CoV-2 variants in minks. These variants have also been found in people living in the affected areas. SSI tested a variant from cluster 5 with four simultaneous changes in the spike protein (amino acid changes: H69del/V70del, Y453F, I692V and M1229I). This variant has been found in five mink farms, as well as in people in the surrounding community. Information on all variants will be uploaded to the international system GISAID. Preliminary studies found that the variant from cluster 5 showed less sensitivity to neutralising antibodies from people with previous COVID-19 infection. The finding suggests that mink-specific mutations have the potential to influence the virus sensitivity to protective antibodies after an infection with a non-mink variant of SARS-CoV-2. This may also pose a threat in terms of the effectiveness of spike protein-directed COVID-19 vaccines on specific mink variants of SARS-CoV2. Further analyses and scientific studies are needed to better understand the identified mutations and their potential implications.

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

Opening date: 20 May 2020 Latest update: 6 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 30 October and 5 November 2020, EU Member States reported seven human cases of WNV infection: the Netherlands (5), Spain (1) and Germany (1). These cases were reported from areas that have already been affected during the current and/or previous transmission seasons. This week, no deaths were reported. EU neighbouring countries reported 17 human cases of WNV infection, all were reported by Israel.

According to Israeli health authorities, the first case of WNV infection in Israel was reported from Eilat in July this year. The following 16 cases were reported between August and October. Up to 20 October, the number of cases of WNV infection this year has been significantly lower than the average for the years 2011 to 2019 in the corresponding period.

Spanish health authorities have officially declared the outbreak in Andalusia to be over.

ECDC links: West Nile virus infection atlas
Sources: TESSy

Non EU Threats

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Opening date: 4 June 2020 Latest update: 6 November 2020

On 1 June 2020, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared the 11th outbreak of Ebola virus disease in the country. The outbreak is located in the Equateur Province in the north-west of the country, close to the border with Congo.

➔Update of the week

Since the last update on 30 October, and as of 3 November 2020, no new cases or deaths have been reported from the Equateur Province in the DRC.

The last confirmed case was reported on 28 September from Makanza Health Zone. The second RT-PCR result for the last case came back negative for Ebola on 6 October, hence as of 3 November, 15 days remain till the outbreak can be declared over. As there were clear challenges in the implementation of the Ebola response, this positive news must be taken with caution.

Erratum: since week 42, some information provided in the *Weekly Summary* was inaccurate. In those reports, the outbreak was said to be ongoing, but there is no evidence of ongoing transmission.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 6 November 2020

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

➔Update of the week

Week 44/2020 (26 October–1 November 2020)
Influenza activity remained at interseasonal levels.
Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to primary medical care.
Both influenza type A and type B viruses were detected in sentinel and non-sentinel source specimens.
There were no hospitalised laboratory-confirmed influenza cases reported for week 44/2020.

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

Opening date: 30 January 2019 Latest update: 6 November 2020

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

➔Update of the week

Since the CDTR update on 2 October 2020, an additional human case of influenza A(H9N2) has been reported in China. The case is a three-year-old girl from Zhuhai, Guangdong province. She was admitted to hospital on 12 October 2020 after onset of illness the same day. The patient had mild symptoms and recovered fully. Contact with domestic poultry was reported. No further cases were confirmed among the contacts of this case.

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

Opening date: 9 December 2019 Latest update: 6 November 2020

Global public health activity to eradicate polio is continuing, with efforts being made to immunise every child until transmission of the virus has stopped. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 14 October 2020, the twenty-sixth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus took place.

In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week

Since the previous update and as of 3 November 2020, 176 cases of polioviruses (WPV1, cVDPV1 and cVDPV2) have been reported, four of which were caused by the WPV1 strain, two by the cVDPV1 strain and 170 by the cVDPV2 strain.

Wild poliovirus (WPV1):
- One case of AFP caused by WPV1 has been reported in Afghanistan.
- Three cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Pakistan.
- 23 WPV1 environmental samples have also been detected: 20 in Pakistan and three in Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV):
- Two new cases of AFP caused by cVDPV1 have been reported in Yemen.
- 170 cases of AFP caused by cVDPV2 have been reported from 15 countries: Afghanistan (34), Burkina Faso (24), Mali (21), Cote d'Ivoire (19), Pakistan (16), Sudan (16), South Sudan (12), Chad (10), Somalia (5), Democratic Republic of the Congo (4), Ethiopia (4), Cameroon (2), Central African Republic (1), Congo (1) and Nigeria (1).
- No new cases of cVDPV3 have been reported.
- Eight cVDPV2 environmental samples have also been detected: three in Afghanistan, two in Somalia, one in Benin, one in Cameroon and one in Nigeria.

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 6 November 2020

Epidemiological summary

Since 31 December 2019 and as of 6 November 2020, 48 763 203 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 234 371 deaths.

Cases have been reported from:
Africa: 1 843 434 cases; the five countries reporting most cases are South Africa (732 414), Morocco (240 951), Egypt (108 530), Ethiopia (98 391) and Tunisia (66 334).
Asia: 13 975 523 cases; the five countries reporting most cases are India (8 411 724), Iran (654 936), Iraq (489 571), Indonesia (425 796) and Bangladesh (416 006).
America: 21 403 361 cases; the five countries reporting most cases are United States (9 608 922), Brazil (5 590 025), Argentina (1 217 015), Colombia (1 117 977) and Mexico (949 197).
Europe: 11 495 874 cases; the five countries reporting most cases are Russia (1 712 858), France (1 601 367), Spain (1 306 316), United Kingdom (1 123 197) and Italy (824 879).
Oceania: 44 315 cases; the five countries reporting most cases are Australia (27 633), French Polynesia (9 287), Guam (5 004), New Zealand (1 618) and Papua New Guinea (597).
Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 44 228 deaths; the five countries reporting most deaths are South Africa (19 677), Egypt (6 329), Morocco (4 059), Algeria (1 999) and Tunisia (1 577).
Asia: 248 556 deaths; the five countries reporting most deaths are India (124 985), Iran (36 985), Indonesia (14 348), Iraq (11 175) and Turkey (10 639).
America: 654 386 deaths; the five countries reporting most deaths are United States (234 937), Brazil (161 106), Mexico (93 772), Peru (34 730) and Argentina (32 766).
Europe: 286 127 deaths; the five countries reporting most deaths are United Kingdom (48 120), Italy (40 192), France (39 037), Spain (38 486) and Russia (29 509).
Oceania: 1 067 deaths; the five countries reporting most deaths are Australia (907), Guam (85), French Polynesia (39), 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 6 November 2020, 8 528 088 cases have been reported in the EU/EEA and the UK: France (1 601 367), Spain (1 306 316), United Kingdom (1 123 197), Italy (824 879), Germany (619 089), Belgium (479 246), Poland (466 679), Czechia (391 945), Netherlands (390 023), Romania (276 802), Portugal (161 350), Sweden (141 764), Austria (132 280), Hungary (99 625), Slovakia (68 734), Bulgaria (68 345), Ireland (64 046), Croatia (59 415), Denmark (51 753), Greece (49 807), Slovenia (41 094), Norway (22 575), Luxembourg (21 147), Lithuania (19 091), Finland (17 119), Latvia (7 119), Malta (6 764), Estonia (5 464), Cyprus (5 333), Iceland (5 017) and Liechtenstein (703).

As of 6 November 2020, 235 648 deaths have been reported in the EU/EEA and the UK: United Kingdom (48 120), Italy (40 192), France (39 037), Spain (38 486), Belgium (12 520), Germany (11 096), Netherlands (7 759), Romania (7 540), Poland (6 842), Sweden (6 002), Czechia (4 330), Portugal (2 740), Hungary (2 250), Ireland (1 933), Bulgaria (1 518), Austria (1 251), Denmark (733), Greece (702), Croatia (683), Finland (361), Slovenia (341), Slovakia (286), Norway (284), Lithuania (186), Luxembourg (177), Latvia (88), Estonia (73), Malta (70), Cyprus (27), Iceland (18) and Liechtenstein (3).

EU:
As of 6 November 2020, 7 376 596 cases and 187 223 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 Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth and fifth 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

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website | RAGIDA | WHO

ECDC assessment

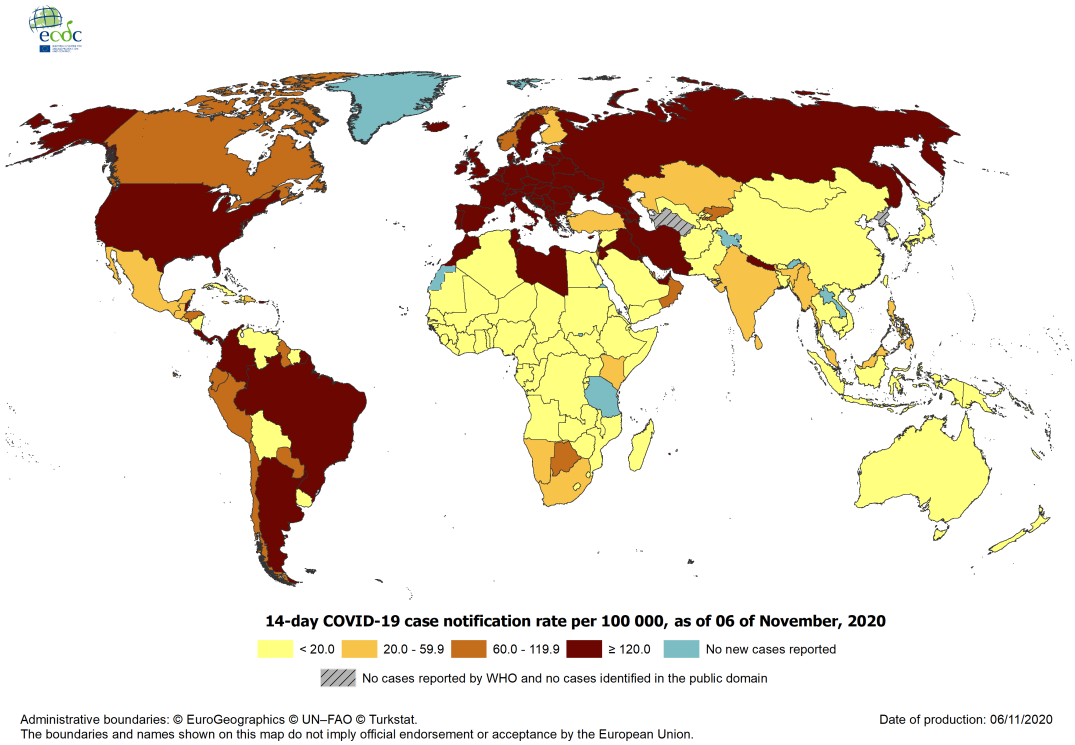
Information on the COVID-19 situation and a risk assessment can be found on ECDC's website.

Actions

ECDC activities related to COVID-19 can be found on ECDC's website. ECDC will produce a rapid risk assessment on the detection of new SARS-CoV-2 variants related to minks, to be published on Thursday, 12 November 2020.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of 06 November 2020

ECDC



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

Opening date: 20 May 2020 Latest update: 6 November 2020

Epidemiological summary

Between 30 October and 5 November 2020, EU Member States reported seven human cases of WNV infection in the Netherlands (5), Spain (1) and Germany (1). These cases were reported from areas that have already been affected during the current and/or previous transmission seasons. This week, no deaths were reported. EU neighbouring countries reported 17 human cases of WNV infection, all were reported by Israel.

According to Israeli health authorities, the first case of WNV infection in Israel was reported from Eilat in July this year. The following 16 cases were reported between August and October. Up to 20 October, the number of cases of WNV infection this year has been significantly lower than the average for the years 2011 to 2019 in the corresponding period.

Spanish health authorities have officially declared the outbreak in Andalusia to be over.

Since the start of the 2020 transmission season and as of 5 November 2020, EU Member States have reported 315 human cases of WNV infection, including 36 deaths, through TESSy: Greece (143, including 22 deaths), Spain (77, including 7 deaths), Italy

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(66, including 5 deaths), Germany (13), Romania (6, including 1 death), the Netherlands (6), Hungary (3) and Bulgaria (1, including 1 death). The province of Pazardzhik in Bulgaria, the province of Badajoz in Spain, the region of Utrecht 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 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, 178 outbreaks among equids have been reported. These outbreaks have been reported by Spain (136), Germany (20), Italy (12), France (5), Portugal (2), Austria (2) 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 a human case 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. Further human cases may be detected, but in the coming weeks, environmental conditions will become less suitable for transmission of the virus. In previous years the latest date of onset usually ranged from week 41 to week 46.

In accordance with Commission Directive 2014/110/EU, 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.

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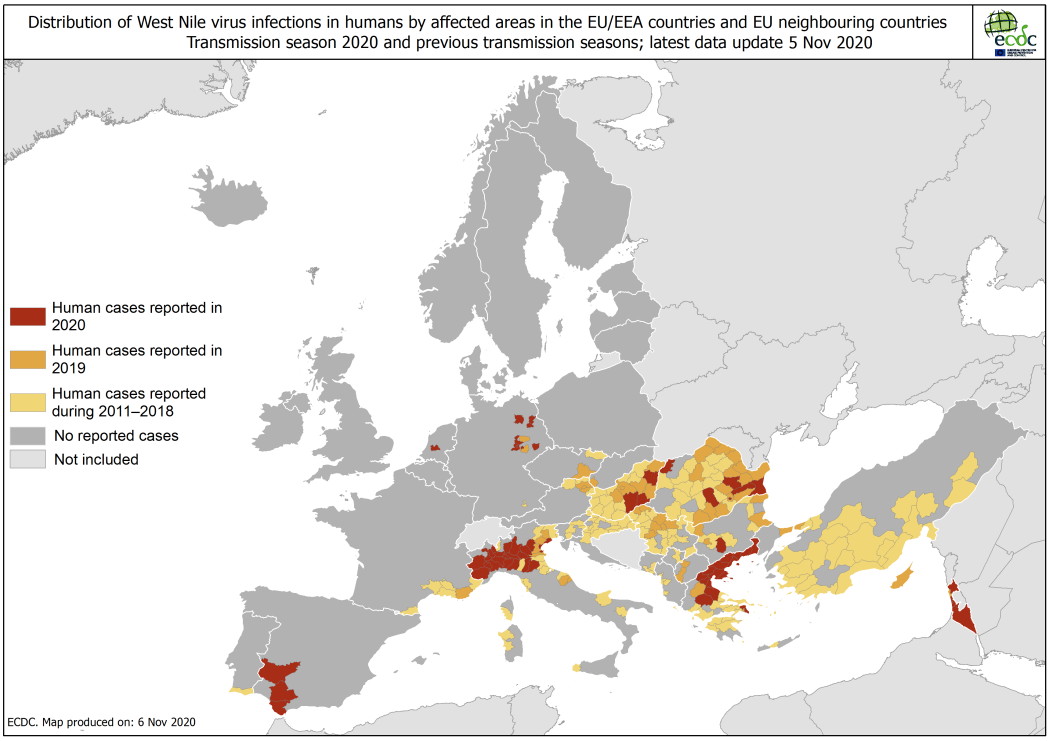
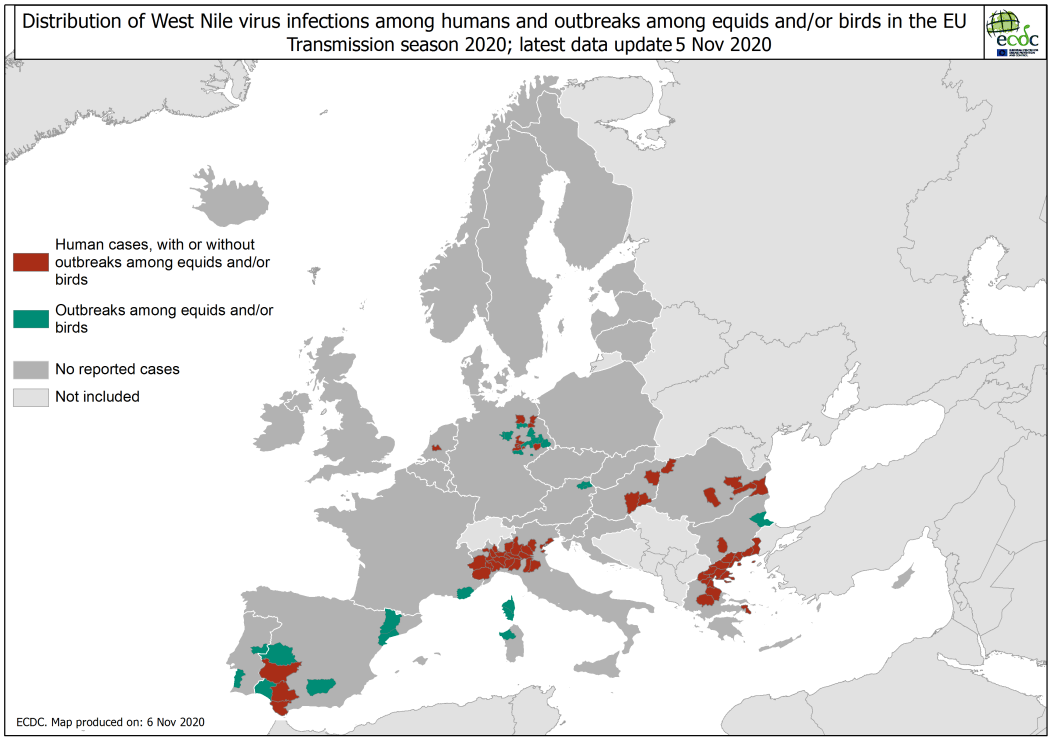
Distribution of human West Nile virus infections by affected areas as of 5 Nov

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 5 Nov

ECDC and ADNS



Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

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Opening date: 4 June 2020 Latest update: 6 November 2020

Epidemiological summary

Since the start of the outbreak, and as of 3 November 2020, a total of 130 cases (119 confirmed, 11 probable), including 55 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (16), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (9), Lotumbe (17), Makanza (1), Mbandaka (25), Monieka (2) and Wangata (2) health zones in the Equateur province of the DRC. Among the reported cases three were healthcare workers.

This is the DRC's 11th outbreak of Ebola virus disease since 1976, when the virus was first discovered.
Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 42 080 people have been vaccinated.

Background: Between May and July 2018, the ninth Ebola outbreak in the DRC occurred in Mbandaka and Bikoro in the Equateur province, leading to a total of 54 cases, including 33 deaths. According to the World Health Organization, the current event seems to be separate from the 10th Ebola outbreak in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths, and was declared over on 25 June 2020. Sequencing results confirm the 11th outbreak as a separate spill-over event.

Sources: WHO DRC Twitter | WHO Afro Twitter | WHO Afro Sitrep | WHO Afro bulletin| WHO DON | WHO News item | Dr Tedros

ECDC assessment

Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early on. Response measures can be challenging amid the other outbreaks ongoing in the country, such as COVID-19, cholera, monkeypox, polio, and the bubonic plague. In the past, cases among EU/EEA citizens infected with Ebola were mostly reported among healthcare workers caring for Ebola patients. As the current response is mostly conducted by locals, and a vaccine is also available, this results in a low likelihood of EU/EEA citizens being infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

WHO assessment: As of 3 September, WHO's assessment states that the risk is high at the regional level, high at the national level and low at the global level. A lack of funding and insufficient human resources is limiting the response, which is being further hampered by strikes among locally-based response teams and the ongoing COVID-19 outbreak. In addition, response teams are currently operating in a logistically challenging environment, with many of the affected areas only accessible by boat or helicopter and with limited telecommunications capacity. Further challenges include inadequate surveillance of deaths in communities, sub-optimal clinical care, and limited laboratory capacity.

Actions

ECDC is monitoring this event through its epidemic intelligence activities. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in the DRC: Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, First update.

One EPIET fellow is deployed in Geneva (WHO headquarters) until 4 December 2020, contributing remotely to the GOARN response for the DRC Ebola outbreak. Another two EPIET fellows are deployed to the DRC until 10 and 22 December 2020, respectively, to support response activities to the Ebola outbreak.

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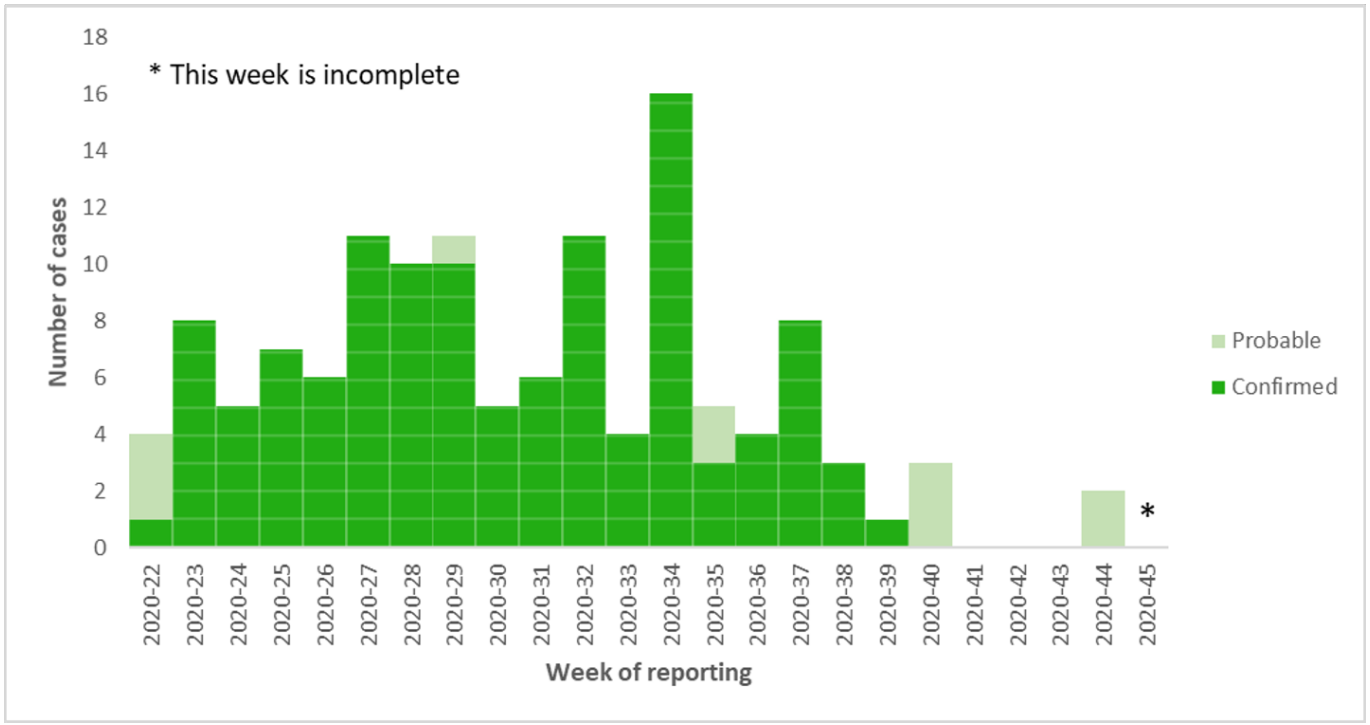
Distribution of Ebola Virus Disease cases in Equateur Province, Democratic Republic of the Congo, as of 3 November 2020

Source: ECDC

	Number of confirmed cases	Number of probable cases	Confirmed and probable cases	Number of deaths
Democratic_Republic_of_the_Congo	**119**	**11**	**130**	**55**
Equateur	119	11	130	55
Bikoro	**32**	**0**	**32**	**19**
Bolenge	**1**	**0**	**1**	**1**
Bolomba	**13**	**3**	**16**	**4**
Bomongo	**2**	**0**	**2**	**1**
Iboko	**4**	**0**	**4**	**1**
Ingende	**11**	**2**	**13**	**5**
Lilanga Bobangi	**6**	**0**	**6**	**0**
Lolanga Mampoko	**7**	**2**	**9**	**4**
Lotumbe	**17**	**0**	**17**	**2**
Makanza	**1**	**0**	**1**	**0**
Mbandaka	**21**	**4**	**25**	**17**
Monieka	**2**	**0**	**2**	**0**
Wangata	**2**	**0**	**2**	**1**
Cumulative Total	**119**	**11**	**130**	**55**

Distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, by week of reporting and as of 3 November 2020

Source: ECDC



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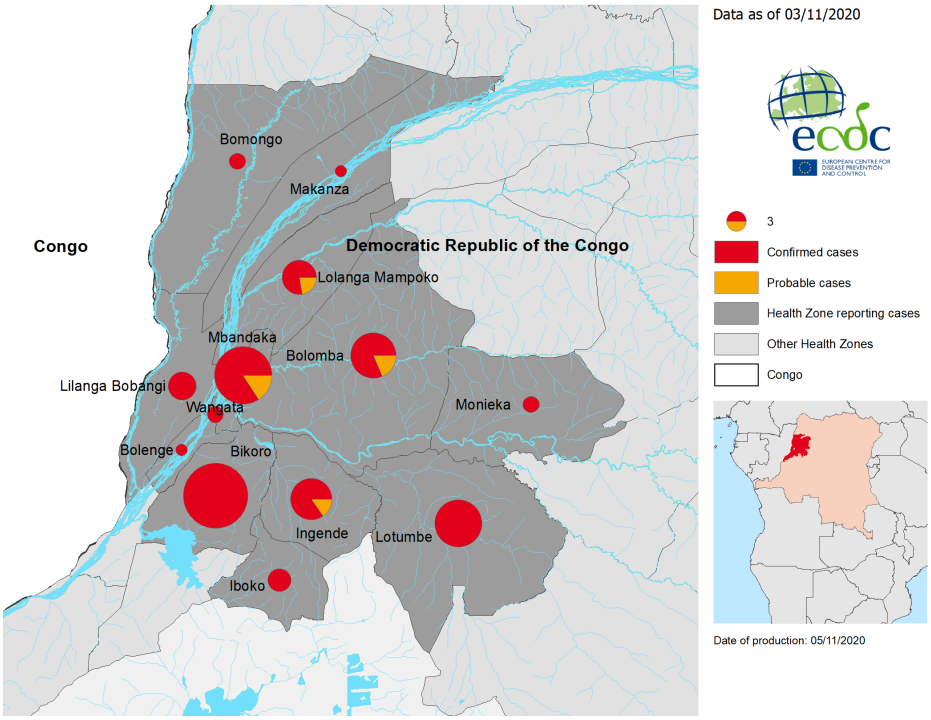
Geographical distribution of confirmed and probable cases of Ebola virus disease, Equateur Province, Democratic Republic of the Congo, as of 3 November 2020

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 6 November 2020

Epidemiological summary

Week 44/2020 (26 October–1 November 2020)
Influenza activity remained at interseasonal levels.
Influenza viruses were detected sporadically in specimens from persons with respiratory illness presenting to primary medical care.
Both influenza type A and type B viruses were detected in sentinel and non-sentinel source specimens.
There were no hospitalised laboratory-confirmed influenza cases reported for week 44/2020.

2020-2021 season overview
For the European Region as a whole, influenza activity has been at baseline level since the start of the season.
In total, 39 specimens have tested positive for influenza viruses, one from sentinel sources and 38 from non-sentinel sources, with A(H1N1)pdm09, A(H3N2) and type B viruses detected.
No cases of hospitalisation due to influenza virus infection have been reported.

Sources: EuroMOMO | Flu News Europe | Influenzanet

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 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

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ECDC monitors influenza activity in Europe during the winter season and publishes its weekly report on the Flu News Europe website. ECDC monitors influenza activity in the WHO European Region between week 40–2020 and week 20–2021.

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

Opening date: 30 January 2019 Latest update: 6 November 2020

Epidemiological summary

Since the CDTR update on 2 October 2020, an additional human case of influenza A(H9N2) has been reported in China. The case is a three-year-old girl from Zhuhai, Guangdong province. She was admitted to hospital on 12 October 2020 after onset of illness the same day. The patient had mild symptoms and recovered fully. Contact with domestic poultry was reported. No further cases were confirmed among the contacts of this case.

Overall, seven cases of human influenza A(H9N2) have been reported in 2020, all in China. To date and since 1998, a total of 68 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (57), 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 May 2020.

Sources: ECDC avian influenza page | WHO avian and other zoonotic influenza page | Joint ECDC, EFSA and EU Reference Laboratory scientific for avian influenza report: Avian influenza overview May – August 2020 | Emerging Infectious Diseases | Taiwan CDC | Hong Kong health department | WHO | WHO Influenza at the human-animal interface

ECDC assessment

Although avian influenza A(H9N2) has caused infection in humans, human infection remains rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) 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 A (H9N2) 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.

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 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 30 September 2020. ECDC has published an outbreak alert for new avian influenza outbreaks of A(H5) among wild and domestic birds.

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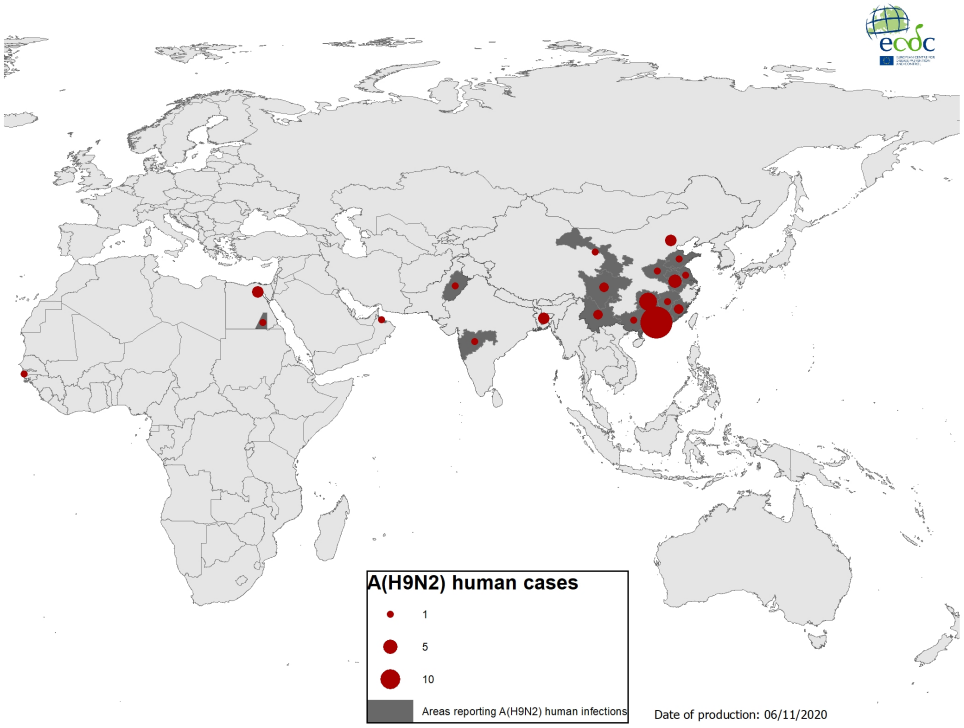
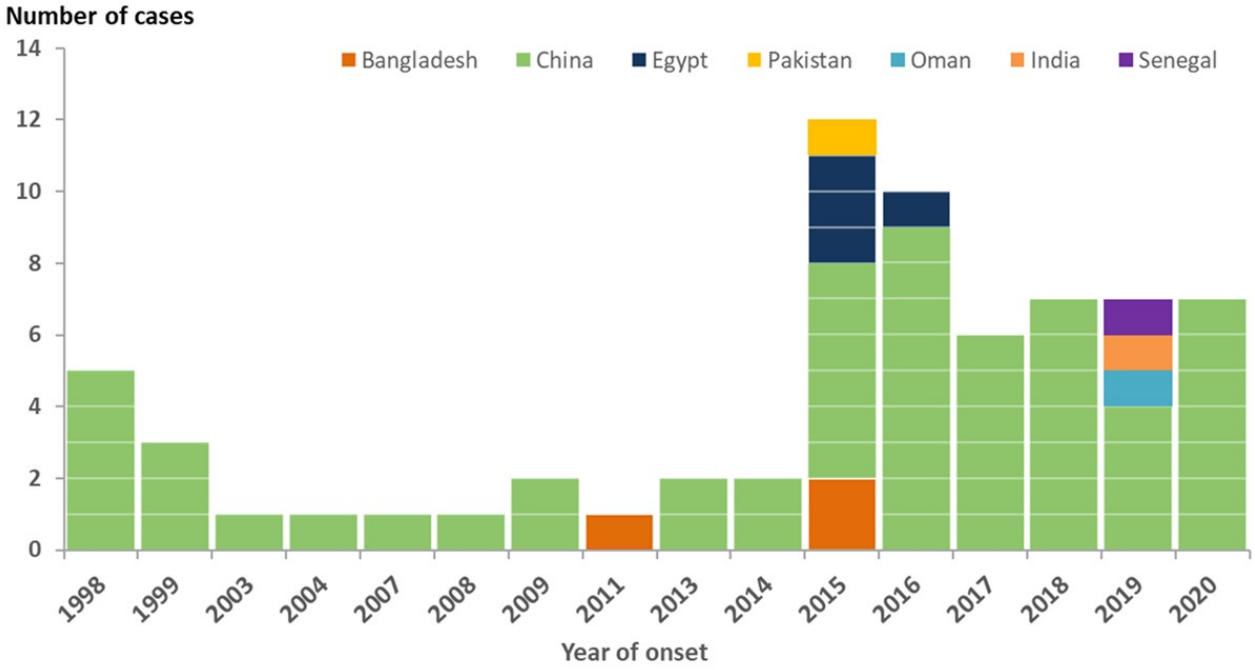
Geographical distribution of confirmed human cases of A(H9N2), 1998 – 06 November 2020

Source: ECDC



Distribution of confirmed human cases of A(H9N2) by reporting country, 1998–06 November 2020

Source: ECDC



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

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Opening date: 9 December 2019 Latest update: 6 November 2020

Epidemiological summary

Summary:
Wild poliovirus: In 2020 overall, as of 3 November, 133 cases have been reported from two endemic countries: Pakistan (80) and Afghanistan (53).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, as of 3 November, 17 cases of cVDPV1 have been reported by Yemen (16) and Malaysia (1). In addition, 619 cases of cVDPV2 have been reported from 22 countries: Afghanistan (121), Pakistan (80), Chad (79), Democratic Republic of the Congo (60), Cote D'Ivoire (52), Burkina Faso (40), Sudan (39), Guinea (29), Mali (26), Ethiopia (21), South Sudan (15), Ghana (12), Somalia (9), Togo (9), Cameroon (7), Niger (7), Angola (3), Central African Republic (3), Nigeria (3), Benin (2), Congo (1) and the Philippines (1). No cases of cVDPV3 have been reported.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. WHO guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue, to the extent possible, to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Advancing the development of novel oral polio vaccine type 2 (nOPV2) and facilitating its use is an important step forward for GPEI. The new vaccine is being considered for deployment under WHO's Emergency Use Listing procedure (EUL) to enable rapid field availability. The nOPV2 is anticipated to have a substantially lower risk of seeding new type 2 vaccine-derived polioviruses than mOPV2.

Sources: Global Polio Eradication Initiative | ECDC | ECDC Polio interactive map | WHO DON | WPV3 eradication certificate

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains so long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak. According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions

ECDC provides updates on the polio situation on a monthly basis. The agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an interactive map showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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