

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 8 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 the last CDTR published on 30 December 2020, and as of week 2020-53, 4 216 269 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 74 902 new deaths have been reported.

Globally, the number of cases has increased from 80 316 555 reported on 30 December 2020 to 84 532 824, and the number of deaths has risen from 1 770 695 reported on 30 December 2020 to 1 845 597, as of week 2020-53.

The total number of cases and deaths of COVID-19 from the United Kingdom (UK) has been removed from the EU/EEA and UK previously reported figures. Therefore, the following comparison between weeks is made with the total number of cases and deaths in the UK having been removed from the sum of week 2020-52. In the EU/EEA only, the number of cases has increased from 15 018 659 to 15 857 298 (+ 838 639 cases), and the number of deaths has risen from 356 689 to 376 891 (+ 20 202 deaths).

More details are available [here](#).

Non EU Threats

New! Yellow fever - Guinea, Nigeria and Senegal - 2020

Opening date: 5 January 2021

Latest update: 8 January 2021

Between October and December 2020, Guinea, Nigeria and Senegal have detected outbreaks of yellow fever, and recorded more cases than in 2019.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 8 January 2021

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

→ Update of the week

Week 53/2020 (28 December 2020–03 January 2021)

Influenza activity remained at interseasonal levels.

Of 619 specimens tested for influenza in week 53/2020, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none 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). Of 11 342 specimens tested, three were positive. Both influenza type A and type B viruses were detected.

There were no hospitalised laboratory-confirmed influenza cases for week 53/2020.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 8 January 2021

Epidemiological summary

Since 31 December 2019 and as of week 2020-53, 84 532 824 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 845 597 deaths.

Cases have been reported from:

Africa: 2 832 753 cases; the five countries reporting most cases are South Africa (1 100 748), Morocco (443 146), Tunisia (143 544), Egypt (142 187) and Ethiopia (125 622).

Asia: 18 099 566 cases; the five countries reporting most cases are India (10 340 469), Iran (1 243 434), Indonesia (758 473), Iraq (598 369) and Bangladesh (516 019).

America: 37 144 796 cases; the five countries reporting most cases are United States (20 640 214), Brazil (7 733 746), Colombia (1 675 820), Argentina (1 640 705) and Mexico (1 448 755).

Europe: 26 399 030 cases; the five countries reporting most cases are Russia (3 260 138), France (2 655 728), United Kingdom (2 654 779), Italy (2 155 446) and Spain (1 958 844).

Oceania: 55 974 cases; the five countries reporting most cases are Australia (28 504), French Polynesia (16 926), Guam (7 327), New Zealand (2 181) and Papua New Guinea (799).

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

Deaths have been reported from:

Africa: 67 277 deaths; the five countries reporting most deaths are South Africa (29 577), Egypt (7 805), Morocco (7 485), Tunisia (4 800) and Algeria (2 772).

Asia: 311 534 deaths; the five countries reporting most deaths are India (149 649), Iran (55 540), Indonesia (22 555), Iraq (12 844) and Pakistan (10 350).

America: 881 142 deaths; the five countries reporting most deaths are United States (351 590), Brazil (196 018), Mexico (127 213), Colombia (43 965) and Argentina (43 482).

Europe: 584 454 deaths; the five countries reporting most deaths are Italy (75 332), United Kingdom (75 024), France (65 037), Russia (58 988) and Spain (51 078).

Oceania: 1 184 deaths; the five countries reporting most deaths are Australia (909), Guam (123), French Polynesia (114), 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 2020-53, 15 857 298 cases have been reported in the EU/EEA: France (2 655 728), Italy (2 155 446), Spain (1 958 844), Germany (1 775 513), Poland (1 322 947), Netherlands (820 193), Czechia (746 714), Belgium (650 794), Romania (640 429), Sweden (469 748), Portugal (427 254), Austria (364 574), Hungary (328 851), Croatia (212 958), Bulgaria (203 051), Slovakia (188 099), Denmark (168 711), Lithuania (147 997), Greece (140 099), Slovenia (125 858), Ireland (101 887), Norway (50 715), Luxembourg (46 919), Latvia (42 497), Finland (36 919), Estonia (29 521), Cyprus (23 974), Malta (13 082), Iceland (5 754) and Liechtenstein (2 222).

As of week 2020-53, 376 891 deaths have been reported in the EU/EEA: Italy (75 332), France (65 037), Spain (51 078), Germany (34 574), Poland (29 161), Belgium (19 750), Romania (15 979), Czechia (12 070), Netherlands (11 598), Hungary (9 977), Sweden (8 985), Bulgaria (7 678), Portugal (7 118), Austria (6 253), Greece (4 957), Croatia (4 072), Slovenia (2 891), Slovakia (2 521), Ireland (2 259), Denmark (1 374), Lithuania (1 361), Latvia (680), Finland (565), Luxembourg (506), Norway (449), Estonia (251), Malta (220), Cyprus (131), Liechtenstein (35) and Iceland (29).

EU:

As of week 2020-53, 15 798 607 cases and 376 378 deaths have been reported in the EU.

Other News:

Detection of new COVID-19 variants

As of 4 January 2021, in the EU/EEA, according to media quoting health authorities, 16 countries have reported the new COVID-19 variant **VOC 202012/01**: Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Netherlands, Norway, Portugal, Spain and Sweden.

In the rest of the world, 20 additional countries reported the same variant: Australia, Brazil, Canada, China, India, Israel, Japan, Jordan, Lebanon, New Zealand, Pakistan, Singapore, South Korea, Switzerland, Taiwan, Turkey, United Arab Emirates, the United Kingdom, United States of America and Vietnam.

After the announcement by the South African authorities on the detection of a new variant **501Y.V2** on 18 December and as of 4 January, in the EU/EEA, according to media quoting health authorities, three countries have reported the new COVID-19 variant 501.V2: Finland, France and Sweden. Outside of the EU/EEA, seven countries have reported cases: Australia, Japan, South Africa, South Korea, Switzerland, the United Kingdom and Zambia.

European Commission authorises second COVID-19 vaccine

On 6 January 2021, the European Medicines Agency (EMA) granted a [conditional marketing authorisation](#) for Moderna's vaccine in people 18 years of age and older. This is the second COVID-19 vaccine EMA has recommended for authorisation. Following this advice, the European Commission [approved](#) this authorisation, for which 160 million doses will be delivered to the EU by September 2021.

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 website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

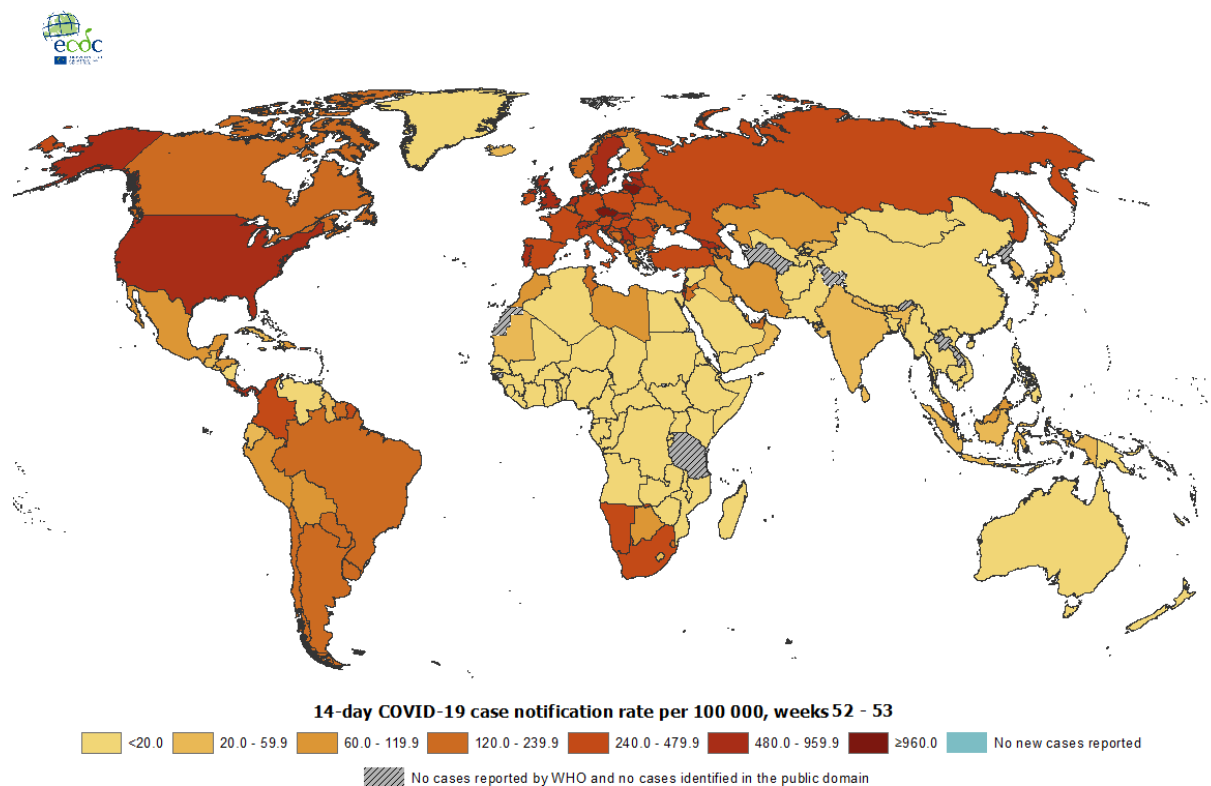
For the last available risk assessment, please visit [ECDC's dedicated webpage](#).

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 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 spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 53 2020

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: 06-Jan-21

New! Yellow fever - Guinea, Nigeria and Senegal - 2020

Opening date: 5 January 2021

Latest update: 8 January 2021

Epidemiological summary

Guinea

Between 6 November and 15 December 2020, 52 suspected cases of yellow fever, including 14 deaths, were reported in Guinea. A total of 50 cases were reported from the health district of Koundara in northwest Guinea, one from the health district of Dubreka (near Conakry, in the southwest) and one from the health district of Kouroussa, in the centre of the country.

According to WHO, Guinea is a high-risk endemic country according to the EYE (Eliminate Yellow fever Epidemics) global strategy classification. A survey of yellow fever vaccination carried out in the community in Koundara district found that vaccination coverage is very low (16%). According to our knowledge, there were no cases reported in 2019.

Nigeria

According to the Nigerian CDC, and as of 12 December 2020, the outbreak of yellow fever has spread to 18 states in the country,

5/8

with more than 3 200 suspected and 41 confirmed cases. Eighteen cases were fatal.

Senegal

From October to December 2020, a total of seven confirmed cases of yellow fever were reported from three regions in Senegal. The outbreak consists of a cluster of four confirmed cases in Tambacounda region, two cases in the Kedougou region, and one case in the Matam region.

According to WHO, the eastern part of Senegal is considered to be at a high risk of endemic yellow fever transmission. According to our knowledge, there were no cases reported in 2019.

ECDC assessment

Yellow fever is endemic in Guinea, Nigeria and Senegal. The likelihood of developing the disease for EU/EEA citizens travelling to these three countries is considered negligible if properly vaccinated. In these countries, a [yellow fever vaccination certificate](#) is required from travellers arriving from countries with risk of yellow fever transmission. Travellers should seek medical advice before their trip and also follow [personal protective measures against mosquito bites](#); travellers should also be aware of yellow fever symptoms and signs so that they can rapidly consult their healthcare provider if they are infected and develop the disease. More information on yellow fever is available in the [ECDC factsheet](#).

Actions

The epidemic intelligence team will continue to monitor this event.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 8 January 2021

Epidemiological summary

Week 53/2020 (28 December 2020–03 January 2021)

Influenza activity remained at interseasonal levels.

Of 619 specimens tested for influenza in week 53/2020, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none 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). Of 11 342 specimens tested, three were positive. Both influenza type A and type B viruses were detected.

There were no hospitalised laboratory-confirmed influenza cases for week 53/2020.

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, 415 specimens have tested positive for influenza viruses, eight from sentinel sources and 407 from non-sentinel sources, with A(H1N1)pdm09, A(H3N2) and type B viruses detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 10 from ICUs (none infected with type A viruses and one with type B); three cases (all type B viruses) 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 compared to the 2019–2020 influenza vaccine.

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 seeking behaviours, healthcare provision, and

6/8

testing practices and capacities in countries and areas of the European Region, which have negatively impacted on 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 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.