



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 47, 21-27 November 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: 26 November 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 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. The third, fourth, fifth, sixth, seventh and eighth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-45 and as of week 2021-46, 3 798 112 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 50 239 new deaths have been reported.

Since 31 December 2019 and as of week 2021-46, 257 905 015 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 163 609 deaths.

As of week 2021-46, 44 208 258 cases and 833 854 deaths have been reported in the EU.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest daily situation update for the EU/EEA is available [here](#).

On 25 November 2021, ECDC designated the SARS-CoV-2 variant belonging to Pango lineage B.1.1.529, Nextstrain clade 21K, as a [variant of interest \(VOI\)](#). There are concerns that the high number of spike protein changes may lead to a significant change in antigenic properties of the virus. Based on the available evidence, this variant is likely to be associated with very high transmissibility and significant immune escape. So far, there is no evidence for changes in infection severity. The WHO technical advisory group on virus evolution is meeting ad-hoc on 26 November to discuss the variant. Based on this, ECDC will decide on the reclassification of this variant.

Non EU Threats

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 26 November 2021

On 8 October 2021, the Ministry of Health for the Democratic Republic of the Congo announced a new laboratory-confirmed case of Ebola virus disease (EVD) in Butsili Health Area in Beni Health Zone, North Kivu Province. This Health Area is about 50 kilometres from Butembo city, where the DRC's 12th EVD outbreak occurred in 2021, lasting for around three months until it was declared over on 3 May 2021. The city of Beni is a commercial hub with links to the neighbouring countries of Uganda and Rwanda.

→Update of the week

Since the last report published on 19 November and as of 23 November, no new Ebola virus disease (EVD) cases nor deaths have been reported in North Kivu province in the eastern region of the Democratic Republic of the Congo. In total, eight confirmed and three probable EVD cases, including nine deaths (six among the confirmed cases), have been reported since the start of the outbreak (8 October 2021). The last confirmed case was reported on 30 October 2021 and all contacts have completed the 21-day follow-up period.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 26 November 2021

Reported influenza activity in Europe remains at interseasonal levels.

→Update of the week

Week 46 2021 (15-21 November 2021)

Influenza activity was low throughout the European Region.

Of the 1 487 specimens tested for influenza viruses in week 46/2021 from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, 72 (5%) were positive for influenza virus; 61 influenza A viruses (32 subtyped as A(H3), 11 subtyped as A(H1)pdm09), and 11 influenza B virus.

Hospitalised laboratory-confirmed influenza cases were reported from ICU wards (four influenza A viruses), and from SARI cases (two influenza type A viruses).

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.

Influenza elsewhere

The United States has [reported](#) an increase in A(H3N2) circulation over recent weeks, with outbreaks observed in colleges and universities.

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

Opening date: 20 April 2006

Latest update: 26 November 2021

Several countries in Africa and Asia have reported [cholera](#) outbreaks in 2021. Major ongoing outbreaks are being reported from Bangladesh, Nigeria, and Niger. Haiti reported its last laboratory-confirmed case in February 2019.

→Update of the week

Since the last update on 22 October 2021, approximately 26 648 suspected cholera cases, including 346 deaths, have been reported worldwide. Countries reporting most of the new cases since the previous update are Nigeria, Bangladesh, Democratic Republic of the Congo, Mozambique, and Niger. A list of all countries reporting new cases since our previous update on 22 October 2021 can be found below.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 26 November 2021

Chikungunya virus disease and dengue are vector-borne diseases transmitted by *Aedes* mosquitoes. Outbreaks of dengue and chikungunya virus diseases have been reported globally in the Americas, Asia, Africa, Oceania, and Europe. Chikungunya virus disease and dengue are not endemic in mainland Europe, despite autochthonous outbreaks having been reported during the summer and autumn months in recent years.

→Update of the week

Chikungunya virus disease: In 2021, 217 074 cases have been reported, the majority from Brazil (119 019) and India (91 477). Since the previous CDTR published on week 43 (ending 31 October 2021), 31 755 new cases have been reported, the majority from India (26 274) and Brazil (4 161).

Dengue: In 2021, 1 472 059 cases have been reported, the majority from Brazil (863 650), India (123 106), Vietnam (61 304), the Philippines (61 170) and Peru (41 379). Since the previous CDTR published on week 43 (ending 31 October 2021), 155 583 new cases have been reported, the majority from India (62 994), the Philippines (28 615), Brazil (17 930), Vietnam (7 815), and Colombia (6 354).

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 26 November 2021

Epidemiological summary

Since 31 December 2019, and as of week 2021-46, 257 905 015 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 163 609 deaths.

Cases have been reported from:

Africa: 8 585 946 cases; the five countries reporting most cases are South Africa (2 929 862), Morocco (948 976), Tunisia (716 298), Ethiopia (370 200) and Libya (368 392).

Asia: 71 010 689 cases; the five countries reporting most cases are India (34 518 901), Iran (6 070 438), Indonesia (4 253 412), Philippines (2 826 410) and Malaysia (2 586 601).

America: 96 392 793 cases; the five countries reporting most cases are United States (47 890 833), Brazil (22 019 870), Argentina (5 315 989), Colombia (5 050 255) and Mexico (3 864 278).

Europe: 81 540 644 cases; the five countries reporting most cases are United Kingdom (9 845 492), Russia (9 366 839), Turkey (8 544 060), France (7 393 125) and Germany (5 392 533).

Oceania: 374 238 cases; the five countries reporting most cases are Australia (199 651), Fiji (52 453), French Polynesia (45 609), Papua New Guinea (34 442) and Guam (19 069).

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

Deaths have been reported from:

Africa: 221 635 deaths; the five countries reporting most deaths are South Africa (89 574), Tunisia (25 347), Egypt (19 991), Morocco (14 764) and Ethiopia (6 682).

Asia: 1 104 494 deaths; the five countries reporting most deaths are India (465 911), Indonesia (143 739), Iran (128 956), Philippines (47 074) and Malaysia (30 002).

America: 2 341 205 deaths; the five countries reporting most deaths are United States (772 440), Brazil (612 782), Mexico (292 524), Peru (200 894) and Colombia (128 138).

Europe: 1 491 873 deaths; the five countries reporting most deaths are Russia (265 336), United Kingdom (143 927), Italy (133 752), France (122 448) and Germany (98 925).

Oceania: 4 396 deaths; the five countries reporting most deaths are Australia (1 948), Fiji (695), French Polynesia (636), Papua New Guinea (529) and New Caledonia (276).

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

EU/EEA:

As of week 2021-46, 44 473 508 cases have been reported in the EU/EEA: France (7 393 125), Germany (5 392 533), Spain (5 096 507), Italy (4 926 484), Poland (3 329 512), Netherlands (2 442 161), Czechia (2 003 476), Romania (1 752 442), Belgium (1 628 316), Sweden (1 191 274), Portugal (1 123 748), Austria (1 059 225), Hungary (1 025 778), Slovakia (993 665), Greece (882 121), Bulgaria (672 555), Croatia (571 707), Ireland (534 585), Denmark (447 259), Lithuania (444 778), Slovenia (402 083), Latvia (246 114), Norway (244 245), Estonia (217 784), Finland (175 306), Cyprus (128 965), Luxembourg (88 648), Malta (38 107), Iceland (16 791) and Liechtenstein (4 214).

As of week 2021-46, 835 213 deaths have been reported in the EU/EEA: Italy (133 752), France (122 448), Germany (98 925), Spain (87 838), Poland (81 184), Romania (55 113), Czechia (32 175), Hungary (32 064), Bulgaria (27 180), Belgium (26 667), Netherlands (19 036), Portugal (18 338), Greece (17 397), Sweden (15 119), Slovakia (14 764), Austria (11 598), Croatia (10 376), Lithuania (6 446), Slovenia (5 406), Ireland (5 326), Latvia (4 335), Denmark (2 816), Estonia (1 746), Finland (1 722), Norway (1 264), Luxembourg (915), Cyprus (704), Malta (464), Liechtenstein (61) and Iceland (34).

The latest daily situation update for the EU/EEA is available [here](#).

In week 2021-46, in the EU/EEA overall, the reported weekly cases increased by 26.2 % compared to the previous week. The highest weekly increases in descending order were observed in Liechtenstein, France, Malta, the Netherlands and Belgium. The countries with the highest 14-day notification rates per 100 000 population are: Slovenia (2 137), Slovakia (2 038), Austria (1 992), Czechia (1721) and Croatia (1 301). Nine of the 30 EU/EEA countries (Romania, Latvia, Bulgaria, Estonia, Lithuania, Croatia, Iceland, Italy and Slovenia) reported a decrease in the weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 46, eight countries (Croatia, Czechia, Germany, Greece,

Hungary, the Netherlands, Poland and Slovakia) were categorised as of very high concern, 14 countries (Austria, Belgium, Bulgaria, Denmark, Finland, France, Iceland, Ireland, Latvia, Liechtenstein, Luxembourg, Norway, Portugal and Slovenia) as of high concern and eight countries (Cyprus, Estonia, Italy, Lithuania, Malta, Romania, Spain and Sweden) as of moderate concern. Compared with the previous week, one country (France) moved to a higher category, seven countries (Belgium, Cyprus, Estonia, Lithuania, Norway, Romania and Slovenia) moved to a lower category and 22 countries stayed in the same category.

For the latest COVID-19 country overviews, please see the [dedicated webpage](#).

Other news

On 25 November 2021, ECDC designated the SARS-CoV-2 variant belonging to Pango lineage B.1.1.529, Nextstrain clade 21K, as a variant of interest (VOI).

B.1.1.529 has a high number of S-gene mutations compared to the original virus. The spike protein changes compared to the original virus are A67V, Δ69-70, T95I, G142D, Δ143-145, Δ211-212, ins214EPE, G339D, S371L, S373P, S375F, K417N, N440K, G446S, S477N, T478K, E484A, Q493K, G496S, Q498R, N501Y, Y505H, T547K, D614G, H655Y, N679K, P681H, N764K, D796Y, N856K, Q954H, N969K, L981F.

The variant is so far detected in sequences reported from Botswana (6), South Africa (59), and Hong Kong (1) according to data reported to GISAID EpiCoV. The first case reported from Hong Kong has a reported travel history to South Africa. Hong Kong has reported a second case related to the first one. Israel reported one identified case in a person travelling from Malawi. All of the sequenced cases reported by South Africa are from the Gauteng region where Johannesburg is located, which is currently experiencing a rapid increase in cases of COVID-19.

The variant displays S-gene target failure (SGTF) on RT-PCR. This feature can be used as a proxy for B.1.1.529 if other variants with the same feature are not concurrently circulating. The number of cases with SGTF has increased sharply in the affected regions of South Africa in the last days. 77/77 SGTF sequences from the Gauteng province were confirmed as B.1.1.529. Rapid increase in proportion with SGTF is noted across multiple provinces.

The earliest sample collection date reported is 11 November 2021 (Botswana). Due to the low number of recent sequences reported by Botswana, community transmission cannot be excluded.

There are concerns that the high number of spike protein changes may lead to a significant change in antigenic properties of the virus. Based on the available evidence, this variant is likely to be associated with very high transmissibility and significant immune escape. So far, there is no evidence for changes in infection severity.

The WHO technical advisory group on virus evolution is meeting ad-hoc today to discuss the variant. Based on this, ECDC will decide on the reclassification of this variant.

For the latest information about variants, please see [ECDC's webpage on variants](#).

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 [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eight](#) and [ninth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 4 July 2021 and 22 October 2021 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

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

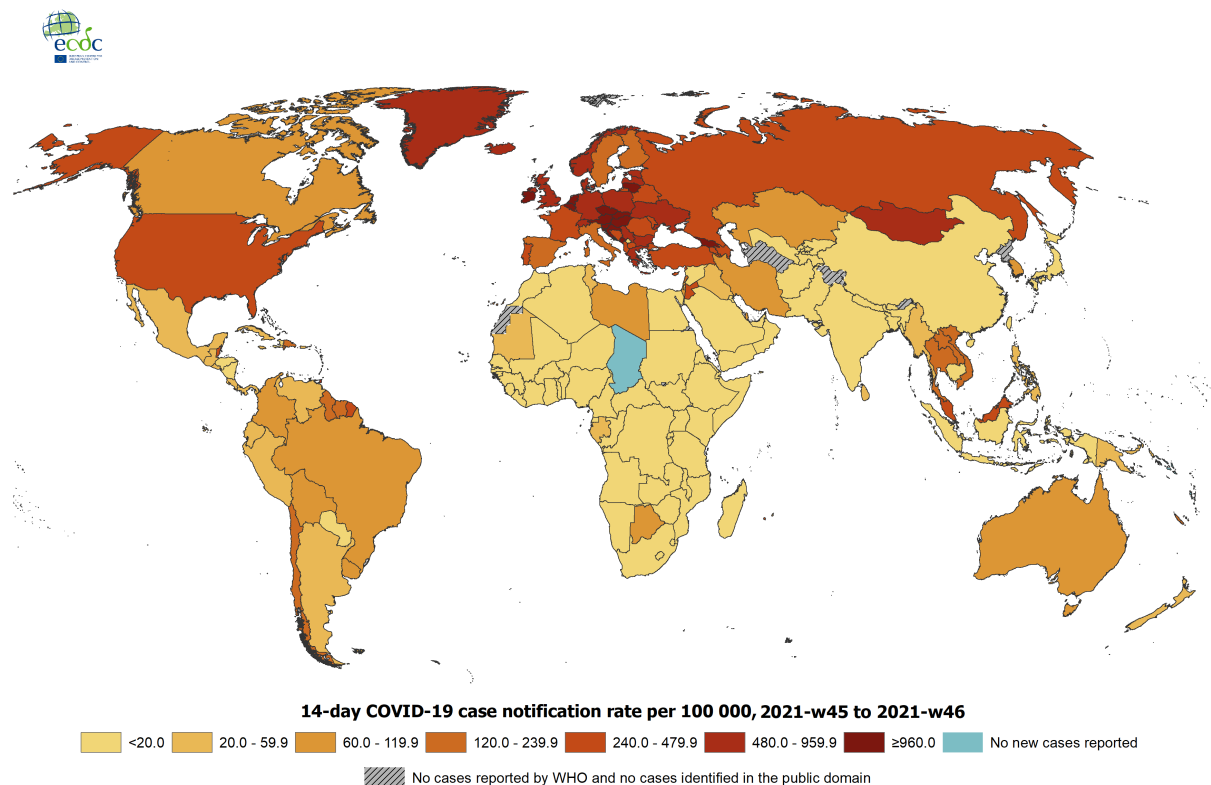
Actions

On 24 November 2021, ECDC published the [rapid risk assessment](#), 'Assessment of the current SARS-CoV-2 epidemiological situation in the EU/EEA, projections for the end-of-year festive season and strategies for response, 17th update'. A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest rapid risk assessment on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

ECDC will publish a Threat Assessment Brief on 26 November 2021 on the emergence of SARS-CoV-2 variant B.1.1.529.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w45 to 2021-w46

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: 24/11/2021

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 26 November 2021

Epidemiological summary

Since the start of the outbreak (on 8 October 2021), and as of 23 November 2021, 11 Ebola virus disease (EVD) cases (eight confirmed and three probable), including nine deaths (six among confirmed cases), have been reported in the North Kivu province in the eastern region of the Democratic Republic of the Congo. The last known confirmed case was reported on 30 October 2021 and discharged on 4 November. All contacts that were under monitoring have completed the 21-day follow-up period.

Initial genomic sequencing at INRB Pathogen Genomic Sequencing laboratory in Kinshasa indicates that the new cases likely represent a flare-up event from the 2018-2020 North Kivu/Ituri outbreak. On 8 October 2021, the Ministry of Health of the Democratic Republic of the Congo announced a new laboratory-confirmed case of EVD in Butsili Health Area in Beni Health Zone, North Kivu Province.

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The index case was a three-year-old male who developed symptoms of EVD in early October 2021. He died on 6 October. On 7 October, samples were tested at the National Institute of Biomedical Research (INRB) laboratory in Beni. On 8 October, laboratory samples were sent to the Rodolphe Mérieux INRB Laboratory, Goma, and EVD was confirmed by RT-PCR the same day.

Three neighbours of the case (a father and two children) had died on 14, 19, and 29 September 2021 after developing symptoms consistent with EVD. However, none were tested for EVD. No samples were taken for EVD testing. No specific precautions were taken during the burial ceremonies. Malaria, EVD, measles, and meningitis were retrospectively listed as potential causes of death.

On 14 October 2021, a second confirmed case of EVD in a 42-year-old female in Beni Health Zone, North Kivu Province was reported, and on 18 October three new confirmed cases of EVD were reported by WHO AFRO (a 32-year-old female, a 41-year-old male, and a three-year-old female). The three-year-old female died on 16 October. The last known confirmed case was reported on 30 October 2021.

All confirmed cases have been reported from three health areas in Beni Health Zone. As of 30 October 2021, namely Butsili (six cases), Bundji (one case), and Ngilinga HA (one case). Children below the age of five years account for 50.0% (4/8) of the confirmed cases. Four community deaths occurred within the six deaths of confirmed cases.

According to WHO AFRO reports on social media as of 23 November 2021, all contacts had completed the 21-day follow-up period.

Vaccinations have started in Beni Health Zone using the 'ring vaccination' approach, whereby contacts and contacts of contacts are vaccinated using the rVSV-ZEBOV Ebola vaccine. According to the WHO AFRO bulletin (W47), since the beginning of the vaccination activities 656 persons have been vaccinated including high risk contacts (98), contacts of contacts (300), and probable contacts (258). Of the 81 frontline workers that were vaccinated, 11 were high risk contacts, 18 contacts of contacts, and 52 probable contacts.

Source: [WHO AFRO tweet \(03.11.2021\)](#), [WHO HQ, virological.org EBOV sequencing report](#), [Media, WHO AFRO Bulletin \(W44\)](#), [WHO DRC tweet \(26.10.2021\)](#), [WHO AFRO Bulletin \(W45\)](#), [WHO DRC tweet \(09.11.2021\)](#), [WHO DRC tweet \(10.11.2021\)](#), [WHO AFRO Bulletin \(W46\)](#), [WHO AFRO Bulletin \(W47\)](#), [WHO AFRO tweet \(24.11.2021\)](#)

ECDC assessment

This is the second EVD outbreak reported in North Kivu, Democratic Republic of the Congo (DRC), in 2021 (see the Threat Assessment Brief published on 22 February 2021 for more information on the previous outbreak in 2021). Further spread of the virus cannot be excluded. The ongoing COVID-19 pandemic and other ongoing outbreaks (such as malaria and meningitis) might challenge the response operations.

The age distribution of these EVD cases is unusual, as half of them are children. Investigations are ongoing to identify the source of the outbreak.

Although disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. The current risk for EU/EEA citizens living in or travelling to Beni Health Zone in the DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions

ECDC is following the situation through its epidemic intelligence activities. ECDC published the threat assessment brief [Outbreak of Ebola virus disease in North Kivu, DRC](#) on 22 February 2021, in which options for response measures are described.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 26 November 2021

Epidemiological summary

2021/2022 season overview

For the European Region as a whole, influenza activity has been at baseline level with sporadic but slightly increasing number of

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detections, mostly of A(H3) viruses. Influenza activity with influenza-confirmed patients in primary care or hospital settings with a rate of influenza virus detections above 10% has been reported from Israel, Russia, Tajikistan, Kyrgyzstan, and Uzbekistan.

Sources: [Flu News Europe](#)

ECDC assessment

Reported influenza activity remains at a very low level.

Actions

ECDC and WHO/Europe monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and presented on the [Flu News Europe](#) website until the end of the regular influenza season (week 20 data).

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

Opening date: 20 April 2006

Latest update: 26 November 2021

Epidemiological summary

Americas

Haiti: No new cases have been reported since the last update. In 2021, and as of 14 November, no confirmed cholera cases have been reported in Haiti.

Dominican Republic: No new cases have been reported since the last update. In 2021, and as of 18 October, no cholera cases have been reported in the Dominican Republic.

Africa

Benin: Since the last update, 138 suspected cholera cases, including nine deaths, have been reported in Benin. In 2021, and as of 8 November, a total of 259 cases, including nine deaths (CFR 3.5%), have been reported.

Cameroon: Since the previous CDTR update, 88 suspected cholera cases, including six deaths, have been reported in Cameroon. In 2021, and as of 14 November, a total of 104 suspected cholera cases, including nine deaths, have been reported from various regions of Cameroon.

Democratic Republic of the Congo: Since the previous CDTR, the Democratic Republic of the Congo has reported 529 suspected cholera cases, including 12 deaths. In 2021, and as of 17 October, 5 950 suspected cholera cases, including 117 deaths, have been reported from 79 health zones across 15 provinces of the Democratic Republic of the Congo.

Ethiopia: Since the last update, no new cholera cases have been reported in Ethiopia. In 2021, and as of 26 September, 561 suspected cholera cases have been reported, including 10 deaths.

Kenya: No new cases have been reported since the last update. In 2021, and as of 18 October, 38 cholera cases, including 14 confirmed cases, have been recorded in Kenya.

Mali: Since the last update no new cholera cases have been reported in Mali. In 2021, and as of 31 October, a total of 11 cases, including four deaths, have been reported in Mali's northern region of Gao.

Mozambique: According to WHO's regional office for Africa, a new cholera outbreak was declared in Caia district at the end of September 2021. As of 19 October 2021, a total of 191 suspected cholera cases have been reported in this outbreak. In 2021, and as of 14 November, a total of 5 872 suspected cholera cases, including 35 deaths, have been reported in various provinces of Mozambique.

Niger: Since the previous CDTR, Niger has reported 188 cholera cases, including four deaths. In 2021, and as of 25 October, a total of 5 469 cases, including 159 deaths (CFR 2.9%), have been reported. Seven out of eight regions of the country have reported cases so far. The rainy season is still ongoing, causing floods that might pose a risk to the spread of the outbreak.

Nigeria: Since the previous CDTR, Nigeria has reported 13 980 suspected cholera cases, including 311 deaths. In 2021, and as of 14 November, a total of 102 684 suspected cholera cases, including 3 519 deaths (CFR 3.4%), have been reported from 32

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Nigerian states. According to the Nigeria Centre for Disease Control (NCDC), five to 14 years is the most affected age group, showing a similar gender distribution.

Togo: According to the WHO regional office for Africa, a cholera outbreak was declared by Togo's health authority on 7 November 2021. As of 9 November, a total of 17 cases, including four deaths (CFR: 23.5%), have been reported in the Lacs district of Togo.

Asia

Afghanistan: According to a UNICEF report, a cholera outbreak has been reported in different parts of Kabul city and surrounding districts. In 2021, and as of 30 September, a total of 900 suspected cholera cases have been reported in Afghanistan.

Bangladesh: Since the previous CDTR update, 10 617 Acute Watery Diarrhoea (AWD) cases were reported in Rohingya Refugee Camp in Cox's Bazar, Bangladesh. In 2021, and as of 3 October, a total of 116 340 suspected cholera cases, including two deaths, have been reported. Among these cases, 272 tested positives by means of a cholera rapid diagnostic test or culture test.

India: Since the last update, no new cholera cases have been reported in India. In 2021, and as of 13 October, a total of 1 751 suspected cholera cases, including two deaths, have been reported in different parts of India.

Nepal: Since the last update, no new cholera cases have been reported in Nepal. In 2021, and as of 19 October, 885 cases of cholera, including four deaths, have been reported in Nepal.

No updates were available on the outbreaks reported in **Yemen** earlier this year.

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 continue to be reported in eastern Africa, the Horn of Africa, and the Gulf of Aden. 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 of infection, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

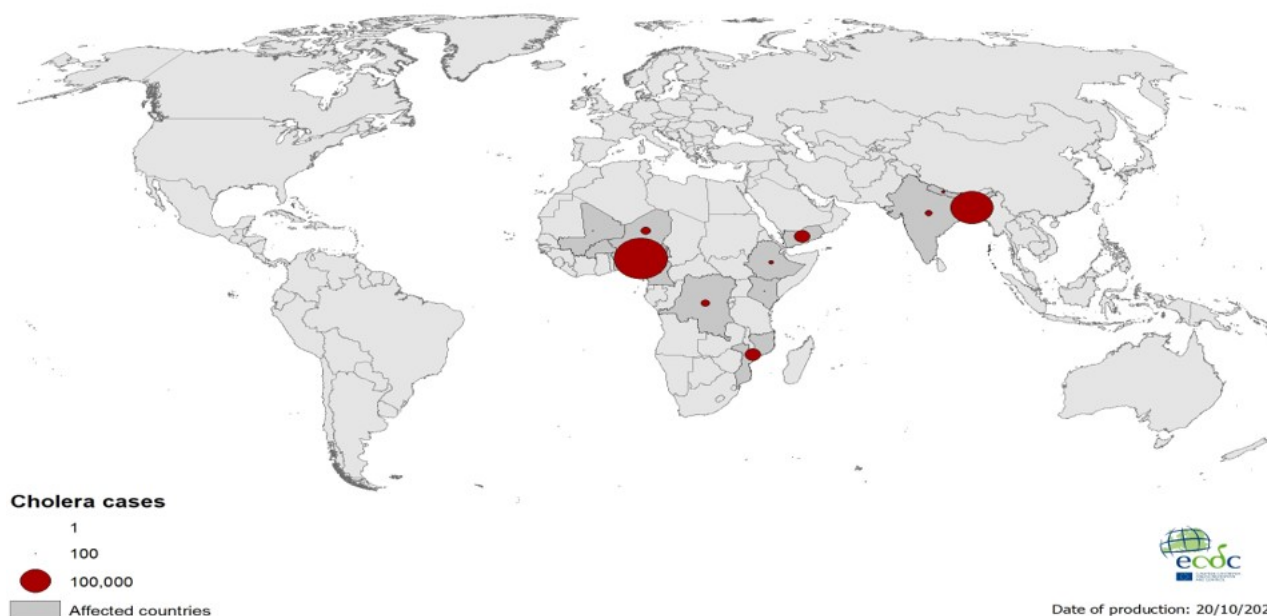
Travellers who plan to visit cholera-endemic areas should seek advice from travel health clinics ahead of their travel to assess their personal risk and be informed on precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, 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 from August to October 2021

ECDC



Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 26 November 2021

Epidemiological summary

Europe

Chikungunya virus disease: No autochthonous cases of chikungunya virus disease have been detected in Europe in 2021.

Dengue:

France: In 2021, and as of 24 November 2021, one autochthonous confirmed case has been reported.

Americas and the Caribbean

Chikungunya virus disease:

Belize: In 2021, and as of 29 May 2021, 737 cases and no deaths have been reported.

Bolivia: In 2021, and as of 23 October 2021, 343 cases, including 40 confirmed cases and no deaths, have been reported. This is an increase of five cases, including two confirmed cases, since 16 October 2021.

Brazil: In 2021, and as of 16 October 2021, 119 019 cases, including 57 221 confirmed cases and eight deaths, have been reported. This is an increase of 4 161 cases, including 2 361 confirmed cases since 25 September 2021.

Colombia: In 2021, and as of 6 November 2021, 47 cases and no deaths have been reported. This is an increase of two cases since 9 October 2021.

Costa Rica: In 2021, and as of 6 November 2021, 27 cases and no deaths have been reported. This is an increase of three cases since 2 October 2021.

El Salvador: In 2021, and as of 6 November 2021, 101 cases and no deaths have been reported. This is an increase of 10 cases since 9 October 2021.

Guatemala: In 2021, and as of 6 November 2021, 1 951 cases and no deaths have been reported. This is an increase of 860 cases since 24 July 2021.

Mexico: In 2021, and as of 6 November 2021, four confirmed cases and no deaths have been reported.

Nicaragua: In 2021, and as of 30 October 2021, 10 cases, including one confirmed case and no deaths, have been reported.

Paraguay: In 2021, and as of 6 November 2021, 308 cases and no deaths have been reported. This is an increase of 192 cases since 9 October 2021.

Peru: In 2021, and as of 13 November 2021, 633 cases, including 399 confirmed cases and no deaths, have been reported.

Saint Lucia: In 2021, and as of 6 November 2021, one confirmed case and no deaths have been reported.

Venezuela: In 2021, and as of 23 October 2021, 54 cases and no deaths have been reported. This is an increase of four cases since 28 August 2021.

Dengue:

In 2021, and as of 13 November, the Pan American Health Organization (PAHO) reported 1 082 042 dengue cases, including 456 898 confirmed cases and 319 associated deaths, in the Americas. The five countries reporting most cases are: Brazil (863 650), Peru (41 379), Colombia (37 452), Nicaragua (32 020), and Mexico (30 059). This is an increase of 43 829 cases and 20 deaths since 29 October 2021.

All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Americas, which increases the risk of severe disease. The figures for each country of the Americas region can be found on the [PAHO Health Information Platform](#).

Dengue fever [surveillance indicators](#) are at low levels or even zero in the French Antilles (Guadeloupe, Martinique, Saint-Martin, and Saint-Barthélemy). [Martinique](#) and [Guadeloupe](#) officially declared the end of the dengue epidemics in these two French departments on 29 April and 20 May 2021, respectively.

Asia

Chikungunya virus disease:

Cambodia: In 2021, and as of 9 June 2021, 514 cases and no deaths have been reported.

India: In 2021, and as of 31 October 2021, 91 477 cases, including 8 806 confirmed cases and no deaths, have been reported. This is an increase of 26 274 cases, including 1 754 confirmed cases, since 30 September 2021.

Malaysia: In 2021, and as of 6 November 2021, 1 221 cases and no deaths have been reported. This is an increase of 119 cases since 9 October 2021.

Thailand: In 2021, and as of 18 November 2021, 523 cases and no deaths have been reported. This is an increase of 115 cases since 1 August 2021.

Dengue:

Afghanistan: In 2021, and as of 24 October 2021, 300 cases and no deaths have been reported.

Bangladesh: According to local media source, in 2021 and as of 22 November 2021, 26 453 cases, including 98 deaths have been reported. This is an increase of 6 324 cases and 22 deaths since 10 October 2021.

Cambodia: In 2021, and as of 18 November 2021, 1 406 cases, including three deaths have been reported. This is an increase of 149 cases since 26 September 2021.

China: In 2021, and as of 4 November 2021, 34 cases and no deaths have been reported. This is an increase of four cases since 31 August 2021.

[India](#): In 2021, and as of 31 October 2021, 123 106 cases, including 90 deaths have been reported. This is an increase of 62 994 cases and 60 deaths since 30 September 2021.

[Laos](#): In 2021, and as of 18 November 2021, 1 251 cases and no deaths have been reported. This is an increase of 101 cases since 10 October 2021.

[Malaysia](#): In 2021, and as of 6 November 2021, 22 101 cases, including 17 deaths, have been reported. This is an increase of 1 725 cases and three deaths since 9 October 2021.

[Maldives](#): In 2021, and as of 31 October 2021, 98 cases and no deaths have been reported. This is the first report in CDTR however the Maldives have been reporting cases throughout 2021, whereby 10 cases were reported in October 2021.

[Nepal](#): In 2021, and as of 14 November 2021, 338 cases and no deaths have been reported. This is an increase of 83 cases since 17 October 2021.

[Pakistan](#): In 2021, and as of 21 November 2021, at least 25 478 cases, including 279 confirmed cases and 118 deaths have been reported. Dengue is endemic in Pakistan, but [this year](#) a rise in cases has been seen; the epidemic has been affecting cities more than usual, including [Lahore](#), [Rawalpindi](#), and [Islamabad](#), putting pressure on public and private hospitals.

[Philippines](#): In 2021, and as of 23 October 2021, 61 170 cases, including 216 deaths, have been reported. This is an increase of 28 615 cases and 97 deaths since 3 July 2021.

[Singapore](#): In 2021, and as of 18 November 2021, 4 779 cases and no deaths have been reported. This is an increase of 203 cases since 17 October 2021.

[Sri Lanka](#): In 2021, and as of 22 November 2021, 16 598 cases and no deaths have been reported. This is an increase of 2 324 cases since 22 October 2021.

[Thailand](#): In 2021, and as of 14 November 2021, 6 453 cases, including two deaths, have been reported. This is an increase of 638 cases since 31 August 2021.

[Vietnam](#): In 2021, and as of 7 November 2021, 61 304 cases, including 21 deaths, have been reported. This is an increase of 7 815 cases and one death since 10 October 2021.

[Yemen](#): In 2021, and as of 31 August 2021, 5 224 cases and no deaths have been reported.

Africa

Chikungunya virus disease:

[Democratic Republic of the Congo](#): In 2021, and as of 28 March 2021, 104 cases and no deaths have been reported.

Dengue:

[Angola](#): In 2021, and as of 11 June 2021, 86 cases, including 38 confirmed cases and no deaths have been reported.

[Côte d'Ivoire](#): In 2021, and as of 14 September 2021, one case and no deaths have been reported.

[Ethiopia](#): In 2021, and as of 4 February 2021, 207 cases and no deaths have been reported.

[Kenya](#): In 2021, and as of 26 August 2021, 976 cases, including 36 confirmed cases and two deaths, have been reported.

[Réunion](#): In 2021, and as of 10 November 2021, 29 759 confirmed cases and 20 deaths have been reported. This is an increase of 104 cases since 26 September 2021.

[Senegal](#): In 2021, and as of 23 October 2021, 47 cases and no deaths have been reported.

[Sudan](#): In 2021, and as of 21 November 2021, 229 cases, including five deaths, have been reported.

Australia and the Pacific

Chikungunya virus disease:

No cases of chikungunya virus disease have been reported in Australia and the Pacific in 2021.

Dengue:

Australia: In 2021, and as of 24 October 2021, four cases and no deaths have been reported. This is an increase of one case since 26 September 2021.

Cook Islands: In 2021, and as of 11 July 2021, 217 cases and no deaths have been reported. This is an increase of 11 cases since 14 June 2021.

Fiji: In 2021, and as of 7 February 2021, 300 cases and no deaths have been reported.

French Polynesia: In 2021, and as of 10 October 2021, 20 cases, including one confirmed case, and no deaths have been reported.

Marshall Islands: In 2021, and as of 14 March 2021, 12 cases and no deaths have been reported.

New Caledonia: In 2021, and as of 15 November 2021, 116 cases, including 92 confirmed cases, and no deaths have been reported. This is an increase of one case since 23 August 2021.

Vanuatu: In 2021, and as of 14 November 2021, 26 cases, including 26 confirmed cases, and no deaths have been reported. This is an increase of four cases since 31 August 2021.

Wallis and Futuna: In 2021, and as of 28 September 2021, 68 confirmed cases and no deaths have been reported. This is an increase of one case since 8 August 2021.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news 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; reported figures may not reflect the actual epidemiological situation. Please note that case definitions may differ between countries and comparisons should be made with caution.

ECDC assessment

Chikungunya virus disease and dengue affect most countries in the tropics and sub-tropics. EU/EEA citizens travelling to the affected areas should apply personal protective measures against mosquito bites.

The likelihood for onward transmission of dengue and chikungunya virus disease in mainland EU/EEA is, among other things, linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus*). *Aedes albopictus* is [established](#) in a large part of mainland Europe. The current likelihood of occurrence of local transmission events of chikungunya and dengue viruses in mainland EU/EEA is low, as the environmental conditions are not favourable to the growth of mosquito populations and virus replication in the vector. To date, all autochthonous outbreaks of [chikungunya virus disease](#) and [dengue](#) in mainland EU/EEA have occurred between July and November.

More information is available on ECDC's dedicated webpage on autochthonous transmission of [chikungunya](#) and [dengue](#) virus in the EU/EEA, as well as on ECDC's [dengue](#) and [chikungunya](#) factsheets.

Actions

ECDC monitors these threats through its epidemic intelligence activities and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [chikungunya virus disease](#) is available on ECDC's website.

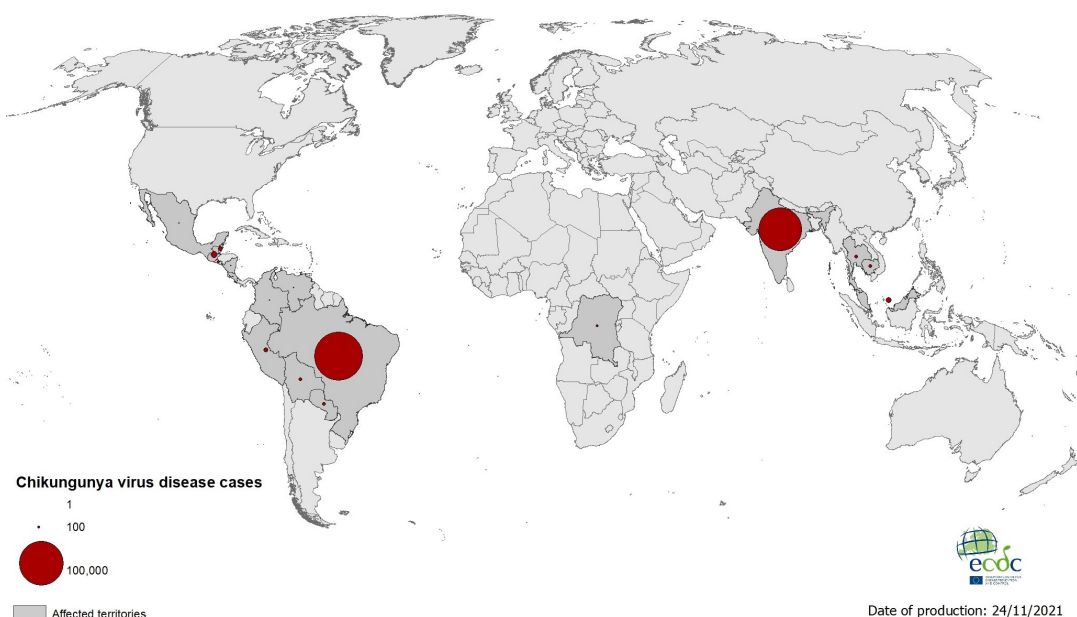
Geographical distribution of chikungunya virus disease cases reported worldwide, September to November 2021

Source: ECDC



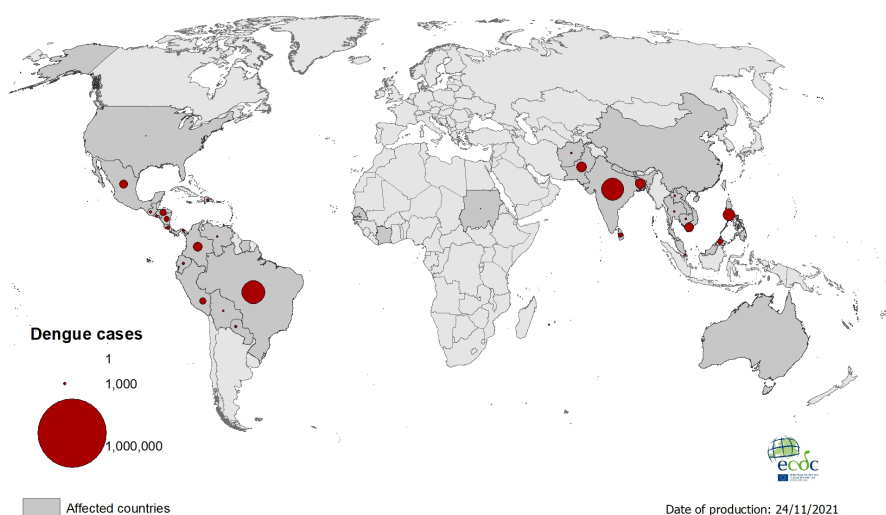
Geographical distribution of chikungunya virus disease cases reported worldwide, January to November 2021

Source: ECDC



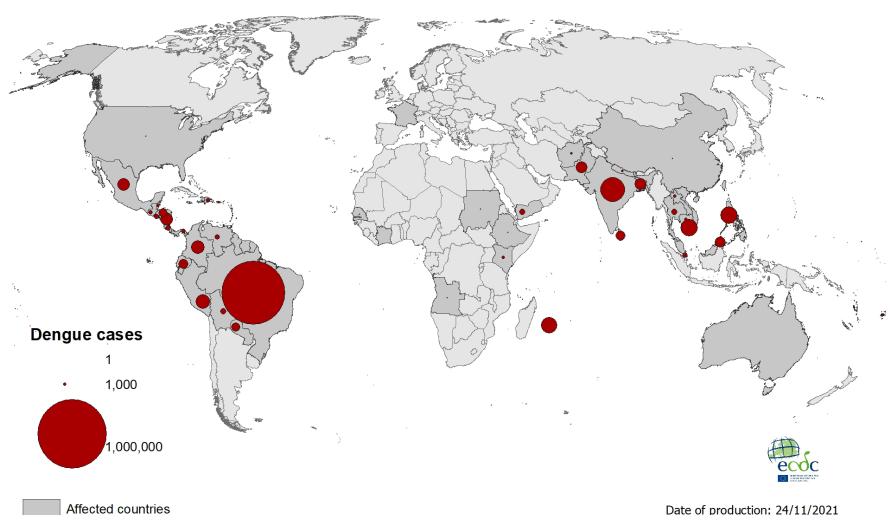
Geographical distribution of dengue cases reported worldwide, September to November 2021

Source: ECDC



Geographical distribution of dengue cases reported worldwide, January to November 2021

Source: ECDC



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