

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

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, eighth 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, 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 48 2021 and as of week 49 2021, 4 252 370 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 50 855 new deaths have been reported.

Since 31 December 2019 and as of week 49 2021, 270 327 277 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 316 017 deaths.

As of week 49 2021, 49 538 905 cases and 872 187 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](#).

Since the last update on 9 December 2021 and as of 16 December 2021, no changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring and de-escalated variants.

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

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (World) - 2021

Opening date: 3 December 2021

Latest update: 17 December 2021

On 26 November 2021, ECDC classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant as a VOC and assigned it the label Omicron. The number of countries reporting cases with the SARS-CoV-2 Omicron VOC continues to increase globally.

→Update of the week

As of 16 December 2021, overall, there were 15 778 confirmed cases of Omicron VOC (an increase of 13 608 cases since the last report on 9 December 2021) reported globally by 85 countries.

Until further notice, ECDC will provide specific updates on the Omicron VOC weekly. Previous updates on reported cases are available on ECDC's dedicated website.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 17 December 2021

A sharp decrease in measles cases was observed globally during the COVID-19 pandemic. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 November 2021, seven new cases were reported by three countries in the EU/EEA: Germany (5), Ireland (1) and Poland (1). Other countries have reported no new cases of measles.

So far, in 2021, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO), and WHO Regional Office for South-East Asia (SEARO). There were no updates for the WHO Western Pacific Regional Office (WPRO).

Non EU Threats

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 17 December 2021

Reported influenza activity in Europe is increasing. A detailed report on the current situation is available in this weekly threat report.

→Update of the week

Week 49 2021 (6-12 December 2021)

- Belarus, Kazakhstan, Russian Federation, Sweden, Turkey and Kosovo* reported widespread influenza activity and/or medium to high influenza intensity.
- 11% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for influenza virus, with a predominance of A(H3) viruses.
- Several countries (Armenia, France, Israel, Kazakhstan, Kosovo*, Russian Federation and Slovakia) reported seasonal influenza activity above the 10% positivity threshold in sentinel primary care or hospital settings with Kosovo* reporting a rate of 56%.
- Hospitalised cases with confirmed influenza virus infection were reported from intensive care units and SARI surveillance.
- Both influenza type A and type B viruses were detected with a dominance of A(H3) viruses across all monitoring systems and in nearly all SARI cases

* The administrative boundaries include a spatial feature for Kosovo. The designation 'Kosovo' is without prejudice to position on status, and is in line with United Nations Security Council Resolution 1244 (1999) and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 17 December 2021

The Ebola virus disease (EVD) outbreak reported on 8 October 2021 by the Ministry of Health for the Democratic Republic of the Congo (DRC) in Butsili Health Area in the Beni Health Zone, North Kivu Province, has been officially [declared over](#). This is the second outbreak to have occurred in the North Kivu province in 2021 and the 13th outbreak to occur in the DRC.

→Update of the week

The outbreak in the North Kivu province in the eastern region of the DRC has been officially [declared over](#) on 16 December 2021. No new cases or deaths have been reported since the 42-day countdown was initiated. This outbreak affected a single health zone in the North Kivu province, Beni Health Zone. In total, eight confirmed and three probable EVD cases, including nine deaths (six among the confirmed cases), were reported since the start of the outbreak (8 October 2021). The last confirmed case was reported on 30 October 2021. Heightened surveillance will continue in case of resurgence for 90 days following the declaration of the end of the outbreak.

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

Opening date: 9 December 2019

Latest update: 17 December 2021

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) 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 3 November 2021, the [30th meeting](#) of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

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

→Update of the week

Since the previous CDTR update on 12 November 2021 and as of 14 December 2021, three new cases of acute flaccid paralysis (AFP) caused by WPV1 have been reported. Additionally, during the same period, 36 new cases of AFP caused by circulating vaccine-derived poliovirus 2 (cVDPV2) have been reported.

Wild poliovirus (WPV1):

Three new cases of AFP caused by WPV1 have been reported by Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV):

- No new case of AFP caused by cVDPV1 have been reported.
- 36 new cases of AFP caused by cVDPV2 have been reported from three countries: Nigeria (33), [Yemen](#) (2), and Cameroon (1).
- No new cases of AFP caused by cVDPV3 have been reported.

II. Detailed reports

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

Opening date: 7 January 2020

Epidemiological summary

Since 31 December 2019 and as of week 49 2021, 270 327 277 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 316 017 deaths.

Cases have been reported from:

Africa: 8 982 687 cases; the five countries reporting most cases are South Africa (3 167 497), Morocco (951 482), Tunisia (719 662), Libya (378 105) and Ethiopia (373 115).

Asia: 72 229 915 cases; the five countries reporting most cases are India (34 697 860), Iran (6 154 813), Indonesia (4 259 143), Philippines (2 836 803) and Malaysia (2 691 639).

America: 98 970 003 cases; the five countries reporting most cases are United States (49 921 405), Brazil (22 167 781), Argentina (5 361 967), Colombia (5 095 821) and Mexico (3 918 987).

Europe: 89 731 588 cases; the five countries reporting most cases are United Kingdom (10 819 515), Russia (10 046 454), Turkey (9 022 223), France (8 220 099) and Germany (6 542 964).

Oceania: 412 379 cases; the five countries reporting most cases are Australia (230 753), Fiji (52 593), French Polynesia (46 334), Papua New Guinea (35 956) and Guam (19 325).

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

Deaths have been reported from:

Africa: 224 869 deaths; the five countries reporting most deaths are South Africa (90 137), Tunisia (25 437), Egypt (21 060), Morocco (14 796) and Ethiopia (6 829).

Asia: 1 129 745 deaths; the five countries reporting most deaths are India (475 636), Indonesia (143 936), Iran (130 722), Philippines (50 341) and Malaysia (30 879).

America: 2 379 391 deaths; the five countries reporting most deaths are United States (797 346), Brazil (616 251), Mexico (296 721), Peru (201 848) and Colombia (129 163).

Europe: 1 577 371 deaths; the five countries reporting most deaths are Russia (290 604), United Kingdom (146 439), Italy (135 405), France (124 474) and Germany (105 754).

Oceania: 4 635 deaths; the five countries reporting most deaths are Australia (2 106), Fiji (697), French Polynesia (636), Papua New Guinea (587) and New Caledonia (280).

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

EU/EEA:

As of week 49 2021, 49 885 385 cases have been reported in the EU/EEA: France (8 220 099), Germany (6 542 964), Spain (5 338 820), Italy (5 210 901), Poland (3 811 375), Netherlands (2 880 290), Czechia (2 338 281), Belgium (1 958 550), Romania (1 778 827), Sweden (1 235 636), Austria (1 227 119), Hungary (1 199 020), Portugal (1 196 576), Slovakia (1 166 436), Greece (1 005 445), Bulgaria (714 156), Croatia (654 655), Ireland (628 278), Denmark (545 457), Lithuania (476 282), Slovenia (439 953), Norway (321 539), Latvia (261 942), Estonia (228 596), Finland (203 231), Cyprus (139 246), Luxembourg (96 720), Malta (40 050), Iceland (19 535) and Liechtenstein (5 406).

As of week 49 2021, 873 425 deaths have been reported in the EU/EEA: Italy (135 405), France (124 474), Germany (105 754), Poland (88 863), Spain (88 480), Romania (56 211), Hungary (36 884), Czechia (34 563), Bulgaria (29 486), Belgium (27 339), Netherlands (20 112), Greece (19 334), Portugal (18 672), Slovakia (15 516), Sweden (15 201), Austria (12 811), Croatia (11 666), Lithuania (7 021), Slovenia (5 820), Ireland (5 512), Latvia (4 668), Denmark (3 023), Estonia (1 865), Finland (1 421), Norway (1 136), Luxembourg (890), Cyprus (725), Malta (471), Liechtenstein (66) and Iceland (36).

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

In week 49 2021, in the EU/EEA overall, the reported weekly cases decreased by 9.3 % compared to the previous week. The highest weekly increases in descending order were observed in Sweden, Liechtenstein, Norway, France and Portugal. The countries with the highest 14-day notification rates per 100 000 population are: Liechtenstein (2 168), Slovakia (1 944), Czechia (1 920), Belgium (1 769), and the Netherlands (1 615). Twenty-one of the 30 EU/EEA countries (Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands,

Norway, Poland, Portugal, Slovakia, Spain and Sweden) 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 49, two countries (France and Liechtenstein) were categorised as of very high concern, 21 countries (Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Slovakia, Spain and Sweden) as of high concern, six countries (Austria, Bulgaria, Iceland, Italy, Malta and Slovenia) as of moderate concern and one country (Romania) as of low concern. Compared with the previous week, four countries (Estonia, Latvia, Lithuania and Sweden) moved to a higher category, 10 countries (Bulgaria, Czechia, Germany, Italy, Luxembourg, the Netherlands, Norway, Poland, Romania and Slovenia) moved to a lower category and 16 countries stayed in the same category.

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

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

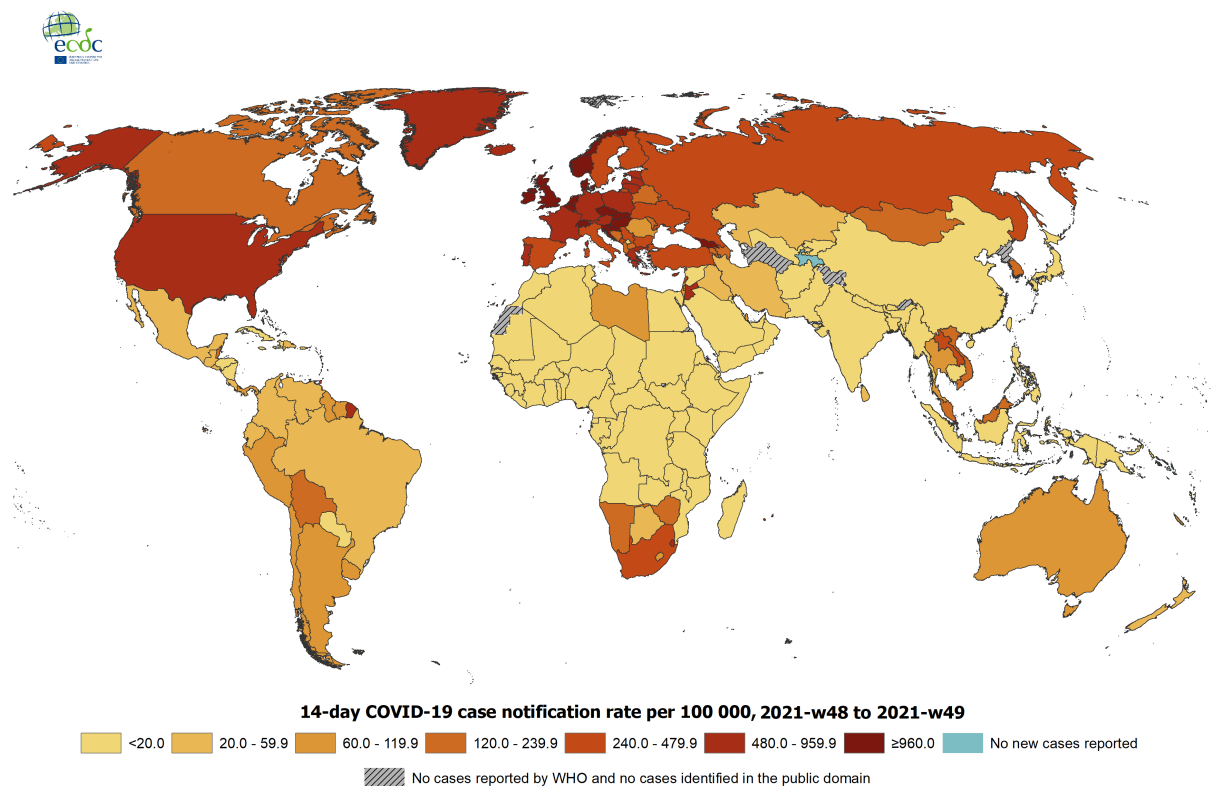
On 15 December 2021, ECDC published the Rapid Risk Assessment, '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EEA, 18th update](#)'.

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

On 2 December 2021, ECDC published a Threat assessment brief, '[Implications of the further emergence and spread of the SARS-CoV-2 B.1.1.529 variant of concern \(Omicron\) for the EU/EEA first update](#)', and is actively monitoring, assessing and reporting about the evolving situation with the Omicron variant of concern.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w48 to 2021-w49

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: 15/12/2021

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (World) - 2021

Opening date: 3 December 2021

Latest update: 17 December 2021

Epidemiological summary

As of 16 December 2021, overall, there were 15 778 confirmed cases of Omicron VOC (an increase of 13 608 cases since the last report on 9 December 2021) reported globally by 85 countries.

In the EU/EEA, a total of 3 158 confirmed cases have been reported by 27 countries: Austria (71), Belgium (121), Croatia (8), Cyprus (3), Czechia (10), Denmark (383*), Estonia (6**), Finland (34), France (170), Germany (102), Greece (10), Hungary (2), Iceland (40), Ireland (42), Italy (27), Latvia (14), Liechtenstein (2), Lithuania (2), Luxembourg (1), the Netherlands (123), Norway (1 792***), Portugal (69), Romania (11), Slovakia (3), Slovenia (10), Spain (51) and Sweden (51), according to information from public sources. In addition, a number of probable cases have been reported across the region.

6/12

* Denmark reported 383 cases as confirmed through whole genome sequencing and 5 664 as confirmed nationally through a variant-specific PCR.

** There are less cases reported for Estonia than in last week's CDTR. This is because probable cases had been erroneously included.

*** Norway [announced](#) that previously probable cases of Omicron are now considered confirmed cases and therefore the total number of Omicron detections included in this report will consist of both probable cases and confirmed cases.

Although cases reported initially were linked to travel, an increasing number of cases are now reported to be acquired within the EU/EEA, including as parts of clusters and outbreaks, with cases also being detected in representative surveillance systems. This indicates that community-associated spread of the Omicron VOC is occurring in the EU/EEA.

All cases in the EU/EEA for which there is available information on severity were either asymptomatic or mild. Within the EU/EEA, there have been no Omicron-related deaths reported thus far. This data should be assessed with caution, as the number of confirmed cases is too low to understand if the disease clinical spectrum of Omicron differs from that of previously detected variants.

Outside of the EU/EEA, there have been 12 620 confirmed cases of the Omicron VOC. The 58 countries reporting confirmed cases are: Algeria, Argentina, Australia, Bahrain, Bangladesh, Bermuda (UK), Botswana, Brazil, Cambodia, Canada, Chile, China, Cuba, Fiji, Ghana, Gibraltar (UK), India, Indonesia, Israel, Japan, Jordan, Kenya, Kuwait, Lebanon, Malawi, Malaysia, Maldives, Mauritius, Mexico, Morocco, Namibia, Nepal, New Zealand, Nigeria, Oman, Pakistan, Philippines, Russia, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Singapore, South Africa, South Korea, Sri Lanka, Switzerland, Taiwan, Thailand, Trinidad and Tobago, Tunisia, Turkey, Uganda, United Arab Emirates, United Kingdom, United States of America, Zambia and Zimbabwe.

So far, one Omicron VOC-related death has been reported in the United Kingdom.

Additionally, in recent days, multiple hospitalised Omicron VOC cases have been reported. However, the epidemiological data for these cases are limited.

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

ECDC assessment

ECDC has classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant as a VOC and assigned it the label Omicron. Although cases reported initially were linked to travel, an increasing number of cases are now reported to have been acquired within the EU/EEA, including as parts of clusters and outbreaks, with cases also being detected in representative surveillance systems. This indicates that community-associated spread of the Omicron VOC is occurring in the EU/EEA.

As described in the [Rapid Risk Assessment](#), based on mathematical modelling predictions, the Omicron VOC will probably become dominant in early 2022. We therefore assess the probability of further spread of the Omicron VOC in the EU/EEA as VERY HIGH.

Currently, there is considerable uncertainty related to the transmissibility, vaccine effectiveness, risk for reinfection and other properties of the Omicron VOC. However, given its immune escape potential and potentially increased transmissibility advantage compared to the Delta VOC, we assess the probability of further introduction and community spread in the EU/EEA as VERY HIGH.

As EU/EEA countries are still facing the severe impact of the Delta VOC wave, a further rise in hospitalisations could quickly overwhelm healthcare systems. Therefore, we assess the impact of the spread of the Omicron VOC as VERY HIGH.

In conclusion, the overall level of risk for the EU/EEA associated with the SARS-CoV-2 Omicron VOC is assessed as VERY HIGH.

Actions

ECDC is continuously monitoring the situation through Epidemic Intelligence. TESSy reporting for SARS-CoV-2 Omicron VOC (B.1.1.529) has been implemented.

ECDC published a Rapid Risk Assessment on 15 December 2021, '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EEA](#)', and is actively monitoring, assessing and reporting about the situation with the Omicron VOC.

Until further notice, ECDC will provide specific updates on the Omicron VOC weekly. A section on the epidemiology of Omicron VOC in the EU/EEA is also available in the weekly Country Overview report available [here](#). Previous updates on reported cases are available on [ECDC's dedicated website](#).

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011

Latest update: 17 December 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 November 2021, seven new cases were reported by three countries in the EU/EEA: Germany (5), Ireland (1) and Poland (1). Other countries have not reported any new cases of measles.

So far, in 2021, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO), and WHO Regional Office for South-East Asia (SEARO). There were no updates for the WHO Western Pacific Regional Office (WPRO).

EU/EEA countries are encouraged to maintain [routine immunisation sessions](#), provided that COVID-19 response measures allow.

Disclaimer: the [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 29 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with updates since last month

[Germany](#) reported 60 confirmed and suspected cases as of week 49 (ending 12 December 2021) an increase by five cases since week 44 (ending on 7 November 2021).

[Ireland](#) reported three cases as of week 48 (ending 5 December 2021), an increase of one case since week 43 (ending 03 November 2021).

[Poland](#) reported one new case since the previous monthly update, bringing the total number of cases to 15 in the period of 1 January to 30 November 2021.

Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from the [WHO website](#).

In the WHO Regional Office for Europe (EURO) in January–October 2021, sporadic measles cases were reported in the following EU/EEA countries: Belgium, Finland, France, Germany, Ireland, Italy, Poland, Romania and Spain; cases of measles were reported in the following non-EU/EEA countries: Azerbaijan, Belarus, Georgia Kazakhstan, Kyrgyzstan, Russia, Serbia, Turkey, Ukraine and United Kingdom. The update is provided from the [WHO Provisional monthly measles and rubella data](#) available on 14 December 2021.

According to WHO Regional Office for Africa ([AFRO](#)) in 2021 and as of 5 December 2021 (week 49), cases and outbreaks of measles were reported in the same countries as in the previous report: Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria, Sierra Leone and South Sudan. Due to varying reporting periods by the countries please visit the latest [weekly bulletin](#).

According to WHO Pan American Health Organization ([PAHO](#)) in 2021 and as of week 47 (ending 27 November 2021), 701 confirmed cases of measles were reported by three countries: Brazil (649), French Guiana (5) and the USA (47).

In WHO Regional Office for South-East Asia (SEARO) from January to October 2021 there were 4 785 cases of measles reported by nine countries: Bangladesh, Indonesia, India, Sri Lanka, Myanmar, Nepal, Democratic People's Republic of Korea, Thailand, Timor-Leste. The update is provided from the [WHO Provisional monthly measles and rubella data](#) available on 14 December 2021.

ECDC assessment

The substantial decline in measles cases reported by EU/EEA countries after March 2020, which continued in 2021, contrasts with

8/12

the typical seasonal pattern seen for measles, which peaks during the spring in temperate climates. A similar decrease was observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the observed decline in cases. With the potential lifting of non-pharmaceutical interventions related to the COVID-19 pandemic in the coming months, possible measles outbreaks are anticipated in the EU/EEA. Active measles surveillance and public health measures should be reinforced, and enhanced measles vaccination campaigns should be planned in order to ensure high measles vaccination uptake.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a [risk assessment](#) entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 17 December 2021

Epidemiological summary

2021/2022 season overview

Influenza activity, based on patients in sentinel primary care settings testing positive for influenza virus infection, crossed the epidemic threshold of 10% set for the Region in week 49 2021.

For the Region as a whole, influenza activity has been increasing with different levels of activity across the countries and areas of the Region, with a dominance of A(H3) viruses.

Source: [Flu News Europe](#)

ECDC assessment

Reported influenza activity is increasing.

Vaccination remains the best protective measure for prevention of influenza. With dominant A(H3) circulation, clinicians should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance to prevent severe outcomes.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the [Flu News Europe](#) website.

Ebola - Democratic Republic of the Congo - 2021

Opening date: 14 October 2021

Latest update: 17 December 2021

Epidemiological summary

Since the start of the outbreak on 8 October 2021, a total of 11 EVD cases (eight confirmed and three probable), including nine deaths (six among confirmed cases), were reported in the North Kivu province in the eastern region of the DRC. The index case was a three-year-old male who developed symptoms of EVD in early October 2021 and subsequently died. EVD was confirmed on 8 October by RT-PCR. All confirmed cases were reported from three of the 18 health areas in Beni Health Zone: Butsili (6), Bundji (1), and Ngilinga HA (1).

The last known confirmed case was reported on 30 October 2021 and discharged on 4 November. The 42-day countdown was initiated on 4 November 2021 and the outbreak was declared over on 16 December 2021.

Children below the age of five years accounted for 50.0% (4/8) of the confirmed cases in this outbreak. The overall case fatality rate (CFR) was 81.8% (9/11) and 75.0% (6/8) among confirmed cases. Two EVD survivors have been registered. Genomic sequencing at INRB Pathogen Genomic Sequencing laboratory in Kinshasa indicated that these EVD cases likely represent a flare-

9/12

up event from the 2018-2020 North Kivu/Ituri outbreak (10th EVD outbreak).

Since the start of vaccination activities, over 1 800 persons have been vaccinated with the recently licensed ERVEBO vaccine.

Sources: [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 \(24.11.2021\)](#), [WHO AFRO Bulletin \(W48\)](#), [WHO AFRO Bulletin \(W49\)](#), [WHO AFRO Bulletin \(W50\)](#), [WHO news item](#)

ECDC assessment

This is the second EVD outbreak reported in North Kivu, DRC, in 2021 (more information on the first outbreak can be found in the [Threat Assessment Brief](#) published on 22 February 2021). The age distribution of the cases in this EVD outbreak was unusual, as half of the cases were reported in children. Though the outbreak likely represents a new flare-up from the 2018-2020 outbreak due to persistence in the community, investigations are ongoing to identify the source of the outbreak.

The health authorities in the DRC successfully controlled the outbreak, as the number of cases remained low despite challenges to the response by the ongoing COVID-19 pandemic and other outbreaks (such as cholera and measles).

Actions

ECDC will close the weekly update on the 13th EVD outbreak in the DRC but will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad-hoc basis.

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

Opening date: 9 December 2019

Latest update: 17 December 2021

Epidemiological summary

Wild poliovirus:

In 2021 overall, as of 14 December, five cases of AFP caused by WPV1 have been reported from two endemic countries: Afghanistan (4) and Pakistan (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2021 overall, and as of 14 December, 13 cases of AFP caused by cVDPV1 have been reported by Madagascar (10) and Yemen (3). In addition, 471 cases of AFP caused by cVDPV2 have been reported from 20 countries: Nigeria (307), Afghanistan (43), Tajikistan (32), Senegal (16), Democratic Republic of the Congo (11), South Sudan (9), Ethiopia (9), Pakistan (8), Guinea (6), Sierra Leone (5), Niger (5), Guinea-Bissau (3), Liberia (3), Benin (3), Cameroon (3), Burkina Faso (2), Congo (2), Yemen (2), Somalia (1) and Ukraine (1). No cases of AFP caused by cVDPV3 have been reported to date this year.

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. The 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.

Other news:

On 3 November 2021, the [30th meeting](#) of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus concluded that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC) and recommended the extension of Temporary Recommendations for a further three months. It was reported that there are still significant risks despite apparent progress made in the two endemic countries, and that the coming three months would be a critical period to monitor the situation there closely. The factors considered in reaching this conclusion were: ongoing risk of WPV1 international spread, ongoing risk of cVDPV2 international spread, weak routine immunisation, and lack of access.

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 as 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 sub-optimal 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 pockets of under-immunised populations.

Ukraine and EU/EEA Member States who conduct environmental surveillance for polioviruses, in particular the countries bordering Ukraine, should consider increasing the sampling frequency and geographical area under surveillance until the outbreak has been brought under control.

[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 that have ongoing outbreaks of cVDPV.

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