

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Monkeypox – United Kingdom – 2021

Opening date: 18 June 2021

Latest update: 18 June 2021

On 25 May 2021, one case of monkeypox was reported by the United Kingdom to the WHO. The patient arrived in the United Kingdom on 8 May 2021 from the Delta State, Nigeria. On 29 May, a family member with whom the patient quarantined with developed lesions clinically compatible with monkeypox and was immediately isolated in an appropriate facility. Monkeypox was confirmed on 31 May. Both patients are stable and recovering.

→Update of the week

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 18 June 2021

During the transmission season for West Nile virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in European Union (EU) and European Economic Area (EEA) and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

Between 11 and 17 June 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection.

On 16 June 2021, [media](#) reported that a human case of WNV infection was detected in the [province of Seville](#), Spain. The patient was hospitalised following a SARS-CoV-2 infection. After showing symptoms compatible with meningitis, similar to those seen in West Nile neuroinvasive disease, the patient also tested positive for WNV. Additional laboratory testing is ongoing to confirm the WNV infection.

As this case has not been reported through TESSy yet, it is not shown on this week's ECDC WNV outputs.

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

Opening date: 7 January 2020

Latest update: 17 June 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.

→Update of the week

Since week 2021-22 and as of week 2021-23, 2 668 955 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 75 105 new deaths have been reported.

Since 31 December 2019 and as of week 2021-23, 176 702 468 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 813 133 deaths.

In the EU/EEA, 32 942 528 cases have been reported, including 733 806 deaths.

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

Crimean-Congo haemorrhagic fever – Spain – 2021

Opening date: 29 April 2021

Two laboratory-confirmed cases of Crimean-Congo haemorrhagic fever (CCHF) have been reported by the regional public health authorities in Castile-León, Spain, in 2021.

→Update of the week

On 10 June 2021, regional public health authorities of Castile-León reported a second laboratory-confirmed case of CCHF in 2021. The case is a woman with epidemiological information suggesting exposure to tick bites in León. The case is currently in a stable condition and close contacts are being followed-up by the regional health authorities. This is the first known human case of CCHF in León.

Non EU Threats

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021

Latest update: 18 June 2021

The UEFA European Football Championship (UEFA EURO 2020), which was postponed in March 2020 due to the COVID-19 pandemic, will take place between 11 June and 11 July 2021. Eleven cities will host the matches, of which seven are in EU countries: Denmark, Germany, Hungary, Italy, the Netherlands, Romania, and Spain. Other cities are in Azerbaijan, Russia, England, and Scotland. Twenty-four teams will be playing with an estimated 460 000 spectators - a reduced capacity in hosting stadiums due to the COVID-19 restrictions.

ECDC enhanced epidemic intelligence activities will take place between 4 June and 16 July 2021, using a targeted and systematic screening approach on a daily basis and tailored tools.

→Update of the week

No significant events have been detected during the active daily monitoring from 12 to 17 June 2021. Several signals with potential risks to the UEFA EURO 2020 host and participating countries were detected in this period.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 18 June 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouécké in the N'Zerekore region, Guinea, after three cases were confirmed by the national laboratory. These were the first confirmed cases reported since the 2013–2016 West Africa outbreak, which was the largest EVD outbreak ever recorded. In the current outbreak, 23 EVD cases have been identified to date.

→Update of the week

Since the last update on 11 June 2021, and as of 13 June 2021, no new cases or deaths have been reported. The last confirmed case was reported on 3 April 2021. The case was in a patient who later recovered and was released from the N'Zerekore treatment centre on 23 April 2021.

The 42-day countdown period to declaring the end of the outbreak began on 8 May 2021. Therefore, as of 13 June 2021, six days remain till the declaration, provided no new cases are detected.

According to the WHO, 15 suspected cases are currently hospitalised in the Epidemic Diseases Hospital treatment centres, and two new community deaths have been reported, of which one sample was collected and no safe and dignified burials were carried out.

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

Opening date: 20 April 2006

Latest update: 18 June 2021

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

→Update of the week

Since the last update on 21 May 2021, new cholera cases have been reported worldwide. Countries reporting the majority of new cases since the previous update are Bangladesh and Yemen. A list of all countries reporting new cases since our previous update on 21 May 2021 can be found in this report.

II. Detailed reports

New! Monkeypox – United Kingdom – 2021

Opening date: 18 June 2021

Latest update: 18 June 2021

Epidemiological summary

As of 2 June 2021, two cases of monkeypox were reported by Public Health Wales (United Kingdom). The index case was diagnosed on 24 May 2021. The case travelled with family to the United Kingdom from the Delta State, Nigeria, on 8 May 2021. The individual was asymptomatic when travelling and developed a rash on 10 May. Since arrival to the United Kingdom, the case spent 10 days in self-isolation with family in Wales in compliance with the COVID-19 protocols.

On 2 June 2021, a secondary case of monkeypox was reported. The case is the child of the index case. They developed lesions on the arms and swabs have tested positive for Orthopoxvirus, which can be considered clinically indicative of monkeypox infection. The patient was immediately isolated in an appropriate facility.

Genetic analysis (PCR testing) revealed the West African clade of monkeypox virus. Monkeypox was confirmed on 31 May. Both patients are stable and recovering.

Public health prevention and control measures, including isolation of the cases and contact tracing of all close contacts in the hospital and the community, are ongoing. [Media](#) report healthcare workers in close contact with the cases have been vaccinated with the smallpox vaccine.

Background: In recent years, there have been four cases of monkeypox reported in the United Kingdom – two imported cases from Nigeria in 2018, one imported case from Nigeria in 2019 and one case of nosocomial transmission reported in 2018.

According to the [weekly epidemiological report](#) from the Nigeria Centre for Disease Control, in 2021, as of week 17, five confirmed and 26 suspected cases of monkeypox have been reported in Nigeria. In 2020, three confirmed and 14 suspected cases of monkeypox were reported during the whole year.

Sources: [WHO DON](#)

ECDC assessment

The likelihood for further spread of the virus is very low due to the moderate transmissibility of the virus. However, infections among close contacts cannot be excluded, as demonstrated by the secondary infection described above.

ECDC has previously published a [rapid risk assessment](#) on “Monkeypox cases in the UK imported by travellers returning from Nigeria, 2018”, and a [factsheet](#) for health professionals on monkeypox.

Actions

ECDC is monitoring the event through epidemic intelligence activities.

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 18 June 2021

Epidemiological summary

Between 11 and 17 June 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection.

On 16 June 2021, [media](#) reported that a human case of WNV infection was detected in the [province of Seville](#), Spain. The patient was hospitalised following a SARS-CoV-2 infection. After showing symptoms compatible with meningitis, similar to those seen in West Nile neuroinvasive disease, the patient also tested positive for WNV. Additional laboratory testing is ongoing to confirm the WNV infection.

As this case has not been reported through TESSy yet, it is not shown on this week's ECDC WNV outputs.

Since the beginning of the 2021 transmission season and as of 17 June 2021, EU/EEA countries have reported no human cases of WNV infection. EU-neighbouring countries have reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season, no outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries.

Corrigendum

In the Communicable Disease Threats Report, 30 May - 5 June 2021, week 22, the map displaying the distribution of human West Nile virus infections by affected areas as of 3 June mistakenly also included outbreaks among animals, and has now been removed.

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment

A human case of WNV infection in the province of Seville, Spain was reported by media. If this case is officially confirmed, it will be the first case of the 2021 WNV transmission season marking a relatively early start of the WNV season. WNV circulation has occurred in the south of Spain resulting in a large outbreak in 2020 with 77 human cases of WNV infection and seven deaths.

In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday. ECDC is in contact with the Spanish authorities regarding the possible case of WNV infection in the province of Seville.

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 17 June

ECDC and ADIS



Distribution of human and animal West Nile virus infections by NUTS 3 and GAUL 1 regions in the EU/EEA and EU-neighbouring countries as of 17 of June 2021 Season 2021

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No cases reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



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. ECDC. Map produced on: 18 Jun 2021

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

Opening date: 7 January 2020

Latest update: 17 June 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-23, 176 702 468 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 813 133 deaths.

Cases have been reported from:

Africa: 5 048 717 cases; the five countries reporting most cases are South Africa (1 747 082), Morocco (523 890), Tunisia (370 224), Ethiopia (274 187) and Egypt (273 182).

Asia: 47 308 335 cases; the five countries reporting most cases are India (29 510 410), Iran (3 020 522), Indonesia (1 911 358), Philippines (1 315 639) and Iraq (1 254 643).

America: 70 253 620 cases; the five countries reporting most cases are United States (33 462 030), Brazil (17 412 766), Argentina (4 145 419), Colombia (3 777 600) and Mexico (2 455 351).

Europe: 54 012 280 cases; the five countries reporting most cases are France (5 740 665), Turkey (5 330 447), Russia (5 222 408), United Kingdom (4 573 419) and Italy (4 244 872).

Oceania: 78 811 cases; the five countries reporting most cases are Australia (30 248), French Polynesia (18 930), Papua New Guinea (16 682), Guam (8 244) and New Zealand (2 709).

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

Deaths have been reported from:

Africa: 134 685 deaths; the five countries reporting most deaths are South Africa (57 765), Egypt (15 623), Tunisia (13 567), Morocco (9 211) and Ethiopia (4 242).

Asia: 685 044 deaths; the five countries reporting most deaths are India (374 305), Iran (81 911), Indonesia (52 879), Philippines (22 788) and Pakistan (21 723).

America: 1 840 524 deaths; the five countries reporting most deaths are United States (599 769), Brazil (487 401), Mexico (230 185), Peru (188 921) and Colombia (96 366).

Europe: 1 151 479 deaths; the five countries reporting most deaths are United Kingdom (127 904), Italy (127 002), Russia (126 801), France (110 420) and Germany (89 844).

Oceania: 1 395 deaths; the five countries reporting most deaths are Australia (910), Papua New Guinea (165), French Polynesia

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(142), Guam (139) and New Zealand (26).

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

EU/EEA:

As of week 2021-23, 32 942 528 cases have been reported in the EU/EEA: France (5 740 665), Italy (4 244 872), Spain (3 741 767), Germany (3 715 518), Poland (2 877 608), Netherlands (1 671 446), Czechia (1 665 139), Sweden (1 084 636), Romania (1 079 776), Belgium (1 076 598), Portugal (858 072), Hungary (807 045), Slovakia (777 375), Austria (644 577), Bulgaria (420 336), Greece (414 933), Croatia (358 581), Denmark (290 111), Lithuania (277 942), Ireland (266 742), Slovenia (256 467), Latvia (136 030), Estonia (130 538), Norway (128 079), Finland (93 850), Cyprus (73 190), Luxembourg (70 406), Malta (30 582), Iceland (6 621) and Liechtenstein (3 026).

As of week 2021-23, 733 806 deaths have been reported in the EU/EEA: Italy (127 002), France (110 420), Germany (89 844), Spain (80 517), Poland (74 574), Romania (31 861), Czechia (30 226), Hungary (29 925), Belgium (25 100), Bulgaria (17 900), Netherlands (17 692), Portugal (17 047), Sweden (14 574), Slovakia (12 441), Greece (12 422), Austria (10 399), Croatia (8 152), Ireland (4 941), Slovenia (4 721), Lithuania (4 348), Denmark (2 526), Latvia (2 456), Estonia (1 266), Finland (964), Luxembourg (818), Norway (789), Malta (419), Cyprus (373), Liechtenstein (59) and Iceland (30).

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

Other news

On 14 June 2021 WHO designated the Lambda variant of SARS-CoV-2, also known as C.37, as a variant of interest (VOI), based on its emergence in multiple South American countries (Chile, Peru, Ecuador, Argentina) and suspected phenotypic implications of its mutational profile.

According to data from the GISAID EpiCoV database as of 16 June 2021, this variant has been found in 7 EU/EEA countries (Denmark, France, Germany, Italy, Netherlands, Portugal and Spain). The overall prevalence of C.37/lambda in the EU/EEA countries appears to be low at the moment, although estimates in Spain are close to 1%. Currently, it is classified as a variant under monitoring (VUM) by ECDC, and ECDC will reassess this classification on a weekly basis.

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

DISCLAIMER: Notification rates for Sweden may be overestimated due to catch-up reporting following a database closure in previous weeks.

ECDC assessment

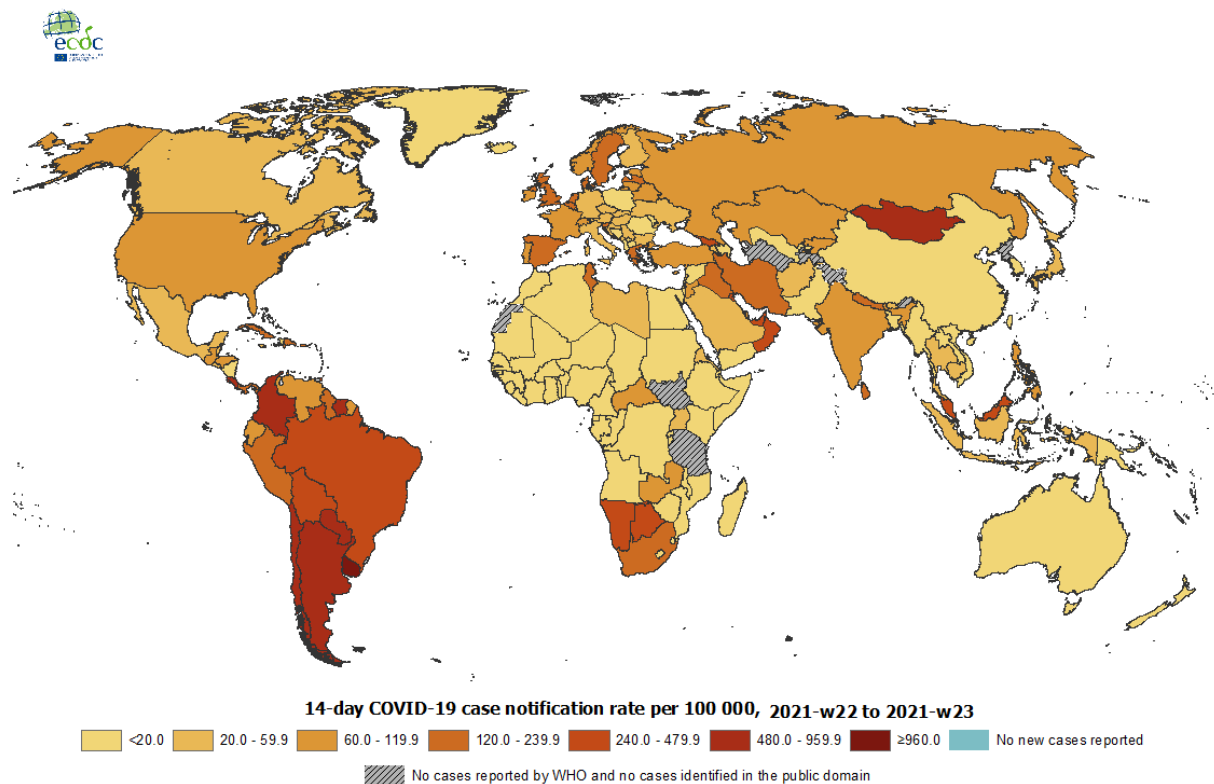
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

Actions: ECDC published the 15th update of its [rapid risk assessment](#) on 10 June 2021. A [dashboard](#) with the latest updates is available on ECDC's [website](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w22 to 2021-w23

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: 17/06/2021

Crimean-Congo haemorrhagic fever – Spain – 2021

Opening date: 29 April 2021

Epidemiological summary

Regional public health authorities have reported two laboratory-confirmed cases of Crimean-Congo haemorrhagic fever (CCHF) in the autonomous community of Castile-León, Spain, in April and June 2021. The first case had recent exposure to tick bites in Salamanca and the epidemiological information from the second case suggested exposure to tick bites in León. All close contacts from both cases were or are being followed-up. While several cases were reported from Salamanca in previous years, it is the first time that a human case is detected in León.

Sources: Regional public health authorities ([press release 1](#) | [press release 2](#))

ECDC assessment

Ticks from the *Hyalomma spp.* are considered the principal vectors of the CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the [distribution map](#) published in March 2021. In Spain, the main vector is *Hyalomma*

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lusitanicum, whose [distribution map](#) was updated in March 2021.

Hunters, forest workers, hikers, and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in [2016 in Spain](#), in which a healthcare worker was infected while attending to a primary case. The likelihood of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

The Spanish authorities published a situational report and risk assessment related to CCHF in Spain in [July 2019](#) and [August 2020](#).

To date, autochthonous CCHF were detected in Bulgaria and in Spain. An overview of the CCHF cases infected in the EU/EEA since 2013 is available on [ECDC website](#).

ECDC assesses the likelihood of infection in areas of the EU/EEA where the virus is present to be moderate; considering the severity of the disease but that a limited number of people will likely be exposed to the virus, the impact is considered to be low. As a result, the risk of infection in areas of the EU/EEA where the virus is present is considered to be moderate.

In areas where the virus is not present the likelihood of infection is considered to be low; the impact remains low. As a result, the risk of infection in areas of the EU/EEA where the virus is not present is considered to be low.

Additional information on CCHF can be found in [ECDC's Surveillance Atlas](#) of Infectious Diseases, [ECDC factsheet](#) and in the latest version of [ECDC's annual epidemiological report](#). Additional information on *Hyalomma marginatum* can be found in [ECDC factsheet](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities and will report again if epidemiological updates become available.

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021

Latest update: 18 June 2021

Epidemiological summary

No significant events have been detected during the active daily monitoring from 12 to 17 June 2021.

The list below refers to signals detected with potential risks to the UEFA EURO 2020 host and participating countries:

COVID-19 related news

According to [media](#) and [WHO EURO 2020 explorer](#) an increase of COVID-19 cases was recently reported in St. Peterburg and Moscow, Russia, and in London, UK. Local health authorities in these cities have implemented stricter measures.

In the monitoring period [COVID-19](#) infection was detected in several players of the following national teams: Portugal, Slovakia, Spain, and Sweden.

Other diseases:

Monkeypox outbreak in Wales, UK

According to [media](#) reports on 10 June 2021, two cases of monkeypox were detected in Wales. Both cases are from the same family and have travel history to Nigeria.

Crimean Congo haemorrhagic fever in Spain

[General Directorate of Public Health](#) and its Epidemiology Service has confirmed a case of Crimean-Congo haemorrhagic fever (CCHF) in El Bierzo, León region. The case is a woman who developed symptoms compatible with CCHF. She did not report being bitten by ticks, but she had been hiking recently. The case is currently in a stable condition and close contacts are being followed-

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up by the regional health authorities. This is the first known human case of CCHF in Leon.

West Nile fever in Spain

On 16 June 2021, [media](#) reported that a human case of WNV infection was detected in the [province of Seville](#), Spain. The patient was hospitalised following a SARS-CoV-2 infection. After showing symptoms compatible with meningitis, similar to those seen in West Nile neuroinvasive disease, the patient also tested positive for WNV. Additional laboratory testing is ongoing to confirm the WNV infection. As this case has not been reported through TESSy yet, it is not shown on this week's ECDC WNV outputs. ECDC is in contact with the Spanish authorities regarding this case.

ECDC assessment

According to the current assessment, the risk levels for contracting COVID-19 have decreased compared with the 14th update of the ECDC COVID-19 risk assessment published in February 2021. However, in the countries where mass gathering events such as the UEFA European Football Championship take place, in the absence of sufficient mitigation measures the risk of local and pan-European transmission risk of COVID-19, including the spread of variants of concern, is expected to increase. Options for COVID-19 response are described in ECDC's [latest COVID-19 rapid risk assessment](#), published on 10 June 2021.

COVID-19-related country profiles in EU/EEA can be found [here](#), and for countries outside the EU/EEA are available [here](#).

The risk of becoming infected with other communicable diseases in UEFA-hosting countries varies, but is considered low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

Actions

ECDC is monitoring this event through its epidemic intelligence activities on a daily basis. ECDC published its [Rapid risk assessment: Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update](#) on 10 June 2021.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 18 June 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 13 June 2021, 23 EVD cases (16 confirmed and seven probable), including 12 deaths (from five confirmed and seven probable cases) have been identified. The most recently detected case was reported on 3 April 2021. Among the cases, five healthcare workers were infected, resulting in two deaths (one confirmed and one probable case). All cases have been reported from the N'Zerekore prefecture in the region of N'Zerekore. Ten patients with confirmed EVD have recovered. One case from the N'Zerekore region was reported in a person who escaped, having refused to go into isolation in a healthcare facility.

According to WHO, an initial cluster of seven cases began with a patient (index case) who died on 28 January 2021, after having visited two healthcare facilities and a traditional practitioner. Five family members who attended the funeral on 1 February and the traditional practitioner showed Ebola-like symptoms. Five of the seven cases died. Two unsafe burials took place for these EVD patients.

[Results](#) of genomic sequencing suggest a link between the 2021 and the 2013–2016 West Africa outbreaks. The re-emergence of the 2013-2016 West Africa epidemic strain would suggest that the index case was infected from a [persistent source](#).

A [vaccination campaign](#) began on 23 February and since then, 10 873 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions. No new vaccines are being administered. Currently there are no active contacts under follow-up.

The response is being conducted by the Ministry of Health of Guinea, WHO, and Global Outbreak Alert and Response Network (GOARN) partners. Measures are ongoing and WHO has supported the country in procuring an EVD vaccine, therapeutics, reagents, and personal protective equipment. To date, 32 960 vaccines have been deployed to Guinea.

As the outbreak is located in a porous border area, WHO is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity and conducting

surveillance in health facilities. WHO is also in contact with the neighbouring countries of Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries are on high alert, but their overall [estimated state of readiness](#) lies below the required benchmark.

According to WHO, challenges remain in the surveillance and response, and include inadequate coordination in N'Zerekore, a lower number of alerts than expected from the community and therefore too few samples being tested, problems with the isolation of suspected patients, and the need for additional staff to strengthen field operations which are limited by insufficient funds. Due to major challenges with surveillance and response, it is likely that there are undetected chains of transmission, posing a risk of further disease clusters and greater geographical spread.

Background: Guinea was one of the three most-affected countries in the 2013-2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976, and during which there were over 28 000 cases, including around 11 000 deaths. The outbreak started in Guinea and then moved across land borders to Sierra Leone and Liberia.

Sources: [WHO regional office for Africa](#) | [Ministry of health of Guinea](#) | [Agence Nationale de Sécurité Sanitaire \(ANSSrec\)](#) | [WHO Disease Outbreak News](#) | [WHO Regional Office for Africa Twitter](#) | [ANSS report](#) | [Weekly Afro Bulletin](#)

ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since 2016. Based on molecular studies, the hypothesis is that the virus re-emerged from a persistently infected person from the 2013–2016 outbreak. Nevertheless, importation via travellers from an Ebola virus-endemic country or a spill-over event from animal reservoirs cannot be ruled out as potential sources of the outbreak. Some bat species are reservoir hosts for Ebola virus in Central Africa. However, the evidence for competent animal reservoirs of the virus in West Africa is inconclusive, and the role of other animals, such as non-human primates as (intermediate) hosts remains unclear (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). The ongoing outbreak may spread to other areas within Guinea and/or to neighbouring countries. During the 2013–2016 outbreak in West Africa, Guinea acquired essential experience, which is an asset to be able to respond adequately to this outbreak. However, the current epidemiological data and situation reports indicate issues with the timely identification and isolation of cases necessary to prevent further transmission. The COVID-19 pandemic and other ongoing outbreaks (e.g. Yellow Fever and measles) may also challenge the response.

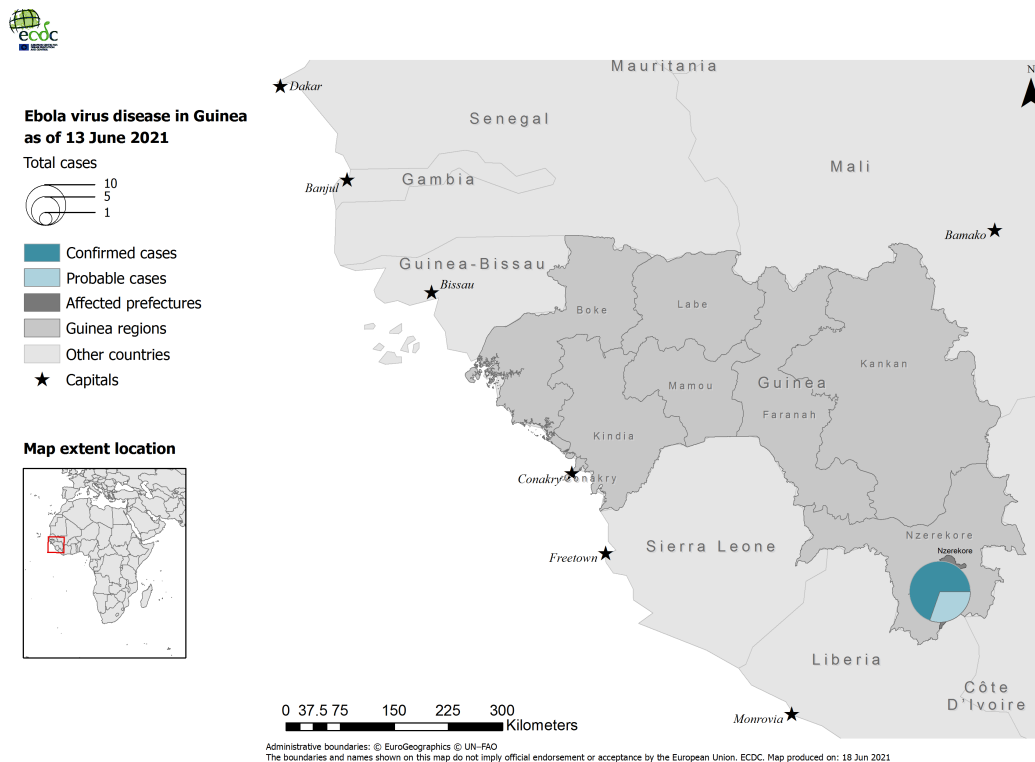
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of EU/EEA citizens becoming infected in Guinea. 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 a threat assessment brief, [EVD outbreak in Guinea](#), on 22 February 2021, in which options for response measures are described.

Geographical distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021

Source: ECDC



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

Opening date: 20 April 2006

Latest update: 18 June 2021

Epidemiological summary

Americas

Haiti: No new cases have been reported since the last update. In 2020 and 2021, no confirmed cholera cases were reported in Haiti. According to a [UNICEF report](#), the last confirmed cholera cases in Haiti were reported in February 2019. In 2019, Haiti reported 684 suspected cases, including three deaths (CFR: 0.4%). Since the beginning of the outbreak in 2010, and as of 25 January 2020, Haiti has reported 820 461 suspected cholera cases, including 9 792 deaths (CFR: 1.2%).

Dominican Republic: No new cases have been reported since the last update. In 2021, no cholera cases were reported in the Dominican Republic.

Africa

Cameroon: Since the previous CDTR update, and as of 2 May 2021, no new additional cholera cases have been reported.

DR Congo: In 2021, and as of 2 May, 2 786 suspected cholera cases including 84 deaths (CFR: 3.0%) were reported from 69 health zones across 12 provinces of the Democratic Republic of the Congo.

Ethiopia: In 2021, as of 2 May, the country reported a total of 1 758 cases and 15 deaths have been reported (CFR 0.9%).

Mozambique: In 2021, and as of 23 May, 3 505 cholera cases have been reported. Additionally, since the beginning of the outbreak a total of 35 deaths have been reported.

Nigeria: In 2021 and as of 31 May, Nigeria has reported 6 738 cases and 221 deaths (CFR 3.3%). Outbreaks were reported in 16 states with Kano, Zamfara, Bayelsa and Delta states affected the most.

Somalia: Since the previous CDTR update, and as of 26 May, 87 new acute watery diarrhoea (AWD) and cholera cases have been reported from Lower Shabelle. Additionally, a total of 176 acute watery diarrhoea (AWD) cases including one death have been reported from Jubaland.

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No updates were available for the outbreak in [Togo](#) reported earlier this year.

Asia

Bangladesh: In 2021, and as of 6 June, 60 417 acute watery diarrhoea (AWD) cases were reported in Cox's Bazar, Bangladesh. Among these cases, 42 tested positive by means of a cholera rapid diagnostic test or culture. This represents an increase of 10 302 acute watery diarrhoea (AWD) cases and 16 cholera confirmed cases by means of a cholera rapid diagnostic test or culture since the last CDTR report.

India: Since the previous CDTR update and according to media sources, more than 200 cholera cases were reported in Wadala, Maharashtra state, in June 2021.

Yemen: In 2021, and as of 30 April, 15 863 suspected cholera cases have been reported, including two deaths. This represents an increase of 1 617 suspected cholera cases since the last CDTR report.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as the media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases have continued to be reported in eastern Africa, the Horn of Africa, and the Gulf of Aden over the past few months. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

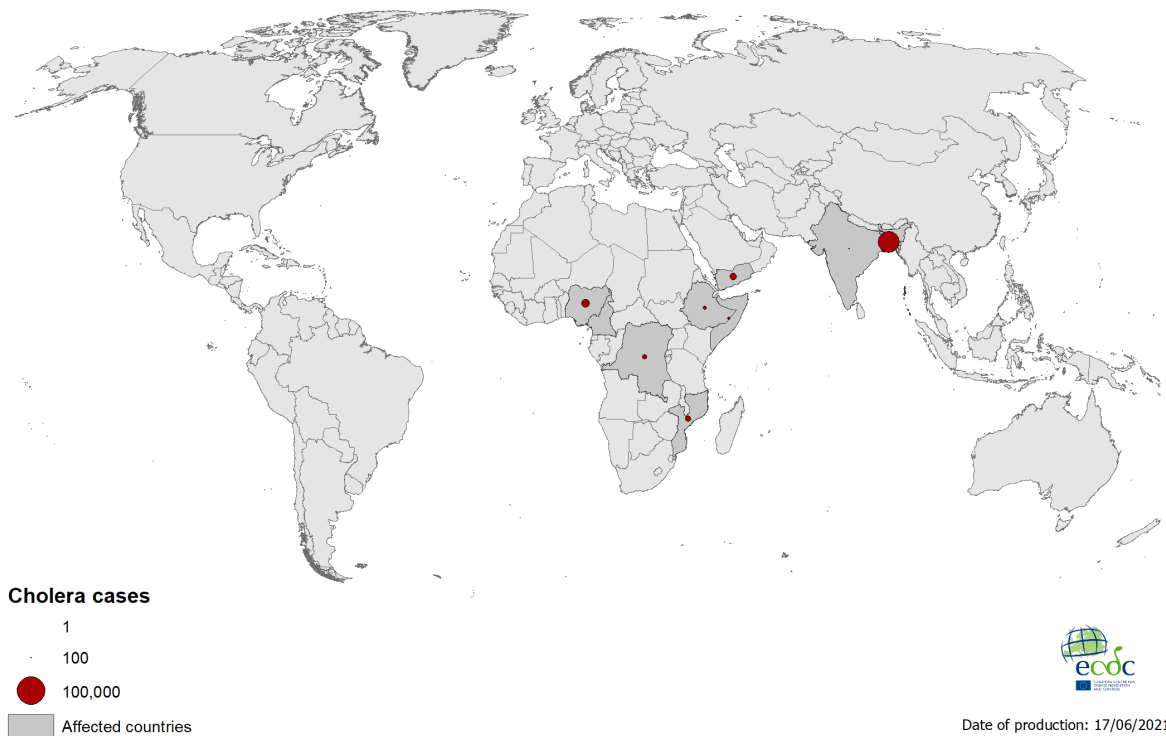
Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

Geographical distribution of cholera cases reported worldwide from March to June 2021

ECDC



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