

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: 19 February 2021

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

→ Update of the week

Since week 2021-5 and as of week 2021-6, 2 732 852 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 83 916 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-6, 109 206 497 cases of COVID-19 have been reported, including 2 407 469 deaths.

In the EU/EEA, 21 113 083 cases have been reported, including 515 519 deaths.

More details are available [here](#).

Non EU Threats

New! Extensively drug-resistant (XDR) *Salmonella* Typhi infections – USA – 2021

Opening date: 18 February 2021

Latest update: 19 February 2021

Extensively drug-resistant (XDR) *Salmonella* Typhi infections were detected in the US in residents without international travel history.

New! Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 19 February 2021

On 14 February 2021, an Ebola virus disease (EVD) outbreak was declared in the rural area of Gouéké in the N'Zerekore region, Guinea, by national health authorities. Three cases were confirmed by the national laboratory, being the first confirmed cases reported since the largest EVD outbreak ever recorded (2013-2016), in which Guinea was one of the three most-affected countries.

Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

Latest update: 19 February 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease after a laboratory-confirmed case was detected. The outbreak is in the North Kivu province in the eastern part of the DRC, where a large outbreak was declared over in June 2020.

→Update of the week

Since last week's report on 12 February 2021, and as of 18 February, two new confirmed cases have been reported in the North Kivu province of the DRC, in the Katwa health zone. Additionally, [media quoting health authorities](#) report that two further cases were detected on 18 February 2021, one in the Katwa health zone and one in the Mangurudjipa health zone. The latter is approximately 150 kilometres from the city of Butembo.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 19 February 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

Week 06/2021 (08 February– 14 February 2021)

Influenza activity remained at interseasonal levels.

Of 1 268 specimens tested for influenza in week 6/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none were positive for an influenza virus.

Influenza viruses were detected sporadically from non-sentinel sources (such as hospitals, schools, primary care facilities not involved in sentinel surveillance, or nursing homes and other institutions). Both influenza type A and type B viruses were detected.

There were no hospitalised laboratory-confirmed influenza case reported for week 6/2021.

The influenza season in the European Region has usually been designated as having started by this point in the year but, despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic has affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which have negatively impacted on the reporting of influenza epidemiologic and virologic data during the 2020-2021 season. Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of seasonal patterns.

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

Opening date: 9 December 2019

Latest update: 19 February 2021

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

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

→ Update of the week

Since the previous CDTR update on 22 January 2021 and as of 9 February 2021, 108 cases of polioviruses (WPV1, cVDPV1 and cVDPV2) have been reported, one of which was caused by the WPV1 strain, two by the cVDPV1 strain and 105 by the cVDPV2 strain.

Wild poliovirus (WPV1):

- One new case of Acute Flaccid Paralysis (AFP) caused by WPV1 has been reported in Afghanistan.
- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Pakistan.
- 26 WPV1 environmental samples have also been detected in Pakistan.

Circulating vaccine-derived poliovirus (cVDPV):

- Two new cases of AFP caused by cVDPV1 have been reported in Yemen.
- 105 cases of AFP caused by cVDPV2 have been reported from 11 countries: Afghanistan (63), Pakistan (14), Mali (7), Chad (5), Burkina Faso (4), Sudan (4), Guinea (3), South Sudan (2), Benin (1), Democratic Republic of the Congo (1) and Nigeria (1).
- No new cases of cVDPV3 have been reported.
- 49 cVDPV2 environmental samples have also been detected: Pakistan (24), Afghanistan (22), Benin (2) and Kenya (1).

[Sudan](#): The country launched another nationwide vaccination campaign targeting more than eight million children and aiming to vaccinate all children below the age of five years.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 19 February 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-6, 109 206 497 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 407 469 deaths.

Cases have been reported from:

Africa: 3 754 326 cases; the five countries reporting most cases are South Africa (1 491 807), Morocco (478 474), Tunisia (223 549), Egypt (173 813) and Ethiopia (147 092).

Asia: 20 826 077 cases; the five countries reporting most cases are India (10 916 589), Iran (1 518 263), Indonesia (1 217 468), Israel (727 485) and Iraq (643 852).

America: 48 933 836 cases; the five countries reporting most cases are United States (27 694 168), Brazil (9 866 710), Colombia (2 198 549), Argentina (2 029 008) and Mexico (1 995 892).

Europe: 35 633 482 cases; the five countries reporting most cases are Russia (4 086 090), United Kingdom (4 038 078), France (3 465 163), Spain (3 086 286) and Italy (2 721 879).

Oceania: 58 071 cases; the five countries reporting most cases are Australia (28 900), French Polynesia (18 263), Guam (7 699), New Zealand (1 980) and Papua New Guinea (955).

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

Deaths have been reported from:

Africa: 98 520 deaths; the five countries reporting most deaths are South Africa (47 899), Egypt (9 994), Morocco (8 477), Tunisia (7 575) and Algeria (2 939).

Asia: 349 690 deaths; the five countries reporting most deaths are India (155 732), Iran (58 945), Indonesia (33 183), Iraq (13 179) and Pakistan (12 333).

America: 1 152 349 deaths; the five countries reporting most deaths are United States (486 325), Brazil (239 773), Mexico (174 657), Colombia (57 786) and Argentina (50 327).

Europe: 805 691 deaths; the five countries reporting most deaths are United Kingdom (117 166), Italy (93 577), France (81 814), Russia (80 520) and Spain (65 449).

Oceania: 1 213 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (135), Guam (130), New Zealand (25) and Papua New Guinea (10).

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

EU/EEA:

As of week 2021-6, 21 113 083 cases have been reported in the EU/EEA: France (3 465 163), Spain (3 086 286), Italy (2 721 879), Germany (2 338 987), Poland (1 591 497), Czechia (1 090 860), Netherlands (1 030 786), Portugal (787 059), Romania (763 294), Belgium (739 761), Sweden (615 964), Austria (429 894), Hungary (388 799), Slovakia (278 254), Croatia (237 725), Bulgaria (229 679), Ireland (209 582), Denmark (204 799), Lithuania (190 937), Slovenia (179 482), Greece (172 128), Latvia (76 706), Norway (66 501), Luxembourg (52 884), Estonia (52 827), Finland (50 319), Cyprus (32 513), Malta (19 945), Iceland (6 033) and Liechtenstein (2 540).

As of week 2021-6, 515 519 deaths have been reported in the EU/EEA: Italy (93 577), France (81 814), Spain (65 449), Germany (65 076), Poland (40 832), Belgium (21 720), Romania (19 445), Czechia (18 250), Portugal (15 411), Netherlands (14 826), Hungary (13 752), Sweden (12 453), Bulgaria (9 624), Austria (8 101), Greece (6 126), Slovakia (5 952), Croatia (5 339), Slovenia (3 977), Ireland (3 948), Lithuania (3 080), Denmark (2 301), Latvia (1 451), Finland (716), Luxembourg (607), Norway (593), Estonia (501), Malta (295), Cyprus (221), Liechtenstein (53) and Iceland (29).

EU:

As of week 2021-6, 21 038 009 cases and 514 844 deaths have been reported in the EU.

SARS-CoV-2 variants - Multi-country (World) - 2020-2021

As of 18 February 2021, according to media and official sources, the variant B.1.1.7 has been identified in 88 countries. Since its identification and as of 18 February 2021, approximately 86 600 cases have been identified.

In the EU/EEA, around 8 600 cases have been identified in 31 countries and territories: Denmark, Austria, France, Belgium, Spain, Norway, Italy, Ireland, Greece, the Netherlands, Portugal, Sweden, Finland, Germany, Slovakia, Iceland, Romania, Bulgaria,

Luxembourg, Poland, Czechia, Cyprus, Croatia, Hungary, Latvia, Slovenia, Malta, Martinique, La Reunion, Liechtenstein and Lithuania.

Outside the EU/EEA, approximately 78 000 cases have been identified in 57 countries: United Kingdom, United States of America, Canada, Switzerland, Israel, Turkey, India, Australia, Nigeria, Ghana, Singapore, Jordan, Philippines, Japan, South Korea, New Zealand, United Arab Emirates, Brazil, Chile, Sri Lanka, Vietnam, Saudi Arabia, Saint Lucia, China, Taiwan, Mexico, Montenegro, Thailand, Ecuador, North Macedonia, Iran, Jamaica, Pakistan, Bangladesh, Barbados, Cambodia, Gambia, Nepal, Russia, Democratic Republic of the Congo, Malaysia, Argentina, Dominican Republic, Georgia, Iraq, Kuwait, Lebanon, Morocco, Oman, Panama, Peru, Senegal, Serbia, South Africa, Trinidad and Tobago, Uruguay and Uzbekistan.

As of 18 February 2021, according to media and official sources, the variant B.1.351 has been identified in 45 countries. Since its identification and as of 18 February 2021, approximately 1 800 cases have been identified.

In the EU/EEA, around 580 cases have been identified in 16 countries: Austria, Belgium, France, Norway, the Netherlands, Sweden, Germany, Ireland, La Reunion, Denmark, Finland, Greece, Luxembourg, Portugal, Spain and Italy.

Outside the EU/EEA, approximately 1 200 cases have been identified in 29 countries: South Africa, United Kingdom, Switzerland, Mozambique, Botswana, Canada, Zambia, Australia, United States of America, Israel, New Zealand, South Korea, Kenya, Japan, United Arab Emirates, India, Thailand, Turkey, China, Bangladesh, Brazil, Cuba, Democratic Republic of the Congo, Ghana, Panama, Serbia, Singapore, Taiwan and Vietnam.

As of 18 February 2021, according to media and official sources, the variant P.1 has been identified in 22 countries. Since its identification and as of 18 February 2021, approximately 200 cases have been identified.

In the EU/EEA, around 40 cases have been identified in 8 countries: Italy, France, Belgium, the Netherlands, Portugal, Spain, Germany and La Reunion.

Outside the EU/EEA, approximately 200 cases have been identified in 14 countries: Brazil, Switzerland, United Kingdom, Colombia, Japan, South Korea, United States of America, Argentina, Canada, Faroe Islands, India, Mexico, Peru and Turkey.

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

Sources: [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

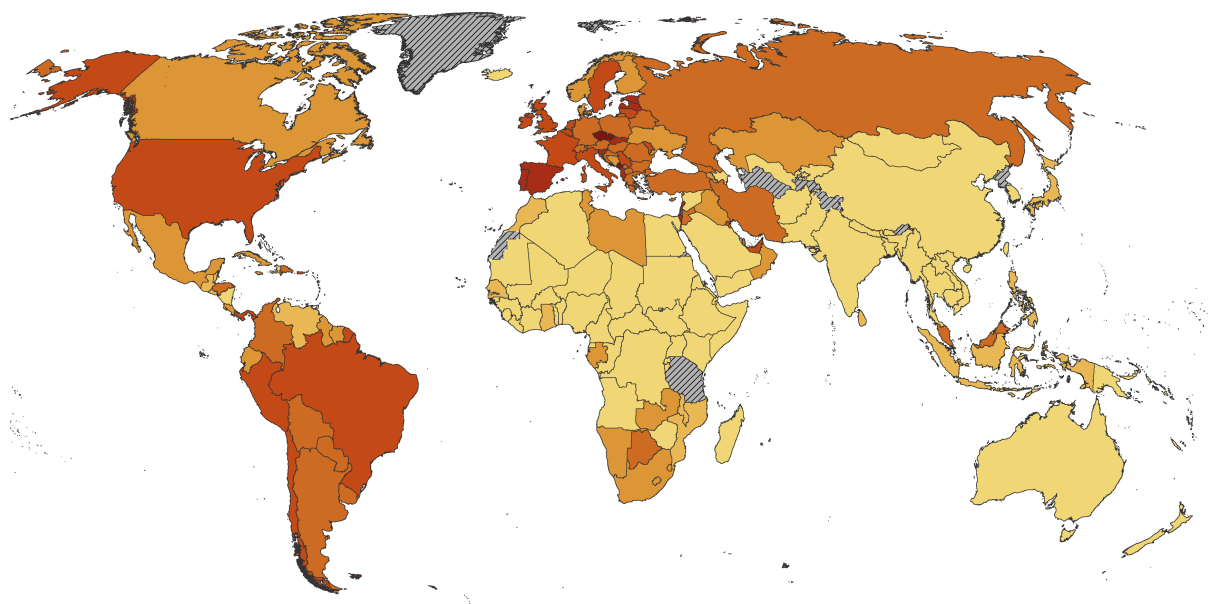
For the last available risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

Actions: ECDC has published the 14th update of its [rapid risk assessment](#). A [dashboard](#) with the latest updates is available on ECDC's website. ECDC's [rapid risk assessment](#) on the risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020, and a [first update](#) published on 21 January 2021.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 6 2021

Source: ECDC



14-day COVID-19 case notification rate per 100 000, 2021-w05 to 2021-w06



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: 18/02/2021

New! Extensively drug-resistant (XDR) *Salmonella* Typhi infections – USA – 2021

Opening date: 18 February 2021

Latest update: 19 February 2021

Epidemiological summary

On 12 February 2021, the US CDC Health Alert Network published a report about nine cases of XDR *Salmonella* Typhi infections in US residents without international travel history. The cases have been reported in six US states between 7 November 2019 and 14 January 2021. CDC has not identified linkages among these patients or a common source of infection.

Since November 2016, an outbreak of XDR *Salmonella* Typhi (typhoid fever) has been taking place in the Hyderabad district of Sindh province in Pakistan. Of 15 000 typhoid fever cases reported in Pakistan, 10 365 were XDR *S. Typhi* cases with no associated deaths (up to week 34, 2019). The XDR *Salmonella* Typhi isolates had acquired a plasmid, which confers resistance to multiple antibiotics including first-line antibiotics (i.e. chloramphenicol, ampicillin and trimethoprim-sulfamethoxazole), fluoroquinolones and third-generation cephalosporins to treat *Salmonella* Typhi infections. The isolates remained susceptible to azithromycin and carbapenems.

In 2019, the [Health Protection Surveillance Centre in Ireland](#) reported an increase in *Salmonella* Typhi infection notifications in travellers returning from Pakistan. Australia, Canada, Denmark, Taiwan, the United Kingdom and the US also detected XDR *Salmonella* Typhi cases among travellers returning from Pakistan.

In the EU/EEA, 20 cases of travel-associated XDR *S. Typhi* have been reported in 2017–2019 with case numbers increasing over time. Twelve cases had travelled to Pakistan, one to Iraq (not all antimicrobials were reported), and for seven cases the destination was not known. In addition, eight typhoid cases in 2018-2019 with an XDR profile were reported with unknown travel information. One domestically-acquired XDR *Salmonella* Typhi case, a two-year old, was reported by Belgium in 2018.

Source: [HAN, the US CDC](#) | [Media 1](#) | [HPSC Ireland](#) | [ECDC News and events](#) | [WHO DON](#) | [publication](#) | [the US CDC](#) | [Relief web](#) | TESSy

ECDC assessment

This US report of cases of XDR *Salmonella* Typhi infections (typhoid fever) without a history of international travel is of concern, in particular because the isolates remain susceptible to only very few antibiotics that can be used for treatment. The [US CDC Health Alert Network report](#) includes guidance for the treatment of suspected typhoid fever infection based on travel history and country.

In addition to the continuing risk of travel-associated XDR typhoid fever, in particular in travellers returning from Pakistan, there may be a risk for XDR *Salmonella* Typhi cases among residents in EU/EEA countries without a history of international travel. EU/EEA countries are requested to always provide travel status of a case when reporting cases of typhoid fever to ECDC.

Actions

ECDC is monitoring this event through its epidemic intelligence activities.

New! Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 19 February 2021

Epidemiological summary

Since the outbreak was declared on 14 February 2021 and as of 18 February 2021, seven EVD cases (three confirmed and four probable), including five deaths (among one confirmed and four probable cases) have been identified.

According to the World Health Organization (WHO) and the Ministry of Health of Guinea, the index case was a healthcare worker from Goueké Health Center. Between 18 January and 24 January 2021, the patient visited two healthcare facilities and a traditional practitioner while symptomatic; the patient died on 28 January 2021. The source of infection of this case is unknown. Five family members who attended the funeral on 1 February and the traditional practitioner the patient had visited showed Ebola-like symptoms, such as diarrhoea, vomiting and bleeding.

Five of the seven cases have died. Two unsafe burials have occurred for these EVD cases. The other two remaining cases (both confirmed) have been isolated in healthcare facilities in Nongo (Conakry prefecture) and in Goueké (N'Zerekore prefecture).

Samples of the confirmed cases have been sent to the Institut Pasteur in Senegal for full genome sequencing; preliminary results confirmed that these cases were infected with the Zaire species of the *Ebolavirus* genus, which was the species circulating in the 2013-2016 EVD outbreak.

As of 18 February, [247 contacts](#) have been identified, 99% of which have been tracked. Contacts are located in the N'Zerekore prefecture and in Ratoma, Conakry prefecture.

Response measures have been initiated and WHO is supporting the country to procure an EVD vaccine, as well as therapeutics, reagents and personal protective equipment. As the outbreak is located in a bordering 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 Côte d'Ivoire, Mali, Senegal and other countries at risk in the sub-region. According to [media sources](#), Sierra Leone has upgraded its health emergency response plan and the border with Guinea is closed. [Africa CDC](#) is deploying an advance emergency response support team of experts. A [meeting](#) between all humanitarian partners is planned for 19 February to strategise on the interventions and determine the scale of the outbreak.

The Guinean Ministry of Health, together with Global Outbreak Alert and Response Network (GOARN) partners, have [initiated measures](#) to control the outbreak and prevent further spread. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow up contacts, and sensitise communities on infection prevention and control. Planned and in-progress response measures include the initiation of a ring vaccination strategy and the vaccination of frontline workers as well as strengthening the capacity of the N'Zérékoré Ebola Treatment Centre.

Background: Guinea was one of the three most-affected countries in the 2013 to 2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976. During the West Africa EVD outbreak 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 \(ANSS\)](#), [ACDC](#), [WHO Disease Outbreak News](#)

ECDC assessment

WHO Assessment: WHO considers the risk of spread in the country as very high, given the unknown size, duration and origin of the outbreak, the potentially large number of contacts, the potential spread to other parts of Guinea and neighbouring countries, the limited response capacity currently on the ground, and the virus strain being unknown. There are also ongoing challenges for the public health system due to the COVID-19 pandemic and recent yellow fever and measles outbreaks.

WHO assess the risk for the region as high. The Nzérékoré Region of Guinea shares borders with Sierra Leone and Liberia, where EVD outbreaks have previously occurred. Despite some movement restrictions across official border crossings due to the ongoing COVID-19 pandemic, a significant proportion of cross-border movement continues to take place and poses a risk of EVD spread. It is therefore essential that neighbouring countries assess their preparedness capacities and implement readiness/response measures.

ECDC Assessment: The currently available information is not sufficient to assess the likelihood of more widespread transmission with high confidence. Continuing response measures and follow-up of survivors are essential to detect and interrupt transmission early on. Response measures might be jeopardised by other outbreaks in the country.

Significant [developments](#) for the prevention of Ebola virus disease have been made, with two vaccines now licensed for use in several countries. The likelihood of infection for healthcare workers (including EU/EEA citizens that could be deployed in response to this outbreak) is currently low, provided that they adhere to the appropriate infection prevention and control measures. EU/EEA citizens deployed to support the response to the outbreak are more likely than EU/EEA tourists or expatriates to be vaccinated against the disease.

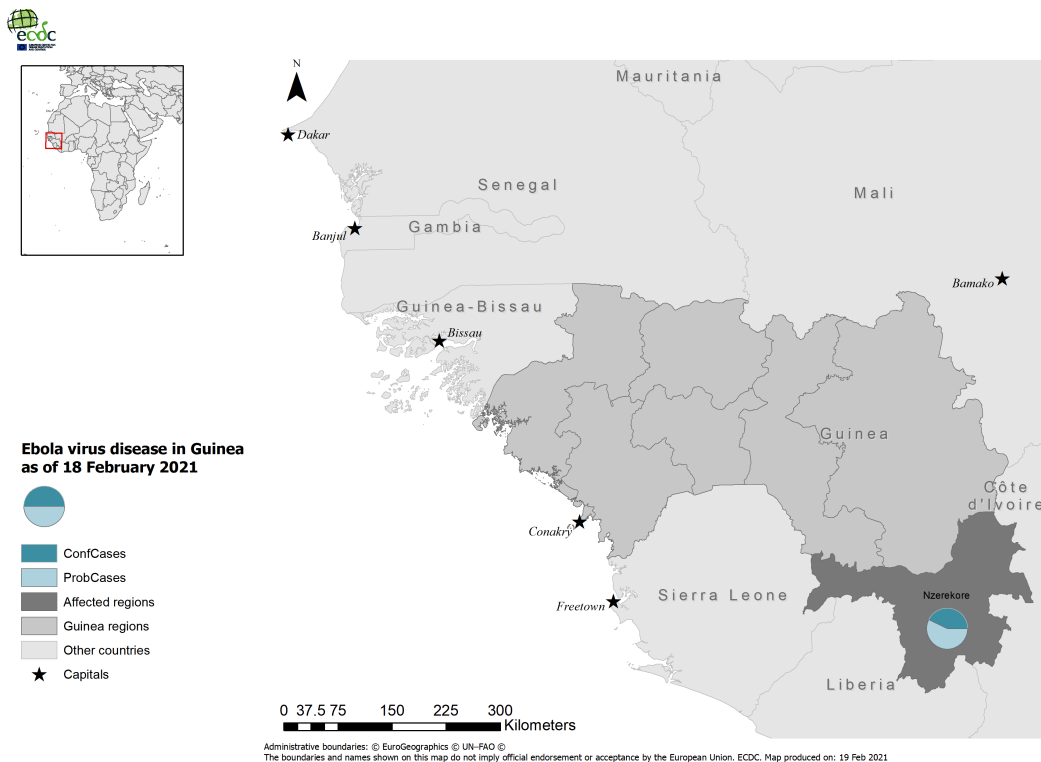
For EU/EEA citizens living or travelling through Guinea, there is a very low likelihood of exposure. The likelihood of introduction and further spread of the Ebola virus within the EU/EEA is very low.

Actions

Action: ECDC is following the situation through its epidemic intelligence activities. Options for response measures are described in ECDC's [rapid risk assessment](#) on the 10th EVD outbreak in the DRC, updated on 7 August 2019. ECDC is preparing a Threat Assessment Brief on this outbreak, with publication foreseen for week 8 of 2021.

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

Source: ECDC



Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

Latest update: 19 February 2021

Epidemiological summary

Since the beginning of the outbreak on 7 February 2021 and as of 18 February 2021, four confirmed cases of Ebola virus disease, including two deaths, have been reported in the North Kivu province, in the eastern part of the DRC, in the Biena (two) and Katwa (two) health zones. Additionally, [media quoting health authorities](#) reported that two further cases were detected on 18 February 2021, one each in the Katwa health zone and in the Mangurudjipa health zone, which is approximately 150 kilometres from the city of Butembo.

This province was recently affected by a large outbreak of Ebola virus disease, which was declared over in June 2020. The start of the outbreak was declared on 7 February 2021 by the DRC Ministry of Health.

The first known case of EVD was in a patient who sought treatment for Ebola-like symptoms at two local healthcare centres in Butembo city in the Biena Health Zone from the 25 January 2021 onwards, and was admitted to a hospital ICU ward on 3 February 2021, where she died on 4 February 2021. Samples were laboratory-confirmed to be EVD-positive on 6 February. The patient was married to an EVD survivor, whose biological samples had tested negative twice since 28 September 2020. A further three cases were reported, two of whom were reported to have had contact with the first case, with one of these two being a vaccinated healthcare worker who had treated the first case. The healthcare worker is currently being treated. Both patients who died were reportedly buried in the traditional way without safety precautions.

According to [media citing health officials](#), the so-called "Ituri strain" has been identified in this outbreak. This strain was circulating in regions in North Kivu during the 10th Ebola virus disease outbreak in the DRC. It is unknown whether a new spill-over of the same strain as in the 10 outbreak has occurred, or whether this outbreak is the result of viral persistence in a survivor.

North Kivu provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on site, and so far over [300 contacts](#) have been identified. A [vaccination campaign](#) was launched on 15 February in Butembo. Hospital staff at Matanda hospital, where the first

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positive detected case received treatment, were the first to receive the vaccine. So far, [almost 70](#) people have been vaccinated since the start of this outbreak.

Background: The 10th Ebola virus disease outbreak occurred in the eastern part of the country, affecting the Kivu and Ituri provinces, where this most recent outbreak has been detected, and which resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end of the outbreak was [declared](#) on 25 June 2020. The 11th outbreak of Ebola virus disease in the DRC was declared on 1 June 2020 and took place on the western side of the country in the [Equateur Province](#). It culminated to 130 cases including 55 deaths, and was [declared over](#) by the minister of health on 18 November 2020.

Sources: [WHO Regional Office for Africa](#) | [Ministere de la Sante Sitrep](#) | [WHO Disease Outbreak News](#) | [Media](#)

ECDC assessment

The risk of a flare-up of cases in the DRC remains. In addition, as the virus is present in the animal reservoir in many parts of the country, Ebola virus disease outbreaks are recurrent. The currently available information is not sufficient to assess the likelihood of further or more widespread transmission with high confidence. Continuing response measures and follow-up of survivors are essential to detect and interrupt transmission early on.

Significant [developments](#) for the prevention of Ebola virus disease have been made, with two vaccines now licensed for use in several countries. The likelihood of infection for healthcare workers (including EU/EEA citizens that could be deployed in response to this outbreak) is currently low, provided that they adhere to the appropriate infection prevention and control measures. EU/EEA citizens deployed to support the response to the outbreak are more likely than EU/EEA tourists or expatriates to be vaccinated against the disease.

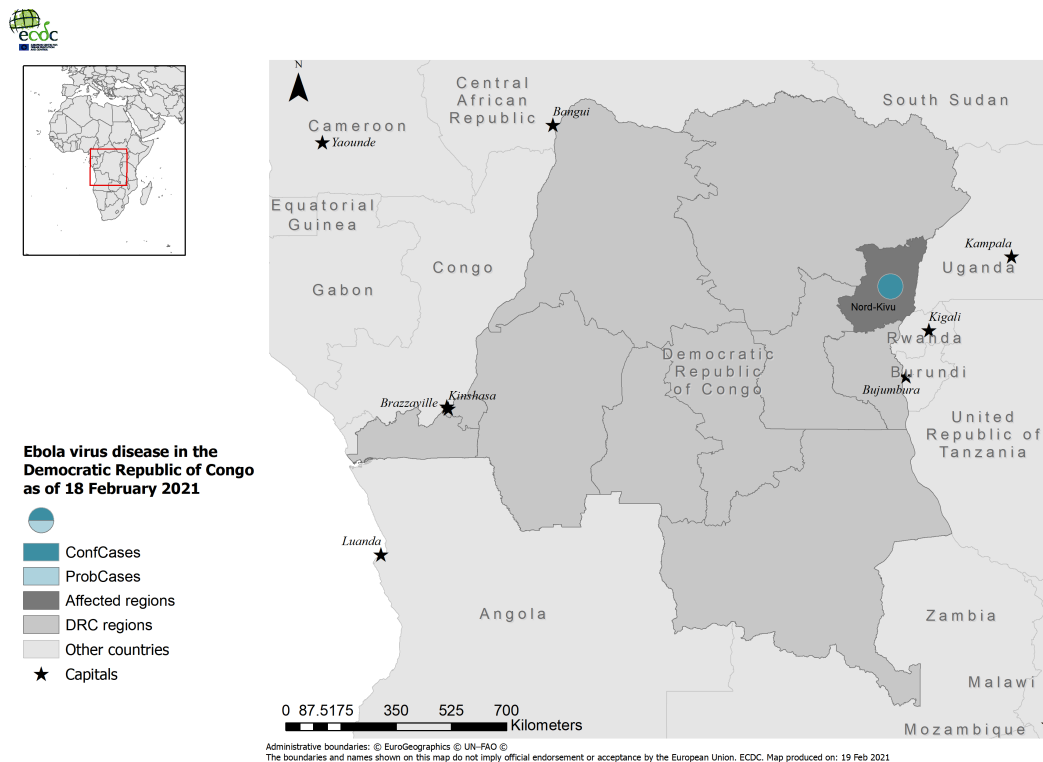
For EU/EEA citizens living or travelling through DRC, there is a very low likelihood of exposure. The likelihood of introduction and further spread of the Ebola virus within the EU/EEA is very low.

Actions

ECDC is following the situation through its epidemic intelligence activities. Options for response measures are described in ECDC's [rapid risk assessment](#) on the 10th Ebola outbreak in the DRC, updated on 7 August 2019. ECDC is preparing a Threat Assessment Brief on this outbreak, with publication foreseen for week 8 of 2021.

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

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 19 February 2021

Epidemiological summary

2020–2021 season overview

For the Region as a whole, influenza activity has been at baseline level since the start of the season.

In total, 644 specimens have tested positive for influenza viruses, 23 from sentinel sources and 621 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); nine (eight type A viruses and 1 type B) in wards outside ICUs with 1 fatality; and 10 from severe acute respiratory infection (SARI)-based surveillance (three infected with type B viruses and seven with type A).

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season.

Sources: [EuroMOMO](#) | [Flu News Europe](#) | [InfluenzaneT](#)

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual for this season that there is still very low influenza activity reported.

The novel coronavirus disease 2019 (COVID-19) pandemic has affected healthcare-seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region and this has had a negative impact on the reporting of influenza epidemiological and virological data during the 2020–2021 season.

Due to the COVID-19 pandemic, the influenza data we present will need to be interpreted with caution, notably in terms of

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seasonal patterns.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region between week 40–2020 and week 20–2021. They publish their weekly report on the [Flu News Europe](#) website.

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

Opening date: 9 December 2019

Latest update: 19 February 2021

Epidemiological summary

Wild poliovirus:

In 2020 overall, 140 cases have been reported from two endemic countries: Pakistan (84) and Afghanistan (56).

In 2021 overall, as of 9 February, one case of WPV has been reported from Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 9 February 2021, 30 cases of cVDPV1 have been reported by Yemen (29) and Malaysia (1). In addition, 1 009 cases of cVDPV2 have been reported from 24 countries: Afghanistan (303), Pakistan (135), Chad (99), Democratic Republic of the Congo (76), Cote D'Ivoire (71), Burkina Faso (59), Sudan (56), South Sudan (40), Guinea (39), Mali (35), Ethiopia (21), Somalia (14), Ghana (12), Niger (9), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Sierra Leone (3), Congo (1), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

In 2021 overall, as of 9 February 2021 one case of cVDPV2 has been reported from Pakistan. No cases of cVDPV1 and cVDPV3 have been reported to date this year.

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 suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

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

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

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

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

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

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