

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: 23 April 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 2021-14, and as of week 2021-15, 5 297 479 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 82 009 new deaths have been reported.

Globally, since 31 December 2019 and as of 19 April 2021, 141 805 956 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 026 902 deaths.

In the EU/EEA, 29 441 874 cases have been reported, including 662 622 deaths.

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

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

Opening date: 9 February 2011

Latest update: 23 April 2021

A sharp decrease in measles cases has been 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 March 2021, 11 new cases have been reported by two countries in the EU/EEA: Germany (6) and Poland (5). No other countries reported new cases of measles.

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

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), WHO Western Pacific Region (WPRO), and WHO Regional Office for Eastern Mediterranean (EMRO).

**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 supplementary to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

## Non EU Threats

### Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 23 April 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. Three cases were confirmed by the national laboratory and are the first confirmed cases reported since the 2013-2016 West Africa outbreak, which was the largest EVD outbreak ever recorded.

→Update of the week

Since the last update on 16 April 2021, and as of 20 April 2021, no new cases nor deaths have been reported. The last confirmed case was reported on 3 April 2021.

### Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 23 April 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

#### Week 15/2021 (12 April–18 April 2021)

Influenza activity remained at interseasonal levels.

Of the 1 271 specimens tested for influenza viruses collected in week 15/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, four were positive for influenza type A viruses.

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

There were no hospitalized laboratory-confirmed influenza cases reported for week 15/2021.

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

Opening date: 9 February 2021

Latest update: 23 April 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD) after a laboratory-confirmed case was detected. The outbreak is in the North Kivu province in the eastern region of the DRC, where a large outbreak occurred between 2018 and 2020.

### →Update of the week

Since the last update on 16 April 2021, and as of 19 April 2021, no new cases nor deaths have been reported. The 42-day [countdown](#) to declaring the end of the outbreak began on 22 March 2021, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in Katwa. Therefore, as of 19 April 2021, 14 days remain to declaring the end of the outbreak, provided no new confirmed cases are detected.

## Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 23 April 2021

Avian influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

### →Update of the week

Since the previous update on 26 February 2021, and as of 20 April, one new sporadic human case of influenza A(H9N2) virus infection has been reported in Cambodia. This constitutes the first human case of avian influenza A(H9N2) infection reported in Cambodia. In addition, two new human cases of avian influenza A(H9N2) were reported in China on 20 April 2021.

## Influenza A(H1N1) variant – the United States – 2020–2021

Opening date: 30 March 2021

Latest update: 23 April 2021

The US CDC has reported cases of influenza A(H1N1) variant (A(H1N1)v) virus infection in the United States during the 2020-2021 season. The cases had exposure to pigs. No human-to-human transmission has been identified in association with these cases. Public health measures have been initiated and further investigations are ongoing.

### →Update of the week

In April 2021, one new human case of influenza A(H1N1) variant (A(H1N1)v) virus infection was reported in Wisconsin. The case was reported in an individual under 18 years old. The patient was not hospitalised and has recovered from illness. No human-to-human transmission has been identified in association with this case. Investigation revealed that the child had direct contact with swine.

This is the first influenza A(H1N1)v virus infection detected in the United States occurring in 2021 and the second occurring during the 2020-2021 season.

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

Opening date: 27 January 2017

Latest update: 23 April 2021

Chikungunya virus disease and dengue are vector-borne diseases transmitted by mosquitoes. Around [3.6 billion people](#) are at risk of contracting dengue. Outbreaks of dengue and chikungunya virus diseases have been reported globally (in the Americas, Asia, Africa, Oceania, and Europe). Chikungunya virus disease and dengue are not endemic in Europe despite autochthonous outbreaks having been reported during the summer months in previous years.

### →Update of the week

**Chikungunya virus disease:** Since the previous CDTR update on 26 March 2021, Brazil, Malaysia, and Thailand have reported the majority of new cases.

**Dengue:** In 2021, the majority of cases were reported by Brazil, Vietnam, Peru, the Philippines, and Nicaragua.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 23 April 2021

#### Epidemiological summary

**Summary:** Since 31 December 2019, and as of week 2021-15, 141 805 956 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 026 902 deaths.

#### Cases have been reported from:

**Africa:** 4 431 639 cases; the five countries reporting most cases are South Africa (1 566 769), Morocco (505 811), Tunisia (287 061), Ethiopia (242 028) and Egypt (216 334).

**Asia:** 28 782 011 cases; the five countries reporting most cases are India (15 061 919), Iran (2 237 089), Indonesia (1 604 348), Iraq (977 175) and Philippines (936 133).

**America:** 60 380 341 cases; the five countries reporting most cases are United States (31 670 846), Brazil (13 973 695), Argentina (2 714 413), Colombia (2 667 136) and Mexico (2 306 910).

**Europe:** 48 142 304 cases; the five countries reporting most cases are France (5 289 526), Russia (4 702 101), United Kingdom (4 387 820), Turkey (4 268 447) and Italy (3 870 131).

**Oceania:** 68 956 cases; the five countries reporting most cases are Australia (29 519), French Polynesia (18 696), Papua New Guinea (9 799), Guam (7 879) and New Zealand (2 240).

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

#### Deaths have been reported from:

**Africa:** 117 934 deaths; the five countries reporting most deaths are South Africa (53 736), Egypt (12 738), Tunisia (9 825), Morocco (8 945) and Ethiopia (3 370).

**Asia:** 420 620 deaths; the five countries reporting most deaths are India (178 769), Iran (66 732), Indonesia (43 424), Pakistan (16 316) and Philippines (15 960).

**America:** 1 461 130 deaths; the five countries reporting most deaths are United States (567 216), Brazil (374 682), Mexico (212 466), Colombia (68 748) and Argentina (59 476).

**Europe:** 1 025 900 deaths; the five countries reporting most deaths are United Kingdom (127 270), Italy (116 927), Russia (105 582), France (100 762) and Germany (80 006).

**Oceania:** 1 312 deaths; the five countries reporting most deaths are Australia (910), French Polynesia (141), Guam (136), Papua New Guinea (90) and New Zealand (26).

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

#### EU/EEA:

As of 19 April, 29 441 874 cases have been reported in the EU/EEA: France (5 289 526), Italy (3 870 131), Spain (3 428 354), Germany (3 153 699), Poland (2 695 327), Czechia (1 602 711), Netherlands (1 409 167), Romania (1 031 072), Belgium (952 439), Sweden (914 115), Portugal (831 221), Hungary (753 188), Austria (590 260), Bulgaria (386 381), Slovakia (376 067), Greece (315 273), Croatia (308 200), Ireland (243 508), Denmark (243 374), Lithuania (234 232), Slovenia (232 313), Estonia (117 782), Latvia (111 334), Norway (107 510), Finland (84 287), Luxembourg (64 953), Cyprus (56 259), Malta (30 026), Iceland (6 329), and Liechtenstein (2 836).

As of 19 April 2021, 662 622 deaths have been reported in the EU/EEA: Italy (116 927), France (100 762), Germany (80 006), Spain (77 102), Poland (62 133), Czechia (28 532), Romania (26 381), Hungary (25 381), Belgium (23 781), Portugal (16 946), Netherlands (16 917), Bulgaria (15 195), Sweden (13 825), Slovakia (11 172), Austria (9 650), Greece (9 462), Croatia (6 601), Ireland (4 836), Slovenia (4 461), Lithuania (3 770), Denmark (2 459), Latvia (2 053), Estonia (1 100), Finland (891), Luxembourg (785), Norway (709), Malta (409), Cyprus (291), Liechtenstein (56), and Iceland (29).

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

#### 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.

## ECDC assessment

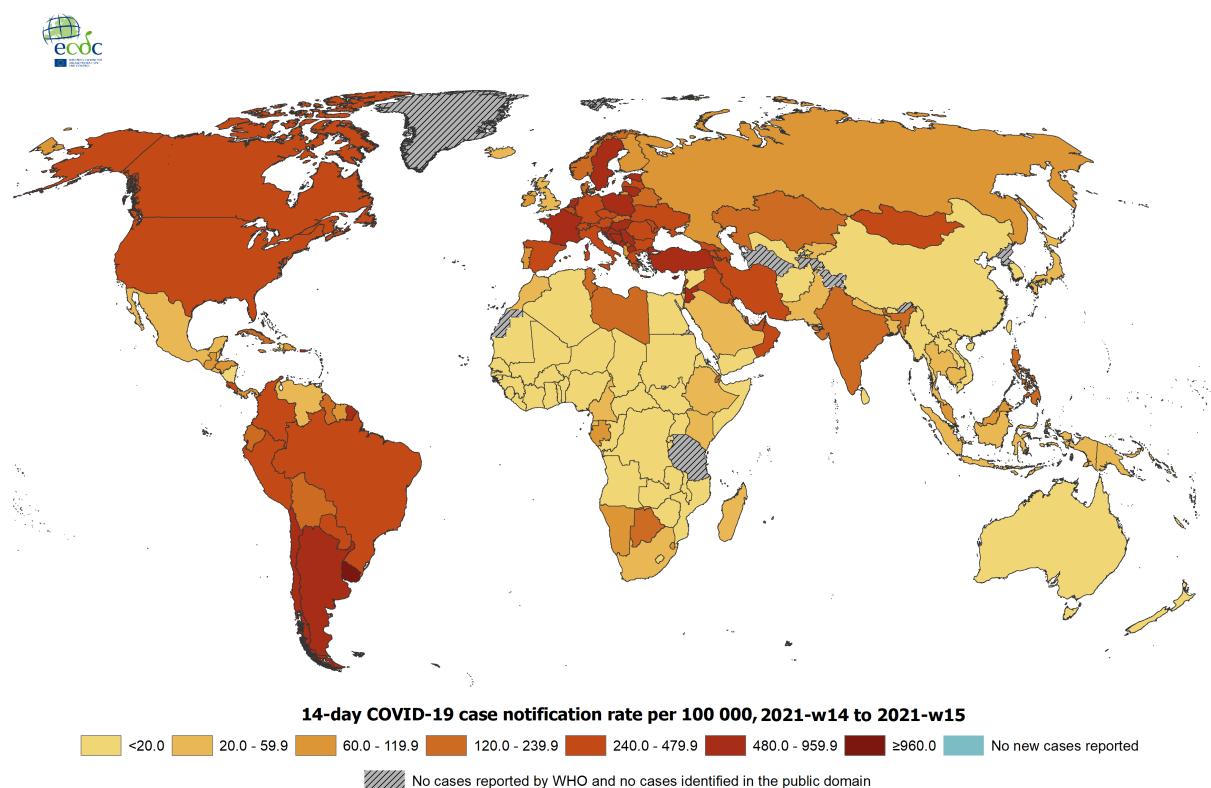
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

## Actions

**Actions:** ECDC published the 14th update of its [rapid risk assessment](#) on 15 February 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-w15 to 19 April 2021

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: 22/04/2021

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

Opening date: 9 February 2011

Latest update: 23 April 2021

## Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 March 2021, 11 new cases have been reported by two countries in EU/EEA: Germany (6) and Poland (5). No other countries reported new cases of measles.

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

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), WHO Western Pacific Region (WPRO), and WHO Regional Office for Eastern Mediterranean (EMRO).

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

In May 2019, WHO classified measles outbreaks across the European Region as a [Grade 2 emergency](#). On 29 August 2019, the [European Regional Verification Commission for Measles and Rubella Elimination \(RVC\)](#) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, Czechia, Greece, and the United Kingdom) had lost their measles elimination status.

**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 media. This report is supplementary to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 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 18 cases in 2021 and as of week 15 (ending 18 April 2021) an increase of six cases since week 10 (ending 14 March 2021).

[Poland](#) reported 5 cases of measles from 1 January to 15 April 2021.

Relevant epidemiological summary for countries outside the EU/EEA

A global overview is available on [WHO's website](#). Additional information with the latest available data is provided for several countries.

According to the WHO Regional Office for Europe ([EURO](#)), as of report on 1 April 2021, there 15 confirmed measles cases reported in [January-February 2021](#) from the following countries: France (4), Turkey (4), Ukraine (3), Germany (1), Ireland (1), Kazakhstan (1) and Serbia (1). In 2020, out of 12 198 measles cases reported in WHO European region, 11 581 (95%) cases were reported by these 10 countries: Uzbekistan (4 053), Kazakhstan, (3 269), Russian Federation (1 100), Romania (976), Kyrgyzstan (708), Turkey (611), Bulgaria (245), France (240), Ukraine (211) and Tajikistan (168).

According to the WHO Regional Office for Africa ([AFRO](#)), as of 11 April 2021 (week 15), outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan.

According to the WHO Pan American Health Organization ([PAHO](#)) in 2021 and as of week 14 (ending 10 April 2021), one country (Brazil) reported 306 confirmed cases of measles.

According to WHO Western Pacific Region ([WPRO](#)) report, in January 2021, overall there were 41 confirmed and clinically compatible cases reported by four countries (China, Malaysia, Cambodia and the Philippines).

According to WHO Regional Office for Eastern Mediterranean ([EMRO](#)) report for the year 2020, 7 588 measles cases were reported in all but five countries (Bahrain, Jordan, Egypt, Kuwait and Oman). Most of the cases were reported in Pakistan (2 747) and Somalia (2 518).

No updates were available for WHO Regional Office for South-East Asia (SEARO).

## ECDC assessment



A substantial decline in measles cases reported by EU/EEA countries and the UK after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been 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 decline of cases observed. Nevertheless, achieving the best possible vaccine uptake in the current circumstances is crucial in order to prevent measles outbreaks in the future.

## 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.

## Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 23 April 2021

### Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of 20 April 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 these, 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. Nine patients with confirmed EVD have recovered. The Agence Nationale de Securite Sanitaire (ANSS) also reported one case from the N'Zerekore region who escaped, having refused to go into isolation into a healthcare facility.

According to WHO, the 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.

[Preliminary 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](#).

The [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, and vaccines have been further deployed to the Boke and Kankan regions. The ring vaccination strategy is being deployed, whereby healthcare workers, contacts of EVD cases, contacts of contacts and suspected contacts are being vaccinated. As of 20 April, 7 285 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions.

The response is being conducted by the Ministry of Health (MoH) 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. 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, and the limited response capacity currently on the ground. The Guinean MoH and GOARN partners are supporting case management and training teams in the practice of safe and dignified burials. Multidisciplinary teams are currently in the field to actively search and provide care for cases, trace and follow-up contacts, and increase awareness in communities of the need for infection prevention and control.

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 bordering countries of Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries have completed their national preparedness and readiness plans, and are on high alert, however their overall [estimated state of readiness](#) lies below the required benchmark. [Governmental representatives](#) of Guinea and the six bordering countries held a meeting on 2 March 2021, at which it was agreed to unify the response by setting up a coordination mechanism, increasing surveillance and screening at border crossings and in high-risk communities, and facilitating import regulations for vaccines. WHO assesses the risk for the region as high.

According to WHO, challenges remain in the surveillance and response, and include inadequate coordination in N'Zerekore, a lower number of alerts than expected and therefore too few samples being tested, problems locating contacts lost to follow-up,

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 in the surveillance and response, it is likely that there are undetected chains of transmission, posing a risk of further disease clusters and greater geographical spread. Responders have faced resistance, especially from the village of Kpagalaye in the sub-prefecture Soulouta, where the most recent cases were reported.

**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 \(ANSS\)](#) | [WHO Disease Outbreak News](#) | [WHO Regional Office for Africa Twitter](#) | [ANSS report](#) | [Weekly Afro Bulletin](#) | [ACDC Outbreak Brief #9](#)

## ECDC assessment

These EVD cases are the first cases of the disease reported in Guinea since 2016. Based on preliminary molecular studies, re-emergence of the virus from a persistently infected person from the 2013-2016 outbreak is hypothesised. However, 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 in order 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.

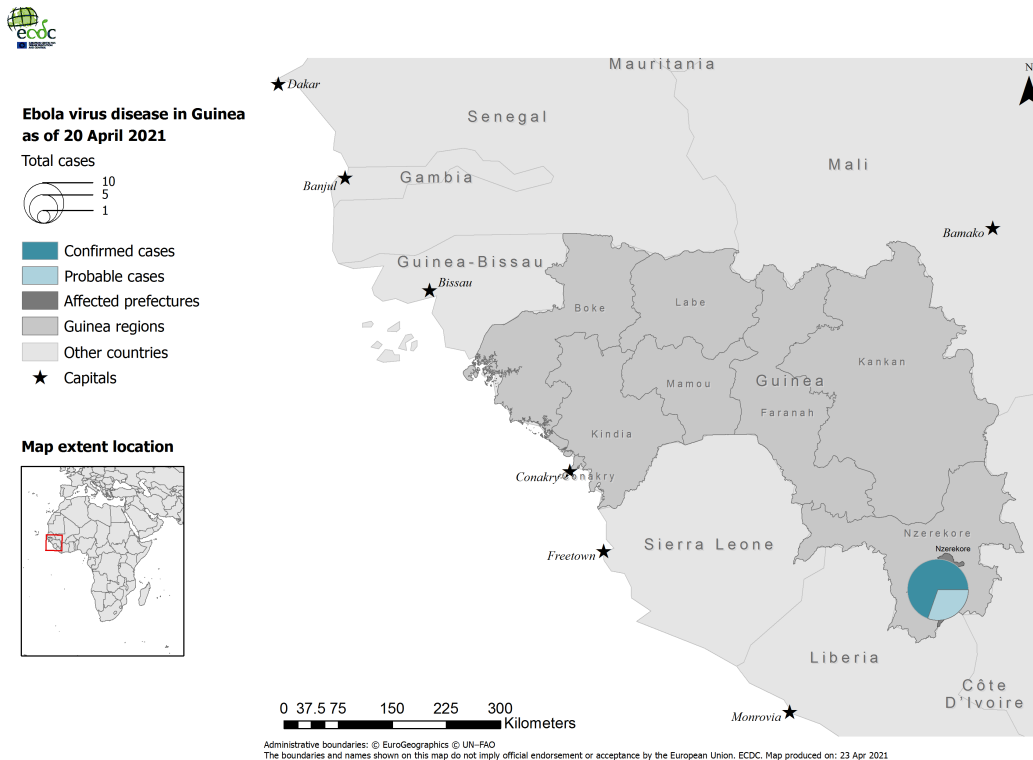
## Actions

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



## Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 23 April 2021

### Epidemiological summary

#### Week 15/2021 (12 April–18 April 2021)

Influenza activity remained at interseasonal levels.

Of the 1 271 specimens tested for influenza viruses collected in week 15/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, four were positive for influenza type A viruses.

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

There were no hospitalised laboratory-confirmed influenza cases reported for week 15/2021.

#### 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, 832 specimens have tested positive for influenza viruses, 41 from sentinel sources and 791 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); 13 (all type A viruses) in wards outside ICUs; and 22 from severe acute respiratory infection (SARI)-based surveillance (21 infected with type A viruses and 1 with type B).

The influenza epidemic in the European Region has usually peaked and is declining by this point in the year but, despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-

9/20

CoV-2.

The COVID-19 pandemic had affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. However, surveillance improved over the course of the 2020–2021 season and, although there was a small decrease in the number of samples tested (~20%) compared to previous seasons, there was a remarkable decrease (>99%) in the number of influenza infections detected, with numbers detected on a weekly basis being similar to those reported during interseasonal periods.

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

### ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level, which is unusual. This is probably due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The novel coronavirus disease 2019 (COVID-19) pandemic has also 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 presented by ECDC will need to be interpreted with caution, notably in terms of seasonal patterns.

### Actions

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

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

Opening date: 9 February 2021

Latest update: 23 April 2021

### Epidemiological summary

Since the start of the outbreak (on 7 February 2021), and as of 19 April 2021, 12 EVD cases (11 confirmed and one probable), including six deaths, have been reported in the North Kivu province in the eastern region of the DRC. More specifically, the cases have been reported from the Biena (6), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Six patients have recovered and been integrated into the survivor's care programme. The 42-day countdown was initiated on 22 March 2021.

The index case was in a patient who sought treatment for Ebola-like symptoms at two healthcare centres in Butembo city in the Biena Health Zone from 25 January 2021 onwards, and was admitted to a hospital ICU ward in the Katwa health zone on 3 February 2021, where she died one day later. The EVD diagnostic was laboratory-confirmed on 6 February 2021. The source of infection of the index case in this outbreak is currently unknown and investigations are ongoing.

**Results** from genome sequencing confirmed that the first cases were infected with the Zaire ebolavirus species, [suggesting](#) that the ongoing outbreak is genetically linked to the 10th EVD outbreak that occurred between 2018 and 2020 in the North Kivu and Ituri provinces.

North Kivu provincial health authorities are leading the response, supported by WHO and the DRC Ministry of Health. All contacts have completed their 42-day follow-up. A [vaccination campaign](#) was launched on 15 February 2021 in Butembo. The ring vaccination strategy was deployed, during which 1 898 contacts were vaccinated, including 542 healthcare workers.

According to WHO, there are a number of ongoing challenges for surveillance, including access to affected areas due to ongoing conflicts in the country and community mistrust towards authorities and outbreak responders. Further challenges include poor alert management, limited infrastructure for isolation of suspected cases, and insufficient financial resources to support all pillars of the surveillance and response.

**Background:** The 10th EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this ongoing outbreak is occurring. The 10th outbreak resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end was [declared](#) on 25 June 2020. The 11th outbreak of EVD in the DRC was declared on 1 June 2020 and occurred on the western side of the country in the [Equateur Province](#). It culminated in 130 cases, including 55 deaths, and was [declared over](#) on 18 November 2020.

**Sources:** [WHO Regional Office for Africa](#) | [Ministere de la Sante Sitrep](#) | [WHO Disease Outbreak News](#) | [WHO Country Office DRC Twitter](#) | [Weekly Afro Bulletin](#)

## ECDC assessment

These EVD cases are the first reported in North Kivu, DRC, since the 10th outbreak was declared over in June 2020 (see the [Threat Assessment Brief](#) published on 22 February 2021 for more information). According to the current information, the health authorities in the DRC have been successful in controlling the outbreak as the number of cases has remained low (compared to previous outbreaks in the country) and no new cases have been reported recently. However, due to the above-mentioned difficulties, there is still a possibility that there will be further cases and spread. The COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) may also challenge the response.

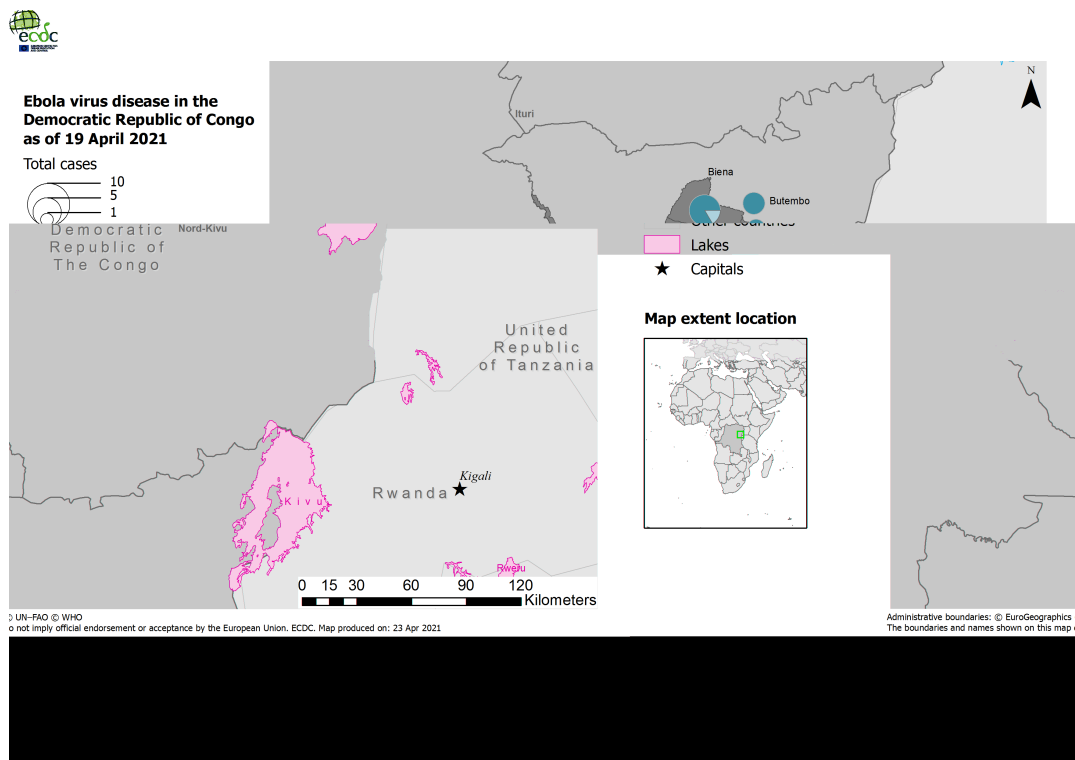
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in the DRC is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood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

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

Source: ECDC



## Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019

Latest update: 23 April 2021

11/20

## Epidemiological summary

Since the previous update on 26 February 2021, and as of 20 April, one new sporadic human case of influenza A(H9N2) virus infection has been reported in Cambodia. This constitutes the first human case of avian influenza A(H9N2) infection reported in Cambodia. The case had mild symptoms and recovered.

The case was reported on 17 March 2021 in a three-year-old boy from Siem Reap province, in northwest Cambodia. The case had onset of mild illness on 26 February 2021, and was hospitalised on 28 February 2021 with symptoms including fever, cough, and runny nose. Exposure to poultry was reported. To date, no further cases were reported among close contacts of the case.

In addition, two new human cases of avian influenza A(H9N2) were reported in China on 20 April 2021:

One case was a 10-year-old male from Fujian Province, China. The case had onset of mild symptoms on 28 January 2020 and has since recovered. There was no clear history of poultry exposure and no further cases were detected among family members.

A second case was a two-year-old female from Hubei Province, China. The case had onset of mild symptoms on 7 February 2021 and has since recovered. A history of backyard poultry exposure was reported, and no further cases were detected among family members.

To date, since 1998 a total of 86 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported, from China (74), Egypt (4), Bangladesh (3), Cambodia (1), Oman (1), Pakistan (1), India (1), and Senegal (1).

**Sources:** [ECDC avian influenza page](#) | [WHO avian and other zoonotic influenza page](#) | [Joint ECDC, EFSA and EU Reference Laboratory scientific for avian influenza report: Avian influenza overview May – August 2020](#) | [Emerging Infectious Diseases](#) | [Taiwan CDC](#) | [Hong Kong health department](#) | [WHO Influenza at the human-animal interface](#) | [WHO Surveillance - Avian influenza weekly reports](#) | [Hong Kong health department](#)

## ECDC assessment

Human cases related to the avian influenza A(H9N2) virus are detected sporadically and no sustained human-to-human transmission has been reported. Most of the reported human cases had mild disease. These cases are not unexpected in regions where avian influenza A(H9N2) virus is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

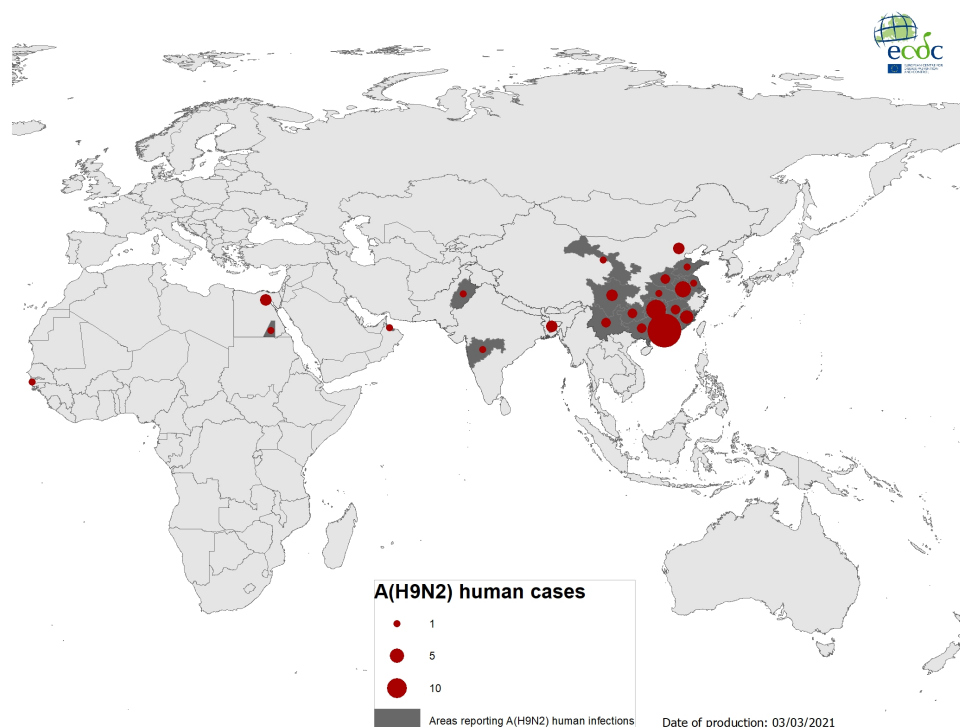
Currently, avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. As the likelihood of zoonotic transmission of newly-introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

## Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report on the [avian influenza situation](#). The most recent report was published on 26 February 2020.

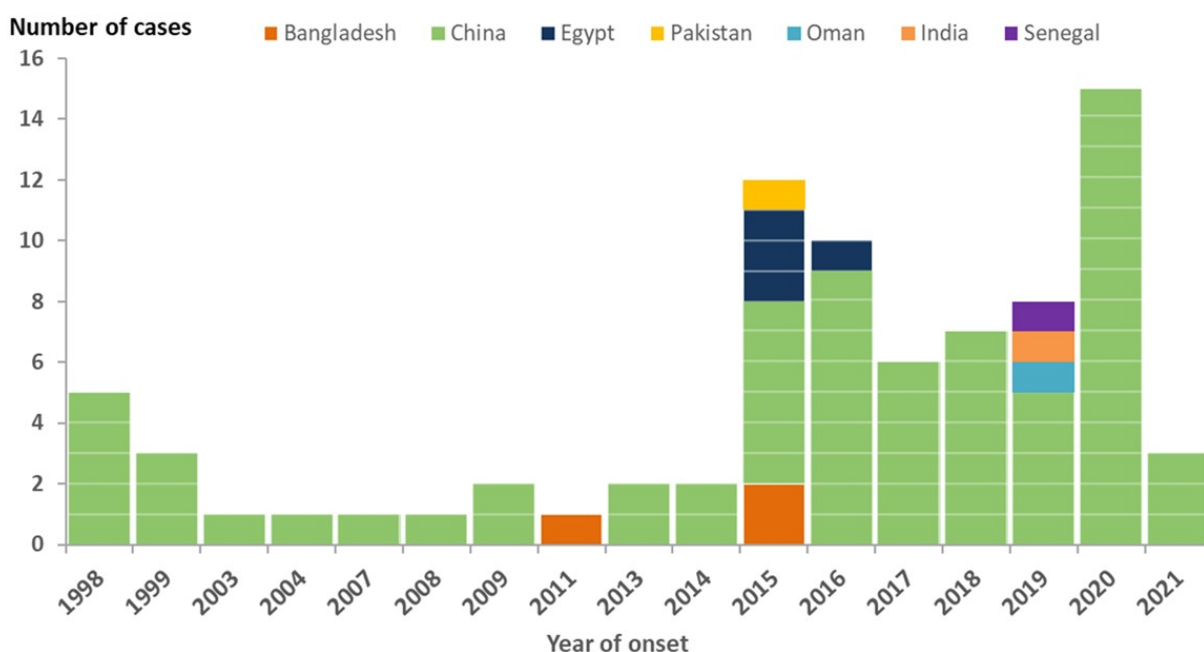
### Geographical distribution of confirmed human cases with avian influenza A(H9N2) virus infection, 1998–2021

Source: ECDC



### Distribution of confirmed human cases with avian influenza A(H9N2) virus infection by onset year and country, 1998–2021

Source: ECDC



### Influenza A(H1N1) variant – the United States – 2020–2021

Opening date: 30 March 2021

Latest update: 23 April 2021

## Epidemiological summary

The US CDC has reported two cases of influenza A(H1N1) variant (A(H1N1)v) virus infection in the United States during the 2020-2021 season.

In April 2021, one new human case of influenza A(H1N1) variant (A(H1N1)v) virus infection was reported in Wisconsin. The case was an individual under 18 years old. The patient was not hospitalised and has recovered from illness. No human-to-human transmission has been identified in association with this case. Investigation revealed that the child had direct contact with swine.

Previously, in March 2021, the United States CDC reported one human case of influenza A(H1N1) variant (A(H1N1)v) virus infection in North Carolina, occurring in 2020. The case was an adult, who was not hospitalised and recovered from his illness. Investigation revealed that he had daily contacts with pigs through his work. No human-to-human transmission has been identified in association with this case and no further influenza A(H1N1)v virus infections have been identified in specimens collected in 2021 thus far.

From 2011, and as of 20 March 2021, the [US CDC](#) has reported 12 cases of human infection with A(H1N1)v virus in the United States.

In Europe, human cases of influenza A(H1N1)v virus infection have recently been reported in Denmark, Germany, and the Netherlands.

**Source:** [US CDC](#)

## ECDC assessment

Sporadic transmission of swine influenza viruses from pigs to humans has been observed in recent years when people are in close contact with pigs. It is therefore very important to immediately share all unsubtypeable influenza viruses with national influenza centres or reference laboratories as well as WHO Collaborating Centres for further virus characterisation analysis. Rigorous follow-up investigations are needed to identify human-to-human transmission immediately and implement public health measures to prevent further spread.

In [2016](#), ECDC flagged the importance of the early sharing of information related to human cases of A(H1N1)v virus infections. ECDC underlines the importance of informing health authorities as early as possible and reporting human cases of avian and swine influenza viruses through EWRS and IHR.

## Actions

ECDC is monitoring influenza events through influenza surveillance and epidemic intelligence activities. In addition, ECDC monitors zoonotic influenza strains in order to identify significant changes in the epidemiology of the virus. ECDC has published [Annual Epidemiological Reports](#) on zoonotic influenza that summarise the human cases related to swine viruses.

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

Opening date: 27 January 2017

Latest update: 23 April 2021

## Epidemiological summary

### Europe

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

**Dengue:** No autochthonous dengue cases have been detected in mainland Europe in 2021.



### *Americas and the Caribbean*

#### **Chikungunya virus disease:**

**Bolivia:** In 2021, as of 10 April, Bolivia has reported 84 cases, including 16 laboratory-confirmed cases.

**Brazil:** In 2021, as of 20 March, Brazil has reported 15 708 cases, 4 632 of which are laboratory-confirmed.

**Colombia:** In 2021, as of 10 April, Colombia has reported 16 suspected cases.

**Costa Rica:** In 2021, as of 3 April, Costa Rica has reported 12 suspected cases.

**El Salvador:** In 2021, as of 3 April, El Salvador has reported 20 suspected cases.

**Mexico:** In 2021 and as of 3 April, Mexico has reported two confirmed cases.

**Nicaragua:** In 2021, as of 10 April Nicaragua has reported five suspected cases, including one laboratory-confirmed case.

**Paraguay:** In 2021, as of 10 April, Paraguay has reported 60 suspected cases.

**Venezuela:** In 2021, as of 20 March, Venezuela has reported 12 suspected cases.

No updates are available for Barbados, Ecuador, Guatemala, Honduras and Peru.

#### **Dengue:**

In 2021, and as of week 16, the Pan American Health Organization (PAHO) reported 273 495 suspected, probable, and confirmed dengue cases and 65 associated deaths, in the Americas region. The five countries reporting most cases are: Brazil (204 373), Peru (14 601), Nicaragua (12 444), Colombia (9 767), Paraguay (9 229). All four dengue virus serotypes (DEN-1, DEN-2, DEN-3, and DEN-4) are currently circulating in the Americas, which increases the risk of severe cases. The figures for each country of the Americas can be found on the [PAHO Health Information Platform](#).

According to [Santé publique France](#), in Guadeloupe, Saint-Martin, Saint-Barthelemy and Martinique the dengue indicators are at low levels. In February and March 2021, each territories' technical committee for monitoring dengue proposed moving to the end of the epidemic, return to normal phase.

### *Asia*

#### **Chikungunya virus disease:**

**India:** In 2021, as of 25 March 2021, India has reported five cases of chikungunya in the Maharashtra state.

**Malaysia:** In 2021 and as of 10 April, 388 cases have been reported across the country, with most of the cases being reported in Perak and Kuala Lumpur region according to Malaysia's Ministry of Health.

**Thailand:** In 2021, as of as of 9 April, the country has reported 212 cases, with no associated deaths, affecting 30 provinces across the country.

No updates are available for [Cambodia](#).

#### **Dengue:**

**Cambodia:** In 2021 and as of 21 March 2021, Cambodia reported 431 cases and one death. The number of cases is 26% lower compared to the 1 638 cases that were reported in the same period in 2020.

**China:** In February 2021, two cases and no deaths were reported in China. The number of cases reported is lower compared to the previous year and other recent years but follows the expected seasonal trend.

**India:** In 2021 and as of 31 March 2021, 4 688 cases and no deaths have been reported.

**Lao PDR:** In 2021 and as of 28 March 2021, 157 cases were reported. The cumulative number of cases as of 28 March 2021 is four times lower compared to the same period in 2020 during which 629 cases were reported, and the trend is within seasonally expected levels.

**Malaysia:** In 2021 and as of 3 April 2021, Malaysia reported 7 417 cases and four deaths. Dengue activity has decreased in the cumulative number of cases and deaths in 2021 compared to the same period in 2020, during which 34 238 cases and 49 deaths were reported.

[Nepal](#): In 2021 and as of 11 April 2021, Nepal reported a total of 26 cases.

[Pakistan](#): In 2021 and as of 10 April 2021, Pakistan reported a total of 657 cases of dengue.

[The Philippines](#): In 2021 and as of 6 March 2021, the Philippines reported 13 699 dengue cases, including 50 deaths. The number of cases is 68% lower compared to the 42 584 cases that were reported in the same period in 2020.

[Singapore](#): In 2021 and as of 17 April 2021, Singapore reported a total of 2 086 cases. Weekly trends are within seasonally expected levels.

[Sri Lanka](#): In 2021 and as of 16 April, Sri Lanka reported a total of 5 967 cases.

[Thailand](#): In 2021 and as of 17 April 2021, Thailand reported a total of 1 680 cases and no deaths.

[Vietnam](#): In 2021 and as of 7 March 2021, Vietnam reported 15 110 cases including three deaths. This represents a decrease of 18.3% in the number of cumulative cases, compared to the same period in 2020.

There are no updates available from Bangladesh, Indonesia and Myanmar.

#### Africa

##### **Chikungunya virus disease:**

In 2021, and as of 22 April, no cases have been reported. No updates are available for outbreaks reported in the previous year for [Chad](#), [Congo](#), [Democratic Republic of Congo](#), [Kenya](#) and [Sudan](#).

##### **Dengue:**

[Réunion](#): In 2021 and as of 21 April 2021, 6 188 confirmed cases have been reported. This is an increase of 4 896 cases since the last report on 25 March 2021. The majority of cases have been reported from Le Port in the West of the island, however the epidemic is affecting the entire island. In a recent [report](#) from Santé publique France with data as of 13 April 2021, it is shown that various indicators are in line with the large epidemic of 2019, and currently one virus serotype is circulating. In addition, recent [media](#) citing health authorities report two deaths since the start of 2021.

[Kenya](#): According to media citing health officials, an outbreak of dengue involving 24 laboratory confirmed cases have been reported recently from Mombasa, Kenya.

There are no updates for Ethiopia, Mayotte, Mauritius, Mauritania or Senegal.

#### **Australia and the Pacific**

##### **Chikungunya virus disease:**

No outbreaks have been reported since the previous update.

##### **Dengue:**

[Australia](#): In 2021 and as of 7 April, no cases of dengue have been reported in Australia. One case reported in February 2021 was removed retrospectively from the list of cases notified in Australia.

[Cook Islands](#): In 2021 and as of 20 April, a total of 162 probable and confirmed cases have been reported. On 2 February 2021, an outbreak was declared by the Cook Islands Ministry of Health.

[French Polynesia](#): During weeks 11-2021 to 12-2021, one probable dengue case was detected among 64 tested. In 2021, the proportion of dengue-like illness (DLI) cases among consultations at sentinel sites has remained below 2%.

[New Caledonia](#): In 2021 and as of 18 April, 72 cases have been reported.

[Wallis and Futuna](#): In 2021 as of week 13, 26 confirmed cases have been reported.

[Fiji](#): Since week 10-2021, there has been a decline in dengue-like illness (DLI) cases in Fiji. DLI cases were reported in week 10-2021 (348), week 11-2021 (275), week 12-2021 (232) and week 13-2021 (212).

There are no new updates available from the Federated States of Micronesia and the Republic of the Marshall Islands.

*N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news media. Data completeness depends on the availability of reports from surveillance systems and their*

accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation.

## ECDC assessment

Chikungunya virus disease and dengue affect most countries in the tropics and sub-tropics. EU/EEA travellers to the affected areas should apply [personal protective measures against mosquito bites](#).

The current likelihood of the occurrence of local transmission events of chikungunya virus and dengue virus in mainland EU/EEA is very low, as the environmental conditions are not favourable to vector activity and virus replication.

More information about dengue is available in [ECDC's factsheet](#).

## Actions

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

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

ECDC



Geographical distribution of chikungunya virus disease cases reported worldwide, February to April 2021

ECDC



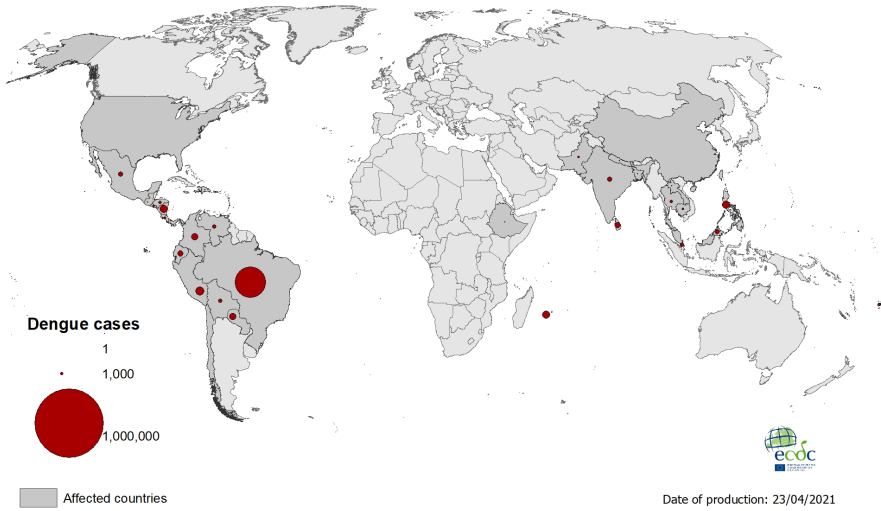
Geographical distribution of dengue cases reported worldwide, January to April 2021

ECDC



Geographical distribution of dengue cases reported worldwide, February to April 2021

ECDC



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