

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: 7 May 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 2021-16 and as of week 2021-17, 5 776 011 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 91 752 new deaths have been reported

Globally, since 31 December 2019 and as of week 2021-17, 153 220 576 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 209 416 deaths.

In the EU/EEA, 30 983 201 cases have been reported, including 692 446 deaths.

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

Non EU Threats

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

Opening date: 9 February 2021

Latest update: 7 May 2021

The outbreak of Ebola virus disease (EVD) that was declared on 7 February 2021, which constituted the 12th EVD outbreak in the Democratic Republic of the Congo (DRC), was [declared over](#) on 3 May 2021, just under three months after it began. The North Kivu province in the eastern region of the DRC was the affected region, where a large outbreak had previously occurred between 2018 and 2020. This most recent outbreak culminated in 12 EVD cases including six deaths.

→Update of the week

The EVD outbreak in the North Kivu province has been officially [declared](#) over by the Minister of Public Health, Hygiene and Prevention of the DRC, on 3 May 2021. No new cases nor deaths have been reported since the last case of EVD tested negative for the second time on 22 March 2021, upon which the 42-day countdown was initiated. Four health zones in the North Kivu province were affected during this outbreak. This declaration is followed by a period of 90 days during which heightened surveillance will continue, in case of resurgence.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 7 May 2021

Reported influenza activity in Europe remains at interseasonal levels.

→Update of the week

Week 17/2021 (26 April–2 May 2021)

Influenza activity remains at or below interseasonal level.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 7 May 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, 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. To date, 23 EVD cases have been identified in the current outbreak.

→Update of the week

Since the last update on 30 April 2021, and as of 4 May 2021, no new cases nor 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.

A start date of 8 May 2021 has been set for the 42-day countdown period to declare the end of the outbreak. This is later than usual, to account for a missing confirmed case.

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

Opening date: 9 December 2019

Latest update: 7 May 2021

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). The [27th meeting](#) of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was held on 1 February 2021.

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

→Update of the week

Since the previous CDTR update on 09 April 2021 and as of 27 April 2021, 42 cases of polioviruses (cVDPV1 and cVDPV2) have been reported. No new cases of WPV1 have been reported since the last update.

Wild poliovirus (WPV1):

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

Circulating vaccine-derived poliovirus (cVDPV):

- Six new cases of AFP caused by cVDPV1 have been reported from Madagascar (3) and Yemen (3).
- Three cVDPV1 environmental samples have also been detected in Madagascar.
- 36 cases of AFP caused by cVDPV2 have been reported from 13 countries: Afghanistan (10), Sierra Leone (6), Guinea (5), Mali (3), Burkina Faso (2), Democratic Republic of the Congo (2), Nigeria (2), Congo (1), Côte D'Ivoire (1), Liberia (1), Senegal (1), South Sudan (1) and Tajikistan (1).
- No new cases of cVDPV3 have been reported.
- 34 cVDPV2 environmental samples have also been detected: Afghanistan (11), Pakistan (7), Côte D'Ivoire (4), Liberia (4), Sierra Leone (3), Tajikistan (2), Benin (1), Iran (1) and Nigeria (1).

Influenza A(H1N2) variant virus – Canada – 2020–2021

Opening date: 20 November 2020

Latest update: 7 May 2021

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats. Sporadic cases of influenza A(H1N2) virus variant infections in humans have been recently reported from Canada.

→Update of the week

On 30 April 2021, Canadian Public Health authorities reported a case of human infection with influenza A(H1N2) virus variant (A(H1N2)v) in Manitoba. Overall and as of 6 May 2021, two confirmed cases of this infection were reported (one in Manitoba and one in Alberta).

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, over 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

→Update of the week

Since the previous update published on 9 April, and as of 3 May 2021, no new MERS-CoV cases nor deaths have been reported.

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

Opening date: 30 January 2019

Latest update: 7 May 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 20 April 2021, and as of 7 May, one new human case of influenza A(H9N2) virus infection has been reported in China.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 7 May 2021

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-17, 153 220 576 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 209 416 deaths.

Cases have been reported from:

Africa: 4 571 789 cases; the five countries reporting most cases are South Africa (1 584 064), Morocco (511 856), Tunisia (312 747), Ethiopia (258 384) and Egypt (229 635).

Asia: 34 785 351 cases; the five countries reporting most cases are India (19 925 604), Iran (2 516 157), Indonesia (1 677 264), Iraq (1 074 930) and Philippines (1 054 983).

America: 63 068 547 cases; the five countries reporting most cases are United States (32 421 705), Brazil (14 779 529), Argentina (3 021 179), Colombia (2 905 254) and Mexico (2 349 900).

Europe: 50 722 884 cases; the five countries reporting most cases are France (5 652 247), Turkey (4 875 388), Russia (4 823 255), United Kingdom (4 420 201) and Italy (4 044 762).

Oceania: 71 300 cases; the five countries reporting most cases are Australia (29 826), French Polynesia (18 758), Papua New Guinea (11 206), Guam (8 004) and New Zealand (2 622).

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

Deaths have been reported from:

Africa: 122 304 deaths; the five countries reporting most deaths are South Africa (54 417), Egypt (13 469), Tunisia (10 915), Morocco (9 028) and Ethiopia (3 726).

Asia: 477 851 deaths; the five countries reporting most deaths are India (218 959), Iran (72 090), Indonesia (45 796), Pakistan (18 149) and Philippines (17 431).

America: 1 533 740 deaths; the five countries reporting most deaths are United States (577 045), Brazil (408 622), Mexico (217 345), Colombia (75 164) and Argentina (64 792).

Europe: 1 074 175 deaths; the five countries reporting most deaths are United Kingdom (127 538), Italy (121 177), Russia (110 862), France (104 848) and Germany (83 276).

Oceania: 1 340 deaths; the five countries reporting most deaths are Australia (910), French Polynesia (141), Guam (137), Papua New Guinea (115) and New Zealand (26).

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

EU/EEA:

As of week 2021-17, 30 983 201 cases have been reported in the EU/EEA: France (5 652 247), Italy (4 044 762), Spain (3 540 430), Germany (3 425 982), Poland (2 805 756), Czechia (1 634 619), Netherlands (1 514 830), Romania (1 058 337), Belgium (997 626), Sweden (985 483), Portugal (837 457), Hungary (784 111), Austria (618 346), Bulgaria (405 194), Slovakia (383 228), Greece (346 422), Croatia (335 522), Denmark (253 673), Lithuania (250 337), Ireland (249 838), Slovenia (241 883), Estonia (122 943), Latvia (119 750), Norway (113 468), Finland (87 345), Luxembourg (67 397), Cyprus (66 430), Malta (30 354), Iceland (6 483) and Liechtenstein (2 948).

As of week 2021-17, 692 446 deaths have been reported in the EU/EEA: Italy (121 177), France (104 848), Germany (83 276), Spain (78 293), Poland (68 105), Czechia (29 365), Romania (28 380), Hungary (27 908), Belgium (24 321), Netherlands (17 168), Portugal (16 977), Bulgaria (16 492), Sweden (14 147), Slovakia (11 807), Greece (10 453), Austria (9 989), Croatia (7 218), Ireland (4 906), Slovenia (4 569), Lithuania (3 956), Denmark (2 490), Latvia (2 144), Estonia (1 172), Finland (915), Luxembourg (797), Norway (757), Malta (416), Cyprus (314), Liechtenstein (57) 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

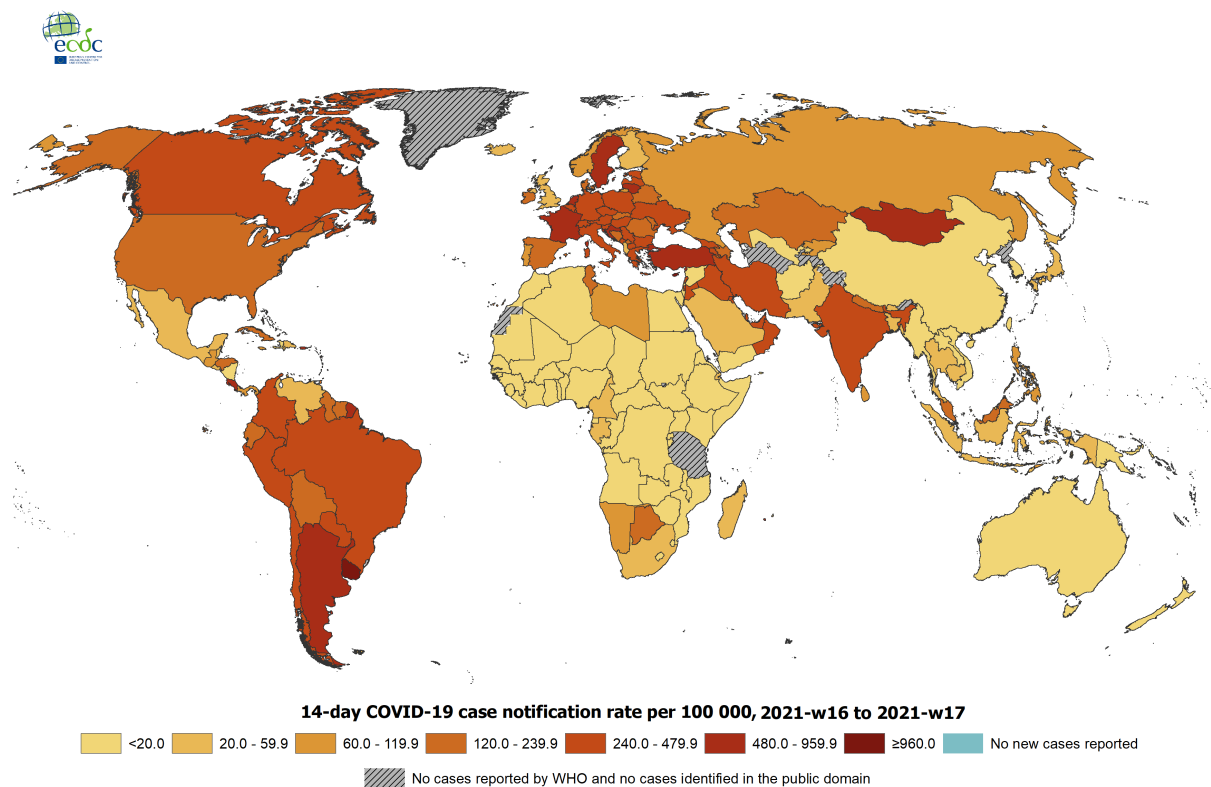
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

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-w16 to 2021-w17

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: 05/05/2021

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

Opening date: 9 February 2021

Latest update: 7 May 2021

Epidemiological summary

Since the start of the outbreak on 7 February 2021, a total of 12 EVD cases (11 confirmed and one probable), including six deaths, were reported in the North Kivu province in the eastern region of the DRC. More specifically, the cases were 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 recovered and have been integrated into the survivor's care programme. The 42-day countdown was initiated on 22 March 2021 and the outbreak was declared over on 3 May 2021.

The index case was a patient who had 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 had been 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 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 led the response, supported by WHO and the DRC Ministry of Health. A **vaccination campaign** was launched on 15 February 2021 in Butembo. A ring vaccination strategy was deployed, during which 1 898 contacts were vaccinated, including 542 healthcare workers.

Background: The 10th EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where also this outbreak occurred. 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](#) | [Africa CDC Outbreak Brief #10](#)

ECDC assessment

These EVD cases were 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). The health authorities in the DRC were successful in controlling the outbreak as the number of cases remained low (compared to previous outbreaks in the country), despite challenges to the response by the COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles).

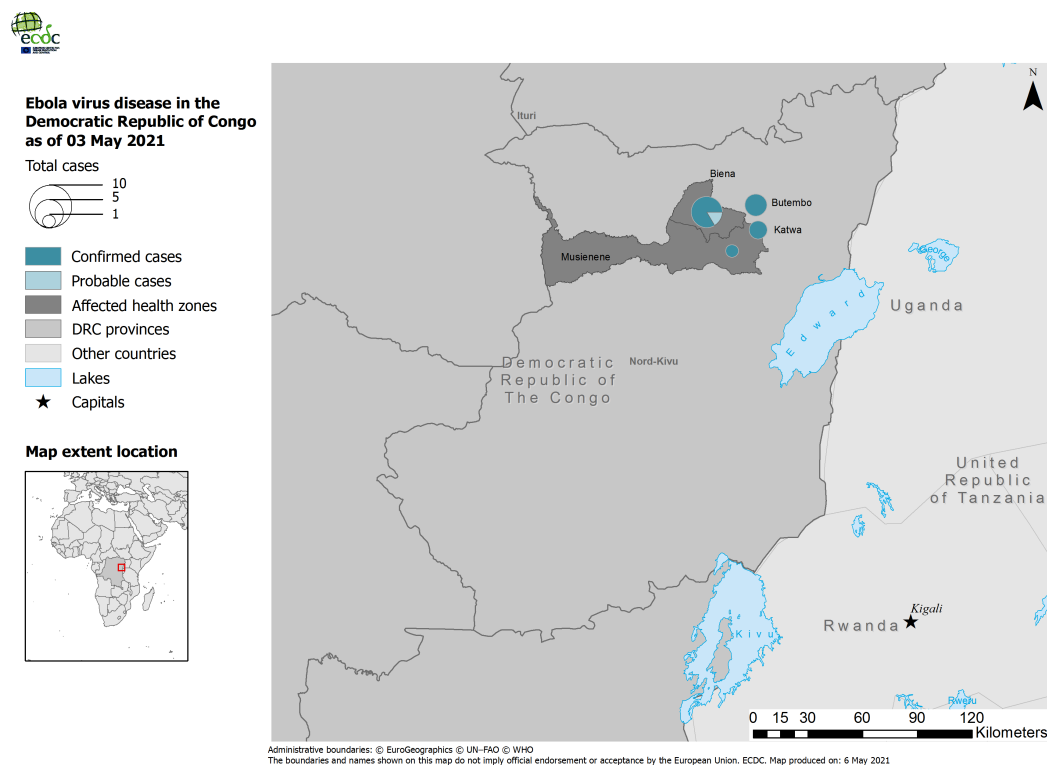
Actions

ECDC will close the weekly update of the 12th EVD outbreak in the DRC, but continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad hoc basis.

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 – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 7 May 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.

The influenza epidemic in the European Region did not increase above baseline, 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-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 has 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 as compared with 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.

Actions

7/15

ECDC and WHO monitor influenza activity in the WHO European Region. Display of data will be updated on a weekly basis until the end of the regular influenza season timing (week 20 data) and on a monthly basis during the interseason. The data are available on the [Flu News Europe](#) website.

Ebola virus disease in Nzérékoré – Guinea – 2021

Opening date: 19 February 2021

Latest update: 7 May 2021

Epidemiological summary

Since the start of the outbreak (on 14 February 2021), and as of May 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. The Agence Nationale de Securite Sanitaire (ANSS) also reported one case from the N'Zerekore region in a person who escaped, having refused to go into isolation into 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.

[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](#).

A [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, and vaccines have been further deployed to the Boke and Kankan regions. A ring vaccination strategy is being deployed, whereby healthcare workers, contacts of EVD cases, contacts of contacts and suspected contacts are being vaccinated. As of 4 May, 8 634 people have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions. In total, 1 114 contacts have been listed, of which 56% have been vaccinated.

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. 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 Ministry of Health 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 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.

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 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, however this is being slowly overcome.

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](#) | [Africa CDC Outbreak Brief #10](#)

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.

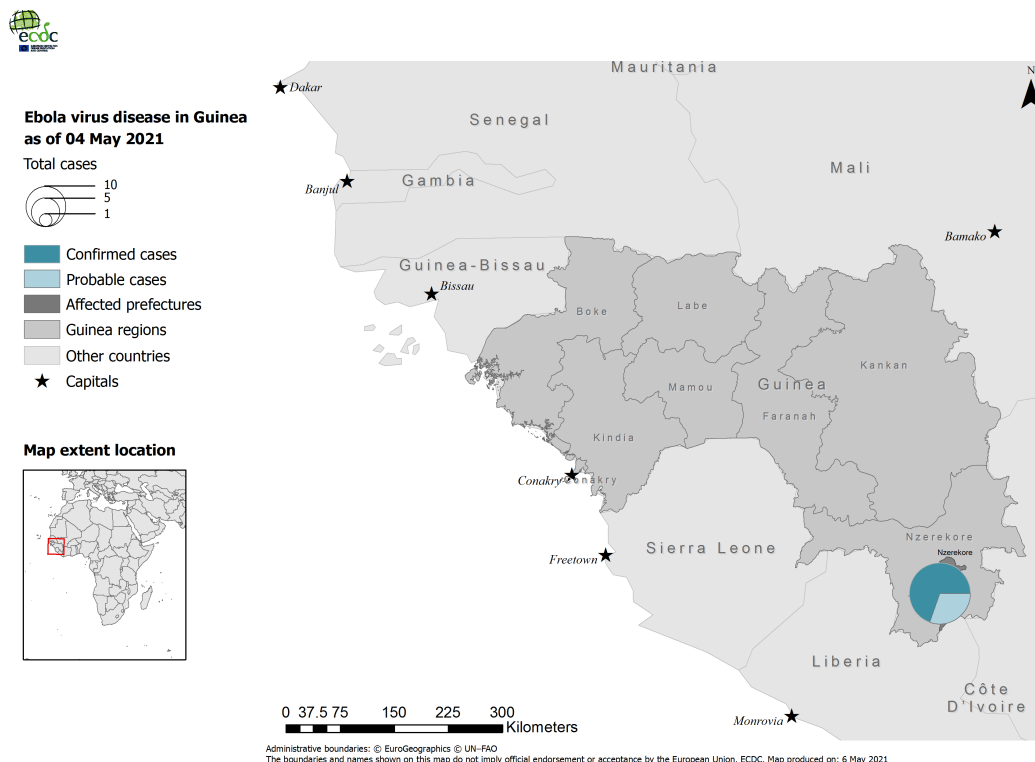
Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not vaccinated against the disease, there is a very low likelihood of 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



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

9/15

Opening date: 9 December 2019

Latest update: 7 May 2021

Epidemiological summary

Wild poliovirus:

In 2021 overall and as of 27 April, two cases of WPV1 have been reported from two endemic countries: Afghanistan (1) and Pakistan (1). In 2020, a total of 140 cases have been reported from Pakistan (84) and Afghanistan (56).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 27 April 2021, 34 cases of cVDPV1 have been reported by Yemen (31), Madagascar (2) and Malaysia (1). In addition, 1 051 cases of cVDPV2 have been reported from 24 countries: Afghanistan (308), Pakistan (135), Chad (99), Democratic Republic of the Congo (81), Burkina Faso (61), Côte D'Ivoire (60), Sudan (58), South Sudan (50), Mali (46), Guinea (44), Ethiopia (26), Somalia (14), Ghana (12), Sierra Leone (10), Niger (9), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Congo (2), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

In 2021 overall, and as of 27 April 2021, two cases of cVDPV1 have been reported by Madagascar (1) and Yemen (1). In addition, 71 cases of cVDPV2 have been reported from eleven countries: Afghanistan (33), Pakistan (6), Tajikistan (6), Guinea (5), Nigeria (5), South Sudan (5), Sierra Leone (4), Senegal (3), Democratic Republic of the Congo (2), Congo (1) and Liberia (1). No cases of 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 concerning 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 that have ongoing outbreaks of cVDPV.

Influenza A(H1N2) variant virus – Canada – 2020–2021

Opening date: 20 November 2020

Latest update: 7 May 2021

Epidemiological summary

On 30 April 2021, Canadian Public Health authorities reported a case of human infection with influenza A(H1N2) virus variant (A(H1N2)v) in Manitoba. The case had direct or indirect exposure to pigs.

The case was detected in early April this year after he/she sought testing after developing mild symptoms of influenza-like illness, tested negative for COVID-19 and positive for influenza. The case recovered. Health officials, in conjunction with Manitoba Agriculture and Resource Development, have launched a public health investigation to determine the source of the viruses and to verify that no spread has occurred. The investigation is ongoing. Based on available evidence, the current assessment is that there is no increased risk to people, with no evidence of sustained human-to-human transmission at this time.

The previous case - the first human case due to A(H1N2)v in Canada - was reported on 4 November 2020 by the government of Alberta.

Source: [Government of Manitoba](#) | [press release of the government of Alberta](#) | [media](#)

ECDC assessment

This is a rare event, with 28 cases of A(H1N2)v infection reported worldwide since 2005. So far, no human-to-human transmission of A(H1N2)v has been observed. Further epidemiological investigations, including the characterisation of the virus, are needed to assess the source of infection and risk of transmission to humans as well as between humans. Close cross-sectoral cooperation and communication between animal and public health authorities are recommended to better understand the circulating viruses in pigs in order to implement safety measures and prevent zoonotic transmission events. Detailed virus characterisation analyses for unsubtypable influenza viruses should be performed and specimens shared with national influenza centres or reference laboratories.

Actions

ECDC is monitoring zoonotic influenza events through epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

Epidemiological summary

From 1 January 2021 to 3 May 2021, eight MERS-CoV cases have been reported in Saudi Arabia (7) and the United Arab Emirates (1), including four deaths. In Saudi Arabia, all were primary cases, of whom four reported contact with camels. These seven cases were reported in Riyadh (4), Makkah (2), and Eastern Province (1).

Since April 2012 and as of 3 May 2021, 2 589 cases of MERS-CoV, including 940 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#) | [WHO DON](#)

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

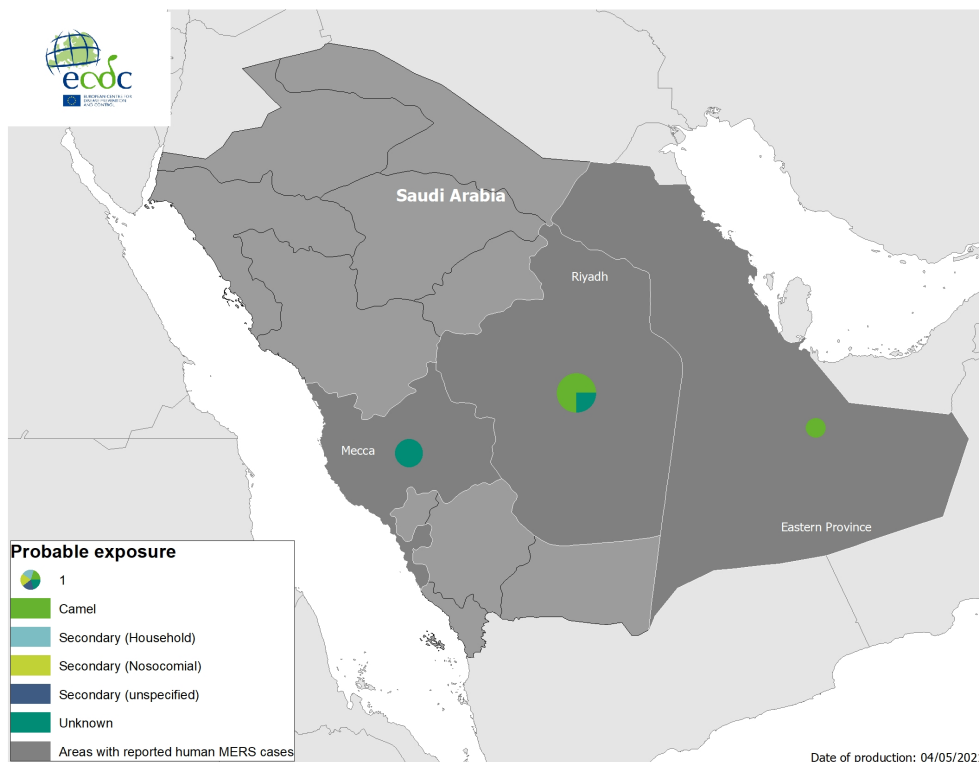
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

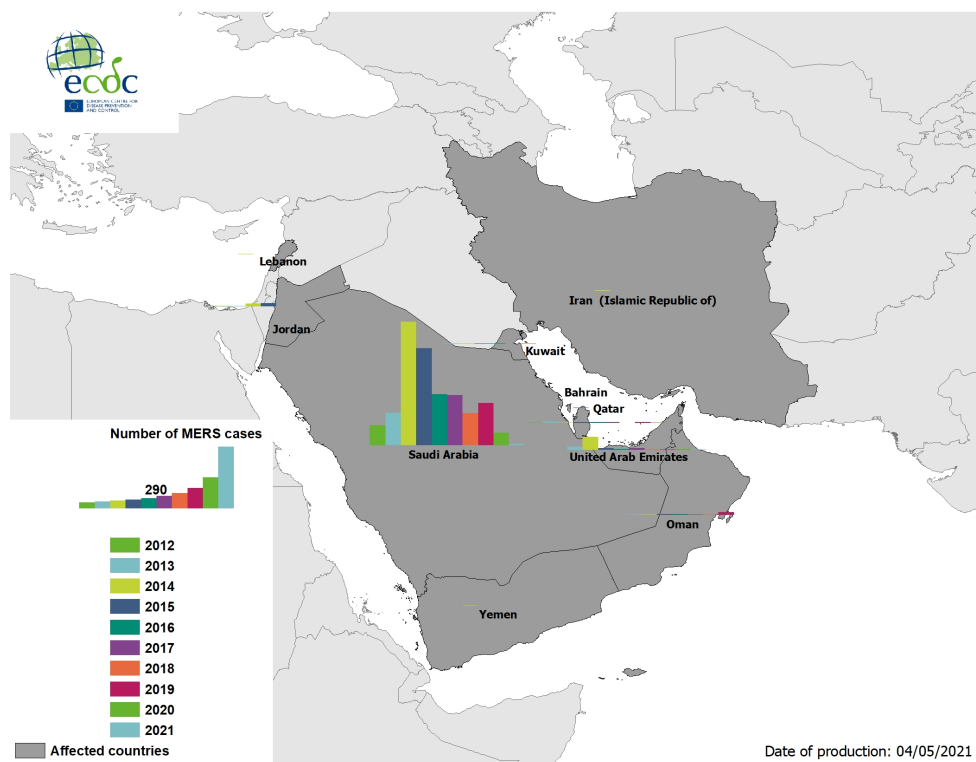
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2021 to 3 May 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 3 May 2021

Source: ECDC



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

Opening date: 30 January 2019

Latest update: 7 May 2021

Epidemiological summary

Since the previous update on 20 April 2021, and as of 7 May, one new human case of influenza A(H9N2) virus infection was reported in China. The case, a 30-year-old woman from Huizhou, Guangdong Province, had onset of mild symptoms on 20 April 2021. Exposure history is unknown and no information is available on the contacts of this case.

Since 1998 to date, a total of 88 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported, from China (76), 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.

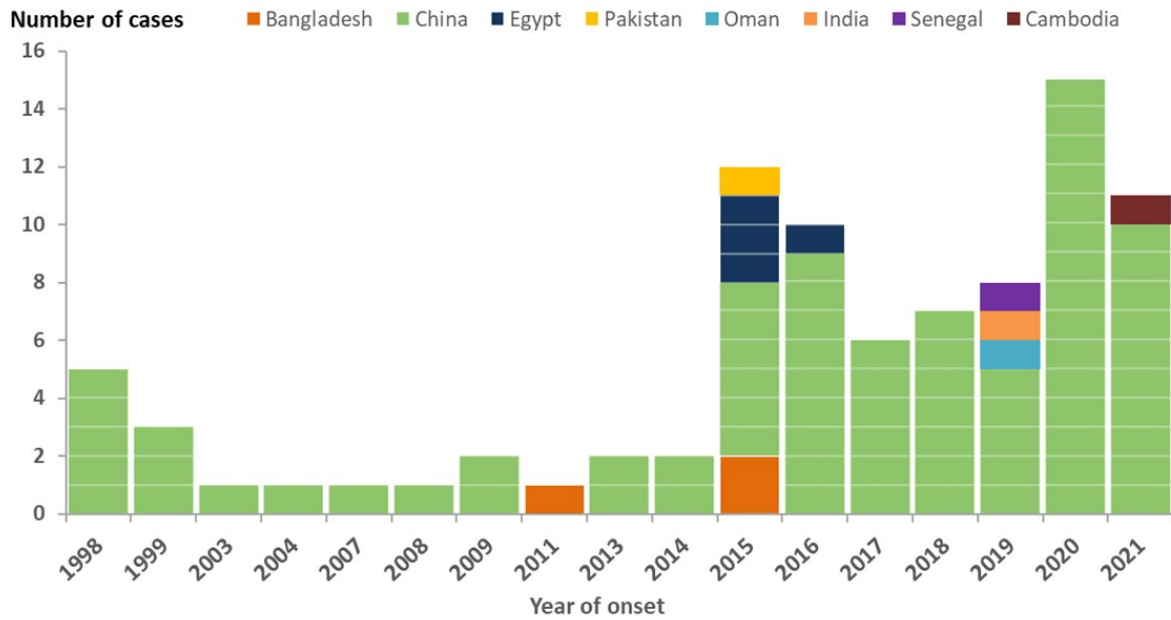
Currently, avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries 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.

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

Source: ECDC



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