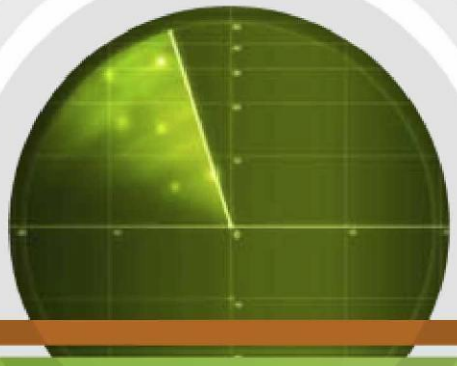

Round Table Report
16 April 2021

For restricted use

This report summarizes the ECDC daily roundtable discussion and provides update on threats detected and monitored by Epidemic Intelligence.

Active threat

COVID-19 associated with SARS-CoV-2 – multi-country (world) – 2019-2021

Update: Since the previous RT report published on 15 April 2021 and as of 16 April 2021, 151 733 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 2 691 new deaths have been reported in the EU/EEA.

New cases have been reported from EU/EEA. The five countries reporting most new cases are: France (38 045), Germany (25 831), Poland (21 126), Italy (16 963) and Spain (9 663).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Poland (682), Italy (380), France (297), Germany (247) and Hungary (241).

Summary: Since 31 December 2019 and as of 16 April 2021, 29 013 939 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported in the EU/EEA, including 655 968 deaths.

EU/EEA cases:
As of 16 April 2021, 29 013 939 cases have been reported in the EU/EEA: France (5 187 879), Italy (3 826 156), Spain (3 396 685), Germany (3 099 273), Poland (2 642 242), Czechia (1 597 103), Netherlands (1 376 397), Romania (1 020 301), Belgium (939 215), Sweden (892 480), Portugal (829 358), Hungary (742 198), Austria (583 162), Bulgaria (382 761), Slovakia (373 950), Greece (308 006), Croatia (300 900), Ireland (242 402), Denmark (240 330), Lithuania (230 462), Slovenia (229 966), Estonia (116 678), Latvia (109 731), Norway (105 606), Finland (83 253), Luxembourg (64 549), Cyprus (53 944), Malta (29 883), Iceland (6 279) and Liechtenstein (2 790).

EU/EEA deaths:
As of 16 April 2021, 655 968 deaths have been reported in the EU/EEA: Italy (115 937), France (100 102), Germany (79 628), Spain (76 882), Poland (60 612), Czechia (28 317), Romania (25 800), Hungary (24 762), Belgium (23 636), Portugal (16 933), Netherlands (16 840), Bulgaria (14 979), Sweden (13 761), Slovakia (10 877), Austria (9 563), Greece (9 239), Croatia (6 442), Ireland (4 820), Slovenia (4 417), Lithuania (3 730), Denmark (2 449), Latvia (2 030), Estonia (1 064), Finland (885), Luxembourg (785), Norway (707), Malta (403), Cyprus (283), Liechtenstein (56) and Iceland (29).

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Other news:
Norway: On 15 April 2021, Norwegian health authorities announced that they recommend halting the further use of the AstraZeneca vaccine (Vaxzevria) in the country's immunisation programme. The use of this vaccine has been on hold since 11 March 2021. Most of the elderly have either been vaccinated, or soon will be. Those who have had the first dose of the vaccine will be offered another COVID-19 vaccine for their second dose. Public health authorities have estimated that this decision will cause a delay in the implementation of the immunisation programme especially in combination with the paused rollout of the Janssen vaccine.

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 2020, 31 July 2020, 29 October 2020, and 14 January 2021, respectively. The committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC. The 7th IHR Emergency Committee meeting is planned for 15 April 2021.

Assessment: For the last available risk assessment, please visit ECDC's dedicated webpage.

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.

Threats under weekly review

Ebola virus disease in Nzérékoré – Guinea – 2021

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

Update: Since the last update on 9 April 2021, and as of 12 April 2021, no new cases nor deaths have been reported.

Due to major challenges in the surveillance and response, it is not unlikely that there are undetected chains of transmission, posing a risk of further disease clusters and a greater geographical spread. Responders were facing resistance especially from the village of Kpagalaye in the sub-prefecture Soulouta, where the most recent cases were reported from.

Sierra Leone has been approved to receive 30 000 regimens (consisting of two doses) of the Zabdeno/Mvabea Ebola vaccine, of which the first batch has recently arrived, to be used preventively for people at high risk of the disease.

In a recent study, a new EVD laboratory method has been described. This ultra-sensitive immunoassay test could detect infection with the *Zaire*, *Sudan* and *Bundibugyo ebolaviruses* earlier than with PCR and be used as a point-of-care test. This test may facilitate the early detection and response to EVD outbreaks, particularly in low-resource settings.

Summary: Since the start of the outbreak (on 14 February 2021), and as of 12 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 cases were reported on 1 April 2021. Among these, five healthcare workers have been 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 report one escaped case from the N'Zerekore region who refused isolation in 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.

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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 12 April, 5 920 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, whereby 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 sensitize communities on 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 a therefore too low number of samples being tested, locating lost to follow-up contacts, isolating suspected patients, and the need for additional staff to strengthen field operations, which is limited by insufficient funds.

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.

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 to adequately respond to this outbreak. However, the current epidemiological data and situation reports indicate issues with timely identification and isolation of cases to prevent further transmission. The COVID-19 pandemic and other ongoing outbreaks (e.g. Yellow Fever and measles) might 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.

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

Sources: WHO Regional Office for Africa, Ministere de la Sante Sitrep, WHO Disease Outbreak News, WHO Country Office DRC Twitter, Weekly Afro Bulletin

Update: Since the last update on 9 April 2021, and as of 11 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 11 April 2021, 21 days remain to declaring the end of the outbreak, provided no new confirmed cases are detected.

In a recent study, a new EVD laboratory method has been described. This ultra-sensitive immunoassay test could detect infection with the *Zaire*, *Sudan* and *Bundibugyo ebolaviruses* earlier than with PCR and be used as a point-of-care test. This test may facilitate the early detection and response to EVD outbreaks, particularly in low-resource settings.

Summary: Since the start of the outbreak (on 7 February 2021), and as of 11 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 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 have recovered and are 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 and suggest 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 the WHO and the DRC Ministry of Health. The Ministry states that 11 contacts that have never been seen have not completed their 42-day follow-up as of 11 April 2021, and therefore continue to be sought to monitor for potential signs of EVD. A vaccination campaign was launched on 15 February 2021 in Butembo. The ring vaccination strategy was deployed, during which 1 898 contacts, including 542 healthcare workers were vaccinated.

According to WHO, there are a number of ongoing challenges for surveillance, including access to, and receiving a low number of alerts from, affected areas due to ongoing conflicts in the country and community mistrust towards authorities and outbreak responders. Further challenges include poor alert management, tracing the contacts that are lost to follow-up, limited infrastructure for isolation of suspected cases, and insufficient financial resources to support all pillars of the 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 to 130 cases, including 55 deaths, and was declared over on 18 November 2020.

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, the possibility of subsequent cases and further spread is still considerable. The COVID-19 pandemic and other ongoing outbreaks (such as cholera and measles) might challenge the response.

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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.

Influenza - Multi-country - Monitoring 2020/2021 season

Sources: EuroMOMO, Flu News Europe, Influenzanet

Update:
Week 14/2021 (05 April–11 April 2021)

Influenza activity remained at interseasonal levels.

Of the 948 specimens tested for influenza viruses in week 14/2021 from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, two were positive for influenza type A viruses.

Influenza viruses have been 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 was 1 hospitalized laboratory-confirmed influenza case from a non-ICU ward reported in week 14/2021.

Summary:
Week 14/2021 (05 April–11 April 2021)

Influenza activity remained at interseasonal levels during week 14/2021.

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, 816 specimens have tested positive for influenza viruses, 37 from sentinel sources and 779 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalized 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 20 from severe acute respiratory infection (SARI)-based surveillance (19 infected with type A viruses and 1 with type B).

The influenza epidemic in the European Region has usually peaked and been declining by this timepoint 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-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%) as compared with previous seasons, there was 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.

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,

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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.

Action: 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.

Expert deployment

One EPIET fellow has been deployed in Georgia, from 24 March 2021 until 1 May 2021, as part of the WHO team providing support to the Georgian NCDC for the implementation of the COVID-19 vaccine effectiveness study in health workers.

Participants

Senior Management: -
EI and Response Head of Section: -

Duty Officers:
24/7: -
Threat Detection: -
Rapid Assessment and Outbreaks: -
Communication: -

Representative of:
Epidemic Intelligence: -
Response: -
Vaccine Preventable Diseases: -
Emerging and Vector-borne Diseases: -
Food and Water-borne Diseases: -
Influenza: -
Microbiology Coordination: -

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