



Round Table Report 30 September 2020

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

Active threats

COVID-19 associated with SARS-CoV-2 – multi-country (world) – 2020

Sources: This update is based on multiple official sources, including [WHO updates](#), Ministries of Health, National Health authorities and official social media accounts. Detailed updates are presented on the [ECDC website](#) and [ECDC COVID-19 dashboard](#).

Update: Since the previous RT report published on 29 September 2020 and as of 30 September 2020, 287 836 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 6 230 new deaths have been reported.

New cases have been reported from America (112 660), Asia (112 239), Europe (55 425), Africa (7 437) and Oceania (75). The five countries reporting most new cases are: India (80 472), United States (43 017), Brazil (32 058), Argentina (13 477) and Spain (9 906).

New deaths have been reported from America (3 249), Asia (1 927), Europe (831), Africa (215) and Oceania (8). The five countries reporting most new deaths are: India (1 179), United States (928), Brazil (863), Mexico (560) and Argentina (406).

Summary: Since 31 December 2019 and as of 30 September 2020, 33 714 595 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 008 932 deaths.

Cases have been reported from:

Africa: 1 474 321 cases; the five countries reporting most cases are South Africa (672 572), Morocco (121 183), Egypt (103 079), Ethiopia (74 584) and Nigeria (58 647).

Asia: 10 456 923 cases; the five countries reporting most cases are India (6 225 763), Iran (453 637), Bangladesh (362 043), Iraq (358 290) and Saudi Arabia (334 187).

America: 16 678 956 cases; the five countries reporting most cases are United States (7 191 061), Brazil (4 777 522), Colombia (824 042), Peru (811 768) and Mexico (738 163).

Europe: 5 070 384 cases; the five countries reporting most cases are Russia (1 167 805), Spain (758 172), France (550 690), United Kingdom (446 156) and Italy (313 011).

Oceania: 33 315 cases; the five countries reporting most cases are Australia (27 063), Guam (2 443), French

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Polynesia (1 666), New Zealand (1 480) and Papua New Guinea (534).

Other: 696 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 35 673 deaths; the five countries reporting most deaths are South Africa (16 667), Egypt (5 914), Morocco (2 152), Algeria (1 726) and Ethiopia (1 191).

Asia: 191 676 deaths; the five countries reporting most deaths are India (97 497), Iran (25 986), Indonesia (10 601), Iraq (9 122) and Turkey (8 130).

America: 557 066 deaths; the five countries reporting most deaths are United States (205 998), Brazil (142 921), Mexico (77 163), Peru (32 396) and Colombia (25 828).

Europe: 223 538 deaths; the five countries reporting most deaths are United Kingdom (42 072), Italy (35 875), France (31 893), Spain (31 614) and Russia (20 545).

Oceania: 972 deaths; the five countries reporting most deaths are Australia (882), Guam (47), New Zealand (25), French Polynesia (7) and Papua New Guinea (7).

Other: 7 deaths have been reported from an international conveyance in Japan.

EU/EEA and the UK:

As of 30 September 2020, 3 295 770 cases have been reported in the EU/EEA and the UK: Spain (758 172), France (550 690), United Kingdom (446 156), Italy (313 011), Germany (289 219), Romania (125 414), Netherlands (117 420), Belgium (117 021), Sweden (92 466), Poland (89 962), Portugal (74 717), Czechia (67 843), Austria (44 607), Ireland (35 740), Denmark (27 464), Hungary (26 461), Bulgaria (20 547), Greece (18 123), Croatia (16 380), Norway (13 788), Finland (9 892), Slovakia (9 574), Luxembourg (8 431), Slovenia (5 487), Lithuania (4 578), Estonia (3 315), Malta (3 035), Iceland (2 695), Latvia (1 729), Cyprus (1 713) and Liechtenstein (120).

As of 30 September 2020, 189 768 deaths have been reported in the EU/EEA and the UK: United Kingdom (42 072), Italy (35 875), France (31 893), Spain (31 614), Belgium (10 001), Germany (9 488), Netherlands (6 384), Sweden (5 890), Romania (4 792), Poland (2 483), Portugal (1 963), Ireland (1 803), Bulgaria (814), Austria (796), Hungary (765), Denmark (650), Czechia (636), Greece (388), Finland (345), Croatia (275), Norway (274), Slovenia (138), Luxembourg (124), Lithuania (92), Estonia (64), Slovakia (45), Latvia (37), Malta (34), Cyprus (22), Iceland (10) and Liechtenstein (1).

EU:

As of 30 September 2020, 2 833 011 cases and 147 411 deaths have been reported in the EU.

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](#) and [fourth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April and 31 July 2020, respectively. The committee concluded during both meetings that the COVID-19 pandemic continues to constitute a PHEIC.

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

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

Influenza A(H9N2) – Multistate (World) – Monitoring human cases

Source: WHO IHR, [media](#)

Update: an additional case of influenza A(H9N2) was reported in China, in a 4-year-old girl from Meizhou, Guangdong province with onset of mild illness on 3 August 2020. She was admitted to hospital on 4 August 2020 and fully recovered. The patient had a history of exposure to domestic poultry. No further cases were detected among contacts.

Summary: This is the fifth reported case in China in 2020. To date and since 1998, a total of 67 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (56), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1), and Senegal (1). The previous human infection was

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reported from China with disease onset in May 2020.

Assessment: Although avian influenza A(H9N2) has caused infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. No human cases due to A(H9N2) have been reported in Europe.

Human cases related to a low pathogenic avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where A(H9N2) is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment are the most likely source of infection.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to remain 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 avian influenza viruses will minimise the remaining risk.

Action: ECDC monitors avian influenza strains through epidemic intelligence in order to identify significant changes in the epidemiology of the virus. ECDC together with EFSA and the EU reference laboratory for avian influenza produce a quarterly updated [report of the avian influenza situation](#); the most [recent report](#) was published on 30 September 2020.

Avian influenza A(H5N8) (poultry) – Multi country – 2020

Source: [Avian influenza overview May – August 2020](#)

Summary: an increasing number of outbreaks of highly pathogenic (HPAI) avian influenza A(H5N8) has been reported across the European region. Between mid-May and mid-August 2020 seven A(H5N8) virus outbreaks were reported in EU in poultry in Bulgaria (n=1) and Hungary (n=6). All six outbreaks detected in Hungary were secondary outbreaks and seem to be the tail end of the HPAI A(H5N8) epidemic that was observed in poultry over the winter and spring in central Europe from December 2019.

HPAI A(H5N8) virus has been detected in poultry and wild birds in western Russia within the reporting period and as of the beginning of September also in Kazakhstan.

Assessment: The presence of HPAI virus in western Russia and in North Kazakhstan, spatially associated with autumn migration routes of wild waterbirds, is of concern for the possible introduction of the virus via wild birds migrating to the EU. It is highly recommended to Member States to take appropriate measures to step up surveillance and biosecurity measures to guard against possible new outbreaks of avian influenza. According to previous past experience (2016, 2018), the northern and eastern European areas might be at higher risk of virus introduction in this autumn-winter season and should be the key regions where prompt response measures to early detect the virus are to be set up. People should avoid touching dead birds or their droppings without personal protection equipment to minimise the direct exposure and risk of transmission to humans.

Action: ECDC is closely following avian influenza situation in humans worldwide and in birds and has published on 30 September 2020 an [alert for new outbreaks](#) jointly with EFSA and the European reference laboratory for avian influenza virus.

Rapid risk assessment under production

Rapid Outbreak Assessment (ROA) on a multi-country *S. Typhimurium* outbreak (EPIS UI-636) with EFSA, to be published on 21 October 2020.

The Round Table Report contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

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