



Round Table Report 12 February 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

Other News

The [European Medicines Agency \(EMA\)](#) is developing a guidance document for manufacturers to investigate if their vaccines are protective against any of the current or future SARS-CoV-2 variants. EMA will publish a reflection paper defining the data and studies required to support adaptations of the existing vaccines, including the feasibility of introducing new virus strains or the minimal regulatory requirements to demonstrate the quality, safety and efficacy.

On 11 February 2021, the [Italian National Press Agency \(ANSA\)](#) quoting local health authorities reported a cluster of 58 COVID-19 cases in a primary school in Milan, Italy. According to [media](#) quoting the same sources, the cluster is comprised of students, relatives and staff, including three confirmed cases of SARS-CoV-2 B.1.1.17 variant. A specific surveillance protocol has been activated, all cases are in isolation and the school is under quarantine.

Threat under weekly review

Influenza – Multi-country – Monitoring 2020/2021 season

Sources: [EuroMOMO](#), [Flu News Europe](#), [Influenzanet](#)

Update: Week 05/2021 (01 February– 07 February 2021)

Influenza activity remained at interseasonal levels.

Of 1 307 specimens tested for influenza in week 05/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, eight were positive for an influenza virus.

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

There were two hospitalised laboratory-confirmed influenza case reported for week 05/2021.

The influenza season in the European Region has usually been designated as having started by this point in the

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European Centre for Disease Prevention and Control (ECDC)

Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: 5.1.5@ecdc.europa.eu

year but, despite widespread and regular testing for influenza, reported influenza activity still remains at a very low level, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

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

Summary: 2020–2021 season overview

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

In total, 627 specimens have tested positive for influenza viruses, 22 from sentinel sources and 605 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); 9 (8 type A viruses and 1 type B) in wards outside ICUs with 1 fatality; and 10 from severe acute respiratory infection (SARI)-based surveillance (3 infected with type B viruses and 7 with type A).

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

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

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

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

Risk assessments under production

Fourteenth Rapid Risk Assessment on SARS-CoV-2 in the EU/EEA in the context of increased circulation of variants of concern and vaccine rollout, to be circulated to EC and MS on 12 February and published to the ECDC website on 15 February.

Joint ECDC and EFSA rapid outbreak assessment to be produced on *Salmonella* Enteritidis contamination in poultry products from Poland to be published 25 February 2021.

Expert deployment

One EPIET fellow has been deployed in Sarajevo, Bosnia and Herzegovina, until 21 March 2021 to work with GOARN on the Go.Data implementation to strengthen the COVID-19 surveillance and response.

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

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: -