



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 6, 7-13 February 2021

For restricted use

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

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 2021-4 and as of week 2021-5, 3 024 301 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 86 305 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-5, 106 472 660 cases of COVID-19 have been reported, including 2 323 103 deaths.

In the EU/EEA, 20 478 718 cases have been reported, including 495 672 deaths.

More details are available [here](#).

1/12

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

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

Opening date: 9 February 2011

Latest update: 12 February 2021

A sharp decrease in measles cases has been observed during the COVID-19 pandemic across the world. 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 15 January 2020, 11 new cases have been reported by three countries in EU/EEA: Germany (8), Ireland (2) and Spain (1).

So far, in 2021, no new deaths have been reported by EU/EEA. Overall, in 2020, two deaths have been reported in the EU/EEA and the UK, both from Bulgaria.

Relevant updates outside the EU/EEA are available for Ukraine, the WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO), WHO Western Pacific Region (WPRO), 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

New! Influenza A(H3N2) variant virus – the US – 2021

Opening date: 10 February 2021

Latest update: 12 February 2021

Human infections with influenza A (H3N2) variant virus (influenza A(H3N2)v) have been identified in the United States.

→Update of the week

A human case of influenza A(H3N2)variant virus was detected in Wisconsin, the United States of America. A child less than 18 years of age developed respiratory disease on 13 January 2021, received antiviral treatment and recovered fully. Sampling of the swine present in the farm, where the child lives, is planned. Five other family members reported respiratory illness, but tested negative for influenza. No human-to-human transmission has been identified.

New! Resurgence of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

On 7 February 2021, the Minister of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease, after a laboratory-confirmed case was detected. Since then, and as of 11 February, two cases have been reported in the North Kivu province in the eastern part of the DRC, where a large outbreak was declared over in June 2020.

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018

Latest update: 12 February 2021

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China.

→Update of the week

Two new human cases of avian influenza A(H5N6) virus infection were reported in December 2020 in China. The first case is three-year-old girl from Guizhou Province, who was hospitalised and died on 22 December 2020. The second case is a one-year-old girl from Anhui Province, who developed mild symptoms in December 2020. Both cases had exposure to poultry at markets.

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 12 February 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

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 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.

II. Detailed reports

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

Opening date: 7 January 2020

Epidemiological summary

Since 31 December 2019 and as of week 2021-5, 106 472 660 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 323 103 deaths.

Cases have been reported from:

Africa: 3 673 181 cases; the five countries reporting most cases are South Africa (1 476 135), Morocco (475 355), Tunisia (217 086), Egypt (169 640) and Ethiopia (142 338).

Asia: 20 438 608 cases; the five countries reporting most cases are India (10 838 194), Iran (1 466 435), Indonesia (1 157 837), Israel (700 479) and Iraq (628 550).

America: 47 620 931 cases; the five countries reporting most cases are United States (27 008 565), Brazil (9 548 079), Colombia (2 161 462), Argentina (1 985 501) and Mexico (1 936 013).

Europe: 34 681 426 cases; the five countries reporting most cases are Russia (3 983 197), United Kingdom (3 959 784), France (3 337 048), Spain (2 989 085) and Italy (2 636 738).

Oceania: 57 809 cases; the five countries reporting most cases are Australia (28 850), French Polynesia (18 185), Guam (7 649), New Zealand (1 964) and Papua New Guinea (894).

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

Deaths have been reported from:

Africa: 95 128 deaths; the five countries reporting most deaths are South Africa (46 290), Egypt (9 651), Morocco (8 394), Tunisia (7 214) and Algeria (2 914).

Asia: 343 886 deaths; the five countries reporting most deaths are India (155 080), Iran (58 469), Indonesia (31 556), Iraq (13 120) and Pakistan (12 026).

America: 1 107 060 deaths; the five countries reporting most deaths are United States (463 482), Brazil (232 170), Mexico (166 731), Colombia (56 290) and Argentina (49 398).

Europe: 775 813 deaths; the five countries reporting most deaths are United Kingdom (112 798), Italy (91 273), France (78 965), Russia (77 068) and Spain (62 295).

Oceania: 1 210 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (133), Guam (130), New Zealand (25) and Papua New Guinea (9).

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

EU/EEA:

As of week 2021-5, 20 478 718 cases have been reported in the EU/EEA: France (3 337 048), Spain (2 989 085), Italy (2 636 738), Germany (2 288 545), Poland (1 552 686), Czechia (1 037 405), Netherlands (1 006 717), Portugal (765 414), Romania (746 637), Belgium (727 148), Sweden (594 662), Austria (421 452), Hungary (377 655), Slovakia (264 083), Croatia (235 473), Bulgaria (223 734), Ireland (203 568), Denmark (201 621), Lithuania (187 039), Slovenia (174 000), Greece (163 946), Latvia (72 088), Norway (64 772), Luxembourg (51 848), Estonia (48 267), Finland (47 969), Cyprus (31 759), Malta (18 813), Iceland (6 020) and Liechtenstein (2 526).

As of week 2021-5, 495 672 deaths have been reported in the EU/EEA: Italy (91 273), France (78 965), Spain (62 295), Germany (61 675), Poland (39 132), Belgium (21 441), Romania (18 961), Czechia (17 333), Netherlands (14 412), Portugal (14 158), Hungary (13 155), Sweden (12 148), Bulgaria (9 331), Austria (7 940), Greece (5 972), Slovakia (5 271), Croatia (5 198), Slovenia (3 891), Ireland (3 686), Lithuania (2 955), Denmark (2 216), Latvia (1 347), Finland (701), Luxembourg (593), Norway (582), Estonia (466), Malta (282), Cyprus (212), Liechtenstein (52) and Iceland (29).

EU:

As of week 2021-5, 20 405 400 cases and 495 009 deaths have been reported in the EU.

SARS-CoV-2 variants - Multi-country (World) - 2020-2021

As of 11 February 2021, according to media and official sources, the variant **B.1.1.7** has been identified in 83 countries. Since its identification and as of 11 February 2021, approximately 57 400 cases have been identified.

In the EU/EEA, around 5 700 cases have been identified in 31 countries: Denmark, Austria, Spain, Netherlands, France, Norway, Belgium, Italy, Ireland, Sweden, Portugal, Greece, Finland, Germany, Iceland, Slovakia, Bulgaria, Luxembourg, Romania, Poland, Czechia, Cyprus, Croatia, Hungary, Latvia, Malta, Martinique, La Reunion, Liechtenstein, Lithuania and Slovenia.

4/12

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

Outside the EU/EEA, approximately 51 800 cases have been identified in 52 countries: United Kingdom, United States of America, Israel, Switzerland, Turkey, India, Australia, Ghana, Japan, Jordan, Singapore, South Korea, Canada, New Zealand, United Arab Emirates, Chile, Brazil, Philippines, Nigeria, Vietnam, Saudi Arabia, China, Taiwan, Ecuador, North Macedonia, Iran, Jamaica, Pakistan, Thailand, Bangladesh, Gambia, Nepal, Russia, [S.1.2e](#), Malaysia, Argentina, Dominican Republic, Georgia, Kuwait, Lebanon, Mexico, Morocco, Oman, Panama, Peru, Senegal, Serbia, South Africa, Sri Lanka, Trinidad and Tobago, Uruguay and Uzbekistan.

As of 11 February 2021, according to media and official sources, the variant **B.1.351** has been identified in 40 countries. Since its identification and as of 11 February 2021, approximately 1 400 cases have been identified.

In the EU/EEA, around 350 cases have been identified in 16 countries: Austria, France, Belgium, Netherlands, Germany, Ireland, La Reunion, Norway, Sweden, Denmark, Finland, Luxembourg, Portugal, Spain, Greece and Italy.

Outside the EU/EEA, approximately 980 cases have been identified in 24 countries: South Africa, United Kingdom, Mozambique, Botswana, Switzerland, Israel, Australia, Canada, United States of America, New Zealand, South Korea, Japan, United Arab Emirates, China, Kenya, Turkey, Bangladesh, Brazil, Cuba, Panama, Serbia, Taiwan, Vietnam and Zambia.

As of 11 February 2021, according to media and official sources, the variant **P.1** has been identified in 17 countries. Since its identification and as of 11 February 2021, approximately 200 cases have been identified.

In the EU/EEA, around 30 cases have been identified in 6 countries: Italy, France, Netherlands, Spain, Germany and La Reunion.

Outside the EU/EEA, approximately 200 cases have been identified in 11 countries: Brazil, United Kingdom, South Korea, Japan, United States of America, Argentina, Canada, Colombia, Faroe Islands, Peru and Turkey.

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, 31 July, 29 October 2020, and 14 January 2021, respectively. The committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

Sources: [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#) | [WHO](#)

ECDC assessment

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

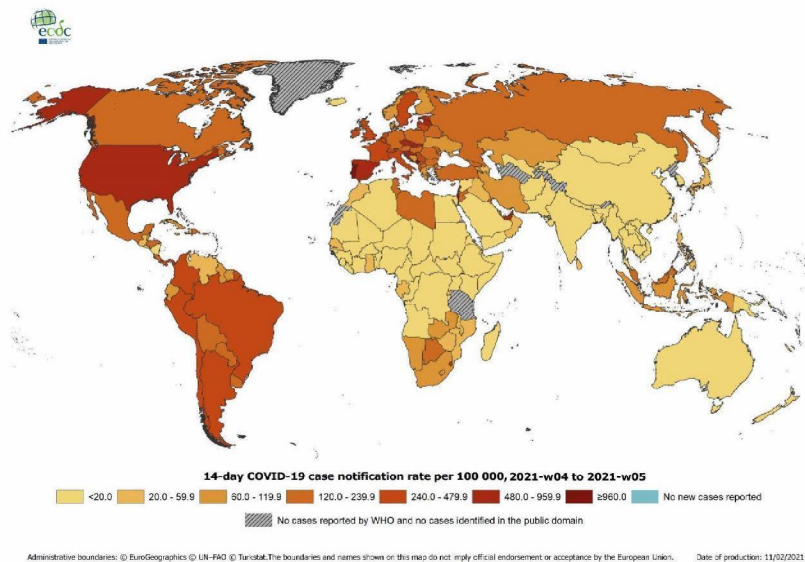
Actions

Actions: ECDC has published the 13th 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 of the increase of COVID-19 infection related to end-of-year festive season was published on 4 December 2020. 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.

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

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 5 2021

Source: ECDC



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

Opening date: 9 February 2011

Latest update: 12 February 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 15 January 2020, 11 new cases have been reported by three countries in EU/EEA: Germany (8), Ireland (2) and Spain (1).

So far, in 2021, no new deaths have been reported by EU/EEA. Overall, two deaths were reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA are available for Ukraine, the WHO Regional Office for Africa (WHO AFRO), WHO Pan American Health Organization (PAHO), WHO Western Pacific Region (WPRO), WHO Regional Office for Eastern Mediterranean (EMRO).

Routine immunisation sessions should be maintained, provided that COVID-19 response measures allow.

6/12

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: support@ecdc.europa.eu
[Link to ECDC CDTR web page](#) – including related PowerPoint® slides

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 eight cases in 2021 and as of week 4. In 2020, Germany reported 160 cases in 2020.

[Ireland](#) reported two cases in weeks 1–4 in 2021 (ending 31 January 2021). In 2020, Ireland reported 19 cases, however, according to TESSy, 24 cases were reported in January–November 2020.

[Spain](#) reported one case from 1–31 January 2021. In 2020, Spain reported 90 cases.

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.

[Ukraine](#) reported overall 264 cases of measles in 2020, according to media quoting healthcare authorities.

According to the WHO Regional Office for Africa ([AFRO](#)), as of 31 January 2021 (week 05), 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](#)), between week 1 and week 4 of 2021, four measles cases were reported in Brazil. In 2020, overall 8 726 cases were reported by nine countries: Brazil (8 448 cases, including 10 deaths), Mexico (196 cases), Argentina (61 cases, including one death), [the US](#) (13), [Bolivia](#) (2 cases), Chile (2 cases), Uruguay (2 cases), [Canada](#) (1), and Colombia (1 case). Currently, only Brazil is reporting active outbreaks of measles.

According to WHO Western Pacific Region ([WPRO](#)) report as of 30 November 2020, there were 6 170 cases of measles, including 10 deaths, reported in 2020. Most of the cases were reported by the Philippines (3 770 cases, including 10 deaths). Other countries, which reported measles cases were: China (831), Vietnam (556), Malaysia (435), Cambodia (372), Laos (134), Pacific island countries and areas (72): Tonga (51), Samoa (18), Fiji (3), American Samoa (2). Cases were also reported by [Australia](#) (25), [Singapore](#) (12), [Japan](#) (13), [New Zealand](#) (10), South Korea (6), Papua New Guinea (4).

According to WHO Regional Office for Eastern Mediterranean ([EMRO](#)) report for October 2020, 6 496 measles cases were reported in all but four countries (Jordan, Egypt, Kuwait and Oman). Most of the cases were reported in Pakistan (2 277) and Somalia (1 964).

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.

New! Influenza A(H3N2) variant virus – the US – 2021

Opening date: 10 February 2021

Latest update: 12 February 2021

Epidemiological summary

WHO reported on 5 February 2021, a human case of influenza A(H3N2)variant virus in the United States of America. A child in Wisconsin developed respiratory disease on 13 January 2021. A respiratory specimen was collected on 14 January 2021. Real-time reverse transcriptase polymerase chain reaction (RT-PCR) testing indicated a presumptive positive influenza A(H3N2) variant virus infection. The specimen was tested further and on 22 January 2021 CDC confirmed an influenza A (H3N2)v virus infection using RT-PCR and genome sequence analysis. Investigation revealed that the child lives on a farm with swine present. Sampling of the swine on the property for influenza virus is planned. Five family members of the patient reported respiratory illness during the investigation. All tested negative for influenza. The patient was prescribed antiviral treatment, was not hospitalised and has made a full recovery. No human-to-human transmission has been identified.

Sequencing of the virus by CDC revealed it is similar to A (H3N2) viruses circulating in swine in the mid-western United States during 2019–2020. Viruses related to this A (H3N2)v virus were previously circulating as human seasonal A (H3N2) viruses until around 2010–2011 when they entered the USA swine population. Thus, past vaccination or infection with human seasonal A (H3N2) virus is likely to offer some protection in humans.

This is the first influenza A (H3N2)v virus identified in the United States in 2021. Since 2005, overall 485 influenza variant virus human infections caused by all subtypes including 437 human infections with A (H3N2)v, including this one, have been reported in the US.

Source: [WHO DON](#)**ECDC assessment**

The occurrence of human infection with influenza A(H3N2)v transmitted from swine to humans is not unexpected and has been observed in the past as a result of close contact between people and swine (e.g. during pig fairs in the US). Human cases should be closely monitored and contacts of cases investigated for probable human-to-human transmission. Viral sequence information should be made available for assessment and other follow-up measures (e.g. review of the detection systems).

Actions

ECDC will continue to monitor this event and will report again if epidemiological updates become available.

New! Resurgence of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Opening date: 9 February 2021

Epidemiological summary

As of 11 February, two cases of Ebola virus disease have been reported in the North Kivu province in the Biena health zone of the DRC. The first case of Ebola was detected in Butembo, a city which lies in the province of North Kivu in the eastern part of the DRC, where a large outbreak was declared over in June 2020. The announcement came on 7 February 2021 by the DRC Ministry of Health, and an outbreak was declared. This constitutes the twelfth outbreak of Ebola virus disease.

Ebola was laboratory confirmed on 6 February in samples taken from the 42-year old female patient who had sought treatment at a local healthcare centre, due to having Ebola-like symptoms. Her husband was an Ebola survivor whose biological samples tested negative twice since 28 September 2020, and she died on 4 February 2021.

The second case was a 60-year old female who had contact with the first case, who has since died. Both cases were reportedly buried in the traditional way without safety precautions.

North Kivu Provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health. The first case is being investigated by WHO epidemiologists on-site, and so far 117 contacts have been identified. At this point, there is no further information available on contacts of the second case. Samples from the first confirmed case are undergoing genetic sequencing to determine the Ebola strain as well as whether the case is linked to the previous outbreak.

Background: Between May and July 2018, the ninth Ebola outbreak in the DRC occurred in Mbandaka, Bikoro and in the Equateur province, leading to a total of 54 cases, including 33 deaths. The 10th Ebola outbreak occurred in the eastern part of the country, where these two most recent cases have been detected, and which resulted in 3 470 cases, including 2 287 deaths.

8/12

It was first declared an outbreak in August 2018 and was [declared over](#) on 25 June 2020. The 11th outbreak of Ebola virus disease in the DRC was declared on 1 June 2020 and took place on the western side of the country in [Equateur Province](#). It culminated to 130 cases and 55 deaths, and was [declared over](#) by the minister of health on 18 November 2020.

Source: [WHO Regional Office for Africa](#)

ECDC assessment

The risk of a flare-up of cases in the DRC remains. In addition, as the virus is present in the animal reservoir in many parts of the country, Ebola outbreaks are recurrent. The currently available information is not sufficient to assess the likelihood of further or more widespread transmission with high confidence. Continuing response measures and follow-up of survivors are essential to detect and interrupt transmission early on. Response measures might be challenging amid other outbreaks in the country. As the current response is mostly conducted by locals, combined with the vaccine availability, this leads to a low likelihood of EU/EEA citizens being infected in the DRC, provided they adhere to recommended precautionary measures. For the general EU/EEA citizens, there is a very low likelihood of exposure, especially with current travel limitations. The likelihood of introduction and further spread of the Ebola virus within the EU/EEA remains very low.

Actions

ECDC will follow the situation through Epidemic Intelligence. Options for response measures are described in the ECDC [rapid risk assessment](#) on the 10th Ebola outbreak in the DRC updated on 7 August 2019.

Influenza A(H5N6) – China – Monitoring human cases

Opening date: 17 January 2018

Latest update: 12 February 2021

Epidemiological summary

WHO reported two new cases of avian influenza A(H5N6) virus infection in China. The first case is three-year-old girl from Guizhou Province, who was hospitalised and died on 22 December 2020. The second case is a one-year-old girl from Anhui Province, who developed mild symptoms in December 2020. Both cases are sporadic and had exposure to poultry at markets prior to their illness.

Since 2014 and as of 19 January 2020, China has reported 30 human cases of influenza A(H5N6), including one case with year of onset in 2015 reported in literature. The cases have occurred in Anhui (2), Chongqing (1), Fujian (1), Guangdong (9), Guizhou (1), Hubei (1), Hunan (5), Sichuan (1), Jiangsu (2) and Yunnan Provinces (2), Guangxi Zhuang Autonomous Region (4) and Beijing (1). Of the reported cases, 16 have died. All cases had exposure to live poultry or live poultry markets, except for five cases where the exposure source was not reported. No clustering of cases has been reported.

Sources: [ECDC Avian influenza page](#) | [Joint ECDC, EFSA, EURLAI report: Avian influenza overview August – December 2020](#) | [WHO Avian Influenza Weekly Update](#) | [Government of Hong Kong Special Administrative Region](#) | [WHO](#)

ECDC assessment

Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. However, characterisation of the virus is ongoing and its implication to the evolution and potential emergence of a pandemic strain is unknown.

Currently detected avian influenza viruses in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The above mentioned A(H5N6) 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.

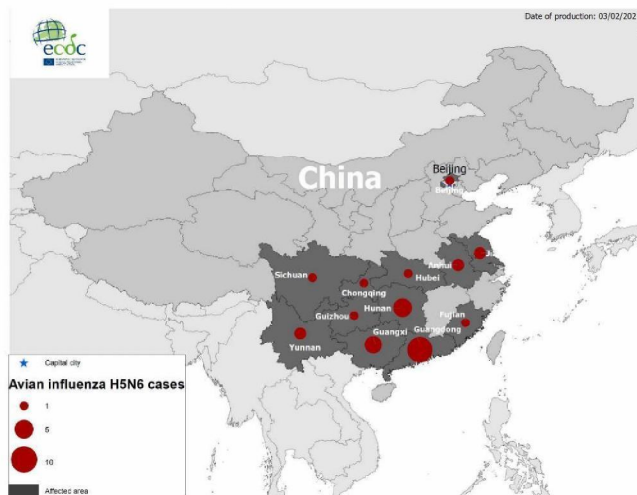
Actions

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 of the avian influenza situation](#). The most [recent report](#) was published on 11 December 2020.

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

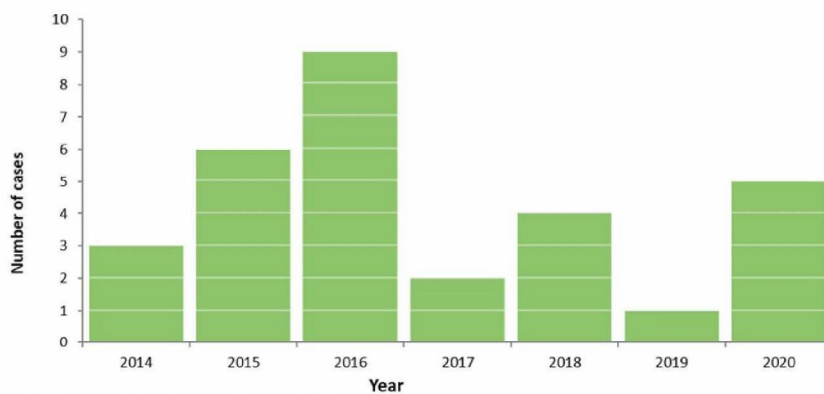
Geographical distribution of confirmed human cases with avian influenza A(H5N6) virus infection, China, 2014–2020

Source: ECDC



Distribution of confirmed human cases with avian influenza A(H5N6) virus infection, China, 2014–2020

Source: ECDC



*If the date of onset is not available the date of reporting has been used
 ** the epicurve includes one case reported in the literature with year of onset in 2015

Influenza – Multi-country – Monitoring 2020/2021 season

10/12

Opening date: 14 October 2020

Latest update: 12 February 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.

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 hospitalised 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.

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

ECDC 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.

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

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