



## Round Table Report 15 January 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 updates:

**Moderna COVID-19 Vaccine:** This week, doses of the COVID-19 vaccine from Moderna have [arrived](#) in several EU countries.

On January 14, [The Norwegian Medicines Agency](#) has reported on 23 deaths that have occurred in older frail individuals following vaccination with COVID-19 mRNA vaccines. Of those deaths, 13 have so far been investigated with the results suggesting that common side effects may have contributed to severe reactions in frail, elderly people, according to the Norwegian Medicines Agency. Such individuals were not included in the phase 3 trials. The agency has adapted their vaccination [guidelines](#) for the frail elderly.

### Threats under weekly review

#### Influenza – Multi-country – Monitoring 2020/2021 season

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

##### Update:

##### Week 01/2021 (04–10 January 2021)

Influenza activity remained at interseasonal levels.

Of 872 specimens tested for influenza in week 1/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none 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 no hospitalized laboratory-confirmed influenza cases reported for week 1/2021.

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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. The start of the influenza season is usually observed at this point of the year, so it is unusual that for this season there is still very low influenza activity reported. The novel coronavirus disease 2019 (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 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.

#### 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, 434 specimens have tested positive for influenza viruses, 8 from sentinel sources and 426 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: 10 from ICUs (9 infected with type A viruses and 1 with type B); 3 cases (all type B viruses) in wards outside ICUs with 1 fatality; and four from severe acute respiratory infection (SARI)-based surveillance (3 infected with type B viruses and 1 with type A).

WHO has published [recommendations](#) for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated compared to the 2019–2020 influenza vaccine.

**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 that for this season there is still very low influenza activity reported.

The novel coronavirus disease 2019 (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 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.

**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.

## Threat under monthly review

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

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

**Update:** Since the previous CDTR published on the 4 December 2020 and as of 12 January 2021, three additional cases of MERS-CoV have been reported by the Saudi Arabian health authorities.

**Summary:** From 1 January 2020 to 12 January 2021, 65 MERS-CoV cases have been reported in Saudi Arabia (61), United Arab Emirates (3) and Qatar (1), including 20 deaths in Saudi Arabia. From these 65 cases, 54 were primary cases (19 of whom reported contact with camels), and 11 were healthcare-acquired cases. In 2020, 78.7% of the 61 cases in Saudi Arabia were reported in Riyadh (27), Asir (7), Eastern Province (7) and Makkah (7).

Since April 2012 and as of 12 January 2021, 2 581 cases of MERS-CoV, including 935 deaths, have been reported by health authorities worldwide.

**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 lowest

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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 an ECDC [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.

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

## Risk assessment under production

Joint ECDC and EFSA rapid outbreak assessment to be produced on Salmonella Enteritidis contamination in poultry products from Poland to be published in week 03-2021.

Rapid Risk Assessment: Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA - first update, to be circulated on 20 January 2021.

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: -