



Round Table Report 25 September 2020

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) – 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 24 September 2020 and as of 25 September 2020, 317 524 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 5 749 new deaths have been reported.

New cases have been reported from Asia (124 218), America (121 018), Europe (64 001), Africa (8 275) and Oceania (12). The five countries reporting most new cases are: India (86 052), United States (44 213), Brazil (32 817), France (16 096) and Argentina (13 467).

New deaths have been reported from America (3 177), Asia (1 795), Europe (601), Africa (174) and Oceania (2). The five countries reporting most new deaths are: India (1 141), United States (901), Brazil (831), Mexico (490) and Argentina (390).

Summary: Since 31 December 2019 and as of 25 September 2020, 32 289 042 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 984 040 deaths.

Cases have been reported from:

Africa: 1 438 186 cases; the five countries reporting most cases are South Africa (667 049), Morocco (110 099), Egypt (102 513), Ethiopia (71 687) and Nigeria (57 849).

Asia: 9 890 250 cases; the five countries reporting most cases are India (5 818 570), Iran (436 319), Bangladesh (355 384), Iraq (337 106) and Saudi Arabia (331 857).

America: 16 153 691 cases; the five countries reporting most cases are United States (6 978 417), Brazil (4 657 702), Colombia (790 823), Peru (788 930) and Mexico (715 457).

Europe: 4 773 538 cases; the five countries reporting most cases are Russia (1 128 836), Spain (704 209), France (497 237), United Kingdom (416 363) and Italy (304 323).

Oceania: 32 681 cases; the five countries reporting most cases are Australia (26 983), Guam (2 235), New Zealand (1 473), French Polynesia (1 332) and Papua New Guinea (531).

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

Deaths have been reported from:

Africa: 34 703 deaths; the five countries reporting most deaths are South Africa (16 283), Egypt (5 835), Morocco (1 956), Algeria (1 703) and Ethiopia (1 148).

Asia: 183 063 deaths; the five countries reporting most deaths are India (92 290), Iran (25 015), Indonesia (10 105), Iraq (8 799) and Turkey (7 785).

America: 544 801 deaths; the five countries reporting most deaths are United States (202 810), Brazil (139 808), Mexico (75 439), Peru (31 938) and Colombia (24 924).

Europe: 220 526 deaths; the five countries reporting most deaths are United Kingdom (41 902), Italy (35 781), France (31 511), Spain (31 118) and Russia (19 948).

Oceania: 940 deaths; the five countries reporting most deaths are Australia (861), Guam (38), New Zealand (25), Papua New Guinea (7) and French Polynesia (5).

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

EU/EEA and the UK: As of 25 September 2020, 3 067 987 cases have been reported in the EU/EEA and the UK: Spain (704 209), France (497 237), United Kingdom (416 363), Italy (304 323), Germany (280 223), Romania (118 054), Belgium (108 674), Netherlands (103 034), Sweden (90 289), Poland (82 809), Portugal (71 156), Czechia (58 374), Austria (41 246), Ireland (33 994), Denmark (24 916), Hungary (22 127), Bulgaria (19 573), Greece (16 627), Croatia (15 572), Norway (13 275), Finland (9 379), Luxembourg (8 158), Slovakia (7 629), Slovenia (4 816), Lithuania (4 070), Estonia (3 076), Malta (2 898), Iceland (2 512), Cyprus (1 663), Latvia (1 594) and Liechtenstein (117).

As of 25 September 2020, 187 876 deaths have been reported in the EU/EEA and the UK: United Kingdom (41 902), Italy (35 781), France (31 511), Spain (31 118), Belgium (9 965), Germany (9 443), Netherlands (6 303), Sweden (5 878), Romania (4 591), Poland (2 369), Portugal (1 931), Ireland (1 797), Bulgaria (785), Austria (783), Hungary (718), Denmark (645), Czechia (567), Greece (366), Finland (343), Norway (270), Croatia (261), Slovenia (135), Luxembourg (124), Lithuania (89), Estonia (64), Slovakia (41), Latvia (36), Malta (27), Cyprus (22), Iceland (10) and Liechtenstein (1).

EU: As of 25 September 2020, 2 635 720 cases and 145 693 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 eleventh update of its [rapid risk assessment](#). A [dashboard](#) with the latest updates is available on ECDC's website.

Threats under weekly review

West Nile virus - Multi-country (World) - Monitoring season 2020

ECDC links: [West Nile virus infection atlas](#)

Sources: TESSy | Animal Disease Notification System

Update: Between 18 and 24 September 2020, EU Member States reported 34 human cases of WNV infection: Greece (14), Italy (9), Spain (6) and Germany (5). Three regions in Germany reported locally-acquired human cases of WNV infection for the first time (regions of Barnim, Ostprignitz-Ruppin and Saalekreis). All other cases were reported from areas that have been affected during previous transmission seasons. This week, seven deaths were reported by Greece (3), Italy (3) and Spain (1). No human cases of WNV infection or deaths were reported from EU neighbouring countries.

On 24 September 2020, [Spanish public health authorities](#) reported the first locally-acquired human WNV infection in the province of Badajoz. This case has not yet been reported through TESSy and is therefore not currently

represented on the maps and in the Surveillance Atlas.

Summary: Since the start of the 2020 transmission season and as of 24 September 2020, EU Member States have reported 243 human cases of WNV infection and 28 deaths through TESSy: Greece (123, including 19 deaths), Spain (67, including 6 deaths), Italy (41, including 3 deaths), Germany (5), Romania (4) and Hungary (3). Three regions in Germany reported autochthonous human cases of WNV infection for the first time (regions of Barnim, Ostprignitz-Ruppin and Saalekreis). All other cases were reported from areas that have been affected during previous transmission seasons. No cases have been reported from EU-neighbouring countries.

Since the beginning of the 2020 transmission season, 127 outbreaks among equids have been reported. These outbreaks have been reported by Spain (99), Germany (12), Italy (11), France (3), Hungary (1) and Portugal (1) through ADNS. No outbreaks among birds have been reported through ADNS.

Assessment: Human WNV infections have been reported in six EU Member States (Greece, Italy, Romania, Spain, Germany and Hungary) where WNV enzootic transmission between mosquitoes and birds has previously been described.

In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Action: During the transmission seasons, ECDC publishes a set of WNV transmission maps and an epidemiological summary every Friday.

Ebola virus disease - eleventh outbreak - Democratic Republic of the Congo - 2020

Sources: [WHO DRC Twitter](#) | [WHO Afro Twitter](#) | [WHO Afro Sitrep](#) | [WHO Afro bulletin](#) | [WHO DON](#) | [WHO News item](#) | [Dr Tedros](#)

Update: Since the last update and as of 22 September 2020, one additional case and no new deaths have been reported from Equateur Province in the DRC.

The new case was reported on 18 September 2020 in Lotumbe health zone.

Due to the risk of spread of Ebola between the DRC and the Republic of Congo, the two countries are strengthening the mechanisms of [cross-border collaboration](#).

Summary: Since the start of the outbreak and as of 22 September 2020, a total of 124 cases (118 confirmed, six probable), including 50 deaths, have been reported from the Bikoro (32), Bolenge (1), Bolomba (13), Bomongo (2), Iboko (4), Ingende (13), Lilanga Bobangi (6), Lolanga Mampoko (7), Lotumbe (17), Mbandaka (25), Monieka (2) and Wangata (2) health zones in Equateur province of the DRC. Among the reported cases were three healthcare workers.

Since the beginning of the vaccination campaign with rVSV-ZEBOV-GP on 5 June 2020, 33 429 people have been vaccinated.

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. According to the World Health Organization, the current event seems to be separate from the [10th Ebola outbreak](#) in the eastern part of the country, which resulted in 3 470 cases, including 2 287 deaths and was declared over on 25 June 2020. [Sequencing](#) results confirm the new outbreak as a separate spill-over event. This is the DRC's [11th outbreak](#) of Ebola virus disease since 1976, when the virus was first discovered.

In addition to Ebola outbreaks, the country is currently affected by other major outbreaks such as COVID-19, cholera, monkeypox, polio and the bubonic plague.

Assessment: Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. Implementing response measures is crucial, and a high level of surveillance is essential to detect and interrupt further transmission early on. Response measures can be challenging amid the other ongoing outbreaks in the country. In the past, cases among EU/EEA citizens infected with Ebola were mostly reported among healthcare workers deployed to support Ebola outbreak responses. As the current response is mostly conducted by locals, combined with the vaccine availability, lead to a low likelihood of having EU/EEA citizens infected. For the general public living in the EU/EEA, there is a negligible likelihood of exposure, especially with current travel limitations.

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WHO assessment: As of 3 September, [WHO's assessment](#) states the risk is high at regional level, high at national level and low at global level. A lack of funding and insufficient human resources is constraining the response, further hampered by strikes among locally-based response teams and the ongoing COVID-19 outbreak. In addition, response teams are currently operating in a logistically challenging environment, with many of the affected areas only accessible by boat or helicopter and with limited telecommunications capacity. Further challenges include: inadequate surveillance of deaths in communities; sub-optimal clinical care; and limited laboratory capacity.

Actions: ECDC is monitoring this event through epidemic intelligence. On 25 May 2018, ECDC published a rapid risk assessment on the ninth outbreak in the DRC: [Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo. First update.](#)

Other news

Locally-acquired dengue - Italy – 2020 (RESTRICTED)

Source: EWRS, media

Update: Since the last update on 1 September and as of 24 September, five additional locally-acquired dengue cases have been reported by the Italian authorities.

Summary: As of 24 September 2020, the Italian authorities reported a cluster of 10 locally-acquired confirmed DENV-1 cases and an imported primary (probable) case. The date of symptom onset of the locally-acquired cases range from 11 to 30 August 2020. All cases had a history of exposure in the same municipality in Veneto region. The transmission was vector-borne.

Among the 10 locally-acquired cases, six were exposed in the same household and are family members of the presumed primary case. The remaining four cases were linked to two households in the same street 100 m meters from the primary cluster. Italian authorities have implemented control measures.

Assessment: These are the first cases of locally-acquired dengue infection reported by Italy. The virus has likely been introduced by the primary case who returned from Indonesia. *Aedes albopictus* is established all over Italy and vector capacity is currently expected to be suitable for the transmission of dengue virus. The local transmission occurred in a very small village situated in a rural area, which likely limits the number of individuals that may have been exposed. Since 2010, 17 vector-borne local transmission events of dengue virus have been [reported in continental EU](#), among which one event occurred this year in mainland France. So far, all clusters of local transmission of dengue within continental EU remained of limited size (i.e. ten cases maximum). This may suggest that the capacity of the populations of *Aedes albopictus* in continental EU to transmit the virus might not be optimal to maintain a sustained transmission. However, considering that the establishment of a sustained transmission depends on a multitude of factors (e.g. virus strain, environment, climate, timeliness of implementation of vector control measures) the occurrence of a larger outbreak cannot be excluded, even if the likelihood remains low.

Action: ECDC will continue to monitor through epidemic intelligence and is in contact with Italian authorities.

Rapid risk assessment under production

Rapid Outbreak Assessment (ROA) on a multi-country *S. Typhimurium* outbreak (EPIS UI-636) with EFSA to be circulated on 20 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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