



Round Table Report 15 December 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

The next update on worldwide COVID-19 figures will be on 17 December 2020.

Update:

SARS-CoV-2 variant VUI 202012/01 – United Kingdom – 2020

Source: EWRS

[RESTRICTED]

On 14 Dec 2020 the United Kingdom reported through EWRS a variant of SARS-CoV-2 tentatively named VUI 202012/01. The variant is carrying eight Spike protein mutations compared to commonly circulating viruses (deletion 69-70, deletion 144-145, N501Y, A570D, P681H, T716I, S982A, D1118H). The variant was first detected in September 2020 and has rapidly increased in proportion of sequenced viruses during November. The variant has predominantly been detected in England (1108 sequences, predominantly in the southern part), Scotland (5 sequences), Wales (2 sequences), Denmark (3 sequences, Copenhagen region), and Australia (1 case, New South Wales region). This corresponds to approximately 5% of all sequences from the United Kingdom with a sampling date in November.

Because of the many spike protein mutations, of which N501Y is in the receptor binding domain, urgent efforts to assess any reduction in neutralisation by sera from recovered and vaccinated patients are ongoing in the United Kingdom. Further epidemiological and virological investigations are also underway to assess the transmissibility of the variant. There is currently no indication of any change in severity of disease associated with this variant. The deletion at position 69-70 has been found to affect the performance of some diagnostic PCR assays with an S gene target. Additional findings will be shared by the United Kingdom as soon as they are available.

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Update: Between 27 November and 3 December 2020, a cluster of 5 cases of *Delftia acidovorans* have been

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notified among hospitalised COVID-19 cases in terminal condition in a hospital ward in Veneto Region, Italy. *Delftia acidovorans* was detected in blood culture in all cases.

Delftia acidovorans (previously known as *Comamonas acidovorans* or *Pseudomonas acidovorans*) is an aerobic, non-fermenting Gram-negative bacillus. It is usually a non-pathogenic environmental organism and is rarely clinically significant. Infection most commonly occurs in hospitalised or immunocompromised patients.

The following measures are being implemented: epidemiological investigation and clinical description of cases; microbiological sampling of the environment; monitoring and testing of all patients assisted in the affected ward; isolation of patients in contact with cases; replacement of all partially used materials in the room; sanitization with final nebulization of hydrogen peroxide; reinforcing of standard, contact, and droplet precautions; replacing of all nozzles of the faucets and collecting samples; disinfection and sanitization of hydric points with application of water filter in all taps; reviewing the maintenance plan; training of staff; reviewing the organization model.

Summary: Between 27 November and 3 December 2020, a cluster of *Delftia acidovorans* among hospitalised terminal COVID-19 cases has been notified from a hospital ward in Veneto Region, Italy. Measures have been implemented to investigate the cause and prevent further cases.

Assessment: Additional cases might be detected as part of the implemented measures. The risk to the general public is considered low as the microorganism is rare, is opportunistic and infections most commonly occurs in hospitalised or immunocompromised patients, the reported cluster is localised to one hospital ward and control measures have been implemented. The report highlights the need for continuous infection prevention and control measures in healthcare settings.

Actions: ECDC is monitoring the situation through epidemic intelligence activities.

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](#) and [fifth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April, 31 July and 29 October 2020, respectively. The committee concluded during these 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 thirteenth update of its [rapid risk assessment](#). A [dashboard](#) with the latest updates is available on ECDC's website. ECDC [rapid risk assessment](#) on the risk of increase of COVID-19 infection related to end-of-year festive season has been published on 4 December 2020.

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.

Expert deployment

One EPIET fellow is deployed to DRC until 22 December 2020 to support response activities related to the Ebola outbreak

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: -