



Round Table Report

12 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) – 2020/2021

Source: [Media](#), [MoH Japan](#), [NIID](#)

New variant detected in Japan

On 10 January 2021, Japan reported four cases of COVID-19 associated with a novel variant of SARS-CoV-2 in returning travellers from Brazil. The travellers arrived in Japan on 2 January 2021, and whole genome sequences for all four viruses were deposited in GISAID EpiCoV on 10 January.

The variant belongs to lineage B.1.1.28 and has 12 amino acid changes in the spike protein compared with Wuhan Hu-1, of which three are located in the receptor binding domain. The variant has the change N501Y which is also present in both VOC 202012/01 and 501.V2 which have recently been reported by the United Kingdom and South Africa respectively. It also has the change E484K which can be found in 501.V2.

There is no direct genetic relationship between the variant reported by Japan and any of these two previously reported variants, the mutations they have in common seem to have arisen independently for each variant. The full set of spike protein changes for the variant reported by Japan are L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, D614G, H655Y, T1027I, and V1176F.

There is currently no microbiological or epidemiological evidence of any change in transmissibility, neutralisation by antibodies or other properties of the variant, but the similarity to previously observed mutation patterns indicate that an increase in transmissibility is possible. Brazil has published sequences in GISAID EpiCoV from 0.03% of detected cases since 1 September 2020, and Japan has published sequences from 4.5% of cases during the same period.

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's [rapid risk assessment](#) on the risk of increase of COVID-19 infection related to end-of-year festive season was published on 4 December 2020. ECDC's [rapid risk assessment](#)

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on the risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020 and will be updated and circulated by 20 January 2021.

Threats under monthly review

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

Source: TESSy

Update: Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 December 2020, three new cases have been reported by one country in EU/EEA: Germany (+3). In addition, according to TESSy, Belgium reported two additional cases and Ireland one case. Other countries did not report new cases of measles.

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

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Africa (WHO AFRO) and WHO Pan American Health Organization (PAHO).

Summary: Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 December 2020, three new cases have been reported by one country in EU/EEA: Germany (+3). In addition, according to TESSy, Belgium reported two additional cases and Ireland one case. Other countries did not report new cases of measles.

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[Routine immunisation sessions](#) should be maintained as long as COVID-19 response measures allow.

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 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.

Epidemiological summary for EU/EEA countries with updates since last month

[Germany](#) reported 161 cases in 2020 and as of week 53 (ending on 3 January 2021) an increase of three cases since week 50 (ending 13 December 2020).

[Ireland](#) reported 19 cases in 2020 and as of week 53 (ending 2 January 2021) no increase since week 48 (ending 28 November 2020). According to TESSy, 24 cases were reported in January–November 2020.

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.

According to the WHO Regional Office for Africa ([AFRO](#)), as of 3 January 2021 (week 1), 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. There are no reports about measles

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in Democratic Republic of the Congo, in which humanitarian crisis continues.

According to the WHO Pan American Health Organization (PAHO), in 2020, between week 1 and week 53, nine countries reported 8 720 confirmed cases of measles: Brazil (8 442 cases), Mexico (196 cases), Argentina (61 cases, including one death), the US (13), [Bolivia](#) (3 cases), Chile (2 cases), Uruguay (2 cases), Canada (1), and Colombia (1 case). Currently, new cases have been reported only in Brazil.

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.

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.

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