



European Centre for Disease Prevention and Control

# Update from ECDC

5.1.2e

5.1.2e

, Stockholm, 08 February 2021

**Disclaimer:** These tables, histograms, maps and graphs are based on the available information at the time of publication, originating from several sources. Data completeness depends on the availability of information from the affected areas. All data should be interpreted with caution as the outbreak is evolving rapidly. In addition, due to the unavailability of date-of-onset data and different testing policies per country, these figures might not be reflective of the evolution of the epidemic.

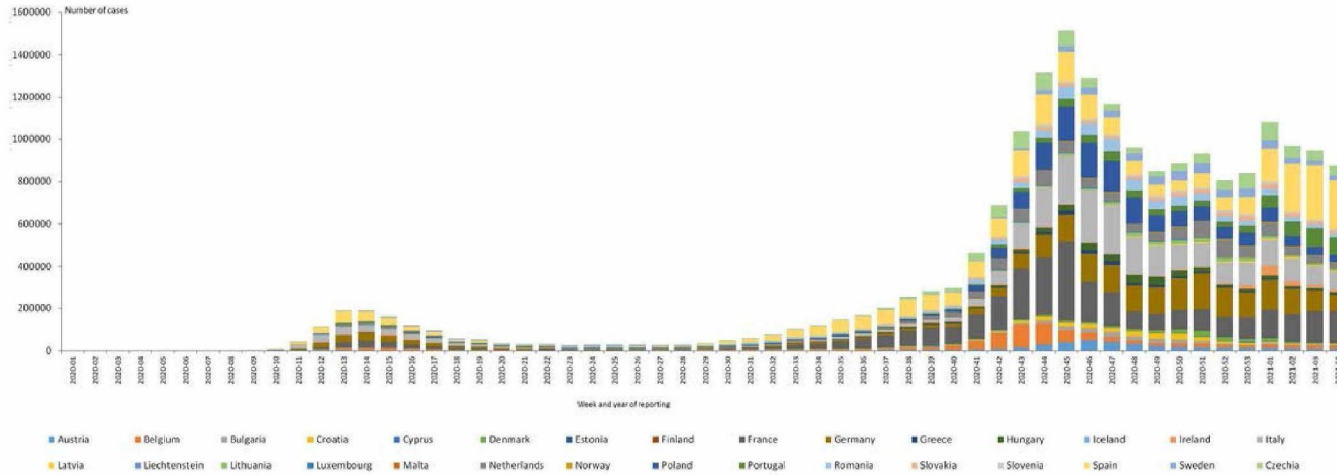


## Presentation outline



- **COVID-19**
- **MERS**
- **Dengue**
- **Ebola**

# Distribution of laboratory-confirmed cases of COVID-19 in the EU/EEA, as of week 4, 2021

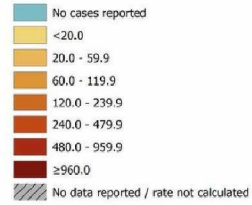


Source: European Centre for Disease Prevention and Control. Communicable Disease Threats Report, 2020

# 14-day COVID-19 case notification rate per 100 000, weeks 3-4



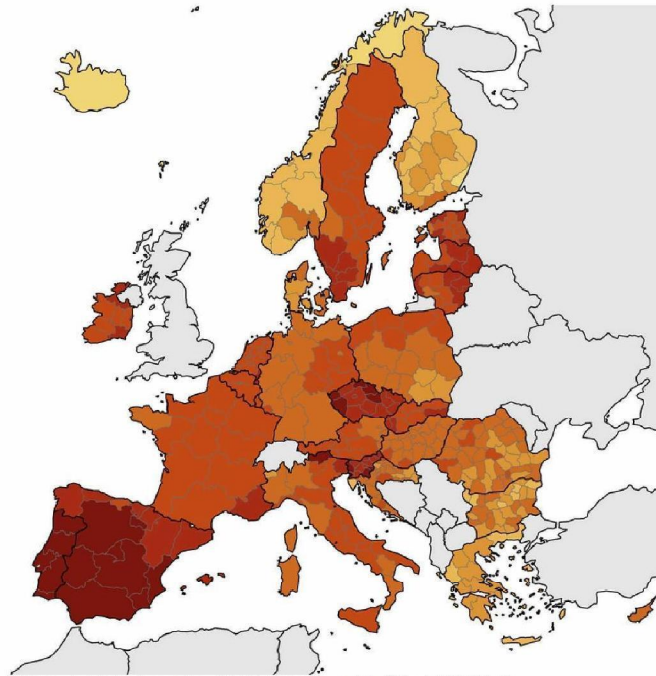
**14-day COVID-19 case notification rate per 100 000 2021-w03 to 2021-w04**



Regions not visible in the main map extent

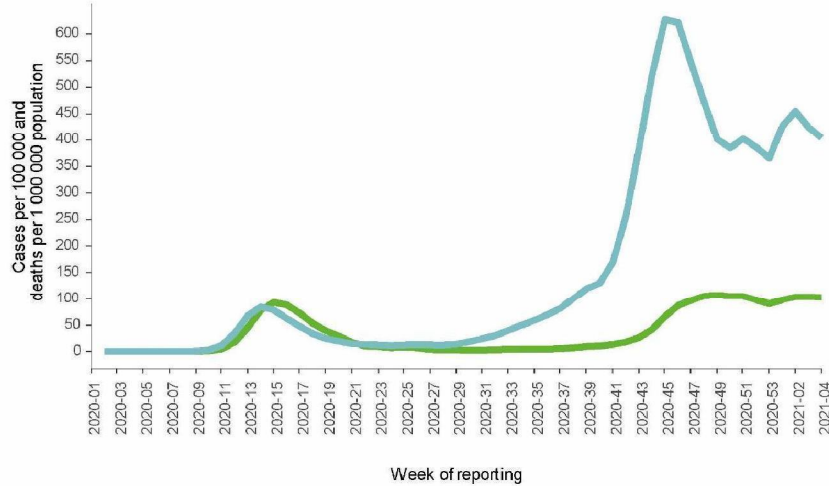


Countries not visible in the main map extent



Administrative boundaries: © EuroGeographics © UN-FAO © Turistat. Office for National Statistics licensed under the Open Government Licence v.3.0. Contains OS data © Crown copyright and database right 2020. © Natverket © Instituto Nacional de Estatística - Statistics Portugal. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 4 Feb 2021

# 14-day case and death notification rate, EU/EEA



**EU/EEA totals as of week 4, 2021:**

23 606 400 cases

580 862 deaths

- 14-day death notification rate per 1 000 000 population
- 14-day case notification rate per 100 000 population



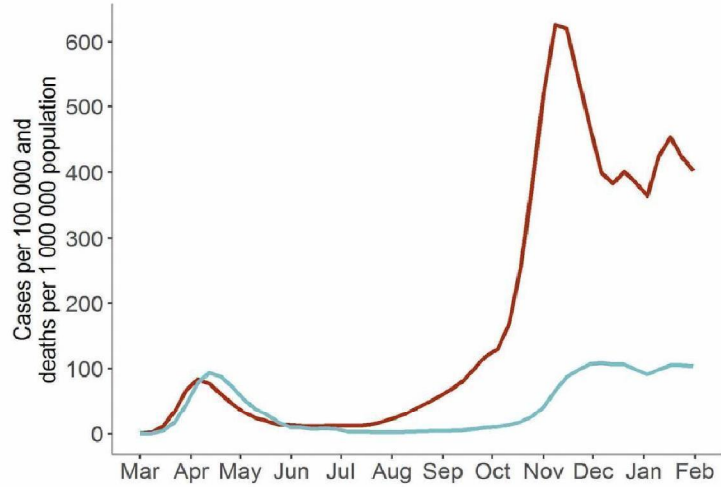
### COVID-19 case and death notification rates, testing rates and test positivity, EU/EEA



EU/EEA: 14-day COVID-19 case and death notification rates, 1 March 2020 to 31 January 2021

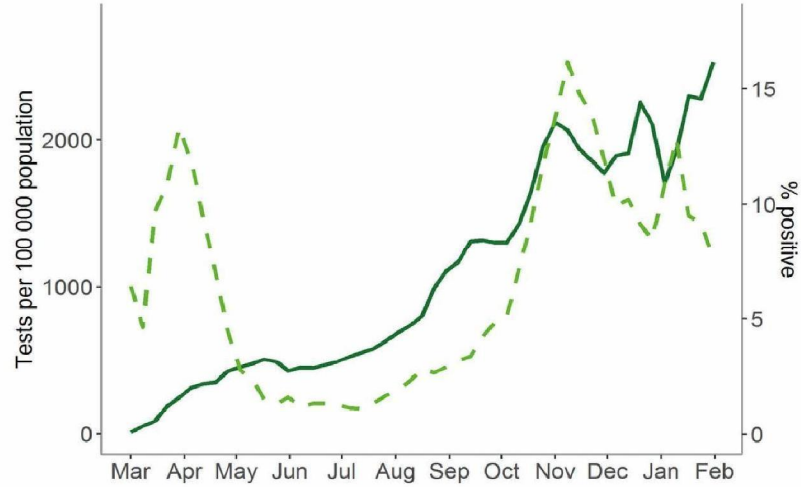
EU/EEA: testing rate and test positivity (%), 1 March 2020 to 31 January 2021

- 14-day case notification rate per 100 000 population
- 14-day death notification rate per 1 000 000 population



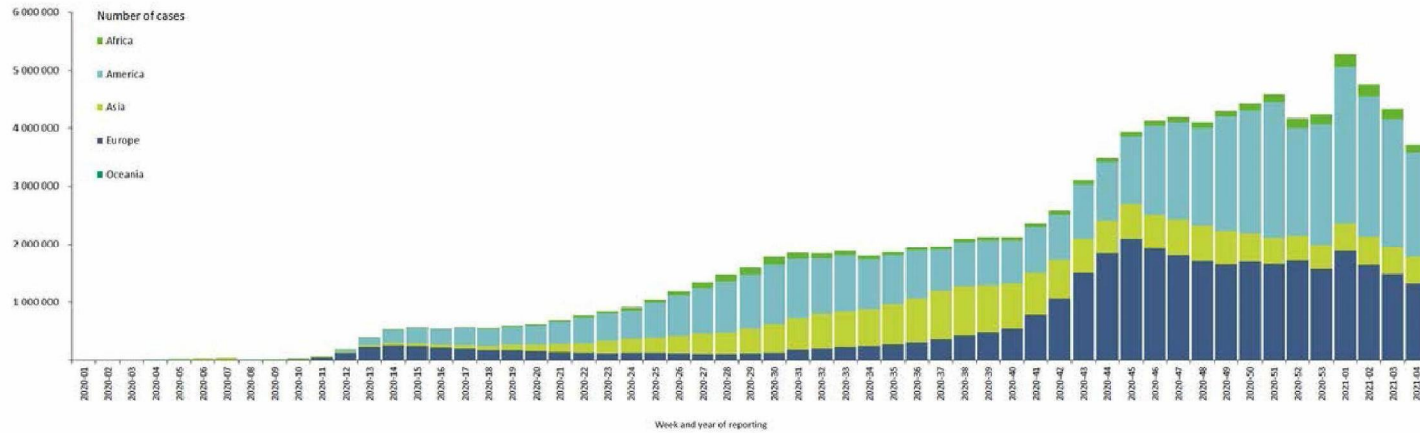
Source: ECDC Epidemic Intelligence

- Tests per 100 000 population
- % positive



Source: TESSy and public websites. Data shown for countries submitting data up to 31 January 2021

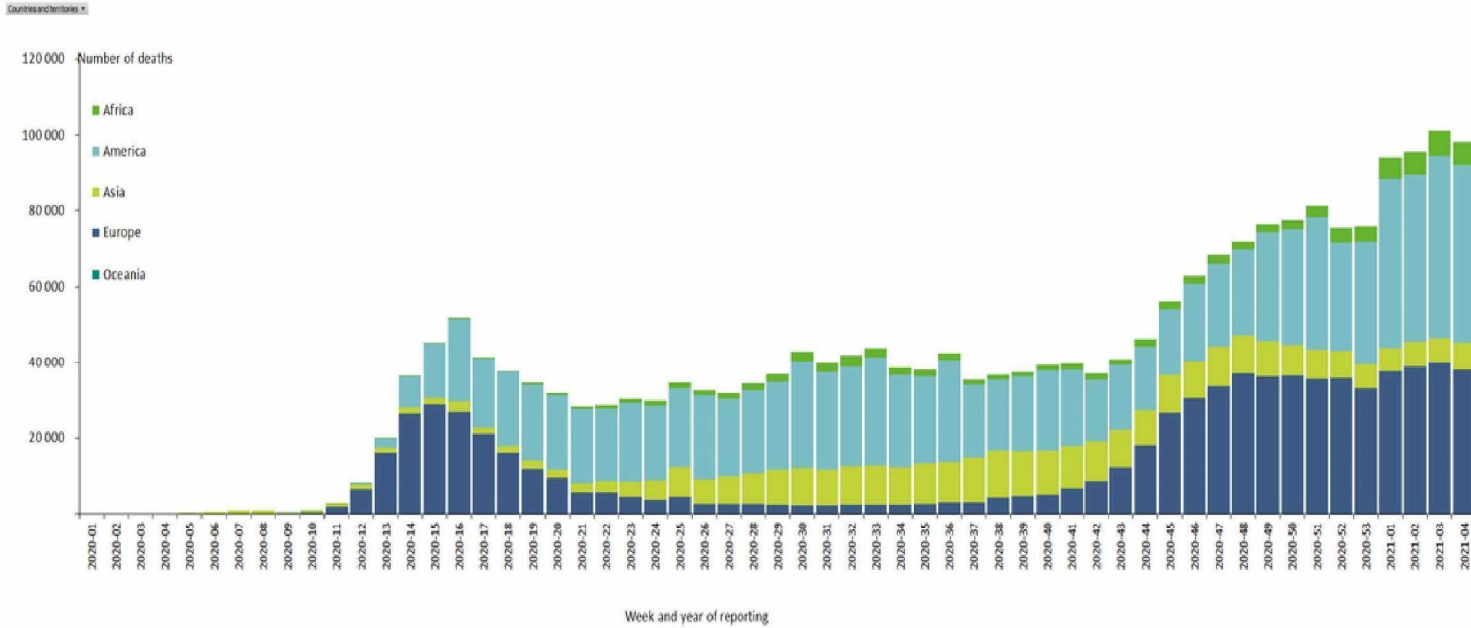
# Distribution of COVID-19 cases worldwide, as of week 4 2021



Source: European Centre for Disease Prevention and Control. Communicable Disease Threats Report, 2020



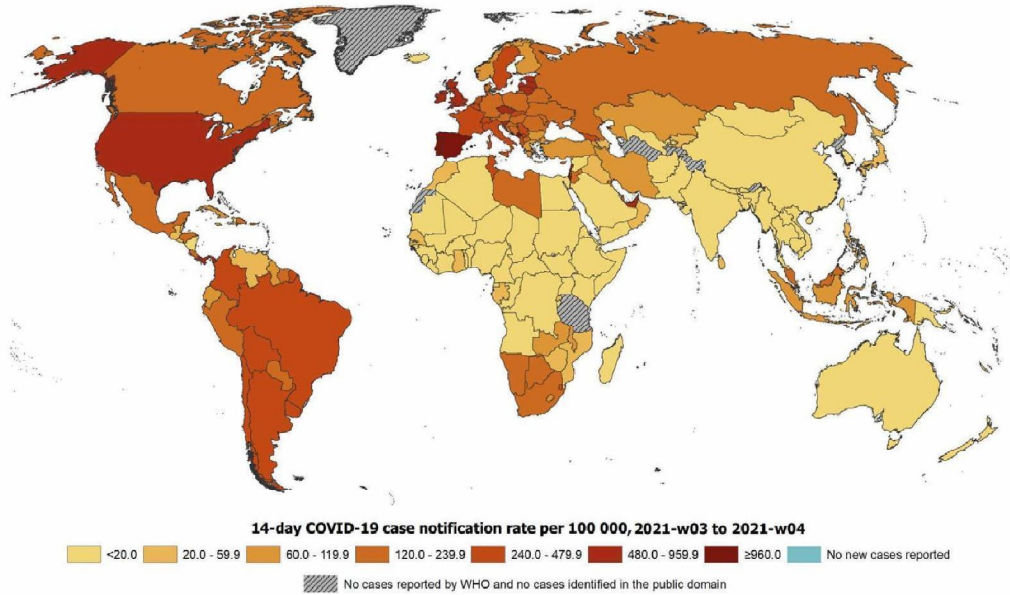
# Distribution of COVID-19 deaths, worldwide, as of week 4 2021



Source: European Centre for Disease Prevention and Control. Communicable Disease Threats Report, 2020



# 14-day COVID-19 case notification rate per 100 000, weeks 3-4



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Date of production: 04/02/2021

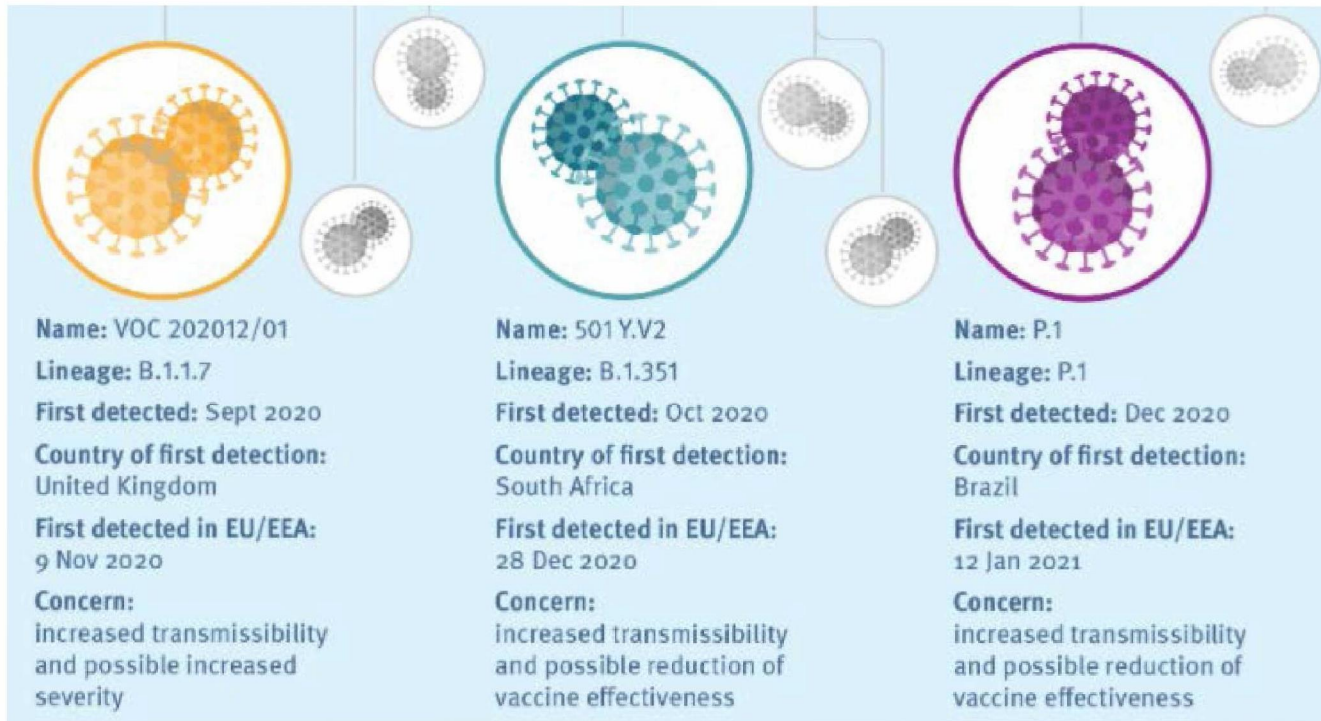
Source: European Centre for Disease Prevention and Control. Communicable Disease Threats Report, 2020

Distribution of COVID-19 cases, in accordance with the applied case definitions in the affected countries, by continent, as of week 4, 2021



<b>Continent</b>	<b>Cases</b>	<b>Deaths</b>	<b>Crude case fatality</b>
Africa	3 579 809	91 398	2.6%
America	46 270 502	1 065 014	2.3%
Asia	20 004 167	338 028	1.7%
Europe	33 535 466	740 800	2.2%
Oceania	57 561	1 207	2.1%
<b>Total</b>	<b>103 447 505</b>	<b>2 236 447</b>	<b>2.2%</b>

## Mutation of SARS-CoV2 - current variants of concern



## ECDC position on border closures (updated 22 January 2021)



"In order to slow down the importation and spread of the new SARS-CoV-2 variants of concern, ECDC recommends that non-essential travel should be avoided. In addition to recommendations against non-essential travel, and restrictions on travel for those infected, travel measures such as the testing and quarantining of travellers should be maintained, in particular for travellers from areas with a higher incidence of the new variants."

1 ECDC Technical report: Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA, 26 May 2020  
<https://www.ecdc.europa.eu/en/publications-data/considerations-travel-related-measures-reduce-spread-covid-19-eueea>

2 Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update  
<https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-spread-new-variants-concern-eueea-first-update>

# COVID-19 vaccines



There are four categories

- **WHOLE VIRUS,**
- **PROTEIN SUBUNIT,**
- **VIRAL VECTOR and**
- **NUCLEIC ACID (RNA & DNA)**

<b>Live attenuated</b>	<b>Inactivated (non-live)</b>
Whole virus	Viral vector (non-replicating)
Viral vector (replication competent)	Nucleic acid (RNA & DNA)
	Protein subunits

## SoHO donation and vaccination



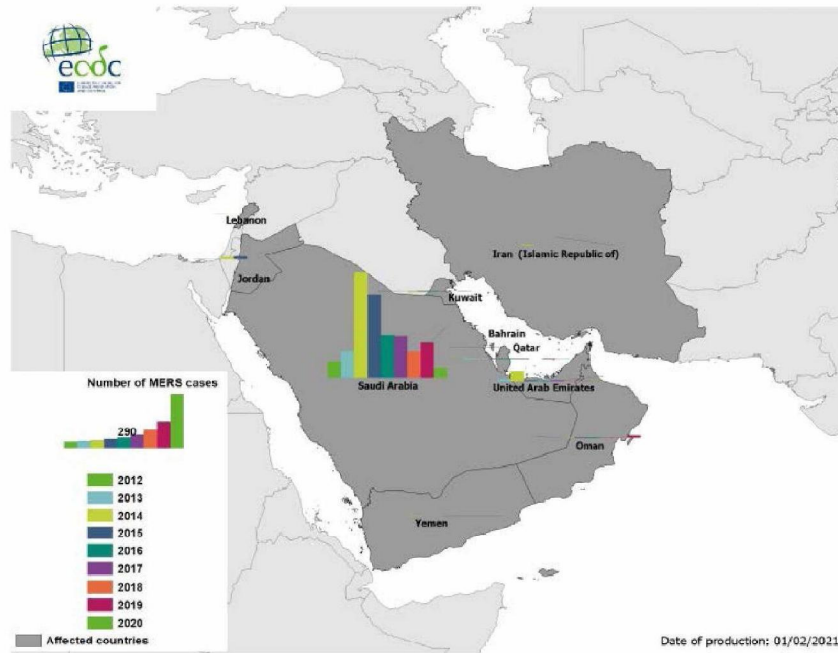
ECDC, COVID-19 and the safety of SoHO supply, **revised** second Update:

- According to EU Directives, after vaccination with attenuated viruses (e.g. replication competent virus vector-based vaccines, live-attenuated virus vaccines) SoHO donors must be deferred for four weeks. Individuals vaccinated with inactivated viruses or vaccines that do not contain live agents (i.e. mRNA vaccines, non-replicating/replication deficient virus vector-based vaccines and protein subunit vaccines) may be accepted as SoHO donors if they feel well.

Deferral of a donor after receiving currently registered COVID-19 vaccines in the EU is not required.



## Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to January 2021



Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. The number of new cases detected and reported through surveillance in 2020 have dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low



## Dengue - French Antilles – as of 29 January 2021



French Antilles	Start (year-week)	Suspected cases	Deaths	Serotype	Trend
Guadeloupe	2019-42	23140	2	Most DENV-1,2,3	↓
Saint Martin	2020-03	2740	1	Most DENV-1	→
Saint Barthélemy	2020-17	1451	-	Most DENV-1	↓
Martinique	2019 (4 Nov.)	32790	17	Most DENV-3	↓

EU/EEA travellers to and residents of the affected areas should apply personal protective measures against mosquito bites. Cases numbers are decreasing and are reaching or are below the epidemic threshold. However, the occurrence of further autochthonous cases in the French Antilles is expected, as environmental conditions are favourable for transmission. The concurrent circulation of several dengue serotypes may increase the risk of more severe clinical presentations. The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is negligible, as the environmental conditions are not favourable to vector activity and virus replication. Potential SoHO donors whose travel histories place them at risk of dengue infection should be deferred for 28 days upon return to non-endemic areas unless tested negative by approved laboratory test.

## Resurgence of Ebola virus disease in North Kivu Democratic Republic of the Congo - 2021



A new case of Ebola virus disease has been detected in Butembo, the province of North Kivu, the Democratic Republic of the Congo (DRC), where a large outbreak was declared over in June 2020. (7 February 2021, DRC MoH).

Ebola has been laboratory confirmed in samples taken from a female patient who had sought treatment at a local healthcare centre, due to having Ebola-like symptoms. Her husband was an Ebola survivor, and she has since died. North Kivu Provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health.

The likelihood of introduction and further spread of the Ebola virus within the EU/EEA remains very low. ECDC will follow the situation through Epidemic Intelligence.