



# Round Table Report

## 29 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 threats

#### COVID-19 associated with SARS-CoV-2 – multi-country (world) – 2019-2021

##### COVID-19 vaccine:

**Novavax vaccine:** a pivotal trial in the UK, including more than half of those cases infected with the B.1.1.7 variant, has resulted in a 89.3% efficacy of the Novavax vaccine. In total, the phase 3 trial included more than 15 000 study participants aged 18-84 years. In the South African part of the trial, where most of the cases were infected with the B.1.351 variant first identified in South Africa, the vaccine was seen observed to provide 60% efficacy among those without HIV.

According to [German media](#), the National Immunisation Technical Advisory Group (STIKO) of the Robert Koch Institute recommends that the AstraZeneca COVID-19 vaccine should only be offered to people who are 18 to 64 years old. STIKO justified its assessment by stating that currently "insufficient data" were available to assess the efficacy of vaccinations in individuals aged 65 years and above.

According to media, a World Health Organization (WHO) team of experts has left quarantine in Wuhan, China to begin investigating the origins of SARS-CoV-2.

#### Influenza A(H9N2) – Multistate (World) – Monitoring human cases

Source: [WHO Avian Influenza Weekly update](#)

**Update:** Since the previous update on 22 January 2021 and as of 28 January 2021, a human case of influenza A (H9N2) virus infection has been reported in a 52-year-old female from Xiamen, Fujian Province, China. She developed symptoms on 2 January 2021. No history of exposure to poultry or birds was reported in the WHO report. As of 13 January 2021, no cases were detected among her contacts.

**Summary:** Overall, 16 cases of human influenza A(H9N2) have been reported in 2020 (15) and 2021 (1), all in China. To date and since 1998, a total of 78 laboratory-confirmed cases of human infection with avian influenza A (H9N2) viruses have been reported from China (67, of which 43 cases reported since December 2015), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1) and Senegal (1). The previous human infection was reported from China, with disease onset in October 2020.

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**Assessment:** Although avian influenza A(H9N2) virus has caused infection in humans, human infection remains rare and no sustained human-to-human transmission has been reported. Most of the reported human cases had mild disease. No human cases due to avian influenza A(H9N2) virus infection have been reported in Europe.

Human cases related to the avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where avian influenza A(H9N2) virus is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

Currently avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. As the likelihood of zoonotic transmission of newly-introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

**Action:** ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report on the [avian influenza situation](#). The most [recent report](#) published on 11 December 2020.

## Threats under weekly review

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

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

Update: Week 03/2021 (18 January–24 January 2021)

Influenza activity remained at interseasonal levels.

Of 1 246 specimens tested for influenza in week 03/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was 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 was one hospitalized laboratory-confirmed influenza case reported for week 03/2021.

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 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 epidemiologic and virologic 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, 557 specimens have tested positive for influenza viruses, 10 from sentinel sources and 547 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: 11 from ICUs (all infected with type A viruses); 3 cases (two type A viruses and 1 type B) 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).

Overall, 16 cases of human influenza A(H9N2) have been reported in 2020 (15) and 2021 (1), all in China. To date and since 1998, a total of 78 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses

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have been reported from China (67, of which 43 cases reported since December 2015), Egypt (4), Bangladesh (3), Oman (1), Pakistan (1), India (1) and Senegal (1). The previous human infection was reported from China, with disease onset in October 2020.

**Assessment:** Although avian influenza A(H9N2) virus has caused infection in humans, human infection remains rare and no sustained human-to-human transmission has been reported. Most of the reported human cases had mild disease. No human cases due to avian influenza A(H9N2) virus infection have been reported in Europe.

Human cases related to the avian influenza A(H9N2) virus are detected sporadically and are not unexpected in regions where avian influenza A(H9N2) virus is endemic in the poultry population (Asia, Africa and the Middle East). Direct contact with infected birds or a contaminated environment is the most likely source of infection.

Currently avian influenza viruses detected in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The A(H9N2) viruses are not present in EU/EEA countries. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. As the likelihood of zoonotic transmission of newly-introduced or emerging reassortant avian influenza viruses is unknown, the use of personal protective measures for people exposed to poultry and birds with avian influenza viruses will minimise the remaining risk.

**Action:** ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report on the [avian influenza situation](#). The most [recent report](#) published on 11 December 2020. ECDC has published an [outbreak alert](#) for new avian influenza outbreaks of A (H5) among wild and domestic birds.

## Dengue - French Antilles - 2020-2021

**Source:** [Santé publique France](#)

**Update:** Since the previous update with data as of 9 January 2021 and as of 24 January 2021, additional 536 cases have been reported in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique.

The following cases have been reported since the previous update:

**Guadeloupe:** 340 additional suspected cases.

**Saint-Martin:** 40 additional suspected cases.

**Saint-Barthélemy:** 16 additional suspected cases.

**Martinique:** 140 additional suspected cases, including one death

**Summary:** According to French authorities, the virus is still circulating in Guadeloupe, Saint-Martin, Saint-Barthélemy and Martinique although cases have started to decrease since week 40-2019.

In **Guadeloupe**, since week 2019-42 and as of week 2021-03, 23 140 suspected dengue cases have been reported, including two deaths. Most of the infections (65%) have been identified as dengue virus serotype 2, with a co-circulation of serotypes 1 (20%) and 3 (15%). There is a decreasing trend and the weekly number of cases are getting close to the epidemic threshold.

In **Saint-Martin**, since week 2020-03 and as of week 2021-03, 2 740 2 700 suspected dengue cases have been reported, including one death. Most of the infections have been identified as dengue virus serotype 1. The epidemic is still ongoing.

In **Saint-Barthélemy**, since week 2020-17 and as of week 2021-03, 1 451 1 435 suspected dengue cases have been reported. Most of the infections have been identified as dengue virus serotype 1. Cases are still decreasing.

In **Martinique**, since week 2019-45 and as of week 2021-03, 32 790 32 650 suspected dengue cases have been reported, including 17 deaths. Dengue virus serotype 3 has been identified in most of the cases. The number of cases is declining in Martinique and, currently, below the epidemic threshold. This outbreak constitutes the largest outbreak reported on the island in a decade.

**Assessment:** 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.

More information about dengue is in this [ECDC factsheet](#).

**Action:** ECDC will close this threat and will report on monthly basis as part of the dengue monthly monitoring. ECDC is monitoring the situation through its epidemic intelligence activities. ECDC also maintains a list of [autochthonous transmission events of dengue virus in continental EU/EEA](#) since 2010.

## Other news

### Human infection with influenza A(H3N2) variant virus – USA – 2021 [Restricted]

Source: WHO IHR

**Summary:** On 28 January 2021, WHO notified through IHR about a human infection with influenza A(H3N2) variant virus (A(H3N2)v). The case is a child (<18 years of age) in Wisconsin, USA, who developed respiratory symptoms on 13 January 2021. Sample was collected on 14 January 2021. Real-time RT-PCR testing indicated a presumptive positive influenza A(H3N2)v virus infection. The specimen was forwarded for further testing on 21 January 2021. On 22 January, CDC confirmed an influenza A(H3N2)v virus infection using RT-PCR and genome sequence analysis. Investigation into the source of the infection has been completed and revealed that the child lives on a farm with swine present. Sampling of the swine for influenza virus on the property has not yet been conducted but is planned. Five family members of the patient reported respiratory illness during the investigation and were tested for influenza; all tested negative. The patient was prescribed antiviral treatment and was not hospitalized and has made a full recovery. No human to human transmission has been identified associated with this investigation.

Sequencing of the virus by CDC revealed it is similar to A(H3N2) viruses circulating in swine in the mid-western USA during 2019-2020. Viruses related to this A(H3N2)v virus were previously circulating as human seasonal A (H3N2) viruses until around 2010-2011 when they entered the USA swine population. Thus, past vaccination or infection with human seasonal A(H3N2) virus is likely to offer some protection in humans.

**WHO Assessment:** Since 2005, a total of 437 influenza A (H3N2) variant virus human infections, including this one, have been identified in the United States. There has been some limited, non-sustained human-to-human transmission of variant influenza viruses, but no ongoing community transmission has been identified. Current evidence suggests that these viruses have not acquired the ability of sustained transmission among humans, thus the likelihood is low.

Swine influenza viruses circulate in swine populations in many regions of the world. Depending on geographic location, the genetic characteristics of these viruses differ. When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a "variant influenza virus". Most human cases are the result of exposure to swine influenza viruses through contact with infected swine or contaminated environments. Because these viruses continue to be detected in swine populations around the world, further human cases can be expected.

Influenza viruses that infect pigs are different from human influenza viruses. Currently, there is no vaccine for H3N2v infection. Thus, influenza vaccines against human influenza viruses are generally not expected to protect people from influenza viruses that normally circulate in pigs. In addition, pigs are susceptible to avian, human and swine influenza viruses; they potentially may be infected with influenza viruses from different species at the same time. If this happens, it is possible for the genes of these viruses to mix and create a new virus. This type of major change in the influenza A viruses is known as antigenic shift. If this new virus causes illness in people it can be transmitted easily from person-to-person with no immunity, and an influenza pandemic can occur.

**Action:** ECDC is monitoring human cases with variant influenza viruses through epidemic intelligence and influenza group activities.



## 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 28 February 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

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Communication: -

#### Representative of:

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Vaccine Preventable Diseases: -

Emerging and Vector-borne Diseases: -

Food and Water-borne Diseases: -

Influenza: -

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