



Round Table Report

26 April 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) – 2019-2021

Daily EU/EEA update:

Update: Since the previous RT report published on 25 April 2021 and as of 26 April 2021, 80 013 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 1 194 new deaths have been reported in the EU/EEA.

New cases have been reported from EU/EEA. The five countries reporting most new cases are: France (24 465), Italy (13 157), Germany (11 907), Netherlands (7 996) and Poland (7 224).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Italy (217), Poland (193), Hungary (176), France (145) and Romania (127).

Summary: Since 31 December 2019 and as of 26 April 2021, 30 242 127 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported in the EU/EEA, including 678 177 deaths.

EU/EEA cases:

As of 26 April 2021, 30 242 127 cases have been reported in the EU/EEA: France (5 498 044), Italy (3 962 674), Spain (3 468 617), Germany (3 299 325), Poland (2 758 856), Czechia (1 620 206), Netherlands (1 459 243), Romania (1 046 264), Belgium (974 324), Sweden (938 343), Portugal (834 442), Hungary (771 454), Austria (605 510), Bulgaria (397 500), Slovakia (379 911), Greece (333 129), Croatia (322 626), Denmark (247 622), Ireland (246 633), Lithuania (241 297), Slovenia (237 028), Estonia (120 378), Latvia (115 316), Norway (109 581), Finland (85 804), Luxembourg (66 202), Cyprus (62 349), Malta (30 174), Iceland (6 390) and Liechtenstein (2 885).

EU/EEA deaths:

As of 26 April 2021, 678 177 deaths have been reported in the EU/EEA: Italy (119 238), France (102 887), Germany (81 624), Spain (77 591), Poland (65 415), Czechia (29 002), Romania (27 394), Hungary (26 801), Belgium (24 024), Netherlands (17 028), Portugal (16 965), Bulgaria (15 907), Sweden (13 923), Slovakia (11

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495), Greece (10 007), Austria (9 832), Croatia (6 854), Ireland (4 873), Slovenia (4 523), Lithuania (3 848), Denmark (2 475), Latvia (2 102), Estonia (1 143), Finland (903), Luxembourg (790), Norway (736), Malta (413), Cyprus (298), Liechtenstein (57) and Iceland (29).

Other news:

AstraZeneca's COVID-19 vaccine: benefits and risks in context (EMA press release 23 April 2021)

The EMA's Committee for Medicinal Products for Human Use (CHMP) has further analysed available data on Vaxzevria to put the risk of very rare blood clots in the context of the vaccine's benefits for different age groups and different rates of infection. The Committee analysed the vaccine's benefits and the risk of unusual blood clots with low platelets in different age groups in the context of the monthly infection rates: low (55 per 100 000 people), medium (401 per 100 000 people) and high (886 per 100 000 people). The analysis looked at prevention of hospitalisations, ICU admissions and deaths due to COVID-19, based on different assumptions of vaccine effectiveness to contextualise the occurrence of these unusual blood clots. It showed that the benefits of vaccination increase with increasing age and infection rates. The analysis will inform national decisions on the roll out of the vaccine, taking into account the pandemic situation as it evolves and other factors, such as vaccine availability. More information [here](#).

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 [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#) and [seventh](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021 and 15 April 2021, 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's dedicated webpage](#).

Actions: ECDC has published the 14th 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 related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA was published on 29 December 2020, and a [first update](#) published on 21 January 2021.

Other news

Crimean-Congo haemorrhagic fever – Spain – 2020 (RESTRICTED)

Sources: Communication exchange with Spanish national health authorities

Summary: According to Spanish health authorities, one case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed by the national reference laboratory in the autonomous community of Castilla y Leon on 19 April 2021. The case is a 59-year-old male farmer with recent exposure to tick bites. The case sought medical attention on 18 April 2021 in Salamanca, Spain, showing compatible symptoms for CCHF. The case is currently in a stable condition and reported one close contact which is currently being followed-up by the regional health authorities.

Assessment: Ticks from the *Hyalomma spp.* are considered the principal vectors of the CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe, as shown in the [distribution map](#) published in March 2021. In Spain, the main vector is *Hyalomma lusitanicum*, as shown in the [distribution map](#) published in March 2021.

Hunters, forest workers, hikers and people working with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission as demonstrated in [2016 in Spain](#), in which a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

On 9 September 2016, ECDC published a [rapid risk assessment](#) related to CCHF cases in Spain. The assessment remains valid for the current event. In addition, in July 2019, the Spanish authorities published a [situational report](#) and risk assessment related to CCHF in Spain.

Additional information on CCHF can be found in [ECDC Surveillance Atlas](#) of Infectious Diseases, [ECDC factsheet](#) and in the latest [ECDC annual epidemiological report](#).

Actions: ECDC is monitoring this event through epidemic intelligence activities and will report again if epidemiological updates become available.

Expert deployment

One EPIET fellow has been deployed in Georgia from 24 March 2021 until 1 May 2021 as part of the WHO team providing support to the Georgian NCDC for the implementation of the COVID-19 vaccine effectiveness study in health workers.

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: -