

Round Table Report 29 March 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

Update: Since the previous RT report published on 28 March 2021 and as of 29 March 2021, 132 762 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 2 297 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 (37 014), Poland (29 266), Italy (19 604), Germany (9 872) and Netherlands (7 421).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Czechia (1 062), Italy (297), Hungary (189), France (131) and Poland (131).

Summary: Since 31 December 2019 and as of 29 March 2021, 26 328 642 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 610 801 deaths.

EU/EEA cases:

As of 29 March 2021, 26 328 642 cases have been reported in the EU/EEA: France (4 545 589), Italy (3 532 057), Spain (3 255 324), Germany (2 782 273), Poland (2 250 991), Czechia (1 516 772), Netherlands (1 250 859), Romania (936 618), Belgium (870 663), Portugal (820 407), Sweden (780 018), Hungary (641 124), Austria (533 511), Slovakia (357 910), Bulgaria (328 753), Croatia (267 222), Greece (254 031), Ireland (234 541), Denmark (228 013), Lithuania (213 941), Slovenia (212 679), Estonia (104 214), Latvia (101 040), Norway (90 934), Finland (76 003), Luxembourg (60 755), Cyprus (44 631), Malta (28 875), Iceland (6 163) and Liechtenstein (2 731).

EU/EEA deaths:

As of 29 March 2021, 610 801 deaths have been reported in the EU/EEA: Italy (107 933), France (94 623), Germany (75 913), Spain (75 010), Poland (51 884), Czechia (26 936), Romania (23 114), Belgium (22 897), Hungary (20 161), Portugal (16 837), Netherlands (16 445), Sweden (13 402), Bulgaria (12 710), Slovakia (9 496), Austria (9 006), Greece (7 880), Croatia (5 893), Ireland (4 666), Slovenia (4 310), Lithuania (3 551), Denmark (2 414), Latvia (1 878), Estonia (879), Finland (845), Luxembourg (738), Norway (656), Malta (387), 1/3

European Centre for Disease Prevention and Control (ECDC) Postal address: ECDC 169 73 Solna, Sweden

Visiting address: Gustav III:s Boulevard 40, Solna, Sweden ecdc.europa.eu Epidemic Intelligence duty email: support@ecdc.europa.eu

Cyprus (252), Liechtenstein (56) and Iceland (29).

Other News:

According to <u>media</u>, the joint WHO-China study on the origins of COVID-19 states that transmission of SARS-CoV-2 from bats to humans through an intermediate animal host is the most likely scenario of introduction and that a leak from a laboratory is "extremely unlikely." The final report is not yet available on WHO website.

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 <u>WHO</u> declared the COVID-19 outbreak a pandemic. The <u>third</u>, <u>fourth</u>, <u>fifth</u> and <u>sixth</u> International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, and 14 January 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 <u>rapid risk assessment</u>. A <u>dashboard</u> with the latest updates is available on ECDC's website. ECDC's <u>rapid risk assessment</u> 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 <u>first update</u> published on 21 January 2021.

Other news

Influenza A(H1N1) variant – the United States – 2020–2021 Source: US CDC

Summary: The United States CDC (US CDC) reported in their weekly influenza report for week 11 (ending 20 March 2021) about one human case of influenza A(H1N1) variant (A(H1N1)v) virus infection in North Carolina in 2020. The case is an adult, was not hospitalized, and has recovered from his illness. An investigation revealed that the case worked and had daily contact with pigs. No human-to-human transmission has been identified in association with this case. Although this variant virus infection was identified in 2021, the case occurred in 2020. No further influenza A(H1N1)v virus infections have been identified in specimens collected in 2021 thus far.

From 2011 and as of 20 March 2021, the <u>US CDC</u> has reported 11 cases of human infection with A(H1N1)v in the country.

In Europe, human cases with influenza A(H1N1)v infection have recently been reported in Denmark, Germany and the Netherlands.

Assessment: Sporadic transmission of swine influenza viruses from pigs to humans has been observed over the last years. It is therefore very important to immediately share all unsubtypable influenza viruses with national influenza centres or reference laboratories as well as WHO Collaborating Centres for further virus characterisation analysis. Rigorous follow-up investigations are needed to identify human-to-human transmission immediately and implement public health measures to prevent further spread.

In 2016 ECDC has flagged the importance of early sharing of information related to human cases of A(H1N1)v. ECDC underlines the importance to inform health authorities as early as possible and report human cases of avian and swine influenza viruses through EWRS and IHR.

Action: ECDC is monitoring this event through influenza surveillance and epidemic intelligence activities. ECDC monitors zoonotic influenza strains in order to identify significant changes in the epidemiology of the virus.

Influenza A(H5) – Nigeria – Monitoring human cases (Restricted) Source: <u>WHO IHR</u>

Summary: on 28 March 2021, WHO notified through IHR about an outbreak of avian influenza A(H5N1) in Nigeria. Two outbreaks in poultry were reported in Kano and Plateau states in Nigeria on 29 January and 3 February 2021, respectively. The Nigerian authorities initiated an outbreak investigation and collected respiratory

European Centre for Disease Prevention and Control (ECDC) Postal address: ECDC 169 73 Solna, Sweden Visiting address: Gustav III:s Boulevard 40, Solna, Sweden eccl.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu

specimens from 45 people.

As of 3 March 2021, a total of seven confirmed human cases of influenza A and no deaths have been reported in two states (Plateau and Kano). Of these seven cases, three cases had influenza A(H5) (neuraminidase (NA) remains undetermined) and four individuals had an unsubtypable influenza A virus in their respiratory specimens.

The infected individuals are either poultry farm workers or live bird traders at markets. All were asymptomatic and were tested as part of the poultry outbreak response. All seven positive samples were shipped to a WHO Influenza Collaboration Centre in the USA (Atlanta CDC), for subtyping and further characterization. Additional human samples (collected from farms with confirmed outbreaks) in the state of Bauchi are still awaiting analysis whereas samples from human contacts in the state of Gombe are yet to be collected.

HPAI H5N1 outbreaks on poultry farms continue to spread in Nigeria; as of 17 March 2021, a total of six states, namely Kano, Plateau, Bauchi, Gombe, Kaduna and Nasarawa reported avian influenza outbreaks affecting 21 farms (20 farms HPAI and 1 farm LPAI).

ECDC assessment: Human cases related to avian influenza A(H5N1) virus are not unexpected in regions where A(H5N1) is endemic in the poultry population (Asia, Africa and the Middle East). Current epidemiological and virological evidence suggests that A(H5N1) viruses have not acquired the ability of sustained human to human transmission. No human cases due to A(H5N1) have been reported in Europe so far.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Direct contact with infected birds or a contaminated environment is the most likely source of infection. The use of personal protective measures for people exposed to dead birds or their droppings 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 <u>avian influenza situation</u>. The most recent report was published on 26 February 2020. ECDC has published an <u>outbreak alert</u> for new avian influenza outbreaks of A (H5) among wild and domestic birds.

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

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: -

European Centre for Disease Prevention and Control (ECDC) Postal address: ECDC 169 73 Solna, Sweden Visiting address: Gustav III:s Boulevard 40, Solna, Sweden ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu

3/3