



COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 11, 14-20 March 2021

For restricted use

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 19 March 2021

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's 'South China Seafood City' market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

→Update of the week

Since week 2021-9 and as of week 2021-10, 3 107 830 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 60 723 new deaths have been reported.

Globally, since 31 December 2019 and as of week 2021-10, 120 268 427 cases of COVID-19 have been reported, including 2 659 802 deaths.

In the EU/EEA, 24 175 984 cases have been reported, including 577 310 deaths.

More details are available [here](#). The latest daily situation update for EU/EEA is available [here](#).

Non EU Threats

Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020

Latest update: 19 March 2021

Reported influenza activity in Europe remained at interseasonal levels.

→Update of the week

Week 10/2021 (8 March–14 March 2021)

Influenza activity remained at interseasonal levels.

Of 1 110 specimens tested for influenza viruses in week 10/2021, from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms to sentinel primary healthcare sites, none were positive.

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.

No hospitalised laboratory-confirmed influenza cases were reported in week 10/2021.

The influenza epidemic in the European Region has usually peaked and started to decline by this point in the year but, despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. Surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) as compared with previous seasons, there was remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during interseasonal periods.

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→Update of the week

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II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020

Latest update: 19 March 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-10, 120 268 427 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 2 659 802 deaths.

Cases have been reported from:

Africa: 4 045 716 cases; the five countries reporting most cases are South Africa (1 529 420), Morocco (488 937), Tunisia (242 124), Egypt (190 924) and Ethiopia (175 467).

Asia: 22 641 603 cases; the five countries reporting most cases are India (11 385 339), Iran (1 746 953), Indonesia (1 419 455), Israel (819 987) and Iraq (758 184).

America: 53 497 254 cases; the five countries reporting most cases are United States (29 495 422), Brazil (11 519 609), Colombia (2 305 884), Argentina (2 201 832) and Mexico (2 167 729).

Europe: 40 023 320 cases; the five countries reporting most cases are Russia (4 390 608), United Kingdom (4 258 438), France (4 071 662), Italy (3 223 142) and Spain (3 195 062).

Oceania: 59 829 cases; the five countries reporting most cases are Australia (29 117), French Polynesia (18 527), Guam (7 768), New Zealand (2 074) and Papua New Guinea (1 819).

Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 107 826 deaths; the five countries reporting most deaths are South Africa (51 326), Egypt (11 300), Morocco (8 723), Tunisia (8 404) and Algeria (3 036).

Asia: 371 037 deaths; the five countries reporting most deaths are India (158 725), Iran (61 230), Indonesia (38 426), Iraq (13 751) and Pakistan (13 537).

America: 1 282 028 deaths; the five countries reporting most deaths are United States (535 661), Brazil (279 286), Mexico (194 944), Colombia (61 243) and Argentina (53 836).

Europe: 897 671 deaths; the five countries reporting most deaths are United Kingdom (125 516), Italy (102 145), Russia (92 090), France (90 455) and Germany (73 418).

Oceania: 1 234 deaths; the five countries reporting most deaths are Australia (909), French Polynesia (141), Guam (133), New Zealand (26) and Papua New Guinea (21).

Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-10, 24 175 984 cases have been reported in the EU/EEA: France (4 071 662), Italy (3 223 142), Spain (3 195 062), Germany (2 575 849), Poland (1 917 527), Czechia (1 402 420), Netherlands (1 161 197), Romania (862 681), Portugal (814 513), Belgium (810 909), Sweden (722 590), Hungary (524 196), Austria (490 671), Slovakia (337 960), Bulgaria (278 557), Croatia (251 174), Ireland (226 741), Greece (221 147), Denmark (221 071), Lithuania (205 644), Slovenia (200 579), Latvia (93 781), Estonia (86 086), Norway (80 440), Finland (67 334), Luxembourg (57 877), Cyprus (39 651), Malta (26 748), Iceland (6 083) and Liechtenstein (2 692).

As of week 2021-10, 577 310 deaths have been reported in the EU/EEA: Italy (102 145), France (90 455), Germany (73 418), Spain (72 424), Poland (47 206), Czechia (23 379), Belgium (22 544), Romania (21 565), Hungary (17 083), Portugal (16 694), Netherlands (16 067), Sweden (13 137), Bulgaria (11 285), Austria (8 669), Slovakia (8 605), Greece (7 091), Croatia (5 685), Ireland (4 534), Slovenia (4 220), Lithuania (3 410), Denmark (2 393), Latvia (1 767), Finland (800), Estonia (728), Luxembourg (689), Norway (640), Malta (354), Cyprus (240), Liechtenstein (54) and Iceland (29).

EU:

As of week 2021-10, 24 086 769 cases and 576 587 deaths have been reported in the EU.

The latest daily situation update for EU/EEA is available [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 the [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#) and [sixth](#) International Health Regulations (IHR) Emergency Committee meeting for COVID-19 were held in Geneva on 30 April 2020, 31

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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.

ECDC assessment

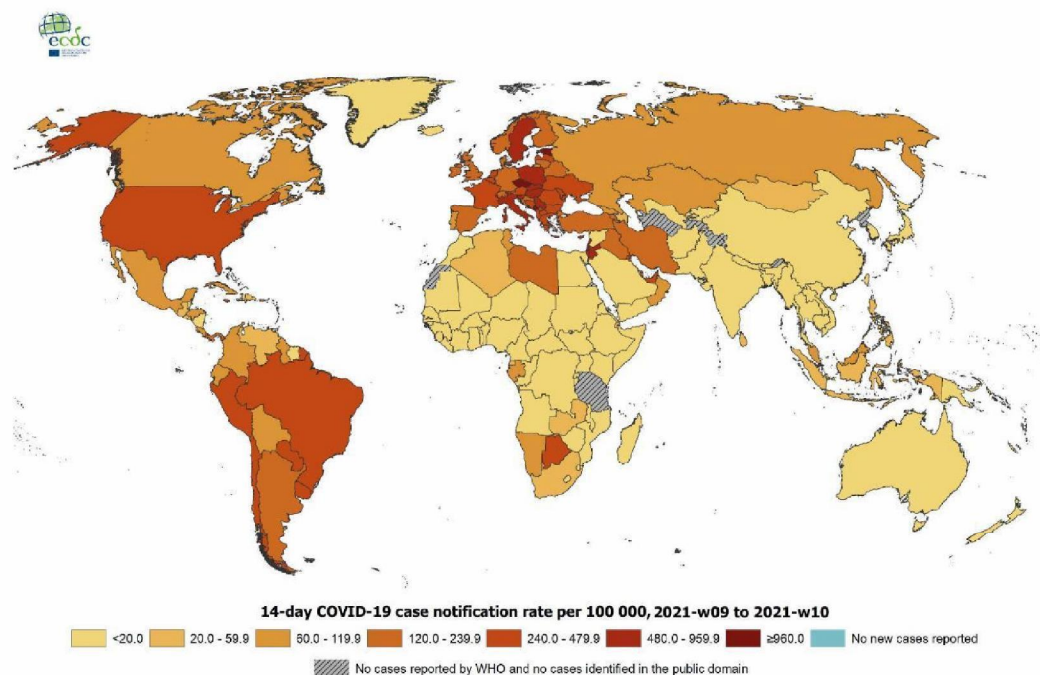
For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions

Actions: ECDC published the 14th update of its [rapid risk assessment](#) on 15 February 2021. A [dashboard](#) with the latest updates is available on ECDC's website.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turistat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Date of production: 18/03/2021

Influenza – Multi-country – Monitoring 2020/2021 season

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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
[Link to ECDC CDTR web page](#) – including related PowerPoint© slides

Opening date: 14 October 2020

Latest update: 19 March 2021

Epidemiological summary

Week 10/2021 (8 March–14 March 2021)

Influenza activity remained at interseasonal levels.

Of 1 110 specimens tested for influenza viruses in week 10/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none were positive.

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.

No hospitalised laboratory-confirmed influenza cases were reported in week 10/2021.

The influenza epidemic in the European Region had usually peaked and started to decline by this point in the year but, despite widespread and regular testing for influenza viruses, reported influenza activity has remained at a very low level throughout the season, likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The COVID-19 pandemic affected healthcare seeking behaviours, healthcare provision, and testing practices and capacities in countries and areas of the European Region, which negatively impacted on the collection of influenza epidemiologic and virologic data from March 2020. Surveillance improved over the course of the 2020-2021 season and although there was a small decrease in the number of samples tested (~20%) as compared with previous seasons, there was remarkable decrease (>99%) in the number of influenza infections detected, similar to patterns usually observed during interseasonal periods.
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, 727 specimens have tested positive for influenza viruses, 35 from sentinel sources and 692 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the 2020-21 surveillance season, few hospitalized laboratory-confirmed influenza cases have been reported: 11 from ICUs (all infected with type A viruses); 9 (all type A viruses) in wards outside ICUs; and 18 from severe acute respiratory infection (SARI)-based surveillance (17 infected with type A viruses and 1 with type B).

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

ECDC assessment

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level. The start of the influenza season is usually observed at this point of the year, so it is unusual for this season that there is still very low influenza activity reported. This is likely due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

The novel coronavirus disease 2019 (COVID-19) pandemic has also affected healthcare-seeking behaviour, healthcare provision, and testing practices and capacities in countries and areas of the European Region and this has had a negative impact on the reporting of influenza epidemiological and virological 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.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region between week 40–2020 and week 20–2021. They publish their weekly report on the [Flu News Europe](#) website.

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The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.