



Round Table Report

26 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

Daily EU/EEA update:

Update: Since the previous RT report published on 25 March 2021 and as of 26 March 2021, 185 586 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 2 675 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 (45 641), Poland (34 150), Italy (23 681), Germany (21 573) and Hungary (11 265).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Poland (520), Italy (460), Spain (356), Hungary (275) and France (225).

Summary: Since 31 December 2019 and as of 26 March 2021, 25 843 853 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 603 129 deaths.

EU/EEA cases:

As of 26 March 2021, 25 843 853 cases have been reported in the EU/EEA: France (4 424 087), Italy (3 464 543), Spain (3 247 738), Germany (2 734 753), Poland (2 154 821), Czechia (1 503 307), Netherlands (1 227 093), Romania (919 794), Belgium (854 514), Portugal (819 210), Sweden (781 408), Hungary (614 612), Austria (523 461), Slovakia (354 182), Bulgaria (321 104), Croatia (262 309), Greece (247 992), Ireland (232 758), Denmark (227 894), Lithuania (211 804), Slovenia (209 753), Estonia (101 587), Latvia (99 476), Norway (90 101), Finland (74 242), Luxembourg (60 205), Cyprus (43 610), Malta (28 612), Iceland (6 158) and Liechtenstein (2 725).

EU/EEA deaths:

As of 26 March 2021, 603 129 deaths have been reported in the EU/EEA: Italy (106 799), France (93 405), Germany (75 623), Spain (74 420), Poland (50 860), Czechia (25 639), Belgium (22 816), Romania (22 719), Hungary (19 499), Portugal (16 814), Netherlands (16 377), Sweden (13 374), Bulgaria (12 512), Slovakia (9

1/6

313), Austria (8 944), Greece (7 701), Croatia (5 838), Ireland (4 631), Slovenia (4 288), Lithuania (3 521), Denmark (2 409), Latvia (1 864), Estonia (847), Finland (815), Luxembourg (736), Norway (656), Malta (378), Cyprus (248), Liechtenstein (54) and Iceland (29).

Other News:

According to a [report published yesterday by Public Health England](#), between 6 100 and 6 600 deaths in individuals aged 70+ years have been averted as a result of the COVID-19 vaccination programme up to the end of February 2021. By 2 February 2021, approximately 85% and 40% of the individuals aged 80+ and 70-79 years, respectively, had been vaccinated.

According to [Indian authorities](#), an increase in the fraction of samples of a novel SARS-CoV-2 variant carrying the E484Q and L452R mutations has been found. Further information is needed to assess whether the variant is of any concern. A single sequence of variant has been reported to GISAID EpiCoV by Germany and a few sequences have been reported by the United Kingdom. ECDC is following up through international working groups on variant surveillance and assessment.

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 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 [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.

Threats under weekly review

Ebola virus disease in Nzérékoré – Guinea – 2021

Sources: [WHO Regional Office for Africa](#), [Ministry of Health of Guinea](#), [Agence Nationale de Sécurité Sanitaire \(ANSS\)](#), [WHO Disease Outbreak News](#), [WHO Regional Office for Africa Twitter account](#), [ANSS Report](#), [Weekly Afro Bulletin](#), [ANSS report](#), [Weekly Afro Bulletin](#)

Update: Since 21 March and as of 22 March, no new cases nor deaths have been reported by the WHO. The 42-day countdown to declaring the end of the outbreak [began](#) on 24 March 2021, a day after the last confirmed case of EVD tested negative for the second time and was released from the Ebola Treatment Centre (ETC) in N'Zerekore.

Summary: Since the start of the outbreak (on 14 February 2021), and as of 22 March 2021, 18 EVD cases (14 confirmed and four probable), including nine deaths (among five confirmed and four probable cases), have been identified. Among these, five healthcare workers have been infected resulting in two deaths (one confirmed and one probable case). All cases are reported from the N'Zerekore prefecture, in the region of N'Zerekore.

The last confirmed Ebola patient in Guinea was discharged from the ETC on 23 March 2021. This started the 42-day countdown to the end of the Ebola outbreak in Guinea. Nine patients with confirmed EVD have recovered.

According to the WHO, the index case died on 28 January 2021. The source of infection of this case is unknown. However, [preliminary results](#) of genomic sequencing indicate that the index case of the 2021 Guinea cluster was likely infected from a persistent source, suggesting that the virus from the 2013-2016 West Africa epidemic survived and re-emerged.

The [vaccination campaign](#) began on 23 February in Gouecke, N'Zerekore, and vaccines have been further deployed to the Boke and Kankan regions. The ring vaccination strategy is being deployed and as of 22 March, 3 905 contacts including frontline healthcare workers have been vaccinated, in the Conakry, Kindia, and N'Zerekore regions. As of 22 March 2021, 19 contacts have been identified, (9) 47% of which are being monitored and 10 contacts are lost to follow-up. In a separate report, the WHO report that five contacts have migrated, four of which internal to Guinea (in the Conakry, Faranah, N'Zerekore and Labe regions) and one outside of Guinea in Cote d'Ivoire. They are actively being sought.

Response measures are ongoing and the WHO is supporting the country to procure an EVD vaccine, as well as therapeutics, reagents and personal protective equipment. To date, 32 960 vaccines have been deployed to Guinea. WHO considers the risk of spread in the country as very high given the unknown size, duration and origin of the outbreak, the potentially large number of contacts, the potential spread to other parts of Guinea and neighbouring countries, and the limited response capacity currently on the ground. The Guinean MoH together with Global Outbreak Alert and Response Network (GOARN) partners, are supporting case management and training safe and dignified burial teams. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow-up contacts, and sensitize communities on infection prevention and control.

As the outbreak is located in a porous bordering area, WHO is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity and conducting surveillance in health facilities. WHO is also in contact with the bordering countries Côte d'Ivoire, Mali, Senegal, and Guinea-Bissau. These countries have completed their national preparedness and readiness plans, and are on high alert, however their overall [estimated state of readiness](#) lies below the required benchmark. Nigeria is at moderate risk of an EVD outbreak, and as such are on alert mode. [Governmental representatives](#) of Guinea and the six bordering countries held a meeting on 2 March, in which it was agreed to unify the response, by setting up a coordination mechanism, increasing surveillance and screening at border crossings and in high-risk communities, as well as facilitating import regulations for vaccines. WHO assesses the risk for the region as high.

According to the WHO, challenges include inadequate coordination in N'Zerekore, community resistance to response measures, and the need for additional staff to strengthen field operations which is limited by insufficient funds.

Background: Guinea was one of the three most-affected countries in the 2013 to 2016 West Africa EVD outbreak, which was the largest since the virus was first discovered in 1976, and during which there were over 28 000 cases, including around 11 000 deaths. The outbreak started in Guinea and then moved across land borders to Sierra Leone and Liberia.

Assessment: Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in Guinea is considered low. While disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in Guinea. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Action: ECDC will report an update on the Ebola situation on a weekly basis. ECDC published a threat assessment brief (TAB) "[Outbreak of Ebola virus disease in Guinea](#)" on 22 February 2021, where options for response measures are described.

Outbreak of Ebola virus disease in North Kivu – Democratic Republic of the Congo – 2021

Sources: [WHO Regional Office for Africa](#), [Ministere de la Sante Sitrep](#), [WHO Country Office DRC Twitter account](#), [WHO Disease Outbreak News](#), [Weekly Afro Bulletin](#)

Update: Since 21 March and as of 23 March, no new cases nor deaths have been reported by the WHO. As of 21 March, no new confirmed cases have been reported for the 20th consecutive day.

The 42-day countdown to declaring the end of the outbreak began on 22 March 2021.

A [meeting](#) between the United States, Africa Centres for Disease Control and Prevention (ACDC), the World Health Organization Regional Office for Africa (WHO/AFRO), the West African Health Organization (WAHO), and the Governments of the DRC and the Republic of Guinea will be held on 26 March 2021, to discuss topics around the Ebola outbreaks, such as reviewing the progress made in strengthening the health security capacity, growing the international co-ordination, and acquiring future funding together with other commitments to combat Ebola outbreaks.

Summary: Since the start of the outbreak (on 7 February 2021), and as of 23 March 2021, 12 Ebola virus disease (EVD) cases (11 confirmed and one probable), including six deaths, have been reported in the North Kivu province, in the eastern region of the DRC, in the Biena (6), Butembo (3), Katwa (2), and Musienene (1) health zones. Since the start of the outbreak, two healthcare workers have been infected. Six patients have recovered so far and will be integrated into the survivor's care programme.

The index case was in a patient who sought treatment for Ebola-like symptoms at two healthcare centres in Butembo city in the Biena Health Zone from the 25 January 2021 onwards, and was admitted to a hospital ICU ward in the Katwa health zone on 3 February 2021, where she died a day after. The EVD diagnostic was laboratory confirmed on 6 February. The patient was married to an EVD survivor, whose biological samples tested negative twice since 28 September 2020. A cluster of three other cases was reported, with one of these being a vaccinated healthcare worker who had treated the index case. The first two known deaths in this outbreak were buried in the traditional way without safety precautions. The source of infection of the index case in this outbreak is currently unknown, and investigations are ongoing.

Results from genome sequencing confirmed that the first cases were infected with the Zaire ebolavirus species and [suggest](#) that the ongoing outbreak is genetically linked to the tenth EVD outbreak that occurred between 2018 and 2020 in the North Kivu and Ituri provinces.

North Kivu Provincial health authorities are currently leading the response and are supported by the WHO and the DRC Ministry of Health. The cases are being investigated by around 20 WHO epidemiologists on-site. A total of 123 contacts have been identified since the start of the outbreak, 105 (85%) of which are being followed-up. All of these contacts are in their third week of follow-up. Of the 18 contacts that are not being followed-up, 16 have never been seen and two have been lost to follow-up. Most never-seen contacts are listed around the probable case from the Biena Health zone.

A [vaccination campaign](#) was launched on 15 February in Butembo. The ring vaccination strategy is being deployed, and so as of 21 March, 1 704 contacts and healthcare workers have been vaccinated since the start of this outbreak. Ring vaccination has had to be suspended in Butembo due to security threats. There are a number of ongoing challenges for surveillance, including access to affected areas and community mistrust toward authorities and outbreak responders. According to WHO, challenges also include the low adherence of contacts to immunisation (despite vaccine availability), poor alert management, inadequate case management in treatment centres including limited infrastructure for isolation of cases, and insufficient financial resources to support all pillars of the response and resolve problems around internet speed and data transmission.

Background: The tenth EVD outbreak occurred in the eastern regions of the DRC, affecting the Kivu and Ituri provinces, where this ongoing outbreak is occurring. The tenth outbreak resulted in 3 470 cases, including 2 287 deaths. The start of the outbreak was declared in August 2018 and the end was [declared](#) on 25 June 2020. The eleventh outbreak of EVD in the DRC was declared on 1 June 2020 and took place on the western side of the country in the [Equateur Province](#). It culminated to 130 cases including 55 deaths, and was [declared over](#) on 18 November 2020.

Assessment: Overall, the current risk for European Union/European Economic Area (EU/EEA) citizens living in or travelling to affected areas in DRC is considered low, as while disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions: ECDC will report an update on the Ebola situation on a weekly basis. ECDC published a threat assessment brief (TAB) "[Outbreak of Ebola virus disease in North Kivu, DRC](#)" on 22 February 2021, where options for response measures are described.

Influenza – Multi-country – Monitoring 2020/2021 season

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

Update:

Week 11/2021 (15 March–21 March 2021)

Influenza activity remained at interseasonal levels.

Of the 1 256 specimens tested for influenza viruses in week 11/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, one was positive for type A 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 were no hospitalized laboratory-confirmed influenza cases reported in week 11/2021.

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 had 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. However, 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.

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, 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 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).

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.

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.

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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: -