



Round Table Report

24 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 23 March 2021 and as of 24 March 2021, 122 893 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 2 767 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: Italy (18 739), Poland (16 740), Germany (15 813), France (14 678) and Czechia (10 972).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Italy (551), Poland (396), France (287), Hungary (249) and Germany (248).

Summary: Since 31 December 2019 and as of 24 March 2021, 25 420 531 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 597 490 deaths.

EU/EEA cases:

As of 24 March 2021, 25 420 531 cases have been reported in the EU/EEA: France (4 313 073), Italy (3 419 616), Spain (3 234 319), Germany (2 690 523), Poland (2 089 869), Czechia (1 486 510), Netherlands (1 211 831), Romania (907 007), Belgium (842 681), Portugal (818 212), Sweden (758 335), Hungary (593 710), Austria (516 683), Slovakia (350 551), Bulgaria (312 741), Croatia (258 745), Greece (242 347), Ireland (231 484), Denmark (227 031), Lithuania (210 208), Slovenia (207 300), Estonia (99 008), Latvia (98 094), Norway (88 039), Finland (72 713), Luxembourg (59 662), Cyprus (42 993), Malta (28 409), Iceland (6 122) and Liechtenstein (2 715).

EU/EEA deaths:

As of 24 March 2021, 597 490 deaths have been reported in the EU/EEA: Italy (105 879), France (92 935), Germany (75 212), Spain (73 744), Poland (49 761), Czechia (25 258), Belgium (22 763), Romania (22 442), Hungary (18 952), Portugal (16 794), Netherlands (16 319), Sweden (13 315), Bulgaria (12 307), Slovakia (9 190), Austria (8 899), Greece (7 582), Croatia (5 808), Ireland (4 610), Slovenia (4 265), Lithuania (3 501), Denmark (2 403), Latvia (1 840), Estonia (823), Finland (809), Luxembourg (726), Norway (649), Malta (375), Cyprus (246), Liechtenstein (54) and Iceland (29).

1/3

EU:

As of 24 March 2021, 25 323 655 cases and 596 758 deaths have been reported in the EU.

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.

Influenza A(H5N6) – Multistate (World) – Monitoring human cases

Source: WHO IHR

Update: on 24 March 2021, WHO notified about a new case of human infection with avian influenza A (H5N6) in Laos. The case is a 5-year-old male from Luang Prabang Province in northern Laos who developed symptoms (fever and cough) on 28 February 2021, sought medical help on 1 March and recovered on 8 March. The infection with influenza A(H5N6) virus was confirmed on 18 March 2021. Close contacts of the case in the family (5 individuals) and in the hospital (12 individuals) tested negative. The family kept ducks and chickens, one of the chickens was reportedly sick and was slaughtered and consumed by the family. Numerous poultry have also reportedly died in the past 20 days in five neighbouring houses around the residence of the case. Poultry samples collected in a neighbouring village were also found positive for avian influenza A(H5N6).

This is the first human case of avian influenza A(H5N6) reported from Lao People's Democratic Republic and outside of China. The last reported human case of avian influenza A(H5) was one case of avian influenza A(H5N1) in October 2020 from Saravane Province in Southern Lao PDR.

The government of Laos has been following up and initiating prevention and control measures.

Summary: Since 2014 and as of 24 March 2021, overall 32 cases, including 16 deaths, of human influenza A(H5N6) virus infection have been reported in China (31) and in Laos (1). The cases in China have occurred in Anhui (2), Chongqing (1), Fujian (1), Guangdong (9), Guizhou (1), Hubei (1), Hunan (5), Sichuan (1), Jiangsu (2) and Yunnan Provinces (2), Guangxi Zhuang Autonomous Region (4) and Beijing (1). Case in Laos occurred in Luang Prabang Province. All cases had exposure to live poultry or live poultry markets, except for five cases where the exposure source was not reported. No clustering of cases has been reported.

Assessment: Although avian influenza A(H5N6) has caused severe infection in humans, human infections remain rare and no sustained human-to-human transmission has been reported. However, characterisation of the virus is ongoing and its implication to the evolution and potential emergence of a pandemic strain is unknown.

Currently detected avian influenza viruses in poultry and wild bird outbreaks in the EU/EEA are not related to viruses that have been observed to transmit to humans. The above mentioned A(H5N6) 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 reassorting avian influenza viruses is unknown, the use of personal

2/3

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 of the avian influenza situation](#). The most [recent report](#) was published on 26 February 2021.

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: -