



Round Table Report

21 May 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 20 May 2021 and as of 21 May 2021, 38 501 new cases* of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 1 134 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: Germany (8 769), Italy (5 736), Spain (5 733), Netherlands (4 623) and Poland (2 090).

New deaths have been reported from EU/EEA. The five countries reporting most new deaths are: Poland (250), Germany (226), Italy (164), France (133) and Romania (61).

*The daily new COVID-19 cases does not include data from France due to a retrocorrection of cases that resulted in a negative case count for today's update. Further information on France retrocorrection can be found at the following link.

Summary:

Since 31 December 2019 and as of 21 May 2021, 32 219 800 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 717 849 deaths.

EU/EEA cases:

As of 21 May 2021, 32 219 800 cases have been reported in the EU/EEA: France (5 568 551), Italy (4 178 261), Germany (3 635 162), Spain (3 631 661), Poland (2 861 351), Czechia (1 656 874), Netherlands (1 613 409), Romania (1 074 297), Sweden (1 055 173), Belgium (1 041 612), Portugal (843 729), Hungary (801 025), Slovakia (771 227), Austria (635 564), Bulgaria (416 055), Greece (385 444), Croatia (352 692), Denmark (270 557), Lithuania (269 363), Ireland (256 560), Slovenia (250 817), Latvia (129 794), Estonia (128 309), Norway (120 249), Finland (90 946), Cyprus (71 610), Luxembourg (69 465), Malta (30 491), Iceland (6 555) and Liechtenstein (2 997).

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EU/EEA deaths:

As of 21 May 2021, 717 849 deaths have been reported in the EU/EEA: Italy (124 810), France (108 343), Germany (87 128), Spain (79 601), Poland (72 500), Czechia (29 990), Romania (29 777), Hungary (29 427), Belgium (24 794), Netherlands (17 485), Bulgaria (17 447), Portugal (17 014), Sweden (14 351), Slovakia (12 272), Greece (11 641), Austria (10 260), Croatia (7 828), Ireland (4 941), Slovenia (4 664), Lithuania (4 161), Denmark (2 506), Latvia (2 301), Estonia (1 235), Finland (929), Luxembourg (809), Norway (781), Malta (417), Cyprus (350), Liechtenstein (58) and Iceland (29).

Bi-weekly update on SARS-CoV-2 variants:

The United Kingdom has designated newly assigned SARS-CoV-2 lineage AV.1 as a variant under investigation. The lineage was first detected in a sample collected in March 2021 in the UK and as of 21 May 2021, 33 sequences of the variant have been reported to GISAID EpiCoV, by the UK (29) and by France (4). The variant carries several spike protein changes (D80G, T95I, G142D, 144del, N439K, E484K, D614G, P681H, I1130V, and D1139H). ECDC is now monitoring this variant, it has so far only been detected in very small numbers, and the currently available information does not qualify it as a variant of concern (VOC) or a variant of interest (VOI).

ECDC is now monitoring variant B.1.1.519 which is the dominating variant in Mexico where it was first detected in November 2020. It carries spike protein changes T478K, D614G, P681H, and T732A. A cluster of cases of this variant has been [reported by Denmark](#), they report a total of 166 cases of this variant as of 19 May 2021. The variant has also been reported in GISAID EpiCoV by several other EU/EEA countries, Germany(177), Netherlands (46), Spain(40), France(33), Lithuania(3), Sweden(3), Finland(1), Italy(1), Luxembourg(1), and Poland(1). There is no overall increasing trend of this variant in the EU/EEA, and the currently available information does not qualify it as a VOC or a VOI.

Changes to ECDC list of SARS-CoV-2 variants of concern, variants of interest, and variants under monitoring 20 May 2021:

Mutations affecting the S1 part of the spike protein S1/S2 junction domain (residues 613-705) have been added to the mutations of interest lists for each variant.

Changed Transmission in EU/EEA for B.1.617.2 from Sporadic/Outbreak to Community. The change is made due to several EU/EEA countries reporting low levels of community transmission of this variant.

Added reference to Public Health England [technical briefing 11](#) to the evidence for increased transmissibility for B.1.617.2.

Added reference to pre-print publications for evidence of impact on immunity for B.1.617.1.

Added B.1.1.519 (first detected in Mexico) and AV.1 (first detected in the UK) to the monitoring category.

The complete table is [available on the ECDC website](#).

Other News:

On 21 May 2021, the European Commission [announced](#) the provisional political agreement between the European Parliament and the European Council on the EU Digital COVID Certificate to enable free movement within the EU. The political agreement will now have to be formally adopted by the European Parliament and the Council. The Regulation will enter into force on 1 July 2021, with a phasing-in period of six weeks for the issuance of certificates for those Member States that need additional time. The certificate, which is free of charge, will cover vaccination, test and recovery and will be available in a digital and paper-based format.

The Danish Ministry of Health [announced](#) that, from 20 May 2021 onwards, citizens will have the opportunity to be vaccinated with the vaccines from AstraZeneca and Johnson & Johnson, which are not included in the general Danish vaccination programme. Vaccination with COVID-19 vaccines outside the vaccination programme will also be free of charge but an individual medical consultation will be required prior to vaccination, which will include receiving detailed information about the vaccines.

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 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.

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Threats under weekly review

Influenza – Multi-country – Monitoring 2020/2021 season

Sources: [EuroMMOQ](#) | [Flu News Europe](#) | [Influenzanet](#)

Update: 2020-2021 season overview

For the Region as a whole, influenza activity has been at baseline level since the start of the season.

The influenza epidemic in the European Region did not increase above baseline, 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 as compared with previous seasons, there was a remarkable decrease (>99%) in the number of influenza infections detected, with numbers detected on a weekly basis being similar to those reported during interseasonal periods.

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Assessment:

Despite widespread and regular testing for influenza, reported influenza activity remains at a very low level, which is unusual. This is probably due to the impact of the various public health and social measures implemented to reduce transmission of SARS-CoV-2.

Actions:

ECDC and WHO monitor influenza activity in the WHO European Region. Display of data will be updated on a weekly basis until the end of the regular influenza season timing (week 20 data) and on a monthly basis during the interseason. The data are available on the [Flu News Europe](#) website.

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Other news

Novel Canine Coronavirus isolated in hospitalized pneumonia cases – Malaysia – 2017/2018

Source: [Clinical Infectious Diseases](#)

On 20 May 2021, an article published in the Clinical Infectious Diseases journal reported the first case of a novel canine-feline recombinant alphacoronavirus isolated from nasopharyngeal swabs taken from pneumonia cases hospitalised in Sarawak region, Malaysia, in 2017-2018.

During the validation of a highly sensitive pan-species coronavirus (CoV) semi-nested RT-PCR assay, researchers found canine CoV (CCoV) RNA in nasopharyngeal swabs from eight out of the 301 cases hospitalized with pneumonia during 2017/2018 in Sarawak, Malaysia. Most of the cases were reported among children living in rural areas and having frequent exposure to domesticated animals and wildlife.

Two of the eight specimens contained sufficient amounts of CCoVs as confirmed by less sensitive single-step RT-PCR assays, and one specimen demonstrated cytopathic effects in A72 cells. Complete genome sequencing of the virus causing CPE allowed to identify a novel canine-feline recombinant alphacoronavirus (genotype II), being the first report of a novel canine-feline recombinant alphacoronavirus isolated from a human pneumonia case.

Assessment:

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Although more information is needed in order to assess this event, if canine CoV (CCoV) would be confirmed as the causative agent for these pneumonia cases, this would represent a novel coronavirus causing disease to humans.

Action:

ECDC will keep monitoring this event through epidemic intelligence activities and report again should relevant updates become available.

Expert deployment

A German FETP (PAE) fellow, an EPIET-associated programme, is deployed in Manila until 18 June 2021 providing epidemiological technical assistance to the ongoing COVID-19 response activities in the Philippines.

Another EPIET fellow is deployed to Nzérékoré, Guinea until 27 June 2021 providing support to the Red Cross in strengthening community surveillance in the Ebola response.

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: -