COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 2, 10-16 January 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Lyssavirus infection – France – 2019

Opening date: 23 December 2020 Latest update: 15 January 2021

France reported a human case of lyssavirus infection with the European Bat Lyssavirus type 1 (EBLV-1). The case died in 2019 and the post-mortem diagnosis was done through metagenomics analysis as part of a research study.

This is the third human case ever reported of EBLV-1 infection.

While such events remain extremely rare, bat lyssaviruses represent a potential emerging threat in the EU/EEA.

➔Update of the week

France reported a human case of lyssavirus infection with the European Bat Lyssavirus type 1 (EBLV-1). The case died in 2019 and the post-mortem diagnosis was done through metagenomics analysis as part of a research study.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 15 January 2021

A sharp decrease in measles cases has been observed during the COVID-19 pandemic across the world. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 December 2020, three new cases have been reported by one country in EU/EEA: Germany (+3). In addition, according to TESSy in January–November 2020, Belgium reported two additional cases (overall 66 cases) and Ireland one case (overall 24 cases). Other countries did not report new cases of measles.

So far, in 2021, no new deaths have been reported by EU/EEA. Overall, in 2020, two deaths have been reported in the EU/EEA and the UK, both from Bulgaria.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Africa (WHO AFRO) and WHO Pan American Health Organization (PAHO).

Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

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

Opening date: 7 January 2020 Latest update: 15 January 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 the last CDTR published on 8 January 2021, and as of week 2021-01, 5 270 998 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 93 681 new deaths have been reported. One country/territory has reported cases for the first time: Micronesia.

Globally, the number of cases has increased from 84 532 824 reported on 8 January 2021 to 89 802 096, and the number of deaths has risen from 1 845 597 reported on 8 January 2020 to 1 940 529, as of week 2021-01.

The total number of COVID-19 cases and deaths reported from the United Kingdom (UK) has been removed from the previously reported figures for the EU/EEA and UK. Therefore, the following comparison between weeks is made with the total number of cases and deaths in the UK having been removed from the sum for week 2020-53. In the EU/EEA only, the number of cases has increased from 15 857 298 to 16 938 330 (+ 1 081 032 cases), and the number of deaths has risen from 376 891 to 401 535 (+ 24 644 deaths).

More details are available here.

Non EU Threats

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012 Latest update: 15 January 2021

Since the disease was first identified in Saudi Arabia in April 2012, more than 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Human-to-human transmission is amplified among household contacts and in healthcare settings.

➔Update of the week

Since the previous CDTR published on the 4 December 2020 and as of 12 January 2021, three additional cases of MERS-CoV have been reported by the Saudi Arabian health authorities.

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Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 15 January 2021

Reported influenza activity in Europe remained at interseasonal levels.

➔Update of the week

Week 01/2021 (04–10 January 2021)

Influenza activity remained at interseasonal levels.

Of 872 specimens tested for influenza in week 1/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none were positive for an 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 hospitalised laboratory-confirmed influenza cases reported for week 1/2021.

The influenza season in the European Region has usually been designated as having started by this point in the year but, despite widespread and regular testing for influenza, reported influenza activity still 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 that for this season there is still very low influenza activity reported. The novel coronavirus disease 2019 (COVID-19) pandemic has 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, particularly in terms of seasonal patterns.

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II. Detailed reports

Lyssavirus infection – France – 2019

Opening date: 23 December 2020 Latest update: 15 January 2021

Epidemiological summary

France reported a human case of lyssavirus infection with the European Bat Lyssavirus type 1 (EBLV-1). The case was a man in his fifties who died in August 2019 from an encephalitis of unknown etiology. Post-mortem metagenomics analysis as part of a research study identified EBLV-1 infection.

A bat colony was living in the house; the case had probably been in contact with the bats, although no scratches or bites were reported. The bats were no longer living in the house and therefore it was not possible to investigate the colony further.

Two human cases of EBLV-1 infection were previously reported, in Ukraine (1977) and in Russia (1985). This new case is therefore the first human case of EBLV-1 infection reported in France, despite EBLV-1 having previously been isolated in bats and in cats in France.

Sources: media, Santé Publique France

ECDC assessment

While such events remain extremely rare, bat lyssaviruses represent a potential emerging threat in the EU/EEA. As a general precaution, it is recommended that the handling of bats and their excreta should be avoided. In the event of accidental exposure (i.e. bite or scratch) medical attention should be sought immediately.

ECDC recently published a summary review in Eurosurveillance on the risk related to rabies, including EBLV-1 and 2 and the other divergent lyssaviruses.

Actions

No action taken.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 15 January 2021

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 11 December 2020, three new cases have been reported by one country in EU/EEA: Germany (+3). In addition, according to TESSy in January-November 2020, Belgium reported two additional cases and Ireland one case. Other countries did not report new cases of measles.

So far, in 2021, no new deaths have been reported by EU/EEA. Overall, two deaths have been reported in the EU/EEA and the UK in 2020, both from Bulgaria.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Africa (WHO AFRO) and WHO Pan American Health Organization (PAHO).

Routine immunisation sessions should be maintained, provided that COVID-19 response measures allow.

In May 2019, WHO classified measles outbreaks across the European Region as a Grade 2 emergency. On 29 August 2019, the European Regional Verification Commission for Measles and Rubella Elimination (RVC) determined that, for the first time since the verification process began in the Region in 2012, four countries (Albania, Czechia, Greece and the United Kingdom) had lost their measles elimination status.

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Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

Epidemiological summary for EU/EEA countries with updates since last month

Germany reported 161 cases in 2020 and as of week 53 (ending on 3 January 2021), an increase of three cases since week 50 (ending 13 December 2020).

Ireland reported 19 cases in 2020 and as of week 53 (ending 2 January 2021), no increase since week 48 (ending 28 November 2020). According to TESSy, 24 cases were reported in January–November 2020.

Relevant epidemiological summary for countries outside the EU/EEA

A global overview is available on WHO's website. Additional information with the latest available data is provided for several countries.

According to the WHO Regional Office for Africa (AFRO), as of 3 January 2021 (week 1), outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan. There are no reports of measles in the Democratic Republic of the Congo, where a humanitarian crisis is ongoing.

According to the WHO Pan American Health Organization (PAHO), in 2020, between week 1 and week 53, nine countries reported 8 720 confirmed cases of measles: Brazil (8 442 cases), Mexico (196 cases), Argentina (61 cases), the US (13 cases), Bolivia (3 cases), Chile (2 cases), Uruguay (2 cases), Canada (1 case), and Colombia (1 case). At present, new cases have only been reported in Brazil.

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries and the UK after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the decline of cases observed. Nevertheless, achieving the best possible vaccine uptake in the current circumstances is crucial in order to prevent measles outbreaks in the future.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a risk assessment entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

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

Opening date: 7 January 2020 Latest update: 15 January 2021

Epidemiological summary

Since 31 December 2019 and as of week 2021-01, 89 802 096 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 940 529 deaths.

Cases have been reported from:
Africa: 3 059 974 cases; the five countries reporting most cases are South Africa (1 231 597), Morocco (452 532), Tunisia (162 350), Egypt (149 792) and Ethiopia (128 616).
Asia: 18 549 010 cases; the five countries reporting most cases are India (10 466 595), Iran (1 286 406), Indonesia (828 026), Iraq (598 369) and Bangladesh (522 453).
America: 39 844 634 cases; the five countries reporting most cases are the United States (22 423 006), Brazil (8 131 612), Colombia (1 801 903), Argentina (1 730 908) and Mexico (1 541 633).

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Europe: 28 291 217 cases; the five countries reporting most cases are Russia (3 425 269), United Kingdom (3 072 349), France (2 783 256), Italy (2 276 491) and Spain (2 111 782).
Oceania: 56 556 cases; the five countries reporting most cases are Australia (28 614), French Polynesia (17 241), Guam (7 423), New Zealand (2 222) and Papua New Guinea (811).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 72 834 deaths; the five countries reporting most deaths are South Africa (33 163), Egypt (8 197), Morocco (7 743), Tunisia (5 284) and Algeria (2 807).
Asia: 317 547 deaths; the five countries reporting most deaths are India (151 160), Iran (56 171), Indonesia (24 129), Iraq (12 844) and Pakistan (10 676).
America: 925 925 deaths; the five countries reporting most deaths are United States (374 442), Brazil (203 580), Mexico (134 368), Colombia (46 451) and Argentina (44 654).
Europe: 623 024 deaths; the five countries reporting most deaths are United Kingdom (81 431), Italy (78 755), France (67 750), Russia (62 273) and Spain (52 275).
Oceania: 1 193 deaths; the five countries reporting most deaths are Australia (909), Guam (124), French Polynesia (122), New Zealand (25) and Papua New Guinea (9).
Other: Six deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2021-1, 16 938 330 cases have been reported in the EU/EEA: France (2 783 256), Italy (2 276 491), Spain (2 111 782), Germany (1 921 024), Poland (1 390 385), Netherlands (877 219), Czechia (835 454), Romania (673 271), Belgium (665 984), Sweden (502 227), Portugal (489 293), Austria (379 707), Hungary (343 656), Croatia (220 223), Slovakia (209 069), Bulgaria (208 511), Denmark (182 725), Lithuania (160 446), Ireland (147 613), Greece (144 738), Slovenia (139 713), Norway (55 473), Latvia (49 568), Luxembourg (47 984), Finland (38 590), Estonia (33 805), Cyprus (27 350), Malta (14 529), Iceland (5 898) and Liechtenstein (2 346).

As of week 2021-1, 401 535 deaths have been reported in the EU/EEA: Italy (78 755), France (67 750), Spain (52 275), Germany (40 686), Poland (31 264), Belgium (20 142), Romania (16 725), Czechia (13 272), Netherlands (12 397), Hungary (10 725), Sweden (9 666), Bulgaria (8 126), Portugal (7 925), Austria (6 631), Greece (5 263), Croatia (4 403), Slovenia (3 147), Slovakia (3 007), Ireland (2 344), Lithuania (2 232), Denmark (1 597), Latvia (849), Finland (597), Luxembourg (533), Norway (478), Estonia (287), Malta (233), Cyprus (148), Liechtenstein (49) and Iceland (29).

EU:
As of week 2021-1, 16 874 613 cases and 400 979 deaths have been reported in the EU.

Other News:
Vaccines EU/EEA:
The European Medicines Agency (EMA) recommends extracting an additional sixth dose from the 5-dose vials of the Pfizer COVID-19 vaccine to allow for optimised use of the available vaccine doses.

The EMA has also received an application for conditional marketing authorisation for a COVID-19 vaccine developed by AstraZeneca and Oxford University. An opinion on the marketing authorisation could be issued by 29 January.

Detection of new COVID-19 variants
As of 15 January 2021, in the EU/EEA, according to media and health authorities, 22 countries have reported the new COVID-19 variant **VOC 202012/01**: Denmark, Netherlands, Spain, Portugal, France, Ireland, Iceland, Italy, Norway, Finland, Germany, Cyprus, Sweden, Slovakia, Greece, Belgium, Austria, Hungary, Luxembourg, Malta, Liechtenstein and Romania.

In the rest of the world, 34 additional countries reported the same variant: United Kingdom, Israel, India, United States of America, Australia, Japan, Turkey, Chile, New Zealand, South Korea, Canada, Singapore, Saudi Arabia, Switzerland, Taiwan, Brazil, Iran, Jamaica, Thailand, China, Pakistan, Ecuador, Jordan, United Arab Emirates, Gambia, Lebanon, Malaysia, Mexico, Oman, Peru, Philippines, Russia, Sri Lanka and Vietnam.

After the announcement by the South African authorities on the detection of a new variant **501Y.V2** on 18 December and as of 15 January, in the EU/EEA, according to media and authorities, nine countries have reported the new COVID-19 variant 501.V2: Germany, France, Ireland, Austria, Belgium, Finland, Netherlands, Norway and Sweden. Outside of the EU/EEA, 12 countries/territories have reported cases: South Africa, United Kingdom, Botswana, Australia, Israel, Switzerland, Canada, China,

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Japan, South Korea, Taiwan and Zambia.

Neutralization of N501Y mutant SARS-CoV-2 by BNT162b2 vaccine-elicited sera
Sources: Neutralization of N501Y mutant SARS-CoV-2 by BNT162b2 vaccine-elicited sera and Pfizer

Sera of 20 participants in a previously reported trial of the mRNA-based COVID-19 vaccine BNT162b2 were tested in vitro with SARS-CoV-2 that had either the wildtype N501 or mutated Y501 amino acid of the virus in their spike protein, which is a key target for virus neutralising antibodies. Variant strains initially detected in the United Kingdom and South Africa that have been associated with higher transmissibility (VOC202012/01 and N501.V2, respectively) both carry the N501Y substitution, in addition to other substitutions. In this in vitro study, sera of 20 participants from the previously reported Phase 3 trial neutralised the virus with the substitution, and also neutralised the virus without the substitution.

New variant detected in Japan
On 10 January 2021, Japan reported four cases of COVID-19 associated with a novel variant of SARS-CoV-2 in returning travellers from Brazil. The travellers arrived in Japan on 2 January 2021, and whole genome sequences for all four viruses were deposited in GISAID EpiCoV on 10 January 2021.
The variant belongs to lineage B.1.1.28 and has 12 amino acid changes in the spike protein compared with Wuhan Hu-1, three of these being located in the receptor binding domain. The variant has the change N501Y, which is also present in both VOC 202012/01 and 501.V2, recently reported by the United Kingdom and South Africa respectively. It also has the change E484K which can be found in 501.V2.

There is no direct genetic relationship between the variant reported by Japan and either of these two previously reported variants. The mutations they have in common seem to have arisen independently for each variant. The full set of spike protein changes for the variant reported by Japan are L18F, T20N, P26S, D138Y, R190S, K417T, E484K, N501Y, D614G, H655Y, T1027I, and V1176F.
There is currently no microbiological or epidemiological evidence of any change in transmissibility, neutralisation by antibodies or other properties of the variant, but the similarity to previously observed mutation patterns indicates that an increase in transmissibility is possible. Brazil has published sequences in GISAID EpiCoV from 0.03% of detected cases since 1 September 2020, and Japan has published sequences from 4.5% of cases during the same period.
Several cases associated with the variant detected in Japan have also been reported from Manaus, Brazil, in a preprint article published on 12 January.

WHO mission to China: According to media, the WHO team investigating COVID-19's origins will arrive in China on 14 January 2021.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth and fifth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April, 31 July and 29 October 2020, respectively. During these meetings, the committee concluded that the COVID-19 pandemic continues to constitute a PHEIC.

The sixth International Health Regulations (IHR) Emergency Committee meeting for COVID-19 was held on 14 January 2021, two weeks before schedule, to consider issues that need urgent discussion, such as the recent variants and considerations on the use vaccination and testing certificates for international travel.

Sources: Wuhan Municipal Health Commission | China CDC | WHO statement | WHO coronavirus website | ECDC 2019-nCoV website | RAGIDA | WHO

ECDC assessment

For the last available risk assessment, please visit ECDC's dedicated webpage.

Actions

Actions: ECDC has published the 13th 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 of increase of COVID-19 infection related to end-of-year festive season was published on 4 December 2020. 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 it will be updated and circulated on 20 January 2021.

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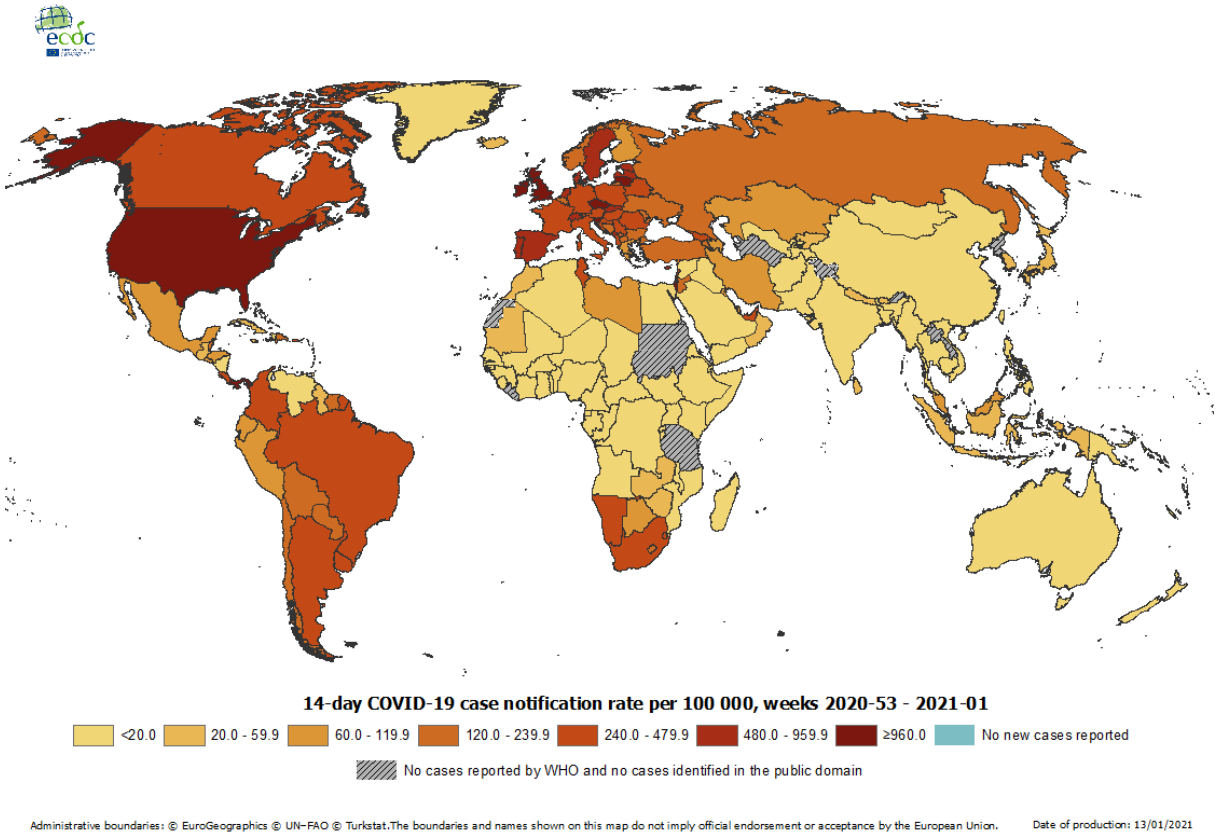
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, as of week 1 2021

ECDC



Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012 Latest update: 15 January 2021

Epidemiological summary

Between 1 January 2020 and 12 January 2021, 65 MERS-CoV cases were reported in Saudi Arabia (61), United Arab Emirates (3) and Qatar (1), including 20 deaths in Saudi Arabia. Of these 65 cases, 54 were primary cases (19 of whom reported contact with camels), and 11 were healthcare-acquired cases. In 2020, 78.7% of the 61 cases in Saudi Arabia were reported in Riyadh (27), Asir (7), Eastern Province (7) and Makkah (7).

Since April 2012 and as of 12 January 2021, 2 581 cases of MERS-CoV, including 935 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | Saudi Arabia Ministry of Health

ECDC assessment

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Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance have dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in an ECDC rapid risk assessment published on 29 August 2018, which also provides details on the last case reported in Europe.

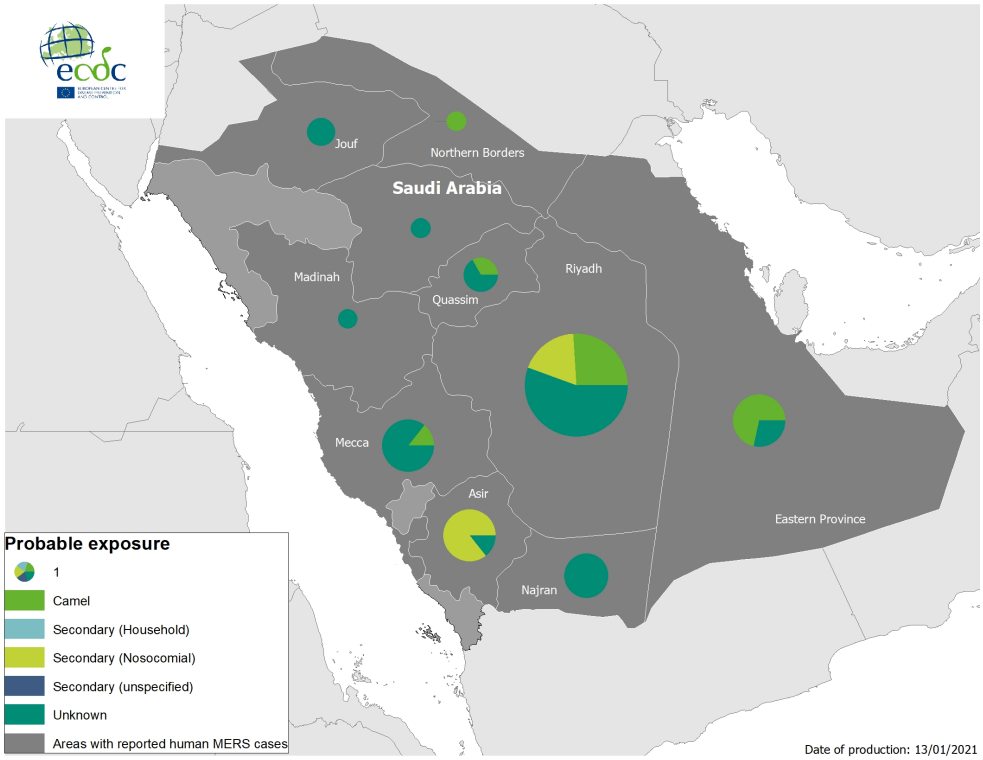
ECDC published a technical report, 'Health emergency preparedness for imported cases of high-consequence infectious diseases', in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published 'Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Middle East Respiratory Syndrome Coronavirus (MERS-CoV)' on 22 January 2020.

Actions

ECDC is monitoring this threat through its epidemic intelligence activities, and reports on a monthly basis.

Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January 2019 to 12 January 2021

Source: ECDC



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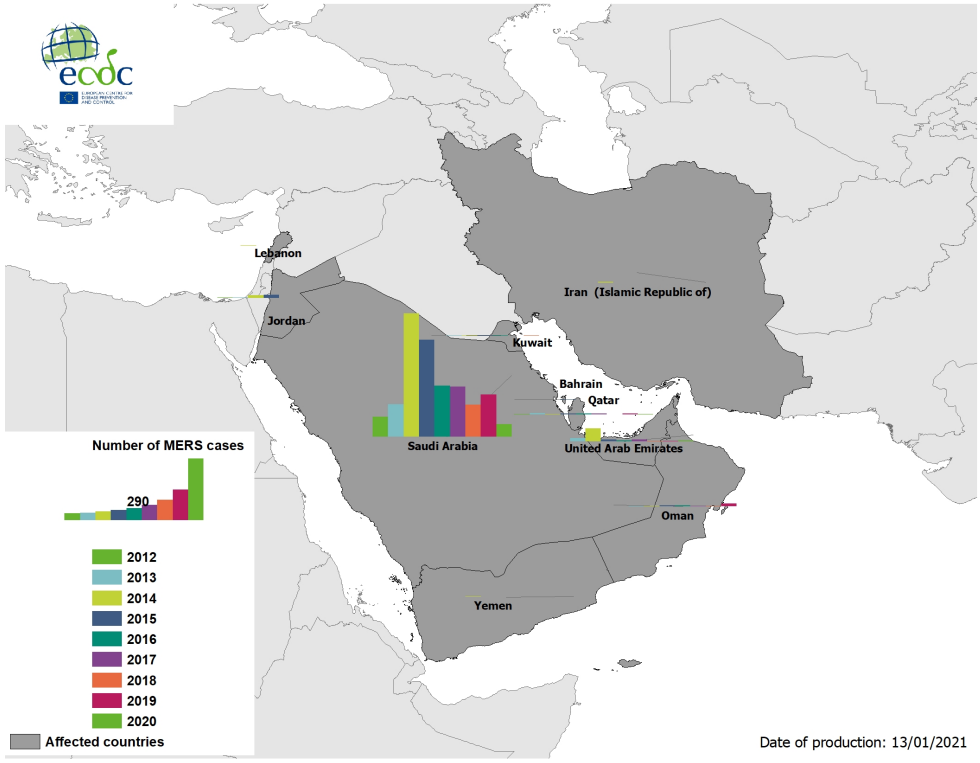
Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to December 2020

Source: ECDC



Influenza – Multi-country – Monitoring 2020/2021 season

Opening date: 14 October 2020 Latest update: 15 January 2021

Epidemiological summary

Week 01/2021 (04–10 January 2021)

Influenza activity remained at interseasonal levels.

Of 872 specimens tested for influenza in week 1/2021, from patients presenting with ILI or ARI symptoms to sentinel primary healthcare sites, none were positive for an 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 hospitalised laboratory-confirmed influenza cases reported for week 1/2021.

The influenza season in the European Region has usually been designated as having started by this point in the year but, despite widespread and regular testing for influenza, reported influenza activity still 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 that for this season there is still very low influenza activity reported. The novel coronavirus disease 2019 (COVID-19) pandemic has 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, particularly in terms of seasonal patterns.

2020–2021 season overview

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

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In total, 434 specimens have tested positive for influenza viruses, 8 from sentinel sources and 426 from non-sentinel sources, with type A (both subtypes) and type B (both lineages) viruses being detected.

Since the start of the season, few hospitalised laboratory-confirmed influenza cases have been reported: 10 from ICUs (9 infected with type A viruses and 1 with type B); 3 cases (all type B viruses) in wards outside ICUs with 1 fatality; and four from severe acute respiratory infection (SARI)-based surveillance (3 infected with type B viruses and 1 with type A).

WHO has published recommendations for the composition of influenza vaccines to be used in the 2020–2021 northern hemisphere season. Based on these recommendations, the influenza A(H1N1)pdm09, A(H3N2) and B/Victoria-lineage virus components should be updated against the 2019–2020 influenza vaccine.

Sources: EuroMOMO | Flu News Europe | Influenzanet

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 that for this season there is still very low influenza activity reported.

The novel coronavirus disease 2019 (COVID-19) pandemic has 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.

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