

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Start of the season for monitoring environmental suitability of *Vibrio* growth in the Baltic Sea, summer 2021

ECDC's epidemic intelligence team has started to monitor the environmental suitability of *Vibrio* growth in the Baltic Sea for the 2021 summer season. Weekly reports will be published in the CDTR. National focal points are kindly asked to report *Vibrio* cases resulting from water exposure in the Baltic Sea to ECDC.

To undertake the monitoring, ECDC will use the [Vibrio viewer](#) on the E3 Geoportal. This is a near real-time model that uses daily updated remote sensing data to examine the global environmental suitability of conditions such as sea surface temperature and salinity for *Vibrio* spp. Please note that this model has been calibrated to the Baltic region in northern Europe and might not apply to other worldwide settings prior to validation.

On rare occasions, infections caused by *Vibrio* species other than *V. cholerae* can be serious, particularly for immunocompromised persons who may experience complications as a result of wound infections. However, the overall occurrence of infection is low.

I. Executive summary

EU Threats

Monkeypox – United Kingdom – 2021

Opening date: 18 June 2021

Latest update: 2 July 2021

In 2021, and as of 24 June, three cases of monkeypox have been reported in the United Kingdom. All cases are in members from the same household. All patients were admitted to hospital, where two currently remain.

→Update of the week

On 24 June 2021, the [media](#), quoting official authorities, reported a third case of monkeypox in North Wales, United Kingdom. All three cases are in members of the same household.

The first patient has now fully recovered, is non-infectious, and has been discharged from hospital. The second and third patients remain in hospital.

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

Opening date: 7 January 2020

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 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 2021-24 and as of week 2021-25, 2 637 588 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 56 486 new deaths have been reported.

Since 31 December 2019 and as of week 2021-25, 181 715 917 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 933 152 deaths.

In the EU/EEA, 33 119 770 cases have been reported, including 738 958 deaths.

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

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021

Latest update: 2 July 2021

The UEFA European Football Championship (UEFA EURO 2020), which was postponed in March 2020 due to the COVID-19 pandemic, takes place between 11 June and 11 July 2021. Eleven cities are hosting the matches, of which seven are in EU countries: Denmark, Germany, Hungary, Italy, the Netherlands, Romania, and Spain. Other cities are in Azerbaijan, Russia, England, and Scotland. Twenty-four teams will be playing with an estimated 460 000 spectators - a reduced capacity in hosting stadiums due to COVID-19 restrictions.

ECDC has intensified its enhanced epidemic intelligence activities between 4 June and 16 July 2021, using a targeted and systematic screening approach on a daily basis and tailored tools.

→Update of the week

From 24 June to 1 July 2021, several signals were detected with a potential public health impact to UEFA EURO 2020's host and participating countries.

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 2 July 2021

During the transmission season for West Nile virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA), and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

Between 25 June and 1 July 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection.

Non EU Threats

New! Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2021

Opening date: 2 July 2021

Latest update: 2 July 2021

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation.

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

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, over 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 update published on 2 June, and as of 29 June 2021, one new MERS-CoV case has been reported by Saudi Arabian health authorities.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 2 July 2021

Chikungunya virus disease and dengue are vector-borne diseases transmitted by mosquitoes. Around [3.6 billion people](#) are at risk of contracting dengue. Outbreaks of dengue and chikungunya virus diseases have been reported globally (in the Americas, Asia, Africa, Oceania, and Europe). Chikungunya virus disease and dengue are not endemic in Europe, despite autochthonous outbreaks having been reported during the summer months in previous years.

→Update of the week

Chikungunya virus disease: In 2021, the majority of cases were reported by Brazil, India, Belize, Malaysia, and Cambodia.

Dengue: In 2021, the majority of cases were reported by Brazil, Peru, Vietnam, Réunion (France), and the Philippines.

Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019

Latest update: 2 July 2021

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 4 May 2021, the [28th meeting](#) of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was held.

In June 2002, the WHO European Region was officially declared polio-free.

→Update of the week

Since the previous CDTR update on 4 June 2021 and as of 29 June 2021, 48 cases of cVDPV2 have been reported. No new cases of WPV1 and cVDPV1 have been reported since the last update.

Wild poliovirus (WPV1):

- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported in Afghanistan.
- No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 has been reported in Pakistan.
- Three WPV1 environmental samples have been detected in Pakistan.

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of AFP caused by cVDPV1 have been detected.
- 48 cases of AFP caused by cVDPV2 have been reported from 12 countries: Nigeria (15), Tajikistan (9), Ethiopia (6), Senegal (5) Afghanistan (3), Burkina Faso (3), South Sudan (2), Benin (1), Côte D'Ivoire (1), Democratic Republic of the Congo (1), Niger (1) and Pakistan (1).
- 16 cVDPV2 environmental samples have also been detected: Nigeria (7), Tajikistan (4), Egypt (1), Pakistan (1), Congo (1), Côte D'Ivoire (1) and Niger (1).
- No new cases of AFP caused by cVDPV3 have been reported.

II. Detailed reports

Monkeypox – United Kingdom – 2021

Opening date: 18 June 2021

Latest update: 2 July 2021

Epidemiological summary

In 2021, and as of 24 June, three cases of monkeypox have been reported in the United Kingdom. The index case was diagnosed on 24 May 2021. The patient travelled with family to the United Kingdom from the Delta State, Nigeria, on 8 May 2021. The individual was asymptomatic when travelling and developed a rash on 10 May. Since arrival in the United Kingdom, the patient spent 10 days in self-isolation with family in Wales, in compliance with the COVID-19 protocols.

On 2 June 2021, a secondary case of monkeypox was reported. The patient is the child of the index case. They developed lesions on the arms, and swabs have tested positive for Orthopoxvirus, which can be considered clinically indicative of monkeypox infection. The patient was immediately isolated in an appropriate facility.

Genetic analysis (PCR testing) revealed the West African clade of monkeypox virus. Monkeypox was confirmed on 31 May 2021.

On 24 June 2021, the [media](#), quoting official authorities, reported a third case of monkeypox within the same household.

The first case has now fully recovered, is non-infectious, and has been discharged from hospital. The second and third cases remain in hospital.

Public health prevention and control measures, including isolation of the cases and contact tracing of all close contacts in the hospital and the community, are ongoing. Media report healthcare workers in close contact with the cases have been vaccinated with the smallpox vaccine.

Background: In recent years, there have been four cases of monkeypox reported in the United Kingdom – two imported cases from Nigeria in 2018, one imported case from Nigeria in 2019, and one case of nosocomial transmission reported in 2018.

According to the [weekly epidemiological report](#) from the Nigeria Centre for Disease Control, in 2021, as of week 22, nine confirmed and 38 suspected cases of monkeypox have been reported in Nigeria. In 2020, three confirmed and 14 suspected cases of monkeypox were reported.

Sources: [WHO DON](#), [media](#)

ECDC assessment

The likelihood for further spread of the virus is very low due to the moderate transmissibility of the virus. However, infections among close contacts cannot be excluded, as demonstrated by the infections described above.

ECDC has previously published a [rapid risk assessment](#), Monkeypox cases in the UK imported by travellers returning from Nigeria, 2018, and a [factsheet](#) for health professionals on monkeypox.

Actions

ECDC is monitoring the event through its epidemic intelligence activities.

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

Opening date: 7 January 2020

Epidemiological summary

Summary: Since 31 December 2019 and as of week 2021-25, 181 715 917 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 3 933 152 deaths.

Cases have been reported from:

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Africa: 5 424 876 cases; the five countries reporting most cases are South Africa (1 928 897), Morocco (529 676), Tunisia (408 931), Egypt (280 005) and Ethiopia (275 935).
Asia: 49 097 968 cases; the five countries reporting most cases are India (30 279 331), Iran (3 157 983), Indonesia (2 115 304), Philippines (1 397 992) and Iraq (1 325 700).
America: 72 395 513 cases; the five countries reporting most cases are United States (33 625 392), Brazil (18 420 598), Argentina (4 423 573), Colombia (4 187 194) and Mexico (2 507 453).
Europe: 54 714 915 cases; the five countries reporting most cases are France (5 770 021), Russia (5 472 941), Turkey (5 409 027), United Kingdom (4 732 434) and Italy (4 258 069).
Oceania: 81 940 cases; the five countries reporting most cases are Australia (30 499), French Polynesia (18 992), Papua New Guinea (17 098), Guam (8 344) and Fiji (3 832).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 141 304 deaths; the five countries reporting most deaths are South Africa (59 900), Egypt (16 062), Tunisia (14 737), Morocco (9 277) and Ethiopia (4 314).
Asia: 723 803 deaths; the five countries reporting most deaths are India (396 730), Iran (83 711), Indonesia (57 138), Philippines (24 372) and Pakistan (22 231).
America: 1 900 502 deaths; the five countries reporting most deaths are United States (603 967), Brazil (513 474), Mexico (232 608), Peru (192 163) and Colombia (105 326).
Europe: 1 166 120 deaths; the five countries reporting most deaths are Russia (133 893), United Kingdom (128 100), Italy (127 472), France (110 997) and Germany (90 762).
Oceania: 1 417 deaths; the five countries reporting most deaths are Australia (910), Papua New Guinea (173), French Polynesia (142), Guam (140) and New Zealand (26).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2021-25, 33 119 770 cases have been reported in the EU/EEA: France (5 770 021), Italy (4 258 069), Spain (3 792 642), Germany (3 726 929), Poland (2 879 689), Netherlands (1 681 659), Czechia (1 666 947), Sweden (1 089 220), Belgium (1 084 143), Romania (1 080 667), Portugal (875 449), Hungary (808 042), Slovakia (778 276), Austria (645 971), Bulgaria (421 531), Greece (420 905), Croatia (359 666), Denmark (293 094), Lithuania (278 726), Ireland (271 260), Slovenia (257 288), Latvia (137 210), Estonia (130 983), Norway (130 619), Finland (95 084), Cyprus (74 785), Luxembourg (70 600), Malta (30 612), Iceland (6 649) and Liechtenstein (3 034).

As of week 2021-25, 738 958 deaths have been reported in the EU/EEA: Italy (127 472), France (110 997), Germany (90 762), Spain (80 789), Poland (74 979), Romania (33 311), Czechia (30 298), Hungary (29 989), Belgium (25 168), Bulgaria (18 027), Netherlands (17 719), Portugal (17 086), Sweden (14 626), Greece (12 664), Slovakia (12 509), Austria (10 471), Croatia (8 202), Ireland (4 989), Slovenia (4 748), Lithuania (4 381), Denmark (2 533), Latvia (2 503), Estonia (1 269), Finland (973), Luxembourg (818), Norway (792), Malta (420), Cyprus (374), Liechtenstein (59) and Iceland (30).

The latest daily situation update for the 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 [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.

DISCLAIMER: Notification rates for Sweden may not be reflecting the actual number of cases due to a database closure in week 24.

ECDC assessment

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

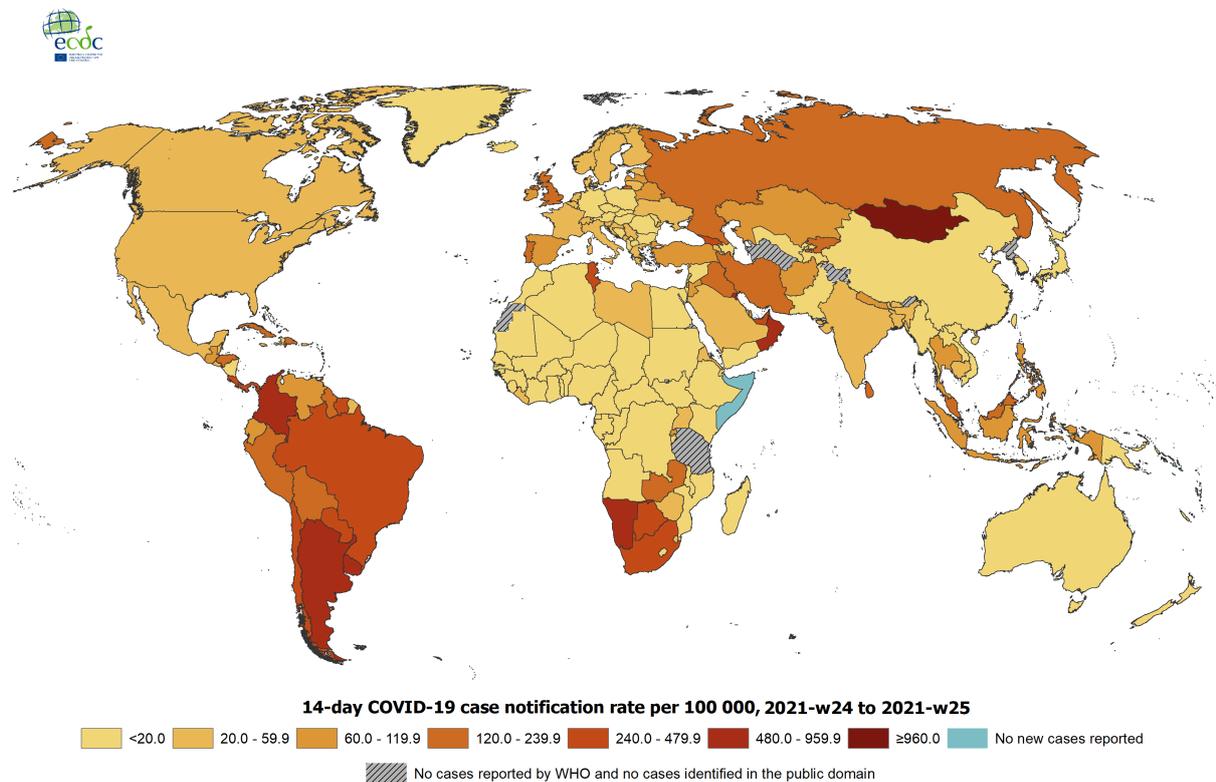
Actions

Actions: ECDC published the 15th update of its [rapid risk assessment](#) on 10 June 2021 and a [Threat Assessment Brief](#) on the implications of the circulation of SARS-CoV-2 Delta on 23 June 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 100 000 population, worldwide, 2021-w24 to 2021-w25

'Source: ECDC'



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Date of production: 30/06/2021

Mass gathering monitoring- Multi-country- UEFA European Football Championship 2020 (2021)

Opening date: 3 June 2021

Latest update: 2 July 2021

Epidemiological summary

From 24 June to 1 July 2021, the following signals were detected with a potential public health impact to UEFA EURO 2020's host and participating countries:

COVID-19 related news

According to multiple sources, from the beginning of UEFA EURO 2020 and as of 1 July 2021, seven countries have reported 2

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472 SARS-CoV-2 positive cases linked to attendance at the championship's matches: Denmark ([source 1](#), [source 2](#)) (35, of these five with [Delta variant](#)), [Finland](#) (436), [France](#) (3), [Sweden](#) (2), [Scotland](#) (1 991), while fewer than five cases were reported by Croatia and the Netherlands.

According to the media and [WHO EURO 2020 explorer](#), among the [EURO 2020 host countries](#), an increase of SARS-CoV-2 cases was recently reported in St. Peterburg, Russia; Baku, Azerbaijan; Copenhagen, Denmark; and in Glasgow and London, United Kingdom (UK). According to the media, SARS-CoV-2-related hospitalisations have increased in [St. Petersburg](#) in recent days.

The majority of new cases of SARS-CoV-2 in the UK are the Delta variant. According to [Public Health England](#), weekly SARS-CoV-2 variant cases data show as of 23 June 2021 that numbers of the Delta variant in the UK have risen by 35 204 since last week to a total of 111 157. The UK is [reporting](#) an increase in the notification rate, but hospitalisations remain stable.

[Finland](#) reported an increase of COVID-19 cases linked to UEFA EURO 2020 spectators.

In addition, [Russia](#) reported the first case of the Delta + K417N variant (currently classified as [variant under investigation](#)), according to a media report on 29 June 2021.

According to the media, in the monitoring period SARS-CoV-2 infection was detected in several players of the following national teams: [Croatia](#).

ECDC assessment

In the countries where mass gathering events such as UEFA EURO 2020 take place, in the absence of sufficient mitigation measures the risk of local and pan-European transmission risk of COVID-19, including the spread of variants of concern, is expected to increase. Options for COVID-19 response are described in ECDC's [latest COVID-19 rapid risk assessment](#), published on 10 June 2021.

COVID-19-related country profiles in the EU/EEA can be found [here](#), and are available for countries outside the EU/EEA [here](#).

The risk of becoming infected with other communicable diseases in countries hosting UEFA EURO 2020 varies, but is considered low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

Actions

ECDC is monitoring this event through its epidemic intelligence activities on a daily basis. ECDC published its Rapid Risk Assessment, [Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA, 15th update](#), on 10 June 2021, and its Threat Assessment Brief, [Implications for the EU/EEA on the spread of the SARS-CoV-2 Delta \(B.1.617.2\) variant of concern](#), on 23 June 2021.

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021

Latest update: 2 July 2021

Epidemiological summary

Between 25 June and 1 July 2021, European Union (EU) and European Economic Area (EEA) countries reported no human cases of West Nile virus (WNV) infection. EU-neighbouring countries reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season, and as of 1 July 2021, EU/EEA countries have reported no human cases of WNV infection. EU-neighbouring countries have reported no human cases of WNV infection.

Since the beginning of the 2021 transmission season, no outbreaks among equids and no outbreaks among birds have been reported by EU/EEA countries.

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment

No human cases or outbreaks among animals have been notified at this relatively early stage of the transmission season (week 26). In the previous five years, the first human WNV infections were reported to ECDC between weeks 23 and 28.

In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

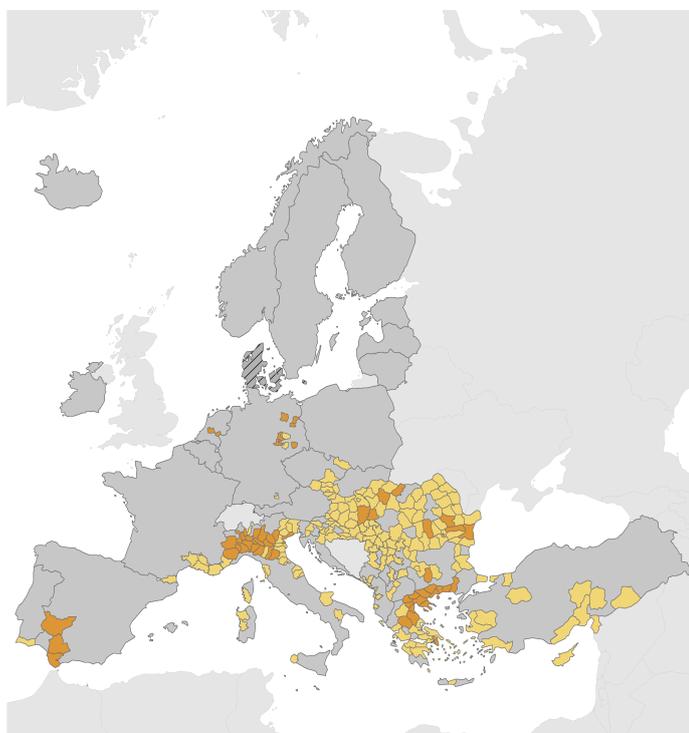
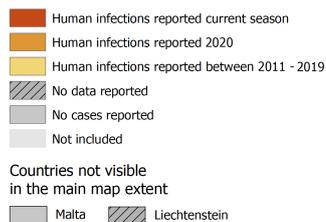
During transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday. ECDC is in contact with the Spanish authorities regarding a possible case of WNV infection in the province of Seville.

Distribution of human West Nile virus infections by affected areas as of 01 July

ECDC



Distribution of human West Nile virus infections by NUTS 3 and GAUL 1 regions in the EU/EEA and EU-neighbouring countries as of 01 July 2021
Seasons 2011 - 2021



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. ECDC. Map produced on: 2 Jul 2021

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 01 July

ECDC and ADIS



**Distribution of human and animal West Nile virus infections by NUTS 3 and GAUL 1 regions in the EU/EEA and EU-neighbouring countries as of 01 July 2021
Season 2021**

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No cases reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat.
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 2 Jul 2021

New! Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2021

Opening date: 2 July 2021

Latest update: 2 July 2021

Epidemiological summary

As of 1 July 2021, in EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be very low to low in Germany, Denmark, Sweden, Finland, and the Gulf of Bothnia; and medium to high in the rest of the Baltic Sea.

For the next five days, overall, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium to high. In addition, the risk is considered to be very low to low in Sweden, the Gulf of Bothnia (Sweden, Finland) and the Kurzeme region (Latvia); and very high in Gulf of Riga (Estonia, Latvia), Gdanski, Trójmiejski, and Szczecinski (Poland), and Vorpommern-Greifswald (Germany).

Outside EU/EEA countries, overall the environmental suitability for *Vibrio* growth in the Baltic Sea was identified to be medium to high. For the next five days it is considered to be medium to high, except in Vyborg and Saint Petersburg (Russia), where the risk is considered to be very high.

Sources: [ECDC Vibrio Map Viewer](#), [National Environmental Satellite, Data and Information Service](#)

Please note that this model has been calibrated to the Baltic Region in Northern Europe and might not apply to other worldwide settings prior to validation. For the Baltic Sea, the model parameters to be used in the map are the following values: number colour bands (20) scale method linear, legend range minimum value (0), and maximum value (28).

ECDC assessment

Elevated SSTs in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content. These *Vibrio* species can cause vibriosis infections, particularly *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. In the past, vibriosis in humans caused by these species in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius). The most common clinical manifestations are

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gastroenteritis with nausea, vomiting and diarrhoea, wound infections when a cut has been exposed, infected wounds or abrasions due to contaminated seawater, primary septicaemia, and otitis externa. In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2021 and will report on increased environmental suitability for growth of *Vibrio* species.

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

Opening date: 24 September 2012

Epidemiological summary

From 1 January 2021 to 29 June 2021, 10 MERS-CoV cases have been reported in Saudi Arabia (9) and the United Arab Emirates (1), including five deaths. In Saudi Arabia, all were primary cases, of whom six reported contact with camels. These nine cases were reported in Riyadh (4), Makkah (3), and the Eastern Province (2).

Since April 2012, and as of 29 June 2021, 2 591 cases of MERS-CoV, including 941 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](#) | [WHO DON](#)

ECDC assessment

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 ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

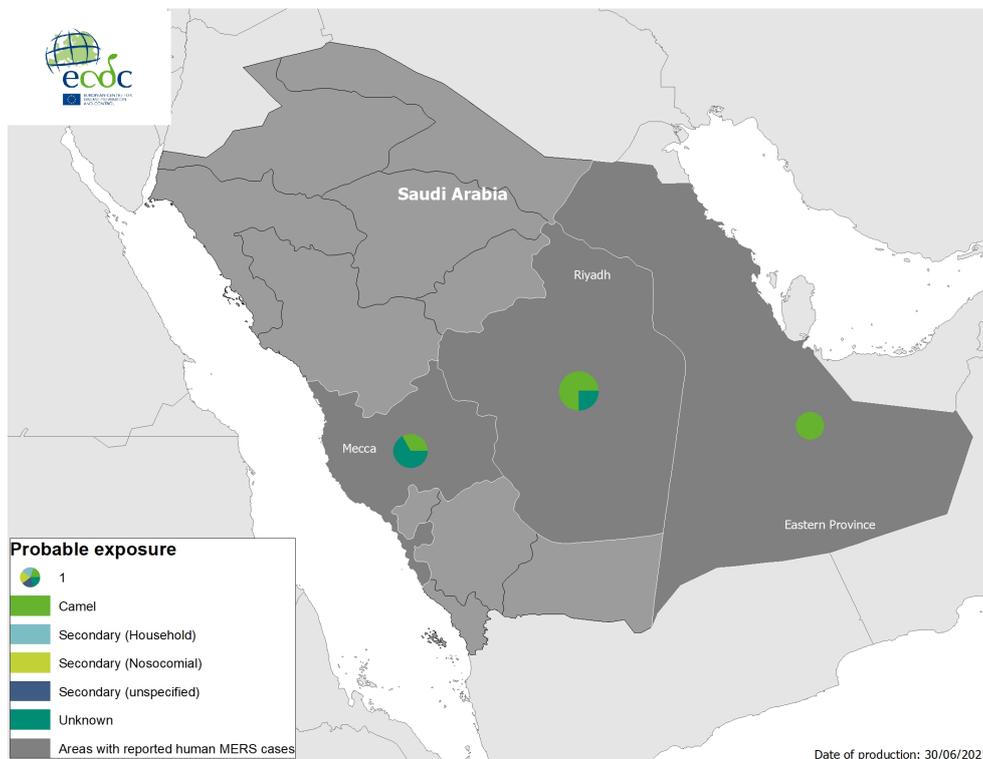
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines 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.

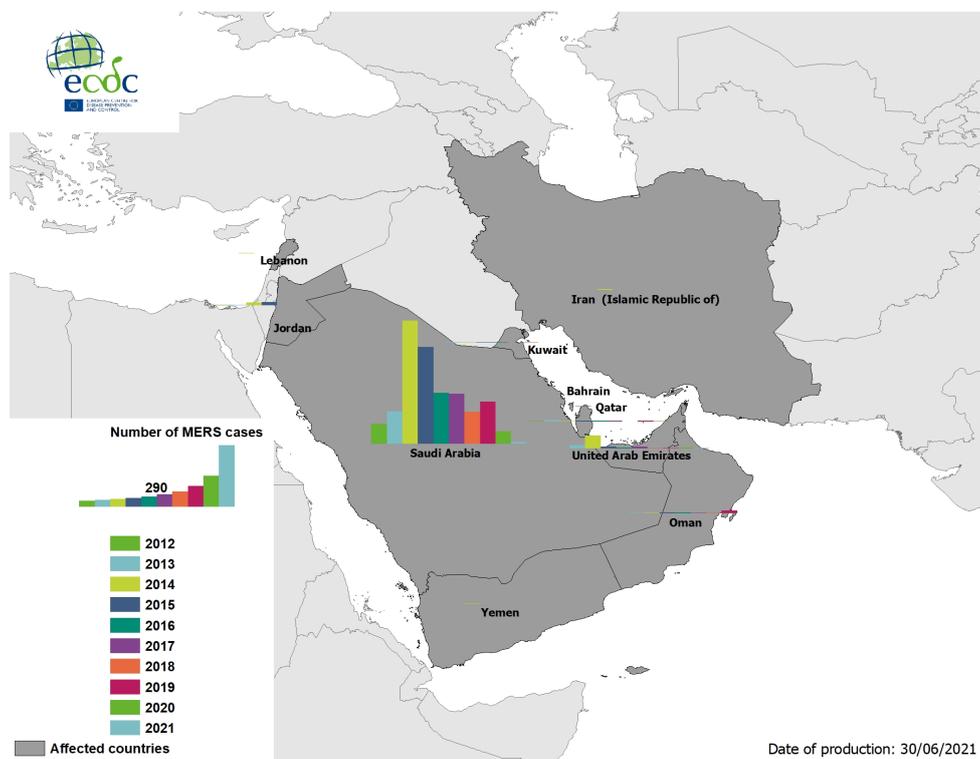
Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 29 June 2021

Source: ECDC



Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 29 June 2021

Source: ECDC



Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017

Latest update: 2 July 2021

Epidemiological summary

Europe

Chikungunya virus disease: No autochthonous cases of chikungunya virus disease have been detected in Europe in 2021.

Dengue: No autochthonous dengue cases have been detected in Europe in 2021.

Americas and the Caribbean

Chikungunya virus disease:

Belize: In 2021 and as of 29 May, 737 cases have been reported.

Bolivia: In 2021 and as of 12 June, 240 cases, including 27 confirmed cases, have been reported.

Brazil: In 2021 and as of 22 May, 48 044 cases have been reported, including 17 061 confirmed cases and three deaths.

Colombia: In 2021 and as of 12 June, 14 cases have been reported.

Costa Rica: In 2021, as of 8 May, 13 suspected cases have been reported.

El Salvador: In 2021 and as of 5 June, 47 suspected cases have been reported.

Guatemala: In 2021 and as of 5 June, 59 suspected cases have been reported.

Mexico: In 2021 and as of 5 June, 3 confirmed cases have been reported.

Nicaragua: In 2021 and as of 19 June, 5 suspected cases, including one confirmed case.

Paraguay: In 2021 and as of 19 June, 79 suspected cases have been reported.

Peru: In 2021 and as of 29 May, 415 cases have been reported.

Saint Lucia: In 2021 and as of 29 May, one confirmed case has been reported.

Venezuela: In 2021 and as of 12 June, 20 suspected cases have been reported.

Dengue:

In 2021, and as of 12 June, the Pan American Health Organization (PAHO) reported 675 321 suspected and confirmed dengue cases and 157 associated deaths, in the Americas region. The five countries reporting most cases are: Brazil (559 587), Peru (28 086), Nicaragua (20 365), Colombia (15 082), and Paraguay (11 505). All four dengue virus serotypes (DENV-1, DENV-2, DENV-3, and DENV-4) are currently circulating in the Americas, which increases the risk of severe cases. The figures for each country of the Americas can be found on the [PAHO Health Information Platform](#).

Saint-Martin (France) has reported on average three cases with clinical symptoms of dengue each week since March 2021.

Saint-Barthelemy has reported on average two cases with clinical symptoms of dengue each week since April 2021.

Martinique and **Guadeloupe** have officially declared the end of the dengue epidemics in these two territories, on 29 April and 20 May 2021 respectively.

Asia

Chikungunya virus disease:

India: In 2021 and as of 31 May, 11 813 suspected cases and 1 582 confirmed cases have been reported.

Cambodia: In 2021 and as of 9 June, media quoting health authorities have reported 514 cases. Most cases have been reported in Ratanakiri, Mondulkiri, Battambang and Kratie provinces.

Malaysia: In 2021 and as of 19 June, 659 cases have been reported. Most cases have been reported in Perak and Kuala Lumpur.

Thailand: In 2021 and as of 21 June, 347 cases have been reported. Cases have been reported across 35 provinces.

Dengue:

Bangladesh: In 2021 and as of 26 June, 304 cases have been reported by media sources quoting health authorities, whereby 67% of these have been reported in June 2021 only.

Cambodia: In 2021 and as of 5 June, 685 cases including one death have been reported. The number of cases reported in 2021 is five-fold lower compared to the 2 305 cases that were reported in the same period in 2020.

China: In 2021 and as of 30 April, 11 cases and no deaths have been reported. The number of cases reported in April 2021 is lower compared to the 16 cases reported in March 2020 and other recent years but follows the expected seasonal trend.

India: In 2021 and as of 31 March, 6 837 cases including two deaths have been reported.

Indonesia: There are no updates available for the dengue situation in Indonesia, however [heavy rainfall and floods](#) have been reported recently on the Java island of Indonesia.

Lao PDR: In 2021 and as of 5 June, 316 cases have been reported. This represents a 4.4-fold decrease compared to the same period in 2020 during which 1 388 cases were reported. The trend is within seasonally expected levels.

Malaysia: In 2021 and as of 12 June 2021, 12 188 cases including eight deaths have been reported. Dengue activity has decreased in the cumulative number of cases and deaths in 2021 compared to the same period in 2020, during which 48 584 cases and 84 deaths were reported.

Nepal: In 2021 and as of 19 June 2021, 56 cases have been reported.

Pakistan: In 2021 and as of 19 June, 1 807 cases have been reported.

The Philippines: In 2021 and as of 17 April, 21 478 cases, including 80 deaths have been reported. The number of cases is 56% lower compared to the 49 135 cases that were reported in the same period in 2020.

Singapore: In 2021 and as of 26 June, 3 275 cases have been reported. Singapore saw the largest dengue outbreak ever recorded in 2020. In 2021, to date, case numbers have been lower compared to the same period in 2019 and 2020.

Sri Lanka: In 2021 and as of 25 June, 8 899 cases have been reported.

Thailand: In 2021 and as of 28 June, 3 444 cases including one death have been reported.

Vietnam: In 2021 and as of 30 May, 28 077 cases including five deaths have been reported. This represents a decrease of 4.8% in the number of cumulative cases, compared to the same period in 2020, during which 29 482 including three deaths were reported.

There are no new updates available from Myanmar.

Africa

Chikungunya virus disease:

No cases of chikungunya virus disease have been reported in Africa in 2021.

Dengue:

Réunion (France): In 2021 and as of 22 June, 24 836 confirmed cases have been reported, including 14 deaths. This is an increase of 11 354 cases since the last report on 18 May 2021. ECDC is monitoring dengue in the Réunion in a dedicated threat which was included in the CDTR report from 24 June 2021.

There are no updates for Kenya, Ethiopia, Mayotte, Mauritius, Mauritania or Senegal.

Australia and the Pacific

Chikungunya virus disease:

No cases of chikungunya virus disease have been reported in Australia and the Pacific in 2021.

Dengue:

[Australia](#): In 2021 and as of 16 June, two cases of dengue have been reported.

[Cook Islands](#): In 2021 and as of 14 June, a total of 206 probable and confirmed cases have been reported. On 2 February 2021, an outbreak was declared by the Cook Islands Ministry of Health.

[New Caledonia \(France\)](#): In 2021 and as of 29 June, 112 cases have been reported.

There are no new updates available from the Federated States of Micronesia, the Republic of the Marshall Islands, French Polynesia, Wallis and Futuna and Fiji.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation. Please note that case definitions may differ between countries and comparisons should be made with caution.

ECDC assessment

Chikungunya virus disease and dengue affect most countries in the tropics and sub-tropics. EU/EEA travellers to the affected areas should apply personal protective measures against mosquito bites.

The likelihood for onward transmission of dengue and chikungunya virus disease in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. [Aedes albopictus](#)). [Aedes albopictus](#) is [established](#) in a large part of Europe. The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is medium, as the environmental conditions are becoming favourable for the growth of mosquito populations and virus replication of the vector, reaching high vector abundance in the summer and early autumn. To date, all autochthonous outbreaks of [chikungunya virus disease](#) and [dengue](#) in mainland EU/EEA have occurred between July and November.

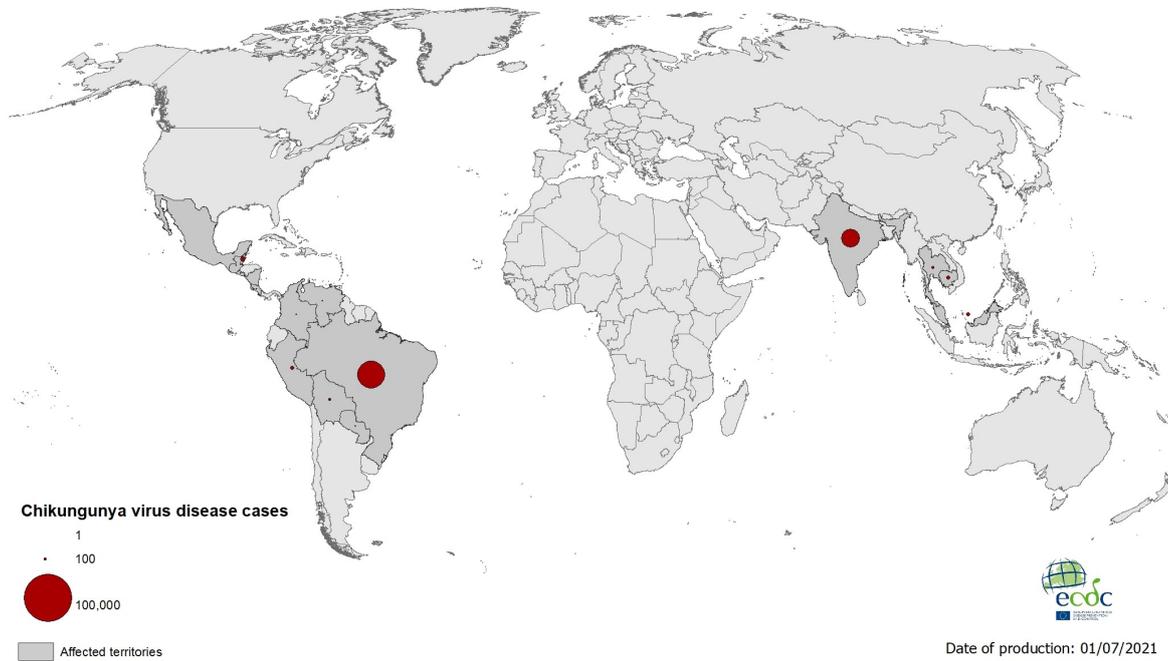
More information is available on ECDC's dedicated webpage on autochthonous transmission of [chikungunya](#) and [dengue](#) virus in the EU/EEA, as well as on ECDC's dengue [factsheet](#).

Actions

ECDC monitors these threats through its epidemic intelligence activities and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [chikungunya virus disease](#) is available on ECDC's website.

Geographical distribution of chikungunya virus disease cases reported worldwide, April to June 2021

Source: ECDC



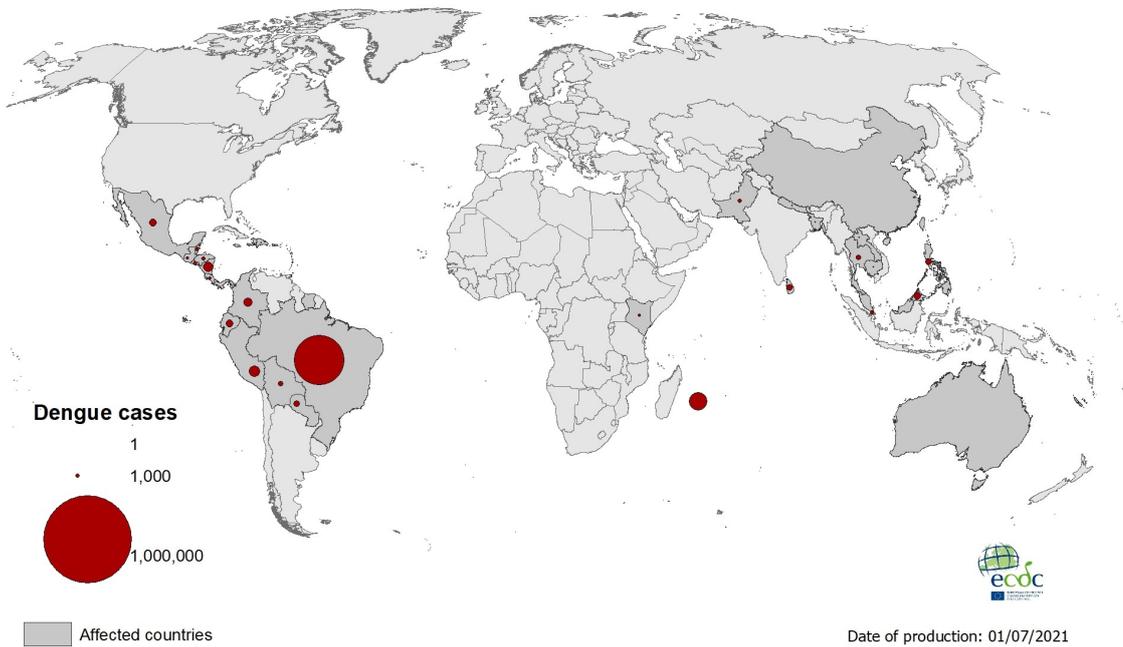
Geographical distribution of chikungunya virus disease cases reported worldwide, January to June 2021

Source: ECDC



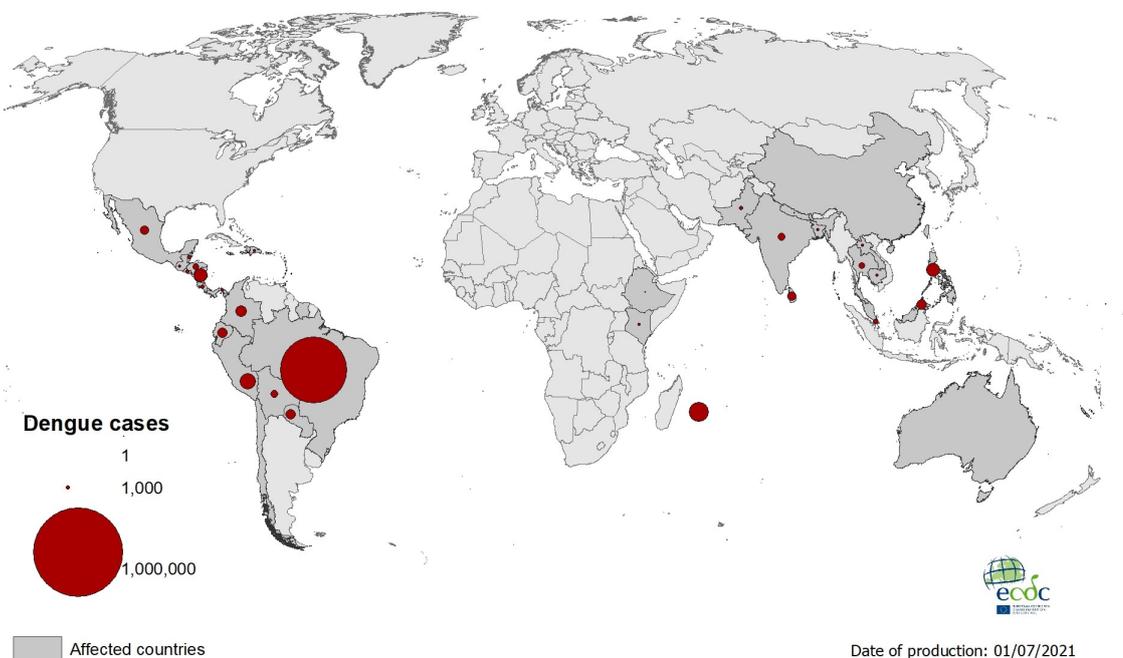
Geographical distribution of dengue cases reported worldwide, April to June 2021

Source: ECDC



Geographical distribution of dengue cases reported worldwide, January to June 2021

Source: ECDC



Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019

Latest update: 2 July 2021

Epidemiological summary

Wild poliovirus:

In 2021 overall, as of 29 June two cases of WPV1 have been reported from two endemic countries: Afghanistan (1) and Pakistan (1). In 2020, a total of 140 cases have been reported from Pakistan (84) and Afghanistan (56).

Circulating vaccine-derived poliovirus (cVDPV): In 2020 overall, and as of 29 June 2021, 34 cases of cVDPV1 have been reported by Yemen (31), Madagascar (2) and Malaysia (1). In addition, 1 059 cases of cVDPV2 have been reported from 24 countries: Afghanistan (308), Pakistan (135), Chad (99), Democratic Republic of the Congo (81), Burkina Faso (65), Côte D'Ivoire (61), Sudan (58), South Sudan (50), Mali (48), Guinea (44), Ethiopia (26), Somalia (14), Ghana (12), Sierra Leone (10), Niger (10), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Congo (2), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

In 2021 overall, and as of 29 June 2021, six cases of cVDPV1 have been reported by Madagascar (4) and Yemen (2). In addition, 133 cases of cVDPV2 have been reported from 14 countries: Afghanistan (41), Nigeria (21), Tajikistan (15), Senegal (9), Democratic Republic of the Congo (8), Pakistan (8), South Sudan (8), Ethiopia (6), Guinea (6), Sierra Leone (4), Congo (2), Liberia (2), Benin (2), and Burkina Faso (1). No cases of cVDPV3 have been reported to date this year.

The Philippines: On 3 June 2021, the polio outbreak in the Philippines was declared over by the Department of Health (DOH), as in the past 16 months the virus has not been detected in a child or in the environment.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue to the extent possible to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

On 10 June 2021, the Global Eradication Initiative (GPEI) launched the [Polio Eradication Strategy 2022-2026](#).

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [WPV3 eradication certificate](#)

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a [sustained polio outbreak](#). According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the concerning occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

[ECDC](#) endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions

ECDC provides updates on the polio situation on a monthly basis. The agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an [interactive map](#) showing countries that are still endemic for polio and that have ongoing outbreaks of cVDPV.

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