

# Communicable Disease Threats Report

Week 33, 13 - 19 August 2023

## Today's disease topics

1. Avian influenza A(H5N6) – Multi country – Monitoring human cases
2. Avian influenza A(H9N2) - Multi-country (World) - Monitoring human cases
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4. COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019 - 2023
5. Poliomyelitis – Multi-country (World) – Monitoring global outbreaks
6. Cases of Crimean-Congo haemorrhagic fever in North Macedonia, July-August 2023

## Executive Summary

### **Avian influenza A(H5N6) – Multi country – Monitoring human cases**

- As of August 17, 2023, one new human case with avian influenza A(H5N6) virus infection has been reported in Chongqing municipality, China.
- Overall, 87 cases, including 33 deaths (CFR: 38%) have been reported in China (86) and Laos (1).
- To date, no human-to-human transmission has been reported.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

### **Avian influenza A(H9N2) - Multi-country (World) - Monitoring human cases**

- One new human case of avian influenza A(H9) has been reported in China, bringing the overall number of human cases since 1998 to 127, including two deaths.
- Most of the cases reported to date have been in China (114).
- No human cases have been reported in the EU/EEA and related A(H9N2) viruses are not present in poultry populations in the EU/EEA.
- The risk of zoonotic influenza A(H9N2) transmission to the general public in EU/EEA countries is considered to be very low.

**West Nile virus One Health seasonal surveillance - 2023**

- Thirty-six human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and nine by EU-neighbouring countries since the last update and as of 16 August 2023.
- Since the beginning of the 2023 transmission season, 125 human cases of WNV infection have been reported by EU/EEA countries and 24 by EU-neighbouring countries.
- Eight outbreaks among equids and 47 outbreaks among birds have been reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, and as of 16 August 2023.

**COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019 - 2023**

- By the end of week 32, (ending 13 August 2023), there is evidence of increasing transmission in some countries, although levels remain low with very limited impact on severe disease to date. Due to a lower number of countries reporting in recent weeks and the overall low testing volumes in primary care sentinel sites, an assessment of the COVID-19 epidemiological situation for the EU/EEA is increasingly challenging and data should be interpreted with caution.
- Since the last update on 27 July 2023 and as of 10 August 2023, ECDC classified all **XBB.1.5-like lineages with additional spike protein change F456L** as **variants of interest (VOI)**. This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1 among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA together with a slight increase in epidemiological indicators. The reason why ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.
- As of 14 August 2023, the nine EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 29 (17 July to 23 July 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Denmark (41%), France (42%), Germany (10%), Iceland (59%), Ireland (47%), Italy (10%), Portugal (60%), Spain (34%), and Sweden (24%). The overall trend for the variant proportion is increasing
- A new highly mutated variant descending from BA.2 has been reported to GISAID EpiCoV by United Kingdom (one sequence with sample collection date 13 August 2023), United States (one sequence with sample collection date 3 August 2023), Denmark (two sequences with sample collection dates 24 and 31 July 2023) and Israel (one sequence with sample collection date 31 July 2023). The new variant is designated **BA.2.86** and carries 30 additional spike changes compared to the parental BA.2 lineage. Due to the overall reduced genomic surveillance of SARS-CoV-2 it cannot be determined whether the variant is circulating undetected elsewhere. It is currently not possible to determine whether the variant is associated with any changes in transmissibility, immune escape or severity, the high number of mutations however makes it likely that it is associated with significant antigenic differences compared to currently circulating XBB.1.5-like variants. WHO has classified BA.2.86 as a variant under monitoring as of 17 August 2023.

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

- On 3 May 2023, the Polio International Health Regulations (IHR) Emergency Committee stated that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of Temporary Recommendations for a further three months.
- Since the last update, in 2023, one new case of acute flaccid paralysis (AFP) caused by WPV1 has been reported in Pakistan.
- Since the last update, two new countries have reported cases of AFP caused by cVDPV2: Burundi (1) and Guinea (1).
- In 2023, and as of 15 August 2023, eleven new cases of AFP caused by cVDPV1 have been reported from the DRC (11).

**Cases of Crimean-Congo haemorrhagic fever in North Macedonia, July-August 2023**

- On 14 August, the Institute of Public Health in North Macedonia informed about a case of Crimean-Congo haemorrhagic fever (CCHF), supposedly infected through a tick bite.
- This is not related to the fatal case of CCHF reported earlier, also exposed through a tick bite, which resulted in a secondary transmission in the healthcare setting.

## 1. Avian influenza A(H5N6) – Multi country – Monitoring human cases

**Overview:**

**Update:** As of 17 August 2023, one new human case with avian influenza A(H5N6) virus infection has been [reported](#) in Chongqing municipality, China. The patient had previously been in contact with two dead chickens before symptom onset and is in critical condition.

**Summary:** Since 2014, and as of 17 August 2023, 87 laboratory-confirmed cases, including 33 deaths (CFR: 38%), of human infection with influenza A(H5N6) virus have been reported. The cases were reported from China (86) and Laos (1).

**Sources:** [Press release of the Government of the Hong Kong Special Administrative Region](#)

#### ECDC assessment:

Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported to date. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

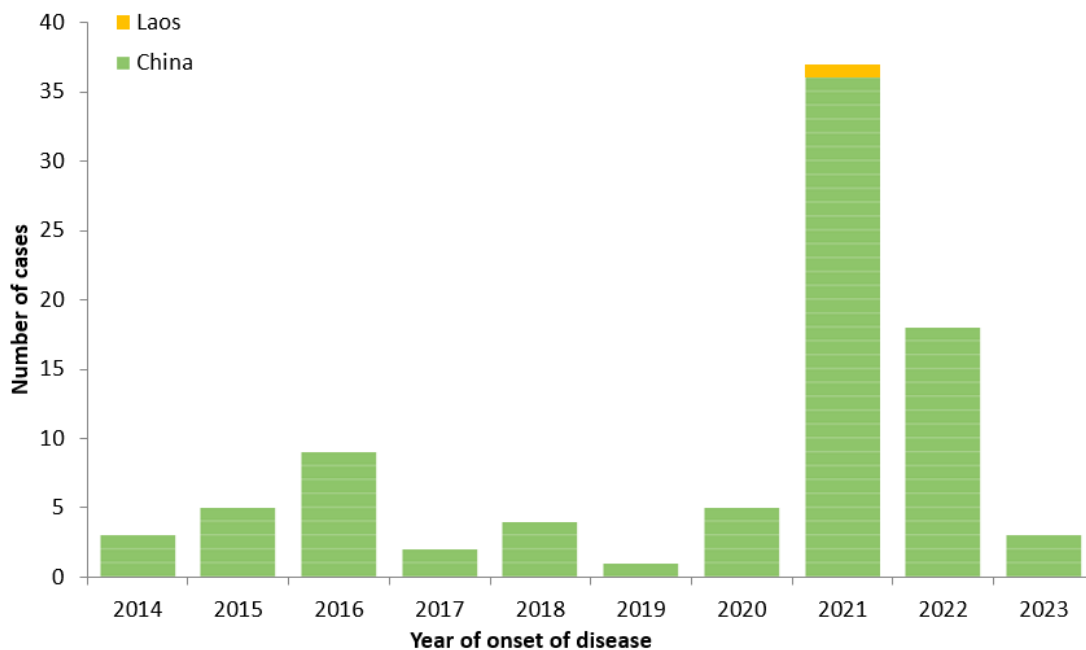
#### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with EFSA and the EU reference laboratory 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 recent report was published in July 2023.

**Last time this event was included in the CDTR:** 21 July 2023

## Maps and graphs

**Figure 1. Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014-23 August 2023 (n=87)**



Source: ECDC

## 2. Avian influenza A(H9N2) - Multi-country (World) - Monitoring human cases

#### Overview:

**Update:** On 17 August, one new case of human infection with avian influenza A(H9) was [reported](#) in Sichuan Province, China.

**Summary:** As of 17 August 2023, and since 1998, a total of 127 laboratory-confirmed cases, including two deaths, of human infection with avian influenza A(H9N2) viruses have been reported in eight countries: China (114), Egypt

(4), Bangladesh (3), Cambodia (2), Oman (1), Pakistan (1), India (1), and Senegal (1). Most of the cases were children with mild disease.

**Source:** [ECDC/EFSA report of the avian influenza situation \(July 2023\)](#), [China CDC Influenza weekly report \(w28 2023\)](#)

#### ECDC assessment:

Sporadic human cases of avian influenza A (H9N2) have been observed outside the EU/EEA, mainly in young children. Influenza A(H9N2) is not present in Europe's poultry populations and therefore does not represent a risk for human health in the EU/EEA.

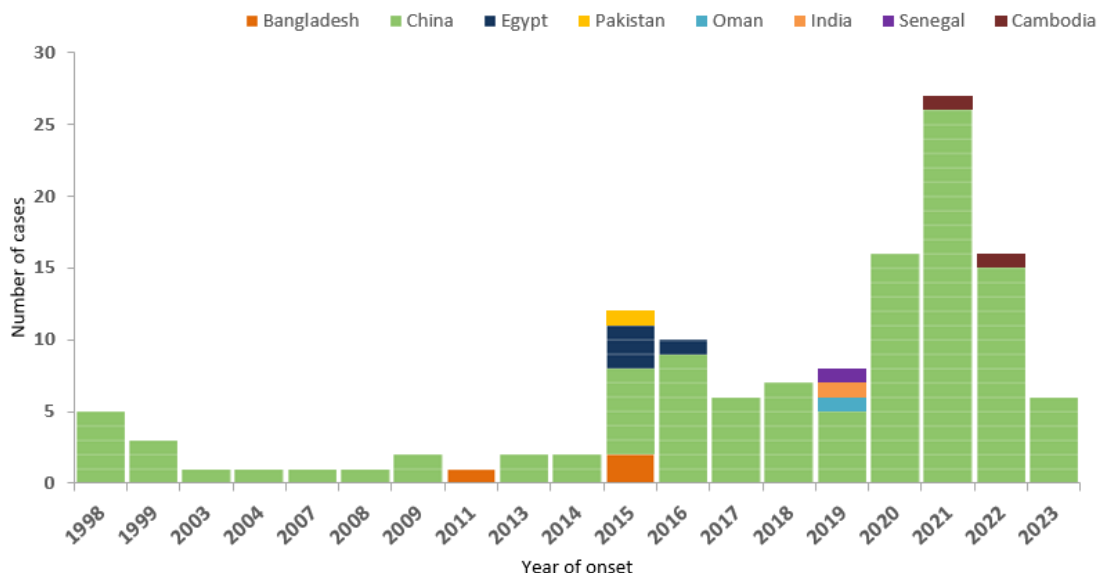
#### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence activities, disease experts and in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza, in order to identify significant changes in the epidemiology of the virus. ECDC works with EFSA and the EU Reference Laboratory for Avian Influenza to produce a quarterly [report on the avian influenza situation](#). The most recent report was published in July 2023.

**Last time this event was included in the CDTR:** 27 July 2023

## Maps and graphs

**Figure 1.** Distribution of confirmed human cases of avian influenza A(H9N2) virus infection by year of onset and country, 1998-2023 (n=127, updated 17 August 2023)



Source: ECDC

## 3. West Nile virus One Health seasonal surveillance - 2023

### Overview:

This is the 12th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 16 August 2023, European Union (EU) and European Economic Area (EEA) countries reported 36 human cases of West Nile virus (WNV) infection and 3 deaths related to WNV infections. Cases were reported by Greece (26), France (4), Germany (2), Hungary (2), Spain (1) and Romania (1). Deaths were reported by Greece (2) and Romania (1). EU-neighbouring countries reported 15 human cases of WNV infection. Cases were reported by Serbia (14) and North Macedonia (1). No deaths related to WNV infections were reported by EU-neighbouring countries.

This week, among the reporting countries, the following NUTS 3 regions have reported autochthonous human cases of WNV infection for the first time ever: Huelva in Spain and Charente-Maritime in France.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Anhalt-Bitterfeld and Wittenberg in Germany, Pieria and Arta Preveza in Greece, Huelva in Spain, Charente-Maritime in France, Szabolcs-Szatmár-Bereg and Pest in Hungary, Skopski in North Macedonia, Satu Mare in Romania, Grad Beograd, Kolubarski and Nisavski and Srednje-banatski in Serbia.

Since the beginning of the 2023 transmission season and as of 16 August 2023, EU/EEA countries have reported 125 human cases of WNV infection in Italy (56), Greece (48), France (7), Romania (6), Hungary (5), Germany (2) and Spain (1). EU/EEA countries have reported nine deaths in Greece (5), Italy (3) and Romania (1). EU-neighbouring countries have reported 24 human cases of WNV infection in Serbia (23) and North Macedonia (1). No deaths related to WNV infections have been reported by EU-neighbouring countries.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 59 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Gironde and Charente-Maritime in France, Kastoria in Greece and Huelva in Spain.

Since the beginning of the 2023 transmission season, eight outbreaks among equids and 47 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (5), France (2) and Hungary (1). Outbreaks among birds have been reported by Italy (37), Germany (7), Bulgaria (1), Spain (1) and France (1).

Please refer to the [West Nile virus infection webpage](#) for maps and a dashboard.

**Sources:** The European Surveillance System (TESSy), Animal Disease Information System (ADIS)

### **ECDC assessment:**

Charente-Maritime in France and Huelva in Spain reported autochthonous human cases of WNV infection for the first time ever during week 32, 2023. Charente-Maritime lies adjacent to Gironde in France where WNV infection was for the first time ever reported during the current season in week 31. Cases of WNV infection among humans have been reported in regions adjacent to Huelva in Spain in recent years.

In 2023, the WNV transmission season started later than the mean of the 2019–2022 season. However, as the weather conditions are favourable for WNV transmission in the affected areas in Europe, further human cases are expected in the coming weeks.

In accordance with the [Commission Directive 2014/110/EU](#), prospective blood 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 WNV transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

### **Further information:**

Data on human cases of WNV are collected via The European Surveillance System (TESSy) managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries reported human cases of WNV infection to ECDC: Albania, Kosovo\*, Montenegro, North Macedonia, Serbia, and Türkiye.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level.

The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

\*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

**Last time this event was included in the CDTR:** 11 August 2023

## 4. COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019 - 2023

### Overview:

#### Summary:

Based on the available data, by the end of week 32 (ending 13 August 2023), there is evidence of increasing transmission in some countries, although levels remain low with very limited impact on severe disease to date. Due to a lower number of countries reporting in recent weeks and the overall low testing volumes in primary care sentinel sites, an assessment of the COVID-19 epidemiological situation for the EU/EEA is increasingly challenging and data should be interpreted with caution.

At country level, the number of patients presenting to sentinel general practitioners with respiratory illness (ILI/ARI) remain at low levels compared to the winter season and in line with those observed at the same time last year. Testing at primary care sentinel sites also remains low. Of the four countries that reported sufficient testing data over the past week, a clear increasing trend was observed in one country.

Outside of the sentinel system, nine out of 18 countries reporting age-specific data observed increases in case rates among people aged 80 years and above. It remains important to continue monitoring disease in older age groups.

The availability of data on severe disease is more limited. Of 10 countries with data on hospital or ICU admissions/occupancy up to week 32, three reported an increasing trend in at least one of these indicators compared with the previous week. In total, 69 deaths were reported by 16 countries, with no country reporting an increase in the death rate in any age group.

#### Weekly update on SARS-CoV-2 variants:

Since the last update on 27 July 2023 and as of 10 August 2023, **ECDC classified all XBB.1.5-like lineages with additional spike protein change F456L as variants of interest (VOI)**. This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1 among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA together with a slight increase in epidemiological indicators. These lineages are also increasing globally, with the World Health Organization (WHO) **classifying** EG.5, which is the most prevalent lineage within the group, as a VOI as of 9 August 2023, and the United Kingdom Health Security Agency (UKHSA) **classifying** EG.5.1 as a variant as of 31 July 2023. The reason why ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

The growth advantage observed for 456L-lineages is most likely caused by **increased immune escape** conferred by the F456L change, combined with waning immunity to infection in the population. So far there are no indications that 456L-lineages are associated with any change in infection severity. It is likely that the presence of the variant will contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months. However, it is expected that these indicators will not reach the levels associated with previous peaks in cases and hospitalisations.

As of 14 August 2023, the nine EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 29 (17 July to 23 July 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Denmark (41%), France (42%), Germany (10%), Iceland (59%), Ireland (47%), Italy (10%), Portugal (60%), Spain (34%), and Sweden (24%). The overall trend for the variant proportion is increasing

A new highly mutated variant descending from BA.2 has been reported to GISAID EpiCoV by the United Kingdom (one sequence with sample collection date 13 August 2023), United States (one sequence with sample collection date 3 August 2023), Denmark (two sequences with sample collection dates 24 and 31 July 2023) and Israel (one sequence with sample collection date 31 July 2023). The new variant is designated **BA.2.86** and carries 30 additional spike changes compared to the parental BA.2 lineage. Due to the overall reduced genomic surveillance of SARS-CoV-2 it cannot be determined whether the variant is circulating undetected elsewhere. It is currently not possible to determine whether the variant is associated with any changes in transmissibility, immune escape or severity, the high number of mutations however makes it likely that it is associated with significant antigenic differences compared to currently circulating XBB.1.5-like variants. The WHO has classified BA.2.86 as a variant under monitoring as of 17 August 2023.

For the latest information on variants, please see ECDC's [webpage on variants](#).

#### Other News

During the period 14-17 August, signals of increase in COVID-19 cases were detected within the following EU/EEA countries:

- [Italy](#): weekly number of reported COVID-19 cases have been increasing since week 29 (week ending 23 July). This increase in COVID-19 cases is seen in all age groups, but has been most pronounced among 20 to 29-year-olds and persons aged 90 years or older. A slight increase in weekly hospital admissions, ICU admissions and deaths has also observed, but remain at low levels.

#### Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) 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](#), [fifth](#), [sixth](#), [seventh](#), [eighth](#), [ninth](#), [tenth](#), [eleventh](#), [twelfth](#), [thirteenth](#), and [fourteenth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022, 8 July 2022, 13 October 2022, and 27 January 2023 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

In the [fifteenth](#) IHR Emergency Committee meeting held in Geneva on 4 May 2023, the Director-General of WHO agreed with the [advice](#) offered by the Committee and determined that COVID-19 is no longer a public health emergency of international concern (PHEIC).

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

Please refer to the [data reported by the World Health Organization \(WHO\)](#) on COVID-19 and [WHO's Weekly Epidemiological Updates and Monthly Operational Updates](#) page for non-EU/EEA countries.

#### ECDC assessment:

SARS-CoV-2 continues to circulate in the EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every two to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions, and deaths during this period. The emergence of new variants of concern or population immunity waning over time may have an impact on the epidemiological situation in the future.

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

#### Actions:

Detailed country-specific COVID-19 updates are available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

For EU/EEA- and country-specific epidemiological trends and forecasts, visit ECDC's [Country Overview Report](#) (updated on Fridays). In addition to the actions described in the latest [COVID-19 risk assessments](#), ECDC published a guidance entitled [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) on 5 April 2023, to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the optimal timing and targeting of vaccination campaigns in order to limit the continuing burden of disease experienced by the elderly and people with comorbidities. It complements the previous guidance, [Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA](#), published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

**Last time this event was included in the CDTR:** 11 August 2023

## 5. Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

#### Overview:

Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops 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. On 3 May 2023, the [35th meeting](#) of the Polio Emergency Committee under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus, and it was agreed that it remains a PHEIC. It was recommended that the Temporary Recommendations be extended for a further three months.

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

**Wild poliovirus (WPV1):**

Since 18 July 2023 and as of 15 August 2023, with the date of onset of symptoms in 2023, one new case of acute flaccid paralysis (AFP) caused by WPV1 has been reported in Pakistan.

**Circulating vaccine-derived poliovirus (cVDPV):**

Since the previous update, the following cases of polio due to circulating vaccine-derived poliovirus (cVDPV) have been reported with the date of onset of symptoms in 2022:

- No new cases of AFP caused by cVDPV1 have been reported.
- A total of two new cases of AFP due to cVDPV2 have been reported from the Democratic Republic of the Congo (DRC).
- No new cases of AFP due to cVDPV3 have been reported.

Since the previous update, the following cases of polio due to cVDPV have been reported with the date of onset of symptoms in 2023:

- Eleven new cases of AFP caused by cVDPV1 have been reported from the DRC (11).
- Two new countries have reported cases of AFP caused by cVDPV2: Burundi (1) and Guinea (1).
- Nineteen new cases of AFP caused by cVDPV2 have been reported from six countries: Burkina Faso (1), Burundi (1) Chad (8), DRC (5), Guinea (1), Nigeria (3).
- No cases of AFP due to cVDPV3 have been reported.

**Summary:****Wild poliovirus:**

In 2022, and as of 15 August 2023, 30 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries: Pakistan (20) and Afghanistan (2), and one non-endemic country: Mozambique (8). One associated death has been reported in Pakistan.

In 2023, and as of 15 August 2023, seven cases of AFP caused by WPV1 have been reported from Afghanistan (5) and Pakistan (2) with the date of onset of symptoms in 2023.

Circulating vaccine-derived poliovirus (cVDPV):

With the date of onset of symptoms in 2022:

In 2022, and as of 15 August 2023, 189 cases of AFP caused by cVDPV1 have been reported from five countries: Congo (1), the DRC (146), Mozambique (22), Madagascar (16), and Malawi (4).

Overall, in 2022, 685 cases of AFP caused by cVDPV2 have been reported from 20 countries: Algeria (3), Benin (13), Burundi (1), Cameroon (3), Central African Republic (6), Chad (44), the DRC (368), Eritrea (1), Ethiopia (1), Ghana (3), Indonesia (1), Mali (2), Mozambique (4), Niger (16), Nigeria (48), Somalia (5), Sudan (1), Togo (2), the United States of America (1), and Yemen (162).

In 2022, one case of AFP caused by cVDPV3 was reported from Israel.

With the date of onset of symptoms in 2023:

In 2023, and as of 15 August 2023, 63 cases of AFP caused by cVDPV1 have been reported from three countries: the DRC (47), Madagascar (13), and Mozambique (3).

In 2023, 136 cases of AFP caused by cVDPV2 have been reported from 16 countries: Benin (3), Burkina Faso (2), Burundi (1) Central African Republic (10), Chad (23), Côte d'Ivoire (2), the DRC (62), Guinea (1), Indonesia (3), Israel (1), Kenya (2), Mali (3), Nigeria (19), Somalia (2), Tanzania (1), and Zambia (1).

In 2023, no cases of AFP caused by cVDPV3 have been reported.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC dashboard](#) | [WPV3 eradication certificate](#)

**ECDC assessment:**

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. One EU/EEA country (Romania) and three neighbouring countries (Bosnia and Herzegovina, Montenegro, and Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report published in February 2023, referring to data from 2021. According to the same report, eight EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and the detection of WPV1 cases in Mozambique in 2022, which are genetically linked to a strain from Pakistan, shows that there is still a risk of the disease being imported into the EU/EEA.



Furthermore, the worrying outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, illustrate 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 pockets of under-immunised populations. EU/EEA countries should review their polio vaccination coverage data, ensure there are no immunity gaps in the population, and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors to (>4 weeks) countries categorised by [WHO](#) as having the potential risk of causing an international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

**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. ECDC 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 a [dashboard](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

**Sources:** [35th IHR Emergency Committee for Polio](#)

**Last time this event was included in the CDTR:** 21 July 2023

## 6. Cases of Crimean-Congo haemorrhagic fever in North Macedonia, July-August 2023

### Overview:

**Update:** On 14 August, the Institute of Public Health in North Macedonia [informed about a third case of Crimean-Congo haemorrhagic fever \(CCHF\)](#), supposedly infected through a tick bite in the region of Veles, central part of North Macedonia.

**Background:** Earlier this year, on 30 July 2023, the public health authority of North Macedonia [reported a fatal case of CCHF](#) from the area Štip (central part of the country). The patient was an agricultural worker who reported a tick bite. The patient developed febrile disease and was hospitalised. The patient developed haemorrhagic symptoms and subsequently died.

On 8 August 2023, a [secondary](#) healthcare-associated case was reported. The investigations did not reveal the route of transmission.

Human cases of CCHF in North Macedonia were first detected during an outbreak in 1971, and the virus was demonstrated in animal hosts and tick vectors in the country. Sporadic cases of CCHF have also been reported in several neighbouring countries of the Republic of North Macedonia (i.e. Albania, Bulgaria, Greece and Kosovo\*). The tick species *Hyalomma marginatum*, which is the principal vector of the CCHF virus, has been detected in all the regions of North Macedonia.

### ECDC assessment:

Two cases of CCHF have been detected in an area in the central part of North Macedonia, one of which resulted in a secondary transmission. Both cases were involved in activities that increased the risk of tick bite, whereas the secondary transmission involved a healthcare worker attending the first case in hospital before the diagnosis.

The incubation period of CCHF is three to seven days (range: 1–14 days). Therefore additional secondary cases from the first case are no longer expected.

There is no information available about exposure of the third case of CCHF but vectorial transmission is suspected. Štip and Veles are less than 50 km apart, thus it is likely that exposure occurred through tick bites in that area of the country.

The occurrence of new cases in North Macedonia, both from vectorial transmission and from close contact with the most recent cases is possible.

The likelihood of infection of EU/EEA citizens travelling to or residing in agricultural areas and/or forestry areas of the central part of the Republic of North Macedonia (i.e. around Štip and Veles) is low. Considering the potentially severe or lethal disease outcome, personal protective measures against tick bites should be applied, infesting ticks should be removed as soon as possible, and in case of febrile clinical symptoms following tick exposure, medical care should be sought rapidly. General practitioners should be informed about the possibility of CCHF and investigate possible risk or history of tick exposure among patients with febrile illness.

The risk of human-to-human transmission in hospital settings can be significantly reduced by consistently and appropriately applying infection prevention and control measures when dealing with patients presenting with a suspect infection.

Further details on CCHF are available in [ECDC's factsheet](#).

*\*This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.*

**Actions:**

ECDC continues to monitor the situation and will report when relevant epidemiological information is available.

**Last time this event was included in the CDTR: -**