

## WEEKLY BULLETIN

# Communicable Disease Threats Report

## Week 14, 2 - 8 April 2023

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## 1. Weekly Summary

### **Mpox - Multi-country - 2022-2023**

- Since the last update on 28 February 2023 and as of 4 April 2023, 23 mpox cases have been reported from five EU/EEA countries: France (15), Spain (5), Greece (1), Malta (1) and Portugal (1).
- Overall, 21 212 confirmed cases of mpox have been reported from 29 EU/EEA countries.
- An mpox outbreak was **reported** in France with 17 cases reported since the beginning of the year in Centre-Val de Loire.

### **Group A streptococcal infection - Multi-country - 2022 - 2023**

- Several countries are still reporting an increase in cases (e.g., **Netherlands, Denmark**).
- Observed increases might be associated with the increased awareness and enhanced monitoring of both GAS and iGAS infections.
- ECDC assessment and advice remains the same as it has been since the beginning of the enhanced monitoring of iGAS, highlighting the importance of early detection, treatment and hygiene measures to control transmission.

### **Influenza A(H5N1) - Multi-country (World) - Monitoring human cases**

- WHO PAHO provided more details on the case of human infection with avian influenza A(H5N1) in Chile in a 53-year-old man detected in March 2023. Investigations are ongoing to identify the source of infection and contacts of the case.
- An unusual number of stranded and dead marine mammals and the presence of wild birds with highly pathogenic avian influenza (HPAI) were reported in the same area between December 2022 and mid-February 2023.
- To date, no human-to-human transmission has been detected. Overall, 874 human cases with avian influenza A(H5N1), including 458 deaths (CFR: 52.4%), have been reported in 23 countries since 2004.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be low. The risk to occupationally exposed groups such as cullers has been assessed as low to medium.

**Marburg virus disease - Equatorial Guinea - 2023**

- As of 4 April 2023, according to the Ministry of Health of Equatorial Guinea, one new death has been reported from Nsork, Wele-Nzas province.
- Since the beginning of the outbreak, there have been 14 confirmed cases and ten deaths.
- Epidemiological surveillance and contact tracing efforts are ongoing.
- WHO and partners are supporting Equatorial Guinea and neighbouring countries.

**Marburg virus disease - Tanzania - 2023**

- As of 4 April 2023, the cumulative number of MVD cases in the country is eight confirmed cases, including five deaths. Two patients were still under treatment and one was discharged.
- The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are occurring.

## 2. Mpox - Multi-country - 2022-2023

**Update:**

Since the last update on 28 February 2023 and as of 4 April 2023, 23 mpox cases have been reported from five EU/EEA countries: France (15), Spain (5), Greece (1), Malta (1) and Portugal (1).

On 30 March 2022, Sante Publique France [reported](#) on the newest epidemiological update on an mpox outbreak of 17 cases in Center-Val de Loire region. All 17 cases were reported since the beginning of the year with 14 of them reported since 1 March 2023. All cases were among men who have sex with men, several of whom reported having had several partners but no common events were reported from them. The median age of the cases is 40 years (24-56). Among all cases, 59% had received two doses of the smallpox vaccine (five one dose during childhood and one dose in 2022 and five two doses in 2022). According to the report, the proportion of fully vaccinated cases in this cluster is higher than the proportion of fully vaccinated cases reported between October 2022 and February 2023 at national level (59% vs 25%).

**Summary:****EU/EEA**

Since the start of the mpox outbreak and as of 4 April 2023, 21 212 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (7 549), France (4 144), Germany (3 676), Netherlands (1 262), Italy (957), Portugal (949), Belgium (793), Austria (327), Sweden (260), Ireland (228), Poland (215), Denmark (196), Norway (95), Greece (87), Hungary (80), Czechia (71), Luxembourg (57), Romania (47), Slovenia (47), Finland (42), Malta (34), Croatia (33), Iceland (16), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5) and Lithuania (5).

Deaths have been reported from: Spain (3), Belgium (2) and Czechia (1).

**Western Balkans and Türkiye:**

Since the start of the mpox outbreak and as of 4 April 2023, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9) and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

*Disclaimer: data presented in this update are compiled from TESSy.*

A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin](#) published weekly.

**Public Health Emergency of International Concern (PHEIC):** On 23 July 2022, the Director-General of the World Health Organization (WHO) [declared](#) the global mpox outbreak a Public Health Emergency of International Concern (PHEIC). On 1 November 2022, [WHO](#) advised that the multi-country outbreak of mpox still met the criteria included in the definition of a PHEIC, as set out in Article 1 of the International Health Regulations (2005) (IHR). Following the advice of the International Health Regulations (2005) (IHR) Emergency Committee after their fourth meeting held on 9 February 2023, the PHEIC classification for the mpox outbreak will be [maintained](#).

**ECDC assessment:**

The weekly number of mpox cases reported in the EU/EEA peaked in July 2022, and since then a steady declining trend has been observed, reaching a plateau with very low numbers since week 52, 2022.

Multiple factors have probably contributed to the decline, including efforts in risk communication and community engagement which have resulted in behavioural changes, increasing immunity in the most affected population groups due to natural immunity and vaccination, and a decrease in the number of large cultural and social events after the summer frequented by the main risk groups for this outbreak.

Based on evidence from the current outbreak and the declining number of new infections in the WHO European Region, the overall risk of mpox infection is assessed as moderate for men who have sex with men (MSM) and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include creating awareness among healthcare professionals and supporting sexual health services to continue case detection, contact tracing, and management of cases; continuing to offer testing for orthopoxvirus; vaccination strategies and continuing risk communication and community engagement, despite the decreasing number of cases.

Given the limitations in vaccine supplies, primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

#### **Actions:**

ECDC is closely monitoring the mpox epidemiological situation and will review the level of risk of mpox infection with the data that will be available in the coming weeks.

A [rapid risk assessment](#), 'Mpox multi-country outbreak' was published on 23 May 2022, the [first update](#) was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. For the latest updates, visit [ECDC's mpox page](#).

ECDC offers laboratory support to Member States and collaborates with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. ECDC also provided guidance to countries hosting events during the summer. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, infection prevention and control (IPC) guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

## **3. Group A streptococcal infection - Multi-country - 2022 - 2023**

#### **Overview:**

On 2 December 2022, an increase of invasive Group A Streptococcal (iGAS) infection and scarlet fever notifications caused by diverse emm types was reported in the EU/EEA and the UK, including associated fatalities. Review of surveillance data showed an increase in iGAS and scarlet fever since the beginning of 2022 in some EU/EEA countries. Additional countries outside the EU/EEA issued [alerts](#) on recent increases in iGAS among children. The increase in iGAS notifications was reported in the EU/EEA by [France](#), [Ireland](#), the [Netherlands](#), and [Denmark](#). Other EU/EEA [countries](#) reported an increase of iGAS cases compared to the previous season but with a lower incidence than before the pandemic. The most affected age groups in all countries reporting increases have been children <10 years old and persons >65 years of age.

iGAS infections are not notifiable in the EU, however some countries have surveillance systems in place. There is a heterogeneity in the types of surveillance systems, syndromes monitored, case definitions etc. Countries observing increases scaled up monitoring towards the end of 2022.

As of March 2023, several countries continue reporting an increase in cases compared to pre-pandemic levels, and in some cases, compared to previous months (e.g., [Netherlands](#), [Denmark](#), [UK](#)). For some countries, increased awareness and enhanced monitoring of both GAS and iGAS infections might, to some extent, contribute to the observed increases.

On 12 December 2022, ECDC published a [news item](#) in collaboration with the WHO Regional Office for Europe advising countries to maintain vigilance concerning increases in GAS and iGAS infections and increase awareness among healthcare professionals and parents of young children.

The differences in the surveillance systems and reporting frequency among the countries hinders the ability to further assess possible increased circulation. The ECDC assessment and advice remains the same since the beginning of the enhanced monitoring of iGAS, highlighting the importance of early detection, treatment and hygiene measures to control transmission.

**ECDC assessment:**

Group A streptococcus (GAS) is considered the most common cause of bacterial pharyngitis in school-aged children. It may also affect the younger siblings of affected children. The incidence of GAS pharyngitis usually peaks during winter months and early spring. Outbreaks in kindergartens and schools are frequently reported. GAS pharyngitis is easily diagnosed by a rapid antigen detection test (Rapid Strep) and/or bacterial culture and treated with antibiotics and supportive care. Good hand hygiene and general personal hygiene (e.g. avoiding the sharing of utensils, drinking glasses and personal items, etc.) can help to control transmission within these settings.

Invasive GAS (iGAS) infections are rare life-threatening systematic infections, complicating simple scarlet fever or pharyngitis. Children recovering from viral infections, e.g. varicella (chickenpox), influenza, etc. are at higher risk of developing iGAS infection.

Neither GAS nor iGAS infections are notifiable at the EU level, and the ability to assess increased circulation in EU/EEA countries is limited as a result. However, WHO and ECDC currently estimate that the risk posed by iGAS to the general population is low, given that the current increase in iGAS cases is relatively low overall, the reported cases are not caused by a new strain, and the disease is easily treatable with antibiotics.

This season, typing data suggest that the surge of iGAS cases is not related to a specific or new strain or an increase in antibiotic resistance of GAS. The most common emm types reported are emm 1 and emm 12. Countries experiencing an increased number of cases are encouraged to share any emm-typing, M-typing, multilocus sequence typing (MLST), and/or whole genome sequencing (WGS) data via the related EpiPulse event page.

**Actions:** ECDC has opened an EpiPulse item and invited EU/EEA countries and the UK to share information on GAS and iGAS infections. In addition, in collaboration with the WHO Regional Office for Europe, EU/EEA countries and the UK have been contacted by ECDC through EpiPulse about the current situation related to GAS and iGAS infections.

ECDC and the WHO Regional Office for Europe have also published a [news item](#) advising countries to be vigilant against increases in GAS and iGAS infections, and to increase awareness among healthcare professionals and parents of young children.

ECDC continues to monitor this event through its epidemic intelligence activities and will continue to report on a monthly basis.

## 4. Influenza A(H5N1) - Multi-country (World) - Monitoring human cases

**Update:**

On 31 March, [WHO PAHO](#) provided more details about the person with avian influenza A(H5N1) recently detected in Chile. A 53-year-old man with no comorbidities from the coastal city of Tocopilla in the Region of Antofagasta developed symptoms (cough, odynophagia, and dysphonia) on 13 March 2023. Due to a worsening condition presenting with dry cough, headache and palpitations he contacted a local hospital on 21 March, where he tested negative for COVID-19 (antigen test), but presented a condensation on the right side in a chest x-ray. The next day, he was admitted to the Regional Hospital of Antofagasta with SARI presenting dyspnea and respiratory distress with a negative PCR result. He was then admitted to the ICU on 23 March. Oseltamivir was administered on 24 March. The patient has been kept in respiratory isolation with mechanical ventilation under multidisciplinary management.

A PCR of a bronchoalveolar sample on 27 March tested positive for non-subtypable avian influenza (AI) and was confirmed for A(H5) at the Public Health Institute of Chile on 29 March. The National Influenza Centre (NIC) sent the patient's samples to the WHO Collaborating Centre for further characterization.

An unusual number of stranded and dead marine mammals and the presence of wild birds with highly pathogenic avian influenza (HPAI) were reported in Tocopilla between December 2022 and mid-February 2023. On 15 February 2023, a positive case of avian influenza was confirmed in a common sea lion species in the Antofagasta region, according to the [National Fisheries and Aquaculture Service](#) report. Investigation is ongoing to identify the source of infection and contacts of this case.

**Summary:**

On 27 March 2023, the [Ministry of Health of Chile](#) reported one human infection with avian influenza A(H5N1) in a 53-year-old man in northern Chile. Investigations are ongoing to identify the source of infection and contacts of the case. The case presented with severe symptoms and is now in stable condition. Samples tested positive for avian influenza A(H5N1) in the national Institute of Public Health and were sent for further investigation to WHO

Collaborating Centre. National authorities implemented measures according to their sanitary protocol. Dead and stranded marine mammals and wild birds with confirmed highly pathogenic avian influenza were detected in the same area.

This is the first case with avian influenza A(H5N1) infection detected in humans in Chile.

Globally, as of 30 March 2023, there have been 874 cases, including 458 deaths (case-fatality rate: 52.4%), of human infection with avian influenza A(H5N1) reported in 23 countries since 2004. To date, no human-to-human transmission has been detected.

**Sources:** [ECDC Avian influenza](#), [ECDC Avian influenza overview: Latest situation update of the avian influenza in EU/EEA](#), [the Ministry of Health of Chile](#), [WHO PAHO briefing](#)

**ECDC assessment:**

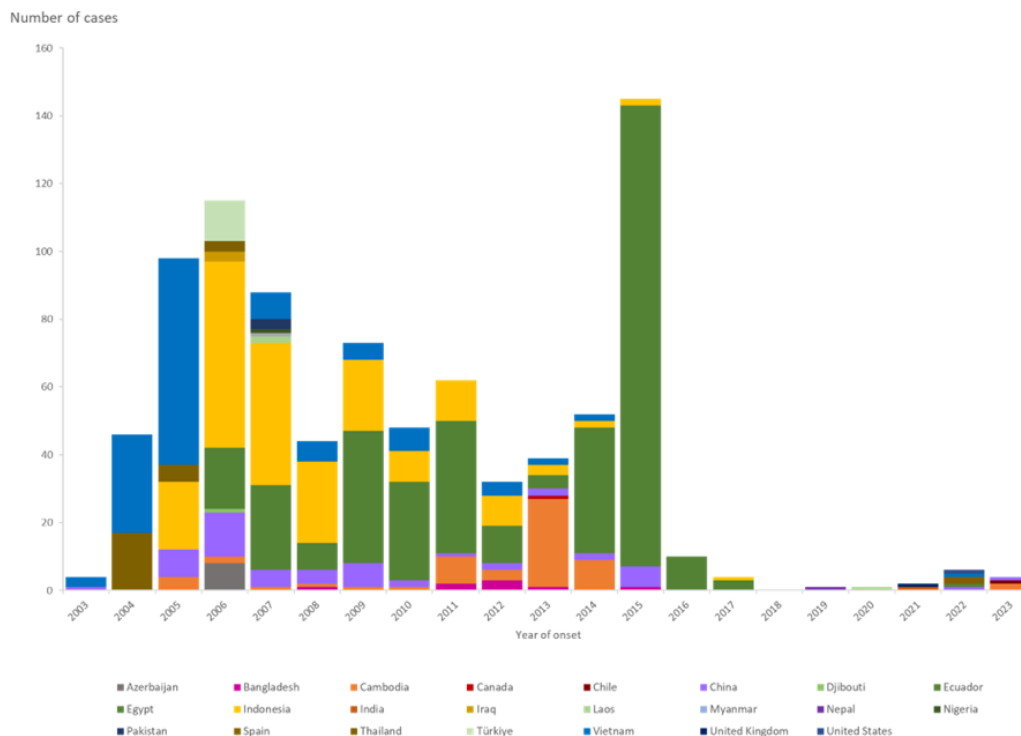
Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be low. The risk to occupationally exposed groups such as cullers has been assessed as low to medium. Direct contact with infected birds or a contaminated environment is the most likely source of infection and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk. The recent severe cases in Asia and South America in children and people exposed to infected sick and dead backyard poultry underline the risk associated with unprotected contacts to infected birds in backyard farm settings and suggests the appropriate use of personal protective equipment.

**Actions:** ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities 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 virological characteristics and epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of the [avian influenza situation](#). The most recent report was published in March 2023.

## Maps and graphs

**Figure 1. Distribution of confirmed human cases of avian influenza A(H5N1) virus infection by year of onset and country, 2003–2023 (updated on 30 March 2023, n=874)**



*Note: includes two asymptomatic cases reported in 2022 from Spain with suspected environmental contamination (Eurosveillance, 2023)*

Source: ECDC



## 5. Marburg virus disease - Equatorial Guinea - 2023

### Update:

On 5 April 2023, the Ministry of Health of Equatorial Guinea published an [epidemiological report](#) according to which, as of 4 April 2023, no new Marburg virus disease cases have been reported in the country. One new death was [reported](#) from Nsork, Wele-Nzas province. Of the total 1 159 contacts, 535 are being followed. Since the beginning of the outbreak, there have been 14 confirmed cases and ten deaths.

### Summary:

On 8 February 2023, the [Ministry of Health in Equatorial Guinea](#) published an epidemiological alert regarding an unknown disease-causing haemorrhagic fever in two neighbouring communities in the district Nsok Nsomo, in the province of Kié-Ntem. On 13 February 2023, [Equatorial Guinea](#) confirmed the first MVD outbreak in the country. The [index case](#) died in [early January 2023](#) and the Ministry of Health of Equatorial Guinea was notified on 7 February 2023.

According to the [Ministry of Health of Equatorial Guinea](#), as of 30 March 2023, one new confirmed case has been reported, bringing the total to 14 confirmed cases since the start of the outbreak. The 14 cases were reported from four districts in four provinces: Ebibeyin, Kie Ntem province (3); Evinayong, Centro Sur province (2); Nsork, Wele-Nzas province (1); Bata, Litoral province (8). Of the [13 confirmed cases](#) for which information is known, eight are female and five are male, and 46.1% are between 30-44 years. Four of the confirmed cases are health workers, two of whom have died. On 3 April 2023, the Ministry of Health published an [epidemiological report](#) according to which, as of 2 April 2023, one new death was reported from Nsork, Wele-Nzas province. On 5 April 2023, the Ministry of Health published an [epidemiological report](#) according to which, as of 4 April 2023, no new Marburg virus disease cases have been reported in Equatorial Guinea, nine patients were still [hospitalised](#) and of the total 1 159 contacts, 535 are being followed.

On 14 February 2023, during an [emergency meeting of the Marburg virus vaccine consortium \(MARVAC\)](#), the [World Health Organization](#) representative for Equatorial Guinea reported that epidemiological surveillance in the country was increasing, including intensified contact tracing. A 30-day response plan was also being developed to assess the needs and impact of the current situation.

The National Technical Committee of Health Emergencies is [working](#) closely with the Ministry of Health and Social welfare to coordinate and strengthen disease control and prevention. [WHO](#) and its [partners](#) are supporting Equatorial Guinea and [neighbouring countries](#).

[Marburg virus disease](#) (MVD), formerly known as Marburg haemorrhagic fever, is a severe disease in humans caused by *Marburg marburgvirus* (MARV), with a case [fatality ratio of up to 88%](#). Although MVD is uncommon, MARV has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately [600 MVD cases](#) have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania, and Uganda.

Please refer to the ECDC [factsheet](#) about MVD for additional information.

### ECDC assessment:

This is the first MVD outbreak to occur in Equatorial Guinea.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in the affected areas in Equatorial Guinea is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or residing in Equatorial Guinea is currently very low.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids of infected people, or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. Furthermore, habitats that may be populated by bats, such as caves or mines in areas where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat should be avoided.

**Actions:** ECDC is monitoring this event through its epidemic intelligence activities and will report when relevant information is available.

ECDC is in contact with partners.

## 6. Marburg virus disease - Tanzania - 2023

### Update:

On 4 April 2023, the Ministry of Health of the Republic of Tanzania [reported](#) that no new Marburg virus disease cases have been reported after the declaration of the outbreak. In total, eight cases have been reported including five deaths. One patient has now been discharged and two are still being treated. Until 4 April 2023, 212 contacts had been identified 35 of which completed 21 days of follow up.

### Summary:

On 17 March 2023, the [Ministry of Health of the Republic of Tanzania](#) reported seven people affected by an undiagnosed disease in Kagera, northern Tanzania, including five deaths and two people treated at hospital. The affected individuals presented with symptoms of fever, vomiting, bleeding from various parts of their body, and kidney failure. An investigation was initiated to determine the cause of the outbreak.

On 21 March 2023, according to [Africa Centres for Disease Control and Prevention \(Africa CDC\)](#), the Ministry of Health confirmed an outbreak of Marburg virus disease (MVD) in the Bukoba district in the Kagera region of northwest Tanzania. The cumulative number of MVD cases in the country was eight confirmed cases, including two healthcare workers. Five of these cases died, one was a healthcare worker, 161 contacts were identified and were being monitored. On 29 March 2023, during a [WHO press conference](#), it was reported that three people were being treated in a health facility. On 4 April the Ministry of Health [reported](#) that one person had been discharged and two were still being treated. Overall, 212 contacts had been identified, 35 of which had completed 21 days of follow up.

The samples were tested and confirmed at the National Public Health Laboratory in Tanzania.

This is the first reported outbreak of [MVD](#) in Tanzania. The Kagera region borders Uganda, Rwanda, and Burundi. The [population](#) in this region is highly mobile, creating the risk of cross-border spread. MVD outbreaks have been previously reported in Uganda in regions neighbouring the currently affected area in Tanzania, which is remote, not densely populated, and not often frequented by tourists.

The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are occurring. [Africa CDC](#), and [WHO](#) are also assisting the Ministry of Health with the deployment of teams of experts. On 21 March 2023, during a [press conference](#), a WHO representative emphasised the internal capacity and preparedness of Tanzania to manage the situation and stated that the WHO is committed to supporting the Tanzanian government in their response.

[Marburg virus disease](#) (MVD), formerly known as Marburg haemorrhagic fever, is a severe disease in humans caused by *Marburg marburgvirus* (MARV), with a [fatality ratio of up to 88%](#). Although MVD is uncommon, MARV has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately [600 MVD cases](#) have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, and Uganda.

Please refer to the ECDC [factsheet](#) about MVD for additional information. The latest occurrence of MVD is the outbreak in Equatorial Guinea, which was declared on 13 February 2023 and is still ongoing.

### ECDC assessment:

This is the first MVD outbreak to occur in Tanzania.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in the Kagera region of Tanzania is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or residing in the affected region is currently very low, provided they adhere to the recommended precautionary measures.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids of infected people, or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. It is advisable to avoid habitats that may be populated by bats, such as caves or mines in areas/countries where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat.

**Actions:**

The ECDC epidemic intelligence team is closely monitoring this event through its epidemic intelligence activities and will update this EpiPulse item as soon relevant information is available.