

## WEEKLY BULLETIN

# Communicable Disease Threats Report Week 8, 19 - 25 February 2023

## Today's disease topics

1. Weekly Summary
2. COVID-19 associated with SARS-CoV-2 - Multi-country (EU/EEA) - 2019 - 2023
3. Influenza A(H5N1) - Multi-country (World) - Monitoring human cases
4. Group A streptococcal infection - Multi-country - 2022 - 2023
5. Influenza – Multi-country – Monitoring 2022/2023 season
6. Cholera - Multi-country (World) - Monitoring global outbreaks
7. Earthquakes - Türkiye, Syria - 2023

## 1. Weekly Summary

### Overview

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

- In the week ending 19 February, the COVID-19 epidemiological situation in the EU/EEA improved. Case numbers in the general population and in long-term care facilities, pooled rates of case notification (all-age and among those aged 65 years and above), hospital and ICU admission, and COVID-19 deaths have declined to the lowest levels observed in the past 12 months.
- As of 24 February 2023, 55 068 sequences have been deposited in GISAID EpiCoV belonging to XBB.1.5 lineage. Most of these submissions are from the United States (37 408 sequences), the United Kingdom (4 528 sequences) and the rest of Europe (6 861 sequences). The presence of XBB.1.5 in the EU/EEA accounts for a median proportion of 18.7% (range: 5-41%) in the countries that reported data for week 5 2023.
- According to China CDC's latest update on 18 February 2023, the number of COVID-19 cases and associated hospitalisation continued to decrease following the peak around the end of December 2022.

#### Earthquakes - Türkiye, Syria - 2023

- On 20 February 2023, a powerful [earthquake](#), with a magnitude of 6.3 on the Richter Scale struck Hatay Province in Türkiye.
- As of 20 February 2023, UNHCR reported 41 156 deaths and 485 682 people being evacuated in [Türkiye](#), and over 4 500 deaths and 8 300 injuries in [North-West Syria](#).
- There is the need to ensure continuity of care for people with underlying conditions, prevention and control of infectious disease outbreaks by establishing ad hoc surveillance systems, and management of mental health issues.

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

- One fatality and one case with reportedly no significant symptoms of avian influenza A(H5N1) virus have been reported from Cambodia.
- To date, no human-to-human transmission has been detected. Overall, 870 human cases with avian influenza A(H5N1), including 458 deaths (CFR: 52.6%), have been reported since 2004.
- The cases were reported in 21 countries, including two positive test samples in asymptomatic poultry farm workers in Spain in 2022.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains low. The risk to occupationally exposed groups such as cullers has been assessed as low to medium.

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

- During the current 2022-2023 season, Denmark reported an increase of invasive Group A streptococcal infection (iGAS) cases from November 2022 to January 2023, with the incidence almost tripled compared to previous years (2018-2021).
- The United Kingdom continues to report a decrease in iGAS cases since December 2022 for the current season. A total of 2 081 iGAS cases have been reported this season 2022-2023.

### Influenza – Multi-country – Monitoring 2022/2023 season

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Influenza activity had been decreasing across the Region until week 4/2023, but is increasing since week 5/2023 related to increased type B virus circulation.
- Countries are experiencing a mixed distribution of circulating viruses with increasing circulation of A(H1)pdm09 and type B viruses.
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens, however, a higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. An even distribution of A(H1)pdm09 and A(H3) viruses were detected in non-sentinel specimens.
- Both influenza type A and type B viruses have been detected in hospitalised patients in ICU and other wards, and influenza A(H1)pdm09 viruses have dominated in SARI specimens.

### Cholera - Multi-country (World) - Monitoring global outbreaks

- Since the last update on 17 January 2023, 65 979 suspected cholera cases including 943 fatalities have been reported worldwide.
- Countries and territories reporting new cases since the previous update are Afghanistan, Bangladesh, Burundi, Cameroon, the Democratic Republic of the Congo, the Dominican Republic, Ethiopia, Haiti, Kenya, Lebanon, Malawi, Mozambique, Nigeria, the Philippines, Somalia, Syria, Zambia, and Zimbabwe.
- Cholera cases have continued to be reported in Western Africa, eastern and southern parts of Africa, some parts of the Middle East, and South-East Asia in recent months. The risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases in the EU/EEA remains possible.

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

### Summary

In the week ending 19 February, the COVID-19 epidemiological situation in the EU/EEA remained stable, with low levels of pooled case notification rates (all-age and among those aged 65 years and above), hospital admissions, ICU admission and COVID-19 deaths compared to data from the past 12 months.

While the overall situation in the EU/EEA remains stable, increases in case notification rates among those aged 65 years and above were reported by 12 out of 26 countries. Six out of 20 countries with data on hospital admissions/occupancy reported increases and four countries report increases in ICU admissions/occupancy. The observed increases were recent (of up to three week's duration) and remain below the levels observed in December, however it remains important to continue monitoring the observed increases at country level over the coming weeks.

COVID-19-related deaths continue to decrease in the EU/EEA, with a total of 804 deaths reported from 25 EU/EEA countries in week 7, 2023.

The cumulative uptake of a first booster was 65.4% (country range: 11.3–87.0%) among adults aged 18 years and older, 84.9% (country range: 13.3–100.0%) among people aged 60 years and older and 54.7% (country range: 9.2–75.8%) in the total population. The cumulative uptake of a second booster was 17.2% (country range: 0.2–

41.9%) among adults aged 18 years and older, 35.4% (country range: 0.4–86.6%) among people aged 60 years and older and 14.1% (country range: 0.2–33.6%) in the total population.

Among the 10 countries with an adequate volume of sequencing or genotyping for weeks 5–6 (30 January to 12 February 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 35.8% (26.3–61.0% from eight countries) for BQ.1, 22.2% (6.0–39.4% from eight countries) for XBB.1.5, 20.2% (9.3–37.8% from nine countries) for BA.2.75, 10.3% (5.7–62.1% from 10 countries) for BA.5, 2.6% (1.1–11.7% from eight countries) for XBB, 1.0% (0.1–22.8% from eight countries) for BA.2 and 0.5% (0.1–1.2%, 31 detections from seven countries) for BA.4.

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

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

Since the last update on 9 February 2023, and as of 23 February 2023, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or de-escalated variants.

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

## ECDC assessment of the XBB.1.5 sub-lineage

XBB.1.5 is a sub-lineage of XBB with an additional spike RBD mutation S486P. This lineage was first detected in United States with the sample collection dated from 22 October 2022, and this lineage has been seen increasing in numbers since then. The parental lineage XBB and its sub-lineages including XBB.1.5 are categorised as a variant of interest (VOI) [1].

As of 24 February 2023, 55 068 sequences have been deposited in GISAID EpiCoV belonging to XBB.1.5 lineage. Most of these submissions are from the United States (37 408 sequences), the United Kingdom (4 528 sequences) and the rest of the Europe (6 861 sequences).

The [US CDC nowcast system](#) estimates the current proportion of the variant at around 80.2% (previous week 74.7%) in the USA. For the last week with complete data (week 3 2023), the US CDC reports 43% XBB.1.5 (previous week 34%).

This lineage is currently estimated to have a large growth advantage relative to previously circulating lineages in North America (65%) and Europe (71%) (estimates provided by [CoV-spectrum](#) based on data from GISAID EpiCoV), though these estimates are associated with significant uncertainty. The US CDC reports a doubling time of the proportion of XBB.1.5 of nine days. The rapid growth in the US does not necessarily mean that the variant will become dominant in the EU/EEA, major differences in variant circulation between North America and Europe have been observed several times before during the pandemic.

The most likely explanation of the growth advantage is the already high level of immune escape demonstrated by XBB, combined with the effect of the spike change S486P. This mutation has previously been rare during the pandemic, probably due to it requiring two nucleotide substitutions in the same codon to change from Phenylalanine to Proline. Other variants with this change have however emerged before without becoming successful. A recent [preprint](#) demonstrates that XBB.1.5 is not associated with a higher reduction in neutralisation by vaccine and convalescent sera compared to XBB.1, but that it is associated with a higher ACE2 affinity, which could indicate that the advantage of XBB.1.5 compared to XBB.1 could be caused by an increase in intrinsic transmissibility. Further laboratory and epidemiological investigations are required to elucidate the mechanism of the growth advantage conferred by this change specifically in the XBB variant. There is currently not enough information available to assess any change in infection severity associated with the variant.

Based on GISAID EpiCoV data as of 20 February 2023, XBB.1.5 is increasing in proportion in most EU/EEA countries with adequate sequence reporting volume. The estimated proportions for week 5 2023 and week 4 2023 (in parenthesis) are: Austria 8.2% (9.8%), Belgium 18.8% (8.7%), Croatia 25% (1.6%), Czechia 40.9% (13.8%), Denmark 14.8% (13.2%), Finland 9.7% (8.7%), France 22.0% (13.8%), Germany 18% (11.2%), Iceland 36.6% (33.3%), Ireland 37.9% (25%), Italy 14.6% (7.8%), Lithuania 5.2% (8.5%), Luxembourg 29% (18.3%), Netherlands 30.3% (25.7%), Poland 16.7% (8.9%), Spain 32.2% (12.7%) and Sweden 13.4% (7.4%). The presence of XBB.1.5 in the EU/EEA accounts a median proportion of 18.7% (range: 5-41%) in the countries that reported data for week 5 2023.

There is a risk that this variant may have an increasing effect on the number of cases of COVID-19 in the EU/EEA, but not within the coming month as the variant is currently only present at very low levels. Due to uncertainties associated with the growth rate of the variant, this assessment is associated with a high degree of uncertainty. [A threat assessment brief on XBB.1.5](#) was published on 13 January 2023.

## Public Health Emergency of International Concern (PHEIC)

On 30 January 2020, the World Health Organization (WHO) 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](#), [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.

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

Please refer to the [data reported by 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

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

## Actions

On 27 January 2022, ECDC published its Rapid Risk Assessment, '[Assessment of the further spread and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update](#)'.

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](#).

ECDC invites countries to use the EpiPulse event on BQ.1 and sub-lineages to discuss and share information on this variant as it becomes available. Of particular interest is information on virus characterisation and evidence regarding changes in disease severity, virus transmissibility, immune evasion, and effects on diagnostics and therapeutics. Case reporting should continue through TESSy.

## COVID-19 associated with SARS-CoV-2 – China – 2022 - 2023

Sources: [China CDC](#), [media](#), [media](#), [media](#), [media](#), [GISAID](#)

## Update

On 18 February 2023, China CDC [published](#) an epidemiological update on the COVID-19 situation in mainland China until 16 February 2023. According to the report, the number of COVID-19 cases continued to decrease following the peak in December 2022.

According to the most recent epidemiological update, there were 56 severe COVID-19 cases hospitalised on 16 February 2023 (99.9% decrease compared to the 128 000 severe cases hospitalised during the peak on 5 January 2023). There were six deaths reported in hospitals on 16 February (99.9% decrease compared to the peak on 4 January 2023). The decreasing trend in hospitalisations and deaths is continuing.

According to the [WHO COVID-19 Dashboard](#), since 3 January 2020 and as of 21 February 2023, a total of 98 932 687 COVID-19 confirmed cases and 119 510 deaths have been reported to WHO (including Taiwan and Special Administrative Regions).

## Information on variants from public sources

From 1 January 2023 to 24 February 2023, China has deposited 13 917 sequences. As of 24 February 2023, of the total 13 917 sequences submitted from China, 5 171 had recent sample collection dates between 1 January 2022 and 17 February 2023 in GISAID EpiCoV. These sequences mainly belonged to the lineages BA.5.2.48 (61%), BF.7.14 (28%), BA.5.2.49 (6.4%). Other lineages (including their sub-lineages) circulating in minor proportions include - BA.5.2 (3.2%), BF.7 (0.5%), BA.5.1 (0.4%), BA.2.75 sub-lineages including BN.1 and CH.1.1 (0.2%) and BQ.1 (0.1%).

Several new sub-lineages of Omicron have been assigned from sequence data released by China, which is expected as the virus accumulates random mutations. Most of these lineages carry no spike protein changes compared to previously known lineages, while a few sub-lineages of BF.7 carry single spike protein changes, a part of BF.7.14.1 carries V83F, BF.7.14.2 carries Q14H and BF.7.14.3 carries S626V. None of these changes are likely to provide the virus with a substantial transmission advantage and none of the associated lineages show signs of rapid expansion.

## Other news

On 20 February 2023, the Robert Koch Institute (RKI) published an [update](#) on the designation of COVID-19 international risk areas. According to the update, from 22 February onwards, China is no longer classified as an area in which a variant of particular concern threatens to emerge. Following this decision, no negative COVID-19 test will be [required](#) for travellers arriving in Germany from China.

## ECDC Assessment for the European Union (EU) / European Economic Area (EEA)

There are currently no data suggesting the emergence of new variants of concern in China. China CDC is currently providing weekly epidemiological updates which show a significant improvement in the epidemiological situation across the country for all monitored indicators. The surge of cases in China between December and January did not influence the epidemiological situation in the EU/EEA.

### ECDC actions

ECDC liaises on a regular basis with the European Commission and the Member States in the Health Security Committee.

ECDC is in contact with the China CDC on a regular basis to receive updated information on the epidemiological situation. ECDC is also in contact with the Public Health Agency of Canada (PHAC), the Japanese CDC, the Australian CDC, the US CDC, WHO's headquarters and the WHO Regional Office for Europe to cross-check and validate data and assessments with partners outside of China, including sequencing data from Chinese travellers.

ECDC continues to routinely monitor and report on emerging SARS-CoV-2 variant threats via its Strategic Analysis of Variants in Europe (SAVE) Working Group, where variants and epidemiological trends in the EU/EEA and worldwide will continue to be evaluated. ECDC participates in the global WHO Technical Advisory Group on Virus Evolution (TAG-VE).

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

### Overview

Update: On 23 February 2023, one fatal case of avian influenza A(H5N1) was reported in Sithor Kandal district, Prey Veng province, Cambodia. The 11-year-old girl from Roleang village developed symptoms on 16 February 2023, was hospitalised three days later and died on 22 February. According to the report from the [Ministry of Health of Cambodia](#) (MoH), a traditional funeral was performed.

According to the [Ministry of health of Cambodia](#), samples were taken from 12 people, four of whom developed respiratory symptoms. One of these samples was positive to A(H5N1), from a 49-year-old man, the father of the first case. The second case did not report any significant symptoms. According to a [media report](#), the family reported deaths of backyard poultry.

In addition, on 17 February, samples were taken from wild birds in the village following reports of deaths ([report from MoH](#)).

An educational communication campaign has been initiated by the Ministry of Health with precautionary measures to avoid infection and to seek immediate medical attention in case of symptoms.

This is the first event of avian influenza A(H5N1) detected in humans in Cambodia since 2014. In the past, Cambodia reported 56 cases including 37 deaths between 2005 and 2014. Overall, there have been 58 cases with avian influenza A(H5N1) infection, including 38 deaths reported in Cambodia.

Summary: As of 23 February 2023, there have been 870 cases, including 458 deaths (CFR: 52.6%), of human infection with avian influenza A(H5N1) reported in 21 countries. 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 Cambodia](#), [media report 1](#), [media report 2](#), [media report 3](#)



## ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have been previously reported globally. A family cluster of infection with A(H5N1) in humans is reported in Cambodia, the investigation is ongoing to identify the source of infection amid the reports from health authorities about sick and dead backyard poultry and wild birds detected in the residential area of this family. More information about the exposure as well as viral sequences is needed to better understand the circumstances of the transmission to humans.

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.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains the same and 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 contact to infected birds in backyard farm settings and suggests the appropriate use of personal protective equipment.

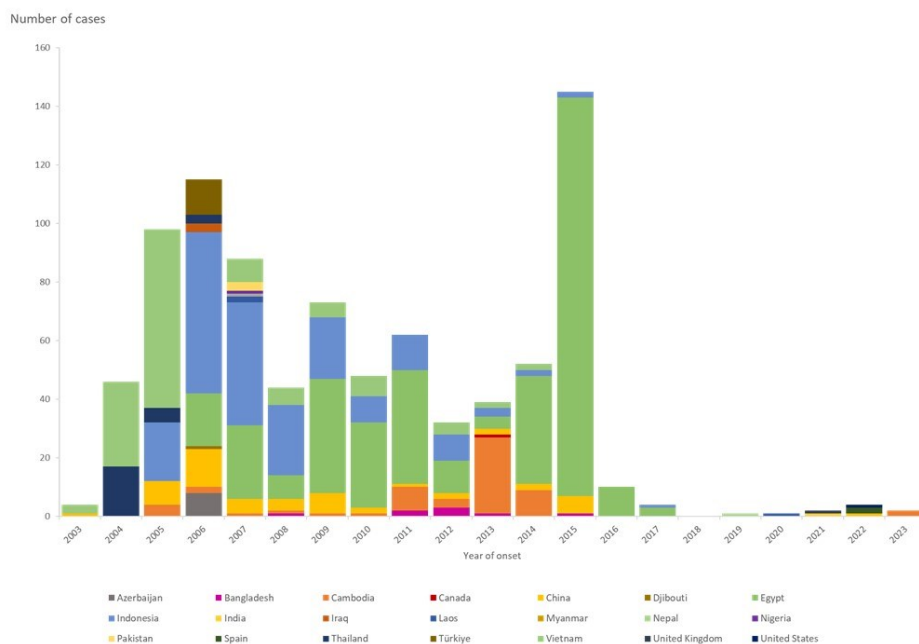
## Actions

ECDC is in contact with WHO and other partners to obtain more information on the current event in Cambodia.

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with 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 on 20 December 2022.

## 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 24 February 2023, n=870)



Source: ECDC

## 4. Group A streptococcal infection - Multi-country - 2022 - 2023

### Overview

#### Update

Since the previous report, the following countries have reported updates on invasive group A streptococcal disease (iGAS):

**Denmark:** On 15 February 2023, the Statens Serum Institut (SSI) [published](#) an update on the increase in invasive group A streptococcal infections (iGAS). According to the update, an increase in iGAS continued to be observed during January 2023 with 99 cases, compared to the 68 cases reported in December 2022.

Among cases reported in January 2023, 53% of these were caused by ST28/emm 1.0 type and 34% by a new subvariant of ST28/emm 1.0 which has not previously been observed in Denmark.

**United Kingdom:** On 15 February 2023, the UK Health Security Agency published an [update](#) on scarlet fever reporting 3 466 new cases. Since the start of the season, a total of 44 478 cases of scarlet fever were notified from week 37 to week six (season 2022 to 2023), peaking at 9 886 notified cases in the pre-Christmas period of week 49. The last peak season for scarlet fever notifications was in 2017-2018 with a total of 30 768 notified cases.

A total of 2 081 iGAS cases have been reported this season through laboratory surveillance, peaking in week 52 at 226 notified cases. A decline in weekly laboratory notifications has been observed since week 52. The last comparably high season was observed in 2017 to 2018, with a total of 2 967 notified cases.

There have been 262 iGAS related fatalities recorded across all age groups. Among these, 158 were recorded in people aged 65 years and over, and 31 in children aged 14 years and under.

### Summary

On 2 December 2022, an increase in iGAS and scarlet fever notifications caused by diverse emm types was observed in the EU/EEA and the UK, including associated fatalities. Following the first reports on the increase of iGAS and scarlet fever notifications, retrospective studies on surveillance data showed an increase in iGAS and scarlet fever since the beginning of 2022 in some EU/EEA countries. Other countries outside the EU/EEA have also issued [alerts](#) on recent increases in iGAS among children. In the EU/EEA, the increase in iGAS notifications has been reported by [France](#), [Ireland](#), the [Netherlands](#), and [Denmark](#). Other EU/EEA [countries](#) have reported an increase in iGAS cases compared to previous season, but with a lower incidence than before the pandemic.

The age groups most affected are children <10 years old and people aged >65 years. According to available data, consultations for scarlet fever and iGAS notifications peaked in the pre-Christmas period in December 2022, followed by a decreasing trend in January 2023.

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

### ECDC assessment

Group A streptococcus (GAS) is considered the most common cause of bacterial pharyngitis in school-aged children. It may also affect their younger siblings. 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. avoid sharing 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 assess 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 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 WHO's 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.

In collaboration with WHO's Regional Office for Europe, ECDC has 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 is continuing to monitor this event through its epidemic intelligence activities and will report when relevant epidemiological updates are available.

# 5. Influenza – Multi-country – Monitoring 2022/2023 season

## Overview

Week 7/2023 (13 February-19 February 2023)

- The percentage of all sentinel primary care specimens from patients presenting with influenza-like illness (ILI) or acute respiratory infection (ARI) symptoms that tested positive for an influenza virus increased from 27% in the previous week to 30% in week 7/2023, which is above the epidemic threshold (10%).
- 18 of 39 countries or areas reported high or medium intensity and 23 of 39 countries reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.
- Romania, the Netherlands, France, Slovenia, Armenia, Denmark and Hungary reported seasonal influenza activity above 40% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected, with similar proportion distribution in sentinel and non-sentinel surveillance.
- Hospitalised patients with confirmed influenza virus infection were reported from ICU (with type B viruses predominating), other wards (with mainly influenza type A viruses reported; not further subtyped) and severe acute respiratory infections (SARI) surveillance (with mainly influenza A(H1N1)pdm09 subtype viruses reported). Nine countries or areas reported influenza positivity rates above 10% in SARI surveillance.

Source: [Flu News Europe](#)

## ECDC assessment

Seasonal influenza activity is still widespread in the EU/EEA, with an increase in positivity in sentinel primary care starting from week 5/2023 related to increased type B virus circulation. Influenza activity peaked in week 51, 2022 in the EU/EEA.

## Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data are available on the [Flu News Europe](#) website.

# 6. Cholera - Multi-country (World) - Monitoring global outbreaks

## Summary

Since the last update on 17 January 2023, 65 979 suspected cholera cases including 943 fatalities have been reported worldwide.

Countries and territories reporting new cases since the previous update are Afghanistan, Bangladesh, Burundi, Cameroon, the Democratic Republic of the Congo, the Dominican Republic, Ethiopia, Haiti, Kenya, Lebanon, Malawi, Mozambique, Nigeria, the Philippines, Somalia, Syria, Zambia, and Zimbabwe.

A list of all countries reporting new cases since the previous update can be found below.



## Americas

**Haiti:** Since the last update, 7 084 suspected cholera cases including 297 fatalities have been reported in Haiti. In 2023, and as of 2 February, a total of 10 439 suspected cholera cases including 341 fatalities have been reported in the country. In 2022, there were 20 593 suspected cholera cases including 253 fatalities.

**The Dominican Republic:** Since the last update, 36 new cholera cases have been reported in the Dominican Republic. In 2023, and as of 15 January, a total of 44 cholera cases have been reported in the country. Cases have been [reported](#) in La Zurza sector in Santo Domingo. The PAHO is [providing](#) local support to Dominican health authorities. In 2022, a total of six cholera cases were reported in the country. In October 2022, an [imported](#) cholera case from Haiti was detected.

No additional cholera cases have been reported in other regions of the Americas in 2023.

## Africa

**Burundi:** Since the last update, 76 new suspected cholera cases and one associated fatality have been reported in Burundi. In 2023, and as of 1 February, 118 suspected cholera cases, 66 cholera cases, and [two fatalities](#) have been reported in the country. Twenty-one health areas have reported cases, with Budjumbura North district reporting the most. In 2022, between 30 and 31 December, 12 confirmed cholera cases were [reported](#).

**Cameroon:** Since the last update, 161 suspected cholera cases including five fatalities have been reported in Cameroon. In 2023, and as of 26 January, 161 suspected cholera cases, 14 cholera cases, and five fatalities have been reported in the country. In 2022, a total of 15 003 suspected cases including 298 fatalities were reported in the country.

**The Democratic Republic of the Congo (DRC):** Since the last update, 2 845 suspected cholera cases, including 23 fatalities, have been reported in the DRC. In 2022, a total of 17 135 suspected cholera cases, 1 356 cholera cases, and 285 fatalities (CFR: 1.7%) were reported in 97 health zones across 17 provinces of the Democratic Republic of the Congo. According to the World Health Organization (WHO) Regional Office for Africa, the most affected provinces are South Kivu, Haut-Lomami, Tanganyika, and North Kivu.

**Ethiopia:** In 2023, and as of 2 February, a total of 258 suspected cholera cases, 11 cholera cases, and one associated fatality have been reported in the country. In 2022, 1 141 suspected cholera cases, 27 cholera cases, including 27 fatalities were reported.

**Kenya:** Since the last update, 1 568 suspected cases including 28 fatalities have been reported in Kenya. In 2023, and as of 2 February, 1 568 suspected cholera cases, 58 cholera cases, and 28 fatalities have been reported in the country in 15 counties: Garissa, Homa Bay, Kajiado, Kiambu, Kitui, Machakos, Mandera, Meru, Nairobi, Murang'a, Nakuru, Nyeri, Tana River, UasinGishu and Wajir counties. In 2022, a total of 2 959 suspected cholera cases including 55 fatalities were reported.

**Malawi:** Since the last update, 20 326 cholera cases, including 531 fatalities have been reported in Malawi. In 2023, and as of 19 February, 28 336 cholera cases, including 892 fatalities have been reported in the country. In 2022, 17 448 cholera cases including 576 fatalities were reported in Malawi.

**Mozambique:** Since the last update, 2 993 suspected cholera cases including 31 fatalities have been reported in Mozambique. In 2023, and as of 3 February, a total of 2 993 suspected cholera cases, 68 cholera cases, and 31 fatalities have been reported in the country. In 2022, 3 930 suspected cholera cases including 21 fatalities (CFR 0.5%) were reported.

**Nigeria:** Since the last update, 429 suspected cholera cases including 17 fatalities have been reported in Nigeria. In 2023, and as of 29 January, 429 suspected cholera cases and 17 fatalities have been reported in the country. In 2022, 20 768 suspected cholera cases, including 498 fatalities (CFR 2.4%), were reported from 31 Nigerian states.

**Somalia:** Since the last update, 1 087 suspected cholera cases including one fatality have been reported in Somalia. In 2023, and as of 5 February, 1 087 suspected cholera cases and one associated fatality have been reported in the country. In 2022, a total of 15 653 suspected cholera cases, including 88 fatalities, were reported in the country. The most affected districts are Afmadow, Daynile, Kismayo, and Dharkenley.

**South Sudan:** Since the last update, no new suspected cholera cases have been reported in South Sudan. In 2022, a total of 424 suspected cholera cases, 61 cholera cases, and one associated fatality were reported in the country.

**Tanzania:** Since the last update, no new suspected cholera cases have been reported in Tanzania. In 2022, a total of 359 suspected cholera cases, 43 cholera cases, and seven fatalities (CFR: 1.9%) were reported in the country.

**Zambia:** An outbreak of cholera has recently been declared in Zambia. As of 29 January 2023, 39 suspected cholera cases, 19 confirmed cholera cases, and one associated fatality have been reported in Zambia. The first case was detected on 21 January 2023, close to the border with Mozambique. In 2022, a total of 359 suspected cholera cases, 43 cholera cases, and seven fatalities (CFR: 1.9%) were reported in the country.

**Zimbabwe:** On 15 February 2023, Zimbabwe confirmed a case of cholera in Chengutu town, West Province. A second suspected case that was reported on 17 February is currently under investigation. This is the first confirmed case of cholera in Zimbabwe in 2023. In 2022, a total of 135 suspected cases, one confirmed case, and no fatalities were reported in the country.

No updates were available regarding previous outbreaks reported in [Benin](#), [Burkina Faso](#), [Niger](#), [Togo](#), and [Uganda](#).

## Asia

**Afghanistan:** Since the last update, 11 286 suspected cholera cases, including five fatalities have been reported in Afghanistan. In 2023, and as of 11 February, a total of 14 226 suspected cholera cases have been reported. According to [WHO](#), approximately 55.3% of all reported cases were children below five years of age. In 2022, a total of 242 562 suspected cholera cases including 87 fatalities were reported.

**Bangladesh:** Since the last update, 10 328 suspected cholera cases have been reported in Bangladesh. In 2023, and as of 28 January, 10 328 suspected cholera cases and 10 confirmed cases have been reported. In 2022, a total of 603 511 suspected cholera cases including 29 fatalities were reported in the country.

**Iraq:** Since the last update, no new suspected cholera cases have been reported in Iraq. In 2023, and as of 8 January, 13 suspected cholera cases have been reported in Iraq. Most of the cases were reported in the northern Kurdistan region. In 2022, a total of 1 025 confirmed cholera cases and five associated fatalities were reported in the country.

**Lebanon:** Since the last update, 414 confirmed cholera cases have been reported from Lebanon. In 2023, and as of 19 February 2023, 733 confirmed cholera cases have been reported in the country. Cases have been decreasing since mid-January. In 2022, a total of 5 810 confirmed cholera cases and 23 associated fatalities were reported in the country. This was the first cholera outbreak in the country since 1993.

**Philippines:** Since the last update, one new cholera-associated fatality has been reported in the Philippines. In 2023, and as of 20 January, one cholera case has been reported in the country. In 2022, 6 126 cholera cases and 74 associated fatalities were reported in the country.

**Syria:** Since the last update, 7 046 suspected cholera cases including one fatality have been reported in Syria. In 2023, and as of 21 January, a total of 31 728 suspected cholera cases and four associated fatalities have been reported in Syria. The most affected governorates are Idleb, Deir-ez-Zor, Aleppo, and Ar-Raqqa. In 2022, a total of 52 879 suspected cholera cases including 97 fatalities were reported in the country.

No updates were available regarding previous outbreaks reported in [India](#), [Nepal](#), and [Pakistan](#).

**Disclaimer:** Data presented in this report originate from several sources, both official public health authorities and non-official, such as the 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 and figures may not reflect the actual epidemiological situation.

## ECDC assessment

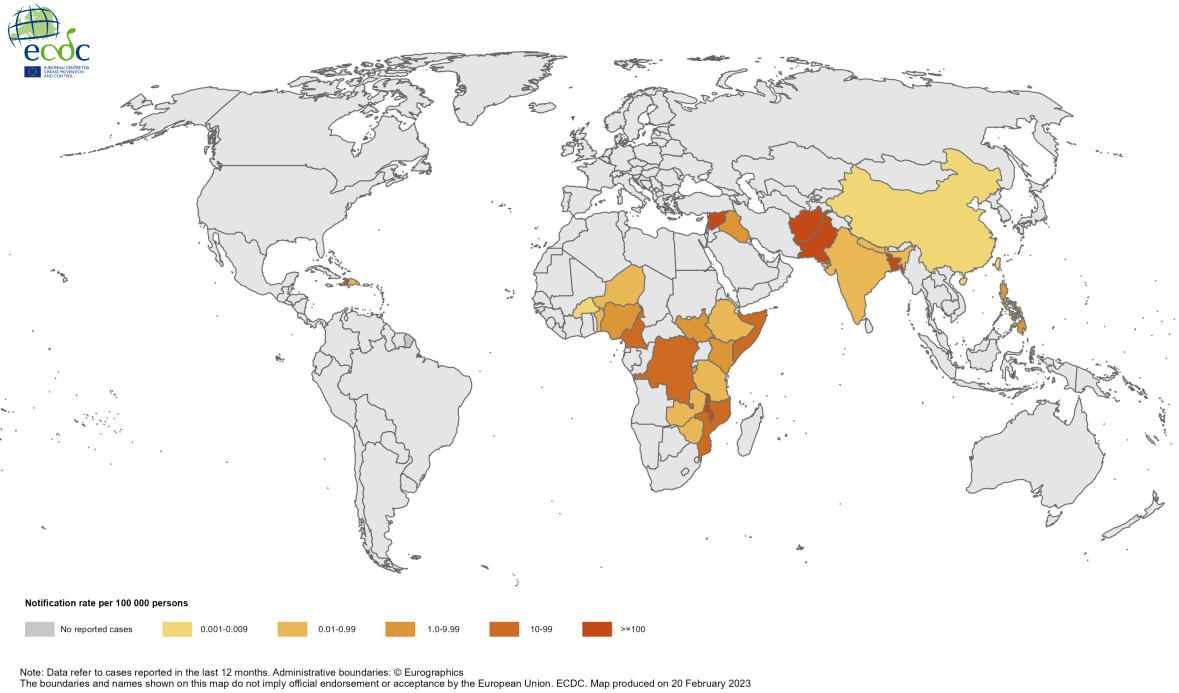
Cholera cases continue to be reported in Western Africa, and South-East Asia over the past months. Cholera outbreaks have also been notified in the eastern and southern parts of Africa as well as in some parts of the middle east. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases in the EU/EEA remains possible. In 2021, two cases were reported in EU/EEA Member States, while three, and 26 cases were reported in 2020, and 2019, respectively. All cases had travel history to cholera-affected areas. According to [WHO](#), vaccination should be considered for travellers at higher risk such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding consumption of raw seafood products.

## Actions

ECDC continues to monitor cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology, and to facilitate timely updates to public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

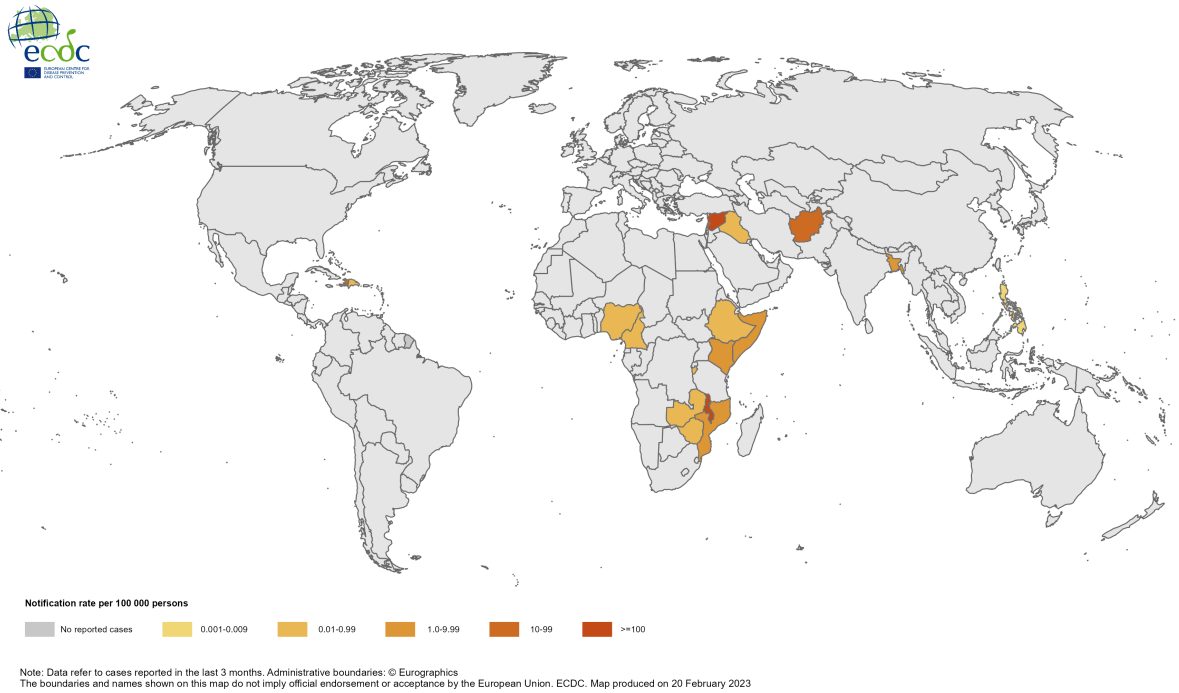
## Maps and graphs

Figure 1. Geographical distribution of cholera cases reported worldwide from February 2022 to February 2023



Source: ECDC

Figure 2. Geographical distribution of cholera cases reported worldwide from January to February 2023



Source: ECDC

## 7. Earthquakes - Türkiye, Syria - 2023

### Overview

Update: On 20 February a powerful earthquake, with a magnitude of 6.3 followed by a second earthquake of 5.8 on the Richter Scale, struck Hatay Province in Türkiye. A three-month state of emergency has been declared in the provinces affected by the earthquakes.

As of 20 February 2023, UNHCR reported 41 156 deaths and 485 682 people being evacuated in [Türkiye](#), and over 4 500 deaths and 8 300 injuries in [North-West Syria](#).

Background: On 6 February 2023, a major earthquake, with a magnitude of 7.8 on the Richter Scale, and several aftershocks also measuring high on the Richter Scale struck south-eastern Türkiye and northern Syria. These earthquakes caused significant destruction in both countries, claiming thousands of lives and damaging or destroying essential infrastructure, including health facilities and water and sanitation facilities.

On 9 February 2023, according to the [United Nations Satellite Centre \(UNOSAT\)](#), flooding occurred along the Orontes (Al Assi) River on the Syria-Türkiye boarder close to the Al Tloul and Jakara towns.

Infectious disease health threats such as cholera, COVID-19, and seasonal influenza are expected to be a cause for concern in the coming two to four weeks. Currently, no events related to infectious diseases have been detected in open sources.

This earthquake is one of the strongest to have occurred in the region in the last century, prompting a global humanitarian response at the request of the Turkish Government.

### ECDC assessment

The effects of this natural disaster on public health in the affected areas are enormous. In addition to the immediate need to provide care for the many severely injured people and safe accommodation for those who have lost access to their homes, there is the need to ensure continuity of care for people with underlying conditions, prevention and control of infectious disease outbreaks by establishing ad hoc surveillance systems, and management of mental health issues. Among other public health interventions, the rapid re-establishment of disease prevention and control programmes is essential to mitigate the longer-term impact of this event.

### Actions

ECDC is monitoring this event through its epidemic intelligence activities and will report when relevant information related to communicable diseases is available.

ECDC published an [editorial](#) on the earthquake in Türkiye and Syria on 17 February 2023.