COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 36, 4-10 September 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020 Latest update: 9 September 2022

On 31 December 2019, the Wuhan Municipal Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at the South China Seafood City market in Wuhan. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and countries worldwide. On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth 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, and 8 July 2022 respectively. The Committee concluded during these meetings, that the COVID-19 pandemic continues to constitute a PHEIC.

➔Update of the week

European Centre for Disease Prevention and Control (ECDC)
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As of week 2022-35, 164 459 936 cases and 1 152 179 deaths have been reported in the EU.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest situation update for the EU/EEA is available here.

In week 2022-35, in the EU/EEA overall, the reported weekly cases decreased by 17.5% compared to the previous week. Overall, all countries except Czechia, Ireland, and Liechtenstein reported a decrease in weekly cases. The countries with the highest 14-day notification rates per 100 000 population are: Slovenia (860), Austria (709), Greece (657), Cyprus (650), and Liechtenstein (576).

At the end of week 35, 2022 (week ending 4 September), the overall notification rate of COVID-19 cases in the EU/EEA continued its decreasing trend, falling by 13% compared to the previous week, reaching 9% of the pandemic maximum. A similar decreasing trend was observed for case rates among people aged 65 years and above, reaching 26% of the pandemic maximum.

Out of 28 countries with data on hospital or ICU admissions/occupancy up to week 35, four reported an increasing trend in at least one of these indicators compared with the previous week.

Among the 13 countries with an adequate volume of sequencing or genotyping for weeks 33–34 (15 August to 28 August 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 99.2% (95.4–100.0% from 12 countries) for BA.4/BA.5, 0.7% (0.3–4.0%, 294 detections from nine countries) for BA.2, 0.4% (0.4–0.4%, 15 detections from two countries) for BA.2+L452X, and 0.3% (0.0–1.0%, 38 detections from nine countries) for BA.2.75.

Since the last update on 25 August 2022 and as of 08 September 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and De-escalated variants.

For the latest information on variants, please see ECDC's webpage on variants.

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022 Latest update: 9 September 2022

Since early May 2022, cases of monkeypox (MPX) have been reported from countries where the disease is not endemic.

➔Update of the week

Since the last update on 2 September 2022 and as of 6 September 2022, 64 monkeypox cases have been reported from 10 EU/EEA countries: Spain (16), Germany (15), Italy (8), Austria (7), Czechia (5), Ireland (5), Greece (4), Sweden (2), Bulgaria (1), and Denmark (1).

Disclaimer: *Data presented in this update are compiled from TESSy and official public sources.*

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022 Latest update: 9 September 2022

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

➔Update of the week

Since last week's update, and as of 7 September 2022, European Union (EU) and European Economic Area (EEA) countries reported 123 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Italy (82), Greece (36), Romania (3), and Hungary (2). Deaths were reported by Greece (2) and Italy (1). EU-neighbouring countries reported 25 human cases of WNV infection in Serbia and no deaths related to WNV infections.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported human cases of WNV infection for the first time: Monza e della Brianza in Italy.

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Non EU Threats

Ebola – North Kivu, Democratic Republic of the Congo – 2022

Opening date: 25 August 2022 Latest update: 9 September 2022

On 22 August 2022, one case of Ebola virus disease (EVD) was confirmed by the Institut National de Recherche Biomédicale (INRB) in the Democratic Republic of the Congo (DRC).

➔Update of the week

According to the UNICEF situation report, as of 28 August 2022, six suspected cases of Ebola virus disease (EVD) have been isolated at the Beni General Hospital and the Kanzuli Health Centre. The suspected cases were contacts of a case confirmed on 22 August 2022. A total of 172 contacts have been identified, of which 74.4% have been followed up. Two vaccination sites were opened on 25 August 2022. As of 28 August, among the 67 persons vaccinated only 21 are contacts.

Autochthonous dengue cases – France – 2022

Opening date: 11 August 2022 Latest update: 9 September 2022

In 2022, locally-acquired cases of dengue have been reported in France.

➔Update of the week

Since the previous dengue monthly update on 25 August and as of 2 September 2022, 13 additional autochthonous dengue cases have been reported in France.

Monitoring environmental suitability of Vibrio growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species, thus increasing the risk of transmission to people exposed to contaminated seawater. Most cases present with acute gastrointestinal symptoms, but more severe disease can occur, including septicaemia.

Suitable environmental conditions can occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (ECDC Vibrio Map Viewer). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

➔Update of the week

Since the previous update, and as of 8 September 2022, 12 additional humans case of locally-acquired vibriosis have been reported in Sweden (10) and Norway (2).

As of 7 September 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low and is expected to remain the same for the next five days.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low and is expected to remain the same for the next five days.

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

Opening date: 24 September 2012 Latest update: 9 September 2022

Since the disease was first identified in Saudi Arabia in April 2012, over 2 600 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point to dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Secondary human-to-human transmission has occurred, particularly within households and in healthcare settings.

➔Update of the week

Since the previous update published on 2 August 2022, and as of 5 September 2022, no new MERS-CoV cases have been reported by health authorities or the World Health Organization (WHO).

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II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020 Latest update: 9 September 2022

Epidemiological summary

EU/EEA:
As of week 2022-35, 166 840 154 cases have been reported in the EU/EEA: France (34 669 300), Germany (32 267 910), Italy (22 068 016), Spain (13 419 601), Netherlands (8 390 699), Poland (6 196 162), Portugal (5 428 761), Austria (4 965 173), Belgium (4 481 399), Greece (4 440 233), Czechia (4 045 294), Romania (3 216 130), Denmark (2 960 977), Sweden (2 570 715), Slovakia (2 351 969), Norway (2 150 020), Hungary (2 058 928), Ireland (1 634 878), Lithuania (1 456 276), Finland (1 261 809), Bulgaria (1 234 092), Croatia (1 216 429), Slovenia (1 131 747), Cyprus (1 088 727), Latvia (899 489), Estonia (580 895), Luxembourg (322 859), Iceland (211 096), Malta (114 131) and Liechtenstein (19 102).

As of week 2022-35, 1 156 455 deaths have been reported in the EU/EEA: Italy (177 732), France (168 344), Germany (147 857), Poland (117 545), Spain (112 992), Romania (66 401), Hungary (46 152), Czechia (40 717), Bulgaria (37 557), Greece (32 757), Belgium (32 003), Portugal (24 881), Netherlands (22 609), Sweden (19 946), Slovakia (19 532), Austria (16 902), Croatia (16 739), Lithuania (9 260), Slovenia (8 152), Finland (7 671), Denmark (6 924), Latvia (6 629), Ireland (6 585), Norway (3 980), Estonia (2 530), Cyprus (1 666), Luxembourg (1 312), Malta (802), Iceland (213) and Liechtenstein (83).

In week 2022-35, in the EU/EEA overall, the reported weekly cases decreased by 17.5% compared to the previous week. Overall, all countries except Czechia, Ireland, and Liechtenstein reported a decrease in weekly cases. The countries with the highest 14-day notification rates per 100 000 population are: Slovenia (860), Austria (709), Greece (657), Cyprus (650), and Liechtenstein (576).

At the end of week 35, 2022 (week ending 4 September), the overall notification rate of COVID-19 cases in the EU/EEA continued its decreasing trend, falling by 13% compared to the previous week, reaching 9% of the pandemic maximum. A similar decreasing trend was observed for case rates among people aged 65 years and above, reaching 26% of the pandemic maximum.

Out of 28 countries with data on hospital or ICU admissions/occupancy up to week 35, four reported an increasing trend in at least one of these indicators compared with the previous week.

Among the 13 countries with an adequate volume of sequencing or genotyping for weeks 33–34 (15 August to 28 August 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 99.2% (95.4–100.0% from 12 countries) for BA.4/BA.5, 0.7% (0.3–4.0%, 294 detections from nine countries) for BA.2, 0.4% (0.4–0.4%, 15 detections from two countries) for BA.2+L452X, and 0.3% (0.0–1.0%, 38 detections from nine countries) for BA.2.75.

The latest situation update for the EU/EEA is available here.

EU:
As of week 2022-35, 164 459 936 cases and 1 152 179 deaths have been reported in the EU.

Western Balkans and Turkey:
As of week 2022-35, the following Western Balkan countries reported COVID-19 cases: Serbia (2 292 170), Bosnia and Herzegovina (396 402), North Macedonia (340 694), Albania (328 916), Montenegro (276 178) and Kosovo (271 637).

As of week 2022-35, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 718), Bosnia and Herzegovina (16 062), North Macedonia (9 495), Albania (3 583), Kosovo (3 188) and Montenegro (2 777).

Additionally, as of week 2022-35, 16 797 750 cases and 100 840 deaths have been reported from Turkey.

*This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244/1999 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

As of week 13 2022, ECDC discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies which affected the reliability of the indicators for all age case rates and test positivity.

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For the latest COVID-19 country overviews, please see the dedicated web page.

Variant update:
Since the last update on 25 August 2022 and as of 8 September 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

For the latest information on variants, please see ECDC's webpage on variants.

As of 20 June 2022, ECDC is discontinuing the data collection and publication of the number of COVID-19 cases and deaths worldwide. Please refer to the World Health Organization (WHO) data on COVID-19 and the WHO Weekly Epidemiological and Weekly Operational Updates page for information on the non-EU/EEA countries.

Other news:
According to media quoting the Indian Minister of Health and Family Welfare, on 6 September 2022, the Central Drugs Standard Control Organisation (CDSCO) approved Bharat Biotech's recombinant nasal vaccine (commercial name: iNCOVACC) for primary immunisation against COVID-19 in people aged 18 or above in India. iNCOVACC is a recombinant replication deficient adenovirus vectored vaccine specifically formulated to allow intranasal delivery, and will be used on a restricted basis in emergencies. According to a statement by Bharat Biotech, the product development data will be submitted to peer-reviewed journals and made available in the public domain.

On 6 September 2022, the European Medicines Agency (EMA) and the European Centre for Disease Prevention and Control (ECDC) published a joint statement on booster vaccination with the newly authorised Omicron adapted bivalent COVID-19 vaccines. The statement recommends prioritising individuals at risk of progression to severe disease once infected for the autumn/winter vaccination campaigns. This includes people aged 60 or above, pregnant women, immunocompromised individuals, and individuals from 12 years with underlying medical conditions. Residents and staff in long-term care facilities and healthcare workers should also be prioritised.

On 5 September 2022, media quoting the Romanian Minister of Education, Sorin Cîmpeanu, reported on new COVID-19 measures that will be observed during the school year 2022–2023. According to these measures, parents will have unrestricted access to educational institutions after two years of restricted access due to the COVID-19 pandemic. In addition, wearing masks and physical distancing will no longer be mandatory in schools. However, recommendations such as washing hands, classroom cleaning and wearing masks in crowded spaces will remain.

On 4 September 2022, CanSino Biologics Inc. (CanSinoBIO) published a press release announcing the approval of its inhaled recombinant COVID-19 vaccine by the National Medical Products Administration of China (NMPA). The vaccine is intended to be used as a booster dose and can be inhaled through the mouth as an aerosol.

On 2 September 2022, the European Commission (EC) published a communication proposing measures to prevent COVID-19 cases in the forthcoming autumn and winter seasons. Proposed measures include: increasing vaccination uptake, both the primary vaccination course and the first booster dose among eligible individuals, prioritising the administration of an additional booster dose for specific population groups, combining COVID-19 and influenza vaccination campaigns, and providing clear communication about the benefits of vaccination. In addition, following the EU authorisation of the adapted Omicron vaccines by Pfizer and Moderna, the EC endorses the development of national strategies clarifying which vaccines should be administered to specific population groups. Other actions, such as non-pharmaceutical interventions, might need to be implemented to limit the spread of the virus.

On 2 September 2022, media quoting the Spanish Public Health Commission (CSP) reported on the update on the prevention, hygiene, and health promotion measures against COVID-19 for educational centres. According to media, physical distance in school canteens will not be needed and different age groups (kindergarten, primary, secondary) will be allowed to interact in any situation and physical space.

On 1 September 2022, the European Medicines Agency (EMA) announced that its Committee for Medicinal Products for Human Use (CHMP) has recommended the authorisation of two adapted vaccines to provide broader protection against COVID-19. Both the Comirnaty Original/Omicron BA.1 and Spikevax Bivalent Original/Omicron BA.1 vaccines are recommended for use in people aged 12 years and above, at least three months after the primary vaccination against COVID-19. These vaccines are adapted versions of the original vaccines, Comirnaty (Pfizer/BioNTech) and Spikevax (Moderna) to target the Omicron BA.1 subvariant in addition to the original strain of SARS-CoV-2. According to the announcement, side effects observed with the adapted vaccines were typically mild and short-lived, and similar to those observed with the original vaccines.

On 31 August 2022, the Minister of Health of the Republic of Cyprus announced that from 31 August 2022, the use of protective masks is not obligatory indoors, except for high-risk areas such as hospitals, nursing homes, enclosed structures for vulnerable

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groups, facilities providing healthcare services (such as outpatient clinics, medical and diagnostic centres, rehabilitation centres, etc.), pharmacies and public transport. Wearing masks in public places is recommended for vulnerable groups and people socialising with high-risk groups of people. Moreover, students, teachers and staff at all educational institutes must undergo an antigen self-test or antigen rapid detection test for COVID-19 before the resumption of classes. In addition, regardless of vaccination status, it is recommended that all citizens undergo an antigen self-test or antigen rapid detection test for COVID-19 once a week.

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, eight, ninth, tenth, eleventh and twelfth 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, and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

For the most recent risk assessment, please visit ECDC's dedicated web page.

Actions

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

A dashboard with the latest updates is available on ECDC's website. For the latest update on SARS-CoV-2 variants of concern, please see ECDC's web page on variants.

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022 Latest update: 9 September 2022

Epidemiological summary

EU/EEA
Since the start of the monkeypox outbreak and as of 6 September 2022, 18 844 confirmed cases of monkeypox (MPX) have been reported from 29 EU/EEA countries: Spain (6 749), France (3 645), Germany (3 505), Netherlands (1 172), Portugal (789), Italy (787), Belgium (726), Austria (280), Denmark (178), Sweden (165), Ireland (160), Poland (145), Norway (82), Hungary (71), Greece (62), Czechia (58), Luxembourg (53), Slovenia (45), Romania (36), Malta (33), Croatia (27), Finland (24), Iceland (12), Slovakia (12), Estonia (10), Bulgaria (5), Cyprus (5), Lithuania (5), and Latvia (3).

Two deaths have been reported from Spain in July 2022, and one death from Belgium in August 2022.

Western Balkans and Turkey
Since the start of the monkeypox outbreak and as of 6 September 2022, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (31), Bosnia and Herzegovina (3), and Montenegro (2). In addition, 11 cases have been reported from Turkey.

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

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of World Health Organization declared the global MPX outbreak a Public Health Emergency of International Concern (PHEIC).

ECDC assessment

Monkeypox (MPX) does not easily spread between people. Human-to-human transmission of MPX occurs through close contact with infectious material from the skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact, and through fomites.

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In the current outbreak in non-endemic countries, cases of MPX are still primarily being identified among groups of men who have sex with men (MSM) aged 18–50 years. Particular sexual practices are very likely to have facilitated – and could further facilitate – the transmission of MPX among MSM groups. Despite the current focus of circulation of the MPX virus (MPXV) among groups of MSM with multiple partners, transmission may occur in other population groups. In the current outbreak, cases have mainly presented with mild to-moderate symptoms. Only a few severe cases (including encephalitis) leading to hospitalisations and three deaths have been reported by Spain (2) and Belgium (1). The severity of MPX may be higher among young children, pregnant women, and immunocompromised individuals.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high, and the likelihood of MPX spreading among the broader population is assessed as very low. Although a few severe cases have been reported (including encephalitis), the impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population. The risk of establishment of an enzootic cycle in the EU/EEA and spillover events to humans is considered to be low.

Early diagnosis, isolation, effective contact tracing, and vaccination strategies are key for the effective control of this outbreak. It is essential to underpin all response measures with strong risk communication and community engagement efforts, as well as awareness and educational activities for health professionals. At this point, mass vaccination for MPX is not required nor recommended. Unless contact tracing can successfully identify a high proportion of infected contacts, mathematical modelling results indicate that targeted primary preventive (pre-exposure) vaccination (PPV) of individuals at high risk of exposure would be the most effective strategy to use vaccines to control the outbreak. PPV would also be the most efficient strategy when there is less effective tracing.
Therefore, prioritising groups of MSM at higher risk of exposure, as well as frontline staff with a risk for occupational exposure, should be considered in developing vaccination strategies. Targeted national vaccination programmes should be implemented within a framework of collaborative research and clinical trial protocols with standardised data collection tools for clinical and outcome data.

To date, the recommendations regarding contact with animals remain unchanged. People infected with MPX should apply common precautionary measures such as avoiding contact with animals during the isolation period. Frontline veterinary care (veterinary clinics and hospitals) should be cautious when dealing with pets that live in a household with people who are infected and should remain alert. People affected by MPX who suspect that their pet shows compatible clinical signs should inform their veterinary practitioner/clinic. If needed, they will alert the relevant national authorities, which will provide advice on the measures to take. More information about MPX in animals is available on EFSA's website.

Actions

ECDC will continue to monitor this event through surveillance and epidemic intelligence activities and report relevant developments on a regular and ad hoc basis as needed. Multi-lateral meetings between affected countries, the WHO Regional Office for Europe, and ECDC have taken place to share information and coordinate the response. A process in EpiPulse has been created to allow countries to share information with one another, WHO, and ECDC. Case reporting in TESSy was set up on 2 June 2022. ECDC published a rapid risk assessment on 23 May 2022, and an update to the assessment on 8 July 2022. For all the latest updates, visit ECDC's MPX page.

ECDC is also offering laboratory support to Member States and collaborating with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities, and providing guidance to countries hosting events in the summer. ECDC is also providing guidance on clinical sample storage and transport, case and contact management and contact tracing, IPC guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022 Latest update: 9 September 2022

Epidemiological summary

Since last week's update, and as of 7 September 2022, European Union (EU) and European Economic Area (EEA) countries reported 123 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Italy (82), Greece (36), Romania (3), and Hungary (2). Deaths were reported by Greece (2) and Italy (1). EU-neighbouring countries reported 25 human cases of WNV infection in Serbia and no deaths related to WNV infections.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported human cases of WNV infection

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for the first time: Monza e della Brianza in Italy.

Since the beginning of the 2022 transmission season and as of 7 September 2022, EU/EEA countries have reported 570 human cases of WNV infection in Italy (383), Greece (155), Romania (21), Hungary (7), Austria (2), Germany (1), and Slovakia (1). There are 36 deaths in EU/EEA countries in Italy (21), Greece (14) and Romania (1). EU-neighbouring countries have reported 130 human cases of WNV infection in Serbia and seven deaths in Serbia.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 72 different NUTS 3 or GAUL 1 regions, of which the following regions reported human cases of WNV infection for the first time: Harz in Germany, Pistoia, Lucca and Monza e della Brianza in Italy, and Moravicki in Serbia.

Since the start of the 2022 transmission season, 36 outbreaks among equids and 170 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Italy (24), Germany (3), Greece (2), Croatia (2), Hungary (2), Austria (1), Spain (1), and France (1). Outbreaks among birds have been reported by Italy (149), Germany (19), Austria (1), and Spain (1).

ECDC links: West Nile virus infection webpage

Sources: TESSy | Animal Disease Information System

ECDC assessment

During the current transmission season and as of 7 September 2022, the human cases of WNV were reported from countries that had reported WNV infections in previous years.

There was one region, Monza e della Brianza in Italy, that reported human cases of WNV infection for the first time. This region is adjacent to other regions that reported WNV infections in the current season

Two EU/EEA countries and one EU-neighbouring country have reported relatively high numbers of human WNV infection cases to date this year. At this stage in the season, the number of cases in Italy are higher than in the previous three years, and comparable with those observed in the peak epidemic year of 2018. The number of cases in Greece are comparable with those observed in the 2012 and 2019 season and lower than the peak epidemic year of 2018. The number of cases in Serbia are higher than the range of the reported cases per surveillance season in 2012-2021 but, lower than the peak epidemic year of 2018.

In accordance with 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 transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday.

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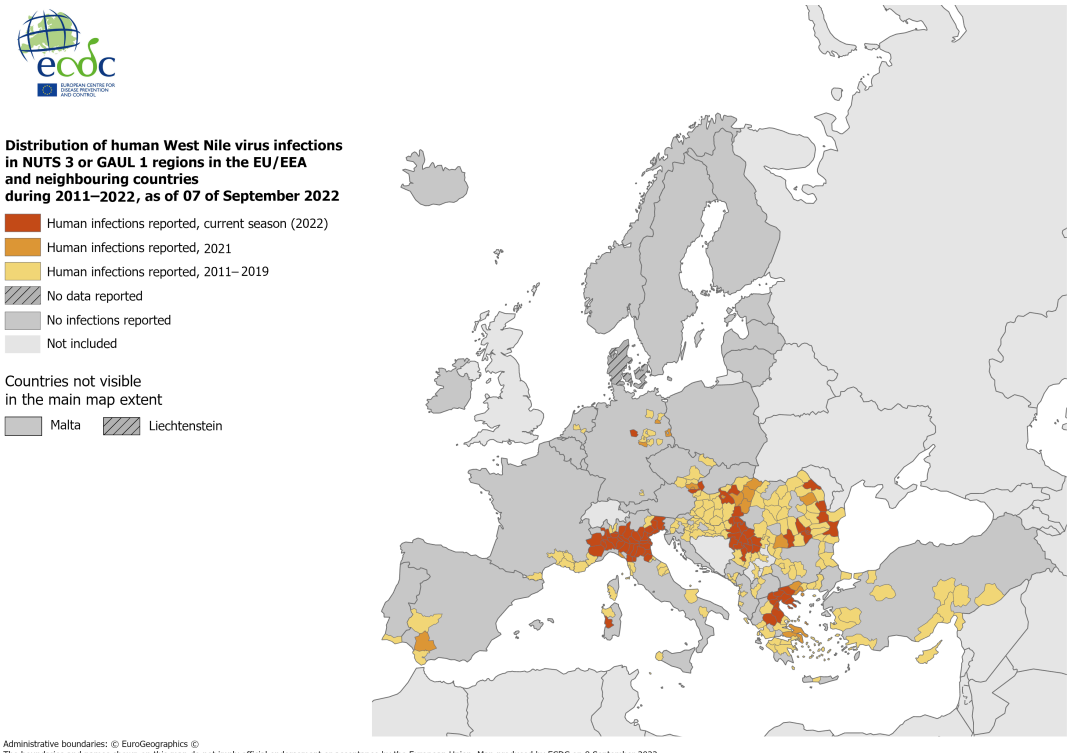
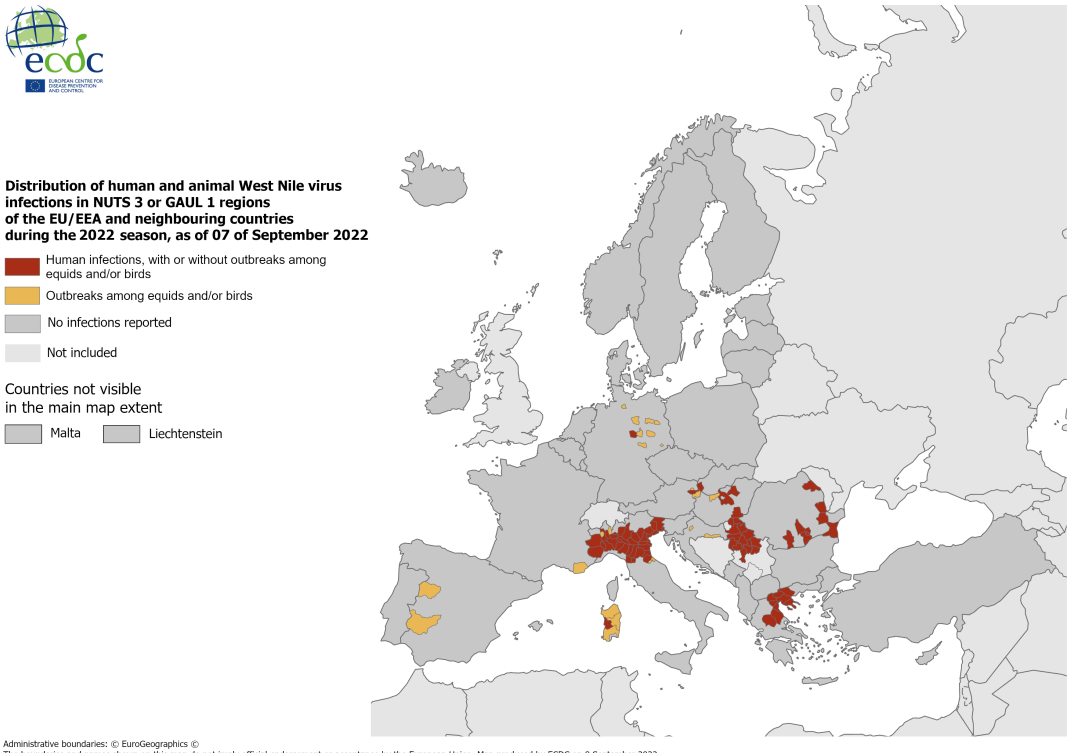
Distribution of human West Nile virus infections by affected areas as of 07.09

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 07.09

ECDC and ADIS



Ebola – North Kivu, Democratic Republic of the Congo – 2022

Opening date: 25 August 2022 Latest update: 9 September 2022

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Epidemiological summary

On 22 August 2022, one case of EVD was confirmed by the Institut National de Recherche Biomédicale (INRB) in the Democratic Republic of the Congo (DRC). According to the UNICEF situation report, as of 28 August 2022, 172 contacts have been identified, of which 74.4% have been followed up. Six suspected cases have been isolated at the Beni General Hospital and the Kanzuli Health Centre. Two vaccination sites were opened on 25 August 2022. As of 28 August, among the 67 persons vaccinated only 21 are contacts.

On 20 August 2022, the World Health Organisation (WHO) reported that a suspected case of EVD was being investigated in the North Kivu province of the DRC. The suspected case is a 46-year-old female who died on 15 August 2022 in Beni, North Kivu province. The patient was hospitalised on 23 July 2022 for other ailments but consequently showed symptoms consistent with EVD. On 22 August 2022, the case was confirmed by the INRB. According to the report, the case was hospitalised with generalised symptoms of malaise for 23 days. The patient had HIV-TB co-infection and was receiving antiretroviral and anti-tuberculosis treatment. The EVD vaccination status of this case is unknown. The body was collected by the family and buried, without specific precautions. A total of 172 contacts were listed, including at least 60 hospital workers and 71 patients in the hospital.

According to INRB, the genome sequence revealed that the virus was closely related to the virus that caused the cluster of cases that occurred in Beni around November-December 2018. The sample had six additional mutations, indicating that continued human-to-human transmission was unlikely. This case likely represents a new flare-up of the 2018-20 North Kivu/Ituri EVD outbreak, initiated by transmission of the virus from a persistently infected survivor or a survivor who experienced a relapse. Epidemiological investigations to determine the source are ongoing.

ECDC assessment

The North Kivu province has been facing recurrent outbreaks of EVD. Considering that EVD was detected tardively and that the burial occurred without specific precautionary measures, the occurrence of secondary cases could be expected. The risk of infection for EU/EEA citizens in relation to the event is very low.

Actions

ECDC continues to monitor this situation through its epidemic intelligence activities and will report when relevant updates are available.

Autochthonous dengue cases – France – 2022

Opening date: 11 August 2022 Latest update: 9 September 2022

Epidemiological summary

In 2022 and as of 2 September 2022, France has reported five outbreaks with a total of 16 locally-acquired cases of dengue;

In Occitania region:

- One case in Perpignan, Pyrénées-Orientales with onset of symptoms in mid-June 2022. No further cases have been identified.

- Two cases in Andrest, Hautes-Pyrénées with onset of symptoms in the first half of August 2022.

- Two cases in Salvetat saint Gilles with onset of symptoms in the second half of August 2022.

In PACA region:

- Six cases in Fayence, Var with onset of symptoms between end of June and end of July 2022.

- Five cases in St Jeannet, Alpes-Maritime with onset of symptoms between 7 and 18 August 2022.

Upon confirmation of these cases, epidemiological investigations and vector control measures were implemented.

Souce: Santé publique France

ECDC assessment

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In Europe, dengue virus is transmitted via the mosquito vector *Aedes albopictus*, which is established in a large part of Europe. The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is high, as the environmental conditions are favourable for the growth of mosquito populations and virus replication in the vector, which reach high vector abundance in the summer and early autumn. To date, all autochthonous outbreaks of dengue in mainland EU/EEA have occurred between June and November.

More information is available on ECDC's dedicated webpage on autochthonous transmission of dengue virus in the EU/EEA, as well as in ECDC's dengue factsheet.

Actions

ECDC is monitoring the event through its epidemic intelligence activities.

Monitoring environmental suitability of Vibrio growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Epidemiological summary

As of 7 September 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low and is expected to remain the same for the next five days.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low and is expected to remain the same for the next five days.

Since May 2022, and as of 8 September 2022, 14 human cases of locally-acquired vibriosis have been reported in Sweden.

Since May 2022, and as of 8 September 2022, 10 human cases of locally-acquired vibriosis have been reported in Norway.

On 18 July 2022, the Estonian Health Board reported that there have been two or three cases of vibriosis in Estonia during summer. All the cases were children under one year old.

On 21 July 2022, the State Office for Health and Social Affairs of Mecklenburg-Western Pomerania (Germany) reported that there have been three cases of vibriosis in the region in 2022.

Source: ECDC Vibrio Map Viewer

ECDC assessment

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open-ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures, and limited nutrient content.

These *Vibrio* species can cause vibriosis (non-cholera), particularly species such as *V. parahaemolyticus*, *V. vulnificus* and non-toxigenic *V. cholera*. In the past, vibriosis in humans in the Baltic Region had occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius).

The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when cuts or skin abrasions have been exposed to contaminated seawater, primary septicaemia, and otitis externa.

In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC will stop monitoring environmental suitability for growth of *Vibrio* species in the Baltic Sea for the 2022 season.

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

Opening date: 24 September 2012 Latest update: 9 September 2022

Epidemiological summary

Since the beginning of 2022, and as of 5 September 2022, three MERS-CoV cases have been reported in Qatar (2) and Oman (1), including one death. All three cases were primary cases, having reported contact with camels. The last case reported in Qatar prior to this was in February 2020, and the last case previously reported in Oman was in February 2019.

Since April 2012, and as of 5 September 2022, 2 603 cases of MERS-CoV, including 944 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | Qatar MoPH Case #1 | Qatar MoPH Case #2 | FAO MERS-CoV situation update | WHO DON Oman | WHO DON Qatar

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU – more information can be found in ECDC's rapid risk assessment published on 29 August 2018, which also provides details on the last case reported in Europe.

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

Actions

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

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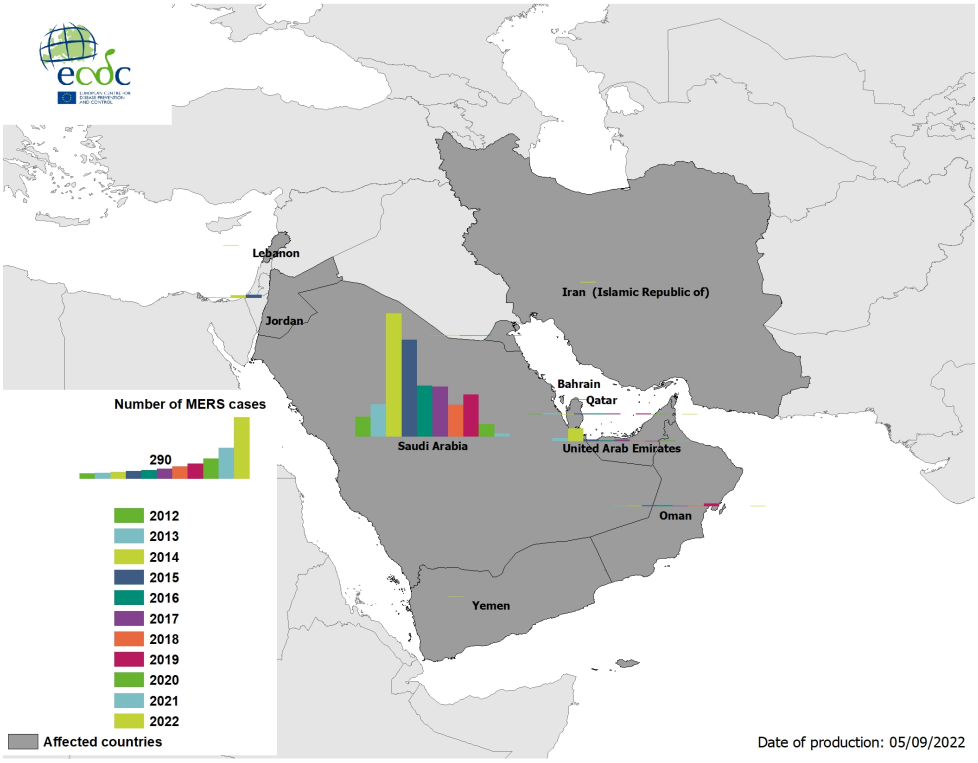
Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to September 2022

ECDC



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

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