COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 10, 6-12 March 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

New! Rat Hepatitis E – Spain – 2018–2021

Opening date: 10 March 2022 Latest update: 11 March 2022

First cases of acute hepatitis related to *Orthohepevirus* C infection (HEV-C) (also known as rat Hepatitis E virus), were detected in Europe. A study suggests HEV-C may be an emerging infectious disease.

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COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020 Latest update: 11 March 2022

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, ninth and tenth 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 and 13 January 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

➔Update of the week

Since week 2022-8 and as of week 2022-9, 10 149 464 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 51 078 new deaths have been reported.

Since 31 December 2019 and as of week 2022-9, 446 363 008 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 019 640 deaths.

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 daily situation update for the EU/EEA is available here.

As of 10 March, one new variant is being added to the ECDC list of variants under monitoring (VUM).
The variant is a recombinant between AY.4 (Delta) and BA.1 (Omicron) and has been reported from Denmark, France and Netherlands at low numbers. In contrast to Recombinant AY.4.2.2 x BA.1.1 that was added as a VUM 3 of March 2022, genomic characterisation of this recombinant shows a Delta backbone with most of the spike gene replaced with that of Omicron.

No changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), and De-escalated variants, since the last update on 3 March 2022 and as of 10 March 2022.

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

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 11 March 2022

The current circulation of influenza viruses across the WHO European Region is slightly higher than in the season 2020/21, but substantially lower than prior to the COVID-19 pandemic.

➔Update of the week

Week 9/2022:

Estonia, France, Hungary, Ireland, Luxembourg, Netherlands, Norway, Slovenia, Turkey and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms that tested positive for an influenza virus has been rising again since week 4 to 14% in week 9 (above the Regional baseline activity upper threshold of 10%).

Ten countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Slovenia (61%), Denmark (52%), Hungary (47%), France (46%), Luxembourg (41%), Norway (31%), Spain (28%), Switzerland (11%), Republic of Moldova (10%) and United Kingdom (Scotland) (10%).

Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.

Hospitalized cases with confirmed influenza virus infection were reported from intensive care units (4 type A viruses), other wards (33 type A virus) and SARI surveillance (6 type A and 6 type B viruses).

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Influx of people displaced from Ukraine to the EU following Russia's aggression in Ukraine - Multistate – 2022

Opening date: 24 February 2022 Latest update: 11 March 2022

On 24 February 2022, Ukraine declared martial law following Russia's invasion. As the aggression escalates, large numbers of displaced populations are seeking shelter in nearby countries.

➔Update of the week
As of 10 March 2022, over two million people have fled Ukraine. According to the United Nations, between 24 February and 10 March 2022, the total number of people fleeing Ukraine reached 2 338 169. In total, 1 412 503 have crossed the Polish border; 214 160 crossed the border to Hungary; 165 199 entered Slovakia; 84 671 entered Romania and 258 844 have reached other European countries. Outside of the EU/EAA, 104 929 people have sought safety in the Republic of Moldova.
According to media reports, many EU countries are preparing to receive people fleeing Ukraine (e.g., Czech Republic, Romania, Hungary, Italy).

Ukraine has a number of nuclear power plants (NPPs) with 15 operating reactors, some of which have been affected by the ongoing military aggression. According to the International Atomic Energy Agency, two NPPs are affected: the Zaporizhzhya NPP and Chornobyl NPP. So far, no changes in radiation levels are reported (Update 16, Update 17). Regular updates on the situation in the affected nuclear plants are provided by the International Atomic Energy Agency.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 11 March 2022

A sharp decrease in measles cases was observed globally during the COVID-19 pandemic. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week
Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 18 February 2022, 11 new cases were reported by three countries in the EU/EEA: Germany (8), Ireland (1), Poland (2). Other countries did not report new cases of measles.

So far, in 2022, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for Ukraine, and Democratic Republic of the Congo, WHO Regional Office for Europe (EURO), WHO Pan American Health Organization (PAHO). There were no updates for the WHO Regional Office for Africa (WHO AFRO), WHO Regional Office for Eastern Mediterranean (EMRO), WHO Regional Office for South-East Asia (SEARO) and WHO Western Pacific Regional Office (WPRO).

Non EU Threats

New! Japanese encephalitis (JE) - Australia - 2022

Opening date: 11 March 2022 Latest update: 11 March 2022

Japanese encephalitis virus (JEV) is maintained in an enzootic cycle between Culex mosquitoes, water birds and pigs. As of 10 March 2022, 15 cases of JEV have been confirmed in humans in Australia, including two deaths.

➔Update of the week
As of 10 of March there have been 15 confirmed cases in humans (four in New South Wales (NSW), one in Queensland, four in South Australia (SA) and six in Victoria) according to the Australian Government Department of Health and NSW Health.
Two deaths have been reported: a 70-year-old man in NSW who died on Feb. 13 and a man in his sixties from Victoria, who died on February 28th. In both cases, autopsies revealed that the deaths were due to JEV. Japanese encephalitis virus has been discovered in more than 40 pig farms across Victoria, NSW, Queensland and SA in the past month. Cases for which information on the probable place of infection was available indicate that infections appear to have been locally acquired. Thus, all eastern states of Australia are affected except for Tasmania. On 4 March 2022, the outbreak was declared an Incidence of National Significance by the Australian Government. This triggered the implementation of a national health policy, intervention, public messaging and deployment of extra resources to affected states and territories.

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New! Circulating vaccine derived poliovirus type 3 (cVDPV3), Israel and the occupied Palestine territory – 2022

Opening date: 10 March 2022 Latest update: 11 March 2022

On 6 March 2022, a case of poliomyelitis was detected through routine acute flaccid paralysis (AFP) surveillance in the Jerusalem region. The case is an unvaccinated child, aged three years and nine months. Investigations and contact tracing are ongoing to identify other possible cases.

➔Update of the week

On 10 March 2022, the Global Polio Eradication Initiative (GPEI) reported an outbreak of circulating vaccine-derived poliovirus type 3 (cVDPV3) in both Israel and the Occupied Palestinian Territory. The initial case was reported on 6 March 2022 following routine acute flaccid paralysis (AFP) surveillance. Further testing of the case revealed genetic links to VDPV3-strains detected in environmental samples collected from the Jerusalem region between September 2021 and January 2022. These isolates, previously classified as ambiguous VDPV3, have now been reclassified as cVDPV3. This classification confirms an outbreak of cVDPV3.

On 10 March 2022, the Ministry of Health in Israel announced that they found evidence of poliovirus in two additional stool samples in the Jerusalem region. According to the Ministry, one sample was collected from an asymptomatic child who has been in contact with the initial case. Among the contacts, three additional samples tested negative and 19 are awaiting results. No further details are currently available on the second positive sample which was found as part of random testing. Local health authorities are conducting investigations to determine the source of the outbreak and the potential risk of further spread. The Ministry of Health together with the World Health Organization (WHO) and other partners are responding to the outbreak. The Ministry is making efforts to boost vaccination coverage in the country. On 8 March 2022 alone, 1 130 children were vaccinated in the Jerusalem region.

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

Opening date: 24 September 2012 Latest update: 11 March 2022

Since the disease was first identified in Saudi Arabia in April 2012, over 2 500 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Secondary human-to-human transmission ocurred particularly within households and in healthcare settings.

➔Update of the week

Since the previous update published on 1 February 2022, and as of 6 March 2022, no new MERS-CoV cases have been reported by Saudi Arabian health authorities or by WHO worldwide.

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

Opening date: 27 January 2017 Latest update: 11 March 2022

Chikungunya virus disease and dengue are vector-borne diseases transmitted by *Aedes* mosquitoes. Outbreaks of dengue and chikungunya virus disease have been reported in the Americas, Asia, Africa, Oceania, and Europe. Chikungunya virus disease and dengue are not endemic in mainland Europe, despite autochthonous outbreaks having been reported during the summer and autumn months in recent years.

➔Update of the week

Chikungunya virus disease: In 2022, and as of 9 March, 7 346 cases and no deaths have been reported. The majority of cases have been reported from Brazil (6 586). Since the previous CDTR published in week 6, 6 069 new cases have been reported. The five countries reporting most new cases are Brazil (5 401), Ethiopia (311), Malaysia (102), India (78) and Kenya (44).

Dengue: In 2022, and as of 9 March, 182 502 cases and 230 deaths have been reported. The majority of cases have been reported from Brazil (115 317), and the majority of deaths are from Indonesia (164). Since the previous CDTR published in week 6, 136 309 new cases and 193 new deaths have been reported. The five countries reporting most new cases are Brazil (85 431), Indonesia (14 956), Peru (6 953), Nicaragua (5 157) and Malaysia (4 284) and the five countries reporting most new deaths are Indonesia (157), Brazil (10), Peru (10), Timor Leste (10) and Philippines (2).

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II. Detailed reports

New! Rat Hepatitis E – Spain – 2018–2021

Opening date: 10 March 2022 Latest update: 11 March 2022

Epidemiological summary

A recent publication (12 February 2022), described the first cases of acute hepatitis related to *Orthohepevirus* C infection (HEV-C), also known as rat Hepatitis E virus, detected in Europe. A study suggests HEV-C may be an emerging infectious disease in humans. Rat hepatitis E virus (HEV-C) is divergent from other HEV variants infecting humans that belong to *Orthohepevirus* species A (HEV-A).

Three cases, including one death, were detected through a retrospective evaluation of *Orthohepevirus* C RNA in two cohorts of hepatitis patients in Spain in the period from 2018 to 2021. Two of the cases were detected among patients with acute hepatitis without etiological diagnosis (after screening for hepatotropic virus infection) and one deceased case, in a second cohort, which included patients diagnosed with acute HEV infection (positivity for anti-HEV IgM antibodies and/or detectable HEV RNA in serum). The death occurred in an immunosuppressed individual who was hospitalised with severe acute hepatitis and died due to liver and kidney failure, other two patients developed mild acute hepatitis with self-resolution. All three patients lived in Spain and none reported contact with animals (pets, farm animals, wild animals, or hunting) or known contact with rodents or history travel outside Spain in the months prior to infection. Two of the cases reported eating undercooked pork, the third case worked as a cleaner.

Molecular and serological markers for HEV infection were centrally evaluated in a laboratory in Cordoba. Anti-HEV antibodies were evaluated by enzyme immunoassay using the HEV-IgM kit and HEV-IgG kit; molecular evaluation for *Orthohepevirus* C infection was performed retrospectively for all patients using broad-spectrum nested PCR targeting the RdRp gene. In all three cases, genotype C1 was detected. The detected genome showed high homology with *Orthohepevirus* C strains isolated in specimens from rats in Lithuania (2016), Germany (2009) and Southern Spain.

Previously 16 cases of rat hepatitis E were reported from Hong Kong.
HEV is not a notifiable disease in EU/EEA countries.

Source: Journal of Hepatology

ECDC assessment

Orthohepevirus C is circulating in rodents worldwide, including Spain, thus the risk of zoonotic transmission is plausible globally and not restricted to a specific area. The study suggests that *Orthohepevirus* C can be an emerging infectious disease and more sporadic human cases can be expected also in the EU/EEA countries.

The possible under-detection of human infections with rat HEV in the EU/EEA countries has been already outlined in a recent comment published on 19 March 2020.

Actions

ECDC monitors rat hepatitis E globally through epidemic intelligence activities and reports when epidemiologically

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relevant information is available.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020 Latest update: 11 March 2022

Epidemiological summary

Since 31 December 2019 and as of week 2022-9, 446 363 008 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 019 640 deaths.

Cases have been reported from:
Africa: 11 386 055 cases; the five countries reporting most cases are South Africa (3 684 319), Morocco (1 161 646), Tunisia (1 016 894), Libya (497 958) and Egypt (490 969).
Asia: 103 907 675 cases; the five countries reporting most cases are India (42 967 315), Iran (7 073 747), Indonesia (5 748 725), Japan (5 381 682) and South Korea (4 666 977).
America: 148 682 289 cases; the five countries reporting most cases are United States (79 339 202), Brazil (29 069 469), Argentina (8 942 772), Colombia (6 072 656) and Mexico (5 564 985).
Europe: 178 854 439 cases; the five countries reporting most cases are France (23 053 128), United Kingdom (19 245 301), Russia (17 014 818), Germany (15 920 957) and Turkey (14 325 326).
Oceania: 3 531 845 cases; the five countries reporting most cases are Australia (2 989 232), New Zealand (239 537), French Polynesia (68 425), Fiji (64 019) and New Caledonia (58 091).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 250 336 deaths; the five countries reporting most deaths are South Africa (99 543), Tunisia (27 959), Egypt (24 197), Morocco (16 017) and Ethiopia (7 476).
Asia: 1 237 226 deaths; the five countries reporting most deaths are India (515 102), Indonesia (150 172), Iran (137 439), Philippines (57 023) and Vietnam (40 813).
America: 2 656 677 deaths; the five countries reporting most deaths are United States (960 311), Brazil (652 341), Mexico (319 859), Peru (211 155) and Colombia (139 120).
Europe: 1 866 966 deaths; the five countries reporting most deaths are Russia (356 949), United Kingdom (162 147), Italy (155 887), France (152 955) and Germany (124 440).
Oceania: 8 429 deaths; the five countries reporting most deaths are Australia (5 416), Fiji (834), French Polynesia (642), Papua New Guinea (638) and Guam (331).
Other: six deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2022-9, 112 668 883 cases have been reported in the EU/EEA: France (23 053 128), Germany (15 920 957), Italy (12 884 363), Spain (11 114 257), Netherlands (6 707 533), Poland (5 753 565), Czechia (3 629 437), Belgium (3 595 058), Portugal (3 337 683), Austria (2 908 148), Denmark (2 763 231), Romania (2 707 611), Greece (2 514 971), Sweden (2 459 442), Slovakia (1 979 886), Hungary (1 805 979), Ireland (1 320 207), Lithuania (1 261 324), Norway (1 227 818), Bulgaria (1 100 811), Croatia (1 063 821), Slovenia (904 459), Latvia (701 538), Finland (699 645), Estonia (502 069), Cyprus (332 416), Luxembourg (195 313), Iceland (139 334), Malta (71 796) and Liechtenstein (13 083).

As of week 2022-9, 1 030 737 deaths have been reported in the EU/EEA: Italy (155 887), France (152 955), Germany (124 440), Poland (112 918), Spain (100 202), Romania (60 625), Hungary (43 262), Czechia (38 941), Bulgaria (35 811), Belgium (29 805), Greece (26 235), Netherlands (21 623), Portugal (21 215), Slovakia (18 704), Sweden (17 434), Croatia (15 214), Austria (14 383), Lithuania (8 888), Ireland (6 531), Slovenia (6 363), Latvia (5 801), Denmark (4 333), Finland (2 573), Estonia (2 184), Norway (1 664), Luxembourg (1 023), Cyprus (967), Malta (608), Liechtenstein (78) and Iceland (70).

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

In week 2022-09, in the EU/EEA overall, the reported weekly cases decreased by 6.5% compared to the previous week. Weekly increases in descending order were observed in Liechtenstein, the Netherlands, Iceland, Malta, Austria, Portugal and Germany. The countries with the highest 14-day notification rates per 100 000 population are: Iceland (8 298), Latvia (6 060), Liechtenstein (4 878), Denmark (4 682) and Austria (4 532). Overall, 23 of the 30 EU/EEA countries (Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Norway, Poland, Romania, Slovakia, Slovenia, Spain and Sweden) reported a decrease in the weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score for the absolute value and trend of

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five weekly COVID-19 epidemiological indicators. For week 9, one country (Liechtenstein) was categorised as of very high concern, 14 countries (Austria, Czechia, Denmark, Estonia, Germany, Iceland, Ireland, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Slovakia, and Slovenia) as of high concern and 15 countries (Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Greece, Hungary, Italy, Malta, Poland, Portugal, Romania, Spain, and Sweden) as of moderate concern. Compared with the previous week, four countries (Liechtenstein, Luxembourg, Malta and the Netherlands) moved to a higher category, two countries (Croatia and Latvia) moved to a lower category and 24 countries stayed in the same category.

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

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eight, ninth and tenth 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, 4 July 2021, 22 October 2021 and 13 January 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.

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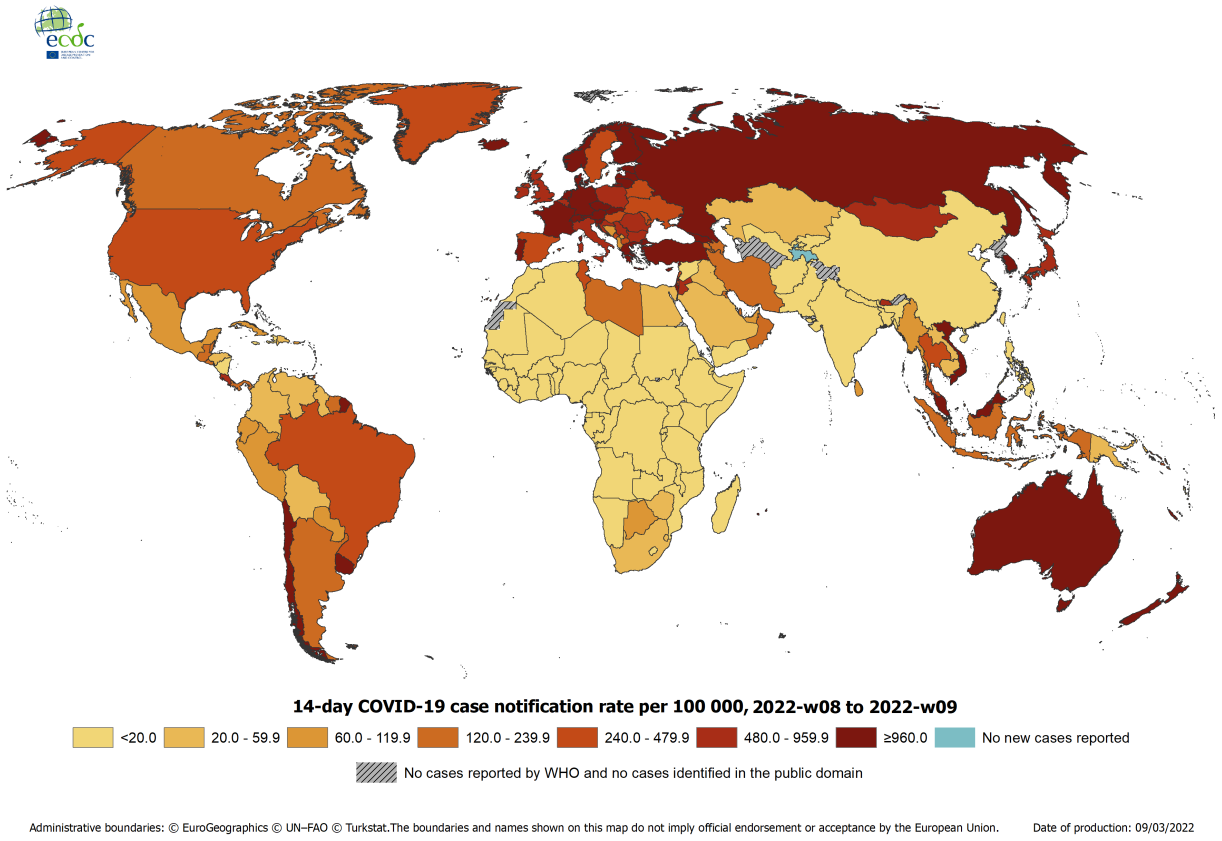
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w08 to 2022-w09

Source: ECDC



Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 11 March 2022

Epidemiological summary

Week 9/2022:
Estonia, France, Hungary, Ireland, Luxembourg, Netherlands, Norway, Slovenia, Turkey and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus has been rising again since week 4 and reached 14% in week 9 (above the Regional baseline activity upper threshold of 10%).

Ten countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Slovenia (61%), Denmark (52%), Hungary (47%), France (46%), Luxembourg (41%), Norway (31%), Spain (28%), Switzerland (11%), Republic of Moldova (10%) and United Kingdom (Scotland) (10%).

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Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.

Hospitalized cases with confirmed influenza virus infection were reported from intensive care units (4 type A viruses), other wards (33 type A virus) and SARI surveillance (6 type A and 6 type B viruses).

2021/22 season overview:
For the Region as a whole influenza activity started to increase in week 49/2021, with different levels of activity observed between the countries and areas of the Region, and a general dominance of A(H3) viruses though some countries reported both A (H3) and A(H1)pdm09 viruses, e.g. Austria, France and Luxembourg.

To date this season, the highest percentage positivity of influenza viruses in sentinel primary care specimens from patients presenting with ILI or ARI symptoms was 20% in week 52/2021, declining thereafter until week 4/2022.

Positivity has risen again since week 4/2022 and has been above 10% since week 8/2022.

During the influenza Vaccine Composition Meeting for the northern hemisphere 2022/23 season, held in February 2022, WHO recommended updating of the A(H3N2) and the B/Victoria-lineage components. The full report can be found here.

Vaccination remains the best protective measure for prevention of influenza. With increased circulation of influenza virus clinicians should consider early antiviral treatment of patients in at-risk groups with influenza virus infection, according to local guidance, to prevent severe outcomes. Viruses analyzed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

Source: Flu News Europe

ECDC assessment

The circulation of influenza viruses across the WHO European Region is slightly higher than in the 2020/21 season, but substantially lower than in seasons prior to the COVID-19 pandemic.

Vaccination remains the best protective measure for the prevention of influenza. With dominant A(H3) circulation, clinicians should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance in order to prevent severe outcomes.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the Flu News Europe website.

Influx of people displaced from Ukraine to the EU following Russia's aggression in Ukraine - Multistate – 2022

Opening date: 24 February 2022 Latest update: 11 March 2022

Epidemiological summary

On 24 February 2022, Ukraine declared martial law following Russia's invasion. Shortages of food and water supplies, sanitation, electric power, transportation and healthcare provision, and the overall lack of security, are resulting in large populations fleeing from Ukraine to other countries. The majority of this population comprises children, women, and elderly people and are finding temporary shelter in neighbouring countries and are currently reported to be mostly dispersing in the community. A number of dedicated reception centres have been established.

Sources: Relief Web | United Nations | WHO

ECDC assessment

The displacement of large populations into neighbouring countries, regardless of the type of accommodation, will result in difficulties for displaced people in accessing healthcare, so they may have an increased risk of complications due to acute or chronic conditions. Furthermore, situations of overcrowding could favour the emergence of outbreaks of infectious diseases, particularly of respiratory infections. This includes influenza, which is currently circulating in some of the reception countries, COVID-19 and TB. In addition, there is an increased risk of gastrointestinal diseases and vaccine-preventable diseases. Vaccination coverage in Ukraine is suboptimal for several vaccine-preventable diseases, including COVID-19. Vaccination against

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poliomyelitis and measles should be considered as a priority, especially among the paediatric population, as well as DTP (DTaP-IPV combination vaccine for children, with Hib-component only for children <6 years; Td for adults). In addition, COVID-19 vaccination should be offered and the elderly and other risk groups should be prioritised. Public health authorities should increase awareness among healthcare providers in order to detect priority infectious diseases that could present among displaced Ukrainian people.

Actions

ECDC is working closely with the countries that are receiving displaced persons from Ukraine, in collaboration with European Commission, other Member States, WHO, and other international partners. As the situation evolves ECDC is ready to provide specific support, including through staff deployments in the field. ECDC will continue to closely monitor the situation through epidemic intelligence activities. An ECDC document entitled "*Operational public health considerations for the prevention and control of infectious diseases in the context of the military aggression in Ukraine*" was published on Tuesday, 8 March 2022. ECDC has opened an item in EpiPulse and encourages Member States to report public health events related to the crisis in EpiPulse.

Measles – Multi-country (World) – Monitoring European outbreaks

Opening date: 9 February 2011 Latest update: 11 March 2022

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 18 February 2022, 11 new cases were reported by three countries in the EU/EEA: Germany (8), Ireland (1), Poland (2). Other countries did not report any new cases of measles.

So far, in 2022, no new deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for Ukraine, and Democratic Republic of the Congo, WHO Regional Office for Europe (EURO), WHO Pan American Health Organization (PAHO). There were no updates for the WHO Regional Office for Africa (WHO AFRO), WHO Regional Office for Eastern Mediterranean (EMRO), WHO Regional Office for South-East Asia (SEARO) and WHO Western Pacific Regional Office (WPRO).

Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 29 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

Epidemiological summary for EU/EEA countries with updates since last month

Germany reported 22 confirmed and suspected cases in weeks 1 to 9 in 2022 (ending 6 March 2022), an increase of eight cases since week 6 (ending 13 February 2022).

Ireland reported one case of measles in 2022 as of week 8 (ending 26 February 2022).

Poland reported three cases in 1 Jan-28 Feb 2022, an increase of two cases since the report for January 2022.

Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from the WHO website.

Ukraine reported one case in January 2022. In 2021, Ukraine reported 16 cases of measles and 264 cases in 2020.

Afghanistan: outbreak continues with increasing number of measles straining healthcare capacity. The country is facing a nutritional crisis, which is worsening the epidemiological situation.

Democratic Republic of the Congo (DRC): a measles epidemic was declared in Lomami, according to media reports on 23 February 2022.

Ethiopia: since December 2021 and as of 3 March 2022, 700 new cases and 12 deaths ere reported in Doloado and Bokolmayo

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woredas of Liban Zone, in Somali Region. The measles outbreak affected 15 kebeles, including five refugee camps in the zone.

According to the WHO Regional Office for Europe (EURO) data available on 8 March 2022, no cases were reported in 2022.

According to WHO Pan American Health Organization (PAHO) report (Vol. 28, No. 8) in 2022 week 8 (ending 26 February 2022) nine cases were reported in Brazil.

ECDC assessment

The substantial decline in measles cases reported by EU/EEA countries after March 2020 and continuing through 2021, contrasts with the typical seasonal pattern seen for measles, which peaks during the spring in temperate climates. A similar decrease was observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the observed decline in cases. Lifting of non-pharmaceutical interventions related to the COVID-19 pandemic could lead to measles outbreaks in the EU/EEA. Active measles surveillance and public health measures should be reinforced, and enhanced measles vaccination campaigns should be planned in order to ensure high measles vaccination uptake.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a risk assessment entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

New! Japanese encephalitis (JE) - Australia - 2022

Opening date: 11 March 2022 Latest update: 11 March 2022

Epidemiological summary

Japanese encephalitis virus (JEV) is maintained in an enzootic cycle between Culex mosquitoes, water birds (e.g. egrets, herons) and pigs. Direct transmission (in the absence of mosquitoes) between pigs has been demonstrated under experimental conditions. It is currently unknown whether JEV can be transmitted from pigs to humans via aerosol or contact. The distribution of JEV is linked to irrigated rice fields combined with pig breeding. Humans do not participate in the chain of transmission and are considered 'dead-end' hosts.
Most infections in humans are asymptomatic: about one in 200 infections develop into a severe neuroinvasive illness which is characterised by rapid onset of (high) fever, headache, neck stiffness, disorientation, coma, seizures, and spastic paralysis. Milder forms of disease, such as aseptic meningitis or undifferentiated febrile illness can also occur. The incubation period is five to 15 days.
The case fatality rate in patients with severe disease is 20–30% and about 30% of patients who survive the illness have significant neurological sequelae (motor paresis, spasticity, movement disorders, chronic seizures, and developmental delay). There is no specific treatment for JEV.

ECDC assessment

JEV has been imported to Australia several times and has circulated in the Cape York Peninsula (in Far North Queensland) intermittently since 1995, with three local human cases reported in 1995 and two in 1998. This is the first time that circulation of the virus has been detected in New South Wales, Victoria, and South Australia.

Japanese encephalitis is transmitted through bites from mosquitoes that bite from evening until morning. Vaccines against the disease are available and people can protect themselves against infectious bites through the use of mosquito repellents and protective clothing while outdoors and through using mosquito nets. EU/EEA travellers to affected areas should seek medical advice prior to their departure. JEV cannot be transmitted by eating pig products. The risk of infection for EU/EEA travellers is considered to be very low.

Actions

ECDC is monitoring this situation through its epidemic intelligence activities and will report when further information is available. For more information on JEV please see ECDC's fact sheet.

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New! Circulating vaccine derived poliovirus type 3 (cVDPV3), Israel and the occupied Palestine territory – 2022

Opening date: 10 March 2022 Latest update: 11 March 2022

Epidemiological summary

On 6 March 2022, the Israeli Ministry of Health and media reported a symptomatic case of poliovirus infection in Jerusalem. The case is an unvaccinated three-year-old girl. Stool testing confirmed infection with cVDPV3. Two additional cases of cVDPV3 infection have been identified.

ECDC assessment

These are the first cVDPV3 cases reported from Israel. The last cVDPV3 cases have been reported in 2018 from Somalia. In Israel, the last cases of wild poliovirus type 1 (WPV1) occurred in 1988, during an outbreak in the Hadera district resulting in 15 cases of acute flaccid paralysis (AFP).
The WHO European Region including the EU/EEA has remained polio-free since 2002. However, as long as there are unvaccinated or partially vaccinated population groups in European countries and poliomyelitis is not eradicated, the risk of the virus being reintroduced into Europe remains. To limit the risk of reintroduction and sustained transmission of poliovirus in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population, and to increase the vaccination uptake in the pockets of under-immunised populations.

Actions

ECDC is in contact with WHO EURO and will continue to monitor the event through epidemic intelligence activities.

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

Opening date: 24 September 2012 Latest update: 11 March 2022

Epidemiological summary

Since the beginning of 2022, and as of 6 March 2022, no MERS-CoV cases have been reported by Saudi Arabian health authorities or by WHO worldwide.

Since April 2012, and as of 6 March 2022, 2 600 cases of MERS-CoV, including 943 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | Saudi Arabia Ministry of Health

ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance 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, as stated in ECDC's rapid risk assessment published on 29 August 2018, which also provides details on the last case reported in Europe.

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

Actions

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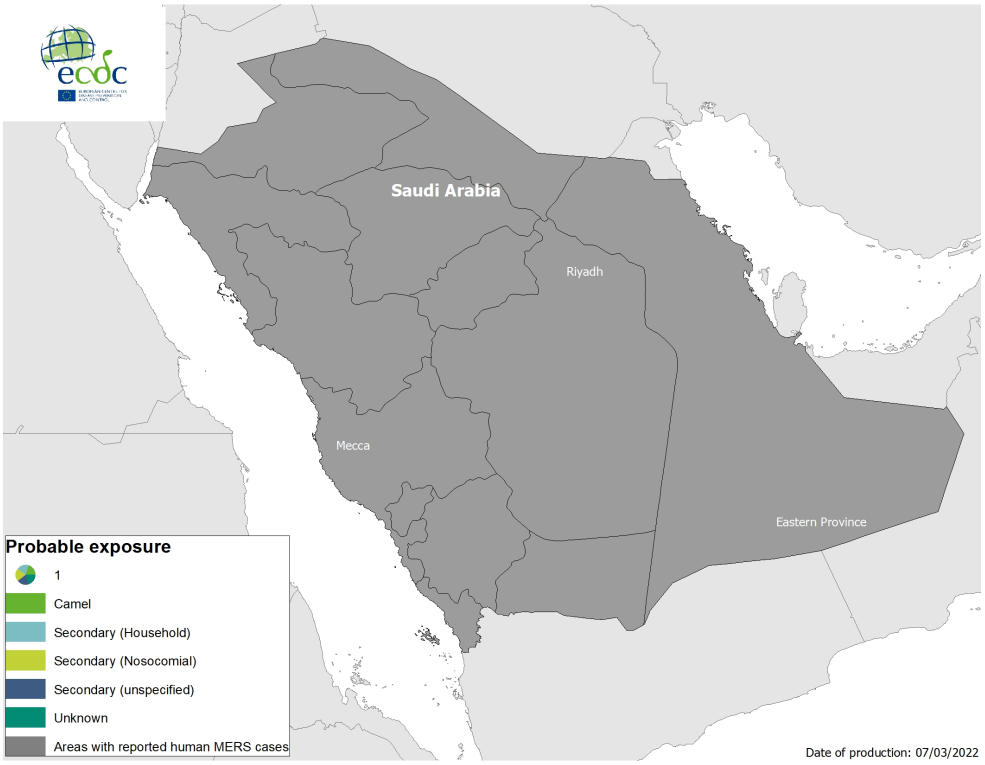
ECDC is monitoring this threat through its epidemic intelligence activities and reports on a monthly basis.

Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 6 March 2022

Source: ECDC



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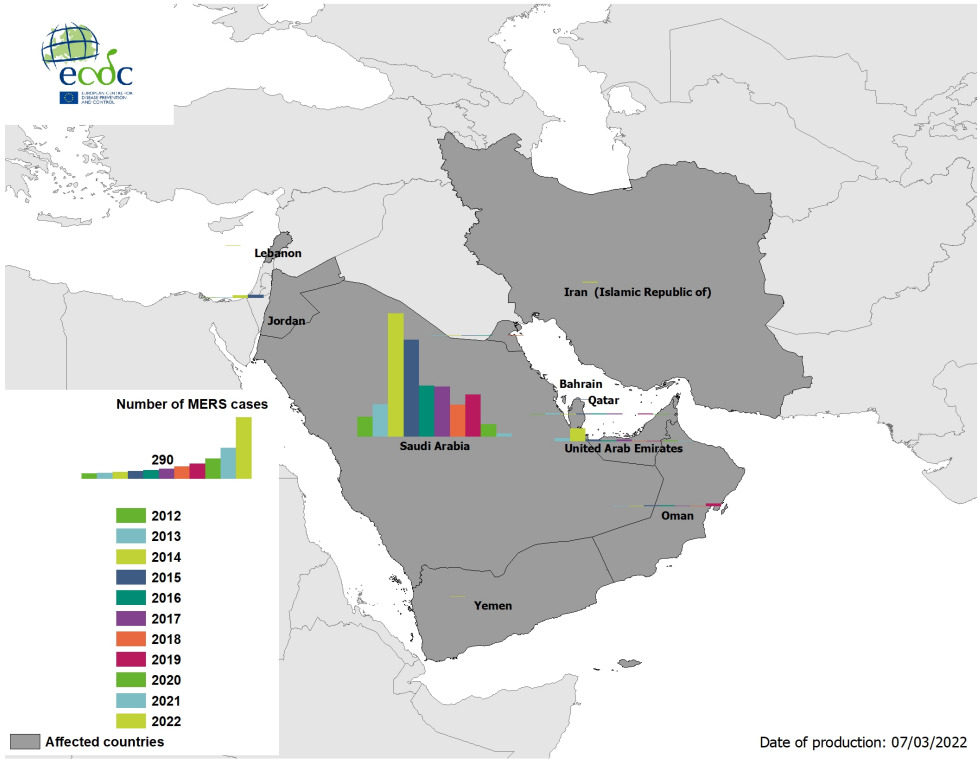
Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 6 March 2022

Source: ECDC



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

Opening date: 27 January 2017 Latest update: 11 March 2022

Epidemiological summary

Europe

Chikungunya virus disease: No autochthonous cases of chikungunya virus disease have been reported in Europe in 2022.

Dengue: No autochthonous cases of dengue have been reported in Europe in 2022.

Americas and the Caribbean

Chikungunya virus disease:

Bolivia: In 2022 and as of 26 February 2022, 33 cases, including three confirmed cases and no deaths have been reported.

Brazil: In 2022 and as of 12 February 2022, 6 586 cases, including 1 047 confirmed cases and no deaths have been reported. This is an increase of 5 401 new cases since 22 January 2022.

Colombia: In 2022 and as of 26 February 2022, 11 cases and no deaths have been reported.

El Salvador: In 2022 and as of 19 February 2022, 10 cases and no deaths have been reported. This is an increase of three new cases since 22 January 2022.

Guatemala: In 2022 and as of 29 January 2022, 35 cases and no deaths have been reported.

Nicaragua: In 2022 and as of 26 February 2022, one case has been reported.

Paraguay: In 2022 and as of 26 February 2022, 24 cases and no deaths have been reported. This is an increase of 14 new cases

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since 22 January 2022.

Peru: In 2022 and as of 26 February 2022, 19 cases, including two confirmed cases and no deaths have been reported. This is an increase of 16 new cases since 29 January 2022.

Venezuela: In 2022 and as of 12 February 2022, three cases and no deaths have been reported.

Dengue:

In 2022, and as of 9 March, the Pan American Health Organization (PAHO) reported 148 981 dengue cases, including 46 864 confirmed cases and 33 associated deaths, in the Americas. The five countries reporting most cases are: Brazil (115 317), Peru (11 200), Colombia (7 380), Nicaragua (5 157) and Mexico (1 960). This is an increase of 108 827 cases and 24 deaths since 7 February 2022.

All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Americas. The figures for each country of the Americas region can be found on the PAHO Health Information Platform.

Dengue fever surveillance indicators are at low levels or even zero in the French Antilles (Guadeloupe, Martinique, Saint-Martin, and Saint-Barthélemy).

Asia

Chikungunya virus disease:

India: In 2022 and as of 3 March 2022, 78 cases and no deaths have been reported.

Malaysia: In 2022 and as of 1 March 2022, 153 cases and no deaths have been reported. This is an increase of 102 new cases since 15 January 2022.

Thailand: In 2022 and as of 9 March 2022, 38 cases and no deaths have been reported. This is an increase of 17 new cases since 27 January 2022.

Dengue:

Afghanistan: In 2022, and as of 8 January 2022, 14 cases and no deaths have been reported.

Bangladesh: In 2022, and as of 19 January 2022, 115 cases, including 115 confirmed cases and no deaths have been reported. This is an increase of 11 cases since 18 January 2022.

Cambodia: In 2022, and as of 29 January 2022, 184 cases and no deaths have been reported.

China: In 2022, and as of 27 January 2022, three cases and no deaths have been reported.

Indonesia: In 2022, and as of 4 March 2022, 15 269 cases, including 164 deaths have been reported. This is an increase of 14 956 cases and 157 deaths since 22 January 2022. According to media reports, so far dengue cases have been reported from 22 out of 38 provinces and the number of cases are likely to rise in the coming days. The highest number of cases were reported from West Java, East Java, and Central Java provinces.

Laos: In 2022, and as of 5 February 2022, 17 cases and no deaths have been reported.

Malaysia: In 2022, and as of 12 February 2022, 4 284 cases and no deaths have been reported.

Nepal: In 2022, and as of 22 January 2022, 10 cases and no deaths have been reported.

Pakistan: In 2022, and as of 28 February 2022, 25 confirmed cases and no deaths have been reported. This is an increase of one case since 2 February 2022.

Philippines: In 2022, and as of 15 January 2022, 738 cases, including two deaths have been reported.

Singapore: In 2022, and as of 5 March 2022, 1 594 cases and no deaths have been reported. This is an increase of 836 cases since 5 February 2022.

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Sri Lanka: In 2022, and as of 7 March 2022, 3 020 cases and no deaths have been reported. This is an increase of 2 204 cases since 28 January 2022.

Thailand: In 2022, and as of 8 March 2022, 367 cases and no deaths have been reported. This is an increase of 287 cases since 16 January 2022.

Timor-Leste: In 2022, and as of 12 February 2022, 1 998 cases, including 30 deaths have been reported. This is an increase of 712 cases and 10 deaths since 31 January 2022. According to the WHO Disease Outbreak News item, this surge in cases and the rate of hospitalization since the end of 2021 is unusually large compared to the previous six years, whereby many of those affected are children younger than 14 years.

Vietnam: In 2022, and as of 6 February 2022, 4 770 cases, including one death have been reported. This is an increase of 2 530 cases since 16 January 2022.

Africa

Chikungunya virus disease:

Ethiopia: In 2022 and as of 6 March 2022, 311 cases, including three confirmed cases and no deaths have been reported.

Kenya: In 2022 and as of 6 March 2022, 44 cases, including two confirmed cases and no deaths have been reported.

Dengue:
Réunion: In 2022, and as of 19 February 2022, 376 confirmed cases and no deaths have been reported. This is an increase of 237 cases since 07 February 2022. According to Sante Publique France, the number of dengue cases was increasing at the start of the year, but has stabilised since week 5-2022, and cases remain lower than the same period in previous years. The situation is still considered as 'inter-epidemic'.

Australia and the Pacific

Chikungunya virus disease:
No cases of chikungunya virus disease have been reported in Australia and the Pacific in 2022.

Dengue:

Australia: In 2022, and as of 30 January 2022, two cases and no deaths have been reported.

Fiji: In 2022, and as of 26 February 2022, 492 cases and no deaths have been reported. This is an increase of 307 cases since 15 January 2022.

French Polynesia: In 2022, and as of 8 January 2022, 47 cases and no deaths have been reported.

Micronesia (Federated States of): In 2022, and as of 29 January 2022, five cases and no deaths have been reported.

New Caledonia: In 2022, and as of 15 January 2022, one case and no deaths have been reported.

Palau: In 2022, and as of 29 January 2022, two cases and no deaths have been reported. This is an increase of one case since 15 January 2022.

Samoa: In 2022, and as of 29 January 2022, four cases and no deaths have been reported.

Solomon Islands: In 2022, and as of 29 January 2022, 16 cases and no deaths have been reported. This is an increase of nine cases since 8 January 2022.

Wallis and Futuna: In 2022, and as of 29 January 2022, eight cases and no deaths have been reported. This is an increase of six cases since 15 January 2022.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news media. Data completeness depends on the availability of reports from surveillance systems and their

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accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting; reported figures may not reflect the actual epidemiological situation. Please note that case definitions may differ between countries and comparisons should be made with caution.

ECDC assessment

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

The likelihood for onward transmission of dengue and chikungunya virus disease in mainland EU/EEA is, among other things, linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus*). *Aedes albopictus* is established in a large part of mainland Europe. The current likelihood of the occurrence of vector-borne events of chikungunya and dengue viruses in mainland EU/EEA is negligible, as the environmental conditions are not favourable to the growth of mosquito populations and virus replication in the vector. To date, all autochthonous outbreaks of chikungunya virus disease and dengue in mainland EU/EEA have occurred between July and November.

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

Actions

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

Geographical distribution of chikungunya virus disease cases reported worldwide in 2022, as of 9 March 2022

Source: ECDC

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Geographical distribution of dengue cases reported worldwide in 2022, as of 9 March 2022

Source: 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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