

This weekly bulletin provides updates on threats monitored by ECDC.

## NEWS

### New version of epitweetr, ECDC's tool for the early detection of public health threats using Twitter data

ECDC has [launched](#) a new version of [epitweetr](#), the R-based tool that allows users to automatically monitor trends of tweets by time, place, and topic, with the aim of detecting public health threats early through signals, such as an unusual increase in the number of tweets. It is designed to support public health experts with the early detection of threats from infectious diseases and can be extended to all hazards and other fields of study by modifying the topics and keywords.

This new version launched in January 2022 includes:

- Improved data storage and management;
- Addition of Twitter API version 2;
- A new feature to facilitate data privacy compliance;
- Improved extraction of geolocation from the tweet text; and
- Automatic classification of signals detected using annotations from the user.

This new version of the epitweetr package also includes an interactive web application (based on the R package Shiny) with six pages:

1. **Dashboard**, where a user can visualise and explore tweets, and download the associated outputs and data;
2. **Alerts**, where you can view the current alerts and associated information, and train machine learning models for alert classification on user-defined categories;
3. **Geotag evaluation**, where you can evaluate the geolocation algorithm and provide annotations for improving its performance;
4. **Data protection**, where you can search, anonymise, and delete tweets from the epitweetr database to support data deletion requests;
5. **Configuration**, where you can change settings and check the status of the underlying processes; and
6. **Troubleshooting**, with automatic checks and hints for using epitweetr and all its functionalities.

## I. Executive summary

## EU Threats

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

Opening date: 7 January 2020

Latest update: 14 January 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 and ninth 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 and 22 October 2021, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

Since week 2021-52 and as of week 2022-1, 16 207 036 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 39 553 new deaths have been reported.

Since 31 December 2019 and as of week 2022-1, 307 373 791 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 492 154 deaths.

As of week 2022-1, 62 628 687 cases and 920 847 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 daily situation update for the EU/EEA is available [here](#).

Since the last update on 5 January 2022 and as of 13 January 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 about variants, please see [ECDC's webpage on variants](#).

### Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 14 January 2022

Reported influenza activity in Europe decreased compared to previous weeks, however different levels of activity are observed between the countries and areas in the Region. A detailed report on the ongoing situation is available in the weekly threats report.

→Update of the week

#### Week 1, 2022 (3 - 9 January 2022)

- Albania, Belarus, Georgia, Israel, Norway, North Macedonia, Republic of Moldova, Russian Federation and Sweden reported widespread influenza activity and/or medium influenza intensity.
- 5% of all sentinel primary care specimens from patients presenting with influenza-like illness (ILI) or acute respiratory infection (ARI) symptoms tested positive for influenza virus, with a predominance of A(H3) viruses, though some countries reported both A(H3) and A(H1)pdm09 viruses.
- Six countries reported seasonal influenza activity above the 10% positivity threshold in sentinel primary care: Armenia (64%), Belarus, (44%) Serbia (36%), France (16%), Georgia (15%) and Estonia (10%).
- Hospitalised cases with confirmed influenza virus infection were reported from intensive care units (19 type A viruses), other wards (3 type A viruses) and SARI surveillance (39 type A viruses and 1 type B).
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems

## SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (EU/EEA update) - 2021-2022

Opening date: 3 December 2021

Latest update: 14 January 2022

On 26 November 2021, ECDC classified the SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant as a VOC and assigned it the label Omicron.

### →Update of the week

At the end of week 1 (week ending Sunday, 9 January 2022), the overall epidemiological situation in the EU/EEA was characterised by a high and increasing case notification rate and a high yet stable death rate. An epidemiological situation of high or very high concern was observed in 28 EU/EEA countries. This situation is largely driven by the increasing spread of the Omicron VOC.

This weekly epidemiological update provides an overview of the extent to which SARS-CoV-2 Omicron VOC is prevalent in EU/EEA countries, based on the best currently available evidence (as of 13 January 2022). The data are collected from The European Surveillance System (TESSy) or the GISAID EpiCoV database. Please refer to the [ECDC Variants of interest and concern in the EU/EEA dashboard](#) or click on the country's corresponding link for more details. In cases of missing data, EU/EEA countries' official national or regional websites are used. As a result, the data presentation and completeness might be different depending on the data sources and availability.

Until further notice, ECDC will provide specific updates on the Omicron VOC weekly for EU/EEA. Previous updates on reported cases are available on ECDC's dedicated website.

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

Opening date: 9 February 2011

Latest update: 14 January 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 17 December 2021, eight new cases were reported by three countries in the EU/EEA: Germany (3 in 2021 and 3 in 2022), Hungary (1), Ireland (1) and Poland (-1). Other countries have reported no new cases of measles in 2021 or in 2022.

So far, in 2021, no new deaths have been reported in the EU/EEA.

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

## Non EU Threats

## Influenza A (type H5) – United Kingdom, England – 2022

Opening date: 7 January 2022

Latest update: 14 January 2022

On 6 January 2022, the United Kingdom Health Security Agency (UKHSA) notified of a confirmed case of avian influenza A type H5 in a person in the South West of England.

### →Update of the week

A case previously confirmed to be tested positive to avian influenza A type H5, was later confirmed to be avian influenza A (H5N1). The man in his 70's has fully recovered and no further cases were detected among his close contacts.

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 14 January 2022

#### Epidemiological summary

Since 31 December 2019 and as of week 2022-1, 307 373 791 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 492 154 deaths.

#### Cases have been reported from:

**Africa:** 10 139 838 cases; the five countries reporting most cases are South Africa (3 526 054), Morocco (1 004 706), Tunisia (744 967), Ethiopia (444 124) and Libya (393 983).

**Asia:** 74 946 926 cases; the five countries reporting most cases are India (35 707 727), Iran (6 208 337), Indonesia (4 266 195), Philippines (2 965 447) and Malaysia (2 775 050).

**America:** 111 942 584 cases; the five countries reporting most cases are United States (59 521 277), Brazil (22 499 525), Argentina (6 399 196), Colombia (5 357 767) and Mexico (4 125 388).

**Europe:** 109 227 254 cases; the five countries reporting most cases are United Kingdom (14 617 314), France (11 951 164), Russia (10 666 679), Turkey (9 977 561) and Germany (7 550 747).

**Oceania:** 1 116 484 cases; the five countries reporting most cases are Australia (922 892), Fiji (57 849), French Polynesia (46 534), Papua New Guinea (36 403) and Guam (21 118).

**Other:** 705 cases have been reported from an international conveyance in Japan.

#### Deaths have been reported from:

**Africa:** 231 413 deaths; the five countries reporting most deaths are South Africa (92 453), Tunisia (25 670), Egypt (21 995), Morocco (14 915) and Ethiopia (7 030).

**Asia:** 1 154 512 deaths; the five countries reporting most deaths are India (483 936), Indonesia (144 129), Iran (131 915), Philippines (52 150) and Vietnam (34 531).

**America:** 2 430 509 deaths; the five countries reporting most deaths are United States (834 077), Brazil (619 937), Mexico (300 334), Peru (203 097) and Colombia (130 395).

**Europe:** 1 670 775 deaths; the five countries reporting most deaths are Russia (314 604), United Kingdom (150 230), Italy (139 038), France (129 560) and Germany (114 029).

**Oceania:** 4 939 deaths; the five countries reporting most deaths are Australia (2 367), Fiji (714), French Polynesia (636), Papua New Guinea (591) and New Caledonia (281).

**Other:** 6 deaths have been reported from an international conveyance in Japan.

#### EU/EEA:

As of week 2022-1, 63 124 068 cases have been reported in the EU/EEA: France (11 951 164), Germany (7 550 747), Spain (7 456 513), Italy (7 091 113), Poland (4 192 755), Netherlands (3 343 013), Czechia (2 530 906), Belgium (2 287 457), Romania (1 831 935), Portugal (1 659 994), Greece (1 522 805), Sweden (1 471 817), Austria (1 336 860), Hungary (1 297 693), Slovakia (1 255 946), Ireland (978 104), Denmark (933 632), Bulgaria (778 701), Croatia (767 183), Lithuania (646 138), Slovenia (493 289), Norway (448 683), Finland (330 171), Latvia (287 849), Estonia (253 775), Cyprus (199 180), Luxembourg (120 409), Malta (59 538), Iceland (39 980) and Liechtenstein (6 718).

As of week 2022-1, 922 308 deaths have been reported in the EU/EEA: Italy (139 038), France (129 560), Germany (114 029), Poland (100 125), Spain (90 131), Romania (57 193), Hungary (38 773), Czechia (36 661), Bulgaria (31 516), Belgium (28 108), Greece (21 442), Netherlands (21 099), Portugal (19 134), Slovakia (17 039), Sweden (15 424), Austria (13 399), Croatia (12 918), Lithuania (8 563), Slovenia (6 140), Ireland (5 952), Latvia (4 976), Denmark (3 394), Finland (2 124), Estonia (1 853), Norway (1 350), Luxembourg (982), Cyprus (785), Malta (489), Liechtenstein (70) and Iceland (41).

The latest daily situation update for the EU/EEA is available [here](#).

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

trend of five weekly COVID-19 epidemiological indicators. For week 1, 16 countries (Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Liechtenstein, Luxembourg, Malta and Portugal) were categorised as of very high concern, 12 countries (Austria, Czechia, Denmark, Estonia, Italy, Lithuania, the Netherlands, Norway, Poland, Slovenia, Spain and Sweden) as of high concern and two countries (Romania and Slovakia) as of moderate concern. Compared with the previous week, 10 countries (Austria, Belgium, Bulgaria, Croatia, Germany, Hungary, Ireland, Liechtenstein, Portugal and Spain) moved to a higher category, five countries (Denmark, Estonia, Italy, Slovakia and Sweden) moved to a lower category and 15 countries stayed in the same category.

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

*\*As the winter holidays affected epidemic intelligence routines, it has not been possible to produce the 14-day notification rate and map for week 1-2022. The map will be available again for week 2-2022.*

### 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](#), [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, 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 webpage](#).

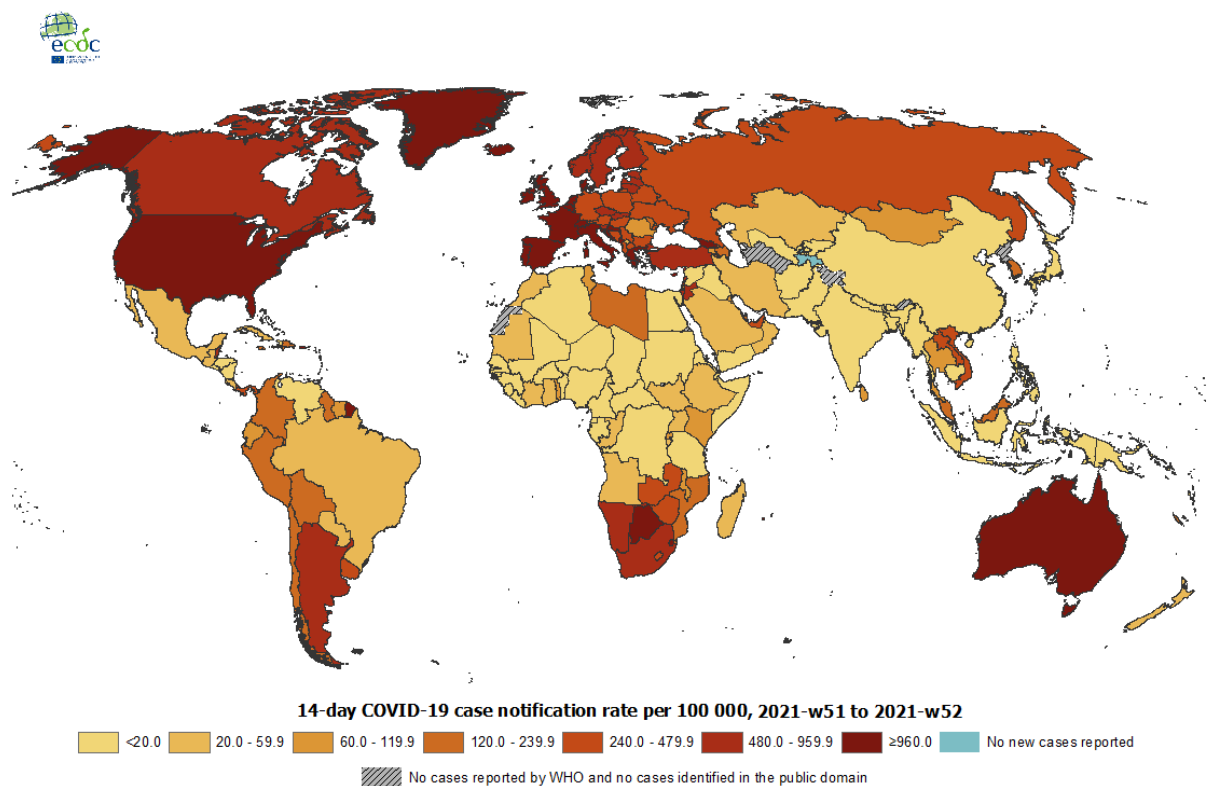
### Actions

On 15 December 2021, ECDC published the Rapid Risk Assessment, '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EEA, 18th 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 webpage on variants](#).

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w51 to 2021-w52\*

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 05/01/2022

## Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 14 January 2022

### Epidemiological summary

#### 2021/2022 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.

**Source:** [Flu News Europe](#)

#### ECDC assessment

Reported influenza activity in Europe decreased compared to previous weeks, however different levels of activity are observed between the countries and areas in the Region.

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

## SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (EU/EEA update) - 2021-2022

Opening date: 3 December 2021

Latest update: 14 January 2022

## Epidemiological summary

At the end of week 1 (week ending Sunday, 9 January 2022), the overall epidemiological situation in the EU/EEA was characterised by a high and increasing case notification rate and a high yet stable death rate. An epidemiological situation of high or very high concern was observed in 28 EU/EEA countries. This situation is largely driven by the increasing spread of the Omicron VOC.

This weekly epidemiological update provides an overview of the extent to which the SARS-CoV-2 Omicron VOC is prevalent in EU/EEA countries, based on the best currently available evidence (as of 13 January 2022). The data are collected from The European Surveillance System (TESSy) or the GISAID EpiCoV database. Please refer to the [ECDC Variants of interest and concern in the EU/EEA dashboard](#) or click on the country's corresponding link for more details. In cases of missing data, EU/EEA countries' official national or regional websites are used. As a result, the data presentation and completeness might be different depending on the data sources and availability.

As of 13 January 2022, the Omicron variant has been identified in all EU/EEA countries. From 20 December 2021 to 2 January 2022, there were 21 EU/EEA countries with adequate sequencing volume that reported an estimated prevalence of Omicron VOC of 46.4% (range from 1.1% to 98.5%), twice as high as for the previous week.

Countries where Omicron has become the dominant variant (accounting for more than 50% of sequenced viruses) include Austria (89.4%, 2022-01), Belgium (99.7%, 2022-01), Cyprus (70.7%, 2021-52)\*, Denmark (95.8%, 2022-01), Finland (99.8%, 2021-52), France (78.6%, 2022-01), Greece (75.5%, 2021-52), [Iceland](#) (no national proportion available), Ireland (90.6%, 2021-52)\*, [Liechtenstein](#) (76.7%, 2022-52)\*\*, [Lithuania](#) (>90%, 2022-01), Luxembourg (69.6%, 2021-52), [Malta](#) (67%, 2022-01), the [Netherlands](#) (87.4%, range between labs 86.8% - 95.7%, 4 January 2022), Norway (85.7%, 2022-01), Portugal (77.2%, 2021-52), [Slovenia](#) (67% of cases sequenced on 5 January 2022), Spain (54.8%, 2021-52), and Sweden (61.5%, 2022-01).

Countries where the Omicron variant is present but not dominant include Bulgaria (10.3%, 2022-01), [Croatia](#) (no national proportion available), Czechia (24.4%, 2021-52)\*, Estonia (12.1%, 2022-01), Germany (40.2%, 2021-52), Hungary (43.1%, 2022-01), Italy (39%, 2022-01), Latvia (16.9%, 2021-52), Poland (20.9%, 2021-52), Romania (42.1%, 2022-01), and Slovakia (13.4%, 2022-01).

Large (20% or higher) increases in the number of cases since the last update have been reported in the following countries: Austria, Cyprus, Luxembourg, Finland, Germany, Greece, and Lithuania.

For a general overview of the epidemiological COVID-19 situation in the EU/EEA, please see the [ECDC weekly Country Overview Report](#).

\*Insufficient precision at less than 5% prevalence (more information available [here](#)).

\*\* Seven-day average; 79.5% as a daily value. Please note that the data for Liechtenstein are reported together with Swiss data.

## ECDC assessment

ECDC has classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant

as a VOC and assigned it the label Omicron.

Over the coming weeks, the very high growth advantage of Omicron is expected to result in even higher overall case notification rates. We therefore assess the probability of further spread of the Omicron VOC in the EU/EEA as very high.

Currently, there is considerable uncertainty related to the transmissibility, vaccine effectiveness, risk for reinfection and other properties of the Omicron VOC. However, given its immune escape potential and potentially increased transmissibility advantage compared to the Delta VOC, we assess the probability of further introduction and community spread in the EU/EEA as very high.

As EU/EEA countries are still facing the severe impact of the Delta VOC wave, a further rise in hospitalisations could quickly overwhelm healthcare systems. Therefore, we assess the impact of the spread of the Omicron VOC as very high.

In conclusion, based on the current situation and the available evidence, ECDC's Rapid Risk Assessment 18th Update on the impact of Omicron remains valid: the overall level of risk to public health associated with the further emergence and spread of the SARS-CoV-2 Omicron VOC in the EU/EEA is assessed as very high.

## Actions

ECDC is continuously monitoring the situation through its epidemic intelligence activities. TESSy reporting for SARS-CoV-2 Omicron VOC (B.1.1.529) has been implemented.

ECDC published a Rapid Risk Assessment on 15 December 2021, '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EEA](#)', and is actively monitoring, assessing and reporting on the situation with the Omicron VOC. Previously ECDC published two Threat Assessment Briefs on [26 November](#) and [2 December](#) 2021.

A section on the epidemiology of the Omicron VOC in the EU/EEA is also available in the weekly Country Overview report available [here](#). Previous updates on reported cases are available on [ECDC's dedicated website](#).

Until further notice, ECDC will provide specific updates on the Omicron VOC on a weekly basis. The next Omicron VOC update is planned for 21 January 2022.

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

Opening date: 9 February 2011

Latest update: 14 January 2022

### Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 17 December 2021, eight new cases were reported by three countries in the EU/EEA: Germany (3 in 2021 and 3 in 2022), Hungary (1), Ireland (1) and Poland (-1). Other countries have reported no new cases of measles in 2021 or in 2022.

So far, in 2021, no new deaths have been reported in the EU/EEA.

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

EU/EEA countries are encouraged to maintain [routine immunisation sessions](#), provided that COVID-19 response measures allow.

**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 63 confirmed and suspected cases in 2021, an increase of three cases since week 49 (ending 12 December 2021). In 2022, Germany reported three confirmed or suspected cases in week 1 (ending 9 January 2022).



[Hungary](#) reported one confirmed case in week 38 (ending 19 September 2021). No further cases were detected as of report for week 44 (ending 7 November 2021), published on 4 January 2022.

[Ireland](#) reported four cases in 2021 and as of week 52 (ending 2 January 2022) an increase of one case since week 48 (ending 5 December 2021).

[Poland](#) reported 14 cases from 1 January to 31 December 2021, a decrease by one since the previous monthly report.

### **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](#).

In the WHO Regional Office for Europe ([EURO](#)), according to provisional monthly measles and rubella data, in January–December 2021, sporadic measles cases were reported in the following non-EU/EEA countries: Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russia, Serbia, Turkey, Ukraine and the United Kingdom; in EU/EEA the cases were reported in Belgium, Finland, France, Germany, Ireland, Italy, Poland, Romania and Spain.

According to WHO Regional Office for Africa ([AFRO](#)) in 2021 and as of 2 January 2022 (week 1), cases and outbreaks of measles were reported in the following countries: Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Sierra Leone and South Sudan. Due to varying reporting periods by the countries please visit the latest [weekly bulletin](#).

According to WHO Pan American Health Organization ([PAHO](#)) in 2021 weeks 1-52, 715 confirmed cases of measles were reported by three countries: Brazil (661), French Guiana (5) and the US (49).

According to WHO Western Pacific Region ([WPRO](#)) report (Vol 15, Issue 12) as of 20 December 2021, overall there were 997 confirmed and clinically compatible cases, including ten deaths (CFR: 1.0%). The cases were reported by ten countries: American Samoa, Cambodia, China, Hong Kong SAR, Japan, Laos, Malaysia, the Philippines, Singapore and Vietnam. Most of the cases were reported by China (549), the Philippines (197 cases, including 10 deaths), Vietnam (135 cases) and Malaysia (101).

## **ECDC assessment**

The substantial decline in measles cases reported by EU/EEA countries after March 2020, which continued in 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.

## **Influenza A (type H5) – United Kingdom, England – 2022**

Opening date: 7 January 2022

Latest update: 14 January 2022

### **Epidemiological summary**

On 6 January 2022, the UK Health Security Agency (UKHSA) notified of a confirmed case of avian influenza A type H5 in a person in the South West of England. On 7 January 2022, according to several media reports quoting health authorities, the case tested positive for avian influenza A(H5N1). A man in his 70's was asymptomatic and tested negative after the isolation period. No further cases were detected among his close contacts.

Earlier, the UK HSA reported that "The case was detected after the Animal and Plant Health Agency (APHA) identified an outbreak of the H5N1 strain of avian flu in their flock of birds. Their infection was identified through routine monitoring which is conducted on anyone who has close contact with infected birds. The infected birds have all been culled." The UKHSA swabbed this person and detected low levels of influenza. Further laboratory analysis revealed that the virus is of the 'H5' type, found in birds.

The person was in very close and regular contact with a large number of infected birds, kept in and around their home for a prolonged period. All contacts of the case, including persons who visited the premises, have been traced and there is no evidence of onward transmission. The individual is currently well and self-isolating.

The UK has recently seen a large number of outbreaks and incidents of avian influenza in birds across the country of the H5N1 strain and the APHA and the UK's Chief Veterinary Officer have issued alerts to bird owners.

Overall, globally there were 863 cases, including 455 deaths of influenza A(H5N1) human infection have been reported since 2003. The count includes the case from the United Kingdom.

**Source:** [UK HSA Press Release](#) | [media report 1](#) | [media report 2](#)

## ECDC assessment

This is the first human case of this strain in the UK. No human-to-human transmission has been detected in this event. Currently, there are a large number of avian influenza outbreaks in birds across Europe. Human cases are to be expected and ECDC, together with EFSA and EURL colleagues have raised awareness among clinicians around avian flu infection (please see [published commentary](#) for more information).

Specific to A(H5N1): Human cases related to the avian influenza A(H5N1) virus could occur in regions where A(H5N1) is endemic in the poultry population (Asia, Africa, and the Middle East). Current epidemiological and virological evidence suggests that A(H5N1) viruses have not acquired the ability to transmit from human-to-human, thus the likelihood of sustained human-to-human transmission is low. This is the first human case due to A (type H5) to have been reported in Europe.

The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low. 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.

## Actions

Epidemic intelligence is closely monitoring this event and will report as soon as further relevant information becomes available.

A summary of ongoing avian influenza outbreaks can be found on this [webpage](#).

Furthermore, ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities, and in collaboration with EFSA and the EU reference laboratory, 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 22 December 2021.

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