

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 1 April 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 2022-11 and as of week 2022-12, 11 458 136 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 33 283 new deaths have been reported.

Since 31 December 2019 and as of week 2022-12, 482 227 744 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 130 303 deaths.

In the EU/EEA only and as of week 2022-12, 125 484 993 cases have been reported, including 1 055 344 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](#).

Since the last update on 24 March 2022 and as of 31 March 2022, the following changes have been made to ECDC's variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants:

- B.1.351 (Beta) and P.1 (Gamma) have been de-escalated from variants of concern to de-escalated variants.
- B.1.640 has been de-escalated from variants under monitoring to de-escalated variants.

The reason for all of these de-escalations is that these variants have not been detected recently in the EU/EEA. World-wide detections of these variants are very rare, becoming even more rare since Omicron became the dominant variant. As of 9 March 2022, WHO classifies Beta and Gamma as previously circulating VOCs.

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

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

Opening date: 24 February 2022

Latest update: 1 April 2022

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

→Update of the week

According to the [United Nations](#), between 24 February and 30 March 2022, the total number of people fleeing Ukraine reached 4 059 105. In total, 2 362 044 have crossed the Polish border; 616 592 the Romanian; 368 807 the Hungarian; and 283 824 the Slovakian. In addition, Czechia's [Ministry of the Interior](#) reported 248 804 special visa concessions to Ukrainian applicants as of 30 March 2022. Outside of the EU/EEA, 388 837 people have sought safety in the Republic of Moldova ([United Nations](#)).

On 31 March 2022, the World Health Organization published its [fifth situation report](#) on the emergency in Ukraine, according to which the total number of affected people is estimated to be 18 million, with approximately 6.4 million being internally displaced within Ukraine.

No major outbreaks or other events related to communicable diseases have been detected since the previous update.

As reported in previous updates, [Romania](#) has established a syndromic surveillance system for communicable diseases and other countries have published guidelines or recommendations for monitoring health among displaced populations including guidelines for vaccinations (e.g., [Spain](#), [Finland](#), [Ireland](#)).

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 1 April 2022

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

→Update of the week

Week 12/2022 (21 – 27 March 2022)

Fourteen countries across the Region reported widespread influenza activity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus remain at similar levels for the last three weeks, around 26%.

Countries, mostly in the western-central part of the Region, reported seasonal influenza activity above 50% positivity in sentinel primary care: Serbia (69%), Netherlands (67%), Denmark (63%), Slovenia (62%), France (58%), Belgium (57%), Hungary (57%), and Luxembourg (54%).

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

A(H3) viruses were most frequently detected in patients hospitalised with confirmed influenza virus infection.

Non EU Threats

New! Crimean-Congo haemorrhagic fever (CCHF) – United Kingdom ex. Central Asia – 2022

Opening date: 30 March 2022

Latest update: 1 April 2022

On 25 March 2022, The UK Health Security Agency (UKHSA) confirmed a case of Crimean-Congo haemorrhagic fever in England.

→Update of the week

On 25 March 2022, The UK Health Security Agency (UKHSA) [confirmed](#) a case of Crimean-Congo haemorrhagic fever in England. The case had a travel history to Central Asia, where the disease is endemic. The case was diagnosed at Cambridge University Hospitals NHS Foundation Trust and is receiving specialist care at the Royal Free Hospital in London.

According to the UKHSA's report, there have previously been two imported cases of CCHF reported in the United Kingdom (one in 2012 and one in 2014). Neither case had any evidence of onward transmission reported.

Contact tracing is ongoing and infection control procedures are being followed.

Circulating vaccine derived poliovirus type 3 (cVDPV3), Israel * – 2022

Opening date: 10 March 2022

Latest update: 1 April 2022

On 6 March 2022, a case of poliomyelitis was detected through routine acute flaccid paralysis (AFP) surveillance in the Jerusalem region, Israel. 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 29 March 2022, Israel's authorities [reported](#) that four additional samples from asymptomatic children had tested positive for VDPV3, bringing the total number of asymptomatic children with confirmed VDPV3 infection to six. All children were unvaccinated. Additionally, laboratory confirmation is pending for one suspected case.

**The previous Communicable disease threat report about this item had indicated circulation of this VDPV3 in occupied Palestinian territory as well; further field investigations concluded that although circulation in occupied Palestinian territory cannot be ruled out at this time, circulation can only be confirmed in Israel. However, this classification does not change the risk classification this cVDPV3 presents to occupied Palestinian territory, nor for planned response activities.*

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 1 April 2022

Epidemiological summary

Since week 2022-11 and as of week 2022-12, 11 458 136 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 33 283 new deaths have been reported.

Cases have been reported from:

Africa: 11 505 129 cases; the five countries reporting most cases are South Africa (3 713 252), Morocco (1 162 974), Tunisia (1 035 884), Egypt (505 264) and Libya (501 559).

Asia: 119 698 026 cases; the five countries reporting most cases are India (43 020 723), South Korea (12 350 428), Vietnam (9 274 849), Iran (7 151 088) and Japan (6 396 907).

America: 150 828 138 cases; the five countries reporting most cases are United States (79 954 460), Brazil (29 852 341), Argentina (9 028 611), Colombia (6 083 939) and Mexico (5 651 553).

Europe: 195 101 385 cases; the five countries reporting most cases are France (24 969 717), United Kingdom (20 691 123), Germany (20 452 133), Russia (17 783 843) and Turkey (14 800 677).

Oceania: 5 094 361 cases; the five countries reporting most cases are Australia (4 138 296), New Zealand (626 501), French Polynesia (72 058), Fiji (64 394) and New Caledonia (60 255).

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

Deaths have been reported from:

Africa: 251 759 deaths; the five countries reporting most deaths are South Africa (99 966), Tunisia (28 323), Egypt (24 417), Morocco (16 057) and Ethiopia (7 492).

Asia: 1 270 612 deaths; the five countries reporting most deaths are India (521 035), Indonesia (154 774), Iran (140 021), Philippines (59 015) and Vietnam (42 358).

America: 2 688 711 deaths; the five countries reporting most deaths are United States (976 704), Brazil (658 956), Mexico (322 761), Peru (212 157) and Colombia (139 585).

Europe: 1 910 086 deaths; the five countries reporting most deaths are Russia (367 686), United Kingdom (164 454), Italy (158 782), France (155 498) and Germany (128 479).

Oceania: 9 129 deaths; the five countries reporting most deaths are Australia (5 897), Fiji (834), French Polynesia (646), Papua New Guinea (640) and Guam (340).

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

EU/EEA:

As of week 2022-12, 125 484 993 cases have been reported in the EU/EEA: France (24 969 717), Germany (20 452 133), Italy (14 364 723), Spain (11 525 485), Netherlands (7 753 809), Poland (5 951 833), Czechia (3 787 222), Belgium (3 775 468), Austria (3 773 515), Portugal (3 564 977), Greece (2 940 738), Romania (2 775 867), Denmark (2 735 076), Sweden (2 481 735), Slovakia (2 418 376), Hungary (1 844 661), Ireland (1 443 697), Lithuania (1 346 453), Norway (1 324 566), Bulgaria (1 133 102), Croatia (1 094 052), Slovenia (957 720), Finland (843 019), Latvia (790 618), Estonia (537 245), Cyprus (407 412), Luxembourg (218 917), Iceland (179 629), Malta (77 234) and Liechtenstein (15 994).

As of week 2022-12, 1 055 344 deaths have been reported in the EU/EEA: Italy (158 782), France (155 498), Germany (128 479), Poland (115 202), Spain (102 310), Romania (61 128), Hungary (44 157), Czechia (39 551), Bulgaria (36 429), Belgium (30 239), Greece (27 333), Netherlands (21 898), Portugal (21 637), Slovakia (19 292), Sweden (18 155), Austria (15 649), Croatia (15 520), Lithuania (8 852), Ireland (6 710), Slovenia (6 475), Latvia (6 123), Denmark (5 050), Finland (3 354), Norway (2 339), Estonia (2 315), Luxembourg (1 033), Cyprus (1 032), Malta (631), Iceland (90) and Liechtenstein (81).

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

In week 2022-12, in the EU/EEA overall, the reported weekly cases decreased by - 0.7% compared to the previous week. Weekly increases in descending order were observed in Ireland, France, Malta, Luxembourg, Hungary, Cyprus, Italy, Slovenia, and Romania. The countries with the highest 14-day notification rates per 100 000 population are: Austria (6 358), Cyprus (6 079), Iceland (5 672), Liechtenstein (4 839), and Germany (3 726). Overall, 21 of the 30 EU/EEA countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, Germany, Greece, Iceland, Latvia, Liechtenstein, Lithuania, Netherlands, Norway,

Poland, Portugal, Slovakia, 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 five weekly COVID-19 epidemiological indicators. For week 12, four countries (France, Greece, Ireland and Malta) were categorised as of very high concern, 18 countries (Austria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Norway, Portugal, Slovakia and Slovenia) as of high concern, six countries (Belgium, Bulgaria, Iceland, the Netherlands, Romania and Spain) as of moderate concern, one country (Poland) as of low concern and one country (Sweden) as of very low concern. Compared with the previous week, two countries (France and Hungary) moved to a higher category, eight countries (Belgium, Cyprus, Iceland, Liechtenstein, Lithuania, the Netherlands, Poland and Sweden) moved to a lower category, and 20 countries stayed in the same category.

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

Since the last update on 24 March 2022 and as of 31 March 2022, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants:

- B.1.351 (Beta) and P.1 (Gamma) have been de-escalated from variants of concern to de-escalated variants.
- B.1.640 has been de-escalated from variants under monitoring to de-escalated variants.

The reason for all of these de-escalations is that these variants have not been detected recently in the EU/EEA. World-wide detections of these variants are very rare, becoming even more rare since Omicron became the dominant variant. As of 9 March 2022, WHO classifies Beta and Gamma as previously circulating VOCs.

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

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 web page](#).

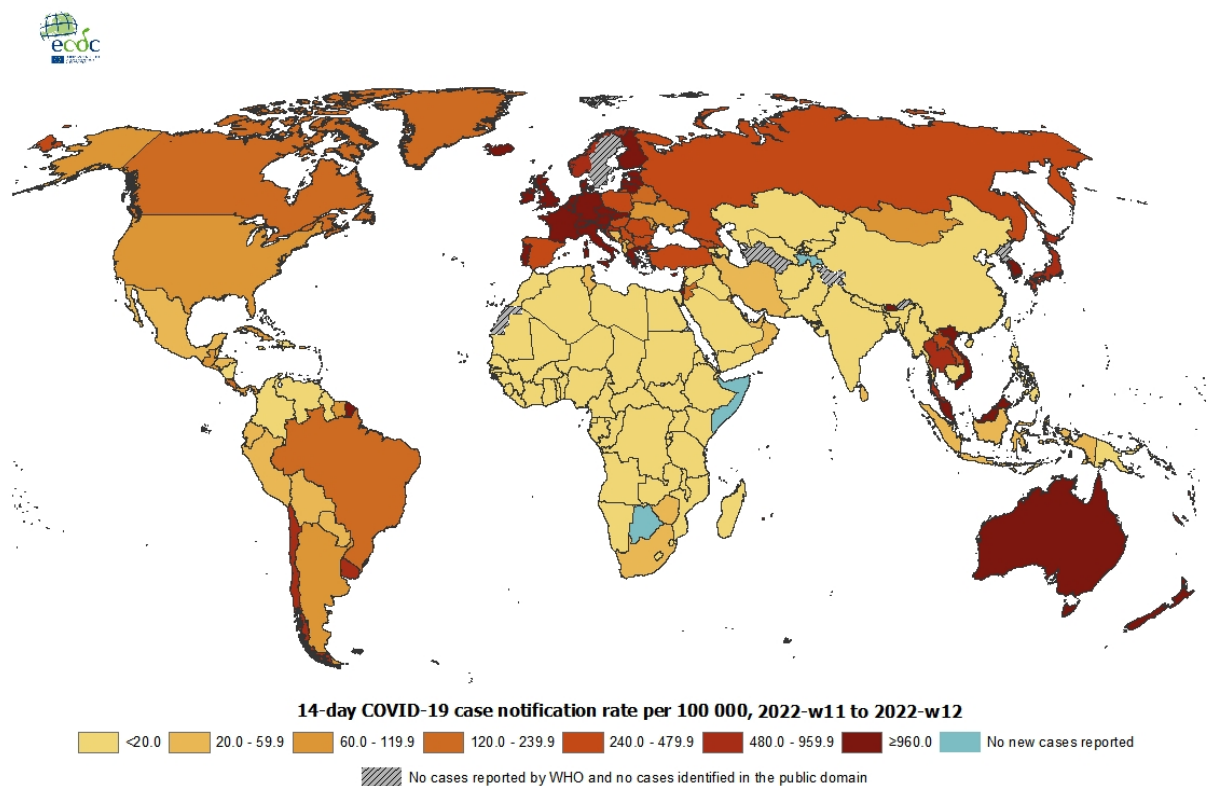
Actions

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](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w11 to 2022-w12

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: 30/03/2022

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

Opening date: 24 February 2022

Latest update: 1 April 2022

Epidemiological summary

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

Sources: [Relief Web](#) | [United Nations](#) | [WHO](#)

ECDC assessment

The displacement of large numbers of people into neighbouring countries, irrespective of the type of accommodation, will result in difficulties for the displaced people in accessing healthcare, meaning that they may be at greater risk of complications from acute or chronic conditions. Furthermore, situations of overcrowding could favour outbreaks of infectious diseases, in particular respiratory infections. This includes influenza and COVID-19, which are currently circulating in some of the reception countries, and tuberculosis (TB). The detection of cases of influenza, COVID-19 or TB among the displaced population is not unexpected. [Vaccination coverage in Ukraine](#) is sub-optimal for several vaccine-preventable diseases, including [COVID-19](#). Vaccination against 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, including through staff deployments. As the situation evolves, ECDC is ready to provide specific support. ECDC will continue to closely monitor the situation through its epidemic intelligence activities. An ECDC document, '[Operational public health considerations for the prevention and control of infectious diseases in the context of the military aggression in Ukraine](#)', was published on 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 and to share documents relevant to the response that could be of interest to other Member States.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 1 April 2022

Epidemiological summary

Week 12/2022 (21 – 27 March 2022)

Fourteen countries across the Region reported widespread influenza activity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus remain at similar levels for the last three weeks, around 26%.

Countries, mostly in the western-central part of the Region, reported seasonal influenza activity above 50% positivity in sentinel primary care: Serbia (69%), Netherlands (67%), Denmark (63%), Slovenia (62%), France (58%), Belgium (57%), Hungary (57%), and Luxembourg (54%).

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

A(H3) viruses were most frequently detected in patients hospitalised with confirmed influenza virus infection.

2021-2022 season overview

For the Region as a whole, influenza activity has increased and has been well above what was seen in 2020-2021 but remains at lower levels compared to seasons prior to the COVID-19 pandemic.

Influenza activity, based on sentinel primary care specimens from patients presenting with ILI or ARI symptoms, first peaked in week 52/2021 (when it reached 20% positivity), declining thereafter until week 4/2022 and reaching a plateau phase since week 10/2022 (26-27%).

Different levels of activity have been observed between the countries and areas of the Region, with a dominance of A(H3) viruses in most countries.

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](#).

[Preliminary results](#) of 2021-2022 seasonal influenza vaccine effectiveness (VE) estimates from the United States showed that VE

7/11

against medically attended outpatient acute respiratory infection associated with A(H3N2), the dominant influenza virus in circulation, was 16% (95% CI = -16% to 39%).

The European I-MOVE network estimated influenza VE using a multicentre test-negative design among symptomatic patients presenting at primary care level between October 2021 and March 2022. Preliminary influenza VE against influenza A among seven study sites and among all ages was 36% (95%CI: 13–53) and 41% (95%CI: 15–59) among those aged 18–64 years. All-age VE against influenza A(H3N2) was 35% (95%CI: 6–54) and 37% (95%CI: 3–59) among those aged 18–64 years. There were too few influenza positive cases among other age groups to allow VE estimations.

In [Sweden](#), the vaccine effectiveness against laboratory-confirmed influenza was estimated to be 47% for individuals over 65 years.

According to preliminary data in mainland [France](#), the VE was estimated to be 50% (95% CI: 14-71) against all circulating influenza viruses, 77% (95% CI: 36-92) for A(H1N1)pdm09 and 31% (95% CI: -29-64) for A(H3N2).

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 analysed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

Source: [Flu News Europe](#)

ECDC assessment

For the Region as a whole, influenza activity has increased and remains well above what was seen in 2020-2021 but still at lower levels compared to seasons prior to the COVID-19 pandemic.

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 analysed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

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.

New! Crimean-Congo haemorrhagic fever (CCHF) – United Kingdom ex. Central Asia – 2022

Opening date: 30 March 2022

Latest update: 1 April 2022

Epidemiological summary

On 25 March 2022, The UK Health Security Agency (UKHSA) confirmed a case of Crimean-Congo haemorrhagic fever in England. The case had a travel history to Central Asia, where the disease is endemic. The case was diagnosed at Cambridge University Hospitals NHS Foundation Trust and is receiving specialist care at the Royal Free Hospital in London.

According to the UKHSA's report, there have previously been two imported cases of CCHF reported in the United Kingdom (one in 2012 and one in 2014). Neither case had any evidence of onward transmission reported.

Contact tracing is ongoing and infection control procedures are being followed.

ECDC assessment

CCHF is endemic in Africa, the Balkans, the Middle East and western and south-central Asia. Greece and Spain have also [reported](#) cases in recent years. Hyalomma spp. ticks are considered to be the principal vectors of CCHF virus. Hyalomma marginatum is widely present in southern and eastern Europe, as shown in the distribution map published in November 2021. In Spain, the main vector is Hyalomma lusitanicum. The Hyalomma spp. ticks are not established in the UK and neither has the virus been detected in any ticks within the UK.

The risk for EU/EEA travellers or residents in endemic countries is considered to be very low if precautionary measures to avoid tick bites are taken and if they do not participate in slaughtering activities. Hunters, forest workers, hikers and people working

with animals are more likely to be exposed to ticks and therefore to be infected. People potentially exposed to ticks should apply [personal protective measures against tick bites](#).

The risk of secondary transmission in the EU/EEA, should a case be imported, is considered to be very low if timely infection prevention and control measures are implemented. This implies the early diagnostic of the case; therefore, health practitioners should consider CCHF in the differential diagnosis of cases presenting haemorrhagic manifestations and returning from CCHF-endemic countries or countries where CCHF occurs sporadically.

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in 2016 in Spain, when a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures. An overview of the CCHF cases infected in the EU/EEA since 2013 is available on [ECDC's website](#).

Additional information on CCHF can be found in [ECDC's Surveillance Atlas](#) of Infectious Diseases, [ECDC's factsheet](#) and in ECDC's latest [annual epidemiological report](#). Additional information on *Hyalomma marginatum* can be found in [ECDC's factsheet](#).

Actions

ECDC is monitoring this event through its epidemic intelligence activities and will report again if relevant epidemiological updates become available.

Circulating vaccine derived poliovirus type 3 (cVDPV3), Israel * – 2022

Opening date: 10 March 2022

Latest update: 1 April 2022

Epidemiological summary

In total, as of 29 March 2022, Israel has reported one case of AFP caused by cVDPV3, six asymptomatic children with confirmed VDPV3 infection, and one suspected polio infection. On 10 March 2022, the Global Polio Eradication Initiative (GPEI) reported an outbreak of circulating vaccine derived poliovirus type 3 (cVDPV3) in Israel. On 6 March 2022, the index case, an unvaccinated four-year-old girl, was identified through routine acute flaccid paralysis (AFP) surveillance. Further testing of the sample revealed genetic links to VDPV3-strains detected in environmental samples collected from the Jerusalem and Bethlehem regions 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 (MoH) in Israel [announced](#) they had found evidence of poliovirus in two additional stool samples in the Jerusalem region. In addition, as part of ongoing sewage monitoring, several positive samples for poliomyelitis were found in sewage waters from the following areas: Beit Shemesh, Modi'in Illit, and Tiberias.

Local health authorities are conducting investigations to determine the source of the outbreak and the potential risk of further spread. The MoH, together with the World Health Organization (WHO) and other partners, is responding to the outbreak. The MoH is making efforts to boost vaccination coverage in the country. Since the start of the catch-up [vaccination campaign](#), and as of 30 March 2022, 18 197 children have been vaccinated in the Jerusalem region.

ECDC assessment

These are the first cVDPV3 cases reported from Israel. The last cVDPV3 cases were reported from Somalia in 2018. 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. Israel has a high level of Polio (Pol 3) vaccination coverage, as indicated in the [WHO Global Health observatory data repository](#). However, the risk of further spread in the country remains, especially in under-immunised pockets of the population. Outbreak investigation activities are ongoing in order to detect additional infections.

Actions

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

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