COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 33, 14-20 August 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

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EU Threats

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

Opening date: 7 January 2020 Latest update: 19 August 2022

On 31 December 2019, the Wuhan Municipal Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at the South China Seafood City market in Wuhan. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and countries worldwide. On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth IHR Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

➔Update of the week

As of week 2022-32, 161 780 158 cases and 1 143 717 deaths have been reported in the EU.

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

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

In week 2022-32, in the EU/EEA overall, the reported weekly cases decreased by 23.7% compared to the previous week. Overall, 23 countries reported a decrease in weekly cases (Austria, Belgium, Bulgaria, Cyprus, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovenia, Slovakia, and Spain), while seven countries reported an increase in weekly cases (Croatia, Denmark, Iceland, Ireland, Lithuania, Poland, and Sweden). The countries with the highest 14-day notification rates per 100 000 population are: Greece (1 293), Latvia (1 020), Cyprus (1 014), Slovenia (951), and Austria (926).

At the end of week 32, 2022 (week ending 14 August), the overall notification rate of COVID-19 cases in the EU/EEA remains high (632.9 per 100 000 population, 17% of the pandemic maximum) albeit with a continued decreasing trend (26% decrease compared to previous week) for the past three weeks. Among people aged 65 years and above, case rates are also declining but at a slower rate (749.7 cases per 100 000 population, corresponding to a 21% decrease compared to the previous week).The case notification rate in this age group remains high at 58% of the maximum notification rate observed in the pandemic. Despite an overall declining trend for the EU/EEA, some countries are still experiencing increases in case rates mainly driven by BA.4 and BA.5. This increase in case rates are partially observed in countries with lower vaccine coverage for both the primary course and booster vaccination dose compared to the EU/EEA average. Lower vaccination coverage together with rising case numbers in light of BA.4/5 spread, may lead to more severe cases.

Out of 27 countries with data on hospital or ICU admissions/occupancy up to week 32, five reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (14.6 deaths per million population, compared with 17.9 deaths the previous week). Increasing trends (duration in weeks) were observed in four countries - Denmark (two), Lithuania (one), Norway (one) and Poland (one) in the COVID-19 death rate.

Among the nine countries with an adequate sequencing volume for weeks 30–31 (25 July to 7 August 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 98.3% (10.5–100.0% from nine countries) for BA.4/BA.5, 1.4% (0.0–3.6% from eight countries) for BA.2, 0.8% (0.5–1.0%, 45 detections from two countries) for BA.2+L452X, 0.2% (0.1–1.4%, 151 detections from three countries) for BA.1 and 0.1% (0.0–0.2%, 16 detections from two countries) for BA.2.75

Since the last report at the round table, no relevant epidemiological updates regarding SARS-COV-2 VOC have been detected.

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

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Monkeypox - Multi-country - 2022

Opening date: 3 June 2022 Latest update: 19 August 2022

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

➔Update of the week

Since the last update on 12 August 2022, 993 monkeypox cases have been reported from 19 EU/EEA countries: Spain (630), Germany (140), Belgium (78), Netherlands (30), Italy (24), Denmark (23), Austria (19), Sweden (12), France (10), Norway (8), Croatia (5), Czechia (4), Greece (2), Luxembourg (2), Romania (2), Cyprus (1), Ireland (1), Latvia (1) and Malta (1).

Disclaimer: *Data presented in this update are compiled from TESSy and official public sources. The source (either TESSy or other official public source) used for each country is the one reporting the larger number of cases. In this update, countries for which TESSy data were used are: Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia, Slovenia and Sweden. For the rest of the countries, data were included from official public sources.*

Other news

On 12 August 2022, the World Health Organization (WHO) announced that a group of global experts have agreed upon new names for monkeypox virus clades. The former Congo Basin clade is now named Clade one (I) and the former West African clade is named Clade two (II). WHO is holding an open consultation to assign a new name for the disease as well. Proposals for new names can be added in the ICD11 (International Classification of Diseases 11th Revision) platform.

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

Opening date: 2 June 2022 Latest update: 19 August 2022

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

➔Update of the week

Since last week's update, and as of 17 August 2022, European Union (EU) and European Economic Area (EEA) countries reported 103 human cases of West Nile virus (WNV) infection and four deaths. Cases were reported by Italy (84) and Greece (19). Deaths were reported by Italy (3) and Greece (1). EU-neighbouring countries reported 19 human cases of WNV infection in Serbia and no deaths related to WNV infections.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported human cases of WNV infection for the first time: Pistoia in Italy and Moravicki in Serbia.

Non EU Threats

Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

Opening date: 15 September 2021 Latest update: 19 August 2022

Zoonotic influenza cases are promptly investigated as they may pose a pandemic threat.

➔Update of the week

On the 12 August 2022 the US CDC reported two new influenza variant H3N2v virus human infections with a H3N2 virus that usually circulates among the pig population in the US. These two new infections were in people younger than 18 years who attended the same West Virginia agricultural fair as the first variant flu infection of 2022, reported by CDC on 5 August. Two of the three infected people reported direct contact with pigs. None of the patients were hospitalized and all have recovered from their illnesses. Some of the pigs at the fair tested positive for swine influenza A(H3N2) virus and CDC genetic sequencing data indicates that the three influenza viruses isolated from the infected people were more than 99% identical to those obtained from the pigs. To date, no person-to-person transmission of this virus has been documented. Recent reports of an increase in swine influenza outbreaks in pigs in the USA suggest the risk of exposure and infection with these viruses may be currently higher than usual.

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

Opening date: 30 June 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species, thus increasing the risk of transmission to people exposed to contaminated seawater. Most cases present with acute gastrointestinal symptoms, but more severe disease can occur including septicaemia.
Suitable environmental conditions could happen during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea (ECDC Vibrio Map Viewer). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

➔Update of the week
Since May 2022 and as of 18 August 2022, two additional human cases of locally-acquired vibriosis have been reported in Norway.

As of 17 August 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally medium-to-high. However it was very high in Szczecin (Poland) and Usedom (Germany) and very-low-to-low in Sweden, the majority of Finland, Saare County (Estonia), Gryfice County (Poland), Mecklenburg-Western Pomerania (Germany) and Denmark.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be very-low-to-low in Sweden, North Estonia, Koszalin County (Poland), Puck County (Poland) and Northeast Germany, East Jutland (Denmark) and medium-to-high in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium-to-high in Saint Petersburg and very high in Kaliningrad and is expected to be the same for the next five days.

Poliovirus - US -2022

Opening date: 22 July 2022 Latest update: 19 August 2022

On 21 July 2022, the New York State Health Department confirmed a case of paralytic polio in Rockland County.

➔Update of the week
On 12 August 2022, the New York State Department of Health (NYSDOH) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) announced the presence of polioviruses in sewage, after the analysis of additional environmental samples carried out in New York City recently. According to the press release from these authorities, the risk of community transmission in the area persists.

Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019 Latest update: 19 August 2022

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 15 June 2022, the 32nd meeting of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week

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Since the previous update on 19 July 2022 and as of 16 August 2022, 54 new cases of AFP caused by WPV1 or cVDPVs have been reported. In addition, one case of poliomyelitis due to VDPV2 in an unvaccinated individual was reported in New York State, United States of America.

Wild poliovirus (WPV1):

- Two new cases of AFP caused by WPV1 have been reported from Pakistan.
- Three new cases of AFP caused by WPV1 have been reported from Mozambique.

Circulating vaccine-derived poliovirus (cVDPV):
- Five new cases of AFP caused by cVDPV1 have been reported from Madagascar (3) and Mozambique (2).

- 44 new cases of AFP caused by cVDPV2 have been reported in 2022 from five countries: Yemen (28), DRC (10), Nigeria (3), Niger (2), and Chad (1).

- No new cases of AFP caused by cVDPV3 have been reported.

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 19 August 2022

Epidemiological summary

EU/EEA

As of week 2022-32, 163 979 234 cases have been reported in the EU/EEA: France (34 302 956), Germany (31 563 364), Italy (21 499 531), Spain (13 365 683), Netherlands (8 365 591), Poland (6 128 230), Portugal (5 380 241), Austria (4 881 083), Belgium (4 446 828), Greece (4 325 389), Czechia (4 010 886), Romania (3 150 444), Denmark (3 143 133), Sweden (2 555 046), Slovakia (2 340 761), Hungary (2 021 729), Norway (1 970 860), Ireland (1 629 040), Lithuania (1 441 640), Finland (1 235 867), Bulgaria (1 226 067), Croatia (1 200 742), Slovenia (1 104 009), Latvia (880 924), Estonia (577 540), Cyprus (571 994), Luxembourg (319 693), Iceland (209 408), Malta (113 561) and Liechtenstein (18 808).

As of week 2022-32, 1 146 768 deaths have been reported in the EU/EEA: Italy (174 060), France (167 225), Germany (145 829), Poland (117 165), Spain (111 969), Romania (66 137), Hungary (45 865), Czechia (40 520), Bulgaria (37 486), Greece (32 028), Belgium (31 827), Portugal (24 744), Netherlands (22 554), Austria (20 511), Sweden (19 581), Slovakia (19 519), Croatia (16 496), Lithuania (9 233), Slovenia (8 032), Finland (7 285), Denmark (6 780), Latvia (6 574), Ireland (6 532), Norway (2 789), Estonia (2 515), Luxembourg (1 312), Cyprus (1 149), Malta (797), Iceland (179) and Liechtenstein (83).

In week 2022-32, in the EU/EEA overall, the reported weekly cases decreased by 23.7% compared to the previous week. Overall, 23 countries reported a decrease in weekly cases (Austria, Belgium, Bulgaria, Cyprus, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovenia, Slovakia, and Spain), while seven countries reported an increase in weekly cases (Croatia, Denmark, Iceland, Ireland, Lithuania, Poland, and Sweden). The countries with the highest 14-day notification rates per 100 000 population are: Greece (1 293), Latvia (1 020), Cyprus (1 014), Slovenia (951), and Austria (926).

At the end of week 32, 2022 (week ending 14 August), the overall notification rate of COVID-19 cases in the EU/EEA remains high (632.9 per 100 000 population, 17% of the pandemic maximum) albeit with a continuing decreasing trend (26% decrease compared to previous week) for the past three weeks. Among people aged 65 years and above, case rates are also declining but at a slower rate (749.7 cases per 100 000 population, corresponding to a 21% decrease compared to the previous week).The case notification rate in this age group remains high at 58% of the maximum notification rate observed in the pandemic. Despite an overall declining trend for the EU/EEA, some countries are still experiencing increases in case rates mainly driven by BA.4 and BA.5. This increase in case rates are partially observed in countries with lower vaccine coverage for both the primary course and booster vaccination dose compared to the EU/EEA average. Lower vaccination coverage together with rising case numbers in light of BA.4/5 spread, may lead to more severe cases.

Out of 27 countries with data on hospital or ICU admissions/occupancy up to week 32, five reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (14.6 deaths per million population, compared with 17.9 deaths the previous week). Increasing trends (duration in weeks) were observed in four countries - Denmark (two), Lithuania (one), Norway (one) and Poland (one) in the COVID-19 death rate.

Among the nine countries with an adequate sequencing volume for weeks 30–31 (25 July to 7 August 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 98.3% (10.5–100.0% from nine countries) for BA.4/BA.5, 1.4% (0.0–3.6% from eight countries) for BA.2, 0.8% (0.5–1.0%, 45 detections from two countries) for BA.2+L452X, 0.2% (0.1–1.4%, 151 detections from three countries) for BA.1 and 0.1% (0.0–0.2%, 16 detections from two countries) for BA.2.75

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

EU

As of week 2022-32, 161 780 158 cases and 1 143 717 deaths have been reported in the EU.

Western Balkans and Turkey:

As of week 2022-32, the following Western Balkan countries reported COVID-19 cases: Serbia (2 203 039), Bosnia and Herzegovina (391 005), North Macedonia (334 562), Albania (321 345), Montenegro (269 219) and Kosovo (266 250).

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As of week 2022-32, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 438), Bosnia and Herzegovina (15 943), North Macedonia (9 417), Albania (3 570), Kosovo (3 174) and Montenegro (2 758).

Additionally, as of week 2022-32, 16 528 070 cases and 100 058 deaths have been reported from Turkey.

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

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

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

Variant update
Since the last report at the round table, no relevant epidemiological updates regarding SARS-COV-2 VOC have been detected.

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

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

Other news

On 16 August 2022, the Health Service Executive (HSE) of Ireland updated their advice on COVID-19 vaccine booster doses. A second booster dose is now recommended to pregnant women (from 16 weeks), people aged 50 years or older, and immunocompromised people (aged 12 years or older). The administration of the second booster dose is recommended at least four months after the last COVID-19 vaccine dose, or four months after the last positive test or start of symptoms in case of previous SARS-CoV-2 infection.

On 15 August 2022, the United Kingdom Health Security Agency (UKHSA) published a press release announcing the approval of an adapted COVID-19 vaccine targeting two different SARS-CoV-2 variants (known as a 'bivalent' vaccine). According to the press release, the bivalent vaccine, developed by Moderna, has been approved for adult booster doses by the Medicines and Healthcare products Regulatory Agency (MHRA) after meeting the UK regulator's standards. The bivalent vaccine triggers an immune response against both Omicron (BA.1) and the original 2020 strain. Exploratory analysis found that the vaccine generates a good immune response against the Omicron sub-variants BA.4 and BA.5. Safety monitoring showed that the side effects observed were the same as those seen for the original Moderna booster dose, and were typically mild and self-resolving, with no serious safety concerns identified.

On 11 August 2022, the United States Centers for Disease Control and Prevention (US CDC) updated their Operational Guidance for K–12 schools and Early Care and Education (ECE) programs to support safe in-person learning and for schools to remain open. According to the update, quarantine is no longer recommended for people exposed to COVID-19 except in certain high-risk congregate settings. Additionally, people exposed to COVID-19 in schools should follow recommendations to wear masks and get tested.

On 11 August 2022, the United States Centers for Disease Control and Prevention (US CDC) issued a press release regarding its updated guidance on COVID-19 in community settings. The general recommendations are as follows: being up to date with COVID-19 vaccination; if exposed to COVID-19, wearing a high-quality mask for ten days and getting tested on the fifth day (instead of quarantining); irrespective of vaccination status, isolating oneself on sickness and suspicion of COVID-19, or on testing positive for COVID-19; and restarting another cycle of isolation if COVID-19 symptoms worsen after the completion of one isolation cycle. Furthermore, it is emphasised protection against COVID-19 includes but is not just limited to observing physical distance. It is important to consider aspects like ventilation, as well as specific risks in respective settings. Lastly, screening testing of asymptomatic people without known exposures is no longer recommended in most settings.

On 11 August 2022, the World Health Organization (WHO) published its updated interim statement on COVID-19 vaccination for children. According to the statement, COVID-19 vaccines with WHO Emergency Use Listing (EUL) which have undergone clinical trials in children and adolescents remain safe and effective in preventing disease in this age group. COVID-19 vaccination should be offered to children with comorbidities and severe immunocompromising conditions. Furthermore, there are individual and population benefits of vaccinating children and adolescents.

On 10 August 2022, the World Health Organization (WHO) published the latest COVID-19 epidemiological update about the a

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stabilisation of confirmed COVID-19 cases worldwide. According to the report, the number of new COVID-19 weekly cases remained stable for week 31 after showing a decrease of 9% in week 30 compared to week 29. Moreover, globally, COVID-19 weekly fatalities also decreased by 9% for week 31 compared to week 30.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eight, ninth, tenth, eleventh and twelfth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

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

Actions

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

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

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022 Latest update: 19 August 2022

Epidemiological summary

EU/EEA
Since the start of the monkeypox outbreak and as of 18 August 2022, 16 162 confirmed cases of monkeypox (MPX) have been reported from 29 EU/EEA countries: Spain (5 792), Germany (3 242), France (2 749), Netherlands (1 090), Portugal (770), Italy (689), Belgium (624), Austria (218), Denmark (158), Sweden (141), Ireland (113), Poland (107), Norway (74), Hungary (62), Greece (50), Luxembourg (45), Slovenia (43), Czechia (39), Romania (34), Malta (31), Croatia (22), Finland (22), Iceland (12), Estonia (9), Slovakia (9),
Two deaths have been reported from Spain in July 2022.

Western Balkans and Turkey
Since the start of the monkeypox outbreak and as of 18 August 2022, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (31), Bosnia and Herzegovina (3) and Montenegro (1). In addition, five cases have been reported from Turkey.

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

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

ECDC assessment

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

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

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

Although monkeypox can infect animals and a recent Lancet publication might suggest human-to-dog transmission of monkeypox virus, further confirmatory investigations are being carried out by the French veterinary authorities to confirm this finding, and specifically to confirm infection versus carriage of the virus in the dog.

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

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

Actions

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

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

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

Opening date: 2 June 2022 Latest update: 19 August 2022

Epidemiological summary

Since last week's update, and as of 17 August 2022, European Union (EU) and European Economic Area (EEA) countries reported

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103 human cases of West Nile virus (WNV) infection and four deaths. Cases were reported by Italy (84) and Greece (19). Deaths were reported by Italy (3) and Greece (1). EU-neighbouring countries reported 19 human cases of WNV infection in Serbia and no deaths related to WNV infections.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported human cases of WNV infection for the first time: Pistoia in Italy and Moravicki in Serbia.

Since the beginning of the 2022 transmission season and as of 17 August 2022, EU/EEA countries have reported 292 human cases of WNV infection in Italy (228), Greece (59), Austria (2), Romania (2) and Slovakia (1). There were 15 deaths in EU/EEA countries in Italy (13) and Greece (2). EU-neighbouring countries have reported 53 human cases of WNV infection in Serbia and three deaths in Serbia.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 47 different NUTS 3 or GAUL 1 regions, of which the following regions reported human cases of WNV infection for the first time: Pistoia in Italy and Moravicki in Serbia.

Since the beginning of the 2022 transmission season, 12 outbreaks among equids and 52 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Italy (10), France (1) and Hungary (1). Outbreaks among birds have been reported by Italy (51) and Germany (1).

ECDC links: West Nile virus infection webpage

Sources: TESSy | Animal Disease Information System

ECDC assessment

During the current transmission season and as of 17 August 2022, the human cases of WNV were reported from countries that had reported WNV infections in previous years. There were two regions, Pistoia in Italy and Moravicki in Serbia, that reported human cases of WNV infection for the first time. Both regions are adjacent to other regions that reported WNV infections in the current season.

In accordance with Commission Directive 2014/110/EU, prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

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

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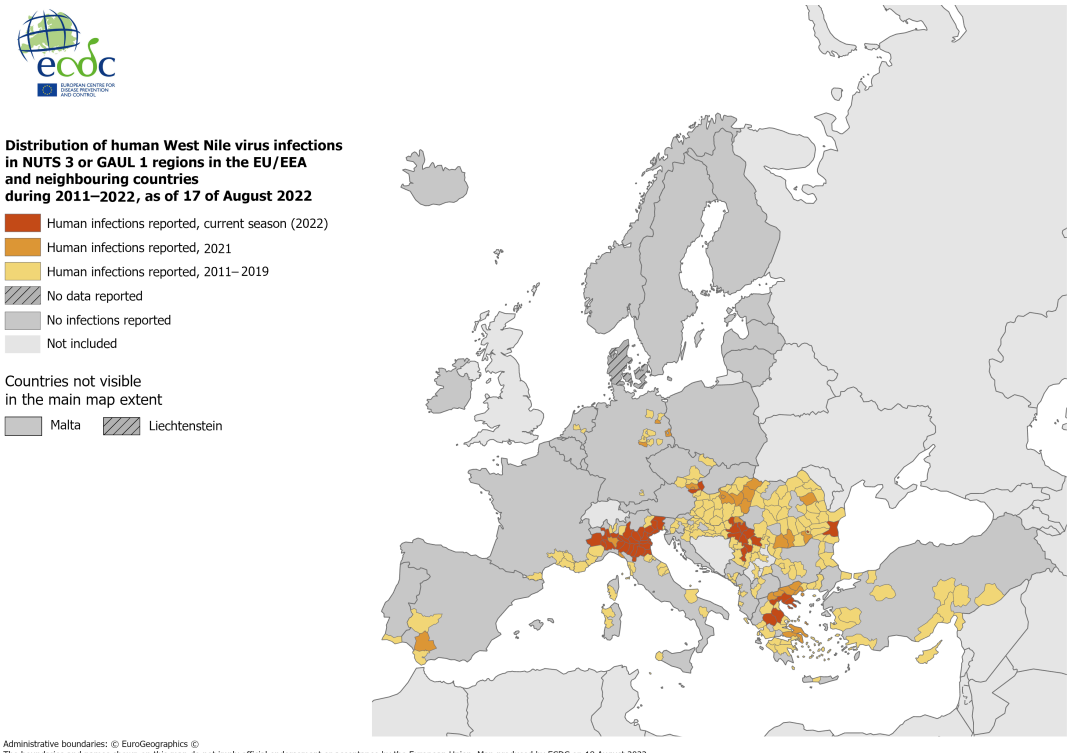
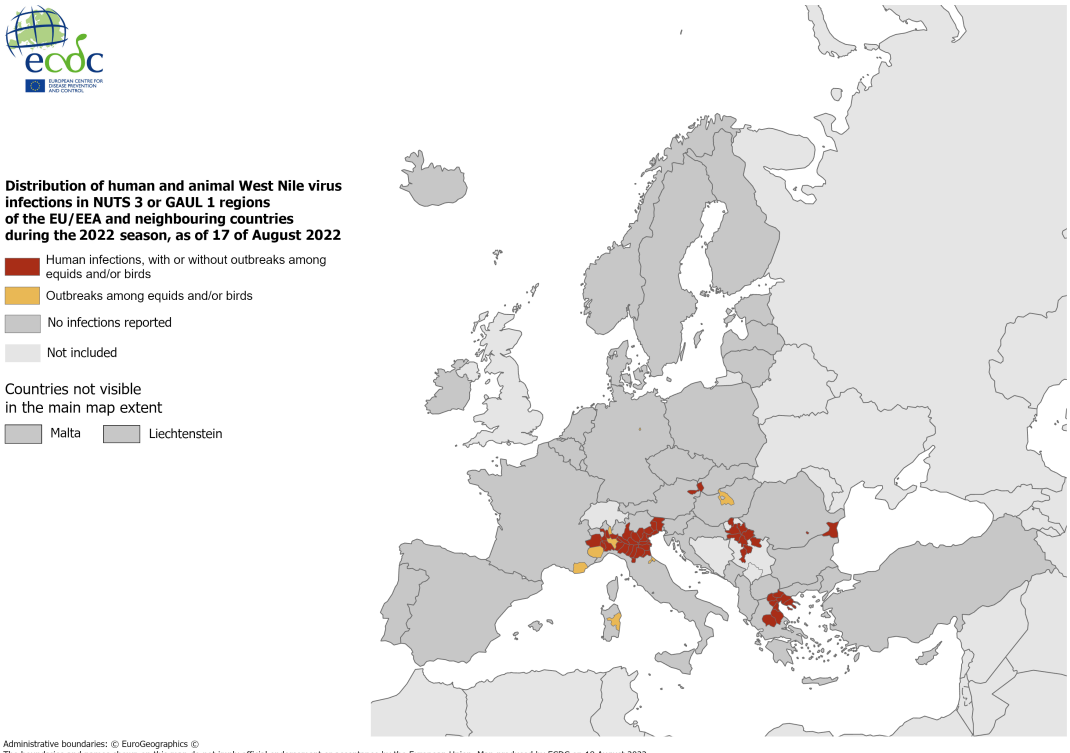
Distribution of human West Nile virus infections by affected areas as of 17.08

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 17.08

ECDC and ADIS



Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

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Opening date: 15 September 2021 Latest update: 19 August 2022

Epidemiological summary

In 2022 and as of 16 August 2022, three influenza variant H3N2v virus human infections with a H3N2 virus that usually circulates among the pig population in the US have been reported by West Virginia. The first case was reported on 5 August 2022 and the two other cases on 12 August 2022. The infections occurred in people under 18 years who attended an agricultural fair, of whom two reported contact with pigs. None of the three cases were hospitalised and all have recovered from their illnesses.

In 2021, three cases of influenza variant H3N2v virus human infection were reported in the US.

Source: US CDC (Novel Influenza A Virus Infections) | media | US CDC (5/8/2022) | US CDC (12/8/2022)

ECDC assessment

In the US, it is very popular to attend agricultural fairs where animals such as pigs are present and can be touched by the visitors. The fair season in the US can last into the autumn and influenza virus transmission events from pigs to humans during these fairs have been reported earlier. Based on the current situation, the risk to the general population visiting the US is considered very low. Travelers to the US attending agricultural fairs should be aware of the risk that pigs could be infected with swine influenza viruses. Travelers with direct exposure to pigs that show respiratory symptoms should refrain from travelling and seek medical attention.

Actions

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

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

Opening date: 30 June 2022

Epidemiological summary

As of 17 August 2022, the environmental suitability for Vibrio growth in the Baltic Sea was identified as generally medium-to-high. However it was very high in Szczecin (Poland) and Usedom (Germany) and very-low-to-low in Sweden, the majority of Finland, Saare County (Estonia), Gryfice County (Poland), Mecklenburg-Western Pomerania (Germany) and Denmark.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be very-low-to-low in Sweden, North Estonia, Koszalin County (Poland), Puck County (Poland) and Northeast Germany, East Jutland (Denmark) and medium-to-high in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium-to-high in Saint Petersburg and very high in Kaliningrad and is expected to be the same for the next five days.

Since May 2022 and as of 18 August 2022, three human cases of locally-acquired vibriosis have been reported in Sweden.

Since May 2022 and as of 18 August 2022, four human cases of locally-acquired vibriosis have been reported in Norway.

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

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

Source: ECDC Vibrio Map Viewer

ECDC assessment

Elevated sea surface temperatures (SSTs) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water

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bodies with moderate salinity. Open-ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content.

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

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

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

Actions

ECDC is monitoring this threat on a weekly basis through the summer of 2022 and reports on increased environmental suitability for the growth of the *Vibrio* bacteria.

Poliovirus - US -2022

Opening date: 22 July 2022 Latest update: 19 August 2022

Epidemiological summary

On 21 July 2022, the New York State Department of Health (NYSDOH) and the Rockland County Department of Health alerted the public to a case of poliomyelitis in a Rockland County resident. According to the Global Polio Eradication Initiative (GPEI), this is a case of paralytic polio in an unvaccinated individual. Initial sequencing confirmed by CDC indicates that the case is type 2 VDPV. This is indicative of a transmission chain from an individual who received the oral polio vaccine (OPV), which is no longer authorised or administered in the US, which has only been using the inactivated polio vaccine (IPV) since 2000. This suggests that the virus may have originated in a location outside of the US where OPV is administered, since revertant strains cannot emerge from inactivated vaccines.

On 29 July 2022, the Global Polio Eradication Initiative reported that the Global Polio Laboratory Network confirmed the isolate from the US case is genetically linked to two Sabin-like type 2 (SL2) isolates from environmental samples collected in early June 2022 in New York, USA, and greater Jerusalem, Israel. These isolates are also genetically linked to the recently detected VDPV2 environmental samples from London, UK. According to the Rockland County Department of Health, polio was detectable in wastewater samples collected in June 2022 from the Rockland County Sewer District #1 which may have been from the confirmed case.

On 2 August 2022, the Orange County Government posted a news item reporting that the New York State Department of Health had advised them that poliovirus was detected in wastewater samples taken in June and July 2022 from two geographically different locations of Orange County. According to the news item, there have been no confirmed cases of polio infection identified to date in Orange County, but the wastewater analysis reports indicate that virus is circulating in the community. State and local public health officials have advised medical practitioners to be vigilant about identifying potential cases and increasing vaccination efforts.

Rockland County is recommending vaccination for all non-vaccinated individuals with support from the US CDC. Further investigations are ongoing.

Sources: New York State Health Department | Rockland County Health Department | GPEI | CNN | GPEI map

ECDC assessment

The risk of additional cases related to this event persists, especially in the areas with low polio vaccine coverage and in population groups with low polio vaccine uptake.

The WHO European Region, including the UK and the EU/EEA has remained polio-free since 2002.
Inactivated polio vaccines are used in all EU/EEA countries. However, while there are non-or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced into Europe remains. According to the European Regional Certification Commission for Poliomyelitis Eradication (RCC) report from September 2021 assessment, referring to data of 2020, two EU/EEA countries (Poland and Romania) and one neighbouring country (Ukraine)

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remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity. According to the same report, an additional 11 EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in two endemic countries (Pakistan and Afghanistan) shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of underimmunised populations. Despite the current COVID-19 challenges, Member States should review their polio vaccination coverage data and ensure there are no vaccination gaps.

ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or longterm visitors (>4 weeks) to countries with the potential risk of international spread (i.e. to receive a dose of poliovirus vaccine between four weeks and 12 months prior to international travel).

For further information on poliomyelitis please see ECDC's factsheet. For information on diagnosing and addressing behavioural barriers to vaccine acceptance, please see ECDC's publication on increasing vaccine uptake. For communication resources relating to poliomyelitis please see ECDC's communication toolkit on immunization, including polio.

Actions

ECDC is monitoring the event through epidemic intelligence activities. ECDC monitors any report of polio cases worldwide in order to highlight polio eradication efforts and to identify events that may increase the risk of reintroducing poliovirus into the EU.

Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

Opening date: 9 December 2019 Latest update: 19 August 2022

Epidemiological summary

Wild poliovirus:
In 2022, and as of 16 August 2022, 19 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries, Pakistan (14) and Afghanistan (1), and one non-endemic country, Mozambique (4). One associated death has been reported in Pakistan.

In 2021, six cases of AFP caused by WPV1 were reported from the two endemic countries, Afghanistan (4) and Pakistan (1), and from one non-endemic country, Malawi (1).

Circulating vaccine-derived poliovirus (cVDPV):
In 2022, and as of 16 August 2022, ten cases of AFP caused by cVDPV1 have been reported from Madagascar (8) and Mozambique (2).
Overall, 219 cases of AFP caused by cVDPV2 have been reported from 12 countries: Yemen (82), Democratic Republic of the Congo (73), Nigeria (33), Chad (9), Niger (10), Mozambique (4), Benin (2), Somalia (2), Algeria (1), Eritrea (1) Ghana (1) and Togo (1). One case of AFP caused by cVDPV3 has been reported from Israel, which is part of an outbreak involving an additional six samples from asymptomatic children that tested positive for cVDPV3.

In 2021, 16 cases of AFP caused by cVDPV1 were reported from Madagascar (13) and Yemen (3). There were 682 cases of AFP caused by cVDPV2 reported from 22 countries: Nigeria (415), Yemen (66), Afghanistan (43), Tajikistan (35), Democratic Republic of the Congo (28), Niger (18), Senegal (17), Ethiopia (10), South Sudan (9), Pakistan (8), Guinea (6), Sierra Leone (5), Benin (3), Cameroon (3), Guinea-Bissau (3) Liberia (3), Burkina Faso (2), Congo (2), Mozambique (2), Ukraine (2), Eritrea (1) and Somalia (1). No cases of AFP caused by cVDPV3 were reported.

Vaccine-derived poliovirus (VDPV):
According to the Global Polio Eradication Initiative on 29 July 2022, one case of paralytic polio in an unvaccinated individual caused by vaccine-derived polio virus type 2 (VDPV2) was reported in New York State, United States of America. On 16 August 2022, the US CDC published an early release about this case in the Morbidity and Mortality Weekly Report (MMWR). Additional information on this case can be found in the designated threat included in this weeks CDTR report.

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Sources: Global Polio Eradication Initiative | ECDC | ECDC Polio interactive map | WPV3 eradication certificate | Morbidity and Mortality Weekly Report (MMWR)

ECDC assessment

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. Two EU/EEA countries (Poland and Romania) and one neighbouring country (Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the European Regional Certification Commission for Poliomyelitis Eradication (RCC) report from September 2021 assessment, referring to data of 2020. According to the same report, 11 EU/EEA countries are at an intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and detection of four WPV1 cases in Mozambique in 2022 genetically linked to a strain from Pakistan show that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of under-immunised populations. The EU/EEA countries should review their polio vaccination coverage data and ensure there are no immunity gaps in the population and there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents or long-term visitors (>4 weeks) in countries categorised by WHO as having the potential risk of international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions

ECDC provides updates on the polio situation on a monthly basis. The Agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains an interactive map showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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