COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 12, 20-26 March 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020 Latest update: 25 March 2022

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

➔Update of the week

Since week 2022-10 and as of week 2022-11, 11 807 854 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 35 188 new deaths have been reported.

Since 31 December 2019 and as of week 2022-11, 470 223 960 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 094 326 deaths.

In the EU/EEA only and as of week 2022-11, 120 670 566 cases have been reported, including 1 044 563 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 17 March 2022 and as of 24 March 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and De-escalated variants.

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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

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

Opening date: 24 February 2022 Latest update: 25 March 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 23 March 2022, the total number of people fleeing Ukraine reached 3 674 952. In total, 2 173 944 have crossed the Polish border; 563 519 the Romanian; 330 877 the Hungarian; and 260 244 the Slovakian. In addition, Czechia's Ministry of the Interior reported 222 847 special visa concessions to Ukrainian applicants as of 23 March 2022. Outside of the EU/EAA, 374 059 people have sought safety in the Republic of Moldova (United Nations).

Apart from neighbouring countries, displaced people from Ukraine are also travelling to other EU/EEA countries. Various sources reported on the approximate number of people that arrived in different EU/EEA non-neighbouring countries, for example Germany (246 000), Croatia (8 300), Italy (65 350), Greece (13 754), Finland (9 247), Denmark (1 978) (official websites/sources), and Austria (150 000), Bulgaria (78 000), France (26 000), Estonia (25 000), Lithuania (24 949), Portugal (13 000), The Netherlands (12 000), Belgium (11 500), Ireland (9 762), Latvia (4 300), Slovenia (3 000), Luxembourg (1 000), Cyprus (700), Malta (26) (media sources). The numbers of displaced people mentioned above were reported in official and unofficial public sources and should be interpreted with caution.

On 24 March 2022, the World Health Organization published the fourth situation report on the emergency in Ukraine, according to which, the total number of affected people is 18 million (projected) with approximately 6.4 million being internally displaced within Ukraine.

No major outbreaks or other events related to communicable diseases have been detected. Media reported that cases of COVID-19 and tuberculosis have been detected among displaced people from Ukraine (Italy TB/COVID-19 and Bulgaria COVID-19).

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 25 March 2022

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

➔Update of the week

Week 1/2022 (14 – 20 March 2022)

Belgium, Bulgaria, Denmark, Estonia, France, Georgia, Hungary, Ireland, Kazakhstan, Luxembourg, the Netherlands, Norway, Portugal, Slovenia and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with influenza-like illness (ILI) or acute respiratory infections (ARI) symptoms that tested positive for an influenza virus has been rising from week 4/2022 until week 10/2022 (when it reached 27%) and declined slightly to 20% in week 11/2022.

Countries mostly in the western-central part of the Region reported seasonal influenza activity at or above 30% positivity in sentinel primary care: Hungary (79%), France (71%), Belgium (63%), the Netherlands (62%), Slovenia (52%), Italy (44%), Serbia (38%), Spain (35%).

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.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

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Non EU Threats

Influenza A(H5N6) – Multi-country – Monitoring human cases

Opening date: 17 January 2018 Latest update: 25 March 2022

Animal influenza viruses that cross the animal-human divide to infect people are considered novel to humans and have the potential to become pandemic threats. Highly pathogenic avian influenza viruses A(H5) of Asian origin are extremely infectious for several bird species, including poultry. In 2014, a novel avian influenza A(H5N6) reassortant causing a human infection was detected in China. To date, only sporadic human cases of avian influenza A(H5N6) virus infection have been reported, mainly from China.

➔Update of the week

As of 24 March 2022 and since the previous monthly update on 24 February 2022, three new human cases of avian influenza A (H5N6) were reported from China.

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

Opening date: 20 April 2006

Several countries in Africa and Asia have reported cholera outbreaks in 2021 and 2022. Major ongoing outbreaks are being reported from Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia and Nigeria.

➔Update of the week

Since the last update on 16 February 2022, approximately 30 629 suspected cholera cases including 39 deaths have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, India, Malawi, and Nigeria. A list of all countries reporting new cases since our previous update can be found below.

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 25 March 2022

Avian influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

➔Update of the week

As of 24 March 2022, and since the previous monthly report on 24 February 2021, three new cases of human infection with avian influenza A(H9N2) have been reported, two from China and one from Cambodia, according to WHO and media reports.

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

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II. Detailed reports

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

Opening date: 7 January 2020 Latest update: 25 March 2022

Epidemiological summary

Since week 2022-10 and as of week 2022-11, 11 807 854 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 35 188 new deaths have been reported

Cases have been reported from:

Africa: 11 468 812 cases; the five countries reporting most cases are South Africa (3 704 218), Morocco (1 162 497), Tunisia (1 029 762), Libya (501 135) and Egypt (500 889).
Asia: 114 694 002 cases; the five countries reporting most cases are India (43 009 390), South Korea (9 582 815), Vietnam (7 958 048), Iran (7 141 033) and Japan (6 102 134).
America: 150 250 933 cases; the five countries reporting most cases are United States (79 778 889), Brazil (29 641 594), Argentina (9 011 367), Colombia (6 081 639) and Mexico (5 635 500).
Europe: 189 277 931 cases; the five countries reporting most cases are France (24 100 949), United Kingdom (20 208 482), Germany (18 841 516), Russia (17 582 692) and Turkey (14 679 945).
Oceania: 4 531 577 cases; the five countries reporting most cases are Australia (3 717 546), New Zealand (496 567), French Polynesia (71 243), Fiji (64 327) and New Caledonia (59 977).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 251 256 deaths; the five countries reporting most deaths are South Africa (99 881), Tunisia (28 065), Egypt (24 361), Morocco (16 052) and Ethiopia (7 489).
Asia: 1 257 357 deaths; the five countries reporting most deaths are India (516 510), Indonesia (153 892), Iran (139 610), Philippines (58 263) and Vietnam (41 880).
America: 2 680 608 deaths; the five countries reporting most deaths are United States (972 634), Brazil (657 302), Mexico (322 107), Peru (211 924) and Colombia (139 471).
Europe: 1 896 255 deaths; the five countries reporting most deaths are Russia (364 492), United Kingdom (163 666), Italy (157 785), France (154 650) and Germany (127 170).
Oceania: 8 844 deaths; the five countries reporting most deaths are Australia (5 730), Fiji (834), French Polynesia (645), Papua New Guinea (639) and Guam (340).
Other: six deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2022-11, 120 670 566 cases have been reported in the EU/EEA: France (24 100 949), Germany (18 841 516), Italy (13 702 673), Spain (11 356 858), Netherlands (7 511 425), Poland (5 901 542), Czechia (3 737 230), Belgium (3 700 997), Austria (3 524 027), Portugal (3 493 055), Greece (2 796 977), Romania (2 752 316), Denmark (2 701 584), Sweden (2 477 933), Slovakia (2 119 025), Hungary (1 830 009), Ireland (1 390 767), Lithuania (1 320 077), Norway (1 306 908), Bulgaria (1 123 714), Croatia (1 084 005), Slovenia (937 936), Finland (812 216), Latvia (771 036), Estonia (528 019), Cyprus (376 334), Luxembourg (209 147), Iceland (172 287), Malta (74 664) and Liechtenstein (15 340).

As of week 2022-11, 1 046 898 deaths have been reported in the EU/EEA: Italy (157 785), France (154 650), Germany (127 170), Poland (114 594), Spain (101 526), Romania (61 009), Hungary (43 917), Czechia (39 355), Bulgaria (36 272), Belgium (30 068), Greece (26 980), Netherlands (21 793), Portugal (21 480), Slovakia (19 133), Sweden (17 979), Croatia (15 435), Austria (14 615), Lithuania (9 030), Ireland (6 638), Slovenia (6 442), Latvia (6 028), Denmark (4 867), Finland (2 881), Estonia (2 275), Norway (2 169), Luxembourg (1 015), Cyprus (1 004), Malta (622), Iceland (86) and Liechtenstein (80).

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

In week 2022-11, in the EU/EEA overall, the reported weekly cases increased by 3.1% compared to the previous week. Weekly increases in descending order were observed in Malta, Lithuania, France, Slovenia, Luxembourg, Cyprus, Liechtenstein, Greece, Ireland, Croatia, Romania, Germany, Austria, Italy, Bulgaria and Czechia. The countries with the highest 14-day notification rates per 100 000 population are: Iceland (9 050), Austria 6 925), Liechtenstein (5 825), Cyprus (4 763) and Netherlands (4 619). Overall, 14 of the 30 EU/EEA countries (Belgium, Denmark, Estonia, Finland, Hungary, Iceland, Latvia, Netherlands, Norway,

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

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Poland, Romania, 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 11, four countries (Greece, Ireland, Liechtenstein and Malta) were categorised as of very high concern, 19 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Finland, France, Germany, Iceland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Portugal, Slovakia and Slovenia) as of high concern and seven countries (Bulgaria, Estonia, Hungary, Poland, Romania, Spain and Sweden) as of moderate concern. Compared with the previous week, four countries (Greece, Liechtenstein, Malta and Romania) moved to a higher category, five countries (Estonia, Finland, Iceland, Luxembourg and the Netherlands) moved to a lower category and 21 countries stayed in the same category.

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

Since the last update on 10 March 2022 and as of 24 March 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

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

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eight, ninth and tenth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 4 July 2021, 22 October 2021 and 13 January 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

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

Actions

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

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

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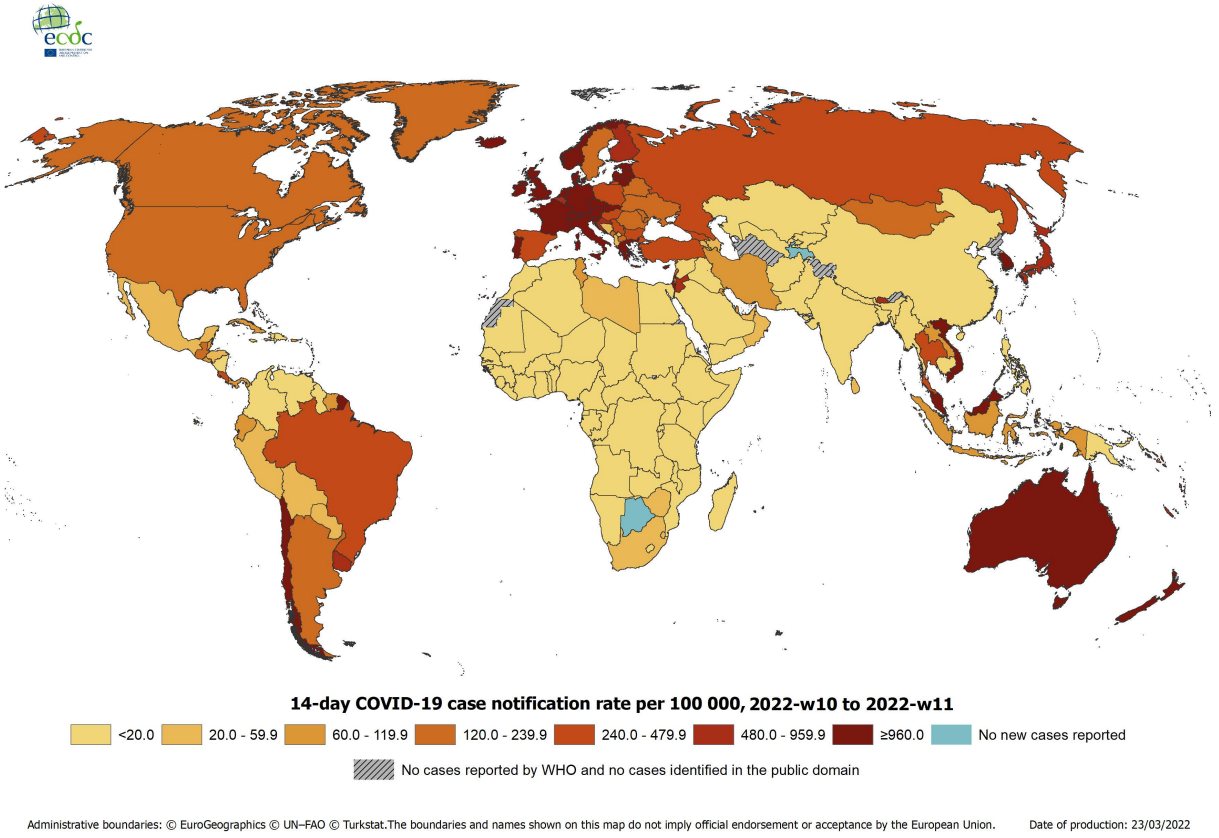
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w10 to 2022-w11

Source: ECDC



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

Opening date: 24 February 2022 Latest update: 25 March 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

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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 TB. 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. As the situation evolves ECDC is ready to provide specific support, including through staff deployments. ECDC will continue to closely monitor the situation through epidemic intelligence activities. An ECDC document entitled "Operational public health considerations for the prevention and control of infectious diseases in the context of the military aggression in Ukraine" was published on Tuesday, 8 March 2022. ECDC has opened an item in EpiPulse and encourages Member States to report public health events related to the crisis in EpiPulse.

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 25 March 2022

Epidemiological summary

Week 11/2022 (14 – 20 March 2022)

Belgium, Bulgaria, Denmark, Estonia, France, Georgia, Hungary, Ireland, Kazakhstan, Luxembourg, Netherlands, Norway, Portugal, Slovenia and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus has been rising from week 4/2022 until week 10/2022 (when it reached 27%) and declined slightly to 20% in week 11/2022.

Countries mostly in the western-central part of the Region reported seasonal influenza activity at or above 30% positivity in sentinel primary care: Hungary (79%), France (71%), Belgium (63%), the Netherlands (62%), Slovenia (52%), Italy (44%), Serbia (38%), Spain (35%).

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 hospitalized with confirmed influenza virus infection.

2021-2022 season overview

For the Region as a whole influenza activity has increased until week 10 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, had a first peak in week 52/2021 (when it reached 20% positivity), and started to increase again in week 4/2022 reaching a second peak in week 10/2022 (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

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu
Epidemic Intelligence duty email: support@ecdc.europa.eu
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against medically attended outpatient acute respiratory infection associated with the dominant circulation influenza A(H3N2) virus was 16% (95% CI = −16% to 39%).

The European I-MOVE network estimated influenza vaccine effectiveness (VE) using a multicentre test-negative design among symptomatic patients presenting at primary care level between October 2021 and March 2022. Preliminary influenza vaccine effectiveness (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. Influenza positive cases among other age groups were too few to measure VE.

In Sweden, the vaccine effectiveness against laboratory-confirmed influenza was estimated to be 47% for individuals over 65 years of age.

According to preliminary data in mainland France, the vaccine effectiveness 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 analyzed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

Source: Flu News Europe

ECDC assessment

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

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

Actions

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

Influenza A(H5N6) – Multi-country – Monitoring human cases

Opening date: 17 January 2018 Latest update: 25 March 2022

Epidemiological summary

As of 24 March 2022, and since the previous monthly report on 24 February 2022, three new human cases with avian influenza A (H5N6) virus infection were reported from China. The cases were reported from Jiangsu (1), Jiangxi (1), and Sichuan (1) provinces in China. Two cases were adults 48-year-old man and 51-year-old woman, one was a six-year-old girl. The onset of symptoms and hospitalisation of the reported cases occurred in January and February 2022. All cases had exposure to poultry. No additional cases were detected among close contacts of these cases.

Epidemiological details of the new cases are listed as follows:
1. 48-year-old man from Chengdu, Sichuan province with onset of symptoms on 23 January 2022. The case was hospitalised on 24 January 2022 in critical condition. The case had exposure to poultry market prior to the onset of symptoms.
2. 6-year-old girl from Yangzhou City, Jiangsu province with onset of symptoms on 20 January 2022. The case was hospitalized on 25 January 2022 in critical condition. The case had exposure to poultry prior to the onset of symptoms.
3. 51-year-old woman from Nanchang City, Jiangxi province with onset of symptoms on 20 February 2022. The case was hospitalised on 23 February 2022. The case had exposure to poultry prior to the onset of symptoms.

The following case list provides detailed information for the four cases for which this information was not available in the previous report:

1. 46-year-old man from Fuzhou, Fujian province with onset of symptoms on 28 January 2022. The case was hospitalised on 03 February 2021 in critical condition and died on 10 February 2022. The case had exposure to poultry prior to the onset of

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ecdc.europa.eu
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symptoms.
2. 12-year-old girl from Liuzhou, Guangxi province with onset of symptoms on 17 November 2021. The case was hospitalised on 20 November 2021 and died 4 December 2021. The case had exposure to poultry market prior to the onset of symptoms.
3. 79-year-old man from Liuzhou, Guangxi province with onset of symptoms on 18 November 2021. The case was hospitalised on 22 November 2021 and died 3 December 2021. The case had exposure to poultry market prior to the onset of symptoms.
4. 35-year-old man from Hechi, Guangxi province with onset of symptoms on 31 January 2022. The case was hospitalised on 5 February 2022. The case had exposure to sick and dead poultry prior to the onset of symptoms.

Summary: To date and since 2014, overall, 75 laboratory-confirmed cases of human infection with influenza A(H5N6) virus, including 32 deaths, have been reported, according to WHO.

Sources: WHO Avian Influenza Weekly Update Number 836.

ECDC assessment

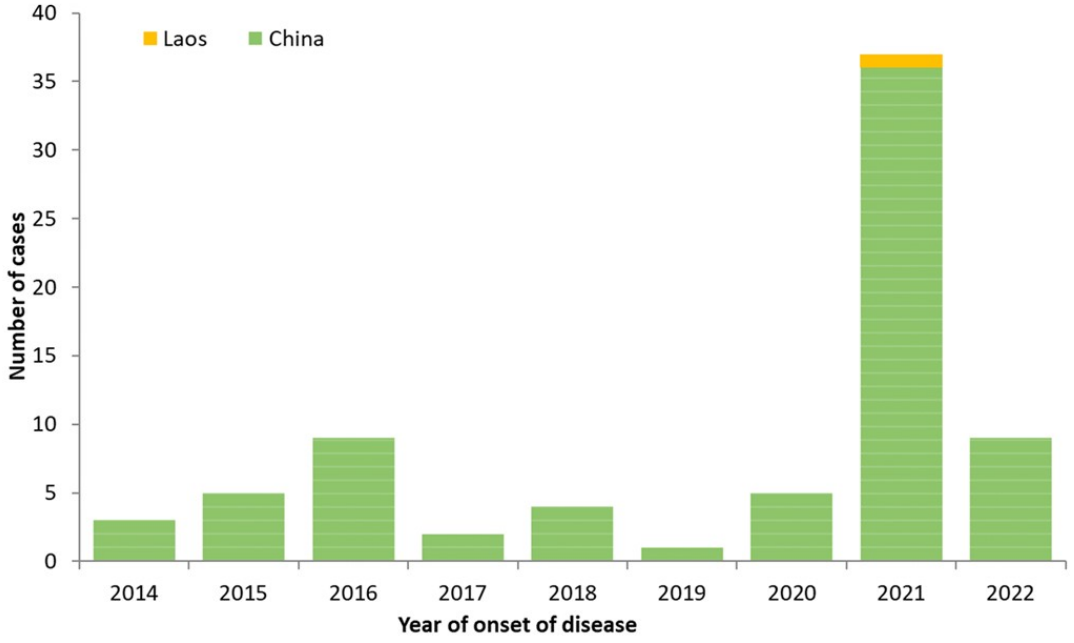
Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported so far. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities and in collaboration with EFSA and the EU reference laboratory in order to identify significant changes in the 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 in December 2021.

Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014–2022

Source: ECDC



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

Opening date: 20 April 2006

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

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Epidemiological summary

Americas
No cholera cases have been reported in the Americas in 2022.

Africa

Benin: Since the last update, six suspected cholera cases have been reported in Benin. In 2022 and since 10 October 2021, a total of 1 622 cases including 20 deaths (CFR 1.2%) have been reported in Benin.

Cameroon: Since the last update, 675 suspected cholera cases have been reported in Cameroon. In 2022 and as of 6 February, a total of 771 suspected cases including three deaths have been reported in the country.

Democratic Republic of Congo: In 2022, and as of 31 January, a total of 2 168 suspected cholera cases including 27 deaths (CFR:1.2%) have been reported in 28 health zones across seven provinces of the Democratic Republic of the Congo. This is an increase of more than 200% compared to the same period in 2021 (604 cases).

Ethiopia: The outbreak of cholera is ongoing in Oromia and Somali regions. The first case was reported on 31 August 2021. In 2022 and as of 31 January, a total of 674 cases including 7 deaths (CFR 1.0%) have been reported in Ethiopia.

Malawi: On 3 March 2022, the Malawian Ministry of Health declared a cholera outbreak after a case was identified in a 53-years old male in Balaka district. The case had onset of symptoms on 25 February 2022 and was tested positive for Cholera on 3 March 2022. So far, no further information is available about any other cases.

Nigeria: Since last update, 287 suspected cholera cases including 12 deaths have been reported in Nigeria. In 2022 and as of 27 February, a total of 701 suspected cases including 19 deaths (CFR 2.7%) have been reported from 12 states and FCTs. Five states - Taraba (242 cases), Cross River (111), Borno (91 cases), Bayelsa (76) and Adamawa (56 cases) account for 82% of all cases. Of the suspected cases, minors under five years of age are the most affected group.

Tanzania: Since the last update, no new cholera cases have been reported in Tanzania. Since December 2021 and as of 31 January 2022, at least 30 suspected cholera cases including four deaths have been reported in Tanzania's southern highlands regions of Rukwa and Kigoma.

Zimbabwe: Since the last update, no new Cholera cases have been reported in Zimbabwe. On 27 January 2022, Zimbabwe reported one cholera case. The last cholera case reported in Zimbabwe was in March 2019.

Asia

Afghanistan: Since the last update, 74 new acute watery diarrhoea (AWD) cases have been reported in Afghanistan. In 2022 and as of 28 February, a total of 74 cases of AWD have been reported.

Bangladesh: Since the last update and as of 17 March 2022, 27 313 AWD cases were reported in Rohingya Refugee Camp in Cox's Bazar, Bangladesh. In 2022 a total of 27 324 suspected cholera cases have been reported from the country. Among these cases, 47 tested positive by means of a cholera rapid diagnostic test or culture test.

India: Since the last Since the last update 100 new cholera cases have been reported in India. In 2022 and as of 9 March, a total of 100 suspected cholera cases have been reported in Gujarat.

Nepal: Since the last update, no new cholera cases have been reported in Nepal. In 2021, a total of 899 suspected cholera cases including seven deaths have been reported.

Philippines: Since the last update, no new cholera cases have been reported in the Philippines. In 2022 and as of 7 February, 491 cholera cases and six fatalities have been reported.

No updates were available on the outbreaks reported in Togo, Uganda, and Mozambique in early 2022.

***Disclaimer**: Data presented in this report originate from several sources, both official public health authorities and non-official, such as the media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.*

European Centre for Disease Prevention and Control (ECDC)
Postal address: ECDC 169 73 Solna, Sweden
Visiting address: Gustav III:s Boulevard 40, Solna, Sweden
ecdc.europa.eu

Epidemic Intelligence duty email: support@ecdc.europa.eu
Link to ECDC CDTR web page – including related PowerPoint© slides

ECDC assessment

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and the Gulf of Aden. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had a travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk of infection, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

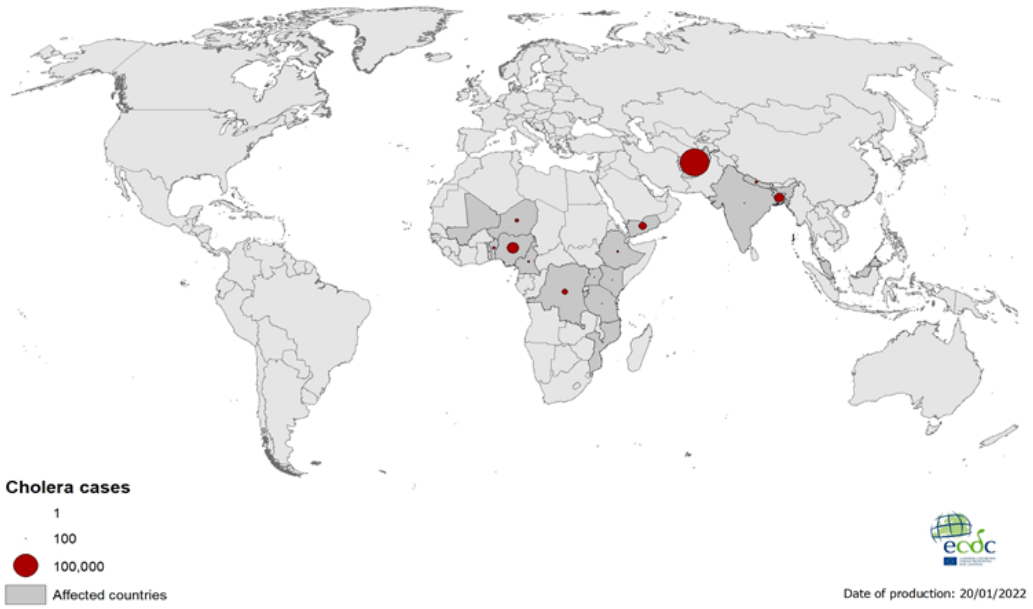
Travellers who plan to visit cholera-endemic areas should seek advice from travel health clinics ahead of their trip to assess their personal risk and obtain information on precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on ECDC's website.

Geographical distribution of cholera cases reported worldwide from October to December 2021

ECDC



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Geographical distribution of cholera cases reported worldwide as of December 2021

ECDC

Influenza A(H9N2) - Multi-country (World) - Monitoring human cases

Opening date: 30 January 2019 Latest update: 25 March 2022

Epidemiological summary

As of 24 March 2022, and since the previous monthly report on 24 February 2021, three new cases of human infection with avian influenza A(H9N2) have been reported, two from China and one from Cambodia, according to WHO and media reports.

Epidemiological details of the cases in this reporting period are listed as follows:

• 51-year-old woman from Jiangxi Province, China, with onset of symptoms on 11 January 2022. The case was hospitalised on 17 January 2022. The case had exposure to poultry prior to onset of symptoms.
• 2-year-old girl from Chuzhou, Anhui Province, China, with onset of symptoms on 29 January 2022. The case had exposure to live poultry market prior to onset of symptoms.
• 1-year-old girl from Siem Reap Province, Cambodia, who is currently hospitalised.

Epidemiological details of the cases from China reported in the previous update as aggregated numbers are listed as follows:

• 5-year-old girl from Yangquan, Shanxi Province, with onset of symptoms on 03 November 2021.
• 1-year-old girl from Sichuan Province, with onset of symptoms on 20 October 2021. The case had exposure to poultry prior to onset of symptoms.
• 5-year-old boy from Anhui Province, with onset of symptoms on 03 January 2022. The case had exposure to poultry prior to onset of symptoms.
• 2-year-old boy from Anhui Province, with onset of symptoms on 18 January 2022. The case had exposure to poultry prior to onset of symptoms.
• 5-year-old girl from Hubei Province, with onset of symptoms on 28 December 2021.

Summary: As of 24 March 2022, and since 1998 a total of 110 laboratory-confirmed cases, including two deaths, of human infection with avian influenza A(H9N2) viruses have been reported, from China (97), Egypt (4), Bangladesh (3), Cambodia (2), Oman (1), Pakistan (1), India (1), and Senegal (1). Most of the cases were children with mild disease. Since December 2015, China reported 73 cases, including two deaths.

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Source: WHO

ECDC assessment

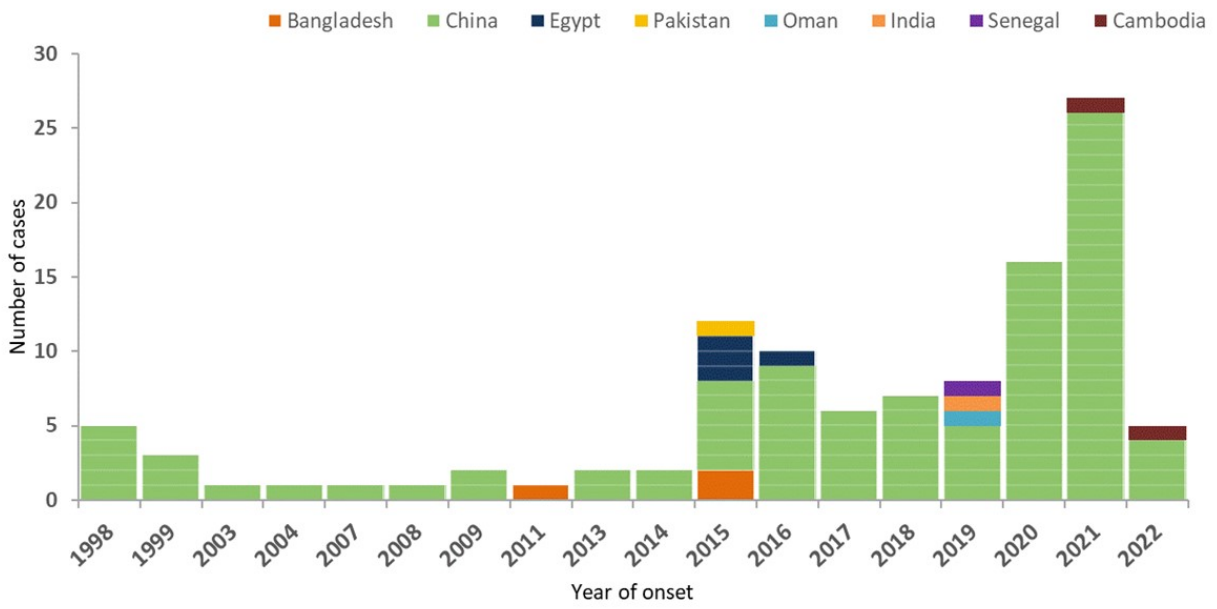
Sporadic human cases of avian influenza A(H9N2) have been observed, but no cases of human-to-human transmission have been documented. The use of personal protective measures for people directly exposed to poultry and birds potentially infected with avian influenza viruses will minimise the risk of infection. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report on the avian influenza situation. The most recent report was published in December 2021.

Distribution of confirmed human cases of avian influenza A(H9N2) virus infection by year of onset and country, 1998-2022

Source: ECDC



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