COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 4, 23-29 January 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

The Winter Olympic Games 2022 are taking place between 4 and 20 February 2022 in Beijing, China. Around 2 900 athletes from 90 countries will participate in the Games this year as well as 19 000 volunteers. On 17 January 2022, it was announced that ticket sales to the general public will be cancelled and a limited number of spectators will be admitted by invitation only. The main public health threat during the Winter Olympic Games is likely to be COVID-19. As of 27 January 2022, there were 137 788 confirmed cases and 5 700 deaths in China and the Omicron variant has been reported in different provinces including Beijing. Significant public health measures have been implemented to limit the spread. With regards to other diseases, in December 2021 (as of 31 December 2021) no poliomyelitis or diphtheria cases had been reported in China. Viral hepatitis, HIV, syphilis, gonorrhoea, and tuberculosis were the most frequently reported communicable diseases. Additionally, cases of rabies, meningococcal meningitidis, influenza, mumps, measles, and rubella were reported. ECDC will be monitoring this event through its epidemic intelligence activities daily until 25 February 2022 and weekly reports will be included in the Communicable Disease Threat Report.

I. Executive summary

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EU Threats

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

Opening date: 7 January 2020 Latest update: 28 January 2022

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, 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 2 2022 and as of week 3 2022, 21 919 390 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 53 663 new deaths have been reported.

Since 31 December 2019 and as of week 3 2022, 350 814 084 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 603 757 deaths.

As of week 3 2022, 77 248 962 cases and 943 587 deaths have been reported in the EU.

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

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

On 26 January 2022, the data collection process for the daily situation update for the EU/EEA was automatised to enhance data quality and allow for historic corrections of the time series.

Since the last update on 20 January 2022 and as of 27 January 2022, no changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring and de-escalated variants.

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

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 28 January 2022

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

➔Update of the week

Week 3 2022 (17-23 January 2022)

- Estonia, Kazakhstan, Kosovo (in accordance with UN Security Council Resolution 1244 (1999)), North Macedonia, Norway, Republic of Moldova, Serbia, Sweden and Ukraine reported widespread influenza activity and/or medium influenza intensity.
- As observed in week 2 2022, 7% of all sentinel primary care specimens from patients presenting with influenza-like illness or acute respiratory illness symptoms tested positive for an influenza virus.
- Seven countries reported seasonal influenza activity above 10% positivity in sentinel primary care: Armenia (48%), Israel (41%), Serbia (25%), Slovenia (23%), Hungary (23%), France (17%) and Russia (15%).
- Hospitalised cases with confirmed influenza virus infection (one type A and one type B) were reported from intensive care units, other wards (five type A viruses) and severe acute respiratory infection surveillance (40 type A viruses).
- Both influenza type A and type B viruses were detected with A(H3) viruses being dominant across all monitoring systems.

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Non EU Threats

New! Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022 Latest update: 28 January 2022

The Olympic Winter Games 2022 are taking place from 4 to 20 February 2022 in Beijing, China. Indoor and outdoor venues, as well as the Beijing National Stadium (which will hold opening and closing ceremonies), will be used. There will be 2 900 athletes from 90 countries participating in the Games this year, as well as 19 000 volunteers. On 17 January 2022, it was announced that ticket sales to the general public will be cancelled and a limited number of spectators will be admitted, by invitation only.

➔Update of the week

From 26-28 January 2022, various media outlets reported COVID-19 cases among athletes or supporting personnel that planned to travel to China for the Games, as well as among Games-related personnel already in the country (media1, media2, media3). No other events of public health significance were detected in the context of the Beijing 2022 Winter Olympic Games.

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

Opening date: 17 January 2018 Latest update: 28 January 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 25 January 2022, and since the previous monthly report at the Round Table on 20 December 2021, six new human cases (including two deaths) with avian influenza A(H5N6) in China, six new human cases with A(H9N2) infection in China, and two new human cases with swine influenza variant viruses A(H1N2)v and A(H3N2)v in Canada (Manitoba) and the United States (Ohio), respectively, have been reported. Detailed summaries by type of influenza and assessments are provided below.

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

Opening date: 30 January 2019 Latest update: 28 January 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 25 January 2022, and since the previous monthly report on 20 December 2021, six cases of human infection with avian influenza A(H9N2) were reported from China

Poliovirus – Ukraine– 2021

Opening date: 7 October 2021 Latest update: 28 January 2022

Ukraine has reported cases of poliovirus in the Rivne and Zakarpattia regions in 2021.

➔Update of the week

Update: On 24 January 2022, the Ukrainian Ministry of Health confirmed a new case of acute flaccid paralysis (AFP) in the Zakarpattia region in an unvaccinated child. The case had an onset of symptoms on 13 December 2021. Samples were sent to the reference laboratory of the World Health Organization in Helsinki, where on 24 January 2022 the presence of poliovirus (type 2) was confirmed. The sample is linked to the samples identified in October 2021 in the Ukrainian region of Rivne. Ukrainian authorities have initiated further epidemiological investigations.

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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: 28 January 2022

Epidemiological summary

Since 31 December 2019 and as of week 3 2022, 350 814 084 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 603 757 deaths.

Cases have been reported from:

Africa: 10 632 336 cases; the five countries reporting most cases are South Africa (3 581 359), Morocco (1 098 413), Tunisia (853 905), Ethiopia (462 107) and Egypt (410 098).
Asia: 82 080 011 cases; the five countries reporting most cases are India (39 543 328), Iran (6 250 490), Indonesia (4 286 378), Philippines (3 442 056) and Malaysia (2 832 945).
America: 128 346 714 cases; the five countries reporting most cases are United States (69 730 964), Brazil (24 044 255), Argentina (7 940 657), Colombia (5 761 398) and Mexico (4 685 767).
Europe: 127 863 794 cases; the five countries reporting most cases are France (16 479 566), United Kingdom (15 859 288), Russia (11 173 300), Turkey (10 946 238) and Italy (9 456 093).
Oceania: 1 890 524 cases; the five countries reporting most cases are Australia (1 680 448), Fiji (61 968), French Polynesia (47 470), Papua New Guinea (36 480) and Guam (27 869).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 236 229 deaths; the five countries reporting most deaths are South Africa (94 177), Tunisia (25 988), Egypt (22 368), Morocco (15 132) and Ethiopia (7 244).
Asia: 1 173 678 deaths; the five countries reporting most deaths are India (489 848), Indonesia (144 220), Iran (132 230), Philippines (53 519) and Malaysia (38 320).
America: 2 471 986 deaths; the five countries reporting most deaths are United States (858 895), Brazil (623 097), Mexico (303 301), Peru (204 404) and Colombia (132 477).
Europe: 1 716 050 deaths; the five countries reporting most deaths are Russia (326 767), United Kingdom (153 862), Italy (143 417), France (132 801) and Germany (117 106).
Oceania: 5 808 deaths; the five countries reporting most deaths are Australia (3 154), Fiji (779), French Polynesia (636), Papua New Guinea (597) and New Caledonia (282).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 3 2022, 77 953 092 cases have been reported in the EU/EEA: France (16 479 566), Italy (9 456 093), Spain (9 276 114), Germany (8 788 819), Poland (4 519 100), Netherlands (3 889 499), Czechia (2 763 350), Belgium (2 691 254), Portugal (2 254 524), Romania (2 006 511), Sweden (1 889 436), Greece (1 802 474), Austria (1 631 891), Hungary (1 441 466), Denmark (1 346 023), Slovakia (1 317 663), Ireland (1 145 968), Bulgaria (877 381), Croatia (877 060), Lithuania (656 349), Norway (637 819), Slovenia (612 017), Finland (446 636), Latvia (335 539), Estonia (296 460), Cyprus (235 389), Luxembourg (148 584), Malta (63 796), Iceland (58 296) and Liechtenstein (8 015).

As of week 3 2022, 945 116 deaths have been reported in the EU/EEA: Italy (143 417), France (132 801), Germany (117 106), Poland (104 235), Spain (91 924), Romania (57 577), Hungary (39 770), Czechia (37 066), Bulgaria (32 636), Belgium (28 279), Greece (22 729), Netherlands (21 210), Portugal (19 613), Slovakia (17 675), Sweden (15 635), Austria (13 470), Croatia (13 407), Lithuania (8 248), Slovenia (6 254), Ireland (6 087), Latvia (5 141), Denmark (3 093), Estonia (1 969), Finland (1 894), Norway (1 413), Luxembourg (992), Cyprus (827), Malta (532), Liechtenstein (72) and Iceland (44).

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

ECDC's assessment of each country's epidemiological situation is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 3 2022, nine countries (Bulgaria, Croatia, Estonia, France, Latvia, Portugal, Romania, Slovakia and Slovenia) were categorised as of very high concern, 18 countries (Austria, Belgium, Czechia, Denmark, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg,

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Malta, the Netherlands, Norway, Poland and Sweden) as of high concern and three countries (Cyprus, Finland and Spain) as of moderate concern. Compared with the previous week, three countries (Austria, Romania and Slovakia) moved to a higher category, eight countries (Belgium, Cyprus, Finland, Ireland, Italy, Lithuania, Spain and Sweden) moved to a lower category and 19 countries stayed in the same category.

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

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 webpage.

Actions

On 27 January 2022, ECDC published the 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 webpage on variants.

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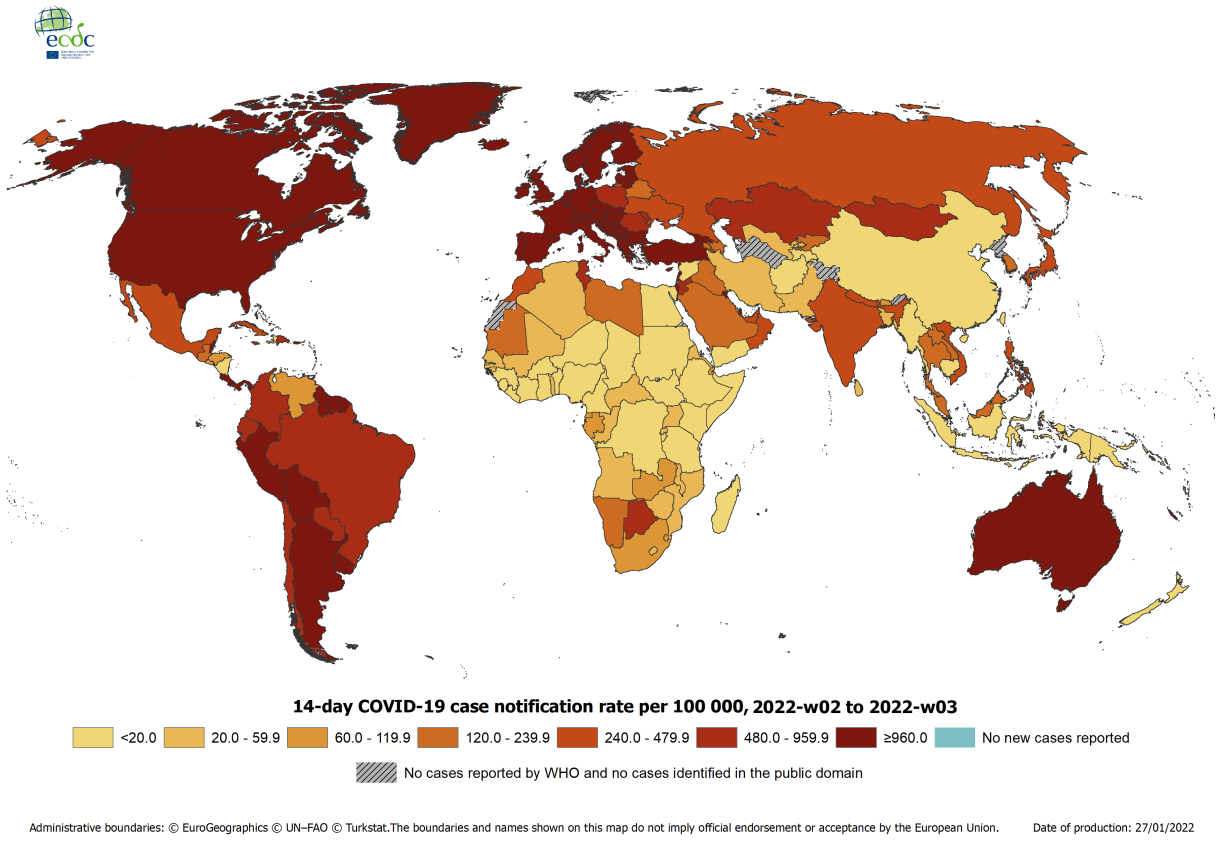
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w02 to 2022-w03

Source: ECDC



Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 28 January 2022

Epidemiological summary

2021/2022 season overview

For the Region as a whole, influenza activity started to increase in week 49 2021. Varying levels of activity are observed in the countries and areas, as well as a general dominance of A(H3) viruses (though some countries reported both A(H3) and A (H1)pdm09 viruses, e.g. France).

Source: Flu News Europe

ECDC assessment

Reported influenza activity in Europe decreased compared to previous weeks. However, varying levels of activity are observed in

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the countries and areas in the Region.

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

Actions

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

New! Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022 Latest update: 28 January 2022

Epidemiological summary

COVID-19-related information:
As of 27 January 2022, there were 137 788 confirmed cases and 5 700 deaths in China. As of week 3 2022, the 14-day notification rate in China was 0.1 per 100 000 persons, significantly lower than in EU/EEA Member States. The first cases of SARS-CoV-2 Omicron variant in China were detected in Tianjin in December 2021. According to media, Omicron cases have also been reported in Beijing. According to WHO, no COVID-19 deaths have been reported in 2022, as of 26 January 2022. Full vaccination uptake in China is close to 90%.

Other diseases:
According to the latest reports from the National Health Commission of the People's Republic of China, in December 2021 and as of 31 December 2021, there were no reports of poliomyelitis or diphtheria. Cases of Hepatitis A, B and E were registered; viral hepatitis was one of the top five most commonly reported communicable diseases along with HIV, syphilis, gonorrhoea, and tuberculosis during December 2021. In addition, presence of rabies (8 cases), meningococcal meningitis (10 cases), mumps (10 892 cases), measles (97 cases), and rubella (158 cases) were registered during December 2021. In recent weeks and until week 3 2022, influenza activity (mostly influenza B viruses) in China showed an increasing trend. The positivity rate was at levels similar to pre-COVID-19 periods for the time of the year. According to the WHO Western Pacific Region Avian Influenza Weekly Update (Number 828), published on 21 January 2022, there were 55 cases of avian influenza with onset in 2021 in China. Specifically, there were no human infections with avian influenza A(H5N1) virus, 34 human cases of avian influenza A(H5N6) and 21 cases of avian influenza A(H9N2). Food- and waterborne diseases outbreaks in China are frequently reported. Indicatively, in 2020 over 7 000 foodborne disease outbreaks were reported. Norovirus disease outbreaks are more frequently occurring in the winter season.

ECDC assessment

Winter Olympics generally attract a smaller audience and fewer athletes than summer Olympics. Audiences at the 2022 Winter Olympic Games will be even more limited due to COVID-19 restrictions. Significant public health measures have been put in place for the Winter Olympic games; however, considering the high transmissibility of Omicron and the context of a mass gathering event, there is a risk of increased transmission of SARS-CoV-2. For the last available COVID-19 risk assessment, please visit ECDC dedicated webpage.

The risk of infection from other communicable diseases in China during the Winter Olympic Games 2022 is considered low if preventive measures are applied (e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene and respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed).

Actions

ECDC is monitoring this event through its epidemic intelligence activities daily until 25 February 2022 and weekly reports will be included in the Communicable Disease Threat Report.

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

Opening date: 17 January 2018 Latest update: 28 January 2022

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Epidemiological summary

As of 25 January 2022, and since the previous monthly report on 20 December 2021, six new human cases (including two deaths) with avian influenza A(H5N6) virus infection were reported. The cases were detected in Guangdong (1), Guangxi (2), Sichuan (2), and Zhejiang (1) provinces in China, and were aged ranging from 28 to 75 years. All cases were in critical condition and two of them died (75 and 54 years old). Five cases had exposure to poultry and one case had exposure to raw poultry meat from a wet market. No further cases were detected among close contacts of these cases. Epidemiological details of the new cases are listed as follows:

1. 75-year-old male from Sichuan Province with onset of symptoms on 1 December 2021. The case was hospitalised on 4 December 2021, in critical condition with pneumonia, and died on 12 December. The case had exposure to poultry prior to onset of illness.
2. 54-year-old male from Sichuan Province with onset of symptoms on 8 December 2021. The case was hospitalised on 16 December 2021, in critical condition, and died on 24 December. The case had exposure to poultry prior to onset of illness.
3. 51-year-old female from Zhejiang Province with onset of symptoms on 15 December 2021. The case was hospitalised on 18 December 2021, in critical condition. The case had exposure to poultry prior to onset of illness.
4. 53-year-old male from Liuzhou City, Guangxi Province with onset of symptoms on 19 December 2021. The case was hospitalised on 23 December 2021, in critical condition. The case had exposure to poultry prior to onset of illness.
5. 28-year-old male from Liuzhou City, Guangxi Province with onset of symptoms on 19 December 2021. The case was hospitalised on 23 December 2021, in critical condition. The case had exposure to raw poultry meat in a wet market prior to onset of illness.
6. 43-year-old female from Huizhou, Guangdong Province with onset of symptoms on 31 December 2021. The case was hospitalised on 4 January 2021, in critical condition. The case had exposure to poultry and a poultry market prior to onset of illness.

Summary: To date, a total of 64 laboratory-confirmed cases of human infection with influenza A(H5N6) virus, including 29 deaths, have been reported to WHO in the Western Pacific Region since 2014. The last case was reported from China, with onset date of 23 December 2021.

Sources: Avian Influenza Weekly Update Number 827 and 828.

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.

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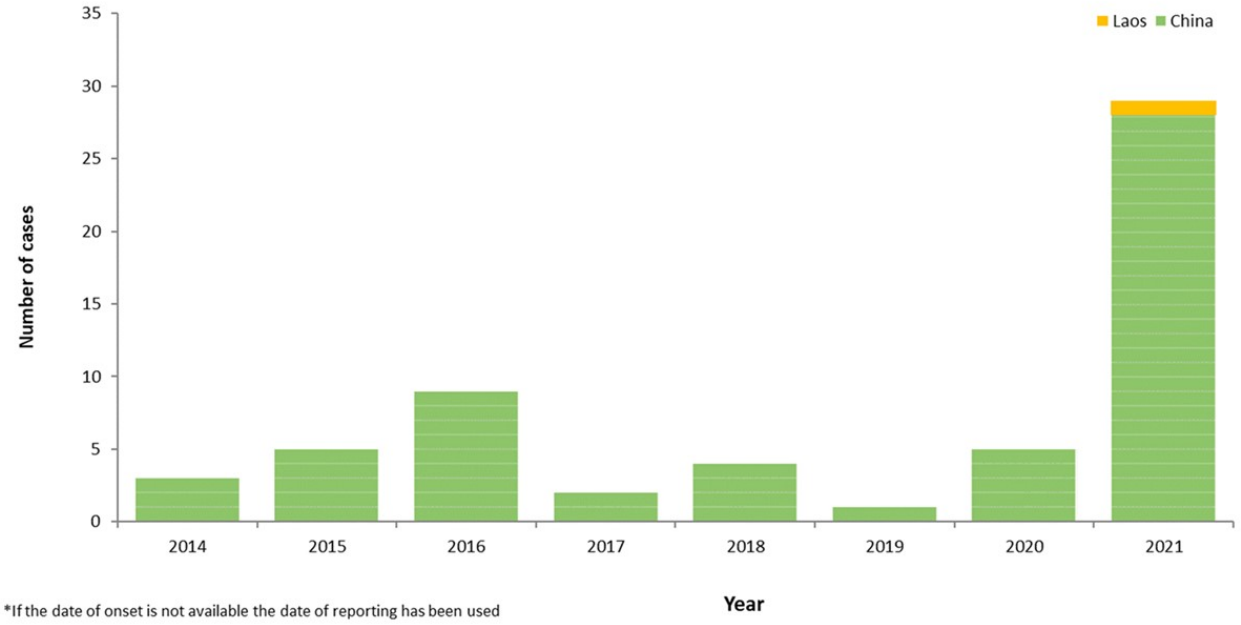
Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014–2021

Source: ECDC



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

Opening date: 30 January 2019 Latest update: 28 January 2022

Epidemiological summary

Update: As of 25 January 2022, and since the previous monthly report on 20 December 2021, six cases of human infection with avian influenza A(H9N2) were reported from China:

1. A 7-year-old female from Guangdong Province. The case developed symptoms on 6 December 2021.

2. A 7-year-old female from Zhenjiang City, Jiangsu Province. The case developed mild symptoms on 27 November 2021 and had a history of exposure to poultry. No family contacts have developed symptoms so far.

3. A 3-year-old female from Huanggang City, Hubei Province. The case developed mild symptoms on 7 December 2021 and had a history of exposure to a poultry market. No family contacts have developed symptoms so far.

4. A 14-year-old female from Nanning City, Hubei Province. The case was hospitalised with mild symptoms on 9 December 2021 and had a history of exposure to poultry. No family contacts have developed symptoms so far.

5. A 3-year-old male from Huanggang City, Hubei Province. The case developed mild symptoms on 13 December 2021 and had a history of exposure to a poultry market. No family contacts have developed symptoms so far.

6. A 5-year-old male from Anqing City, Anhui Province. The case developed mild symptoms on 13 November 2021 and had a history of exposure to a poultry market. No family contacts have developed symptoms so far.

Summary: As of 25 January 2021 and since 1998, a total of 101 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses have been reported from China (89), Egypt (4), Bangladesh (3), Cambodia (1), Oman (1), Pakistan (1), India (1), and Senegal (1). Most of the cases were children with mild disease.

ECDC assessment

Sporadic human cases of avian influenza A(H9N2) have been previously observed. No human-to-human transmission has been

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reported. 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 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.

Poliovirus – Ukraine– 2021

Opening date: 7 October 2021 Latest update: 28 January 2022

Epidemiological summary

Update: On 24 January 2022, the Ukrainian Ministry of Health confirmed a new case of acute flaccid paralysis (AFP) in the Zakarpattia region in an unvaccinated child. The case had an onset of symptoms on 13 December 2021. Samples were sent to the reference laboratory of the World Health Organization in Helsinki, where on 24 January 2022 the presence of poliovirus (type 2) was confirmed. The sample is linked to the samples identified in October 2021 in the Ukrainian region of Rivne. Ukrainian authorities have initiated further epidemiological investigations.

Background: On 6 October 2021, the Ukraine Ministry of Health reported a case of acute flaccid paralysis (AFP), caused by circulating vaccine-derived poliovirus type 2 (cVDPV2) in an unvaccinated 17-month-old girl from Rivne, Ukraine. The case had onset of paralysis on 3 September 2021. A cVDPV2 was isolated from six healthy contacts (siblings) of the case. All siblings were unvaccinated. Parents had refused vaccination due to religious beliefs. Three, including the AFP case, were not yet enrolled in childcare.

Ukraine requires children to receive six vaccine doses (at two, four, six, and 18 months old, then at six and 14 years old). The Ukraine Ministry of Health states that vaccine coverage is insufficient (73.3% at 12 months for polio-3 in Ukraine, 60.8% in the Transcarpathia region, and 48.9% in the Rivne region). The isolate from the Rivne region is closely linked to the virus originating in Pakistan, which is also responsible for the recent cVDPV2 outbreak in Tajikistan.

Vaccine derived poliovirus type 1 (VDPV1):

In addition, on 3 November 2021, the Public Health Centre of the Ministry of Health of Ukraine reported a case of poliomyelitis in a 12-year-old girl with acute flaccid paralysis (AFP) in the Zakarpattia region. Biomaterial samples were sent to the World Health Organization (WHO) reference laboratory in Finland, where infection with type 1 (Sabin-like) poliovirus was confirmed. The case, who was not vaccinated, is now in need of rehabilitation and is under medical supervision. Epidemiological investigation found that no poliovirus infection has been reported among people who have been in contact with the case and that this case is not related to the VDPV2 cases in the Rivne region.

Sources: MoH Ukraine 1, Moh Ukraine 2, GPEI, Public Health Centre of the Ministry of Health of Ukraine, WHO, MoH Ukraine 3

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated.

According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak following importation of WPV or emergence of circulating VDPV, due primarily to suboptimal population immunity. The same report highlights that Ukraine has had inadequate responses to outbreaks of other vaccine-preventable diseases in recent years. It lists an additional 15 EU/EEA countries that are at intermediate risk of sustained polio outbreaks.

According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to sub-optimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries 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

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To limit the risk of reintroduction and sustained transmission of WPV and VDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations. Despite the current challenges of the COVID-19 pandemic, Member States should review their polio vaccination coverage data and ensure that vaccination gaps are bridged as soon as possible.

Ukraine and EU/EEA Member States who conduct environmental surveillance for polioviruses, in particular the countries bordering Ukraine, should consider increasing the sampling frequency and geographical area under surveillance until the outbreak has been brought under control.

ECDC endorses WHO's temporary recommendations regarding EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

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

Actions

ECDC will monitor the ongoing situation through its epidemic intelligence activities and will report again should epidemiological updates become available.

European Centre for Disease Prevention and Control (ECDC)
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