COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 30, 24-30 July 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

NEWS

Monitoring of the Birmingham 2022 Commonwealth Games

On 20 July 2022, ECDC's epidemic intelligence team started monitoring the Birmingham 2022 Commonwealth Games (CWG) which are taking place from 28 July to 8 August 2022 in England. Over 5 000 athletes from 72 countries and territories, including Malta and Cyprus from EU/EEA, are participating in 25 different sports. Over 1.2 million tickets have been sold for the event suggesting, as with other sport events, possibilities of crowding both inside and outside the hosting venues. Tailored event monitoring through epidemic intelligence has been established at ECDC, amid the ongoing monkeypox and COVID-19 outbreaks.

The monitoring will continue until 12 August 2022 with weekly reporting in CDTR.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020 Latest update: 29 July 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 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, 10th and 11th 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, and 11 April 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

➔Update of the week

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As of week 2022-29, 157 662 545 cases and 1 129 429 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 2022-29, in the EU/EEA overall, the reported weekly cases decreased by 22.6% compared to the previous week. Overall, 17 countries reported a decrease in weekly cases (Austria, Belgium, Cyprus, Denmark, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, and Spain) while 13 countries reported an increase in weekly cases (Bulgaria, Croatia, Czechia, Estonia, Finland, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia, and Sweden). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus 3 948), Greece (2 187), Austria (1 829), France (1 811), and Luxembourg (1 713).

At the end of week 29, 2022 (week ending 24 July), case rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data, corresponding to a 32% increase on the previous week at the EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into increasesd rates of severe disease.

Of 26 countries with data on hospital or ICU admissions/occupancy up to week 29, 16 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 stable for one week (13.5 deaths per million population, compared with 14.0 deaths the previous week). Increasing trends in the COVID-19 death rate were observed in eight countries.

Among the 14 countries with an adequate sequencing volume for weeks 27–28 (4 July to 17 July 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 93.2% (83.8–99.9% from 14 countries) for BA.4/BA.5, 2.4% (1.2–5.8% from seven countries) for BA.2+L452X and 0.2% (0.0–0.5%, 241 detections from seven countries) for BA.1

Since the last update on 15 July and as of 29 July 2022, the following changes have been made to the ECDC list of variants of concern, variants of interest and variants under monitoring:

Recombinant variant XAK was added as a variant under monitoring due to its genomic properties and detections in the EU/EEA. XAK is lprobably a recombinant between BA.1 and BA.2 that has also acquired further mutations. The variant was first detected in Germany (first collection date 2 June 2022, first submission date to GISAID EpiCoV 13 June 2022, designation as recombinant lineage XAK by Pango 22 July 2022). The variant has Spike RBD changes similar to VOI BA.2.75 and has been detected at low levels in Germany (52), Austria (6), Denmark (1), and Croatia (1). As the variant is newly designated and not yet reflected in GISAID EpiCoV it can be tracked using the following Spike mutation proxy: K147E, N460K, G339D, del69, although this proxy may also capture some unrelated sequences. The variant is associated with S-gene target failure due to the presence of the 69-70 deletion in the Spike. There is currently no evidence demonstrating that this variant could be associated with any changes in transmissibility or infection severity, or any changes in antigenic properties, and there is no clear increasing trend for the variant.

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

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022 Latest update: 29 July 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 22 July 2022, 1 099 monkeypox cases have been reported from 20 EU/EEA countries: Spain (613), Germany (268), France (71), Netherlands (62), Austria (18), Denmark (12), Greece (12), Italy (11), Luxembourg (8), Slovenia (5), Norway (4), Slovakia (3), Croatia (2), Czechia (2), Ireland (2), Sweden (2), Belgium (1), Bulgaria (1), Poland (1) and Romania (1).

Disclaimer: *Data presented in this update are compiled from TESSy and official sources. Databases with larger numbers of monkeypox cases reported for each country have been selected. In this update, countries for which TESSy data were used are: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia, Slovenia and Sweden. For the rest of the countries, data were included from the epidemic intelligence database.*

Other news

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On 22 July 2022, the European Medicines Agency (EMA)'s Committee for Medicinal Products for Human Use (CHMP) recommended extending the indication of the smallpox vaccine Imvanex to include adults requiring protection from monkeypox disease. This product has been approved in the EU since 2013 for the prevention of smallpox and was considered a potential vaccine for monkeypox because of the similarity between the two viruses. In addition to use for the prevention of monkeypox, the CHMP recommended authorising Imvanex to protect people against disease caused by vaccinia virus, which leads to similar but milder symptoms than those of smallpox. The marketing authorisation holder is Bavarian Nordic A/S.

On 25 July 2022, according to media, the Dutch Institute for Public Health and the Environment (RIVM) announced that the first vaccinations against monkeypox virus were being carried out at health centres in the municipalities of Amsterdam and The Hague. On the first day, 50 people were vaccinated against monkeypox and 100 people will then be vaccinated every day. The statement said the Imvanex vaccine will be administered in two doses, with the second dose four weeks after the first.

On 25 July 2022, according to media, Israel's Ministry of Health announced that vaccination against monkeypox will be based on the following criteria: men born after 1980 who are HIV-positive or are taking pre-exposure prophylaxis for HIV and men who have tested positive for syphilis, chlamydia or gonorrhoea since 1 January 2022. The Ministry also noted that those who have been exposed to the virus but do not come within one of the relevant categories will also be considered for the vaccine in certain cases.

On 23 July 2022, the US Centers for Disease Control and Prevention (US CDC) reported the first case of monkeypox in a pregnant woman. The baby was safely delivered and received Vaccinia immune globulin. Both the mother and baby are well, and the new-born does not appear to have contracted the virus from its mother.

On 26 July 2022, Ireland's Minister for Health announced that the monkeypox vaccination strategy will be recommended as pre-exposure prophylaxis, offered to those at high risk of infection. This includes gay, bisexual, men who have sex with men (MSM) and other vulnerable groups. Two doses of smallpox vaccine will be given at an interval of 28 days to as many high-risk individuals as possible.

On 26 July 2022, Czechia's Ministry of Health announced that the country received 2 800 doses of monkeypox vaccine from the Health Emergency Preparedness and Response Authority (HERA). These will be offered to people over 18 years of age, with epidemiological links to confirmed or suspected cases of monkeypox (post-exposure prophylaxis strategy). The vaccines will also be administered to personnel working with orthopox viruses or treating patients with confirmed cases of disease.

27 July 2022, the European Medicines Agency (EMA) announced a series of response measures targeted at the escalation of monkeypox as a public health emergency of international concern (PHEIC). These actions include the production and maintenance of a formal list of critical medicines for the monkeypox public health emergency, and an extension of the ambit of EMA's Emergency Task Force (ETF) which will consider specific expertise relevant to the therapeutic response to the monkeypox outbreak.

On 27 July 2022, the United States Food and Drug Administration (FDA) announced an approval of a supplement to the biologics license for the JYNNEOS Vaccine, which is manufactured by Bavarian Nordic and approved to prevent smallpox and monkeypox. The approval of Bavarian Nordic's fill-and-finish capabilities means an additional 786 000 doses of vaccine are now available for use in the US.

Note: The information included in the previous edition of the Communicable Disease Threat Report, published on 22 July 2022 under the 'Other news' section regarding the vaccination strategy in the Autonomous Community of Madrid may be misinterpreted. Spain's National Immunisation Programme Committee, which depends on the Public Health Commission of the Interterritorial Council of the National Health System, established the national strategy for Immunisation against Monkeypox. This strategy was discussed, agreed and adopted as a national strategy by all the Autonomous Regions. More information on the pre-exposure and post-exposure vaccination strategies implemented in Spain can be found here".

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

Opening date: 2 June 2022 Latest update: 29 July 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 (nomenclature of territorial units for statistics 3) level for EU/EEA countries and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

➔Update of the week

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Since last week's update, and as of 27 July 2022, European Union (EU) and European Economic Area (EEA) countries have reported 36 human cases of West Nile virus (WNV) infection and one death related to WNV infection. Cases were reported by Italy (27), Greece (8) and Slovakia (1). One death was reported by Italy. EU-neighbouring countries reported 14 human cases of WNV infection in Serbia (14) and no deaths related to WNV infection.

Increase in hepatitis cases of unknown aetiology in children – Multicountry – 2022

Opening date: 13 April 2022 Latest update: 29 July 2022

On 5 April 2022, an increase in cases of acute hepatitis of unknown aetiology among previously healthy children aged under 10 years was reported by the United Kingdom (UK). Most cases identified by the UK presented with symptoms from March 2022 onwards. Since then, over 1 000 cases have been reported from the EU/EEA and globally.

➔Update of the week

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As of 28 July 2022, 506 cases of acute hepatitis of unknown aetiology among children aged 16 years and under have been reported to TESSy from the World Health Organization European Region. Just over half (53.9%) of these cases have been reported from the UK. The majority (76.6%) of reported cases are five years or younger. Around a third (27.8%) of cases have been admitted to an intensive care units and 22 (8.1%) children have received a liver transplant. A total of 398 cases were tested for adenovirus, of which 217 (54.5%) tested positive. A total of 348 cases were PCR tested for SARS-CoV-2, of which 39 (11.2%) tested positive.

EU/EEA

As of 28 July 2022, 228 cases of acute hepatitis of unknown aetiology among children aged 16 years and under have been reported to TESSy from 17 EU/EEA countries: Austria (6), Belgium (14), Bulgaria (1) Cyprus (2), Denmark (8), France (9), Greece (12), Ireland (24), Italy (36), Latvia (1), Luxembourg (1), the Netherlands (15), Norway (6), Poland (15), Portugal (20), Spain (46) and Sweden (12). Among these cases, at least 18 were admitted to an intensive care unit and nine required a liver transplant. There have been three associated deaths.

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 monthly.

Non-EU/EEA

As of 28 July 2022, the UK reported to TESSy a total of 273 children aged under 16 years with acute hepatitis of unknown aetiology. According to the UKHSA, the cases are predominantly under five years and many showed initial symptoms of gastroenteritis followed by the onset of jaundice. The most recent technical briefing on investigations into the cases in the UK was published on 26 July 2022.

Outside of EU/EEA and the UK, as of 28 July 2022, cases were reported to TESSy from Israel (5), Republic of Moldova (1) and Serbia (1).

According to the latest update from WHO, as of 12 July 2022, probable cases and cases pending classification have been reported from the Region of the Americas (435, including 334 in the US), Western Pacific Region (67), the South-East Asia Region (19) and the Eastern Mediterranean Region (2).

According to WHO, at least 46 children worldwide have required liver transplants and 22 deaths have occurred.

Since the last update, several studies have been carried out in an attempt to identify the aetiology of this presentation and some results have recently been shared by research teams from Scotland and the UK. According to the preliminary results of two case control studies conducted by the University of Glasgow Centre for Virus Research and University College London and Great Ormond Street Hospital, cases with hepatitis of unknown origin seemed more likely to have an adeno-associated virus 2 (AAV2) infection compared to controls, indicating its potential implication in the pathology of the disease. The prevalence of adenovirus (AdV) and human herpes virus 6B was higher among the cases, but numbers were low and/or association was not always statistically significant. There was not enough evidence to rule out the implication of SARS-CoV-2 infection in the disease, but it is an unlikely cause as the seroprevalence in cases was similar to controls. Analysis of HLA allele positivity showed that class II HLA, particularly HLA DRB 1*04:01, was more prevalent present among cases than controls and general population. Overall, neither study provided definitive evidence that adenovirus or AAV2 were directly responsible for the liver damage seen in those cases. The main conclusions drawn by both research teams is that as a result of disruption in normal childhood mixing patterns, resulting from the pandemic restrictions, children were not exposed to AAV2 or AdV infections and that the AdV outbreaks that followed the lifting of restrictions, together with AAV2 infection, triggered an immune-mediated hepatitis in genetically susceptible children. However, both studies had limitations and both research teams concluded that further research was needed through larger studies to provide more conclusive evidence.

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Non EU Threats

New! Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022 Latest update: 29 July 2022

ECDC's epidemic intelligence team is monitoring the Birmingham 2022 Commonwealth Games (CWG) which are taking place from 28 July to 8 August 2022 in England. Over 5 000 athletes from 72 countries and territories, including Malta and Cyprus from EU/EEA, are participating in 25 sports. Over 1.2 million tickets have been sold for the event, hosted at 16 venues with opening and closing ceremonies to be held at the Alexander Stadium. As with other sports events, gatherings and/or possibilities of crowding and potential risk-prone behaviour with prolonged close contacts are expected both, inside and outside of the hosting venues. Additional public health preparedness and community engagement efforts are needed for such events, especially in the context of ongoing monkeypox and COVID-19 outbreaks. In general, during any mass gathering event there is an increased risk of food- and waterborne, airborne, vector borne diseases, as well as diseases transmitted through close contact, such as sexually transmitted diseases, which have a potential for international spread.

➔Update of the week

As yet, no serious cross-border events have been detected in the period from 20 to 28 July 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

No cases of monkeypox have been reported in relation to the CWG. Several CWG athletes have tested positive for COVID-19 ahead of the Games, either in their own countries, or upon arrival in Birmingham.

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

Opening date: 30 June 2022 Latest update: 29 July 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur 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

As of 28 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very-low-to-low, except in Stockholm (Sweden), Pärnu (Estonia) and Klaipeda (Lithuania) where it was medium-to-high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high in Finland, West and South Estonia, Latvia, Lithuania, Poland, Mecklenburg-Vorpommern (Germany), Kalmar (Sweden) and Stockholm (Sweden) and very-low-to-low in the rest.

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

Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022 Latest update: 29 July 2022

On 17 July 2022, an outbreak of Marburg virus disease was declared in Ghana. This is the first outbreak of Marburg virus disease identified in Ghana.

➔Update of the week

On 17 July 2022, Ghana declared its first ever outbreak of Marburg virus disease, following the confirmation of two cases from the southern Ashanti region. On 26 June, a 26-year-old male was admitted to hospital in the Ashanti region in Ghana and died on 27 June. On 28 June, a 51-year-old male was admitted to the same hospital and died the same day. Both cases presented with symptoms including diarrhoea, fever, nausea and vomiting. Preliminary analysis detected Marburg virus disease and this was later confirmed by Institut Pasteur in Dakar, Senegal. Health authorities in Ghana, supported by WHO, are continuing investigations and contact tracing. On 27 July 2022, two additional cases were reported.

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Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017 Latest update: 29 July 2022

Chikungunya virus disease and dengue are vector-borne diseases transmitted by *Aedes* mosquitoes. Outbreaks of dengue and chikungunya virus disease have been reported in the Americas, Asia, Africa, Oceania, and Europe. Chikungunya virus disease and dengue are not endemic in mainland Europe, despite autochthonous outbreaks having been reported during the summer and autumn months in recent years.

➔Update of the week

Chikungunya virus disease: In 2022, and as of 27 July, 214 106 cases and 41 deaths have been reported. The majority of cases have been reported from Brazil (186 170). Deaths have been reported from Brazil (40) and Kenya (1). Since the previous CDTR published on week 26 2022, 53 924 new cases and 23 new deaths have been reported. The five countries reporting most new cases are Brazil (53 020), Guatemala (326), Paraguay (146), Malaysia (132) and the Philippines (106). New deaths have been reported from Brazil (23).

Dengue: In 2022, and as of 27 July, 2 357 301 cases and 1 731 deaths have been reported. Most cases have been reported from Brazil (1 827 617), Vietnam (103 433), Philippines (64 797), Peru (56 021) and Indonesia (52 313). Most deaths have been reported from Brazil (737), Indonesia (448), Philippines (274), Peru (65) and Timor-Leste (56). Since the previous CDTR published on week 26 2022, 505 574 new cases and 422 new deaths have been reported. The five countries reporting most new cases are Brazil (351 131), Vietnam (40 467), Philippines (37 111), Sri Lanka (9 283) and Indonesia (6 926). The five countries reporting most new deaths are Brazil (235), Philippines (124), Indonesia (16), Laos (10) and Vietnam (8).

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

Opening date: 20 April 2006 Latest update: 29 July 2022

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

➔Update of the week

Since the last update on 22 June 2022, approximately 20 130 suspected cholera cases, including 198 deaths, have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Cameroon, Democratic Republic of Congo, India, Iraq, Malawi, Mozambique, Nepal, Nigeria, Somalia, South Sudan, Pakistan, Tanzania, and Zambia.

Wild Poliovirus Type 1 (WPV1) – Mozambique – 2022

Opening date: 19 May 2022 Latest update: 29 July 2022

On 18 May 2022, WHO's Regional Office for Africa reported that health authorities in Mozambique had declared an outbreak of wild poliovirus type 1 (WPV1) after one case of acute flaccid paralysis (AFP) caused by WPV1 was reported in a child in the Changara district of the north-eastern Tete province.

➔Update of the week

Three additional cases of WPV1 were reported this week in the Tete province of Mozambique, the same province where the previous WPV1 case was reported. These additional cases bring the total of acute flaccid paralysis cases due to WPV1 to four. Two of the three new WPV1 viruses are closely linked with the WPV1 isolated from the first case identified in Mozambique, with onset of paralysis, in March 2022 from the same province, indicating local circulation of WPV1 within the province. However, the third WPV1 virus, found in Magoé district (boarding Zimbabwe and Zambia), is an orphan virus which is more closely related to the virus found in Malawi in February 2022. Genetic analysis indicates that there are at least two transmission chains that have co-evolved after the initial introduction of the virus.

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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: 29 July 2022

Epidemiological summary

EU/EEA

As of week 2022-29, 159 687 409 cases have been reported in the EU/EEA: France (33 576 269), Germany (30 386 592), Italy (20 673 995), Spain (13 231 166), Netherlands (8 313 343), Poland (6 057 819), Portugal (5 322 942), Austria (4 728 404), Belgium (4 374 676), Greece (4 087 583), Czechia (3 964 840), Romania (3 006 966), Denmark (2 889 610), Sweden (2 536 483), Slovakia (2 319 522), Hungary (1 951 079), Norway (1 800 013), Ireland (1 619 185), Lithuania (1 419 182), Bulgaria (1 194 886), Finland (1 188 074), Croatia (1 177 595), Slovenia (1 072 182), Latvia (852 551), Cyprus (730 527), Estonia (571 139), Luxembourg (313 981), Iceland (206 408), Malta (112 217) and Liechtenstein (18 443).

As of week 2022-29, 1 133 227 deaths have been reported in the EU/EEA: Italy (172 554), France (165 503), Germany (143 330), Poland (116 885), Spain (110 281), Romania (65 802), Hungary (46 736), Czechia (40 343), Bulgaria (37 329), Belgium (31 642), Greece (31 017), Portugal (24 550), Netherlands (22 474), Slovakia (19 488), Sweden (19 276), Austria (16 527), Croatia (16 217), Lithuania (9 214), Slovenia (7 886), Finland (6 906), Denmark (6 599), Latvia (6 523), Ireland (6 450), Norway (3 596), Estonia (2 493), Cyprus (1 328), Luxembourg (1 305), Malta (785), Iceland (120) and Liechtenstein (82).

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At the end of week 29, 2022 (week ending 24 July), cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data, corresponding to a 32% increase on the previous week at EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into increased rates of severe disease.

Of 26 countries with data on hospital or ICU admissions/occupancy up to week 29, 16 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 stable for one week (13.5 deaths per million population, compared with 14.0 deaths the previous week). Increasing trends in the COVID-19 death rate were observed in eight countries.

Among the 14 countries with an adequate sequencing volume for weeks 27–28 (4 July to 17 July 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 93.2% (83.8–99.9% from 14 countries) for BA.4/BA.5, 2.4% (1.2–5.8% from seven countries) for BA.2+L452X and 0.2% (0.0–0.5%, 241 detections from seven countries) for BA.1

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

EU

As of week 2022-29, 157 662 545 cases and 1 129 429 deaths have been reported in the EU.

Western Balkans and Turkey:

As of week 2022-29, the following Western Balkan countries reported COVID-19 cases: Serbia (2 080 389), Bosnia and Herzegovina (383 180), North Macedonia (323 425), Albania (290 954), Montenegro (252 019) and Kosovo (244 254).

As of week 2022-29, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 206), Bosnia and Herzegovina (15 828), North Macedonia (9 359), Albania (3 517), Kosovo (3 150) and Montenegro (2 736).

Additionally, as of week 2022-29, 15 524 071 cases and 99 184 deaths have been reported from Turkey.

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*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 update on 15 July and as of 29 July 2022, the following changes have been made to the ECDC list of variants of concern, variants of interest and variants under monitoring:

Recombinant variant XAK was added as a variant under monitoring due to its genomic properties and detections in the EU/EEA. XAK is probably a recombinant between BA.1 and BA.2 that has also acquired further mutations. The variant was first detected in Germany (first collection date 2 June 2022, first submission date to GISAID EpiCoV 13 June 2022, designation as recombinant lineage XAK by Pango 22 July 2022). The variant has Spike RBD changes similar to VOI BA.2.75 and has been detected at low levels in Germany (52), Austria (6), Denmark (1), and Croatia (1). As the variant is newly designated and not yet reflected in GISAID EpiCoV it can be tracked using the following Spike mutation proxy: K147E, N460K, G339D, del69, although this proxy may also capture some unrelated sequences. The variant is associated with S-gene target failure due to the presence of the 69-70 deletion in the Spike. There is currently no evidence demonstrating that this variant could be associated with any changes in transmissibility or infection severity, or any changes in antigenic properties, and there is no clear increasing trend for the variant.

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 the non-EU/EEA countries.

Other news

According to an official communication of the Bulgarian Ministry of Health on social media on 21 July 2022, temporary anti-epidemic measures against COVID-19 have been implemented in a number of regions. This is as per the National Operational Plan, due to the recent increase in the number of COVID-19 cases and hospitalisations. These measures include: wearing face masks in medical institutions, administrative buildings and public transport depending on the region; maintaining physical distance of at least 1.5 metres in crowded places; disinfection, ventilation and hand hygiene; remote work whenever possible; enhanced measures in children's facilities to prevent COVID-19.

According to media quoting a press statement made by the Austrian Minister of Health on 26 July 2022, mandatory quarantine for those testing positive for COVID-19 will be lifted on 1 August 2022. However, use of FFP2 masks at all times (including at work) still applies for those infected with COVID-19, along with a ban on entry to hospitals, nursing homes and other facilities with vulnerable populations (exceptions for staff, patients and their accompanying person if necessary).

According to media, on 26 July 2022 the French Parliament approved a bill ending the need to have health passes and other exceptional measures against COVID-19, such as confinement or curfew, as of 1 August 2022. However, the government may still ask travellers to present a negative COVID-19 test to enter France from abroad or from French overseas territories if deemed necessary by the health situation.

On 22 July 2022, the European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) recommended extending the use of the COVID-19 vaccine, Spikevax (Moderna) as a booster dose in adolescents from 12 to 17 years of age. In addition, the CHMP recommended granting full marketing authorisation to Veklury (remdesivir), an antiviral medicine used to treat COVID-19. Veklury is used in adults and adolescents with pneumonia requiring supplemental oxygen. It can also be used in adults who do not require supplemental oxygen but are at increased risk of developing severe COVID-19.

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On 25 July 2022, media reported China's conditional approval of its first homegrown antiviral pill, Azvudine to treat adult COVID-19 patients. The pill was developed by Genuine Biotech and was first approved in 2021 to treat HIV-1 virus infections. According to a statement released by Genuine Biotech, 40.4% of the patients taking Azvudine in clinical trials showed improvement in symptoms, compared with 10.9% in the control group, seven days after first taking the drug.

On 22 July 2022, the World Health Organization (WHO) published un update to the 'Global COVID-19Vaccination Strategy in a Changing World' in response to the spread of Omicron subvariants, and in order to reach unprotected populations, since only 28% of older people and 37% of healthcare workers in low-income countries have received their primary course of vaccines. Most of them have not received booster doses. WHO's strategy update elevated the targets of vaccinating 100% of healthcare workers and the most vulnerable groups (those over 60 years, the immunocompromised, or people with underlying conditions), with both primary and booster doses. In addition, as the circulation of new variants may reduce the efficacy of vaccines, WHO's update emphasise the importance of continuing investments in research and development to make vaccines more effective and easier to administer (such as nasal spray products).

On 21 July 2022, according to media, the Polish Minister of Health announced at a press conference that from 22 July 2022, a second booster dose of a COVID-19 vaccine will be recommended and made available for people between 60 and 79 years of age, and people with impaired immunity from 12 years of age. The interval for the first booster dose is reduced from 150 to 90 days, and the second booster dose may be given 120 days after the first booster dose.

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: 29 July 2022

Epidemiological summary

EU/EEA
Since the start of the monkeypox outbreak and as of 28 July 2022, 11 001 confirmed cases of monkeypox (MPX) have been reported from 27 EU/EEA countries: Spain (3 738), Germany (2 459), France (1 827), Netherlands (879), Portugal (588), Italy (426), Belgium (393), Austria (118), Ireland (85), Sweden (81), Denmark (71), Poland (53), Norway (50), Hungary (37), Slovenia (33), Greece (32), Luxembourg (23), Romania (20), Finland (17), Malta (17), Czechia (16), Croatia (11), Iceland (9), Slovakia (6), Estonia (5), Bulgaria (4) and Latvia (3).

Western Balkans and Turkey
Since the start of the outbreak and as of 28 July 2022, the following Western Balkan countries have reported confirmed MPX cases: Serbia (5) and Bosnia and Herzegovina (1). There is one confirmed case in Turkey.

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

ECDC assessment

Monkeypox (MPX) does not spread easily 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.

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 MPX virus (MPXV) among groups of MSM with multiple partners, the potential exists for transmission in other population groups. As regards the severity of the disease, in this outbreak cases have presented with mild to-moderate symptoms with only a few hospitalisations reported. 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 spreading among the broader population is assessed as very low. 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 EU/EEA and spill-over events to humans is considered to be low.

In endemic areas, MPX virus has been detected in a broad range of animal species, and the occurrence of zoonotic transmission events cannot be excluded, but there is no documented evidence of human-to-animal or animal-to-human transmission in the EU/EEA to date.

Early diagnosis, isolation, effective contact tracing, and vaccination strategies are the key to 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 or 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 in the use vof accines 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 when developing vaccination strategies. Modelling the efficient use of vaccines indicates that PrEP vaccination would be the most efficient strategy when there is less effective tracing. The modelling also suggests that post-exposure prophylaxis (PEP) vaccination of contacts would offer a marginally more efficient approach if there are both higher uptake levels and more effective tracing (as fewer vaccines would be needed for a relatively larger increase in the probability of outbreak control per vaccinated individual), while the absolute probability of outbreak control with PEP vaccination is still lower than with PrEP vaccination. In settings where higher vaccine uptake is expected, PEP vaccination of close contacts of cases should also be considered, or even ring vaccination. Among these, contacts with a high risk of developing severe disease, such as children, pregnant women and immunocompromised individuals, should be prioritised. 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.

Actions

ECDC will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad hoc basis. Multi-lateral meetings between affected countries, WHO EURO, and ECDC have taken place to share information and coordinate 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 of this 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,

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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: 29 July 2022

Epidemiological summary

Since last week's update, and as of 27 July 2022, European Union (EU) and European Economic Area (EEA) countries have reported 36 human cases of West Nile virus (WNV) infection and one death related to WNV infection. Cases were reported by Italy (27), Greece (8) and Slovakia (1). One death was reported by Italy. EU-neighbouring countries reported 14 human cases of WNV infection in Serbia (14) and no deaths related to WNV infection.

Since the beginning of the 2022 transmission season and as of 27 July 2022, EU/EEA countries have reported 55 human cases of WNV infection in Italy (42), Greece (12) and Slovakia (1) and five deaths in Italy (5). EU-neighbouring countries have reported 16 human cases of WNV infection in Serbia (16) and no deaths.

During the current transmission season, within the reporting countries, human cases of WNV infection have been reported from 22 different NUTS 3 or GAUL 1 regions.

Since the beginning of the 2022 transmission season, one outbreak among equids and 13 outbreaks among birds have been reported by EU/EEA countries. The one outbreak among equids was reported by Italy. Outbreaks among birds have been reported by Italy (12) 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 27 July 2022, the human cases reported were from countries and regions that reported WNV infections in previous years.

The number of countries reporting cases, the number of cases and the number of deaths are within the range of those reported by EU/EEA and neighbouring countries at this stage of the transmission season in previous years.

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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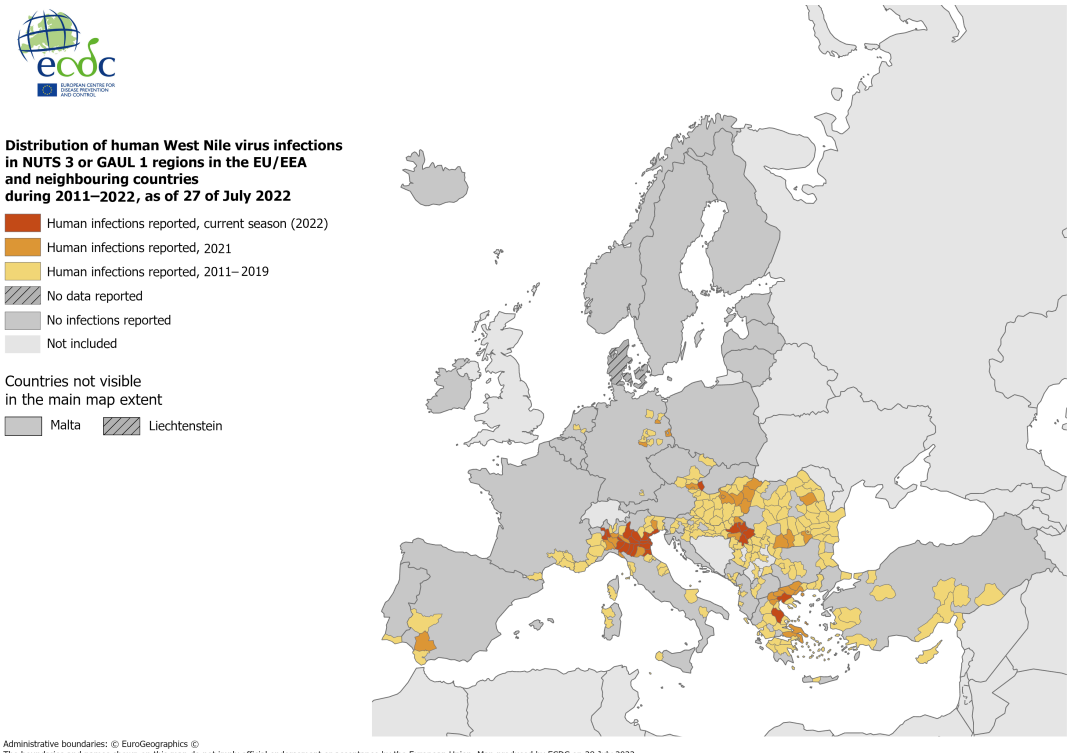
Distribution of human West Nile virus infections by affected areas as of 27.07

ECDC



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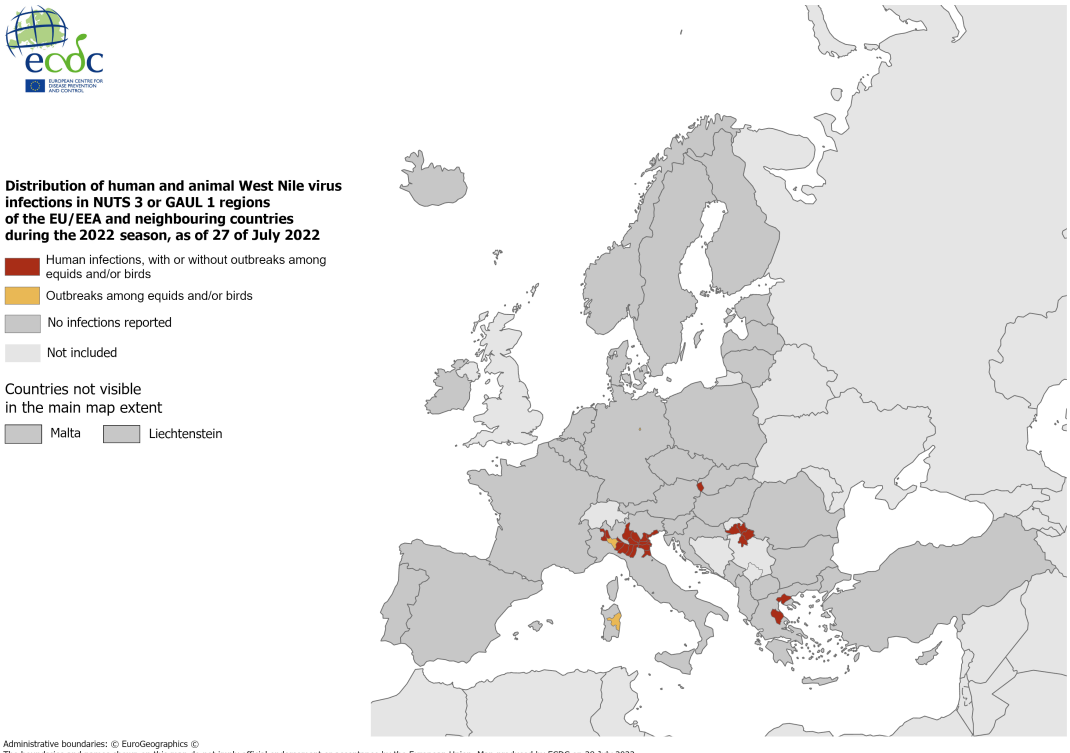
Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 27.07

ECDC and ADIS



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Increase in hepatitis cases of unknown aetiology in children – Multicountry – 2022

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Opening date: 13 April 2022 Latest update: 29 July 2022

Epidemiological summary

On 5 April 2022, the UK reported an increase in acute hepatitis cases of unknown aetiology for which laboratory testing had excluded hepatitis types A, B, C, D, and E. The cases were among previously healthy children aged under 10 years from Scotland. On 12 April, the UK reported that in addition to the cases in Scotland, there were approximately 61 further similar cases under investigation in England, Wales, and Northern Ireland. The cases presented with symptoms and signs of severe acute hepatitis, including increased levels of liver enzymes (aspartate aminotransaminase/ aspartate transaminase [AST] or alanine aminotransaminase/alanine transaminase [ALT] greater than 500 IU/L) and jaundice. Some of the cases also presented with gastrointestinal symptoms such as vomiting, pale stools, diarrhoea, nausea, and abdominal pain. A small number of cases presented with fever.

A large proportion of the cases reported to TESSy, including cases from the UK, have tested positive for adenovirus; as a result, association with adenovirus remains one of the leading hypotheses. Testing data related to SARS-CoV-2 indicate that a smaller proportion tested positive by PCR and around 60% of tested cases had a positive serology result. A link to COVID-19 vaccines is considered unlikely as most cases were unvaccinated. The cases appear to be unrelated, with very few of them being epidemiologically linked. Extensive epidemiological investigations are being carried out by several national authorities to identify common exposures and risk factors to determine whether individual susceptibility or coinfections could be contributing factors.

On 12 May 2022, public health authorities in Ireland announced one death associated with hepatitis of unknown aetiology in a child under 12 years of age.

As of 28 July 2022, 506 cases of acute hepatitis of unknown aetiology among children aged 16 years and under had been reported to TESSy from the World Health Organization European Region. Just over half (53.9%) of these cases have been reported from the UK. The majority (76.6%) of reported cases are five years old or younger. Around a third (27.8%) of cases were admitted to an intensive care unit and 22 (8.1%) children received a liver transplant. A total of 398 cases were tested for adenovirus, 217 of which (54.5%) tested positive. A total of 348 cases were PCR tested for SARS-CoV-2, of which 39 (11.2%) tested positive.

EU/EEA

As of 28 July 2022, 228 cases of acute hepatitis of unknown aetiology among children aged 16 years and under have been reported to TESSy from 17 EU/EEA countries: Austria (6), Belgium (14), Bulgaria (1) Cyprus (2), Denmark (8), France (9), Greece (12), Ireland (24), Italy (36), Latvia (1), Luxembourg (1), the Netherlands (15), Norway (6), Poland (15), Portugal (20), Spain (46) and Sweden (12). Among these cases, at least 18 cases were admitted to an intensive care unit and nine required a liver transplant. There have been three associated deaths.

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 monthly.

Non – EU/EEA

As of 28 July 2022, the UK reported to TESSy a total of 273 children aged under 16 years with acute hepatitis of unknown aetiology. According to the UKHSA, the cases are predominantly under five years old, and many showed initial symptoms of gastroenteritis followed by the onset of jaundice. The most recent technical briefing on investigations into the cases in the UK was published on 26 July 2022.

Outside of EU/EEA and the UK, as of 30 June 2022, cases have been reported to TESSy from Israel (5), Republic of Moldova (1) and Serbia (1).

Outside of EU/EEA and the UK, as of 28 July 2022, cases were reported to TESSy from Israel (5), Republic of Moldova (1) and Serbia (1).

According to the latest update from WHO, as of 12 July 2022, probable cases and cases pending classification have been reported from the Region of the Americas (435, including 334 in the US), Western Pacific Region (67), the South-East Asia Region (19) and the Eastern Mediterranean Region (2).

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According to the WHO, at least 46 children worldwide have required liver transplants and 22 deaths have occurred.

ECDC assessment

AAV2 and adenovirus have been detected in a high number of cases and as a result the current leading hypotheses concern AAV2 and adenovirus involvement, possibly with an immunological cofactor that is triggering a more severe infection or immune-mediated liver damage. The increase in cases that was observed in April and early May, and particularly in the youngest age group, may be affected by the lack of exposure to several pathogens and increased susceptibility to infection due to measures taken to curb the COVID-19 pandemic. Evidence of human-to-human transmission remains unclear. Cases in the EU/EEA are sporadic with a decreasing trend. While the risk for further spread cannot be accurately assessed, cases appear to be declining and since some children have required liver transplantation, the potential impact for the affected paediatric population is considered high. Studies are continuing and should provide greater information on the aetiological factors underlying the cases.

Actions

ECDC established reporting of case-based data for cases of acute hepatitis of unknown aetiology in TESSy. Results are published monthly in the Joint ECDC-WHO Regional Office for Europe Surveillance Bulletin. The surveillance reporting protocol is available here.
On 25 May 2022, ECDC published a guidance document for diagnostic testing of hepatitis cases of unknown aetiology in children. ECDC has developed a protocol to conduct an exceedance analysis using ICD codes to understand whether or not we have observed an increase of cases of hepatitis of unknow aetiology compared to previous years in EU/EEA countries. Analysis is ongoing with some challenges related to data obtention and comparability. ECDC is working with countries and clinical networks to develop a case control study protocol to determine the underlying aetiology. When finalised, it will be shared with countries to allow them to adapt it to the national context and conduct a study at national or hospital level. ECDC continues to monitor the situation through its routine epidemic intelligence activities.

It is also essential to review available data sources to determine whether the number of cases reported are above what would be expected. ECDC is requesting countries to review ICD codes from hospital discharge data and has shared draft guidance with countries for feedback. The final guidance will published in the near future.

An EpiPulse item is available to Member States to inform and facilitate communication between Member States and ECDC. Member States should report cases in TESSy and updates on their investigations in EpiPulse, for example as regards detection of adenovirus circulation.

On 28 April 2022, ECDC published a rapid risk assessment. On 19 May 2022, ECDC published an epidemiological update on hepatitis of unknown aetiology in children, available on ECDC's website.

ECDC will continue to work in collaboration with the affected countries, WHO, and other partner organisations. ECDC will continue to monitor the situation through routine epidemic intelligence activities and report significant events in the weekly Communicable Disease Threat Report.

New! Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022 Latest update: 29 July 2022

Epidemiological summary

No serious cross-border events have been detected in the period from 20 to 28 July 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

Monkeypox:
No cases of monkeypox attributable to the Birmingham 2022 Commonwealth Games have been reported as of 28 July 2022. Overall, in West Midlands, England, where most of the Birmingham 2022 Commonwealth Games are taking place, 68

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residents have been diagnosed, so far. According to the UK Health Security Agency, as of 25 July 2022 there were 2 367 laboratory confirmed cases and 65 highly probable cases (overall 2 432 cases) in the UK. Of these, the vast majority were reported in England (2 260 confirmed and 65 highly probable), followed by Scotland (59 confirmed), Wales (30 confirmed) and Northern Ireland (18 confirmed). The highest proportion of the confirmed and highly probable cases has been detected in London residents 69.9% (1 699 cases).

In the EU/EEA countries, from the start of the outbreak and as of 28 July, 11 001 confirmed cases of monkeypox (MPX) have been reported from 27 EU/EEA countries, including 17 cases reported in CWG participants from Malta and none from Cyprus. For worldwide MPX overview, please refer to the WHO Emergency Situation Reports.

ECDC and WHO have published customisable tools on monkeypox for mass gathering event organisers Monkeypox outbreak: Resource toolkit for event organisers. In addition, a publication by WHO "ublic health advice for Gatherings during the current Monkeypox outbreak is available in all UN official languages.

COVID-19:
In Birmingham, as of 27 July 2022, there were 360 134 COVID-19 cases and 3 676 deaths. Overall, a decrease in COVID-19 cases has been observed in the last two weeks with a 7-day moving average of 128.8 cases/100k population (22 July 2022). In the United Kingdom, as of 28 July 2022, there have been 23 304 931 confirmed cases of COVID-19 reported, with 183 953 deaths, according to WHO.

According to media reports, several CWG athletes and supporting personnel tested positive for COVID-19 ahead of the Games from the following countries and territories: Australia (1), India (2), New Zealand (1), Sri Lanka (5), United Kingdom (England, 1).

ECDC assessment

In the countries where mass gathering events take place, in the absence of sufficient mitigation measures the risk of local and regional transmission of COVID-19, including the spread of variants of concern, is expected to increase. For the most recent risk assessment, please visit ECDC's dedicated webpage.

The risk of becoming infected with other communicable diseases in Birmingham during the Commonwealth Games is considered low if preventive measures are applied - e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed.

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 spread among the broader population is assessed as very low. 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.

Actions

ECDC is monitoring this event through epidemic intelligence during the period 20 July to 12 August and reporting on a weekly basis in CDTR.

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

Opening date: 30 June 2022 Latest update: 29 July 2022

Epidemiological summary

As of 28 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very-low-to-low, except in Stockholm (Sweden), Pärnu (Estonia) and Klaipeda (Lithuania) where it was medium-to-high.

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For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high in Finland, West and South Estonia, Latvia, Lithuania, Poland, Mecklenburg-Vorpommern (Germany), Kalmar (Sweden) and Stockholm (Sweden) and very-low-to-low in the rest.

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

Since May 2022 and as of 28 July 2022, two human cases of locally-acquired vibriosis have been reported in Sweden.

Since May 2022 and as of 28 July 2022, two human cases of locally-acquired vibriosis have been reported in Norway.

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

On 21 July 2022, the State Office for Health and Social Affairs of Mecklenburg-Western Pomerania (Germany) reported that there had 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 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 has 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 during the summer of 2022 and reports on increased environmental suitability for the growth of *Vibrio* bacteria.

Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022 Latest update: 29 July 2022

Epidemiological summary

On 17 July 2022, Ghana declared its first ever outbreak of Marburg virus disease, following the confirmation of two cases from the southern Ashanti region. On 26 June, a 26-year-old male was admitted to hospital in the Ashanti region in Ghana and died on 27 June. On 28 June, a 51-year-old male was admitted to the same hospital and died the same day. Both cases presented with symptoms including diarrhoea, fever, nausea and vomiting. Preliminary analysis detected Marburg virus disease and this was later confirmed by Institut Pasteur in Dakar, Senegal. Health authorities in Ghana, supported by WHO, are continuing investigations and contact tracing. On 27 July 2022, two additional cases were reported.

ECDC assessment

Marburg virus disease is a highly infectious viral haemorrhagic fever in the same family as the Ebola virus disease. Marburg virus disease is transmitted to people from fruit bats and spreads among humans through direct contact with the bodily fluids of infected people, surfaces and materials. Illness begins abruptly, with high fever, severe headache and malaise. Many patients develop severe haemorrhagic signs within seven days. Case fatality rates have varied from 24% to 88% in past outbreaks, depending on virus strain and case management.

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Although there are no vaccines or antiviral treatments approved to treat the virus, supportive care – rehydration with oral or intravenous fluids – and treatment of specific symptoms, improves the chances of survival. A range of potential treatments, including blood products, immune therapies and drug therapies, as well as candidate vaccines with phase 1 data are being evaluated.

Previous outbreaks and sporadic cases of Marburg virus disease in Africa have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa and Uganda. Only one other case has been reported in West Africa, in Guinea on 16 September 2021. This is the first outbreak to occur in Ghana.

WHO has deployed experts to support Ghana's health authorities in investigations.

The likelihood of infection of EU/EEA citizens in Ghana, as well as the likelihood of Marburg virus being imported to the EU/EEA is very low.

Please refer to the ECDC factsheet about Marburg virus disease for additional information.

Actions

ECDC will continue to monitor this event through epidemic intelligence activities and report relevant news on an ad-hoc basis.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Opening date: 27 January 2017 Latest update: 29 July 2022

Epidemiological summary

Chikungunya virus disease

Europe

No autochthonous cases of chikungunya virus disease have been reported in Europe in 2022.

Americas and the Caribbean

Bolivia: In 2022 and as of 9 July, 127 cases, including 11 confirmed cases and no deaths, have been reported. This is an increase of 39 cases since 14 May 2022.

Brazil: In 2022 and as of 16 July, 186 170 cases, including 75 505 confirmed cases and 40 deaths, have been reported. This is an increase of 53 020 cases and 23 deaths since 4 June 2022.

Colombia: In 2022 and as of 9 July, 42 cases and no deaths have been reported.

Costa Rica: In 2022 and as of 2 July, seven cases and no deaths have been reported. This is an increase of two cases since 4 June 2022.

El Salvador: In 2022 and as of 25 June, 79 cases and no deaths have been reported. This is an increase of 11 cases since 4 June 2022.

Guatemala: In 2022 and as of 2 July, 1 267 cases and no deaths have been reported. This is an increase of 326 cases since 28 May 2022.

Honduras: In 2022 and as of 4 June, 21 cases and no deaths have been reported.

Mexico: In 2022 and as of 9 July, one confirmed case and no deaths have been reported.

Nicaragua: In 2022 and as of 2 July, four cases and no deaths have been reported. This is an increase of one case since 11 June 2022.

Paraguay: In 2022 and as of 9 July, 475 cases, including 114 confirmed cases and no deaths, have been reported. This is an increase of 146 cases since 18 June 2022.

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Peru: In 2022 and as of 16 July, 180 cases, including 165 confirmed cases and no deaths, have been reported. This is an increase of 32 cases since 11 June 2022.

Venezuela: In 2022 and as of 9 July, 24 cases and no deaths have been reported. This is an increase of three cases since 11 June 2022.

Asia
India: In 2022 and as of 31 May, 24 278 cases, including 1 554 confirmed cases and no deaths have been reported.

Malaysia: In 2022 and as of 9 July, 528 cases and no deaths have been reported. This is an increase of 132 cases since 7 May 2022.

Philippines: In 2022 and as of 11 June, 149 cases and no deaths have been reported. This is an increase of 106 cases since 21 May 2022.

Thailand: In 2022 and as of 18 July, 254 cases and no deaths have been reported. This is an increase of 106 cases since 17 June 2022.

Africa
Ethiopia: In 2022 and as of 8 May, 311 cases, including three confirmed cases and no deaths, have been reported.

Kenya: In 2022 and as of 26 June, 189 cases, including five confirmed cases and one death, have been reported.

Australia and the Pacific
No cases of chikungunya virus disease have been reported in Australia and the Pacific in 2022.

Dengue

Europe
No autochthonous cases of dengue have been reported in Europe in 2022.

Americas and the Caribbean
In 2022 and as of 27 July, the WHO Pan American Health Organization (PAHO) reported 1 991 736 dengue cases, including 993 390 confirmed cases and 861 associated deaths, in the Americas. The five countries reporting most cases are: Brazil (1 827 617), Peru (56 021), Colombia (32 327), Nicaragua (22 887) and Ecuador (12 279). This is an increase of 365 750 cases and 244 deaths since 29 June 2022.

All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Americas. The figures for each country of the Americas region can be found on the PAHO Health Information Platform.

Dengue fever surveillance indicators are at low levels or even zero in the French Antilles (Guadeloupe, Martinique, Saint-Martin, and Saint-Barthélemy).

Asia
Afghanistan: In 2022 and as of 9 July, 22 cases and no deaths have been reported. This is an increase of eight cases since 5 March 2022.

Bangladesh: In 2022 and as of 26 July, 6 673 cases and eight deaths have been reported. This is an increase of 5 704 cases and seven deaths since 27 June 2022. There has been a recent upsurge in dengue transmission in the Cox's Bazar district that significantly exceeds expected seasonal trends. According to WHO 's Health Sector Coordination Team in Cox's Bazar, 4 368 cases have been reported in the district and according to the Directorate General of Health Services, five of the eight deaths reported nationally are from Cox's Bazar. There is an ongoing multi-sector response to the outbreak.

Cambodia: In 2022 and as of 14 July, 3 322 cases and nine deaths have been reported. This is an increase of 1 698 cases and five deaths since 4 June 2022.

China: In 2022 and as of 31 May, five cases and no deaths have been reported.

India: In 2022 and as of 31 May, 10 172 cases and three deaths have been reported.

Indonesia: In 2022 and as of 9 July, 52 313 cases and 448 deaths have been reported. This is an increase of 6 926 cases and 16 deaths since 15 June 2022.

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Laos: In 2022 and as of 14 July, 6 393 cases and 10 deaths have been reported. This is an increase of 4 834 cases and 10 deaths since 11 June 2022.

Malaysia: In 2022 and as of 14 July, 26 420 cases and 19 deaths have been reported. This is an increase of 4 731 cases and four deaths since 18 June 2022.

Maldives: In 2022 and as of 31 May, 344 cases and no deaths have been reported.

Nepal: In 2022 and as of 24 July, 232 cases and no deaths have been reported. This is an increase of 177 cases since 21 May 2022.

Oman: According to media quoting health authorities, in 2022 and as of 7 April, 76 cases and no deaths have been reported.

Pakistan: In 2022 and as of 4 July, 875 cases confirmed cases and no deaths have been reported. This is an increase of 666 cases since 24 June 2022.

The Philippines: In 2022 and as of 25 June, 64 797 cases and 274 deaths have been reported. This is an increase of 37 111 cases and 124 deaths since 14 May 2022.

Singapore: In 2022 and as of 25 July, 21 350 cases and no deaths have been reported. This is an increase of 4 323 cases since 28 June 2022.

Sri Lanka: In 2022 and as of 25 July, 32 404 cases and no deaths have been reported. This is an increase of 9 283 cases since 24 June 2022.

Thailand: In 2022 and as of 19 July, 8 660 cases and no deaths have been reported. This is an increase of 4 745 cases since 20 June 2022.

Timor-Leste: In 2022 and as of 27 May, 4 985 cases and 56 deaths have been reported.

Vietnam: In 2022 and as of 14 July, 103 433 cases and 37 deaths have been reported. This is an increase of 40 467 cases and eight deaths since 12 June 2022.

Africa

Côte d'Ivoire: In 2022 and as of 19 March, 12 confirmed cases and one death have been reported.

Kenya: In 2022 and as of 28 April, 33 cases, including 32 confirmed cases and no deaths have been reported.

Réunion: In 2022 and as of 20 July, 1 250 confirmed cases and no deaths have been reported.

São Tomé and Príncipe: In 2022 and as of 21 June, 668 confirmed cases and one death have been reported. This is an increase of 265 cases since 8 June 2022.

Australia and the Pacific

Australia: In 2022 and as of 14 July, 66 cases and no deaths have been reported. This is an increase of 24 cases since 29 May 2022.

Cook Islands: In 2022 and as of 28 May, three cases and no deaths have been reported.

Fiji: In 2022 and as of 16 May, 1 960 cases and no deaths have been reported.

Micronesia (Federated States of): In 2022 and as of 4 June, 16 cases and no deaths have been reported.

New Caledonia: In 2022 and as of 30 June, one confirmed case and no deaths have been reported.

Palau: In 2022 and as of 14 July, 22 cases and no deaths have been reported. This is an increase of four cases since 4 June 2022.

Samoa: In 2022 and as of 12 February, five cases and no deaths have been reported.

Solomon Islands: In 2022 and as of 7 May, 34 cases and no deaths have been reported.

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Vanuatu: In 2022 and as of 16 June, 39 cases and no deaths have been reported.

Wallis and Futuna: In 2022 and as of 16 June, 21 cases and no deaths have been reported.

N.B: The data presented in this report originate from several sources, both official public health authorities and non-official sources such as news 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; reported figures may not reflect the actual epidemiological situation. Please note that case definitions may differ between countries and comparisons should be made with caution.

ECDC assessment

Chikungunya virus disease and dengue affect people in most countries of the tropics and sub-tropics. EU/EEA citizens travelling to the affected areas should apply personal protective measures against mosquito bites.

The likelihood for onward transmission of dengue and chikungunya virus disease in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (i.e. *Aedes albopictus*). *Aedes albopictus* is established in a large part of Europe. The current likelihood of the occurrence of local transmission events of chikungunya virus and dengue virus in mainland EU/EEA is high, as the environmental conditions are favourable to vector activity and virus replication. In previous years, all autochthonous outbreaks of chikungunya virus disease and dengue in mainland EU/EEA have occurred between July and November.

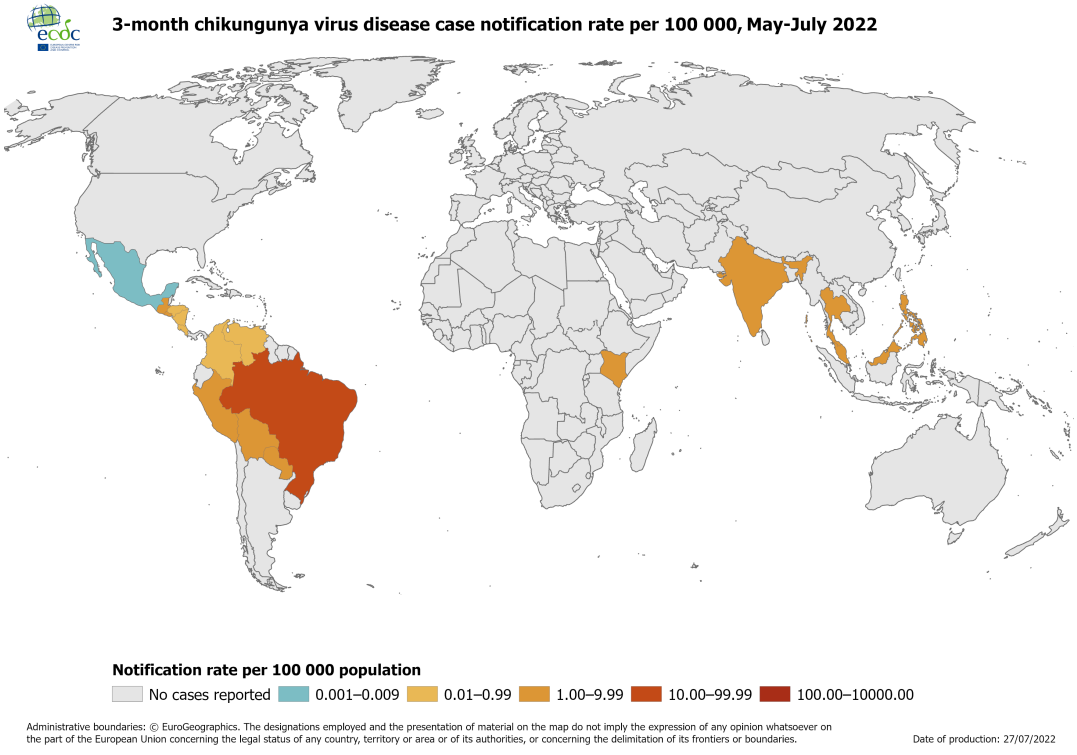
More information is available on ECDC's webpages on autochthonous transmission of chikungunya and dengue virus in the EU/EEA, as well as on ECDC's dengue and chikungunya factsheets.

Actions

ECDC monitors these threats through its epidemic intelligence activities and reports on a monthly basis. A summary of the worldwide overview of dengue and chikungunya virus disease is available on ECDC's website.

3-month chikungunya virus disease case notification rate per 100 000 May–July 2022

Source: ECDC



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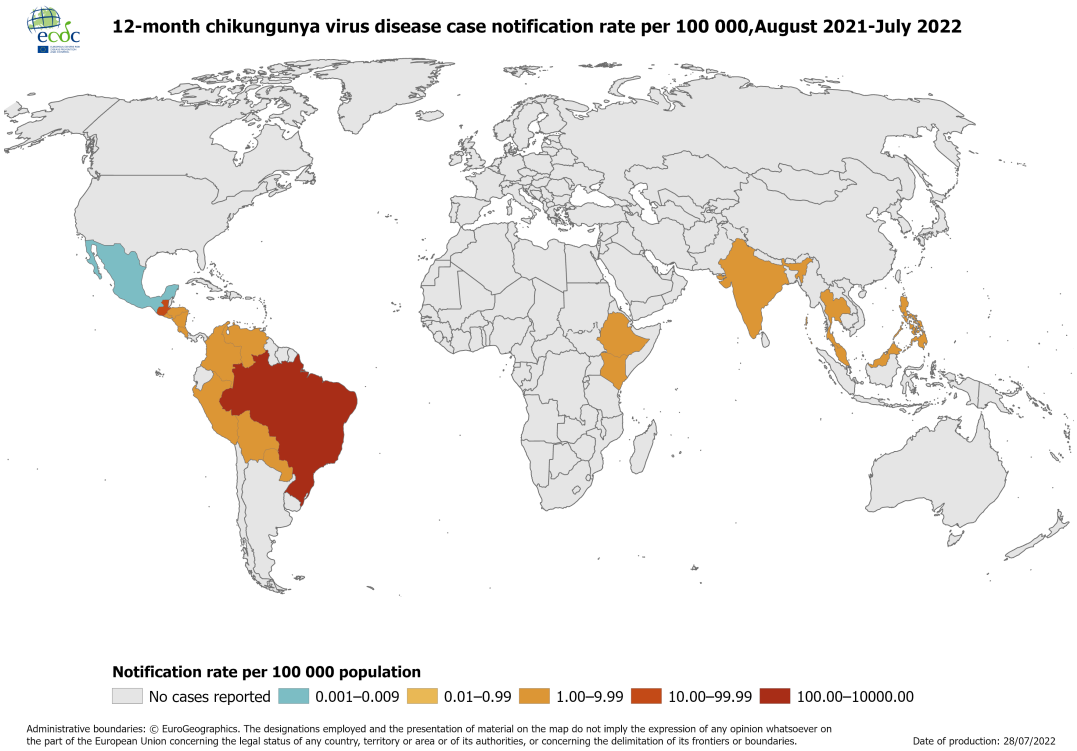
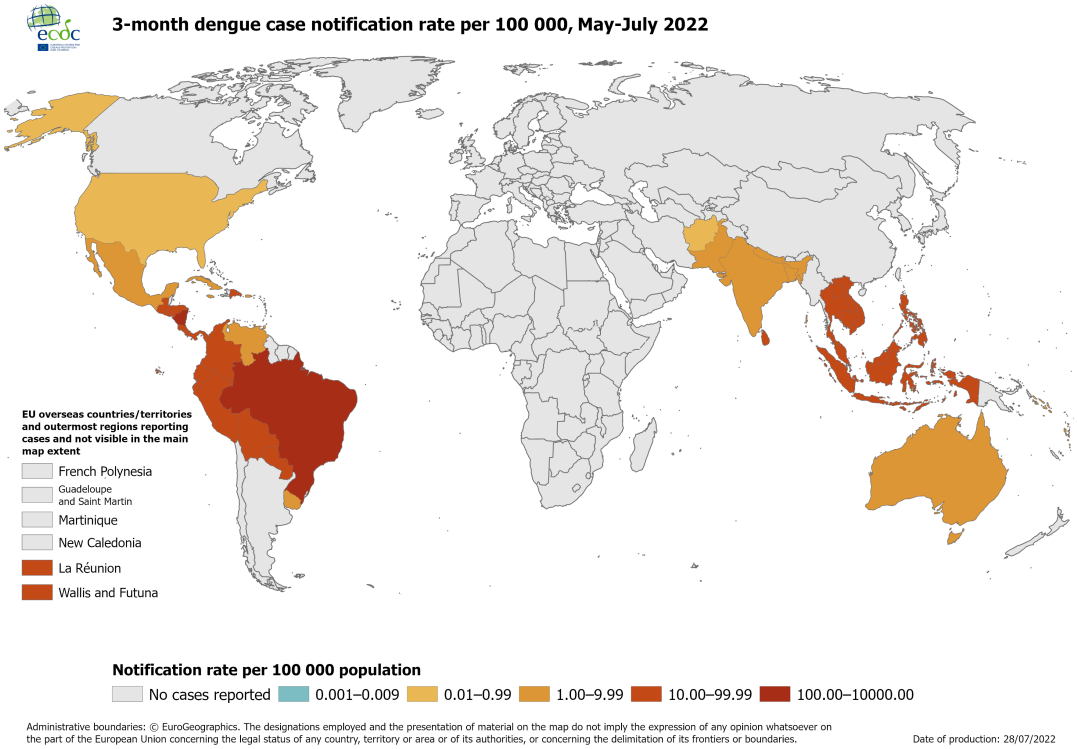
12-month chikungunya virus disease case notification rate per 100 000 August 2021–July 2022

Source: ECDC



3-month dengue case notification rate per 100 000 May–July 2022

Source: ECDC



12-month dengue case notification rate per 100 000 August 2021–July 2022

Source: ECDC

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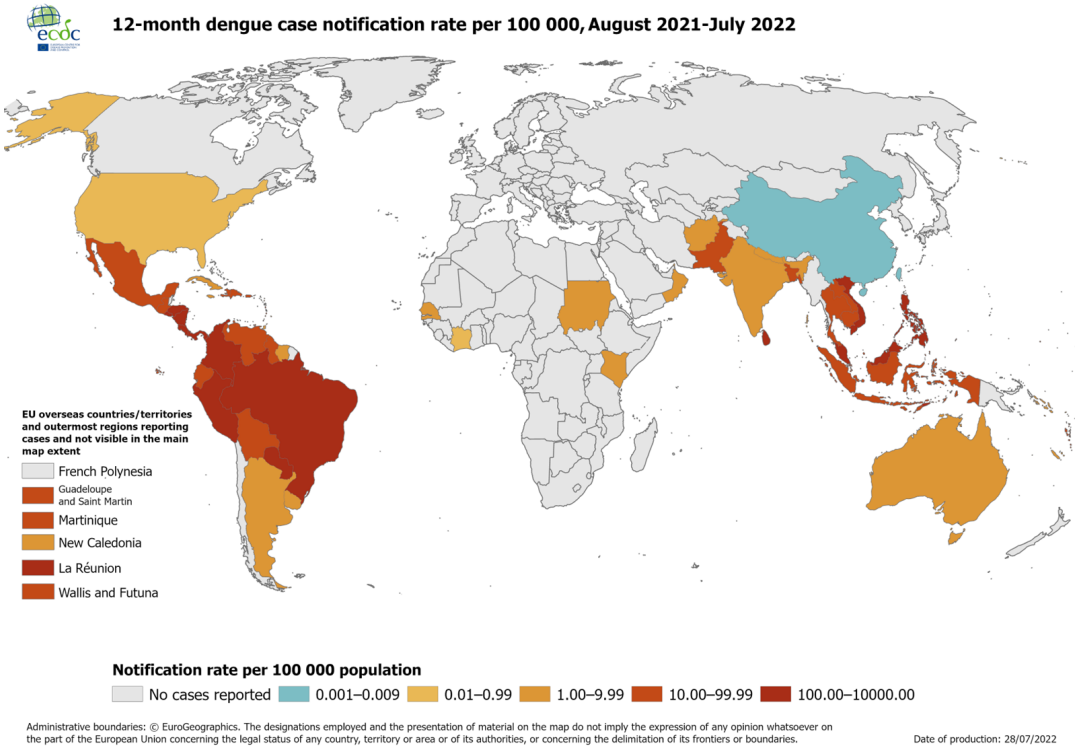

Cholera – Multi-country (World) – Monitoring global outbreaks

Opening date: 20 April 2006 Latest update: 29 July 2022

Epidemiological summary

Since the last update on 22 June 2022, approximately 20 130 suspected cholera cases, including 198 deaths, have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Cameroon, Democratic Republic of Congo, India, Iraq, Malawi, Mozambique, Nepal, Nigeria, Somalia, South Sudan, Pakistan, Tanzania, and Zambia.

A list of all countries reporting new cases since our previous update can be found below.

Americas

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

Africa

Benin: Since the last update on 22 June 2022, no new cases have been reported in Benin. Since 10 October 2021 and as of 26 July 2022, a total of 1 705 suspected cholera cases including 20 deaths (CFR 1.2%) have been reported in the country.

Cameroon: Since the last update on 22 June 2022, 2 538 suspected cholera cases, including 51 deaths, have been reported in Cameroon. In 2022 and as of 3 July, a total of 9 737 suspected cases including 181 deaths (CFR: 1.9%) have been reported in the country. According to WHO Regional Office for Africa, the outbreak is currently active in three regions: Littoral, South-West, and West.

Democratic Republic of Congo (DRC): Since last update on 22 June 2022, 526 suspected cholera cases, including 28 deaths, have been reported in DRC. In 2022, and as of 5 June, a total of 6 692 suspected cholera cases including 107 deaths (CFR: 1.6%) have been reported in 54 health zones across 11 provinces of the Democratic Republic of Congo. According to WHO Regional Office for Africa, various response measures are being implemented in the main effected areas, including vaccination campaigns.

Ethiopia: Since the last update on 22 June 2022, no new cases have been reported in Ethiopia. In 2022, and as of 26 July, a total of 674 cases with seven associated deaths (CFR 1.0%) have been reported. The outbreak has affected the Oromia and Somali regions of Ethiopia.

Kenya: Since the last update on 22 June 2022, no new cases have been reported in Kenya. As of 26 July 2022, a total of 319 cases with two confirmed cases and two deaths (CFR 0.6%) have been reported. Currently, the outbreak is ongoing in three

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Kenyan counties: Nairobi, Kisumu and Kiambu.

Malawi: Since last update on 22 June 2022, Malawi has reported 233 suspected cholera cases, 37 confirmed cholera cases and nine fatalities (CFR: 4.4%). In 2022, and as of 10 July 2022, Malawi has reported a total of 833 cholera cases, including 37 deaths.

Mozambique: Since the last update on 22 June 2022, 2 991 new suspected cases and 15 fatalities have been reported. In 2022, and as of 26 June, a total of 3 256 suspected cholera cases and 15 fatalities have been reported in the country.

Nigeria: Since the last update on 22 June 2022, 662 new cases and 24 fatalities have been reported. In 2022 and as of 3 July, a total of 2 523 cases, including 78 deaths (CFR 3.1%), have been reported from 31 states.

Somalia: A cholera outbreak is ongoing in the regions of Benadir, South-West and Hirshabelle. As of 10 July 2022, a total of 7 796 cholera cases and 37 fatalities (CFR: 0.5%) have been reported in the country. The present cholera outbreak is ongoing in the context of other outbreaks, malnutrition, and droughts. According to the World Health Organization, the country has limited capacity to respond to the outbreak.

South Sudan: Since the last update on 22 June 2022, 94 new suspected cases and one fatality have been reported. Cases have been reported from five areas: Unity State, Ruweng Administrative Area, the Bentiu Internally Displaced People's camp, Roriak and Pariang. In 2022 and as of 19 June, a total of 212 suspected cholera cases and one fatality have been reported.

Tanzania: Since the last update on 22 June 2022, 117 new cholera cases and five fatalities have been reported in Tanzania. In 2022 and as of 23 June, a total of 331 cases and six deaths (CFR: 1.8%) have been reported. Currently, the outbreak is confined to the Tanganyika district of Katavi Region. A total of 40 cases have been confirmed positive for *Vibrio cholerae.*

Zambia: Since the last update on 22 June 2022, 138 new cholera cases have been reported in Zambia. In 2022, and as of 13 June, a total of 159 cholera cases have been reported in the country, 11 of which have been confirmed. The outbreak is currently affecting three districts: Lusaka, Chilanga, and Nsama.

Asia

Afghanistan: Since the last update, 4 158 suspected cholera cases and 24 fatalities have been reported in Afghanistan. In 2022 and as of 9 July, a total of 10 387 cases, including 32 deaths, have been reported. At present, 34 districts are affected in nine different provinces of Afghanistan.

Bangladesh: Since the last update on 22 June 2022, no new cholera cases have been reported in Bangladesh. In 2022 and as of 12 April, a total of 495 433 suspected cholera cases, including 29 deaths, have been reported from the country. Among these cases, 461 611 cases, including 29 deaths, have been reported from different parts of the country and 33 822 cases and no deaths have been reported at Rohingya Refugee Camp in Cox's Bazar.

India: Since the last update on 22 June 2022, 20 new cholera cases and one fatality have been reported in India. In 2022 and as of 19 July, a total of 120 suspected cholera cases and one fatality have been reported in the country.

Iraq: Since the last update on 22 June 2022, 327 new cholera cases and three fatalities have been reported in Iraq. In 2022, and as of 26 July, 340 confirmed cholera cases and three associated fatalities have been reported in the country. Media reported around 4 000 people in Sulaymaniyah province were admitted to hospitals for uncontrolled diarrhoea and vomiting.

Pakistan: Since the last update on 22 June 2022, 500 new suspected cholera cases have been reported in Pakistan. Suspected cases have mostly been reported from Sindh province during the last three months. In 2022, and as of 26 July, a total of 257 452 cholera cases, including three deaths, have been reported in the country.

Nepal: Since the last update on 22 June 2022, 30 new suspected cholera cases have been reported. In 2022, and as of 26 July, 34 cholera cases have been reported in the Kathmandu valley.

Philippines: Since the last update, no new cholera cases have been reported in the Philippines. In 2022 and as of 26 July, 491 cholera cases and six fatalities have been reported.

No updates were available on previous outbreaks reported in Togo, Uganda, and Zimbabwe.

***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.*

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ECDC assessment

Cholera cases continue to be reported in western Africa, and South-East Asia in recent months. Cholera outbreaks have also been notified in the eastern and southern part of Africa, as well as in other areas of Asia.

Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases in the EU/EEA remains possible.

In 2019, 26 cases were reported in the EU/EEA Member States, while 26, 17, and 23 cases were reported in 2018, 2017, and 2016 respectively. All cases had travel history to cholera-affected areas.

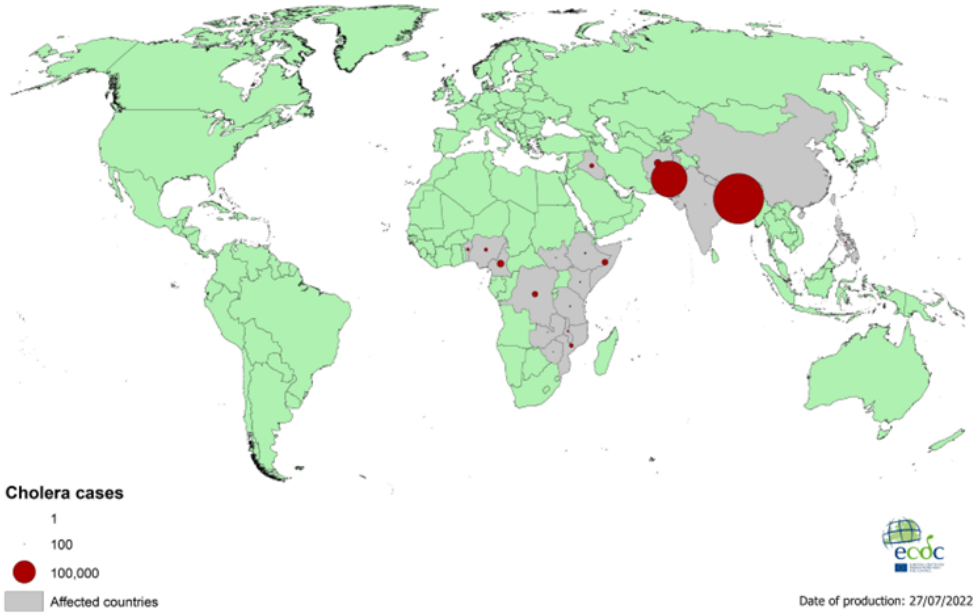
According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can 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 as of July 2022

ECDC



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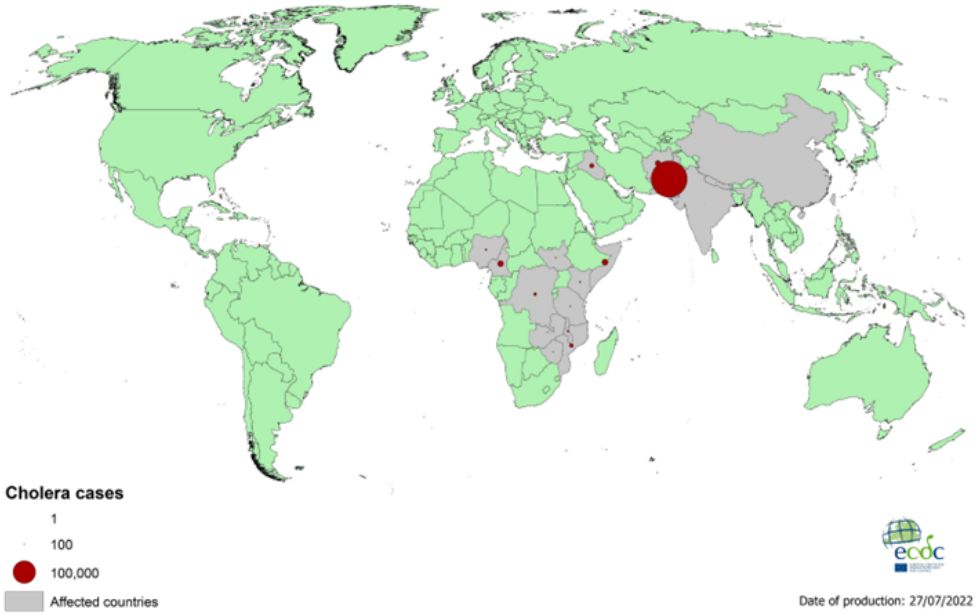
Geographical distribution of cholera cases reported worldwide from May to July 2022

ECDC



Wild Poliovirus Type 1 (WPV1) – Mozambique – 2022

Opening date: 19 May 2022 Latest update: 29 July 2022

Epidemiological summary

Four cases of acute flaccid paralysis (AFP) caused by wild poliovirus type 1 (WPV1) have been reported in Mozambique in 2022.

On 18 May 2022, WHO's Regional Office for Africa reported that health authorities in Mozambique had declared an outbreak of wild poliovirus type 1 (WPV1) after one case of acute flaccid paralysis (AFP) caused by WPV1 was reported in a child in the Changara district of the north-eastern Tete province. The child experienced onset of symptoms on 25 March. Genomic sequencing analysis indicates that the case is linked to the imported WPV1 case confirmed in Malawi in February.

Three additional cases of AFP caused by WPV1 were reported in week 30 in the same province, bringing the total cases to four. Two of these three WPV1 viruses are more closely linked with the WPV1 isolated from the first case, indicating local circulation of WPV1 within the province. However, the third WPV1 virus, found in Magoé district (boarding Zimbabwe and Zambia), is an orphan virus which is more closely related to the virus found in Malawi in February 2022. Genetic analysis indicates that there are at least two transmission chains that have co-evolved after the initial introduction of the virus.

These are the first cases of WPV1 reported in Mozambique since 1992. The first case in this outbreak was the second imported case of WPV1 in southern Africa this year, following a case reported in Malawi on 17 February 2022. The five WPV1 cases (Malawi n=1 and Mozambique n=4) are genetically linked to a WPV1 strain detected in Pakistan in 2019. In response to the detection of the first case in March, Mozambique has implemented three immunisation rounds using bOPV, although vaccine coverage remains suboptimal in Tete province, and a fourth immunisation campaign is being planned.

Sources: WHO | GPEI

ECDC assessment

Detection of WPV1 outside Pakistan and Afghanistan is unusual. However, the risk of importation of WPV1 to third countries exists, as long as there are endemic areas with poliovirus circulation. Africa was declared free of indigenous wild polio in 2020, after eliminating all forms of wild polio from the region. The four WPV1 cases in Mozambique and the earlier one in Malawi do not affect Africa's wild poliovirus-free certification because the virus strain is not indigenous. In 2020, Mozambique has reached a vaccination coverage with Pol3 of 73% among one-year-old children.

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WHO European Region, including 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, the risk of the virus being reintroduced into Europe remains. According to the European Regional Certification Commission for Poliomyelitis Eradication (RCC) report from the September 2021 assessment, referring to data from 2020, 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 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 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 under-immunised populations. Despite current challenges relating to the COVID-19 pandemic, 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 long-term visitors (>4 weeks) to countries with the potential risk of international spread. Such individuals must receive a dose of bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) between four weeks and 12 months prior to international travel.

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

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.

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