



## COMMUNICABLE DISEASE THREATS REPORT

**CDTR**

**Week 14, 3-9 April 2022**

**All users**

This weekly bulletin provides updates on threats monitored by ECDC.

### **I. Executive summary**

## EU Threats

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

Opening date: 7 January 2020

Latest update: 8 April 2022

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

→ Update of the week

Since week 2022-12 and as of week 2022-13, 8 679 354 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 25 803 new deaths have been reported worldwide.

Since 31 December 2019 and as of week 2022-13, 490 777 296 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported worldwide, including 6 158 591 deaths.

In the EU/EEA only and as of week 2022-13, 129 067 862 cases have been reported, including 1 063 318 deaths.

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

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

Since the last update on 31 March 2022 and as of 7 April 2022, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and De-escalated variants.

- The assessment for B.1.1.529 (Omicron) has been split into separate assessments of the constituent lineages in order to more accurately evaluate data and scientific evidence for each lineage. Lineages BA.1 and BA.2 remain as variants of concern which they have been since 26 November 2021. Lineage BA.3 is classified as a variant under monitoring, due to the variant only circulating at very low levels and not having any significant impact on the epidemiological situation in the EU/EEA so far. The newly designated lineages BA.4 and BA.5 which are defined by the three spike RBD changes L452R, F486V and R493Q compared to BA.2, are classified as variants of interest due to their mutational profiles indicating potential changes in antigenic properties compared to BA.1 and BA.2; and data from GISAID EpiCoV indicating community transmission in South Africa, as well as sporadic detections in Botswana, Denmark, Germany, and the United Kingdom.

- Recombinant lineage XF has been de-escalated from variants under monitoring to de-escalated variants due to it not being detected since week 7 2022.

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

### Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 8 April 2022

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

→ Update of the week

**Week 13/2022 (28 March – 3 April 2022)**

11 of 38 countries across the Region reported widespread influenza activity.

The percentage of all sentinel primary care specimens from patients presenting with Influenza-like illness (ILI) or acute respiratory infection (ARI) symptoms that tested positive for an influenza virus have remained at similar levels, around 27%, for the last four weeks.

Countries, mostly in the western-central part of the Region, reported seasonal influenza activity above 30% positivity in sentinel primary care: Netherlands (72%), Luxembourg (62%), Norway (62%), France (60%), Slovenia (60%), Italy (53%), Hungary (51%), Poland (50%), Serbia (47%), Belgium (40%) and Spain (34%).

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

A(H3) viruses were most frequently detected in patients hospitalized with confirmed influenza virus infection. In sentinel primary care: Serbia (69%), Netherlands (67%), Denmark (63%), Slovenia (62%), France (58%), Belgium (57%), Hungary (57%), and Luxembourg (54%).

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

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

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

Opening date: 24 February 2022

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

→ Update of the week

According to the [United Nations](#), between 24 February and 6 April 2022, the total number of people fleeing Ukraine reached 4 319 494. In total, 2 514 504 have crossed the Polish border; 662 751 the Romanian; 404 021 the Hungarian; and 304 983 the Slovakian. In addition, Czechia's [Ministry of the Interior](#) reported 269 04 special visa concessions to Ukrainian applicants as of 6 April 2022. Outside of the EU/EEA, 401 704 people have sought safety in the Republic of Moldova ([United Nations](#)).

The World Health Organization published on 7 April 2022 the [sixth situation](#) report on the emergency in Ukraine according to which the total number of affected people is estimated to be 18 million with approximately 7.1 million being internally displaced within Ukraine.

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

According to media and official reports, displaced Ukrainian people have reached all EU countries at varying numbers and times, being dispersed in the community afterwards. The number of Ukrainians crossing the border to neighbouring countries and those having already registered for temporary protection or as asylum seekers varies. According to media and official sources collected between 27 March and 6 April 2022, the following number of Ukrainian people have registered or crossed into the EU/EEA:

Neighbouring with Ukraine: [Hungary](#)\* (7 947), [Poland](#) (625 000), [Romania](#)\* (4 335), [Slovakia](#)\* (269 111).

Remaining EU/EEA countries: [Austria](#) (35 000), [Belgium](#) (34 280), [Bulgaria](#) (42 439), [Croatia](#) (12 403), [Cyprus](#)\* (15 000), [Czechia](#) (269 004), [Denmark](#) (16 146), [Estonia](#) (16 691), [Finland](#) (16 017), [France](#) (33 000), [Germany](#) (313 209), [Greece](#) (17 033), [Ireland](#) (16 891), [Italy](#) (83 100), [Latvia](#) (12 392), [Lithuania](#) (40 355), [Luxembourg](#) (1 040), [Malta](#)\* (26), [the Netherlands](#) (21 764), [Portugal](#) (27 000), [Slovenia](#)\* (5 800), [Spain](#) (32 479), [Sweden](#) (28 773).

\*data for these countries are collected from media sources.

## Non EU Threats

### New! Increase in hepatitis cases in children – United Kingdom – 2022

Opening date: 8 April 2022

Latest update: 8 April 2022

An increase in hepatitis cases in children has been reported in the United Kingdom.

**→Update of the week**

An increase in hepatitis cases in children has been reported in the United Kingdom. In England, approximately 60 cases in children under 10 are under investigation. In Scotland, 11 cases which required hospital admission, in children aged between 1-5 years are under investigation. Most of the cases in Scotland presented from March 2022 onwards. In Wales, there are currently no known cases under investigation, but a very small number of cases from early 2022 had similar clinical presentation. In Northern Ireland, there are currently no confirmed cases reported.

At present, the cause of hepatitis in these cases is unknown. The common viruses that cause hepatitis (hepatitis viruses A, B, C, D and E) have not been detected in any of the cases. There is currently no clear connection between the reported cases. Public Health Wales reports that there is no known association with travel.

Investigations are underway across the UK to investigate the potential cause. Public Health Scotland reports that all potential causes are being explored, but at this time, infection is considered to be the probable source.

Actions are being taken to raise awareness among healthcare professionals and parents.

## **Multi-country outbreak caused by monophasic *Salmonella* Typhimurium linked to chocolate products - 2022**

Opening date: 31 March 2022

An outbreak caused by monophasic *Salmonella* Typhimurium linked to chocolate products is rapidly evolving in EU/EEA countries and the United Kingdom (UK).

**→Update of the week**

An outbreak caused by monophasic *Salmonella* Typhimurium is rapidly evolving in EU/EEA countries and the United Kingdom (UK). As of 5 April 2022, 134 cases have been reported in eight EU/EEA countries and the United Kingdom (UK), mainly among children under 10 years old. The first case was identified in the UK on 7 January 2022. Since 17 February 2022, cases have also been identified elsewhere in Europe.

The outbreak is characterised by an unusually high proportion of children being hospitalised, some with severe clinical symptoms such as bloody diarrhoea. Based on interviews with patients and initial analytical epidemiological studies, specific chocolate products have been identified as the likely route of infection. Affected cases have been identified through advanced molecular typing techniques. As this method of testing is not routinely performed in all countries, some cases may be undetected.

Product recalls have been launched in several countries to date, to prevent the consumption of products potentially contaminated with *Salmonella*. Further investigations are being conducted by public health and food safety authorities in countries where cases are reported, to identify the cause and the extent of the contamination, and to ensure contaminated products are not put on the market.

Further details, including the number of confirmed and probable cases by country, can be seen on [ECDC's website](#).

## **Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country**

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, over 2 600 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point towards dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Secondary human-to-human transmission occurred particularly within households and in healthcare settings.

**→Update of the week**

Since the previous update published on 11 March 2022, and as of 5 April 2022, two new MERS-CoV cases have been reported by the Qatari Ministry of Public Health.

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

Opening date: 27 January 2017

Latest update: 8 April 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 6 April, 12 240 cases and one death were reported. The majority of cases have been reported from Brazil (10 957). Since the previous CDTR published on week 10, 4 894 new cases and one new death have been reported. The five countries reporting most new cases are Brazil (4 371), Guatemala (316), Malaysia (85), India (56) and Thailand (22). One new death was reported from Brazil.

**Dengue:** In 2022, and as of 6 April, 293 332 cases and 407 deaths were reported. The majority of cases were reported from Brazil (167 602), and the majority of deaths are from Indonesia (229). Since the previous CDTR published in week 10, 110 830 new cases and 177 new deaths have been reported. The five countries reporting most new cases are Brazil (52 285), Peru (9 291), Philippines (7 372), Indonesia (7 062) and Sri Lanka (6 436) and the five countries reporting most new deaths are Indonesia (65), Philippines (49), Brazil (17), Timor Leste (14) and Peru (9).

## II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 8 April 2022

#### Epidemiological summary

Since 31 December 2019 and as of week 2022-13, 490 777 296 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 158 591 deaths.

#### Cases have been reported from:

**Africa:** 11 530 810 cases; the five countries reporting most cases are South Africa (3 722 954), Morocco (1 163 526), Tunisia (1 037 358), Egypt (509 177) and Libya (501 738).

**Asia:** 122 716 328 cases; the five countries reporting most cases are India (43 029 044), South Korea (14 001 406), Vietnam (9 818 328), Iran (7 167 646) and Japan (6 702 086).

**America:** 151 344 968 cases; the five countries reporting most cases are United States (80 158 183), Brazil (29 999 437), Argentina (9 042 974), Colombia (6 086 233) and Mexico (5 666 215).

**Europe:** 199 654 080 cases; the five countries reporting most cases are France (25 947 236), Germany (21 761 859), United Kingdom (21 359 681), Russia (17 896 866) and Turkey (14 885 710).

**Oceania:** 5 530 405 cases; the five countries reporting most cases are Australia (4 492 182), New Zealand (701 986), French Polynesia (72 318), Fiji (64 417) and New Caledonia (60 327).

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

Deaths have been reported from:

**Africa:** 252 059 deaths; the five countries reporting most deaths are South Africa (100 050), Tunisia (28 425), Egypt (24 473), Morocco (16 060) and Ethiopia (7 504).

**Asia:** 1 276 763 deaths; the five countries reporting most deaths are India (521 358), Indonesia (155 349), Iran (140 315), Philippines (59 343) and Vietnam (42 600).

**America:** 2 697 893 deaths; the five countries reporting most deaths are United States (982 571), Brazil (660 147), Mexico (323 223), Peru (212 354) and Colombia (139 670).

**Europe:** 1 922 138 deaths; the five countries reporting most deaths are Russia (369 708), United Kingdom (165 780), Italy (159 784), France (156 331) and Germany (130 275).

**Oceania:** 9 732 deaths; the five countries reporting most deaths are Australia (6 384), Fiji (834), French Polynesia (646), Papua New Guinea (640) and New Zealand (363).

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

#### EU/EEA:

As of week 2022-13, 129 067 862 cases have been reported in the EU/EEA: France (25 947 236), Germany (21 761 859), Italy (14 845 815), Spain (11 575 677), Netherlands (7 910 221), Poland (5 978 237), Austria (3 925 609), Belgium (3 874 879), Czechia (3 829 083), Portugal (3 628 654), Greece (3 083 950), Romania (2 793 885), Denmark (2 756 728), Sweden (2 489 921), Slovakia (2 218 348), Hungary (1 858 714), Ireland (1 475 251), Lithuania (1 364 938), Norway (1 334 747), Bulgaria (1 140 453), Croatia (1 102 723), Slovenia (974 694), Finland (904 778), Latvia (802 532), Estonia (544 080), Cyprus (437 658), Luxembourg (227 332), Iceland (181 829), Malta (81 593) and Liechtenstein (16 438).

As of week 2022-13, 1 063 318 deaths have been reported in the EU/EEA: Italy (159 784), France (156 331), Germany (130 275), Poland (115 719), Spain (102 319), Romania (61 219), Hungary (44 384), Czechia (39 699), Bulgaria (36 565), Belgium (30 398), Greece (27 741), Netherlands (22 013), Portugal (21 787), Slovakia (19 440), Sweden (18 373), Austria (15 911), Croatia (15 601), Lithuania (9 086), Slovenia (7 425), Ireland (6 786), Latvia (6 210), Denmark (5 227), Finland (3 254), Norway (2 518), Estonia (2 337), Cyprus (1 060), Luxembourg (1 033), Malta (641), Iceland (101) and Liechtenstein (81).

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

In week 2022-13, in the EU/EEA overall, the reported weekly cases decreased by – 14.5% compared to the previous week. Weekly increases in descending order were observed in Malta and France. The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (6 649), Austria (4 508), Germany (3 414), and Iceland (3 027). Overall, 28 of the 30 EU/EEA countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden) reported a decrease in the weekly cases.

As of week 13, 2022, ECDC has discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies affecting 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](#).

Since the last update on 31 March 2022 and as of 7 April 2022, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and De-escalated variants.

- The assessment for B.1.1.529 (Omicron) has been split into separate assessments of the constituent lineages in order to more accurately evaluate data and scientific evidence for each lineage. Lineages BA.1 and BA.2 remain as variants of concern which they have been since 26 November 2021. Lineage BA.3 is classified as a variant under monitoring, due to the variant only circulating at very low levels and not having any significant impact on the epidemiological situation in the EU/EEA so far. The newly designated lineages BA.4 and BA.5 which are defined by the three spike RBD changes L452R, F486V and R493Q compared to BA.2, are classified as variants of interest due to their mutational profiles indicating potential changes in antigenic properties compared to BA.1 and BA.2; and data from GISAID EpiCoV indicating community transmission in South Africa, as well as sporadic detections in Botswana, Denmark, Germany, and the United Kingdom.

- Recombinant lineage XF has been de-escalated from variants under monitoring to de-escalated variants due to it not being detected since week 7 2022.

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

### Public Health Emergency of International Concern (PHEIC):

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

### ECDC assessment

For the most recent risk assessment, please visit [ECDC's dedicated web page](#).

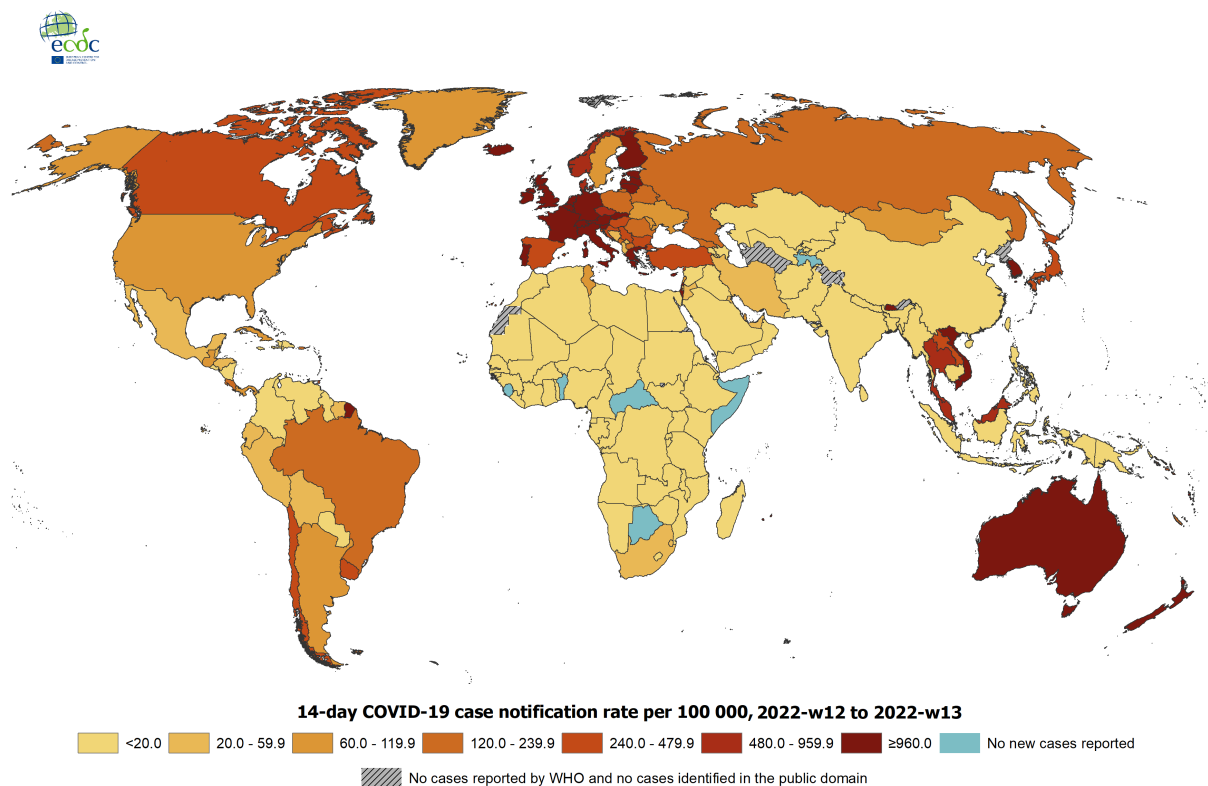
### Actions

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

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

## Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w12 to 2022-w13

Source: ECDC



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

Date of production: 07/04/2022

## Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 8 April 2022

### Epidemiological summary

#### Week 13/2022 (28 March – 3 April 2022)

11 of 38 countries across the Region reported widespread influenza activity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus have remained at similar levels, around 27%, for the last four weeks.

Countries, mostly in the western-central part of the Region, reported seasonal influenza activity above 30% positivity in sentinel primary care: Netherlands (72%), Luxembourg (62%), Norway (62%), France (60%), Slovenia (60%), Italy (53%), Hungary (51%), Poland (50%), Serbia (47%), Belgium (40%) and Spain (34%).

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

A(H3) viruses were most frequently detected in patients hospitalized with confirmed influenza virus infection. In sentinel primary care: Serbia (69%), Netherlands (67%), Denmark (63%), Slovenia (62%), France (58%), Belgium (57%), Hungary (57%), and Luxembourg (54%).

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

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

### 2021-2022 season overview

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

Influenza activity, based on sentinel primary care specimens from patients presenting with ILI or ARI symptoms, first peaked in week 52/2021 (when it reached 20% positivity), declining thereafter until week 4/2022 and reaching a plateau phase (26-28%) since week 10/2022.

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

During the influenza Vaccine Composition Meeting for the northern hemisphere 2022/23 season, held in February 2022, WHO recommended updating of the A(H3N2) and the B/Victoria-lineage components. The full report can be found [here](#).

[Preliminary results](#) of 2021-2022 seasonal influenza vaccine effectiveness (VE) estimates from the United States showed that VE against medically attended outpatient acute respiratory infection associated with A(H3N2), the dominant influenza virus in circulation, was 16% (95% CI = -16% to 39%).

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

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

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

With increased circulation of influenza viruses clinicians should consider early antiviral treatment of patients in at-risk groups with influenza virus infection, according to local guidance, to prevent severe outcomes. The majority of viruses analyzed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

**Source:** [Flu News Europe](#)

### ECDC assessment

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

With increased circulation of influenza virus, clinicians should consider early antiviral treatment of patients in at-risk groups with influenza virus infection, according to local guidance, to prevent severe outcomes. Viruses analysed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

### Actions

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

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

Opening date: 24 February 2022

### Epidemiological summary

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

### Other News

On 5 April 2022, [media](#) informed that on Tuesday, an industrial tank, reportedly containing nitric acid, had been destroyed in Rubizhne, Luhansk region of Ukraine. The resulting explosion potentially created a health hazard in the area. According to the report, no casualties have been identified and local authorities asked residents not to leave bomb shelters and to stay indoors.

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

### ECDC assessment

The displacement of large numbers of people into neighbouring countries, irrespective of the type of accommodation, will result in difficulties for the displaced people in accessing healthcare, meaning that they may be at greater risk of complications from acute or chronic conditions. Furthermore, situations of overcrowding could favour outbreaks of infectious diseases, in particular respiratory infections. This includes influenza and COVID-19, which are currently circulating in some of the reception countries, and tuberculosis (TB). The detection of cases of influenza, COVID-19 or TB among the displaced population is not unexpected. [Vaccination coverage in Ukraine](#) is sub-optimal for several vaccine-preventable diseases, including [COVID-19](#). Vaccination against poliomyelitis and measles should be considered as a priority, especially among the paediatric population, as well as DTP (DTaP-IPV combination vaccine for children, with Hib-component only for children <6 years; Td for adults). In addition, COVID-19 vaccination should be offered, and the elderly and other risk groups should be prioritised. Public health authorities should increase awareness among healthcare providers in order to detect priority infectious diseases that could present among displaced Ukrainian people.

### Actions

ECDC is working closely with the countries that are receiving displaced persons from Ukraine, in collaboration with European Commission, other Member States, WHO, and other international partners. ECDC will continue to closely monitor the situation through epidemic intelligence activities, regular meetings with public health authorities of the involved countries, and field activities. To date, the following documents have been published by ECDC to provide guidance to the healthcare and frontline workers: "[Operational public health considerations for the prevention and control of infectious diseases in the context of the military aggression in Ukraine](#)", "[Testing for tuberculosis infection and screening for tuberculosis disease among refugees arriving in EU from Ukraine](#)" and "[Information to guide individual health assessment of refugees fleeing the war in Ukraine - Considerations for healthcare workers](#)". Additionally, ECDC has opened an item in EpiPulse and encourages Member States to report public health events related to the crisis in EpiPulse and to share documents relevant to the response which could be of interest to other Member States.

## New! Increase in hepatitis cases in children – United Kingdom – 2022

Opening date: 8 April 2022

Latest update: 8 April 2022

### Epidemiological summary

An increase in hepatitis cases in children has been reported in the United Kingdom. In England, approximately 60 cases in children under 10 are under investigation. In Scotland, 11 cases which required hospital admission, in children aged between 1-5 years, are under investigation. Most of the cases in Scotland presented from March 2022 onwards. In Wales, there are currently no known cases under investigation, but a very small number of cases from early 2022 had similar clinical presentation. In Northern Ireland, there are currently no confirmed cases reported.

At present, the cause of hepatitis in these cases is unknown. The common viruses that cause hepatitis (hepatitis viruses A, B, C, D and E) have not been detected in any of the cases. There is currently no clear connection between the reported cases. Public

10/18

Health Wales reports that there is no known association with travel.

Investigations are underway across the UK to investigate the potential cause. Public Health Scotland reports that all potential causes are being explored, but at this time, infection is considered to be the probable source.

Actions are being taken to raise awareness among healthcare professionals and parents.

**Sources:** [UK Health Security Agency](#), [Public Health Scotland](#), [Public Health Wales](#), [Public Health Agency Northern Ireland](#)

### ECDC assessment

Health authorities in the UK are conducting intensive investigations to determine the cause. The results from these investigations are needed to determine whether there is any threat to EU/EEA countries.

### Actions

ECDC continues to monitor the situation through establishing contact with UK health authorities and through Epidemic Intelligence activities.

## Multi-country outbreak caused by monophasic *Salmonella* Typhimurium linked to chocolate products - 2022

Opening date: 31 March 2022

### Epidemiological summary

An outbreak caused by monophasic *Salmonella* Typhimurium is rapidly evolving in EU/EEA countries and the United Kingdom (UK). As of 5 April 2022, 134 cases have been reported in eight EU/EEA countries and the United Kingdom (UK), mainly among children under 10 years old. The first case was identified in the UK on 7 January 2022. Since 17 February 2022, cases have also been identified elsewhere in Europe.

The outbreak is characterised by an unusually high proportion of children being hospitalised, some with severe clinical symptoms such as bloody diarrhoea. Based on interviews with patients and initial analytical epidemiological studies, specific chocolate products have been identified as the likely route of infection. Affected cases have been identified through advanced molecular typing techniques. As this method of testing is not routinely performed in all countries, some cases may be undetected. Product recalls have been launched in several countries to date, to prevent the consumption of products potentially contaminated with *Salmonella*. Further investigations are being conducted by public health and food safety authorities in countries where cases are reported, to identify the cause and the extent of the contamination, and to ensure contaminated products are not put on the market.

Further details, including the number of confirmed and probable cases by country, can be seen on [ECDC's website](#).

### ECDC assessment

ECDC and EFSA are assessing the available data from these countries and preparing a rapid outbreak assessment to be published in the week of 11 April 2022. Questions regarding ongoing product recalls should be addressed to national food safety authorities.

### Actions

ECDC continues to monitor this outbreak through its routine activities.

## Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country

Opening date: 24 September 2012

### Epidemiological summary

Since the beginning of 2022, and as of 5 April 2022, two MERS-CoV cases have been reported in Qatar, and no deaths. Both

cases were primary cases, having reported contact with camels. The last case reported in Qatar was in February 2020.

Since April 2012, and as of 5 April 2022, 2 602 cases of MERS-CoV, including 943 deaths, have been reported by health authorities worldwide.

**Sources:** [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Saudi Arabia Ministry of Health](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#)

## ECDC assessment

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula, particularly in Saudi Arabia. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

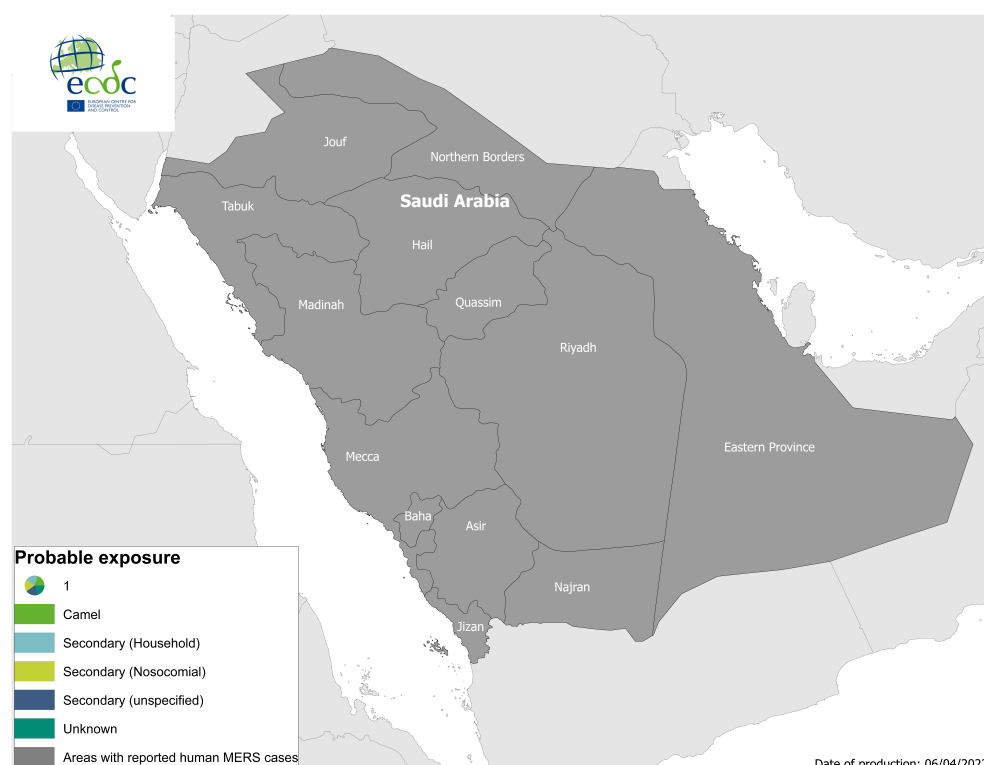
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

## Actions

ECDC is monitoring this threat through its epidemic intelligence activities and reports on a monthly basis.

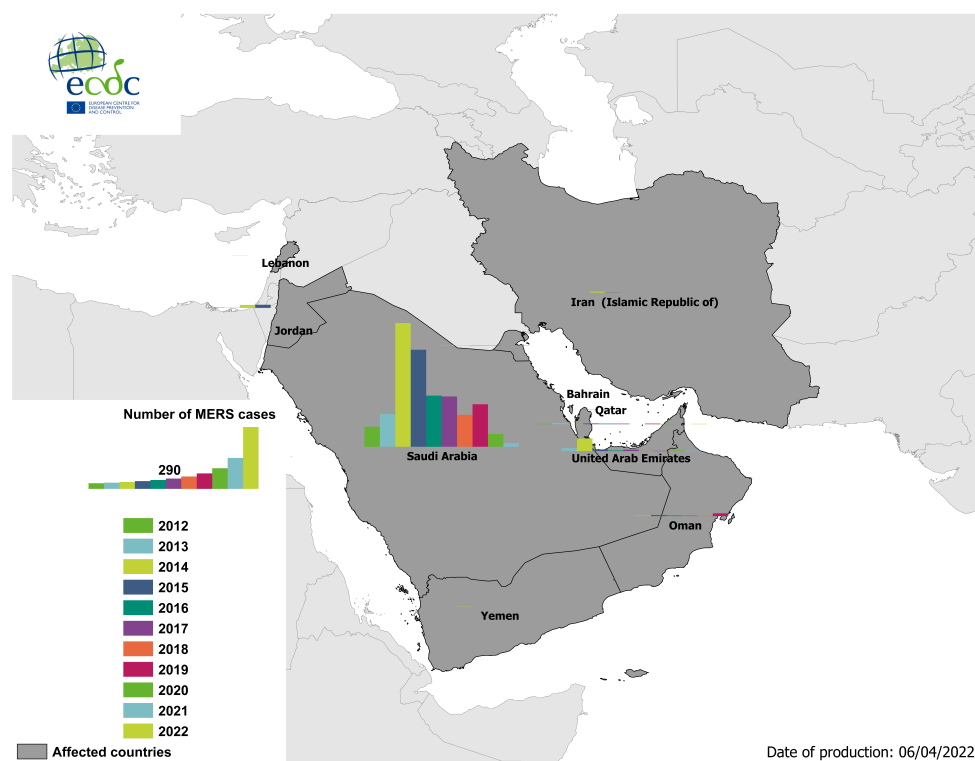
## Geographical distribution of confirmed MERS-CoV cases by probable region of infection and exposure, from 1 January to 5 April 2022

Source: ECDC



## Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to April 2022

Source: ECDC



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

Opening date: 27 January 2017

Latest update: 8 April 2022

### Epidemiological summary

#### Europe

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

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

#### Americas and the Caribbean

#### Chikungunya virus disease:

**Bolivia:** In 2022 and as of 26 February, 33 cases, including three confirmed cases and no deaths have been reported.

**Brazil:** In 2022 and as of 26 February, 10 957 cases, including 1 883 confirmed cases and one death have been reported. This is an increase of 4 371 cases and one death since 12 February 2022.

**Colombia:** In 2022 and as of 26 March, 20 cases and no deaths have been reported. This is an increase of nine cases since 26 February 2022.

**Costa Rica:** In 2022 and as of 19 March, two cases and no deaths have been reported.

**El Salvador:** In 2022 and as of 19 March, 14 cases and no deaths have been reported. This is an increase of 4 cases since 19 February 2022.

**Guatemala:** In 2022 and as of 5 March, 351 cases and no deaths have been reported. This is an increase of 316 cases since 29 January 2022.

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**Nicaragua:** In 2022 and as of 2 April, two cases and no deaths have been reported. This is an increase of one case since 26 February 2022.

**Paraguay:** In 2022 and as of 26 March, 35 cases and no deaths have been reported. This is an increase of 11 cases since 26 February 2022.

**Peru:** In 2022 and as of 26 March, 34 cases, including 23 confirmed cases and no deaths have been reported. This is an increase of 15 cases since 26 February 2022.

**Venezuela:** In 2022 and as of 5 March, five cases and no deaths have been reported. This is an increase of 2 cases since 12 February 2022.

### Dengue:

In 2022 and as of 6 April, the Pan American Health Organization (PAHO) reported 224 490 dengue cases, including 78 515 confirmed cases and 74 associated deaths, in the Americas. The five countries reporting most cases are: Brazil (167 602), Peru (20 491), Colombia (11 043), Nicaragua (6 834) and Ecuador (3 929). This is an increase of 75 509 cases and 41 deaths since 10 March 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

#### Chikungunya virus disease:

**India:** According to media quoting health authorities, in 2022 and as of 21 March, 134 cases and no deaths have been reported. This is an increase of 56 cases since 3 March 2022.

**Malaysia:** In 2022 and as of 12 March, 238 cases and no deaths have been reported. This is an increase of 85 cases since 1 March 2022.

**Thailand:** In 2022 and as of 22 March, 60 cases and no deaths have been reported. This is an increase of 22 cases since 9 March 2022.

### Dengue:

**Afghanistan:** In 2022 and as of 8 January, 14 cases and no deaths have been reported.

**Bangladesh:** In 2022 and as of 12 February, 138 confirmed cases and no deaths have been reported. This is an increase of 179 cases since 19 January 2022.

**Cambodia:** In 2022 and as of 24 March, 363 cases and one death have been reported. This is an increase of 179 cases and one death since 29 January 2022.

**China:** In 2022 and as of 27 January, three cases and no deaths have been reported.

**India:** According to media quoting health authorities, in 2022 and as of 21 March, 400 cases and no deaths have been reported. This is an increase of 358 cases since 8 March 2022.

**Indonesia:** In 2022 and as of 31 March, 22 331 cases, including 229 deaths have been reported. This is an increase of 7 062 cases and 65 deaths since 4 March 2022.

**Laos:** In 2022 and as of 24 March, 68 cases and no deaths have been reported. This is an increase of 51 cases since 5 February 2022.

**Malaysia:** In 2022 and as of 24 March, 7 364 cases, including three deaths have been reported. This is an increase of 3 080 cases

and three deaths since 12 February 2022.

**Maldives:** In 2022 and as of 1 March, 39 confirmed cases and no deaths have been reported.

**Nepal:** In 2022 and as of 27 March, 14 cases and no deaths have been reported. This is an increase of four cases since 28 February 2022.

**Oman:** According to media quoting health authorities, in 2022 and as of 30 March, 26 cases and no deaths have been reported.

**Pakistan:** According to media quoting health authorities, in 2022 and as of 6 April, 38 cases, including 25 confirmed cases and no deaths have been reported. This is an increase of 13 cases since 5 March 2022.

**Philippines:** In 2022 and as of 5 March, 8 110 cases, including 51 deaths have been reported. This is an increase of 7 372 cases and 49 deaths since 7 March 2022.

**Singapore:** In 2022 and as of 4 April, 3 344 cases and no deaths have been reported. This is an increase of 1 750 since 8 March 2022.

**Sri Lanka:** In 2022 and as of 5 April, 9 456 cases and no deaths have been reported. This is an increase of 6 436 cases since 7 March 2022.

**Thailand:** In 2022 and as of 5 April, 613 cases and no deaths have been reported. This is an increase of 246 cases since 6 February 2022.

**Timor-Leste:** In 2022 and as of 29 March, 3 713 cases, including 44 deaths have been reported. This is an increase of 1 715 cases and 14 deaths since 12 February 2022.

**Vietnam:** In 2022 and as of 13 March, 10 280 cases, including four deaths have been reported. This is an increase of 5 510 cases and three deaths since 6 February 2022.

## **Africa**

### **Chikungunya virus disease:**

**Ethiopia:** In 2022 and as of 6 March 2022, 311 cases, including three confirmed cases and no deaths have been reported.

**Kenya:** In 2022 and as of 6 March 2022, 44 cases, including two confirmed cases and no deaths have been reported.

### **Dengue:**

**Cote d'Ivoire:** According to media quoting health authorities, in 2022 and as of 6 February, 11 confirmed cases and one death have been reported.

**Réunion:** In 2022 and as of 30 March, 600 confirmed cases and no deaths have been reported. This is an increase of 224 cases since 19 February 2022. According to Agence Regionale de Sante, the number of dengue cases was increasing at the start of the year, but has stabilised since week 5-2022, and cases remain lower than the same period in previous years. The situation is still considered as 'inter-epidemic'.

## **Australia and the Pacific**

Chikungunya virus disease:

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

### **Dengue:**

**Australia:** In 2022, and as of 13 February, three cases and no deaths have been reported. This is an increase of one case since 30 January 2022.

**Fiji:** According to media quoting health authorities, in 2022 and as of 5 April, 1 309 cases and no deaths have been reported. This is an increase of 817 cases since 26 February 2022.

**French Polynesia:** In 2022 and as of 24 March, 554 cases and no deaths have been reported. This is an increase of 507 cases

since 8 January 2022.

[Micronesia \(Federated States of\)](#): In 2022 and as of 5 March, eight cases and no deaths have been reported. This is an increase of three cases since 29 January 2022.

[New Caledonia](#): In 2022 and as of 15 January, one case and no deaths have been reported.

[Palau](#): In 2022 and as of 5 March, four cases and no deaths have been reported. This is an increase of two cases since 29 January 2022.

[Samoa](#): In 2022 and as of 12 February, five cases and no deaths have been reported. This is an increase of one case since 29 January 2022.

[Solomon Islands](#): In 2022 and as of 12 March, 23 cases and no deaths have been reported. This is an increase of seven cases since 29 January 2022.

[Vanuatu](#): In 2022 and as of 19 February, two cases and no deaths have been reported.

[Wallis and Futuna](#): In 2022 and as of 29 January, eight 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 in 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, among other things, 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 mainland Europe. The current likelihood of the occurrence of vector-borne events of chikungunya and dengue viruses in mainland EU/EEA is negligible, as the environmental conditions are not favourable to the growth of mosquito populations and virus replication in the vector. To date, 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 dedicated webpage 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.

## Geographical distribution of dengue cases reported worldwide in 2022, as of 6 April 2022

Source: ECDC



## Geographical distribution of chikungunya virus disease cases reported worldwide in 2022, as of 6 April 2022

Source: ECDC



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