

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 38, 17 - 23 September 2023

Today's disease topics

1. Nipah virus disease - India - 2023
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Executive Summary

Nipah virus disease - India - 2023

- On 30 August 2023, the fourth outbreak of Nipah virus disease began in Kerala state, India.
- As of 18 September 2023, six cases have been confirmed, including two deaths.
- As part of outbreak management, schools and offices are closed in Kozhikode and public movement is restricted in parts of Kerala state.
- The risk for the EU/EEA is very low.

Severe floods - Multi-country (Mediterranean) - 2023

- Storm Daniel has affected several countries in the Mediterranean area since the beginning of September 2023, including two EU countries: Bulgaria and Greece. Substantial damage has been caused in the affected areas.
- Türkiye has also suffered damages and deaths, while north-eastern Libya is facing catastrophic damages and human losses, particularly in the city of Derna.

COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019 - 2023

- By the end of week 37 (ending 17 September 2023), transmission continued to increase in over half the EU/EEA countries reporting data. This has translated to increases in hospital or ICU admissions and deaths in some countries, although the impact is still relatively limited.

- Since the last update on 7 September 2023, and as of 21 September 2023, no changes have been made to ECDC's variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or de-escalated variants.
- As of 21 September 2023, there have been 172 detections of BA.2.86 from nine countries within the EU/EEA and 11 countries outside EU/EEA. BA.2.86 has a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants.
- As of 21 September 2023, the 13 EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 35 (28 August to 3 September 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Austria (49%), Belgium (60%), Croatia (38%), Denmark (67%), France (61%), Germany (48%), Ireland (82%), Italy (53%), the Netherlands (62%), Romania (26%), Spain (64%), and Sweden (56%). The overall trend for the variant proportion is increasing.

Mass gathering monitoring - Rugby World Cup 2023

- ECDC is monitoring the Rugby World Cup 2023 through its epidemic intelligence activities from 4 September to 3 November 2023, reporting on a weekly basis.
- No events of public health importance have been detected in relation to the event between 16 and 22 September 2023.

West Nile virus One Health seasonal surveillance - 2023

- Since the last update, and as of 20 September 2023, 75 human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and eight by an EU-neighbouring country.
- Since the beginning of the 2023 transmission season, 492 human cases of WNV infection have been reported by EU/EEA countries and 74 by EU-neighbouring countries.
- There have been 47 outbreaks among equids and 153 outbreaks among birds reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, as of 20 September 2023.

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

- On 21 September 2023, WHO released a statement declaring the end of the poliovirus outbreak in Ukraine that began in October 2021.
- Since the last update, one new country has reported cases of AFP caused by cVDPV2: Yemen (2).
- In 2023, and as of 19 September 2023, 13 new cases of AFP caused by cVDPV1 have been reported from the Democratic Republic of the Congo (DRC) (13).
- In 2023, and as of 19 September 2023, 53 new cases of AFP caused by cVDPV2 have been reported from 10 countries.

1. Nipah virus disease - India - 2023

Overview:

On 30 August 2023, the fourth outbreak of Nipah virus disease began in Kerala state, India. As of 18 September 2023, six cases have been confirmed, including two deaths. All of the cases have been reported in Kozhikode district in northern Kerala, [according to media, quoting health authorities](#), the district where the [first Nipah virus outbreak](#) was reported in 2018. A team of experts has been delegated to assist local authorities, and a mobile BSL-3 laboratory is planned to be set up in Kozhikode to support laboratory investigation. Laboratory investigation has shown, the detected Nipah virus in this outbreak is the same as the one found in Bangladesh earlier this year.

To date, 1 233 people are included in the contact list, including at least 287 healthcare workers and 352 who are in high-risk category who are in isolation in their homes, according to [media](#) reports on 15 September and [18 September](#). To prevent the further spread of the virus, [health authorities](#) have closed schools and offices in Kozhikode, and public movement is restricted in parts of Kerala state. The public has been instructed to wear masks and avoid public gatherings for the next 10 days. No new positive cases have been detected in the past two days. The government will continue [containment and quarantine measures](#) for 42 days from the last positive case reported.

Samples from 36 bats had been sent to National Institute of Virology in Pune to identify the presence of the virus in mammals ([media report](#)).

Monoclonal-antibody treatment has been ordered for one hospitalised child, according to [governmental media](#). So far, there is no specific treatment for patients with Nipah virus disease, that has 40–75% case fatality rate. For more information on Nipah virus disease, please see [ECDC's factsheet on Nipah virus disease](#).

ECDC assessment:

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by *Nipah virus* (NiV) for EU/EEA citizens travelling or residing in India is currently very low. The risk of infection by NiV for EU/EEA citizens travelling or residing in India is therefore also currently very low.

The most likely route of introduction of the virus into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low. It should be highlighted that the natural reservoir host of NiV is not native to Europe.

As a general precaution, EU/EEA travellers and residents in Kerala state, India, should not handle domestic or wild animals and avoid contact with their excreta. The virus may be present on food items contaminated by bats. Washing, peeling, and cooking fruit and vegetables before consumption is generally recommended. Raw date palm sap (juice) should not be consumed.

The laboratory network EVD-LabNet has mapped the capability of its network members for the diagnosis of NiV infections and the result is available in [EVD-LabNet directory](#). Eleven countries within the EU/EEA can perform laboratory diagnostics for NiV infection.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities.

Last time this event was included in the CDTR: 18 September 2023

2. Severe floods - Multi-country (Mediterranean) - 2023

Overview:

Since the first week of September 2023, and as of 16 September, according to media reports, at least 28 people have died and several remain missing across [Greece](#) (17), [Türkiye](#) (7), and [Bulgaria](#) (4) following heavy rainfall in the region. The storm, which has officially been named Daniel by the national meteorological services in south-eastern Europe, has led to several months' worth of rain, flooding homes, businesses and roads, destroying agricultural production areas and drowning hundreds of animals.

As of 17 September 2023, a total of 278 gastroenteritis cases and 308 respiratory infections were reported from the syndromic surveillance system. Fourteen individuals have been hospitalised due to acute gastroenteritis (7) and respiratory infections (7). Additional measures implemented in the affected area include distribution of point-of-care tests to the local healthcare facilities, scaled-up laboratory testing, and intensive entomological surveillance. Mobile health care units are operating in the affected areas. Immunisation for tetanus (Td) is provided to first responders and citizens from the affected areas and [hepatitis A vaccination](#) is planned for children. The potable water network is intensively monitored for microbiological and chemical parameters. The [Ministry of Health](#) in Greece has published a press release describing the municipalities where the water has been characterised as unsuitable for human consumption. A total of 97 397 farmed non-poultry animals and 131 795 poultry have been declared drowned. According to [Copernicus situational reporting](#) from 17 September 2023, 130 918.5 hectares have been flooded and an estimated population of 40 700 is affected.

Storm Daniel made landfall in Libya between 9 and 12 September 2023, causing the collapse of two dams. As a result, according to the latest report from the UN Office for the Coordination of Humanitarian Affairs ([OCHA](#)), almost 4 000 people have been reported dead. There have been 150 reported cases of illness due to water contamination, and the city of Derna has recorded at least 55 children who have become sick as a result of contaminated water. The floods have affected several cities, including Al-Bayda, Al-Marj, Tobruk, Takenis, Al-Bayada, and Battah, as well as the eastern coast all the way to Benghazi. [Media](#) are reporting around 10 000 missing people.

ECDC assessment:

Floods are the most common type of natural disaster in Europe. Flash floods are significant emergencies that are challenging to predict and result in considerable destruction. Such events have become more common in recent years and are expected to occur more frequently due to climate change. Affected regions and countries are facing

the immediate response needs of rescue operations, evacuations and disruption of services. Collaboration between public health authorities and other local authorities (e.g. civil protection agencies, municipal governments) is needed to ensure access to clean water as soon as possible in the affected communities. Affected countries and regions may consider setting up syndromic and event-based surveillance systems to rapidly detect and respond to possible outbreaks. Suspected cases of infectious diseases (including clusters of respiratory and gastrointestinal symptoms, rashes, etc.) on an agreed list would need to be reported to local and national public health authorities immediately to prompt a rapid response. Mechanisms to achieve early detection and awareness of disease clusters should be enhanced and availability of vaccines should be ensured. Hand and respiratory hygiene and the wearing of face masks are important, particularly for displaced people housed in shelters. Water management plans should minimise the risk of *Legionella* growth. Flooded areas also need to be monitored and potentially treated to prevent increases in mosquito populations, as all areas are endemic for West Nile Virus. Risk communication to the affected communities is a critical part of the response to the flood crisis and it should be undertaken in a structured way that clearly delivers core messages and listens to the affected communities' needs. Key principles of successful risk communication include the identification of a trusted spokesperson and the delivery of clear and actionable advice, with messaging tailored to the needs of the affected communities.

Infectious disease risks following floods do not represent the greatest risks to the health and well-being of the flood-affected communities. Several other health risks, including disruption to healthcare, environmental hazards (e.g. carbon monoxide poisoning, exposure to dangerous chemicals), and psychological stress may cause acute and long-lasting health effects and an increase in all-cause mortality in these areas.

The assessment and options for response included in the '[Rapid Risk Assessment: Extreme rainfall and catastrophic floods in western Europe](#)' from July 2021 remain valid.

Actions:

ECDC is following this event through its epidemic intelligence activities, and will report when relevant communicable disease events occur. ECDC has been in contact with national health authorities in Greece and Bulgaria offering expert assistance.

Last time this event was included in the CDTR: 20 September 2023

3. COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019 - 2023

Overview:

Summary:

By the end of week 37 (ending 17 September 2023), transmission continued to increase in over half the EU/EEA countries reporting data. This has translated to increases in hospital or ICU admissions and deaths in some countries, although the impact is still relatively limited.

Consultation rates of patients presenting to sentinel general practitioners with respiratory illness (influenza-like illness (ILI)/acute respiratory infection (ARI)) are increasing in many countries, but remain at similar levels to those observed in the same period last year. These increases appear to be mainly driven by children and working-age adults. In the past two weeks, six countries reported at least 10 weekly sentinel tests with an average weekly SARS-CoV-2 positivity between 8.1 and 34.7%.

Among 21 countries reporting age-specific data on positive COVID-19 tests taken outside sentinel systems, 13 have observed increases in case numbers for up to nine weeks among people aged 65 years and above. As the oldest age groups have the highest risk of severe disease, these figures highlight the importance of continuing to monitor disease and implement protective measures in older age groups.

Of 14 countries with data on hospital or ICU admissions/occupancy up to week 37, three reported an increasing trend in at least one of these indicators compared with the previous week. Although levels remain relatively low, increases in death rates for up to four weeks were reported in those aged 65 years and above by five of 16 countries with age-specific death data.

Among the 15 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 35–36 (28 August to 10 September 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 60.9% (26.1–77.4% from 15 countries) for XBB.1.5+F456L, 35.3% (19.4–73.9% from 15 countries) for XBB.1.5,

3.2% (1.9–10.2% from 10 countries) for BA.2.75, and 0.7% (0.3–7.3%, 30 detections from five countries) for XBB.

Weekly update on SARS-CoV-2 variants:

Since the last update on 7 September 2023, and as of 21 September 2023, **no changes** have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or de-escalated variants.

As of 21 September 2023, 172 cases of BA.2.86 have been reported to GISAID from 20 countries. In the EU/EEA, these were Belgium (2), Denmark (17), France (11), Germany (1), Iceland (1), Luxembourg (3), Portugal (2), Spain (10), and Sweden (16). Outside of the EU/EEA, these were Australia (1), Canada (4), China (1), Israel (4), Japan (1), South Africa (19), South Korea (1), Switzerland (1), Thailand (5), the United Kingdom (52), and the United States (19). BA.2.86 has been circulating in low proportion in the EU/EEA (less than 2%). Detection of this variant has been reported in waste water samples from several more countries, both within and outside of the EU/EEA.

More information on BA.2.86 is available in '[Epidemiological update: COVID-19 transmission in the EU/EEA, SARS-CoV-2 variants, and public health considerations for Autumn 2023](#)' published on 7 September 2023.

As of 21 September 2023, the 13 EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 35 (28 August to 3 September 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Austria (49%), Belgium (60%), Croatia (38%), Denmark (67%), France (61%), Germany (48%), Ireland (82%), Italy (53%), the Netherlands (62%), Romania (26%), Spain (64%), and Sweden (56%). Currently, this is the dominant variant in the EU/EEA and the overall trend for the variant proportion is increasing.

More information on XBB.1.5-like + F456L lineages is available in '[ECDC classifies XBB.1.5-like lineages with the amino acid change F456L as variants of interest following an increase in SARS-CoV-2 transmission in EU/EEA countries and abroad](#)' published on 17 August 2023.

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 (WHO) declared that the outbreak of COVID-19 constituted 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](#), [tenth](#), [eleventh](#), [twelfth](#), [thirteenth](#) and [fourteenth](#) 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, 8 July 2022, 13 October 2022 and 27 January 2023, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

In the [fifteenth](#) IHR Emergency Committee meeting held in Geneva on 4 May 2023, the Director-General of WHO agreed with the [advice](#) offered by the Committee and determined that COVID-19 is no longer a public health emergency of international concern (PHEIC).

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

Please refer to the [data reported by the World Health Organization \(WHO\)](#) on COVID-19 and [WHO's Weekly Epidemiological Updates and Monthly Operational Updates](#) page for non-EU/EEA countries.

ECDC assessment:

SARS-CoV-2 continues to circulate in the EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every two to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions and deaths during this period. The emergence of new variants of concern or population immunity waning over time may have an impact on the epidemiological situation in the future.

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

Actions:

Detailed country-specific COVID-19 updates are available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

For EU/EEA- and country-specific epidemiological trends and forecasts, visit ECDC's [Country Overview Report](#) (updated on Fridays). In addition to the actions described in the latest [COVID-19 risk assessments](#), ECDC published guidance entitled [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) on 5 April 2023 to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the optimal timing and targeting of vaccination campaigns in order to limit the continuing burden of disease experienced by older population groups (those aged 60 years and above), individuals with underlying medical conditions and other selected groups. It complements the previous guidance, [Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA](#), published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

Last time this event was included in the CDTR: 15 September 2023

4. Mass gathering monitoring - Rugby World Cup 2023

Overview:

The [Rugby World Cup 2023](#) (RWC) is taking place in France from 8 September to 28 October 2023, with matches played in nine venues across 10 host cities. In total, 20 teams are participating, including teams from four EU/EEA countries, and there will be 48 matches. The participating teams are from France, New Zealand, Italy, Uruguay, Namibia, South Africa, Ireland, Scotland, Tonga, Romania, Wales, Australia, Fiji, Georgia, Portugal, England, Japan, Argentina, Samoa, and Chile. The games are taking place in nine stadiums across the country in Bordeaux, Lille, Lyon, Marseille, Nantes, Nice, Saint Denis, Saint-Saint-Étienne, and Toulouse. The capacity of the stadiums ranges from 33 103 in Stadium de Toulouse to 80 023 in Stade de France, Saint Denis, where the final matches will be played.

More than 600 000 international visitors are expected to visit for the Rugby World Cup, with over 2.5 million tickets sold, according to a [media report](#). More than half of international visitors are from the UK, followed by Australia, the Netherlands, New Zealand, and some other countries.

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. Participants and spectators are therefore encouraged to follow a list of recommendations, as described in [ECDC's weekly CDTR report for week 36](#).

Weekly monitoring update

No new cross-border public health events related to the RWC were reported/detected during the period 16–22 September 2023.

Since the previous report, there have been no new cases reported in relation to the botulism outbreak in Bordeaux, France.

Other events of interest

No other events of interest have been detected this week.

ECDC assessment:

The risk for EU/EEA citizens of infection with communicable diseases during the Rugby World Cup 2023 is considered low, if preventive measures are applied. As with other mass gathering events, the risk of communicable disease outbreaks is greatest for respiratory, food- and waterborne diseases, and vector-borne diseases.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities for mass gatherings between 4 September and 3 November 2023 in collaboration with the French authorities, and will include weekly updates in the Communicable Disease Threats Report (CDTR).

Last time this event was included in the CDTR: 15 September 2023

5. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the 17th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 20 September 2023, European Union (EU) and European Economic Area (EEA) countries reported 75 human cases of West Nile virus (WNV) infection and nine deaths related to WNV infections. Cases were reported by Italy (34), Greece (12), Romania (11), Croatia (6), France (5), Spain (4), Hungary (2) and Germany (1). Deaths were reported by Italy (4), Romania (1) and Greece (4). EU-neighbouring countries reported 4 human cases of WNV infection. Cases were reported by Serbia (4). No deaths related to WNV infections were reported by EU-neighbouring countries.

This week, among the reporting countries, the following NUTS 3 regions have reported autochthonous human cases of WNV infection for the first time: Sömmerda in Germany, Barcelona in Spain and Imperia in Italy.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Sömmerda in Germany, Barcelona in Spain, Brodsko-posavska županija, Osječko-baranjska županija, Vukovarsko-srijemska županija and Grad Zagreb in Croatia, Baranya in Hungary, and Imperia in Italy.

Since the beginning of the 2023 transmission season and as of 20 September 2023, EU/EEA countries have reported 492 human cases of WNV infection in Italy (237), Greece (131, of which one with unknown place of infection), Romania (53), France (26), Hungary (25), Spain (9), Croatia (6), Germany (4) and Cyprus (1). EU/EEA countries have reported 40 deaths in Greece (18), Italy (13), Romania (8), and Spain (1). EU-neighbouring countries have reported 74 human cases of WNV infection in Serbia (73), and North Macedonia (1). No deaths related to WNV infections were reported by EU-neighbouring countries.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 110 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Gironde, Charente-Maritime and Alpes-Maritimes in France, Sömmerda in Germany, Kastoria in Greece, Imperia in Italy, and Huelva, Valencia/València and Barcelona in Spain.

Since the beginning of the 2023 transmission season, 47 outbreaks among equids and 153 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (17), Hungary (17), Italy (9), Germany (2) and France (2). Outbreaks among birds have been reported by Italy (123), Germany (15), Spain (11), Hungary (2), Bulgaria (1), and France (1).

Please refer to the [West Nile virus infection webpage](#) for maps and a dashboard.

Sources: The European Surveillance System (TESSy), Animal Disease Information System (ADIS)

ECDC assessment:

The weekly number of cases is comparable to the mean of the past four years. The weather conditions are favourable for WNV transmission in the affected areas in Europe therefore further human cases are expected in the coming weeks.

Neighbouring regions of Sömmerda in Germany, Barcelona in Spain, and Imperia in Italy, which reported cases for the first time, have reported human cases in the current or earlier seasons.

Croatia reported cases for the first time this season during the reporting week, following reports of cases in 2022 and no cases in 2019, 2020, or 2021.

The combined totals from Italy and Greece accounted for 75% of all reported autochthonous cases. This follows a trend from the previous year: Italy and Greece reported the highest number of cases in 2022.

In accordance with the [Commission Directive 2014/110/EU](#), prospective blood 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 WNV transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

Further information:

Data on human cases of WNV are collected via The European Surveillance System (TESSy), managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries reported human cases of WNV infection to ECDC: Albania, Kosovo*, Montenegro, North Macedonia, Serbia, and Türkiye.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level.

The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

** This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.*

Last time this event was included in the CDTR: 15 September 2023

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

Overview:

Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. On 25 August 2023, the [36th meeting](#) of the Polio Emergency Committee under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus, and it was agreed that it remains a PHEIC. It was recommended that the Temporary Recommendations be extended for a further three months. In June 2002, the WHO European Region was officially declared polio-free.

On 21 September 2023, WHO released a [statement](#) declaring the end of the poliovirus outbreak in Ukraine that began in October 2021. This decision was supported by the European Regional Commission for the Certification of Poliomyelitis Eradication during its annual meeting on 8 September 2023.

Wild poliovirus (WPV1):

Since 15 August 2023 and as of 19 September 2023, with the date of onset of symptoms in 2023, no new cases of acute flaccid paralysis (AFP) caused by WPV1 have been reported.

Circulating vaccine-derived poliovirus (cVDPV):

Since the previous update, no new cases of polio due to circulating vaccine-derived poliovirus (cVDPV) have been reported with the date of onset of symptoms in 2022.

Since the previous update, the following cases of polio due to cVDPV have been reported with the date of onset of symptoms in 2023:

- Thirteen new cases of AFP caused by cVDPV1 have been reported from the DRC (13).
- One new country has reported cases of AFP caused by cVDPV2: Yemen (2).
- Fifty-three new cases of AFP caused by cVDPV2 have been reported from 10 countries: Central African Republic (1), Chad (10), Democratic Republic of the Congo (DRC) (23), Guinea (4), Kenya (3), Mali (3), Nigeria (5), Somalia (1), Tanzania (1), and Yemen (2).
- No cases of AFP due to cVDPV3 have been reported.

Summary:***Wild poliovirus:***

In 2022, and as of 19 September 2023, 30 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries: Pakistan (20) and Afghanistan (2), and one non-endemic country: Mozambique (8). One associated death has been reported in Pakistan.

In 2023, and as of 19 September 2023, seven cases of AFP caused by WPV1 have been reported from Afghanistan (5) and Pakistan (2) with the date of onset of symptoms in 2023.

Circulating vaccine-derived poliovirus (cVDPV):**With the date of onset of symptoms in 2022:**

In 2022, and as of 19 September 2023, 189 cases of AFP caused by cVDPV1 have been reported from five countries: Congo (1), the DRC (146), Mozambique (22), Madagascar (16), and Malawi (4).

Overall, in 2022, 685 cases of AFP caused by cVDPV2 have been reported from 20 countries: Algeria (3), Benin (13), Burundi (1), Cameroon (3), Central African Republic (6), Chad (44), DRC (368), Eritrea (1), Ethiopia (1), Ghana (3), Indonesia (1), Mali (2), Mozambique (4), Niger (16), Nigeria (48), Somalia (5), Sudan (1), Togo (2), the United States (1), and Yemen (162).

In 2022, one case of AFP caused by cVDPV3 was reported from Israel.

With the date of onset of symptoms in 2023:

In 2023, and as of 19 September 2023, 76 cases of AFP caused by cVDPV1 have been reported from three countries: the DRC (60), Madagascar (13), and Mozambique (3).

In 2023, 189 cases of AFP caused by cVDPV2 have been reported from 17 countries: Benin (3), Burkina Faso (2), Burundi (1), Central African Republic (11), Chad (33), Côte d'Ivoire (2), the DRC (85), Guinea (5), Indonesia (3), Israel (1), Kenya (5), Mali (6), Nigeria (24), Somalia (3), Tanzania (2), Yemen (2), and Zambia (1).

In 2023, no cases of AFP caused by cVDPV3 have been reported.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC dashboard](#) | [WPV3 eradication certificate](#)

ECDC assessment:

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

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. One EU/EEA country (Romania) and three neighbouring countries (Bosnia and Herzegovina, Montenegro, and Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report published in February 2023, referring to data from 2021. According to the same report, eight EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and the detection of WPV1 cases in Mozambique in 2022, which are genetically linked to a strain from Pakistan, shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, illustrate 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. EU/EEA countries should review their polio vaccination coverage data, ensure there are no immunity gaps in the population, and that there is capacity to identify virus circulation through well-performing surveillance systems.

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

international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

Actions:

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

ECDC maintains a [dashboard](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

Last time this event was included in the CDTR: 18 August 2023