

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 36, 3 - 9 September 2023

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Executive Summary

Measles – Multi-country (World) – Monitoring European outbreaks

- In July 2023, 159 confirmed cases of measles were reported by 12 countries. Between January and July 2023, 695 cases of measles have been reported in The European Surveillance System (TESSy) by 17 countries.
- Ongoing outbreaks are reported in Romania.
- Measles transmission is currently low in the EU/EEA.
- Relevant updates for outside the EU/EEA are available for Switzerland, Ukraine and the WHO Regions: EUROPE, AFRO, PAHO and SEARO (no update for WHO regions: EMRO, WPRO).

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

- Since the previous update on 28 July 2023, three new MERS-CoV cases, including two deaths, have been reported by Saudi Arabia with dates of onset in November and December 2022 and January 2023.
- Two of these cases reported contact with camels and all cases had comorbidities.
- Follow-up of close contacts identified no secondary cases, and identified positive camels who had contact with the two reported human cases which were isolated until RT-PCR test was negative.
- Since the beginning of 2023, and as of 4 September 2023, two MERS-CoV cases have been reported with the date of onset in 2023 by United Arab Emirates (1) and Saudi Arabia (1).

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

- By the end of week 35 (ending 3 September 2023), transmission continued to increase in more than half of the EU/EEA countries reporting data, while the impact on severe disease and mortality remained limited. Though levels remain low, small increases in deaths in this age group were recently reported by four of fifteen countries with age-specific death data.
- Since the last update on 10 August 2023, and as of 24 August 2023, BA.2.86 was added as a variant under monitoring (VUM). As of 24 August 2023, nine unrelated cases of BA.2.86 have been identified in five countries (one in Israel, three in Denmark, one in the United Kingdom (UK), two in the United States (US), and two in South Africa), with detection of this variant reported in wastewater samples in the US, Switzerland and Thailand. BA.2.86 has a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants. Phylodynamic analysis indicates that BA.2.86 emerged recently (various unpublished analyses indicate the last common ancestor of BA.2.86 emerging between May and July 2023). Given that by August 2023 BA.2.86 has been detected in several countries in different regions, with no known epidemiological link to a common source, it may be associated with an elevated growth rate compared to current circulating variants, although this is associated with a high degree of uncertainty. The mechanism of any growth advantage likely includes immune escape, as BA.2.86 carries many spike changes compared with XBB.1.5-like variants that have dominated recently, and also compared with previous Omicron variants.
- As of 10 August 2023, ECDC classified all **XBB.1.5-like lineages with additional spike protein change F456L** as variants of interest (VOI). This includes lineages EG.5, FL.1.5.1, XBB.1.16.6 and FE.1, among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA, together with a slight increase in epidemiological indicators. The reason ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.
- As of 5 September 2023, the 10 EU/EEA countries reporting at least ten sequences to GISAID EpiCoV for week 33 (15 to 21 August 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Belgium (64%), Denmark (65%), France (56%), Germany (61%), Iceland (52%), Ireland (63%), Italy (52%), Netherlands (60%), Spain (44%) and Sweden (57%). The overall trend for the variant proportion is increasing.

Mpox Multi-country 2022 - 2023

- Since the last update on 11 August 2023, and as of 6 September 2023, 58 mpox cases have been reported to The European Surveillance System (TESSy) from 10 EU/EEA countries: Portugal (31), Spain (13), France (4), Ireland (3), Germany (2), Iceland (1), Italy (1), Luxembourg (1), Netherlands (1) and Sweden (1).
- Overall, 21 391 confirmed cases of mpox have been reported from 29 EU/EEA countries in TESSy.
- According to the World Health Organization (WHO), since 1 January 2022 and as of 5 September 2023, 89 752 confirmed cases of mpox, including 157 deaths have been reported from 114 countries globally.

Iatrogenic botulism - European countries (ex Türkiye) - 2023**Summary**

- On the 1 September 2023, Norway reported a suspected case of iatrogenic botulism, following a treatment with botulinum neurotoxin injections in Istanbul. At this stage, it is not clear if this case is linked to the outbreak of iatrogenic botulism cases related to intragastric botulinum neurotoxin injections administered in Türkiye in March 2023.
- As of 30 March 2023, 34 cases of botulism have been reported in Germany (30 cases), Austria (one case), France (one case), and Switzerland (two cases). Cases underwent a medical procedure consisting of intragastric injection of botulinum neurotoxin to treat obesity in Türkiye between 3 and 25 February 2023.
- Furthermore, the International Health Regulations (IHR) National Focal Point for Türkiye has reported 53 cases of botulism between 28 February and 8 March 2023 among individuals who underwent the same procedure in two private hospitals in Istanbul (50 cases) and Izmir (three cases).
- Among 65 cases with known information, the procedure was performed in a single clinic in Istanbul, Türkiye.

Echovirus 11 infections in neonates - multi-country- 2022-2023

- Since the last update on 1 August 2023 and as of 7 September, no new cases have been reported.
- The following cases have been reported in the EU/EEA, according to ECDC case definitions: 12 confirmed cases, 10 probable cases, and nine suspected cases, including eight deaths.
- The viruses isolated from the cases in Italy belong to the same cluster as those isolated in France in 2023, and are part of a new divergent lineage.
- Given the very rare occurrence of such severe infections, ECDC assesses the risk to the general neonatal population in the EU/EEA as low.

West Nile virus One Health seasonal surveillance - 2023

- Since the last update and as of 6 September 2023, 103 human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and five by an EU-neighbouring country.

- Since the beginning of the 2023 transmission season, 387 human cases of WNV infection have been reported by EU/EEA countries and 62 by EU-neighbouring countries.
- There have been 26 outbreaks among equids and 115 outbreaks among birds reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, as of 06 September 2023.

Autochthonous dengue cases - Italy - 2023

- Since the first week of August and as of 6 September 2023, [10 locally acquired dengue fever cases](#) have been detected in the Lombardy (7) and Lazio (3) regions of Italy.
- Response and control measures are being implemented by Italian public health authorities. These include case finding, vector control activities, information to healthcare providers and the general public, and preventive measures on donors of substances of human origin (e.g. blood and organs).
- Further autochthonous cases may occur in the affected regions, and in Italy overall, and surveillance has been strengthened to detect new cases early, identify transmission chains, define areas at risk and quantify the level of risk.
- Since the mosquito vector *Aedes albopictus* is established in most of Europe, further virus introductions leading to secondary autochthonous transmissions may occur in most southern EU/EEA countries.

Legionnaires' disease - Poland - 2023

- On 8 September 2023, the State District Sanitary Inspector in Rzeszów, Poland provided an update on an outbreak of Legionnaires' disease, currently involving 166 confirmed cases and 22 deaths.
- The majority of cases reside in Rzeszów city (112) and Rzeszów powiat (38) in Podkarpackie province in south-eastern Poland.
- Epidemiological and microbiological investigations continue in order to identify a source of this outbreak.

Human infection with swine influenza A(H1N1) variant virus - the Netherlands - 2023

- One human infection with swine influenza A(H1N1) variant virus has been detected in an adult person in the province of North-Brabant, the Netherlands in August 2023.
- The person developed mild influenza symptoms.
- The virus was detected in a self-collected sample through a participatory surveillance of acute respiratory infection (ARI) in the Netherlands.
- No new cases have been identified among contacts of this case.
- The source of infection could not be identified.
- To date, no human-to-human transmission has been reported.

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 importance were detected in relation to the event from 4 to 8 September 2023.

1. Measles – Multi-country (World) – Monitoring European outbreaks

Overview:

From 1 January to 31 July 2023, a total of 695 measles cases have been reported by 17 countries to The European Surveillance System (TESSy), with the majority of cases being reported by Romania (407), Austria (151), Germany (28), Belgium (26), Poland (25), France (20), and Italy (10). The remaining countries with reported cases (Denmark, Estonia, Spain, Finland, Hungary, Liechtenstein, Latvia, the Netherlands, Sweden and Slovakia) have reported less than 10 cases in 2023. Thirteen countries have reported zero measles cases in 2023. Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#).

Complementary epidemic intelligence surveillance data collected between 5 September and 6 September 2023 from official public and media sources detected 39 new suspected and/or confirmed cases of measles. These were reported in five EU/EEA countries over the past months: Austria (3), Denmark (6), Germany (25), Ireland (3), and Sweden (2). Romania published a description on the ongoing outbreak. No other countries reported new cases or provided updates for previous periods.

To date in 2023, no measles-related deaths have been reported in the EU/EEA.

Relevant updates for outside the EU/EEA are available for Switzerland, Ukraine and the WHO Regions: EUROPE, AFRO, PAHO and SDEARO (no update for WHO regions: EMRO, WPRO).

Disclaimer: The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 29 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with epidemic intelligence updates since last month:

[Austria](#) reported 154 cases of measles in 2023, with an increase of three cases since the last update on 4 August 2023, according to national data published until 5 September 2023. Since week 26 and until week 34, 25 cases have been reported, the majority of them (22) from Vienna.

[Denmark](#) reported eight cases of measles overall in 2023 and as of 5 September 2023, an increase of six cases since last update: according to [media](#), two of them occurred in children both with travel history to the same European country, and a third case in a contact of one of the two cases.

[Germany](#) reported 98 suspected and confirmed cases as of week 35, an increase of 25 cases since the last update (between week 32 and week 35).

[Ireland](#) reported six cases of measles overall in 2023 and as of week 34, an increase of three cases since the previous update.

[Romania published](#) a description of ongoing outbreaks of measles affecting 460 confirmed out of 580 possible measles cases from October 2022 to July 2023. An increase of cases and outbreaks were detected in four counties (Cluj, Bistrita Nasaud, Sibiu, Mures) since March this year. Majority of the cases are children (median age four years), 78% were unvaccinated, of these, 51 child was not eligible for vaccination, and 15 had one dose of MMR, vaccination status was unknown for 32 persons. Index cases were not identified and the first detected cases did not have travel history. A identified D8 virus genotype was different from the variants detected in Romania before the COVID-19 pandemic. Two clusters were identified in the 2023 outbreak: first cluster in a family of four with travel history to Thailand, a sequence identical to sequences of not linked cases in five different counties in Romania; a second cluster had a sequence identical with sequences from India. Vaccination coverage in Romania with MMR was low in the recent years – MMR coverage with first dose reaching 62% in 2022 and 78% in 2023.

According to TESSy, 407 measles cases have been reported in Romania from January to July 2023.

[Sweden](#) reported on 31 August 2023 two new cases of measles in [Stockholm region](#). The two cases are related to the previously reported unvaccinated child who was travelling with a cruise ship from Turku, Finland to Stockholm, Sweden on 6 August 2023, according to the [media](#). The recent cases were either unvaccinated or had insufficient vaccination. [Swedish](#) and [Finnish](#) Public Health Authorities have taken immediate measures to inform all the passengers of the cruise ship and general public urging to get full vaccination against measles. Overall, in 2023, Sweden has reported six cases as of 6 September 2023. Of the six cases, 33% were infected in Sweden and 67% abroad.

Relevant epidemiological summary for countries outside the EU/EEA:

[Ukraine](#) has reported nine new cases in July 2023 based on the most recent [report](#), overall 30 cases have been reported in Ukraine in 2023.

[Switzerland](#) reported 33 cases of measles in 2023 as of 28 August (week 34). An increase of one case since the national report on 31 July (week 30).

According to the [WHO provisional monthly](#) reporting data for January–July* 2023 (data access 06 September 2023), in Regional Office for Europe (WHO EUROPE) overall 9 410 cases were reported in the region. an increase of cases has been detected in almost all countries that previously reported cases. Majority of the cases in European region - 9 109 have been reported in the following non-EU/EEA countries: Albania (3), Armenia (285), Azerbaijan (3), Belarus (28), Bosnia and Herzegovina (3), Georgia (9), Israel (1) (new), Kazakhstan (1 916), Kyrgyzstan (1 057), Republic of Moldova (1) (new), North Macedonia (1), Russia (2 156), Tajikistan (436), Türkiye (2 901), Ukraine (22), Serbia (48), Switzerland (28), United Kingdom (109), and Uzbekistan (102).

*data for July are incomplete

According to the same data in the EU/EEA, 301 confirmed cases were reported in Austria (131), Belgium (27), Denmark (1), Estonia (3), France (18), Ireland (1) (new), Italy (7), Germany (22), Latvia (1) (new), Poland (15), Romania (62), Spain (3), Slovakia (6) and Sweden (4).

Please note that numbers provided to WHO for EU/EEA countries are from TESSy data and due to differences in reporting time may not correspond to the data from epidemic intelligence screening.

According to the World Health Organization Regional Office for Africa ([WHO AFRO](#)) as of 27 August (week 34, 2023), cases and outbreaks of measles in 2023 were reported in the following countries: Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Liberia, Mali, Mauritania, Niger, Senegal, South Africa, South Sudan, and Zambia.

Due to varying reporting periods by the countries please visit the latest available weekly bulletin.

In addition, [media](#) reports increased child mortality in Sudan in the past two months following outbreaks of measles, especially affecting southern refugee camps. Measles cases are reported in eight states. Vaccination campaigns are ongoing in the country.

According to the WHO Pan American Health Organization ([WHO PAHO](#)) report in 1–34 week 2023 ([ending 17 June 2023](#)), 27 cases were reported by two countries: Canada (7) and the United States of America (20).

According to the updated data in the [WHO Provisional monthly measles and rubella data](#) from January to July (data access on 6 September 2023) in WHO South-East Asia region (SEARO) there were 68 212 cases of measles reported by nine countries: Bangladesh (127), Bhutan (90), India (61 250), Indonesia (5 637), Maldives (1), Myanmar (4), Nepal (1 006), Thailand (48).

ECDC assessment:

Since 1 January 2023, EU/EEA countries have reported either sporadic cases or outbreaks of measles, following a period of unusually low activity during the COVID-19 pandemic. The substantial decline in cases of measles reported by EU/EEA countries from March 2020 until the end of 2022, contrasts with the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates.

Despite some measles outbreaks being reported in 2023 (in Austria and Romania), the majority of EU/EEA countries are still reporting only sporadic measles cases and the overall number of measles cases in the EU/EEA in 2023 remains low.

Active measles surveillance and public health measures, including high vaccination uptake, provide the foundation for a proper response to possible increases in the number of cases/outbreaks.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy routinely submitted by 29 EU/EEA countries. ECDC's latest advice on measles, '[Who is at risk of measles in the EU/EEA?](#)' was published on 28 May 2019.

Last time this event was included in the CDTR: 07 September 2023

2. Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

Overview:

Update: From 13 September 2022 to 12 August 2023, three MERS-CoV cases, including two deaths, have been [reported](#) by the Ministry of Health in Saudi Arabia.

All cases were non-healthcare workers and had comorbidities. Of these, two reported contact with camels and all of them reported consumption of raw camel milk in the 14 days prior to the onset of symptoms. All cases were males; aged 42, 82 and 85 years; from Makkah, Riyadh and Asir regions and with date of onset on 2 November 2022, 1 December 2022, and 5 January 2023.

The public health response included follow-up of the close contacts of the three cases by the Ministry of Health. No secondary cases were identified. The Ministry of Agriculture identified positive camels which had contact with the two reported human cases. Positive camels were isolated until they tested negative via RT-PCR test.

Summary: Since the beginning of 2023, and as of 4 September 2023, two MERS-CoV cases have been reported with the date of onset in 2023 by United Arab Emirates (1) and Saudi Arabia (1).

Since April 2012, and as of 4 September 2023, a total of 2 617 cases of MERS-CoV, including 947 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [WHO updated global summary and assessment of risk \(November 2022\)](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#) | [WHO DON Saudi Arabia](#) | [WHO DON UAE](#) | [WHO DON Saudi Arabia](#)

ECDC assessment:

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula. 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 European Union (EU), as stated in the [Rapid Risk Assessment](#) published by ECDC 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 is useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

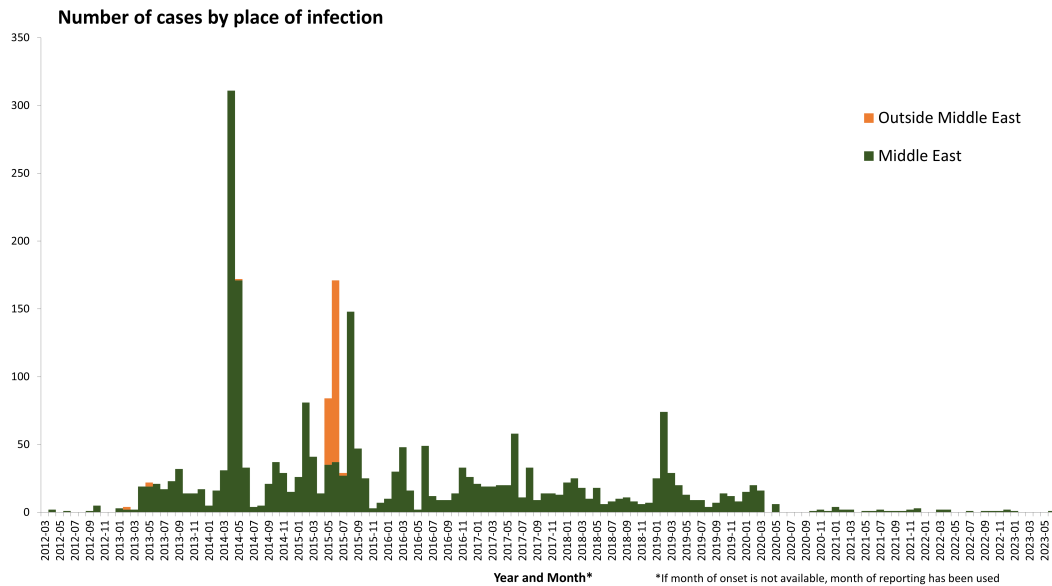
Actions:

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

Last time this event was included in the CDTR: 5 September 2023

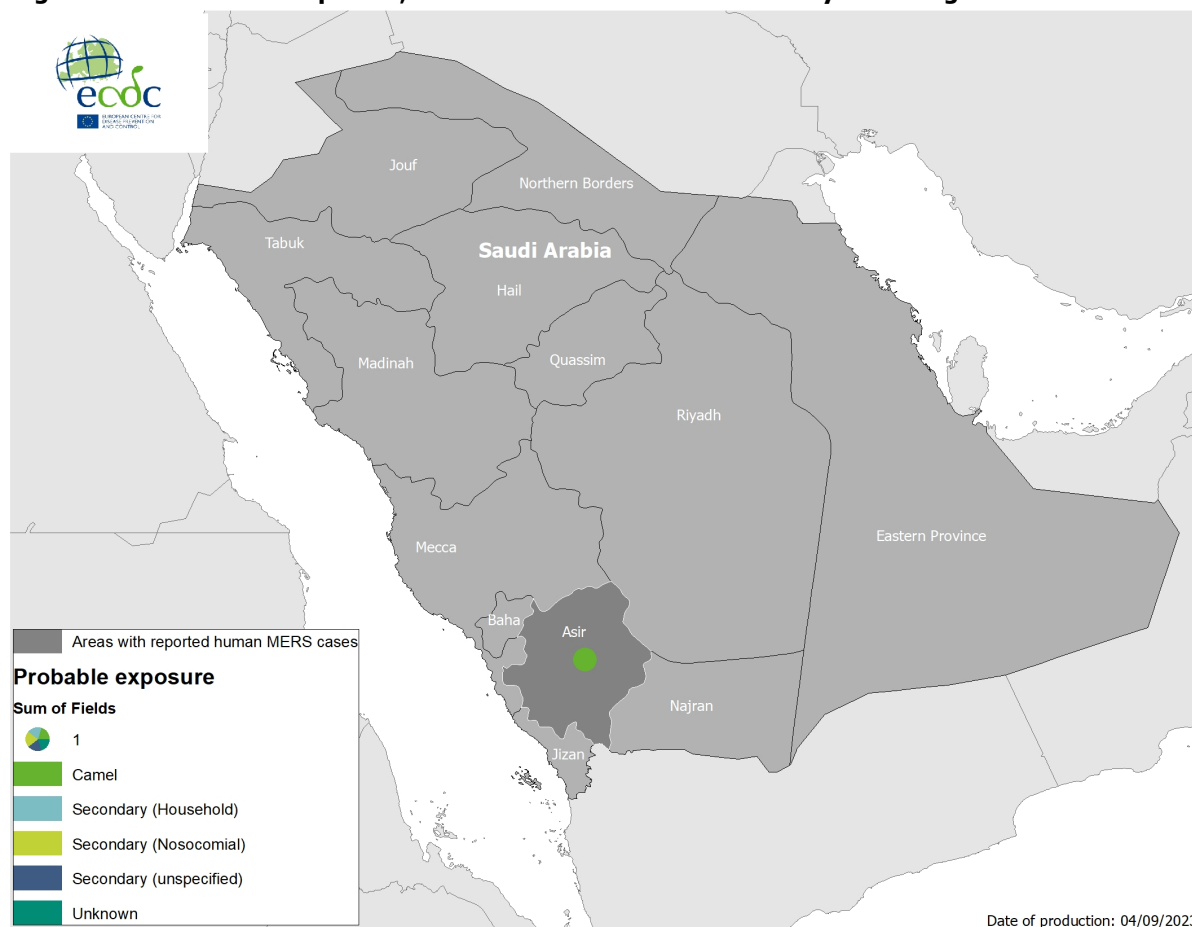
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– August 2023



Source: ECDC

Figure 2. Geographical distribution of confirmed cases of MERS-CoV in Saudi Arabia by probable region of infection and exposure, with dates of onset from 1 January to 31 August 2023



Source: ECDC

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

Overview:

Summary:

By the end of week 35 (ending 3 September 2023), transmission continued to increase in more than half of the EU/EEA countries reporting data, while the impact on severe disease and mortality remained 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. In the past two weeks, five countries reported at least ten weekly sentinel tests with an average weekly SARS-CoV-2 positivity in this period between 13.3–39.5%.

It is important to continue monitoring COVID-19 in older age groups. Among 19 countries reporting age-specific data on positive COVID-19 tests taken outside sentinel systems, 11 have observed increases in case numbers for up to seven weeks among people aged 80 years and above. Though levels remain low, small increases in deaths in this age group were recently reported by four of fifteen countries with age-specific death data.

Among the 16 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 33–34 (14 August to 27 August 2023), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 60.0% (31.6–71.1% from 15 countries) for XBB.1.5+F456L, 35.2% (25.0–85.7% from 16 countries) for XBB.1.5, 3.6% (0.9–11.6% from nine countries) for BA.2.75 and 2.2% (0.8–14.3% from six countries) for XBB. A precise overview of variant distribution as well as early detection of newly circulating variants is difficult due to

reduced sequencing volumes and a lower number of countries reporting data on SARS-CoV-2 sequencing or genotyping.

Weekly update on SARS-CoV-2 variants:

As of 24 August, ECDC has classified BA.2.86 as a variant under monitoring (VUM). As of 5 September 2023, 69 cases of BA.2.86 have been reported to GISAID from 14 countries. In the EU/EEA, these were Denmark (12), France (6), Portugal (2), Spain (3) and Sweden (5). Outside of the EU/EEA, these were Australia (1), Canada (2), Israel (3), Japan (1), South Africa (14), South Korea (1), Thailand (5), the UK (8), and the US (6). Detection of this variant has been reported in waste water samples from several more countries, both within and outside of the 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. Phylodynamic analysis indicates that BA.2.86 emerged recently (various unpublished analyses indicate the last common ancestor of BA.2.86 emerging between May and July 2023). Given that by August 2023 BA.2.86 has been detected in several countries in different regions, with no known epidemiological link to a common source, it may be associated with an elevated growth rate compared to current circulating variants, although this is associated with a high degree of uncertainty. The mechanism of any growth advantage likely includes immune escape, as BA.2.86 carries many spike changes compared with XBB.1.5-like variants that have dominated recently, and also compared with previous Omicron variants.

It is unlikely that BA.2.86 variants are associated with any increase in infection severity compared to currently circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals and those with underlying conditions could develop severe symptoms if infected.

In the coming weeks, we anticipate further detections of BA.2.86 from sampled individuals, as well as in waste water detection systems in the EU/EEA. ECDC is closely monitoring the emergence of BA.2.86 and epidemiological indicators from countries where detection is observed either from sampled cases or in waste water. The emergence of BA.2.86 underscores the importance of continued vigilance for SARS-CoV-2 via [strengthened surveillance systems](#) in primary and secondary care to detect trends in transmission and severe disease, with timely sequencing and reporting of positive samples to facilitate robust assessment of evolving variant dynamics.

As of 10 August 2023, [ECDC classified all XBB.1.5-like lineages with additional spike protein change F456L as variants of interest \(VOI\)](#). This includes lineages EG.5, FL.1.5.1, XBB.1.16.6 and FE.1, among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA, together with a slight increase in epidemiological indicators. These lineages are also increasing globally, with the World Health Organization (WHO) [classifying](#) EG.5, which is the most prevalent lineage within the group, as a VOI as of 9 August 2023, and the United Kingdom Health Security Agency (UKHSA) [classifying](#) EG.5.1 as a variant as of 31 July 2023. The reason ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

The growth advantage observed for 456L-lineages is most likely caused by [increased immune escape](#) conferred by the F456L change, combined with waning immunity to infection in the population. So far there are no indications that 456L-lineages are associated with any change in infection severity. It is likely that the presence of the variant will contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months. However, it is expected that these indicators will not reach the levels associated with previous peaks in cases and hospitalisations.

As of 5 September 2023, the 10 EU/EEA countries reporting at least ten sequences to GISAID EpiCoV for week 33 (15 to 21 August 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Belgium (64%), Denmark (65%), France (56%), Germany (61%), Iceland (52%), Ireland (63%), Italy (52%), Netherlands (60%), Spain (44%) and Sweden (57%). The overall trend for the variant proportion is increasing.

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

Other News

On 6 September 2023, Moderna Inc. published a [news item](#) announcing that their updated COVID-19 vaccine showed a strong immune response against BA.2.86 with an 8.7-fold increase in neutralising antibodies. Moderna had previously reported about a similarly effective response against EG.5, and FL.1.5.1 variants. This updated vaccine against COVID-19 is currently pending approval by the US Food and Drug Administration.

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 the elderly and people with comorbidities. 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: 01 September 2023

4. Mpox Multi-country 2022 - 2023

Overview:

Update:

Since the last update on 11 August 2023, and as of 6 September 2023, 58 mpox cases have been reported to TESSy from 10 EU/EEA countries: Portugal (31), Spain (13), France (4), Ireland (3), Germany (2), Iceland (1), Italy (1), Luxembourg (1), Netherlands (1) and Sweden (1).

In 21 August 2023, the Director-General of the World Health Organization issued [standing recommendations in accordance with the International Health Regulations \(2005\)](#) that will be in effect until 20 August 2024 that include among others recommendations for: development and implementation of national mpox plans, establishment and maintenance of laboratory-based surveillance and diagnostic capacities for outbreak detection and risk assessment, capacity building for risk communication and community engagement.

Summary:

Globally, since 1 January 2022 and as of 5 September 2023, according to the [World Health Organization \(WHO\) update](#), 89 752 confirmed cases of mpox, including 157 deaths have been reported from 114 countries globally.

EU/EEA

Since the start of the mpox outbreak and as of 6 September 2023, 21 391 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (7 580), France (4 154), Germany (3 689), Netherlands (1 267), Portugal (1 050), Italy (960), Belgium (795), Austria (328), Sweden (262), Ireland (232), Poland (217), Denmark (196), Norway (96), Greece (88), Hungary (80), Czechia (71), Luxembourg (59), Romania (47), Slovenia (47), Finland (42), Malta (34), Croatia (33), Iceland (17), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5) and Lithuania (5). Deaths have been reported from: Spain (3), Belgium (2), Czechia (1) and Portugal (1).

Deaths have been reported from: Spain (3), Belgium (2), Czechia (1), and Portugal (1).

Western Balkans and Türkiye:

Since the start of the mpox outbreak and as of 6 September 2023, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin](#).

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of the World Health Organization (WHO) [declared](#) the global mpox outbreak a Public Health Emergency of International Concern (PHEIC). The emergency status was maintained until [11 May 2023](#).

ECDC assessment:

The weekly number of cases of mpox reported in the EU/EEA peaked in July 2022, and since then a steady declining trend has been observed, reaching a plateau with very low numbers since week 52, 2022.

Multiple factors have probably contributed to the decline, including efforts in risk communication and community engagement that have resulted in behavioural changes, increasing immunity in the most affected population groups due to natural immunity and vaccination, and a decrease in the number of large cultural and social events after the summer frequented by the main risk groups for this outbreak.

Considering the low number of new infections in the WHO European Region, the overall risk of mpox infection is assessed as low for men who have sex with men (MSM) and very low for the broader population in the EU/EEA. Since the start of the summer, Portugal is observing an upsurge in number of mpox cases among MSM. Consequently the risk of mpox infection for MSM in Portugal is considered to be moderate.

Response options for EU/EEA countries include creating awareness among healthcare professionals and supporting sexual health services to continue case detection, contact tracing, and management of cases; continuing to offer testing for orthopoxvirus; vaccination strategies and continuing risk communication and community engagement, despite the decreasing number of cases.

Given the limitations in vaccine supplies, primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023.

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

ECDC offers laboratory support to Member States and collaborates with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, infection prevention and control (IPC) guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches. ECDC also provided guidance to countries hosting events during the summer months.

Last time this event was included in the CDTR: 07 September 2023

5. Iatrogenic botulism - European countries (ex Türkiye) - 2023

Overview:

Update 4 September 2023

Since the last update, one additional suspected case has been identified in Norway. The case received treatment with botulinum neurotoxin in the beginning of August 2023, with injections in the head and neck region in a clinic in Türkiye. The patient developed symptoms of clinical botulism 11 days after treatment and was hospitalised in Norway. A serum sample analysed by mouse bioassay was inconclusive (one mouse presented botulinum symptoms and two did not). Turkish health authorities have been informed through IHR channels. Further details on the treatment are not available and it is unclear whether it is a treatment or a product failure. At this stage, it is not clear if this case is linked to the outbreak of iatrogenic botulism cases related to intragastric botulinum neurotoxin injections administered in Türkiye in March 2023.

Background information

As of 30 March 2023, 34 cases of botulism have been reported in Germany (30 cases), Austria (one case), France (one case), and Switzerland (two cases). Cases underwent a medical procedure consisting of intragastric injection of botulinum neurotoxin to treat obesity in Türkiye between 3 and 25 February 2023. Furthermore, the International Health Regulations (IHR) National Focal Point (NFP) for **Türkiye** reported 53 apparently iatrogenic clinical botulism cases between 28 February and 8 March 2023. Cases were reported to have received intragastric botulinum neurotoxin (BoNT) injections for treatment of obesity at two private hospitals; Hospital A in Istanbul (50 cases) and Hospital B in Izmir (three cases).

Botulism is a serious neuroparalytic illness caused by BoNTs mainly produced by the bacterium, *Clostridium botulinum*. The disease naturally occurs in four different forms: a) food-borne botulism, b) intestinal botulism, c) infant botulism, and d) wound botulism. There are two other forms of botulism which do not occur naturally: a) inhalation botulism and b) iatrogenic botulism, which is the most recent human-made form of botulism. Intoxication may occur as an adverse event following the administration of BoNTs for therapeutic or cosmetic reasons.

While it is considered rare, individuals receiving BoNT injections for cosmetic purposes (e.g. for facial wrinkle lines) or therapeutic treatments (e.g. for management of muscle spasticity), may develop iatrogenic botulism if they are injected with an excessive dose of the BoNTs.

Symptoms of iatrogenic botulism are characterised by weakness and difficulty swallowing. Toxicities following cosmetic treatment include ophthalmological and oropharyngeal symptoms (blurred vision, drooping eyelid, difficulty swallowing, and dry mouth) while toxicities following therapeutic treatments are linked with difficulty breathing and weakness.

The symptoms of botulism can be very severe, requiring intensive-care treatment as well as the administration of an anti-toxin. Even when such treatments are available, complete recovery usually takes weeks to months. Limited information is available quantifying mortality in iatrogenic botulism cases. For food-borne botulism, 5–10% of cases are fatal.

Further information about botulism can be found on the websites of [ECDC](#), [US CDC](#), and [WHO](#).

ECDC assessment:

Norway is reporting one iatrogenic botulism suspected case following a treatment with botulinum neurotoxin injections at the beginning of August 2023 in a clinic in Türkiye. At present, it is unclear whether this event represents a therapeutic or procedural issue.

Earlier this year, a multi-country outbreak of at least 34 cases of iatrogenic botulism in Germany (30 cases), Austria (one case), France (one case), and Switzerland (two cases) with gastric injections of BoNT administered in Istanbul, Türkiye on dates between 3 and 25 February 2023. Türkiye reported an additional 53 cases among individuals who underwent the same procedure in two private hospitals in Istanbul (50 cases) and Izmir (three cases) between 28 February and 8 March 2023.

Actions:

ECDC is monitoring the event in EpiPulse and via its epidemic intelligence activities and is sharing information through the CDTR report. ECDC encourages countries to report any information relevant to this outbreak in the EpiPulse event [2023-FWD-00013](#).

Last time this event was included in the CDTR: 05 September 2023

6. Echovirus 11 infections in neonates - multi-country- 2022-2023

Overview:

Update: Since the last report on 1 August 2023, no new cases have been reported.

Summary

On 28 April 2023, the French Pediatric Society (SFP), with data from the National Reference Centre for Enterovirus (EV), reported that since July 2022, nine neonates had presented with severe sepsis, complicated by hepatic failure, and neurological or myocardial involvement due to infection with E11 in France. Seven neonates died. Reported cases were predominantly male, including four pairs of premature twins and a full-term singleton. Five out of nine neonates were born with low birth weight. All the cases presented clinical signs between three and six days of age. Maternal clinical symptoms, such as fever and gastrointestinal signs, were reported in four out of five mothers during the three days before or on the day of delivery. Seven cases are reported to have occurred in the context of confirmed vertical transmission. According to the French EV surveillance, E11 was the predominant circulating EV in 2022 in neonates (30.2% of identified viruses). It is also reported that a new variant of E11 has been circulating since June 2022 in metropolitan France and certain French Overseas Departments and Regions (New Caledonia and Réunion). On 28 July 2023, public health authorities reported a new case of severe E11 infection in the European surveillance portal for infectious diseases (EpiPulse).

On 15 June 2023, a scientific article was published in the [Eurosurveillance](#) journal reporting two cases of fulminant hepatitis in Italy linked with E11 infection. The cases are non-identical, male, late pre-term twin brothers who were transferred in April to the neonatal intensive care unit (NICU) due to episodes of apnoea requiring respiratory support. Enterovirus typing was performed in urine and plasma specimens by whole genome sequencing (WGS) and showed the presence of E11. The phylogenetic and molecular analysis concluded that the Italian E11 strains clustered with the French strains collected in 2023, which together composed a divergent lineage. The mother presented with a single episode of fever at 35 weeks and two days of gestational age. The infants were born the following day. No specimens were collected from the mother for virological investigations.

In addition, since the publication of the article, Italy has reported a third case which was admitted to a NICU due to E11 infection.

Public health authorities in Spain have reported two cases of E11 infection. These cases were pre-term twins, born in January 2023. Both the cases were admitted to the NICU after birth. One was recorded as having died of severe enterovirus infection, with probable vertical transmission, while the second case was discharged from the hospital without sequelae.

On 16 June 2023, public health authorities in the United Kingdom posted a comment on EpiPulse, reporting an Echovirus 11 neonatal sepsis event with a fatal outcome soon after birth. The event occurred in March 2023.

On 22 June 2023, public health authorities in Sweden reported four cases of infants with meningoencephalitis due to Echovirus11 via EpiPulse. These cases were reported between the beginning of 2022 and 15 June 2023.

In June 2023, a cluster of three neonates with severe E11 infection were reported by Croatia. Typing efforts are ongoing. Symptoms include meningoencephalitis, hepatic insufficiency and general febrile illness.

Other cases of E11 infection have been reported in 2022 and 2023 in neonates, infants or older children, without full information of the clinical manifestations or outcomes. However, Austria, Belgium, Denmark, the Netherlands, Norway and Portugal have not observed an increase in E11 infections associated with severe neonatal cases.

On 3 July 2023, public health authorities in France [reported](#) a new case of severe E11 infection in a newborn. The clinical picture is similar to the previously reported cases and includes hepatic failure, disseminated intravascular coagulation and meningitis. Partial sequencing analyses confirm genetic homology with the sequences of severe cases previously reported in France with E-11 lineage 1. On 17 July, Santé publique France and the French National Reference Centre for Enteroviruses and Parechoviruses published an updated epidemiological [report](#) on enterovirus infections in France for the years 2022 and mid-2023. The report points towards a global increase of enterovirus meningitis in France compared to previous years.

Background

EV are a group of viruses that usually cause self-limited to mild illness. In certain populations, such as neonates, infection by specific serotypes of EV can cause severe illness. The most relevant EV subspecies in neonatal infections include Coxsackievirus B and Echovirus, including multiple distinct serotypes.

Clinical manifestations of EV infection may range from asymptomatic, acute febrile illness to life-threatening disseminated disease. E11 infection in neonates may be associated with [severe clinical features](#), such as sepsis, myocarditis, and meningitis. The most characteristic clinical syndrome in neonates infected with E11 is fulminant hepatitis, which presents with profuse bleeding, jaundice and multiple organ failure.

EV are predominantly transmitted via faecal-oral and respiratory routes. For previously reported cases of E11 infection in neonates, modes of transmission included vertical transmission (prenatal transplacental or during childbirth), postnatal human-to-human contact, as well as being spread through nurseries and NICUs by caregivers and healthcare workers. Transmission through breastfeeding was also reported to be possible.

For previously reported clusters in neonates, infection and death outcomes have been more frequently associated with E11 than other EVs in the same population. For the currently reported cases, and according to the report from French authorities, the high fatality rate observed should be interpreted within the context of neonatal infection within the first seven days of life, prematurity and low birth weight in multi-foetal pregnancies, and potential changes in the virulence of the circulating E11 genetic lineage.

Although some countries have EV surveillance, there is no systematic European-wide EV surveillance in place in the EU/EEA. It is therefore difficult to estimate the extent of the current severe neonatal E11 infections or background rates for circulation of E11 viruses in the population. If there is no EV surveillance in place, only the most severe cases will probably be detected through active efforts to test and type specimens from such cases.

Several outbreaks due to E11 infection in neonates, including some which are healthcare-acquired, have been previously reported ([1964](#), [1973](#), [1979](#), [1985](#), [2004](#), [2018](#)). Some of the outbreaks are reported to have occurred in the context of community circulation of E11.

ECDC assessment:

Based on the available information, ECDC assesses the likelihood of infection with E11 among the neonatal population to be very low, with a high level of uncertainty. The impact of infection is estimated to be moderate, with a high level of uncertainty. Therefore, the overall public health risk for the neonatal population of the EU/EEA is currently estimated to be low. ECDC will reassess the risk as more information becomes available.

On 8 August 2016, ECDC published a [Rapid Risk Assessment on enterovirus](#) detections associated with severe neurological symptoms in children and adults in European countries.

Actions:

ECDC encourages countries to notify any unusual occurrence of E11 infections through EpiPulse (2023-EIP-00026). ECDC case definitions have been posted in EpiPulse as well. Reporting of unusual EV cases and clusters through Early Warning and Response System (EWRS) in EU/EEA countries is also encouraged.

ECDC has published an [epidemiological update](#), including case definitions and guidance on testing.

Further information:

ECDC case definitions:

- **Confirmed case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of Echovirus 11 lineage 1* notified since 1 January 2022.
- **Probable case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of Echovirus 11 notified since 1 January 2022.
- **Suspected case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of other non-polio enteroviruses notified since 1 January 2022.

*Lineage 1 as outlined by [Grapin et al.](#), 2023 molecular characterisation of the new E11 lineage

Sources: [World Health Organization, Disease Outbreak News \(WHO DON\)](#) | [e000152](#) | [DON](#)

Last time this event was included in the CDTR: 04 August 2023

7. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the 15th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 6 September 2023, European Union (EU) and European Economic Area (EEA) countries reported 103 human cases of West Nile virus (WNV) infection and eight deaths related to WNV infections. Cases were reported by Italy (72), Romania (11), Greece (10), Hungary (4), France (3), Spain (2) and Cyprus (1). Deaths were reported by Italy (3), Greece (2), Spain (1) and Romania (2). EU-neighbouring countries reported 5 human cases of WNV infection. Cases were reported by Serbia (5). No deaths related to WNV infections were reported by EU-neighbouring countries.

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: Landes in France.

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: Kýpros in Cyprus, Chalkidiki in Greece, Badajoz in Spain, Landes in France, Borsod-Abaúj-Zemplén and Jász-Nagykun-Szolnok in Hungary, Vercelli, Varese, Bergamo, Forlì-Cesena and Sassari in Italy, Botoşani, Brăila and Buzău in Romania and Macvanski and Pomoravski in Serbia.

Since the beginning of the 2023 transmission season and as of 6 September 2023, EU/EEA countries have reported 387 human cases of WNV infection in Italy (203), Greece (100, of which 1 with unknown place of infection), Romania (39), Hungary (19), France (18), Spain (4), Germany (3) and Cyprus (1). EU/EEA countries have reported 29 deaths in Greece (13), Italy (9), Romania (6) and Spain (1). EU-neighbouring countries have reported 62 human cases of WNV infection in Serbia (61) 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 101 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, Alpes-Maritimes and Landes in France, Kastoria in Greece and Huelva and Valencia/València in Spain.

Since the beginning of the 2023 transmission season, 26 outbreaks among equids and 115 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (12), Hungary (6), Italy (4), Germany (2) and France (2). Outbreaks among birds have been reported by Italy (92), Germany (10), Spain (10), Bulgaria (1), France (1) and Hungary (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:

Landes in France that reported a case for the first time ever this season shares borders with Gironde that reported a case first time this season. It appears that these neighbouring regions are experiencing emergence of WNV cases this season.

Cyprus reported a case during the reporting week for the first time this season. In the last 5 years (2018-2022), Cyprus reported 23 autochthonous cases in 2019 and 1 autochthonous case in 2018.

The combined totals from Italy and Greece accounted for 78% of all reported cases. This follows a trend from the previous year: Italy and Greece reported the highest number of cases in 2022.

In 2023, the WNV transmission season started later than the mean of the 2019–2022 season. However, as the weather conditions are favourable for WNV transmission in the affected areas in Europe, further human cases are expected in the coming weeks.

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: 01 September 2023

8. Autochthonous dengue cases - Italy - 2023

Overview:

Summary

On 18 August 2023, Italian authorities [reported](#) a locally-acquired dengue case in a person from the Lombardy region with no recent travel history outside of the region. The onset of symptoms was on 3 August.

On 20 August 2023, Italian authorities reported a second locally acquired dengue case in a person from the Lazio region with no recent travel history outside of the region. The onset of symptoms was on [2 August](#).

Both cases were laboratory confirmed by PCR and DENV-1 serotype was [identified](#).

As of 6 September, six additional locally-acquired dengue cases were [reported](#) in Lombardy, bringing the total to seven cases in Lombardy and, overall, [10 in Italy in 2023](#).

Italian authorities have implemented vector control measures in the areas and have established preventive measures on donors of substance of human origin at municipal and national levels.

Background

Autochthonous dengue cases were [reported](#) in Italy for the first time in 2020 in the Veneto region. At that time, an outbreak of 10 autochthonous dengue cases was reported among household cohabitants following an imported case who returned to Italy after a trip to South East Asia. Since then, no further cases of autochthonous dengue have been reported in Italy.

Since 2019 and as of 2023, 121 autochthonous dengue cases have been reported in mainland EU/EEA. France is the country with the highest number of autochthonous dengue cases reported in mainland EU/EEA during this period.

ECDC assessment:

It is not unusual that autochthonous dengue cases occur during the summer months in parts of southern Europe. The most recent case in the Lombardy cluster had onset of symptoms on 21 August, which would indicate that virus transmission was still ongoing in mid-August. Enhanced surveillance, as implemented by Italy, will be crucial to detect cases early and apply adequate control measures around these cases.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe.

The current weather conditions in most of the areas in the EU/EEA where *Aedes albopictus* is established are favourable for vector propagation, dengue virus replication in vectors, and vectoral transmission of dengue. Therefore, further cases connected to this transmission event or autochthonous secondary transmission from imported cases of dengue in other areas cannot be excluded.

More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA, and ECDC's [dengue](#) factsheet.

Actions:

ECDC continues monitoring the epidemiological situation of dengue both globally and in the EU/EEA. Relevant changes in the epidemiological situation and risk levels will be reported.

Last time this event was included in the CDTR: 04 September 2023

9. Legionnaires' disease - Poland - 2023

Overview:

Update: On 8 September 2023, the State District Sanitary Inspector in Rzeszów, Poland released a [statement](#) reporting 166 confirmed cases of Legionnaires' disease and 22 deaths. The majority of cases reside in Rzeszów city (112) and Rzeszów powiat (38) in Podkarpackie province in south-eastern Poland.

All [22 fatal cases](#) had comorbidities.

Summary: The [index case](#) was detected on 30 July 2023, and the peak of cases occurred between 12-16 August 2023.

On 18 August 2023, the [State District Sanitary Inspector in Rzeszów](#), Poland was informed of 15 confirmed cases of Legionnaires' disease in hospitalised individuals in Rzeszów.

As of [24 August 2023](#), 56 water samples have been collected from installations in buildings in Rzeszów, Rzeszów powiat, Ropczyce and Sędziszów powiat. Fountains and water installations have been closed in Rzeszów. Rzeszów Municipal Water and Sewage Company planned for the disinfection of the water supply network of the city of Rzeszów and adjacent towns on 27 August 2023.

Healthcare units and long-term care facilities were [instructed](#) to carry out additional inspections to their water systems.

On 25 August 2023, the [Ministry of Health and State Sanitary Inspectorate](#) reported that an epidemiological investigation, including interviews with patients or relatives, is underway to determine the source of infection.

Background

Between 2016 and 2021, Poland reported from 20 to 70 Legionnaires' disease cases annually to The European Surveillance System (TESSy). In 2022, this increased to 111 reported cases.

As of 7 September 2023, no travel-associated cases have been reported by ELDSNet to ECDC for accommodation sites in Rzeszów powiat.

ECDC assessment:

Outbreaks of Legionnaires' disease are caused by inhalation of aerosolised water droplets carrying *Legionella* bacteria.

Although an identified source has not been reported yet for this outbreak, precautionary control measures have been implemented to reduce the risk of infection from possible environmental sources. Infection risk is limited to a localised geographical area around the outbreak source.

Actions:

ECDC has contacted public health authorities in Poland regarding this outbreak and will continue to monitor this event through epidemic intelligence activities.

Last time this event was included in the CDTR: 01 September 2023

10. Human infection with swine influenza A(H1N1) variant virus - the Netherlands - 2023

Overview:

On 5 September 2023, the [National Institute for Public Health and the Environment in the Netherlands](#), reported one human infection with swine influenza A(H1N1) variant virus in the province of North-Brabant in August 2023. The person developed mild influenza symptoms (cold symptoms, headache and fever) and sent the self-collected respiratory sample to a laboratory through the participatory surveillance of acute respiratory infection (ARI) (www.infectieradar.nl). No new cases were detected among contacts of this case. The source of infection could not be specified. To date, no human-to-human transmission has been reported.

Globally, in 2023, three cases of human infection with swine influenza A(H1N1)v have been reported in Brazil, China and the Netherlands; in 2022 five cases have been reported from Germany (1), Spain (1), Brazil (1) and China (2) and in 2021, 16 human infections were reported globally, including three human infections in two EU/EEA countries: Denmark (2) and Germany (1), Canada (1), China (5), and the US (7).

Source: news item of the [National Institute for Public Health and the Environment in the Netherlands](#)

ECDC assessment:

Sporadic transmission of influenza viruses of swine origin to humans causing mild to severe infections have been reported from several countries, including in the EU/EEA. Swine influenza viruses circulate widely in the pig population and direct human exposure to pigs represents the most common risk factor for infection. Cases have also occurred among otherwise healthy people and sporadic infections cannot be excluded when people are unprotected in direct contact with infected animals. The source of exposure of the current case has not been fully understood.

When a human infection is detected, it is necessary to perform contact tracing to exclude onward transmission to contacts and to implement control measures to prevent human-to-human spread. Zoonotic influenza viruses isolated from patients should be further sequenced and characterised, as well as shared with the national influenza reference laboratories and WHO Collaborating Centres.

ECDC published a [Threat Assessment Brief on Eurasian avian-like A\(H1N1\) swine influenza viruses](#) in July 2020.

Actions:

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities and disease experts in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR. ECDC is following up with the public health authorities in the Netherlands.

Last time this event was included in the CDTR: 07 September 2023

11. Mass gathering monitoring - Rugby World Cup 2023

Overview:

The [Rugby World Cup 2023](#) (RWC) will take place in France from 8 September to 28 October 2023, with matches played in nine venues across ten host cities. In total, 20 teams will participate, 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 will take 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 RWC with over 2.5 million tickets sold, according to a [media report](#). Over a half of the 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 of RWC are thus encouraged to follow a list of recommendations.

Prior to the event

The participants of the RWC should be fully vaccinated in accordance to the national immunisation schedule of their country. Additional vaccines should be considered upon consultation with health care provider to address requirements of the country hosting the event.

During the event

During the event all participants and spectators of RWC are recommended to follow standard hygiene requirements that include personal and food hygiene recommendations:

- Washing hands with soap and water or a disinfectant, especially after coughing and sneezing, after using toilets, before handling and consuming food, and after touching animals.
- Using disposable tissues when coughing or sneezing and dispose of used tissues in a wastebasket.
- Wearing [face masks](#) is recommended for vulnerable populations when in crowded places.
- Avoiding contact with those who appear ill and avoid sharing their personal belongings.
- Staying at home or a hotel room when feeling ill. In case of severe disease please contact the local health authorities (emergency call number 112).
- Taking necessary measures to avoid mosquito bites during the day and evening, which [include](#) wearing of clothes that cover most of the body, and the use of mosquito repellent, sleeping or resting in screened or air-conditioned rooms, using window screens.
- Drinking safe water. Bottled and tap water are safe to drink in France unless specified otherwise by the local authorities.
- Eating thoroughly cooked food and carefully washing fruits and vegetables with safe drinking water before consumption.
- Practicing safe sex, including the use of condoms. Condoms are available for free in pharmacies in France for EU citizens under 26 years old. For sexual health consultations including screening of STIs, free and anonymous clinics are [available here](#).
- In the light of ongoing outbreaks of highly pathogenic avian influenza among birds and some mammal species (domesticated cats, farmed mink, foxes and racoon dogs) general public and RWC participants should refrain from touching dead or sick-looking birds and animals.

After the event

Travellers returning from the event should seek medical attention immediately if they experience symptoms suggestive of any type of infection, e.g. gastrointestinal or respiratory. They should also mention their travel history and participation in the Rugby World Championship to their healthcare provider.

Weekly monitoring update

No serious cross-border events have been detected during the period from 4 September to 8 September 2023.

Other events of interest

According to [official sources](#), on 6 September 2023 a case of autochthonous dengue was detected in Perpignan, France. To avoid further spread of the virus, preventive actions have been deployed in the area. People are advised taking necessary measures to avoid mosquito bites such as the use of mosquito repellent and wearing long pants and long sleeves tops.

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

Last time this event was included in the CDTR: -