COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 36, 5-11 September 2021

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021 Latest update: 10 September 2021

During the transmission season for West Nile virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA), and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA Member States and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

➔Update of the week

Between 3 and 9 September 2021, European Union (EU) and European Economic Area (EEA) countries reported 15 human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Greece (8), Italy (3), Germany (2) and Spain (2). EU-neighbouring countries reported three human cases of WNV infection in Serbia (3) and no deaths related to WNV infections.

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

Opening date: 9 February 2011 Latest update: 10 September 2021

A sharp decrease in measles cases has been observed globally during the COVID-19 pandemic. A few measles cases are being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

➔Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 6 August 2021, eight new cases were detected by epidemic intelligence, reported by two countries in the EU/EEA: Finland (3) and Germany (5). According to TESSy, three countries reported six cases in July 2021: Belgium (3), France (1) and Italy (2). Other countries did not report new cases of measles. No deaths have been reported by EU/EEA countries in 2021.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), and WHO Pan American Health Organization (PAHO). There were no updates for the WHO Regional Office for the Eastern Mediterranean (EMRO), WHO Regional Office for South-East Asia (SEARO) or WHO Western Pacific Regional Office (WPRO).

Disclaimer: *the monthly measles report published in the CDTR provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is supplementary to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020 Latest update: 10 September 2021

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

➔Update of the week

Since week 34 2021 and as of week 35 2021, 4 071 389 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 66 205 new deaths have been reported.

Since 31 December 2019 and as of week 35 2021, 221 357 113 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 573 597 deaths.

In the EU/EEA, 37 152 815 cases have been reported, including 757 489 deaths.

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

Non EU Threats

New! Nipah virus – India – 2021

Opening date: 9 September 2021 Latest update: 10 September 2021

A case of Nipah virus infection has been reported in Kerala state, India in September 2021. The case was hospitalised and has since died.

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New! Meningitis – Democratic Republic of the Congo – 2021

Opening date: 10 September 2021 Latest update: 10 September 2021

On 8 September 2021, the Democratic Republic of the Congo declared an outbreak of meningitis in the north-eastern Tshopo Province.

➔Update of the week

New! Plague – Madagascar – 2021

Opening date: 9 September 2021 Latest update: 10 September 2021

On 29 August 2021, an alert was made by the health authorities of the Arivonimamo district, in the Itasy region of Madagascar, regarding cases of pneumonic plague.

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

Opening date: 9 December 2019 Latest update: 10 September 2021

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped 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. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 20 August 2021, the 29th meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus was held.

In June 2002, the WHO European Region was officially declared polio-free.

➔Update of the week

Since the previous CDTR update on 6 August 2021 and as of 7 September 2021, 90 cases of poliovirus have been reported, all identified as cVDPV2. No new cases of WPV1 have been reported since the last update.

Wild poliovirus (WPV1):
No new cases of Acute Flaccid Paralysis (AFP) caused by WPV1 have been reported by the two endemic countries (Afghanistan and Pakistan).

Circulating vaccine-derived poliovirus (cVDPV):

- Ninety new cases of AFP caused by cVDPV2 have been reported from 5 countries: Nigeria (76), Tajikistan (9), Ethiopia (3), Sierra Leone (1) and Burkina Faso (1).

- No new cases of AFP caused by cVDPV1 or cVDPV3 have been reported.

-Two countries, Uganda and Gambia, identified environmental samples of cVDPV2 leading to the declaration of polio as a national public health emergency.

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II. Detailed reports

West Nile virus - Multi-country (World) - Monitoring season 2021

Opening date: 4 June 2021 Latest update: 10 September 2021

Epidemiological summary

Between 3 and 9 September 2021, European Union (EU) and European Economic Area (EEA) countries reported 15 human cases of West Nile virus (WNV) infection and no deaths related to WNV infections. Cases were reported by Greece (8), Italy (3), Germany (2) and Spain (2). EU-neighbouring countries reported three human cases of WNV infection in Serbia (3) and no deaths related to WNV infections.

Since the beginning of the 2021 transmission season, and as of 9 September 2021, EU/EEA countries have reported 87 human cases of WNV infection in Greece (43), Italy (27), Spain (5), Romania (4), Austria (3), Germany (2) and Hungary (3), and 5 deaths in Greece (3), Spain (1) and Romania (1). EU-neighbouring countries have reported 12 human cases of WNV infection in Serbia (12) and two deaths in Serbia (2).

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 32 different NUTS 3 or GAUL 1 regions, of which the following regions reported human cases of WNV infection for the first time: La Spezia in Italy.

Since the beginning of the 2021 transmission season, nine outbreaks among equids and one outbreak among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (6) and Germany (3). An outbreak among birds has been reported by Spain (1).

ECDC assessment

Human WNV infections have been reported in seven EU Member States where seasonal circulation of the virus has been previously reported. According to the data from previous years and the epidemiology of WNV infections, cases in this period of the year are not unexpected in the affected countries and further cases will very probably occur in the coming weeks.

In accordance with 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 transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday.

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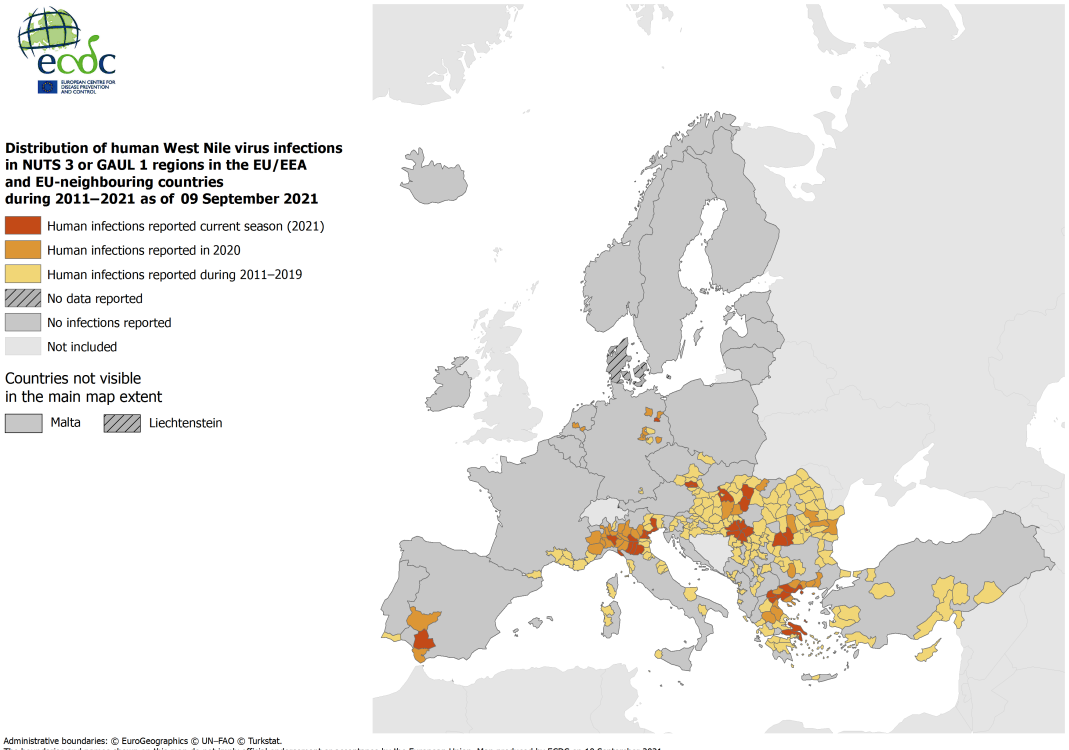
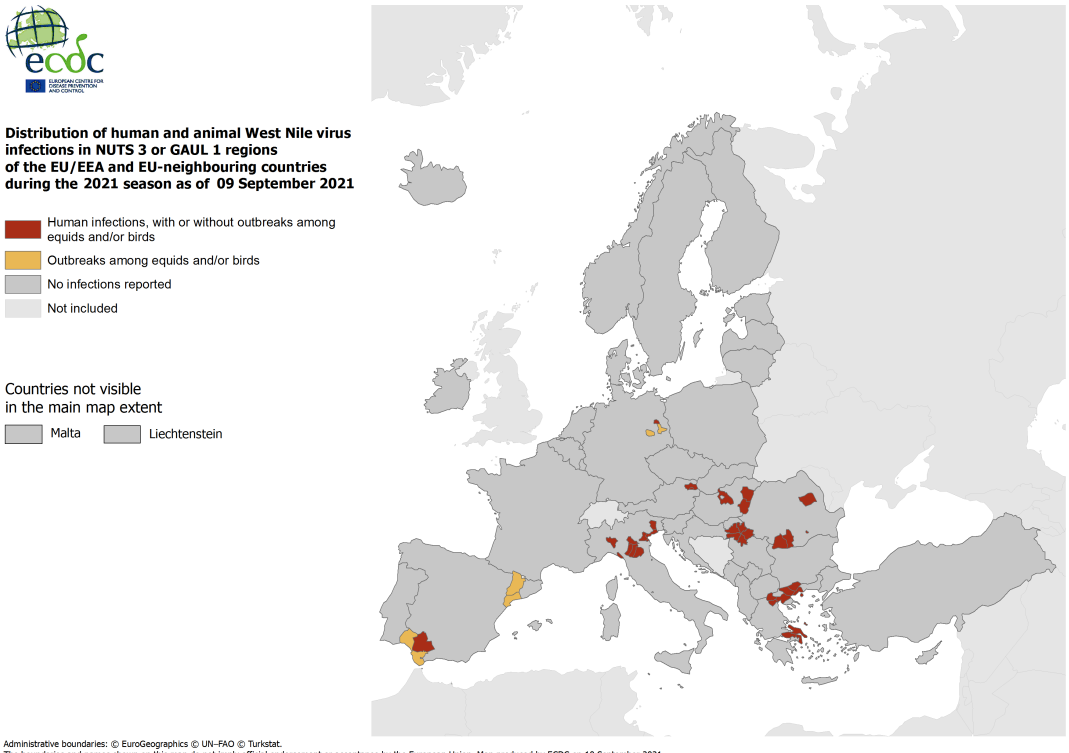
Distribution of human West Nile virus infections by affected areas as of 09 September

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 09 September

ECDC and ADIS



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

Opening date: 9 February 2011 Latest update: 10 September 2021

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Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 6 August 2021, eight new cases were detected by epidemic intelligence, reported by two countries in the EU/EEA: Finland (3) and Germany (5). According to TESSy, three countries reported six cases in July 2021: Belgium (3), France (1) and Italy (2). Other countries did not report new cases of measles. No deaths have been reported by EU/EEA countries in 2021.

Relevant updates outside the EU/EEA are available for the WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), and WHO Pan American Health Organization (PAHO). There were no updates for the WHO Regional Office for the Eastern Mediterranean (EMRO), WHO Regional Office for South-East Asia (SEARO) or WHO Western Pacific Regional Office (WPRO).

EU/EEA countries are encouraged to maintain routine immunisation sessions, provided that COVID-19 response measures allow.

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

Finland reported three cases as of 7 September 2021. One case was reported in Turku in an unvaccinated child. According to media, about 150 contacts identified since 18 August 2021.

Germany reported 40 cases as of week 36 (ending 12 September 2021), an increase of 5 cases since week 30 (ending on 1 August 2021).

According to TESSy, six new cases were reported in July 2021, by Belgium (3), France (1) and Italy (2).

Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from the WHO website.

According to the WHO Regional Office for Europe (EURO) data received in August 2021 and for the reporting period from January to July 2021, sporadic measles cases were reported in the following EU/EEA countries: Belgium, France, Germany, Ireland, Poland and Romania; and non-EU/EEA countries: Belarus, Kazakhstan, Kyrgyzstan, Russia, Serbia, Turkey, Ukraine and United Kingdom.

According to the WHO Regional Office for Africa (AFRO), in 2021 and as of 29 August 2021, outbreaks of measles were reported in the following countries: Angola, Burundi, Cameroon, Central African Republic, Chad, Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Niger, Nigeria and South Sudan. According to the Provisional monthly Measles and Rubella report from the WHO, in 2021 and as of the weekly update on 28 July, there have been 30 394 suspected and 1 598 confirmed cases, including 325 deaths due to measles in the Democratic Republic of the Congo (DRC), showing an increase since the largest measles epidemic between 2018 and 2020 in the DRC. In this same report, cases have also been reported from Burkina Faso, Equatorial Guinea, Ivory Coast, United Republic of Tanzania and Somalia.

According to the WHO Pan American Health Organization (PAHO), in 2021 and as of week 34 (ending 28 August 2021), two countries reported 574 confirmed cases of measles: Brazil (572) and the United States (2).

No updates were available for the WHO Regional Office for the Eastern Mediterranean (EMRO), the WHO Regional Office for South-East Asia (SEARO) or the WHO Western Pacific Regional Office (WPRO).

ECDC assessment

A substantial decline in measles cases reported by EU/EEA countries after March 2020 contrasts with the typical seasonal pattern seen for measles, which peaks in the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures could explain the decline of cases observed. Considering the potential lifting of non-pharmaceutical interventions related to the COVID-19 pandemic in the coming months, we anticipate possible measles outbreaks in the EU/EEA. Active measles surveillance and public health measures should be reinforced, and enhanced measles vaccination campaigns should be planned in order to ensure high measles vaccination uptake.

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Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement a monthly report with measles surveillance data from The European Surveillance System (TESSy) for 30 EU/EEA countries. ECDC published a risk assessment entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2021

Opening date: 7 January 2020 Latest update: 10 September 2021

Epidemiological summary

Since 31 December 2019 and as of week 35 2021, 221 357 113 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 4 573 597 deaths.

Cases have been reported from:
Africa: 7 913 825 cases; the five countries reporting most cases are South Africa (2 819 945), Morocco (884 085), Tunisia (674 047), Libya (316 797) and Ethiopia (314 984).
Asia: 63 561 853 cases; the five countries reporting most cases are India (33 027 621), Iran (5 103 537), Indonesia (4 129 020), Philippines (2 080 984) and Iraq (1 917 292).
America: 85 299 900 cases; the five countries reporting most cases are United States (39 946 144), Brazil (20 890 779), Argentina (5 207 695), Colombia (4 919 773) and Mexico (3 433 511).
Europe: 64 395 450 cases; the five countries reporting most cases are Russia (7 012 599), United Kingdom (6 978 126), France (6 836 452), Turkey (6 498 054) and Spain (4 887 394).
Oceania: 185 380 cases; the five countries reporting most cases are Australia (61 609), Fiji (47 865), French Polynesia (42 109), Papua New Guinea (18 265) and Guam (11 293).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 199 253 deaths; the five countries reporting most deaths are South Africa (83 419), Tunisia (23 817), Egypt (16 789), Morocco (13 073) and Algeria (5 420).
Asia: 981 465 deaths; the five countries reporting most deaths are India (440 752), Indonesia (135 861), Iran (110 064), Philippines (34 234) and Bangladesh (26 563).
America: 2 129 494 deaths; the five countries reporting most deaths are United States (648 474), Brazil (583 628), Mexico (263 470), Peru (198 523) and Colombia (125 331).
Europe: 1 260 972 deaths; the five countries reporting most deaths are Russia (187 990), United Kingdom (133 229), Italy (129 515), France (114 905) and Germany (92 354).
Oceania: 2 407 deaths; the five countries reporting most deaths are Australia (1 039), Fiji (508), French Polynesia (480), Papua New Guinea (192) and Guam (151).
Other: Six deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 35 2021, 37 152 815 cases have been reported in the EU/EEA: France (6 836 452), Spain (4 887 394), Italy (4 571 440), Germany (4 010 390), Poland (2 890 666), Netherlands (1 954 172), Czechia (1 680 697), Belgium (1 196 962), Sweden (1 131 413), Romania (1 107 043), Portugal (1 047 710), Hungary (813 688), Slovakia (781 556), Austria (692 567), Greece (599 951), Bulgaria (462 033), Croatia (378 022), Ireland (356 819), Denmark (349 440), Lithuania (303 692), Slovenia (271 419), Norway (167 251), Latvia (144 518), Estonia (144 001), Finland (130 102), Cyprus (116 397), Luxembourg (76 102), Malta (36 512), Iceland (11 063) and Liechtenstein (3 343).

As of week 35 2021, 757 489 deaths have been reported in the EU/EEA: Italy (129 515), France (114 905), Germany (92 354), Spain (84 928), Poland (75 379), Romania (34 714), Czechia (30 406), Hungary (30 070), Belgium (25 419), Bulgaria (19 115), Netherlands (18 037), Portugal (17 810), Sweden (14 699), Greece (13 886), Slovakia (12 551), Austria (10 589), Croatia (8 375), Ireland (5 112), Slovenia (4 781), Lithuania (4 623), Denmark (2 592), Latvia (2 585), Estonia (1 302), Finland (1 038), Luxembourg (830), Norway (822), Cyprus (515), Malta (445), Liechtenstein (59) and Iceland (33).

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

In week 35 2021, overall, the reported weekly cases decreased by 8.1% compared to the previous week. The highest weekly

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increase was observed in Liechtenstein, Latvia, Slovakia, and Romania. The countries with the highest 14-day notification rate were: Ireland (482), Cyprus (459), Greece (412), France (403) and Estonia (334). Fourteen of 29 EU/EEA countries (Netherlands, Finland, Belgium, Estonia, Ireland, Italy, Greece, France, Spain, Portugal, Cyprus, Denmark, Iceland, Luxembourg) reported a decrease in the weekly cases.

At the end of week 35 (week ending Sunday 5 September 2021), the overall epidemiological situation in the EU/EEA was characterised by a high, slowly decreasing overall case notification rate and a low, slowly increasing death rate with case and death notification rates forecast to remain stable over the next two weeks. Hospitalisations and ICU admissions are forecast to increase slightly. Case notification rates among those aged 15 to 24 years, the most affected age group, have continued to decrease across the EU/EEA. This is in contrast to case notification rates among children under 15 years of age, which is the only age group with a clearly increasing trend. The picture varies at the Member State level, and several countries are reporting increases in severity indicators including cases in older age groups, hospitalisation and mortality.

The overall COVID-19 case notification rate for the EU/EEA was 187.0 per 100 000 population (198.9 the previous week). This rate has been decreasing for one week. The 14-day COVID-19 death rate (14.5 deaths per million population, compared with 12.7 deaths the previous week) has been increasing for five weeks. Of 29 countries with data on hospital/ICU admissions or occupancy up to week 35, 16 reported an increasing trend in at least one of these indicators compared to the previous week.

ECDC's assessment of each country's epidemiological situation derives from a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 35, the epidemiological situation in the EU/EEA overall was categorised as of low concern (of moderate concern the previous week). One country was categorised as of very high concern, four countries as of high concern, 13 countries as of moderate concern, 11 countries as of low concern and one countries as of very low concern. Compared to the previous week, five countries (Finland, Liechtenstein, Lithuania, Poland and Slovenia) moved to a higher category, six countries (Iceland, Italy, Luxembourg, Portugal, Spain and Sweden) moved to a lower category and 19 countries stayed in the same category.

By the end of week 35, the median cumulative uptake of at least one vaccine dose among adults aged 18 years and older was 76.5% (country range: 22.5–96.2%). The median cumulative uptake of full vaccination among adults aged 18 years and older was 70.6% (country range: 20.7–91.1%).

The estimated distribution (median and range of values from 15 countries for weeks 33 to 34, 16 August to 29 August 2021) of variants of concern (VOC) was 99.5% (84.7–100.0%) for B.1.617.2 (Delta), 0.0% (0.0–0.5%) for P.1 (Gamma) and 0.0% (0.0–0.3%) for B.1.351 (Beta). The distribution was 0.2% (0.0–1.7%) for B.1.1.7 (Alpha), which has been downgraded from the list of VOCs.

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

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh and eight 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 and 14 July 2021, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

For the most recent risk assessment, please visit ECDC's dedicated webpage.

Actions

Actions: ECDC published the 15th update of its rapid risk assessment on 10 June 2021 and a Threat Assessment Brief on the implications of the circulation of SARS-CoV-2 Delta on 23 June 2021. A dashboard with the latest updates is available on ECDC's website.

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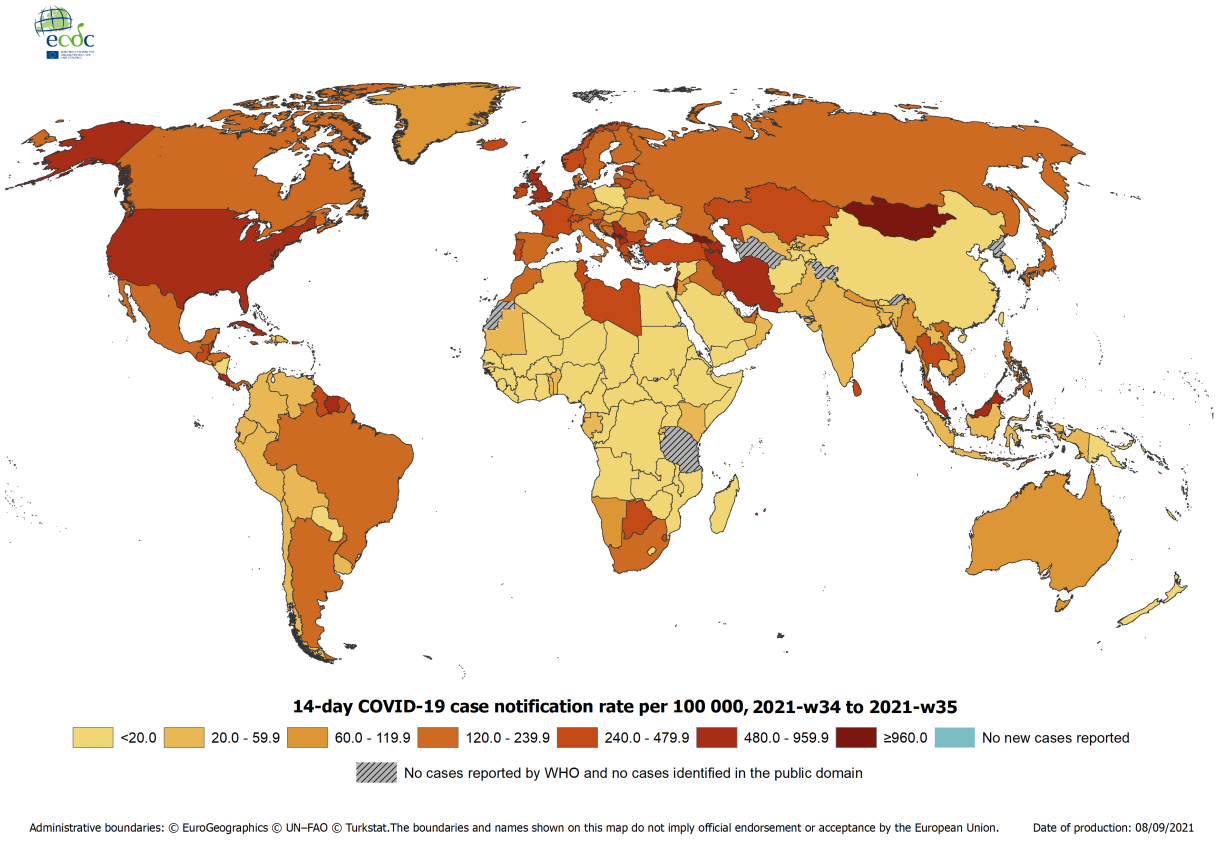
Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2021-w34 to 2021-w35

'Source: ECDC'



New! Nipah virus – India – 2021

Opening date: 9 September 2021 Latest update: 10 September 2021

Epidemiological summary

A case of Nipah virus infection was reported in a 12-year-old boy on 4 September 2021, in Kozhikode, Kerala state, India. The case was hospitalised on 29 August 2021 and has since died. As of 8 September 2021, media quoting health authorities stated that test results for 30 close contacts of the index case – including the boy's parents and healthcare workers that treated him – were confirmed to be negative. Samples from other close contacts continue to be sent for testing. According to an official government statement on 7 September 2021, a total of 122 close contacts have been identified, with 68 individuals in stable condition under isolation at Kozhikode Medical College. A team from the National Institute of Virology in Pune is tasked with collecting samples from bats and other animals to ascertain the source of the virus, as part of the Nipah outbreak management plan implemented by the State of Kerala since 5 September 2021.

Background: Nipah virus (NiV) is a highly pathogenic virus of the family Paramyxoviridae, genus Henipavirus. It was first isolated and identified in 1999 during an outbreak in Malaysia and Singapore. Since then, several outbreaks of NiV infection in

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Southern and South-Eastern Asia were reported, most cases being reported from Bangladesh. Prior to this outbreak, India experienced NiV infection outbreaks in 2001, 2007 (West Bengal) and in 2018 (Kerala). NiV is most commonly transmitted from fruit bats, which are the natural reservoir, through direct or indirect contact with excretions of the bats. Human-to-human transmission has been reported while caring for infected patients. In addition, pigs may become infected; in Malaysia and Singapore, NiV infection among humans was associated with close contact with infected pigs. The case-fatality rate is estimated at 40% to 75%. Treatment is limited to supportive care and a vaccine is not available.

Sources: Kerala Health and Family Welfare Department, Facebook Kerala Health Services, media, Government of Kerala, media, OIE, WHO

ECDC assessment

At the moment, the outbreak is localised and a Nipah outbreak management plan is implemented in the area. The risk for EU/EEA citizens travelling to or living in Kozhikode, Kerala state is low. Travellers should avoid direct and indirect exposure to (sick) pigs and bats in endemic and epidemic areas. Travellers should avoid drinking raw date palm sap, as it is known to be possibly contaminated with NiV.

Actions

ECDC is monitoring this event through epidemic intelligence activities.

New! Meningitis – Democratic Republic of the Congo – 2021

Opening date: 10 September 2021 Latest update: 10 September 2021

Epidemiological summary

On 8 September 2021, the Democratic Republic of the Congo declared an outbreak of meningitis in the north-eastern Tshopo Province, with 261 suspected cases and 129 deaths reported (case fatality ratio (CFR): 49%). Confirmatory tests carried out by Institut Pasteur in Paris detected *Neisseria meningitidis,* one of the most frequent types of bacterial meningitis with the potential to cause large epidemics. Health authorities have deployed an initial emergency team and the World Health Organization (WHO) is supporting the response. A crisis response committee has been set up in Banalia, the community affected by the outbreak, as well as in Kisangani, the capital of Tshopo, to accelerate the outbreak control efforts. WHO has provided medical supplies in Banalia and plans to deploy more experts and resources.

Background: Meningitis is a serious infection of the meninges, the membranes covering the brain and spinal cord. The disease can be caused by many different pathogens including bacteria, fungi or viruses, but the highest global burden is seen with bacterial meningitis. Several different bacteria can cause meningitis. *Streptococcus pneumoniae, Haemophilus influenzae* and *Neisseria meningitidis* are the most frequent ones. *N. meningitidis*, causing meningococcal meningitis, is the one with the potential to produce large epidemics. There are 12 serogroups of *N. meningitidis* that have been identified, six of which (A, B, C, W, X and Y) can cause epidemics. Meningococcal meningitis can affect anyone of any age, but mainly affects babies, preschool children and young people. The disease can occur in a range of situations, from sporadic cases and small clusters to large epidemics throughout the world, with seasonal variations. Geographic distribution and epidemic potential differ according to serogroup. The largest burden of meningococcal meningitis occurs in the meningitis belt, an area of sub-Saharan Africa, which stretches from Senegal in the west to Ethiopia in the east and comprises 26 countries.

Sources: World Health Organization [1] [2]

ECDC assessment

Meningitis outbreaks have occurred in several provinces of the Democratic Republic of Congo in the past. In 2009, an outbreak in Kisangani infected 214 people and caused 15 deaths (case fatality ratio: 8%). More than 1.6 million people aged between one and 29 years were vaccinated in a large campaign in 2016 in Tshopo. The risk to EU/EEA citizens is low.

Actions

ECDC will monitor the epidemiological situation through epidemic intelligence activities.

New! Plague – Madagascar – 2021

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Opening date: 9 September 2021 Latest update: 10 September 2021

Epidemiological summary

On 29 August 2021, an alert was made by the health authorities of the Arivonimamo district, in the Itasy region of Madagascar, regarding cases of pneumonic plague. As of 3 September 2021, a total of 30 cases of pneumonic plague, including 12 confirmed cases and seven deaths (CFR=23%), have been reported.

According to media, the first case was in a patient who died in the week starting 23 August 2021, but was not reported by relatives. A second person died in the same family a week later. According to the same report, the Ministry of Public Health confirmed a diagnosis of pneumonic plague.

Media quoting the Madagascar Ministry of Health reports that the seven deaths occurred in the municipality of Miandrandra. Of these, three died in hospital and four in the community. Twenty-two other patients are being treated.

The municipality of Miandrandra is in the Arivonimamo district, Itasy region of Madagascar, in the centre of the island and 40 km southwest of the capital, Antananarivo. The municipality has been quarantined. Internal movement is banned for residents of the six municipalities of the Arivonimamo district.

Active case finding and chemoprophylaxis for high-risk contacts are ongoing. Further activities include: regular meetings of the plague control committees at regional and health district levels; mass sensitisation activities; contact tracing; and vector and animal reservoir control activities. An awareness campaign is being carried out in parallel about the practice of *famadihana*, or ceremony of turning the dead, considered as one of the possible mechanisms of spreading the disease.

Background: Plague is endemic in Madagascar. The last large outbreak of plague in Madagascar in 2017 resulted in 2 417 confirmed, probable and suspected cases, including 209 deaths (case fatality rate 8.7%) reported from 57 of 114 districts in the country. Of these, 1 854 (77%) were clinically classified as pneumonic plague, 355 (15%) were bubonic plague, one was septicaemic and 207 were not classified. At least 81 healthcare workers contracted plague during the outbreak. Of the 1 854 clinical cases of pneumonic plague, 390 (21%) were confirmed.

For more information about the disease visit ECDC's factsheet about plague.

Sources: media 1, media 2, Facebook Ministry of Health 1, Facebook Ministry of Health 2 , WHO

ECDC assessment

While plague outbreaks in Madagascar are not unexpected, pneumonic plague is of concern due to its potential for spreading via human-to-human transmission, especially in densely populated areas. The risk to EU/EEA citizens is low.

Actions

ECDC monitors the plague epidemiological situation worldwide through epidemic intelligence activities and reports when relevant.

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

Opening date: 9 December 2019 Latest update: 10 September 2021

Epidemiological summary

Wild poliovirus:
In 2021 overall, as of 7 September, two cases of WPV1 have been reported from two endemic countries: Afghanistan (1) and Pakistan (1). In 2020, a total of 140 cases have been reported from Pakistan (84) and Afghanistan (56).

Circulating vaccine-derived poliovirus (cVDPV):
In 2020 overall, and as of 7 September 2021, 34 cases of cVDPV1 have been reported by Yemen (31), Madagascar (2) and Malaysia (1). In addition, 1 072 cases of cVDPV2 have been reported from 24 countries: Afghanistan (308), Pakistan (135), Chad (99), Democratic Republic of the Congo (81), Burkina Faso (65), Côte D'Ivoire (61), Sudan (58), Mali (51), South Sudan (50), Guinea (44), Ethiopia (36), Somalia (14), Ghana (12), Sierra Leone (10), Niger (10), Togo (9), Nigeria (8), Cameroon (7), Central African Republic (4), Angola (3), Benin (3), Congo (2), Philippines (1) and Tajikistan (1). No cases of cVDPV3 have been reported.

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Link to ECDC CDTR web page – including related PowerPoint© slides

In 2021 overall, and as of 7 September 2021, nine cases of cVDPV1 have been reported by Madagascar (6) and Yemen (3). In addition, 285 cases of cVDPV2 have been reported from 14 countries: Nigeria (141), Afghanistan (43), Tajikistan (32), Senegal (13), Democratic Republic of the Congo (10), South Sudan (9), Ethiopia (9), Pakistan (8), Guinea (6), Sierra Leone (5), Liberia (3), Congo (2), Benin (2) and Burkina Faso (2). No cases of cVDPV3 have been reported to date this year.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue to the extent possible to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Sources: Global Polio Eradication Initiative | ECDC | ECDC Polio interactive map | WHO DON | WPV3 eradication certificate

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, the risk of the virus being reintroduced into Europe remains as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis is not eradicated. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak. According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to suboptimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the concerning occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in the pockets of under-immunised populations.

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

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. The agency 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 an interactive map showing countries that are still endemic for polio and that have ongoing outbreaks of cVDPV.

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

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