WEEKLY BULLETIN

Communicable Disease Threats Report

Week 6, 5 - 11 February 2023

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1. Weekly summary

Group A streptococcal infection - Multi-country - 2022 - 2023

- An increase in iGAS cases has been observed recently in Croatia compared to previous seasons.
- A decrease in iGAS cases has been observed in the United Kingdom since week 52. Since the start of the season, 1 898 iGAS cases have been notified, including 235 fatalities.

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

- Measles activity continues to be low in the EU/EEA. For January–December 2022 (data access 7 February 2023), a total of 127 confirmed cases of measles were reported to TESSy by 15 EU/EEA countries.
- Globally, cases have been reported in Ukraine and ongoing outbreaks are being reported in different WHO Regions (AFRO, PAHO), including the Democratic Republic of the Congo, South Sudan, Paraguay and Ecuador.

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

- In the week ending 5 February, the COVID-19 epidemiological situation in the EU/EEA remained stable. Case numbers in the general population and in long-term care facilities, pooled rates of case notification (all-age and among those aged 65 years and above), hospital and ICU admission and COVID-19 deaths have declined to the lowest levels observed in the past 12 months.
- As of 10 February 2023, 30 451 sequences have been deposited in GISAID EpiCoV belonging to XBB.1.5 lineage. Most of these submissions are from the United States (22 726 sequences), and the United Kingdom (1 957 sequences). Increasing proportions of XBB.1.5 have been observed in most of the EU/EEA countries.
- According to China CDC's latest update on 8 February 2023, the number of COVID-19 cases continue to decrease following the peak around the end of December 2022.

Influenza – Multi-country – Monitoring 2022/2023 season

- Influenza activity had been decreasing across the Region since week 51/2022, with a slight increase in positivity in sentinel primary care observed in week 5/2023 related to type B virus circulation.
- Countries are experiencing a mixed distribution of circulating viruses with increasing circulation of A(H1)pdm09 and type B viruses.
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens but with similar proportions of A(H1)pdm09 and A(H3) viruses in non-sentinel specimens.
- Type A viruses (mostly not subtyped) have been detected in hospitalized patients in ICU and other wards and influenza A(H1)pdm09 viruses have dominated in SARI specimens.

Recall of the antibiotic Dicillin from Sandoz in Denmark

- The Danish Medicines Agency has reported 9 cases of infection with a multidrug-resistant carbapenemase-producing pathogen in patients treated with Dicillin 500 mg produced from the company Sandoz.
- While further investigation are ongoing to determine whether one or several batches are involved, Sandoz has recalled all Dicillin packages and put them in quarantine.
- There is a possibility of further cases being detected in the coming weeks in countries where contaminated batches of Dicillin have been distributed and sold.

Earthquake - Türkiye, Syria - 2023

- On 6 February 2023, a major earthquake of 7.8- Richter Scale magnitude and several aftershocks struck south-eastern Türkiye and northern Syria.
- Over 15 000 people died and more than 75 000 people were reported injured.
- The situation prompted a global humanitarian response at the request of the Turkish Government.

2. Group A streptococcal infection - Multi-country - 2022 - 2023

Overview:

Update

Since the previous report, the following countries have reported updates on invasive group A streptococcal disease (iGAS):

United Kingdom: On 29 January 2023, the UK Health Security Agency (UK HSA) published an update on scarlet fever, reporting 2 583 new cases. The UK HSA is still describing an exceptional level of activity at this early point in the season. Since the start of the season, a total of 41 012 cases of scarlet fever have been notified, from week 37 to week four (season 2022 to 2023), peaking in week 49 before Christmas at 9 886 notified cases. The last peak season for scarlet fever notifications was 2017-2018, with a total of 30 768 notified cases.

A total of 1 898 iGAS cases have been reported this season through laboratory surveillance, peaking in week 52 with 226 notified cases. A decline in weekly laboratory notifications has been observed since week 52. The last comparably high season was observed in 2017-2018, with a total of 2 967 notified cases.

There have been 235 iGAS-related fatalities recorded across all age groups. Among these, 63% (n=149) were recorded in people aged 65 years and over, and 10% (n=24) in children aged 10 years and under.

Croatia: On 1 February 2023, media quoting Croatian health authorities reported that there had been 15 cases of iGAS in Croatia, including four associated fatalities, during the current season. According to Croatian health authorities, this entails an increase in iGAS cases compared to previous seasons, where one or two cases per season were reported. On 11 January 2023, the Croatian Institute for Public Health (HZJZ) published recommendations for treatment of beta haemolytic streptococci Group A.

Summary

On 2 December 2022, an increase in iGAS and scarlet fever notifications caused by diverse emm types was observed in the EU/EEA and the UK, including associated fatalities. Following the first notice on the increase of iGAS and scarlet fever notifications, retrospective studies on surveillance data showed an increase in iGAS and scarlet fever since the beginning of 2022 in some EU/EEA countries. Other countries outside the EU/EEA have also issued alerts on recent increases in iGAS among children. In the EU/EEA, the increase in iGAS notifications has been reported by France, Ireland, the Netherlands, and Denmark. Other EU/EEA countries have reported an increase in iGAS cases compared to previous season, but with a lower incidence than before the pandemic.

The age groups most affected are children <10 years old and people aged >65 years. According to available data, consultations for scarlet fever and iGAS notifications peaked in the pre-Christmas period in December 2022, followed by a decreasing trend in January 2023.

On 12 December 2022, ECDC published a news item in collaboration with WHO's Regional Office for Europe advising countries to remain vigilant against increases in GAS and iGAS infections and to increase awareness among healthcare professionals and parents of young children.

ECDC assessment:
Group A streptococcus (GAS) is considered the most common cause of bacterial pharyngitis in school-aged children. It may also affect their younger siblings. The incidence of GAS pharyngitis usually peaks during winter months and early spring. Outbreaks in kindergartens and schools are frequently reported. GAS pharyngitis is easily diagnosed by a rapid antigen detection test (Rapid Strep) and/or bacterial culture and treated with antibiotics and supportive care. Good hand hygiene and general personal hygiene (e.g. avoid sharing utensils, drinking glasses and personal items, etc.) can help to control transmission within these settings.

Invasive GAS (iGAS) infections are rare life-threatening systematic infections, complicating simple scarlet fever or pharyngitis. Children recovering from viral infections (e.g. varicella (chickenpox), influenza, etc.) are at higher risk of developing iGAS infection.

Neither GAS, nor iGAS infections are notifiable at the EU level, and as a result, the ability to assess increased circulation in EU/EEA countries is limited. However, WHO and ECDC currently assess that the risk posed by iGAS to the general population is low, given that the current increase in iGAS cases is relatively low overall, the reported cases are not caused by a new strain, and the disease is easily treatable with antibiotics.

This season, typing data suggest that the surge of cases is not related to a specific or new strain or an increase in antibiotic resistance of GAS. The most common emm types reported are emm 1 and emm 12. Countries experiencing an increased number of cases are encouraged to share any emm-typing, M-typing, multilocus sequence typing (MLST), and/or whole genome sequencing (WGS) data via the related EpiPulse event page.

Actions:
ECDC has opened an Epipulse item and has invited EU/EEA countries and the UK to share information on GAS and iGAS infections. In addition, in collaboration with WHO's Regional Office for Europe, EU/EEA countries and the UK have been contacted by ECDC through EpiPulse about the current situation related to GAS and iGAS infections.

In collaboration with WHO's Regional Office for Europe, ECDC has also published a news item advising countries to maintain vigilance against increases in GAS and iGAS infections, and to increase awareness among healthcare professionals and parents of young children.

ECDC is continuing to monitor this event through its epidemic intelligence activities and will report when relevant epidemiological updates are available.

3. Measles - Multi-country (World) - Monitoring European outbreaks

Overview:
From January to December 2022, 15 EU/EEA countries reported 127 confirmed cases of measles to TESSy (detailed data available in ECDC Surveillance Atlas of Infectious Diseases). The most recent cases in December 2022 were reported in Belgium (6), Poland (3), Romania (2), Germany (1), Spain (1) and Italy (1).

As of 8 February 2023, complementary epidemic intelligence surveillance of official public sources and media sources had not detected any measles outbreaks in the EU/EEA. Two EU/EEA countries have reported 17 suspected and/or confirmed cases of measles in the past month: Germany (14), Slovakia (2), Spain (1). Other countries did not report new cases of measles or updates for previous periods.
No measles-related deaths have been reported in the EU/EEA in 2022 and in 2023 to date, based on TESSy and epidemic intelligence data.

Relevant updates outside the EU/EEA are available for Ukraine, Paraguay and Ecuador, as well WHO Regional Office for Europe (WHO Europe), WHO Africa (WHO AFRO) and WHO Pan American Health Organization (PAHO). No updates were available for WHO Regional Office for 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 based on information made publicly available by 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 The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.*

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

Germany reported 14 suspected and confirmed cases in week 5, 2023 (ending 5 February 2023) an increase of 11 cases since week 1 of 2023 (ending 8 January 2023). *(Note: the number provided in this report includes suspected cases and is therefore higher than the number provided to TESSy).*

Slovakia on 08 February 2023, reported about confirmed measles in two unvaccinated children a two-years-old and a nine-months-old, both in Bratislava. One of the children has travel history abroad and the other was supposedly infected at an emergency room in Bratislava on 18 January 2023. Both children were treated in hospital. Vaccination coverage with MMR in Bratislava region for birth cohorts from 2020 and 2019 are 94.3% and 95.4%, respectively.

Spain reported one case in January 2023, according to its weekly national bulletin number 5.

Relevant epidemiological summary for countries outside the EU/EEA

Ukraine reported a total of 11 cases in the period January-December 2022, an increase of two cases since November 2022.

Paraguay reported its first case of measles since 1998. The case is a 14-month-old boy from Itapúa Department who developed rash and fever on 15 September 2022. The boy had no travel history and had received one dose of MMR on 12 September 2022. He had had contact with a young family member who had reportedly had an 'allergic reaction' and a travel history to Argentina. In 2021, measles vaccination coverage for the first and second dose of MMR in Paraguay was 56% and 55%, respectively.

Ecuador activated the national committee for measles outbreak control on 27 November 2022, following the detection of 11 suspected measles cases in the country.

According to WHO Regional Office for Europe (WHO Europe) data for the period January–November 2022 (data access 8 February 2023), a total of 824 cases of measles were reported in the Region. Of these, 724 were repored in the following non-EU/EEA countries: Albania (1), Azerbaijan(1), Bosnia and Herzegovina (6), Georgia (12), Kazakhstan (10), Kyrgyzstan (10), Russia (72)*, Tajikistan (451)*, Türkiye (96), Ukraine (9), United Kingdom (48), and Uzbekistan (8). According to the same report, in the EU/EEA 100 confirmed cases were reported in Austria (1), Belgium (12), Bulgaria (1), Finland (1), France (20), Germany (13), Greece (1), Ireland (2), Italy (9), the Netherlands (1), Norway (1), Poland (25), Romania (9)* and Sweden (4).

* the most recent cases reported in December 2022.

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

According to a report from WHO Regional Office for Africa (AFRO), as of 29 January 2023 (week 5), cases and outbreaks of measles, in 2022 and 2023, had been reported by the following countries: Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Niger, Senegal (cases reported in January 2023), Sierra Leone, South Africa, South Sudan (cases reported in January 2023), Zambia, Zimbabwe. Due to varying reporting periods by the countries, please visit the latest available weekly bulletin.

According to a WHO Pan American Health Organization (PAHO) report (Vol. 29, No. 01-02), in week 1-2, 2023 (ending 14 January 2023), there were no cases reported. In 2022, overall 166 cases were reported in five countries: the United States of America (118), Brazil (42), Canada (3), Argentina (2), and Ecuador (1).

ECDC assessment:

The substantial decline in measles cases reported by EU/EEA countries after March 2020, which has continued through 2022 and into 2023, contrasts with the usual annual and seasonal pattern for measles which peaks during 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 observed decline in cases. The lifting of non-pharmaceutical interventions related to the COVID-19 pandemic could lead to measles outbreaks in the EU/EEA. 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 monitors the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from The European Surveillance System (TESSy), routinely submitted by 29 EU/EEA countries. ECDC published a risk assessment entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

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

Summary:
In the week ending 5 February, the COVID-19 epidemiological situation in the EU/EEA remained stable based on the data reported. Following the decreases in transmission observed after December 2022, in both the general population and long-term care facilities, pooled rates of case notification (all-age and among those aged 65 years and above), hospital, ICU admission and COVID-19-related deaths remained at the lowest levels observed in the past 12 months.

While the overall situation in the EU/EEA continued to improve in most of the epidemiological indicators, increases in case notification rates among those aged 65 years and above were reported by five of 28 countries. Ten out of 30 countries reported increases in the all-age notification rates. Also, five out of 24 countries with data on hospital or ICU admissions/occupancy reported increases. However, these increases were recent (of one week's duration) and the indicators remained relatively low in the affected countries.

Despite the stable epidemiological situation, severe COVID-19 disease continues to burden healthcare systems in the EU/EEA. The rate of COVID-19 patients in hospitals and ICUs in the EU/EEA were 28% and 19%, respectively, of the maximum reported levels during the pandemic. Furthermore, a total of 887 COVID-19-related deaths were reported from 276 EU/EEA countries in week 5.

This highlights the importance of booster doses of COVID-19 vaccines, particularly among vulnerable groups. Based on data reported in week 3, 2023, the cumulative uptake of a second booster was 35.0% (country range: 0.3–86.5%) among people aged 60 years and above, in the EU/EEA.

Among the seven countries with an adequate volume of sequencing or genotyping for weeks 3–4 (16 January to 29 January 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 42.6% (38.6–70.6% from six countries) for BQ.1, 22.9% (9.4–32.3% from seven countries) for BA.2.75, 14.8% (7.1–70.1% from seven countries) for BA.5, 7.4% (4.9–14.6% from five countries) for XBB.1.5, 2.2% (1.4–11.7% from six countries) for XBB, 1.1% (0.1–2.8% from seven countries) for BA.2, and 0.4% (0.1–0.9%, 28 detections from five countries) for BA.4.

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

Weekly update on SARS-CoV-2 variants:
Since the last update on 26 January 2022 and as of 9 February 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

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

ECDC assessment of the XBB.1.5 sub-lineage
XBB.1.5 is a sub-lineage of XBB with an additional spike RBD mutation S486P. This lineage was first detected in the United States with the sample collection dated from 22 October 2022, and this lineage has been seen increasing in numbers since then. The parental lineage XBB and its sub-lineages including XBB.1.5 are categorised as a variant of interest (VOI) [1].

As of 10 February 2023, 30 451 sequences have been deposited in GISAID EpiCoV belonging to XBB.1.5 lineage. Most of these submissions are from the United States (22 726 sequences), and the United Kingdom (1 957 sequences).

The US CDC nowcast system estimates the current proportion of the variant around 66.4% (previous week 55.9%) in the USA. For the last week with complete data (week 2 2023), the US CDC reports 34% XBB.1.5 (previous week 21%).

This lineage is currently estimated to have a large growth advantage relative to previously circulating lineages in North America (65%) and Europe (78%) (estimates provided by CoV-spectrum based on data from GISAID EpiCoV), though these estimates are associated with significant uncertainty. The US CDC reports a doubling time of the proportion of XBB.1.5 of nine days. The rapid growth in the US does not necessarily mean that the variant will become dominant in the EU/EEA, major differences in variant circulation between North America and Europe have been observed several times before during the pandemic.

The most likely explanation of the growth advantage is the already high level of immune escape demonstrated by XBB, combined with the effect of the spike change S486P. This mutation has previously been rare during the pandemic, probably due to it requiring two nucleotide substitutions in the same codon to change from Phenylalanine to Proline. Other variants with this change have however emerged before without becoming successful. A recent preprint demonstrates that XBB.1.5 is not associated with a higher reduction in neutralisation

by vaccine and convalescent sera compared to XBB.1, but that it is associated with a higher ACE2 affinity, which could indicate that the advantage of XBB.1.5 compared to XBB.1 could be caused by an increase in intrinsic transmissibility. Further laboratory and epidemiological investigations are required to elucidate the mechanism of the growth advantage conferred by this change specifically in the XBB variant. There is currently not enough information available to assess any change in infection severity associated with the variant.

Based on GISAID EpiCoV data as of 6 February 2023, XBB.1.5 is increasing in proportions in most EU/EEA countries with adequate sequence reporting volume. The estimated proportions for week 3 2023 and week 2 2023 (in parenthesis) are: Austria 4.8% (3.4%), Belgium 2.5% (3.3%), Denmark 6.8% (2.9%), Finland 2.1% (5.3%), France 8.0% (2.7%), Germany 7.3% (4.2%), Iceland 12% (7.3%), Ireland 19% (15%), Italy 4.3% (1.4%), Luxembourg 9.6% (4.7%), Netherlands 11% (7.6%), Poland 0% (3.3%), Slovenia 12% (14%), Spain 8.3% (6.9%) and Sweden 3% (2.1%). The presence of XBB.1.5 in the EU/EEA accounts a median proportion of 6.9% (range: 0-27%) in the countries that reported data for week 3 2023.

There is a risk that this variant may have an increasing effect on the number of cases of COVID-19 in the EU/EEA, but not within the coming month as the variant is currently only present at very low levels. Due to uncertainties associated with the growth rate of the variant this assessment is associated with a high degree of uncertainty. A threat assessment brief on XBB.1.5 has been published 13 January 2023.

Other News

On 7 February 2023, Spain's Ministry of Health issued a legislative decree lifting the mandatory use of masks for passengers on public transport in the country. As of 8 February 2023, masks only remain mandatory in healthcare settings, pharmacies, and long-term care facilities.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

The third, fourth, fifth, sixth, seventh, 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.

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

Please refer to the data reported by 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:
For the most recent risk assessment, please visit ECDC's dedicated webpage.

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

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.

ECDC invites countries to use the EpiPulse event on BQ.1 and sub-lineages to discuss and share information on this variant as it becomes available. Of particular interest is information on virus characterisation and evidence regarding changes in disease severity, virus transmissibility, immune evasion, and effects on diagnostics and therapeutics. Case reporting should continue through TESSy.

COVID-19 associated with SARS-CoV-2 – China – 2022 - 2023

Sources: China CDC, media, media, media, media, GISAID

Update
On 8 February 2023, China CDC published an epidemiological update on the COVID-19 situation in mainland China until 6 February 2023. According to the report, the number of positive nucleic acid and antigen tests continue to decrease following the peak around the end of December 2022.

According to the most recent epidemiological update, there were 2000 severe COVID-19 cases hospitalised on 6 February 2023 (98.1% decrease from the 128 000 severe cases hospitalised during the peak on 5 January 2023). There were 102 deaths reported in hospitals on 6 February (97.6% decrease compared to the peak on 4 January 2023). There is a continuing decreasing trend in hospitalisations and deaths.

According to the WHO COVID-19 Dashboard, since 3 January 2020 and as of 9 February 2023, a total of 98 726 098 COVID-19 confirmed cases and 117 743 deaths have been reported to WHO (including Taiwan and Special Administrative Regions).

Information on variants from public sources
From 1 January 2022 to 10 February 2023, China has deposited 10 543 sequences. As of 10 February 2023, of the total 11 179 sequences submitted from China, 4 170 had recent sample collection dates between 1 January 2022 and 7 February 2023 in GISAID EpiCoV. 4.9% of these sequences are reported local cases, 0.1% are imported cases and 95% are not reported as either local or imported. These sequences mainly belonged to the lineages BA.5.2.48 (61.4%), BF.7.14 (27.1%), BA.5.2.49 (6.9%). Other lineages (including their sub-lineages) circulating in minor proportions include - BA.5.2 (3.5%), BF.7 (0.4%), BA.5.1 (0.4%), BA.2.75 sub-lineages including BN.1 and CH.1.1 (0.2%) and BQ.1 (0.1%).

Several new sub-lineages of Omicron have been assigned from sequence data released by China, which is expected as the virus accumulates random mutations. Most of these lineages carry no spike protein changes compared to previously known lineages, while a few sub-lineages of BF.7 carry single spike protein changes, a part of BF.7.14.1 carries V83F, BF.7.14.2 carries Q14H and BF.7.14.3 carries S626V. None of these changes are likely to provide the virus with a substantial transmission advantage and none of the associated lineages show signs of rapid expansion.

On 4 January 2023, a statement was issued by the WHO Technical Advisory Group on Virus Evolution (TAG-VE) that met on 3 January 2023.

Summary
The number of COVID-19 cases has reached record levels in mainland China. There continues to be limited data on COVID-19 cases, hospital admissions, deaths and ICU capacity and occupancy in China. High levels of SARS-CoV-2 infections and increased pressure on healthcare services in China are anticipated due to low population immunity and the relaxation of non-pharmaceutical interventions. Projection models published by the Institute for Health Metrics and Evaluation at the University of Washington anticipate steep increases in infections, hospitalisations, and deaths through April 2023. However, in the absence of more detailed and timely data from official sources on epidemiological indicators and sequencing, the public health impact, and the size and severity of the current surge of COVID-19 cases are difficult to assess.

Assessment

ECDC Assessment for the European Union (EU) / European Economic Area (EEA)
Given the higher population immunity in the EU/EEA, and the fact that the variants currently circulating in China have already been circulating in the EU/EEA, the current surge in cases of these variants in China is not expected to have any significant impact on the COVID-19 epidemiological situation in the EU/EEA. There are currently no data suggesting the emergence of new variants of concern in China. The ECDC assessment is based on the information currently available. ECDC will revisit its assessments as new information becomes available.

ECDC Actions
ECDC liaises on a regular basis with the European Commission and the Member States in the Health Security Committee.

ECDC is in contact with the China CDC on a regular basis to receive updated information on the epidemiological situation. ECDC is also in contact with the Public Health Agency of Canada (PHAC), the Japanese CDC, the Australian CDC, the US CDC as well as the WHO headquarters and the WHO Regional Office for Europe to cross-check and validate data and assessments with partners outside of China, including on sequencing data from Chinese travellers.

ECDC continues to routinely monitor and report on emerging SARS-CoV-2 variant threats via its Strategic Analysis of Variants in Europe (SAVE) Working Group, where variants and epidemiological trends in the EU/EEA as well as worldwide will continue to be evaluated. ECDC participates in the global WHO Technical Advisory Group on Virus Evolution (TAG-VE).

5. Influenza – Multi-country – Monitoring 2022/2023 season

Week 5/2023 (30 January-05 February 2023)

- The percentage of sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus remained above the epidemic threshold (10%) and increased to 24% from 22% in the previous week.
- 33 of 38 countries or areas reported high or medium intensity and/or widespread activity indicating substantial seasonal influenza virus circulation across the Region.
- Netherlands, Romania, France, Slovenia, Slovakia, Israel, and Ukraine reported seasonal influenza activity above 40% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected with A(H1)pdm09 viruses being dominant across all monitoring systems.
- Hospitalized patients with confirmed influenza virus infection were reported from ICU, other wards (with mainly influenza type A viruses reported) and SARI surveillance (with mainly influenza A(H1)pdm09 subtype viruses reported). Eight countries or areas reported influenza positivity rates above 10% in SARI surveillance.

Source: **Flu News Europe**

ECDC assessment:
Seasonal influenza activity is still widespread in the EU/EEA with a slight increase in positivity in sentinel primary care observed in week 5/2023 related to type B virus circulation. Influenza activity peaked in week 51, 2022 in the EU/EEA.

Actions:
ECDC and WHO monitor influenza activity in the WHO European Region. Data are available on the **Flu News Europe** website.

6. Recall of antibiotic Dicillin from Sandoz in Denmark

Overview:
On 6 February 2023, the Danish Medicines Agency published a news item regarding the recall of Dicillin (dicloxacillin) capsules 500 mg (Sandoz) from the Danish market. The Agency reported that nine non-related patients, treated with Dicillin 500 mg produced by the company Sandoz, had been infected with a multidrug-resistant carbapenemase-producing pathogen. It is likely that the pathogen contaminated the capsules. The pathogen was detected in the patients between October 2022 and January 2023 and one single batch of Dicillin, manufactured in September 2022, is currently suspected to be contaminated. While further investigations are ongoing to determine whether one or several batches are involved, Sandoz, the company marketing Dicillin, has recalled all Dicillin packages and put them in quarantine.

ECDC assessment:
There is a possibility of further cases being detected in the coming weeks in countries where this batch of Dicillin has been distributed and sold.

Actions:

- ECDC is in contact with EMA.
- ECDC is monitoring this event through its epidemic intelligence activities, including through EpiPulse, and will report when relevant information is available.

7. Earthquake - Türkiye, Syria - 2023

Overview:
On 6 February 2023, a major earthquake of 7.8- Richter Scale magnitude and several aftershocks struck south-eastern Türkiye and northern Syria. These earthquakes caused significant destruction in both countries, claiming thousands of lives and damaging or destroying essential infrastructure, including health facilities.

As of yesterday 9 February 2023 (08:00 CET), at least 12 391 deaths have been reported across Türkiye and more than 3187 in Syria and more than 75 605 injured across the two countries (62 914 in Türkiye) have also been reported according to the World Heath Organisation(WHO-EURO). However, these numbers are steadily rising by the hour while the search for survivors continues in the harsh winter conditions. Media reports today, 10 February 2023, more than 21 000 deaths.

These earthquakes have been among the strongest ones in the region during the last century, prompting a global humanitarian response at the request of the Turkish Government.

ECDC assessment:
The effects of this natural disaster on public health are enormous in the affected areas In addition to the immediate need to provide care to the many severely injured and a safe accommodation to those who have lost access to their homes, there is the need to ensure continuity of care to people with underlying conditions, prevention and control of infectious disease outbreaks by establishing ad hoc surveillance systems, and management of mental health issues. The rapid re-establishment of disease prevention and control programmes would be essential to mitigate the longer-term impact of this event.

Actions:
ECDC monitors this event through its epidemic intelligence activities and will report when relevant information related to communicable diseases is available.