

WEEKLY BULLETIN

Communicable Disease Threats Report Week 7, 12–18 February 2023

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1. Editorial: Earthquake in Türkiye and Syria

Overview:

Event background and situation update

On 6 February 2023, a major earthquake (EQ), with a magnitude of 7.8 on the Richter Scale and several aftershocks measuring also highly on the Richter Scale struck south-eastern Türkiye and northern Syria. The EQ caused significant destruction in both countries, claiming thousands of lives, and damaging or destroying essential infrastructure, including health facilities and water and sanitation facilities.

On 9 February 2023, according to the United Nations Satellite Centre (UNOSAT), flooding occurred along the Orontes (Al Assi) River on the Syria-Türkiye boarder close to the towns Al Tloul and Jakara. As of 14 February 2023, UNHCR reported 41 209 deaths and 90 319 injuries in the two countries. In total 23.8 million people have been affected by the EQ. These numbers continue to increase while the search for survivors continues in harsh winter conditions. This EQ is one of the strongest to have occurred in the region in a century, prompting a global humanitarian response at the request of the government of Türkiye.

Current threats to public health in the affected and neighbouring countries

Search and rescue operations are ending this week, due to the unlikeliness of still finding people alive. Dead bodies are frequently erroneously considered a potential cause of outbreaks after disasters. However, these deaths are caused by injuries, not disease. In addition, most pathogens rarely survive more than 48 hours after death. Basic

hygiene measures should be applied by the teams involved in bodies recovering. Identification and management of information about dead and missing persons is extremely important in this context [1].

Immediate health needs in the survivor population are mostly related to trauma care. Disruption of healthcare (particularly care for chronic non-communicable diseases, maternal/reproductive services, and chronic infectious diseases such as tuberculosis and HIV), other environmental hazards (e.g. exposure to cold, carbon monoxide poisoning, exposure to dangerous chemicals) and mental health issues for those experiencing trauma and/or loss currently comprise a significant part of health effects to the affected population. Infectious disease health threats are expected to cause concerns in the following two to four weeks and ECDC would like to draw attention to diseases that have a potential to cause outbreaks in this type of situations, particularly as survivors are moved in camp sites and temporary settlements [2].

Food- and waterborne diseases

Above-ground and underground water infrastructure as well as other utility infrastructure (e.g. electricity) are significantly damaged. These, together with the decreased access to clean water, refrigeration, and cooking systems may facilitate the transmission of food- and waterborne infections.

A surge of cholera cases in the affected areas is a significant possibility in the coming weeks. Cholera is a particular concern in north-west Syria. Thousands of cases have been reported in the area in 2022 as the country is trying to control an outbreak since September 2022. A vaccination campaign was planned before the EQ, but it is currently disrupted.

Other enteric pathogens can also cause food- and/or waterborne outbreaks in camps, particularly if clean water is not available, sanitation and hygiene conditions are poor, and food handling is not closely monitored and controlled: viral infections such as hepatitis A, norovirus, and rotavirus; infections caused by parasites *Cryptosporidium* spp. and *Giardia*; and bacterial infections due to *Salmonella* Typhi and Paratyphi, non-typhoidal *Salmonella* serovars, pathogenic *E. coli*, *Campylobacter* spp., and *Shigella* spp. Finally, in the flooded areas of north-west Syria, following the dam collapse leptospirosis is also a concern due to contact with contaminated flood water and mud during cleaning operations.

Respiratory infections

As survivors are moved to camp sites or temporary settlements, where crowding cannot be avoided particularly in cold weather, the risk of outbreaks from respiratory viruses increases. COVID-19 and seasonal influenza are still circulating in moderate to high levels in the area according to latest available data [3, 4]. Other respiratory viruses (seasonal coronaviruses, adenoviruses, human metapneumovirus, etc.) are also circulating and can cause outbreaks. The very young and the elderly are more vulnerable to complications from these infections and in case of outbreaks additional pressure will be placed on the already damaged health systems.

Vaccine-preventable diseases

As in the case of respiratory viral infections, crowding conditions in temporary settlements or shelters can increase the risk of transmission of vaccine-preventable diseases such as diphtheria, measles, meningitis, and varicella. Capacity to detect and monitor the current situation with respect to polio and other vaccine-preventable diseases in both countries may be affected due to the EQ.

Measles cases are reported in both Türkiye and Syria on an annual basis, among other vaccine-preventable diseases. Türkiye reported 93% vaccine coverage, while Syria reported 53% vaccine coverage for two doses of measles containing vaccine in 2021 according to the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC).

Poliomyelitis is of concern in the area. Türkiye reported 95% vaccine coverage for three doses of polio-containing vaccine in 2021, whereas Syria reported 65% vaccine coverage for one dose and 52% for three doses of polio-containing vaccine, respectively (WUENIC estimates). While both Türkiye and Syria are polio-free countries, they are at risk of imported polio outbreaks. Syria was affected by a wild poliovirus outbreak in 2013, following virus importation from Pakistan. In 2017, an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2) affected a mainly unimmunised population that had suboptimal access to health care. Both outbreaks were controlled with targeted mass vaccination campaigns and enhanced surveillance activities.

The risk of tetanus infections is increased in the people participating in rescue and removal operations due to increased risk of injuries and open wounds from contact with debris. Such cases should be treated according to the type and depth of the wound, as well as their tetanus immunisation status. Tetanus prophylaxis should be offered according to existing national guidelines.

Conclusions and recommendations

The effects of this natural disaster on public health in the affected areas are enormous. Providing access to healthcare for trauma and other urgent care, potable water and shelter will substantially mitigate the risk of infectious disease threats to the survivors. Setting up syndromic and event-based surveillance systems will facilitate early warning and detection of outbreaks. Suspected cases of prioritised infectious diseases related to this event (including clusters of respiratory symptoms, watery diarrhoea, fever with/without rash, etc.) would need to be reported to local and national public health authorities prompting a rapid response. Mobile laboratories are planned to be deployed in the affected areas and international organisations can provide expert assistance as needed to both affected countries.

Vaccination should be considered depending on the needs of the affected population and/or depending on detection of cases. Vaccination campaign against cholera in north-west Syria, which was planned before the EQ, should be accelerated as soon as sheltering the survivors is resolved.

Ensuring continuity of routine vaccinations, and addressing gaps in prior vaccination histories, is therefore an essential element of the public health response to support the affected population. Their vaccination status should be assessed using available documentation, and vaccination schemes should be completed as soon as possible, according to the national immunisation guidelines.

Priority should be given to protection against easily transmitted infectious diseases possibly associated with serious outcomes, such as measles, poliomyelitis, and COVID-19 in vulnerable groups. If there is a vaccine shortage, children should be prioritised, but at least one dose of diphtheria, tetanus, and polio vaccines should also be administered to adults for whom there is no documented evidence of prior vaccination. In addition, protection from measles can be provided as part of a measles-containing vaccine, including the measles/mumps/rubella (MMR) vaccine.

Risk communication to the affected communities is a critical part of the response in managing such disasters and/or outbreaks following in their aftermath. In the event that outbreaks occur, it is well established that community engagement is of paramount importance for the dissemination of appropriate messages, compliance with measures, and increasing vaccination uptake, if needed.

References

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2. Weekly Summary

Overview:

Editorial: Earthquake in Türkiye and Syria

- On 6 February 2023, a major earthquake, with a magnitude of 7.8 on the Richter Scale, and several aftershocks struck south-eastern Türkiye and northern Syria.
- As of 14 February 2023, [UNHCR](#) reported 41 209 deaths, and 90 319 injuries have been reported in the two countries.
- The situation prompted a global humanitarian response at the request of the Turkish Government.
- On 9 February 2023, according to the [United Nations Satellite Centre \(UNOSAT\)](#), flooding occurred along the Orontes (Al Assi) River on the Syria-Türkiye border close to the towns Al Tloul and Jakara.
- There is the need to ensure continuity of care for people with underlying conditions, the prevention and control of infectious disease outbreaks by establishing ad hoc surveillance systems, and the management of mental health issues.

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

- In the week ending 12 February, the COVID-19 epidemiological situation in the EU/EEA improved. 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 EU/EEA countries.
- According to China CDC's latest update on 15 February 2023, the number of COVID-19 cases and associated hospitalisation continued to decrease following the peak around the end of December 2022.

Marburg virus disease - Equatorial Guinea - 2023

- On 13 February 2023, Equatorial Guinea confirmed the first Marburg virus disease outbreak in the country.
- Nine deaths were reported in people with symptoms compatible with Marburg virus disease (MVD), and one of those people tested positive for the virus.
- Epidemiological surveillance and contact tracing efforts in Equatorial Guinea are ongoing.
- To date, no cases have been reported in Cameroon or Gabon.
- WHO and partners are supporting Equatorial Guinea and neighbouring countries.

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

- France reports decreasing paediatric iGAS cases since week 51, 2022. A total of 121 cases and 17 deaths have been reported as of 29 January 2023. Paediatric iGAS cases represent 23% of the total iGAS cases in the country. Cases in adults also show significant increases compared with previous seasons.
- Greece reported on paediatric death due to iGAS, although these infections are not under surveillance in the country.
- Ireland reported an out-of-season increase in iGAS cases from October to December 2022, mostly in children <18 years of age and shadowing the increased circulation of respiratory viruses.

Mpox - Multi-country - 2022-2023

- Since the last update on 31 January 2023, and as of 14 February 2023, 18 mpox cases have been reported from two EU/EEA countries.
- Overall, 21 178 confirmed cases of mpox have been reported from 29 EU/EEA countries.
- The weekly number of mpox cases 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.
- WHO published a statement of the fourth meeting of the IHR (2005) Emergency Committee on the Multi-country outbreak of mpox, which advised maintaining its status as a Public Health Emergency of International Concern.

Influenza – Multi-country – Monitoring 2022/2023 season

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Influenza activity had been decreasing across the Region since week 51/2022, with a slight increase in positivity in sentinel primary care starting from week 5/2023 related to increased 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 a higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. Similar proportions of A(H1)pdm09 and A(H3) viruses were detected in non-sentinel specimens.
- Both influenza type A and type B viruses have been detected in hospitalised patients in ICU and other wards and influenza A(H1)pdm09 viruses have dominated in SARI specimens.

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

Overview:

Summary:

In the week ending 12 February, there was an improvement in the overall COVID-19 epidemiological situation in the EU/EEA based on the data reported. Pooled rates of case notification (all-age and among those aged 65 years and above), hospital, ICU admissions, and COVID-19-related deaths have declined, currently remaining at the lowest levels observed in the past 12 months.

While the overall situation in the EU/EEA has improved in most of the pooled epidemiological indicators, increases in case notification rates among those aged 65 years and above were reported by 10 out of 25 countries. Eleven out of 27 countries reported increases in the all-age notification rates. In addition, seven out of 22 countries with data on hospital admissions/occupancy reported increases. However, these increases were recent (of up to three

week's duration) and the indicators remained relatively low in the affected countries. No countries reported increases in any of the ICU indicators.

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 was 28% and 19%, respectively, of the maximum levels reported during the pandemic. Furthermore, a total of 887 COVID-19-related deaths were reported from 27 EU/EEA countries in week 5.

The rate of COVID-19 patients in hospitals and ICUs in the EU/EEA were 12% and 9%, respectively, of the maximum reported levels during the pandemic. A total of 658 COVID-19-related deaths were reported from 25 EU/EEA countries in week 6, 2023.

Based on data reported for week 6, 2023, the cumulative uptake of a second booster was 35.2% (country range: 0.4–86.6%) among people aged 60 years and above in the EU/EEA. Timely booster doses of COVID-19 vaccines remain important to reduce the burden of COVID-19, particularly among vulnerable groups.

Among the seven countries with an adequate volume of sequencing or genotyping for weeks 4–5 (23 January to 5 February 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 41.2% (33.8–68.4% from six countries) for BQ.1, 22.5% (9.6–34.3% from six countries) for BA.2.75, 14.0% (9.5–26.9% from five countries) for XBB.1.5, 13.1% (5.4–65.1% from seven countries) for BA.5, 4.6% (1.0–16.9% from six countries) for XBB, 0.9% (0.1–5.4%, 107 detections from seven countries) for BA.2, and 0.5% (0.1–1.1%, 34 detections from six 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 16 February 2023, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or de-escalated variants.

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 dates dated from 22 October 2022, and 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 to be around 66.4% (previous week 55.9%) in the US. 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), although these estimates are associated with significant uncertainty. The US CDC reports a doubling time in the proportion of XBB.1.5 of nine days. However, the rapid growth in the US does not necessarily mean that the variant will become dominant in the EU/EEA, and major differences in variant circulation between North America and Europe have been observed on several previous occasions during the pandemic.

The most likely explanation for 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. However, other variants with this change have 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 than XBB.1, but that it is associated with a higher ACE2 affinity, which could indicate that the advantage of XBB.1.5 over 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 for 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](#) was published on 13 January 2023.

Other news

On 16 February 2023, the World Health Organization (WHO) [published](#) 'A clinical case definition for post COVID-19 condition in children and adolescents by expert consensus'. The definition considers children and adolescents with a history of confirmed or probable SARS-CoV-2 infection when experiencing symptoms lasting for at least two months which initially occurred within three months of acute COVID-19. The definition may change over time when new evidence is available. Previously, on 6 October 2021, the WHO [published](#) a clinical case definition of post-COVID-19 condition for adults.

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.

Further information:

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

Sources: [China CDC](#), [media](#), [media](#), [media](#), [media](#), [GISAID](#)
Update

On 15 February 2023, China CDC [published](#) an epidemiological update on the COVID-19 situation in mainland China until 13 February 2023. According to the report, the number of COVID-19 cases continued to decrease following the peak in December 2022.

According to the most recent epidemiological update, there were 26 000 severe COVID-19 cases hospitalised on 13 February 2023 (98.4% decrease compared to the 128 000 severe cases hospitalised during the peak on 5 January

2023). There were 9 deaths reported in hospitals on 13 February (99.8% decrease compared to the peak on 4 January 2023). The decreasing trend in hospitalisations and deaths is continuing.

According to the [WHO COVID-19 Dashboard](#), since 3 January 2020 and as of 16 February 2023, a total of 98 856 761 COVID-19 confirmed cases and 119 092 deaths have been reported to WHO (including Taiwan and Special Administrative Regions).

Information on variants from public sources

From 1 January 2022 to 17 February 2023, China has deposited 13 451 sequences. As of 17 February 2023, of the total 13 451 sequences submitted from China, 4 735 had recent sample collection dates between 1 January 2022 and 14 February 2023 in GISAID EpiCoV. These sequences mainly belonged to the lineages BA.5.2.48 (61.4%), BF.7.14 (27.5%), BA.5.2.49 (6.6%). Other lineages (including their sub-lineages) circulating in minor proportions include - BA.5.2 (3.3%), BF.7 (0.4%), BA.5.1 (0.3%), 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.

Other news

On 16 February 2023, the Swedish Presidency of the Council of the European Union published a [news item](#) on the revision of the COVID-19 related measures applicable to travellers from China. According to the news, the Member States of the EU, in the framework of the Integrated Political Crisis Response (IPCR), and considering the opinion of the Health Security Committee, agreed:

- To phase out the requirement for a negative pre-departure COVID-19 test for travellers from China to Member States by the end of February.
- To phase out random testing of travellers arriving from China to Member States by the middle of March.

On 16 February 2023, the Swedish Public Health Agency (Folkhälsomyndigheten) published a [news item](#) indicating that the Swedish Government decided not to extend the COVID-19 negative test requirement to enter in Sweden from China. According to the news, from 19 February onwards, there won't be special requirements for travellers arriving in Sweden from China.

According to a [press release](#) from the French Embassy in Beijing, travellers from China to France will not be required to show a negative PCR test and the random testing will also be discontinued from 16 February 2023.

Assessment

ECDC Assessment for the European Union (EU) / European Economic Area (EEA)

There are currently no data suggesting the emergence of new variants of concern in China. China CDC is currently providing weekly epidemiological updates which show a significant improvement in the epidemiological situation across the country for all monitored indicators. The surge of cases in China between December and January did not influence the epidemiological situation in the EU/EEA.

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, WHO's headquarters and the WHO Regional Office for Europe to cross-check and validate data and assessments with partners outside of China, including 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 and worldwide will continue to be evaluated. ECDC participates in the global WHO Technical Advisory Group on Virus Evolution (TAG-VE).

4. Marburg virus disease – Equatorial Guinea – 2023

Overview:

Update: On 15 February 2023, the WHO Director-General reported in a [media briefing](#) that nine deaths had been reported to date in people with symptoms compatible with Marburg virus disease (MVD), and that one of those people had tested positive for the virus. The other eight suspected cases could not be confirmed, as samples could not be obtained. Furthermore, 16 people with suspected MVD have been admitted to health facilities with mild symptoms, and 21 contacts are being monitored at home.

According to [social media](#), quoting a report from the Ministry of Health of Cameroon, as of 16 February 2023, seven suspected cases reported in Cameroon all tested negative. So far, no suspected cases have been reported from [Gabon](#).

[WHO](#) and [partners](#) are supporting Equatorial Guinea and [neighbouring countries](#).

Background: [Marburg virus disease](#) (MVD), formerly known as Marburg haemorrhagic fever, is a severe disease in humans caused by Marburg Marburgvirus (MARV), with a [fatality ratio of up to 88%](#). Although MVD is uncommon, MARV has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately [600 MVD cases](#) have been reported in outbreaks in Uganda, the Democratic Republic of the Congo (DRC), and Angola. The latest occurrence of MVD, prior to the current outbreak in Equatorial Guinea, was in 2022 in Ghana, where three cases were reported.

Please refer to the ECDC [factsheet](#) about MVD for additional information.

On 8 February 2023, the [Ministry of Health in Equatorial Guinea](#) published an epidemiological alert regarding an unknown disease-causing haemorrhagic fever in two neighbouring communities in the district Nsok Nsomo, in the province of Kie-Ntem. Nine deaths were reported, with symptoms including fever, weakness, bloody vomit, and diarrhoea. A multidisciplinary team of experts, including WHO experts based in the country, was sent to the villages concerned to investigate further. All the citizens were tested for COVID-19 and the results were negative.

The province affected is at the borders with Cameroon and Gabon. According to the [media](#), on 10 February 2023 the Minister of Public Health of Cameroon announced that administrative authorities have restricted movements across the Cameroon-Equatorial Guinea border.

Similarly, the [Gabonese Minister of Health](#) announced measures to strengthen health security at the Gabon-Cameroon-Equatorial Guinea border, e.g. systematic sampling of travellers from both countries, and sensitisation of the populations of border villages regarding compliance with protective measures against haemorrhagic fever.

On 12 February, [the Ministry of Health of Equatorial Guinea](#) reported 21 close contacts in isolation and approximately 4 325 people in home quarantine. Furthermore, there is a lockdown in place in the district of Kie Ntem.

On 13 February 2023, [Equatorial Guinea](#) confirmed the first Marburg virus disease outbreak in the country.

On 14 February 2023, during an [emergency meeting of the Marburg virus vaccine consortium \(MARVAC\)](#), the [World Health Organization](#) representative for Equatorial Guinea reported that epidemiological surveillance in the country was increasing, including intensified contact tracing. A 30-day response plan was also being developed to assess the needs and impact of the current situation. Furthermore, the representative stated that authorities in Equatorial Guinea had not reported any new suspected Marburg virus disease cases in the last 48 hours. The representative also stated that the index case occurred on 7 January 2023 and the Ministry of Health of Equatorial Guinea was notified on 7 February 2023.

ECDC assessment:

Previous outbreaks and sporadic cases of MVD in Africa have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa, Uganda, Guinea, and Ghana. This is the first outbreak to occur in Equatorial Guinea.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in Western Kie Ntem Province, Equatorial Guinea, is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or residing in Equatorial Guinea is currently very low.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids of infected people or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. Furthermore, habitats that may be populated by bats, such as caves or mines in areas where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat should be avoided.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities and will report when relevant information is available.

ECDC is in contact with partners.

5. 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):

France: According to an [epidemiological report from 7 February](#), Sante Publique France has reported a total of 121 paediatric iGAS cases representing 23% of the total 1 231 iGAS cases in the country as of 29 January 2023. Since November 2022, cases have increased significantly in all territories. There has also been a significant increase of toxic shock and invasive pneumonia cases in adults. Seventeen paediatric deaths have been reported. The number of paediatric cases has been decreasing since week 51-2022. More than half of the cases followed a viral infection, and genotype emm1 remains the most frequently detected (accounts for >60% of paediatric iGAS cases).

A new increase in the number of outpatient visits due to sore throat and scarlet fever has been noted since the beginning of January 2023, possibly due to the end of school holidays.

Greece: According to information shared with ECDC on 13 February 2023, the National Public Health Organisation of Greece reported the death of a six-year-old child from iGAS infection. Laboratory testing revealed blood cultures positive for *Streptococcus pyogenes*, human metapneumovirus in the respiratory secretions from the upper airway and Epstein-Barr virus IgM antibodies. GAS infections are not under surveillance through the mandatory notification system in Greece. This is the first death from iGAS notified in Greece in 2023.

Ireland: According to an [update](#) provided by the Health Protection Surveillance Centre (HPSC), an out of season increase in iGAS was observed in Ireland in late 2022 between October-December. The number of iGAS cases peaked in week 51, 2022, followed by a decrease in weekly cases during 2023. The biggest increase in cases was seen amongst children aged <18 years. According to the Irish Meningitis and Sepsis Reference Laboratory (IMSRL), two *Streptococcus emm* types were predominant: emm 1 (50% of all cases type) and emm12 (almost 20% of all cases).

Since October 2022, 13 fatalities related to iGAS were reported in Ireland. Among these, four fatalities were aged 18 years or younger and nine in adults ranged from 50 to 96 years old.

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 the ability to assess increased circulation in EU/EEA countries is limited as a result. 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.

6. Mpox – Multi-country – 2022–2023

Overview:

Update:

Since the last update on 31 January 2023, and as of 14 February 2023, 18 mpox cases have been reported from two EU/EEA countries: Spain (13) and Italy (5). No new cases have been reported from the Western Balkans or Türkiye.

Summary:

EU/EEA

Since the start of the mpox outbreak, and as of 14 February 2023, 21 178 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (7 538), France (4 127), Germany (3 676), the Netherlands (1 260), Italy (959), Portugal (945), Belgium (793), Austria (327), Sweden (260), Ireland (228), Poland (215), Denmark (196), Norway (95), Greece (86), Hungary (80), Czechia (71), Luxembourg (57), Romania (47), Slovenia (47), Finland (42), Croatia (33), Malta (33), Iceland (16), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5), and Lithuania (5).

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

Western Balkans and Türkiye:

Since the start of the mpox outbreak, and as of 14 February 2023, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

Disclaimer: data presented in this update are compiled from TESSy.

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](#) published weekly.

Other news:

On 15 February 2023, the World Health Organization (WHO) published a [statement](#) about the fourth meeting of the International Health Regulations (2005) (IHR) Emergency Committee on the multi-country outbreak of mpox. According to the statement, the Emergency Committee meeting that was held on 9 February 2023 advised that the Public Health Emergency of International Concern (PHEIC) classification for the mpox outbreak be maintained, and plans should be considered to integrate mpox prevention, preparedness, and response in national surveillance and control programmes.

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). On 1 November 2022, [WHO](#) advised that the multi-country outbreak of mpox still met the criteria included in the definition of a PHEIC, as set out in Article 1 of the International Health Regulations (2005) (IHR). Following the advice of the International Health Regulations (2005) (IHR) Emergency Committee after their fourth meeting that was held on 9 February 2023, the PHEIC classification for the mpox outbreak will be [maintained](#).

ECDC assessment:

The weekly number of mpox cases 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 which 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.

Based on evidence from the current outbreak and the declining number of new infections in the European region, the overall risk of mpox infection is assessed as moderate for MSM and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include creating awareness among health 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, transgender people, or other 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 and high vaccine acceptance and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation and will review the level of mpox risk of infection with the data that will be available in the coming weeks.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022, the [first update](#) was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. 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 also provided guidance to countries hosting events during the summer. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, IPC guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

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

Overview:

Week 6/2023 (06 February-12 February 2023)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms who tested positive for an influenza virus remained above the epidemic threshold (10%) at 25%, the same as in the previous week.
- Twenty-three of 38 countries or areas reported high or medium intensity and 25 of 37 countries reported widespread activity indicating substantial seasonal influenza virus circulation across the Region.
- The Netherlands, Israel, Slovenia, France, Armenia, Denmark, and Switzerland reported seasonal influenza activity above 40% positivity in sentinel primary care.
- Both influenza type A and type B viruses were detected with similar proportion distribution in sentinel and non-sentinel surveillance.
- Hospitalised patients with confirmed influenza virus infection were reported from ICU (with type B viruses predominating), other wards (with mainly influenza type A viruses reported), and SARI surveillance (with mainly influenza A(H1N1)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 starting from week 5/2023 related to increased 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.