

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020

Latest update: 18 February 2022

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, eighth, ninth and tenth 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 and 13 January 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→ Update of the week

Since week 2022-05 and as of week 2022-06, 15 701 296 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 73 001 new deaths have been reported.

Since 31 December 2019 and as of week 2022-06, 411 553 140 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 829 356 deaths.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest daily situation update for the EU/EEA is available [here](#).

Since the last update on 10 February 2022 and as of 17 February 2022, ECDC has de-escalated the former variants of interest B.1.621 (Mu), C.37 (Lambda), and AY.4.2. At the same time, the former variants under monitoring B.1.1.318, C.1.2, B.1.617.2+K417N, B.1.617.2+E484X, B.1.617.2+Q613H, and B.1.617.2+Q677H have been de-escalated. The reason for the Mu, Lambda, B.1.1.318, and C.1.2 de-escalations is that the variants are no longer circulating in the EU/EEA and are only being detected sporadically in the world. The Delta variants with additional mutations and AY.4.2 are still included in the variant of concern Delta, but the reduced circulation of Delta has lessened the need to monitor specific variants within Delta separately.

After these de-escalations, ECDC's list of variants of concern includes Beta, Gamma, Delta, and Omicron. ECDC does not classify any variant as a variant of interest, and only B.1.640 remain as a variant under monitoring.

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

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 18 February 2022

The circulation of influenza viruses across the European Region is slightly higher than in the season 2020/21 but substantially lower than in regular influenza seasons before the COVID-19 pandemic where, at this time of the year influenza epidemics were usually peaking, with positivity rates in sentinel surveillance of 50% or higher.

→ Update of the week

Week 6, 2022:

- Albania, Estonia, Norway, Republic of Moldova and Slovakia reported widespread geographic influenza activity and/or at least medium influenza intensity.
- In total, 6% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for an influenza virus.
- Six countries reported seasonal influenza activity at or above 10% positivity in sentinel primary care: Serbia (70%), Hungary (34%), France (28%), Luxembourg (11%), Republic of Moldova (11%) and Sweden (10%).
- Both influenza type A and type B viruses were detected, with A(H3) viruses being dominant across all monitoring systems.
- Hospitalised cases with confirmed influenza virus infection were reported from intensive care units (4 type A viruses and 1 type B virus), other wards (10 type A viruses) and SARI surveillance (6 type A viruses).

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

Opening date: 9 February 2011

Latest update: 18 February 2022

A sharp decrease in measles cases was 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 14 January 2022, 17 new cases have been reported by four countries in the EU/EEA: Austria (1), Germany (14), Hungary (1) and Poland (1). No other countries have reported new cases of measles in 2021 or in 2022.

So far, in 2022 and in 2021, no new deaths have been reported in the EU/EEA.

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

Non EU Threats

New! Poliomyelitis – Malawi – 2022

Opening date: 18 February 2022

Latest update: 18 February 2022

On 17 February 2022, the World Health Organization's Regional Office for Africa reported that Malawi had declared an outbreak of wild poliovirus type 1 after one case was detected in the capital Lilongwe.

→Update of the week

On 17 February 2022, WHO's Regional Office for Africa [reported](#) that the health authorities in Malawi had declared an outbreak of wild poliovirus type 1 (WPV1) after one case was detected in a child in Lilongwe. According to the Global Polio Eradication Initiative [press release](#), the case is a three-year-old child with acute flaccid paralysis (AFP) and onset of disease on 19 November 2021. After stool specimens were collected on 26 and 27 November 2021, WPV1 was confirmed by sequencing in February 2022 at the National Institute for Communicable Diseases in South Africa and the US Centers for Disease Control and Prevention. Analysis shows that the virus is genetically linked to WPV1 detected in Pakistan's Sindh province in October 2019 and the case was classified as an [imported case](#).

This is the first case of wild poliovirus in Africa in more than five years. The last polio case in Malawi was reported in 1992 and the country obtained polio free status in 2005.

Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022

Latest update: 18 February 2022

The Winter Olympic Games are taking place between 4 and 20 February 2022 in Beijing, China. Indoor and outdoor venues will be used, including the Beijing National Stadium (which will host the opening and closing ceremonies). There will be 2 900 athletes from 90 countries participating in the Games this year, as well as 19 000 volunteers. On 17 January 2022, it was [announced](#) that ticket sales to the general public will be cancelled and a limited number of spectators will be admitted, by invitation only.

→Update of the week

Between [15 and 17 February 2022](#), three Olympic-related COVID-19 cases were reported after screening for SARS-CoV-2. Two cases were detected at Beijing International Airport and one within the closed-loop system. Overall, since 23 January 2022 and as of 17 February 2022, there have been 436 Olympic-related cases, 184 of these among athletes and team officials and 252 among other stakeholders.

Daily COVID-19 updates can be found on the official [Beijing 2022 Winter Olympics website](#).

From 11 February 2022 to 17 February 2022, no other events of public health significance were detected in the context of the Beijing 2022 Winter Olympic Games.

Lassa fever – United Kingdom ex. West Africa – 2022

Opening date: 10 February 2022

Latest update: 18 February 2022

Lassa fever cases with recent travel history to West Africa have been reported in the United Kingdom in February 2022.

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

Opening date: 20 April 2006

Latest update: 18 February 2022

Several countries in Africa and Asia have reported [cholera](#) outbreaks in 2021 and 2022. Major ongoing outbreaks are being reported from Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia and Nigeria.

→Update of the week

Since the last update on 21 January 2022, approximately 3 551 suspected cholera cases, including 27 deaths, have been reported worldwide. Countries reporting new cases since the previous update are Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, Nigeria, Philippines, Tanzania, Zimbabwe. A list of all countries reporting new cases since our previous update on 21 January 2022 can be found below.

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

Opening date: 9 December 2019

Latest update: 18 February 2022

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 3 November 2021, the [30th meeting](#) of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

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

→ Update of the week

Since the previous CDTR update on 21 January 2022 and as of 17 February 2022, two new cases of Acute Flaccid Paralysis (AFP) caused by wild poliovirus (WPV1) and 40 new cases of AFP caused by circulating vaccine-derived poliovirus 2 (cVDPV2) have been reported.

Wild poliovirus (WPV1):

Two new cases of AFP caused by WPV1 have been reported in Afghanistan (1) and Malawi (1).

Circulating vaccine-derived poliovirus (cVDPV):

- No new cases of AFP caused by cVDPV1 have been reported.
- 40 new cases of AFP caused by cVDPV2 have been reported from six countries: Nigeria (25), Democratic Republic of the Congo (6), Niger (5), Mozambique (2), Somalia (1) and Ukraine (1).
- No new cases of AFP caused by cVDPV3 have been reported.

II. Detailed reports

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020

Latest update: 18 February 2022

Epidemiological summary

Since 31 December 2019 and as of week 2022-06, 411 553 140 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 829 356 deaths.

Cases have been reported from:

Africa: 11 088 682 cases; the five countries reporting most cases are South Africa (3 640 162), Morocco (1 155 165), Tunisia (967 052), Libya (473 114) and Ethiopia (467 498).

Asia: 93 186 246 cases; the five countries reporting most cases are India (42 665 534), Iran (6 806 265), Indonesia (4 844 279), Japan (3 901 544) and Philippines (3 637 280).

America: 143 934 487 cases; the five countries reporting most cases are United States (77 739 880), Brazil (27 538 503), Argentina (8 747 500), Colombia (6 023 257) and Mexico (5 300 537).

Europe: 160 539 407 cases; the five countries reporting most cases are France (21 671 447), United Kingdom (18 348 029), Russia (14 133 509), Turkey (12 833 643) and Germany (12 476 502).

Oceania: 2 803 613 cases; the five countries reporting most cases are Australia (2 527 112), Fiji (63 476), French Polynesia (56 658), Guam (39 985) and Papua New Guinea (38 481).

Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 243 977 deaths; the five countries reporting most deaths are South Africa (96 993), Tunisia (27 119), Egypt (23 349), Morocco (15 781) and Ethiopia (7 424).

Asia: 1 207 871 deaths; the five countries reporting most deaths are India (509 011), Indonesia (145 321), Iran (133 718), Philippines (54 930) and Vietnam (38 946).

America: 2 581 495 deaths; the five countries reporting most deaths are United States (919 696), Brazil (638 835), Mexico (312 965), Peru (208 466) and Colombia (137 301).

Europe: 1 788 613 deaths; the five countries reporting most deaths are Russia (340 248), United Kingdom (159 605), Italy (151 015), France (138 952) and Germany (120 210).

Oceania: 7 394 deaths; the five countries reporting most deaths are Australia (4 593), Fiji (819), French Polynesia (637), Papua New Guinea (610) and Guam (306).

Other: six deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2022-06, 100 788 813 cases have been reported in the EU/EEA: France (21 671 447), Germany (12 476 502), Italy (11 772 274), Spain (10 448 604), Netherlands (5 734 363), Poland (5 421 160), Belgium (3 414 722), Czechia (3 401 431), Portugal (3 093 624), Romania (2 522 567), Sweden (2 407 185), Austria (2 303 724), Denmark (2 239 945), Greece (2 182 550), Hungary (1 717 153), Slovakia (1 657 981), Ireland (1 252 076), Norway (1 043 790), Bulgaria (1 035 285), Croatia (1 017 908), Lithuania (973 491), Slovenia (851 416), Finland (581 135), Latvia (518 620), Estonia (408 447), Cyprus (290 153), Luxembourg (181 614), Iceland (91 751), Malta (67 317) and Liechtenstein (10 578).

As of week 2022-06, 984 980 deaths have been reported in the EU/EEA: Italy (151 015), France (138 952), Germany (120 210), Poland (108 493), Spain (95 624), Romania (59 114), Hungary (41 493), Czechia (37 921), Bulgaria (34 359), Belgium (29 731), Greece (24 819), Netherlands (21 410), Portugal (20 564), Slovakia (18 105), Sweden (16 202), Croatia (14 473), Austria (13 806), Lithuania (8 515), Ireland (6 339), Slovenia (6 081), Latvia (5 436), Denmark (3 577), Finland (2 834), Estonia (2 007), Norway (1 513), Luxembourg (1 006), Cyprus (904), Malta (349), Liechtenstein (74) and Iceland (54).

The latest daily situation update for the EU/EEA is available [here](#).

In week 2022-06, in the EU/EEA overall, the reported weekly cases decreased by 22.7% compared to the previous week. The highest weekly increases in descending order were observed in Netherlands, Iceland, Slovakia, Latvia and Denmark. The countries with the highest 14-day notification rates per 100 000 population are: Denmark (10 543), Lithuania (8 212), Netherlands (8 182), Latvia (6 795) and Slovenia (6 698). Overall, 23 of the 30 EU/EEA countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Slovenia, Spain and Sweden) reported a decrease in the weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score of the absolute value and trend of five weekly COVID-19 epidemiological indicators. As shown below, for week 5, eight countries (Croatia, Czechia, Denmark,

Estonia, Hungary, Latvia, Romania and Slovenia) were categorised as of very high concern, 18 countries (Austria, Belgium, Bulgaria, Cyprus, Finland, France, Germany, Greece, Iceland, Ireland, Liechtenstein, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal and Slovakia) as of high concern and four countries (Italy, Luxembourg, Spain and Sweden) as of moderate concern. Compared with the previous week, nine countries (Belgium, Bulgaria, France, Iceland, Italy, Luxembourg, Norway, Portugal and Sweden) moved to a lower category and 21 countries stayed in the same category.

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](#), [eighth](#), [ninth](#) and [tenth](#) 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, 4 July 2021, 22 October 2021 and 13 January 2022, 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](#).

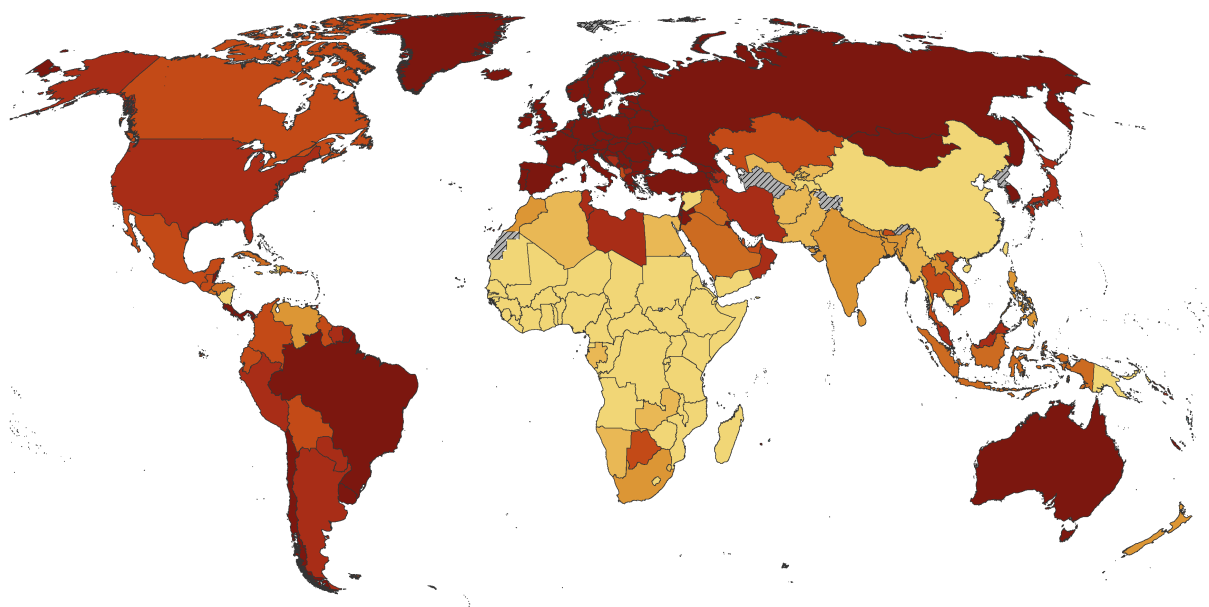
Actions

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

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w05 to 2022-w06

Source: ECDC



14-day COVID-19 case notification rate per 100 000, 2022-w05 to 2022-w06



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Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 18 February 2022

Epidemiological summary

2021/2022 season overview:

In Europe, influenza activity started to increase in week 49/2021, with a general dominance of A(H3) viruses, although some countries reported cocirculation of both A(H3) and A(H1)pdm09 viruses (e.g. France).

Source: [Flu News Europe](#)

ECDC assessment

The circulation of influenza viruses across the Region is slightly higher than in the 2020/21 season but substantially lower than in regular influenza seasons before the COVID-19 pandemic where, at this time of the year influenza epidemics were usually peaking, with positivity rates in sentinel surveillance of 50% or higher.

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Vaccination remains the best protective measure for the prevention of influenza. With dominant A(H3) circulation, clinicians should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance in order to prevent severe outcomes.

Actions

ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the [Flu News Europe](#) website.

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

Opening date: 9 February 2011

Latest update: 18 February 2022

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 14 January 2022, 17 new cases have been reported by four countries in the EU/EEA: Austria (1), Germany (14), Hungary (1) and Poland (1). No other countries have reported new cases of measles in 2021 or in 2022.

So far, in 2022 and in 2021, no new deaths have been reported in the EU/EEA.

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

[Austria](#) reported one case in 2021 and no cases were reported in 2022 as of 14 January.

[Germany](#) reported 14 confirmed and suspected cases in weeks 1 to 6 in 2022 (week 6 ending on 13 February 2022), an increase of 11 cases since week 1 (ending 9 January 2022). In 2021, there were 63 cases reported, according to the same source.

[Hungary](#) reported one confirmed case in 2022 as of report for week 4 (ending 30 January 2022). In 2021, Hungary reported one case and one case in 2020.

[Poland](#) reported one case in 2022 as of 31 January. In 2021, Poland [reported](#) 14 cases from 1 January to 31 December 2021.

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](#).

[Afghanistan](#), according to the recent [WHO report](#) on 10 February 2022, reported an increase by 18% and 40% in suspected measles cases and deaths, respectively, from week 4, 2022 (ending 30 January) to week 5 (ending 6 February). Overall, from 2 January 2021 to 29 January 2022, Afghanistan reported 35 319 suspected measles cases (of which 9% were laboratory confirmed), of these 91% were children under five years. Vast majority (97%) of the 156 deaths with confirmed measles (CFR=4.8%) were among children under five years. Measles is endemic in Afghanistan and numbers of cases have been increasing since the end of July 2021 in all provinces. Due to the rapid rise in cases an increasing trend of deaths is expected in coming weeks fuelled by acute food insecurity in an estimated 14 million people and acute malnutrition in 3.2 million children under five years. Vaccination campaigns against measles are launched in Afghanistan.

[Ukraine](#) reported no cases for 2022 as of 15 February. In 2021, Ukraine reported 16 cases of measles and 264 cases in 2020.

According to the WHO Regional Office for Europe ([EURO](#)) data available on 11 January 2022, no cases were reported in 2022. In

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2021, sporadic measles cases were reported in the following non-EU/EEA countries: Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Russia, Serbia, Turkey, Ukraine and the United Kingdom; in EU/EEA the cases were reported in Austria, Belgium, Cyprus, Finland, France, Germany, Ireland, Italy, Poland, Romania and Spain.

According to WHO Regional office for Africa ([AFRO](#)) report as of 16 January 2022 (week 3), cases and outbreaks of measles in 2021 were reported in the following countries: Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Sierra Leone and South Sudan. Due to varying reporting periods by the countries please visit the latest weekly bulletin.

According to WHO Pan American Health Organization ([PAHO](#)) report (Vol. 28, No. 5) in 2022 week 5 (ending 5 February 2022) two cases were reported in Brazil. In 2021, PAHO reported 715 confirmed cases of measles by three countries: Brazil (661), French Guiana (5) and the US (49).

According to the WHO Regional Office for Eastern Mediterranean ([EMRO](#)) report in 2021 for the period January – December, 16 293 measles cases (confirmed, Epi-linked and clinically compatible) were reported in 16 countries: Afghanistan, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Pakistan, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates and Yemen. Most of the cases were reported by Pakistan (7 050) and Afghanistan (2 962).

ECDC assessment

The substantial decline in measles cases reported by EU/EEA countries after March 2020 and continuing through 2021, contrasts with the typical seasonal pattern seen for measles, which peaks during the spring in temperate climates. A similar decrease was 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. 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 should be reinforced, and enhanced measles vaccination campaigns should be planned in order to ensure high measles vaccination uptake.

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.

New! Poliomyelitis – Malawi – 2022

Opening date: 18 February 2022

Latest update: 18 February 2022

Epidemiological summary

On 17 February 2022, WHO's Regional Office for Africa [reported](#) that the health authorities in Malawi had declared an outbreak of wild poliovirus type 1 (WPV1) after one case was detected in a child in Lilongwe. According to the Global Polio Eradication Initiative [press release](#), the case is a three-year-old child with acute flaccid paralysis (AFP) and onset of disease on 19 November 2021. After stool specimens were collected on 26 and 27 November 2021, WPV1 was confirmed by sequencing in February 2022 at the National Institute for Communicable Diseases in South Africa and the US Centers for Disease Control and Prevention. Analysis shows that the virus is genetically linked to WPV1 detected in Pakistan's Sindh province in October 2019 and the case was classified as an [imported case](#).

This is the first case of wild poliovirus in Africa in more than five years. The last polio case in Malawi was reported in 1992 and the country obtained polio free status in 2005.

ECDC assessment

Detection of WPV1 outside Pakistan and Afghanistan is unusual. However, the risk of importation of WPV1 to third countries exist, as long as there are endemic areas with poliovirus circulation. Oral polio vaccine against polio virus type 1 and type 3 is included in Malawi's [National Immunization Programme](#) for children under one year of age and the country reached a vaccination coverage of [93% in 2020](#).

Africa was declared free of indigenous wild polio in [2020](#) after eliminating all forms of wild polio from the region. As this case is imported from Pakistan, the current detection does not affect the African region's wild poliovirus-free certification status.

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. However, while there are unvaccinated or

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under-vaccinated population groups in European countries and poliomyelitis has not been eradicated, the risk of the virus being reintroduced into Europe remains. To limit the risk of reintroduction and sustained transmission of poliovirus in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and to increase the vaccination uptake in pockets of under-immunised populations.

Actions

ECDC is monitoring the event through epidemic intelligence activities and has contacted partners. ECDC monitors any report of polio cases worldwide in order to highlight polio eradication efforts and to identify events that may increase the risk of reintroducing poliovirus into the EU.

Mass Gathering Monitoring - Winter Olympic Games in Beijing - 2022

Opening date: 28 January 2022

Latest update: 18 February 2022

Epidemiological summary

COVID-19-related information:

As of [17 February 2022](#), there were 158 054 confirmed cases and 5 715 deaths in China. Full vaccination uptake in China is close to [90%](#).

Other diseases:

According to the [Chinese Weekly Influenza Surveillance Report](#), influenza activity decreased in China during week 5 of 2022 in both southern and northern provinces. No outbreaks were reported during week 5. A total of 1 090 positive specimens were detected among the 5 245 (20.8%) tested in outpatient or emergency visits for influenza-like illness.

ECDC assessment

The Winter Olympics generally attract a smaller audience and fewer athletes than the Summer Olympics. Spectators at the 2022 Winter Olympics are further limited due to the spread of the Omicron variant and China's strategy to control and prevent COVID-19. Significant public health measures have been put in place for the Beijing Olympic Games but, given the high transmissibility of Omicron and the context of a mass gathering event, there is an increased risk of SARS-CoV-2 transmission. For the latest COVID-19 risk assessment, please visit [ECDC's dedicated webpage](#).

The risk of infection from other communicable diseases in China during the Winter Olympic Games 2022 is considered low if preventive measures are applied. These measures include being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from social activities if any symptoms occur, and seeking prompt testing and medical advice when needed.

Actions

ECDC will monitor this event daily through its epidemic intelligence activities until 25 February 2022, and weekly reports will be included in the Communicable Disease Threat Report.

Lassa fever – United Kingdom ex. West Africa – 2022

Opening date: 10 February 2022

Latest update: 18 February 2022

Epidemiological summary

On 11 February 2022, the UK Health Security Agency reported that the probable Lassa fever case under investigation in Bedfordshire, England, has now been confirmed. The same report also confirmed the death of this case.

This event has resulted in three confirmed cases, including one death. According to the same UK health authorities, contact tracing activities are being undertaken and the overall risk to the general public is assessed as very low.

According to the UK Health Security Agency, there have been eight cases of Lassa fever imported to the UK since 1980, with the last two cases being reported in 2009.

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Source: [UK health security agency](#)

ECDC assessment

The few reported cases in recent years in the EU/EEA have had a recent travel history to endemic areas, except for one secondary case reported by Germany in 2016.

The likelihood of infection for EU/EEA citizens in relation to this event in the UK is negligible. However, while the likelihood of infection for EU/EEA citizens travelling to West Africa remains very low, these travellers should be informed of the risk of exposure to Lassa fever virus, particularly in areas experiencing ongoing outbreaks. Travellers should avoid exposure to rodents, consumption of foods and drinks potentially contaminated by rodent droppings, and exposure to people experiencing haemorrhagic fever symptoms. In order to prevent human-to-human transmission, contacts with patients' blood and body fluids should be avoided, as well as exposure to possible contaminated surfaces or materials.

Public health experts should remain vigilant to the possibility of imported Lassa fever cases and ensure an early diagnosis to avoid secondary transmission.

ECDC conducted a "[Rapid risk assessment: cases of Lassa fever in the Netherlands ex Sierra Leone](#)" in 2019, the conclusions of which remain valid.

Actions

ECDC will continue to monitor the ongoing situation and will report again should relevant epidemiological updates become available.

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

Opening date: 20 April 2006

Latest update: 18 February 2022

Epidemiological summary

Americas

Haiti: No new cases have been reported since the last update. In 2021, no confirmed cholera cases were reported in Haiti. According to the [media](#), Haiti has had no cholera cases for the last three years.

Dominican Republic: No new cases have been reported since the last update. In 2021, no cholera cases were reported in the Dominican Republic.

Africa

Benin: Since the last update, 443 suspected cholera cases have been reported in Benin. In 2022 and since 10 October 2021, a total of 1 616 cases including 20 deaths (CFR 1.2%) have been reported in the country.

Cameroon: Since the last update, 581 suspected cholera cases, including 10 fatalities, have been reported in Cameroon. In 2022 and since 7 November 2021, a total of 1 102 suspected cases, including 20 fatalities (CFR 2.5%), have been reported in the country.

Democratic Republic of Congo: Since the last update, 1 288 suspected cholera cases, including 14 deaths, have been reported in the Democratic Republic of the Congo (DRC). In 2021 and as of 26 December, a total of 11 316 suspected cholera cases including 193 deaths (CFR 1.7%) were recorded in 80 health zones across 16 provinces of DRC.

Ethiopia: Since the last update, 670 suspected cholera cases, including seven fatalities, have been reported in Ethiopia. In 2022, and since 31 August 2021, a total of 670 cases including seven associated deaths have been reported in the country.

Kenya: No new cases have been reported since the last update. In 2021 and as of 18 October, 38 cholera cases including 14 confirmed cases, have been recorded in Kenya's Garissa and Turkana Counties.

Mali: Since the last update no new cholera cases have been reported in Mali. In 2021 and as of 31 October, a total of 11 cases

,including four deaths, have been reported in Mali's northern region of Gao.

Mozambique: Since the last update, no new cholera cases have been reported in Mozambique. In 2021, as of 14 November, a total of 5 872 suspected cases, including 35 deaths, have been reported in the country.

Niger: Since the last update, no new cholera cases have been reported in Niger. On 31 January 2022, the Ministry of Health of the Niger Republic declared an end of the cholera outbreak that affected seven regions (Diffa, Dosso, Niamey, Tahoua, Tillabery, Maradi, Zinder). In 2021 a total of 5 591 cases including 166 deaths (CFR 3.0%) were reported in Niger.

Nigeria: In 2022 and as of 30 January, a total of 414 suspected cholera cases, including seven deaths (CFR 1.7%) have been reported from four Nigerian states and FCTs. Of the suspected cases, the under-fives age group is the most affected, with males and females equally affected. In 2021, a total of 111 062 suspected cholera cases, including 3 604 deaths (CFR 3.2%) were reported from 33 Nigerian states.

Tanzania: Since the last update and as of 19 January 2022, Tanzania has reported 24 cholera cases and four fatalities. The cases have been reported in Tanzania's southern highlands regions of Rukwa and Kigorna.

Togo: Since the last update, Togo has reported one confirmed cholera case and one death. In 2021 and as of 22 December 2021, a total of 109 suspected cholera cases, including five deaths (CFR 3.7%), have been reported in Togo.

Uganda: Since the last update, no new cholera cases have been reported in Uganda. In 2021 and as of 10 December 2021, a total of 173 cases, with no associated deaths, have been reported in the country.

Zimbabwe: On 27 January 2022, Zimbabwe reported one cholera case. The last cholera case reported in Zimbabwe was in March 2019.

Asia

Afghanistan: Since the last update, no new acute watery diarrhoea (AWD) cases have been reported in Afghanistan. In 2021 and as of 30 November, a total of 147 689 cases of AWD, including eight deaths, have been reported from 13 districts in five of the 34 provinces of the country.

Bangladesh: Since the last update and as of 16 January 2022, 11 AWD cases were reported in Rohingya Refugee Camp in Cox's Bazar, Bangladesh. In 2021 a total of 133 380 suspected cholera cases, including two deaths, have been reported from the country. Among these cases, 309 tested positive by means of a cholera rapid diagnostic test or culture test.

India: Since the last update, no new cholera cases have been reported in India. In 2021, a total of 1 793 suspected cholera cases, including four deaths, have been reported in different parts of India.

Malaysia: Since the last update, no new cholera cases have been reported in Malaysia. In 2021, one cholera confirmed case was reported in the country.

Nepal: Since the last update, no new cholera cases have been reported in Nepal. In 2021, a total of 899 suspected cholera cases, including seven deaths, were reported.

Philippines: In the Philippines 491 cholera cases and six fatalities have been reported in Caraga town since 31 January 2022.

No updates were available on the outbreaks reported in [Burundi](#), [Tanzania](#) and [Yemen](#) this year.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as the media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and the Gulf of Aden. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had a travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk of infection, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

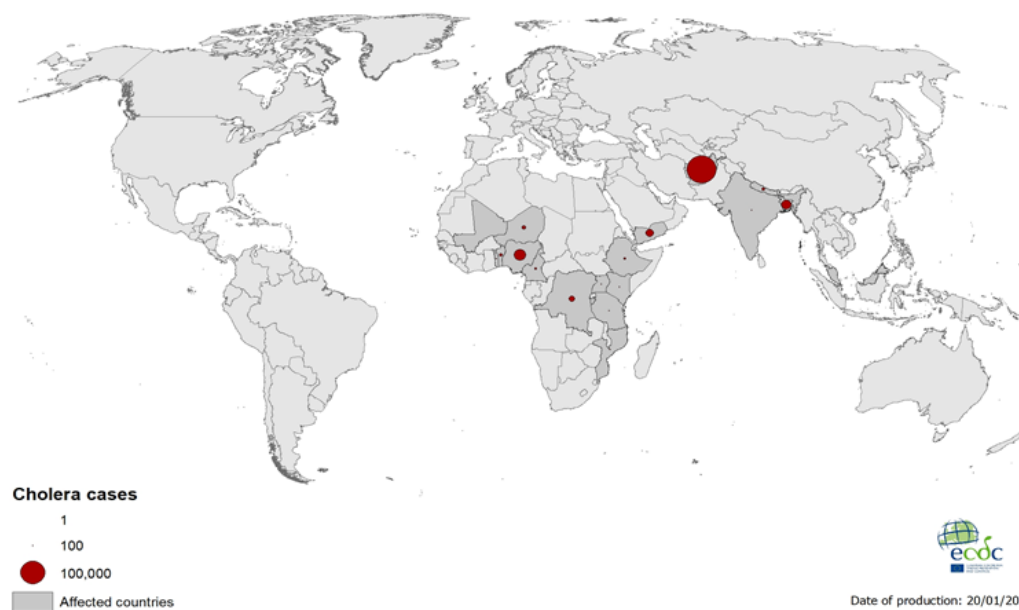
Travellers who plan to visit cholera-endemic areas should seek advice from travel health clinics ahead of their trip to assess their personal risk and obtain information on precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

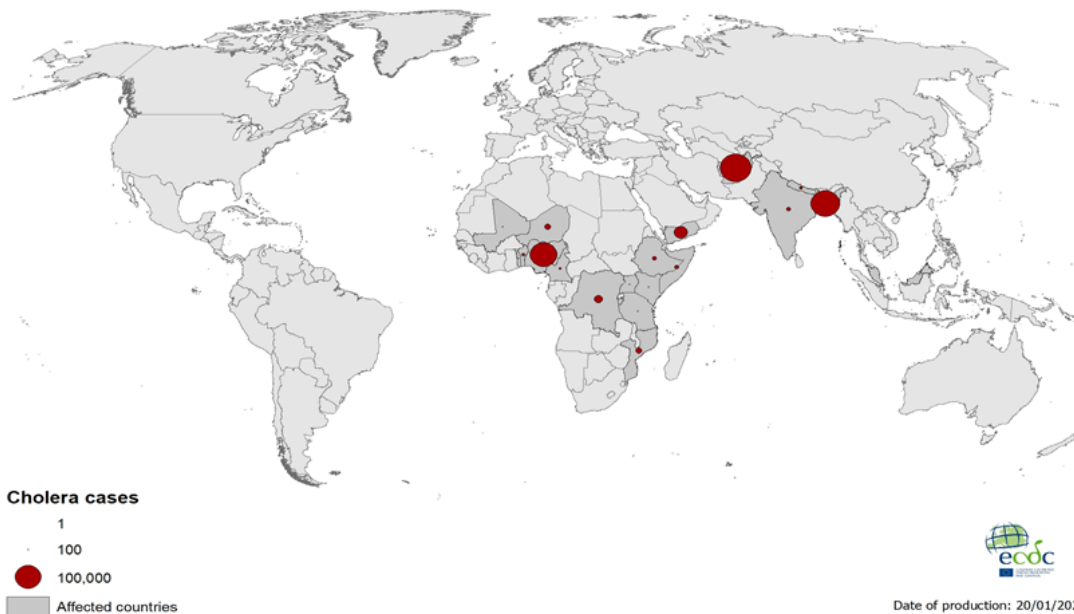
Geographical distribution of cholera cases reported worldwide from October to December 2021

ECDC



Geographical distribution of cholera cases reported worldwide as of December 2021

ECDC



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

Opening date: 9 December 2019

Latest update: 18 February 2022

Epidemiological summary

Wild poliovirus:

In 2022 overall, and as of 17 February, two cases of AFP caused by WPV1 have been reported in the endemic country Afghanistan (1) and in Malawi (1). Please see the separate threat "Poliomyelitis – Malawi – 2022" for further information on the case in Malawi.

In 2021 overall, and as of 17 February, five cases of AFP caused by WPV1 have been reported from two endemic countries: Afghanistan (4) and Pakistan (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2022 overall, and as of 17 February, no cases of AFP caused by cVDPV1 have been reported. One case of AFP caused by cVDPV2 has been reported from Somalia. No cases of AFP caused by cVDPV3 have been reported.

In 2021 overall, and as of 17 February, 14 cases of AFP caused by cVDPV1 were reported by Madagascar (11) and Yemen (3). In addition, 614 cases of AFP caused by cVDPV2 were reported from 21 countries: Nigeria (413), Afghanistan (43), Tajikistan (32), Democratic Republic of the Congo (25), Senegal (17), Niger (15), Ethiopia (10), Yemen (10), South Sudan (9), Pakistan (8), Guinea (6), Sierra Leone (5), Benin (3), Cameroon (3), Guinea-Bissau (3), Liberia (3), Burkina Faso (2), Congo (2), Mozambique (2), Somalia (1) and Ukraine (2). In 2021 overall, no cases of AFP caused by cVDPV3 were reported.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. From an operational perspective, 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

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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, while there are non-or under-vaccinated population groups in European countries and poliomyelitis is not eradicated, the risk of the virus being reintroduced into Europe remains. 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 sub-optimal 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 worrying 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 pockets of under-immunised populations. Despite the current COVID-19 challenges, Member States should review their polio vaccination coverage data and ensure that vaccination gaps are bridged as soon as possible.

[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 have ongoing outbreaks of cVDPV.

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