

This weekly bulletin provides updates on threats monitored by ECDC.

## **I. Executive summary**

## EU Threats

### COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 22 July 2022

On 31 December 2019, the Wuhan Municipal 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, 10th and 11th 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, and 11 April 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

As of week 2022-28, 155 430 083 cases and 1 124 471 deaths have been reported in the EU.

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

In week 2022-28, in the EU/EEA overall, the reported weekly cases decreased by 7.6% compared to the previous week. Overall, 14 countries reported a decrease in weekly cases (Norway, Cyprus, Malta, Spain, Portugal, Iceland, France, Ireland, Belgium, Luxembourg, Liechtenstein, Denmark, Netherlands and Greece) while 16 countries reported an increase in weekly cases (Czechia, Poland, Romania, Lithuania, Latvia, Slovakia, Bulgaria, Estonia, Sweden, Hungary, Slovenia, Finland, Croatia, Austria, Italy and Germany). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (4 945), France (2 373), Italy (2 325), Greece (2 303), and Luxembourg (2 135).

At the end of week 28, 2022 (week ending 17 July), cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data, corresponding to a 32% increase on the previous week at EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into higher rates of severe disease.

Of 35 countries with data on hospital or ICU admissions/occupancy up to week 28, 18 reported an increasing trend in at least one of these indicators, compared with the previous week. The 14-day COVID-19 death rate has been stable for one week (11.3 deaths per million population, compared with 11.5 deaths the previous week). Increasing trends were observed in the COVID-19 death rate in seven countries.

Among the 15 countries with an adequate sequencing volume for weeks 26–27 (27 June to 10 July 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.2% (20.7–99.9% from 15 countries) for BA.4/BA.5, 8.8% (0.1–78.8% from 15 countries) for BA.2, 3.9% (1.3–5.7% from six countries) for BA.2+L452X, 0.3% (0.1–0.4%, 198 detections from five countries) for BA.1, 0.1% (0.1–0.1%, one detection from one country) for B.1.1.529 and 0.1% (0.0–0.5%, five detections from three countries) for B.1.617.2.

Since the last update on 15 July 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

The detections of VOI BA.2.75 (Omicron) remains low both worldwide and in the EU/EEA. The detections as of 21 July 2022 are: Australia (10), Austria (1), Canada (15), China (1), Denmark (1), France (2), Germany (6), India (317), Indonesia (4), Israel (3), Japan (11), Luxembourg (1), Martinique (1), Nepal (10), Netherlands (1), New Zealand (6), Peru (1), Thailand (1), Turkey (1), USA (17), United Kingdom (18).

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

## Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 22 July 2022

Since early May 2022, cases of monkeypox (MPX) have been reported from countries where the disease is not endemic.

→Update of the week

Since the last update on 18 July, and as of 21 July 2022, 718 monkeypox cases have been reported from 15 EU/EEA countries: Germany (332), Spain (290), Netherlands (32), Sweden (19), Norway (11), Slovenia (7), Austria (5), Denmark (5), Luxembourg (5), Croatia (4), Estonia (2), Greece (2), Italy (2), Latvia (1) and Slovakia (1).

**Disclaimer:** Data presented in this update are compiled from TESSy and official sources, we selected the database with the larger number of MPX cases reported for each country. Therefore, for this update countries for which TESSy data were used are the following: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Czechia, Finland, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia

### Other News

On 18 July 2022, the [European Commission's Health Preparedness and Response Authority \(HERA\)](#) secured 54 530 additional doses of the company Bavarian Nordic's third-generation vaccine to respond to the ongoing monkeypox outbreak. This brings the total number of doses purchased for EU/EEA countries to 163 620. Presently, six Member States have received vaccines, with around 25 000 distributed in total. Spain received 5 300, Germany over 5 000, Belgium 3 400, Sweden 2 700, Ireland 1 400, and Italy over 1 000.

On 19 July 2022, the [Public Health Agency of Sweden \(Folkhälsomyndigheten\)](#) published their recommendation on vaccination against monkeypox. Due to the scarcity of the vaccine, people who have been exposed to the virus will be prioritised. This means that the recommendation only covers post-exposure prophylaxis (PEP).

As of 15 July 2022, the United Kingdom Health Security Agency ([UKHSA](#)) has updated its recommendations on testing semen for monkeypox (MPX) infection. Following the initial 12 weeks and up to six months after recovery from MPX infection, UKHSA recommends performing an RT-PCR test to detect monkeypox virus (MPXV) on semen samples (and where necessary, oropharyngeal and/or rectal swabs) if the patient i) is undergoing fertility treatment or planning pregnancy; ii) is undergoing planned semen storage; iii) has an immunocompromised sexual partner (including a pregnant partner), or iv) is concerned about transmission to sexual partner(s). In consideration of the above, [UKHSA](#) has updated the recommendations on the use of condoms: men who have had confirmed cases of monkeypox, should use condoms during sex for 12 weeks after complete recovery, which is in line with recommendations from the World Health Organization (WHO).

On 15 July 2022, the [New York City Department of Health and Mental Hygiene](#) announced that due to the high number of monkeypox (MPX) cases reported in New York City and the shortage of vaccines, the NYC Health Department is going to start providing first doses to offer protection to more at-risk populations until they have an adequate vaccine supply. This single dose strategy is consistent with the MPX vaccine distribution strategy adopted in the United Kingdom and Canada.

[Public health authorities](#) of the autonomous Community of Madrid initiated pre-exposure vaccination for monkeypox, for individuals aged between 18 and 45 years who engage in high-risk sexual practices and fulfil the following conditions: i) they have not received the smallpox vaccine in the past; ii) they have not had a previous monkeypox infection; iii) they have not been in contact with a confirmed case of monkeypox; iv) they do not present symptoms suggesting monkeypox and v) they do not have (at the time of vaccination) any acute febrile illnesses or allergies to vaccine components.

On 20 July 2022, the Brazilian [National Health Surveillance Agency \(Anvisa\)](#) updated their recommendations on the clinical screening of blood donors due to the risks of monkeypox infection. As a precautionary measure, the Agency recommends: i) anyone who has had contact with infected people or animals, even asymptomatic, should not donate blood until 21 days have passed since the contact; ii) anyone who has been infected should not donate blood for at least 21 days after the onset of symptoms, and until all symptoms and lesions are fully resolved.

On 19 July 2022, the [United Kingdom Health Security Agency \(UKHSA\)](#) updated their contact tracing guidance. The guidance now classifies contacts in risk categories to guide the isolation, vaccination and follow-up advice offered to contacts of monkeypox cases.

## West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 22 July 2022

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

→Update of the week

Since last week's update, and as of 20 July 2022, European Union (EU) and European Economic Area (EEA) countries have reported 17 human cases of West Nile virus (WNV) infection and four deaths related to WNV infections. Cases were reported by Italy (14) and Greece (3). Deaths were reported by Italy (4). EU-neighbouring countries have reported one human cases of WNV infection in Serbia (1). There were no deaths related to WNV infections.

## Non EU Threats

### New! Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022

Latest update: 22 July 2022

On 17 July 2022, an outbreak of Marburg virus disease was declared in Ghana. This is the first outbreak of Marburg virus disease identified in Ghana.

→Update of the week

On 17 July 2022, Ghana [declared its first ever outbreak of Marburg virus disease](#), following the confirmation of two cases from the southern Ashanti region. On 26 June, a 26-year-old male was admitted to hospital in the Ashanti region in Ghana and died on 27 June. On 28 June, a 51-year-old male was admitted to the same hospital and died the same day. Both cases presented with symptoms including diarrhoea, fever, nausea and vomiting. Preliminary analysis detected Marburg virus disease which was later confirmed by the Institut Pasteur in Dakar, Senegal. Health authorities in Ghana, with the support of WHO, are following up 90 contacts.

### New! Cholera - Iraq - 2022

Opening date: 22 July 2022

Latest update: 22 July 2022

On 19 June 2022, the Minister of Health of Sulaymaniyah governorate, Iraq, officially declared an emergency due to a cholera outbreak.

→Update of the week

As of 17 July 2022, 149 new confirmed cholera cases and one new fatality had been reported. This brings the total to 309 confirmed cases and three fatalities since the beginning of the outbreak. The Iraqi Department of Public Health is [conducting](#) an awareness campaign against cholera and WHO is [supporting](#) by providing medical supplies to affected areas.

On 7 July 2022, an imported case of *Vibrio cholerae* O1, enterotoxin-producing was diagnosed in Sweden. The person presented symptoms in the Kurdistan region of Iraq mid-June and travelled to Sweden on 26 June. The person sought medical care one week after arrival in Sweden and was admitted to hospital. The case has now recovered and been discharged. This constitutes the second imported case of *Vibrio cholerae* O1, enterotoxin-producing from Iraq to Sweden since mid-June 2022, the first case having occurred on 12 June 2022.

## New! Poliovirus - US -2022

Opening date: 22 July 2022

Latest update: 22 July 2022

On 21 July 2022 the New York State Health Department confirmed a case of paralytic polio virus in Rockland County.

→Update of the week

On 21 July 2022, the New York State Department of Health (NYSDOH) and the Rockland County Department of Health alerted the public to a case of poliomyelitis in a Rockland County resident. According to the Global Polio Eradication Initiative (GPEI), this is a case of paralytic polio in an unvaccinated individual. Media are reporting that the individual is a 20-year-old male who travelled to Poland and Hungary this year and was hospitalised in the US in June. The US Centers for Disease Control and Prevention (CDC) are coordinating the investigation with the New York State health authorities.

Initial sequencing confirmed by CDC indicates that the case is type 2 VDPV. This is indicative of a transmission chain from an individual who received the oral polio vaccine (OPV), which is no longer authorised or administered in the US, which has only been using the inactivated polio vaccine (IPV) since 2000. This suggests that the virus may have originated in a location outside of the US where OPV is administered, since revertant strains cannot emerge from inactivated vaccines. Further investigations are ongoing.

Rockland County is recommending vaccination for all non-vaccinated individuals and, with support from the US CDC, they will be conducting a vaccination campaign that is due to begin on Friday 22 July.

## Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 22 July 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 21 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low overall.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high along the coasts of Finland, western and southern Estonia, Latvia, Lithuania, Poland, Mecklenburg-Vorpommern (Germany), Copenhagen (Denmark), Malmö (Sweden), Kalmar (Sweden) and Stockholm (Sweden), and very-low-to-low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to low. It is considered to be medium-to-high for the next five days.

Since May 2022 and as of 21 July 2022, two human cases of locally-acquired vibriosis have been reported in [Sweden](#).

Since May 2022 and as of 21 July 2022, two human cases of locally-acquired vibriosis have been reported in [Norway](#).

On 18 July 2022, the [Estonian Health Board](#) reported that there had been two or three cases of vibriosis in Estonia this summer. All of the cases were in children under one year.

On 21 July 2022, the [State Office for Health and Social Affairs of Mecklenburg-Western Pomerania](#) (Germany) reported that there had been three cases of vibriosis in the region in 2022.

## Mass gatherings - Hajj - Saudi Arabia - 2022

Opening date: 8 July 2022

Latest update: 22 July 2022

The Hajj is an annual Islamic pilgrimage to Mecca in Saudi Arabia, a mandatory religious duty for all adult Muslims that must be carried out at least once in their lifetime. This year, Hajj took place from 7 to 12 July. Around one million pilgrims were permitted to attend. ECDC monitored this event through its epidemic intelligence activities from 4 July to 19 July 2022 and reported on a weekly basis.

→Update of the week

Saudi Arabia's General Authority for Statistics [estimated](#) that a total of 900 000 pilgrims attended Hajj this year. Of those, 780 000 were from outside of Saudi Arabia, and the vast majority of them arrived by plane (738 000). An estimated 90 000 pilgrims arrived from Europe, the United States and Australia combined. [Media](#) reports that about 9 000 arrived from France.

On 14 July 2022, [Saudi Arabia's Ministry of Health](#) reported a first case of monkeypox (MPX) in the capital city Riyadh in a person with a travel history abroad.

As of 19 July 2022, no events of public health concern had been detected by ECDC through its epidemic intelligence activities. This is the last ECDC monitoring report for the Hajj this season.

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

Opening date: 9 December 2019

Latest update: 22 July 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 15 June 2022, the [32nd meeting](#) of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

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

→Update of the week

Since the previous update on 1 July 2022 and as of 19 July 2022, 26 new cases (25 in 2022 and 1 in 2021) of AFP caused by poliovirus have been reported.

### Wild poliovirus (WPV1):

- One new case of AFP caused by WPV1 has been reported from Pakistan.

Circulating vaccine-derived poliovirus (cVDPV):

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

- 24 new cases of AFP caused by cVDPV2 have been reported in 2022 from eight countries: Yemen (9), Niger (4), Chad (3), Nigeria (3), Benin (2), Algeria (1), Eritrea (1) and Ghana (1). One new cases of AFP caused by cVDPV2 have been reported in 2021 from Niger.

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

## II. Detailed reports

### COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 22 July 2022

#### Epidemiological summary

##### EU/EEA

As of week 2022-28, 157 398 667 cases have been reported in the EU/EEA: France (33 040 226), Germany (29 758 557), Italy (20 145 859), Spain (13 184 920), Netherlands (8 284 022), Poland (6 040 968), Portugal (5 293 693), Austria (4 648 908), Belgium (4 368 595), Greece (3 976 028), Czechia (3 949 050), Romania (2 964 203), Denmark (2 879 155), Sweden (2 530 517), Slovakia (2 311 702), Hungary (1 951 160), Norway (1 745 590), Ireland (1 613 512), Lithuania (1 413 470), Bulgaria (1 184 432), Finland (1 172 476), Croatia (1 168 111), Slovenia (1 060 808), Latvia (843 977), Cyprus (665 235), Estonia (569 132), Luxembourg (309 432), Iceland (204 713), Malta (111 000) and Liechtenstein (18 281).

As of week 2022-28, 1 128 236 deaths have been reported in the EU/EEA: Italy (171 536), France (164 675), Germany (142 617), Poland (116 840), Spain (109 690), Romania (65 766), Hungary (45 528), Czechia (40 298), Bulgaria (37 291), Belgium (32 087), Greece (30 715), Portugal (24 468), Netherlands (22 435), Slovakia (19 485), Sweden (19 210), Austria (16 449), Croatia (16 156), Lithuania (9 206), Slovenia (7 859), Finland (6 843), Denmark (6 559), Latvia (6 514), Ireland (6 409), Norway (3 504), Estonia (2 485), Luxembourg (1 305), Cyprus (1 285), Malta (772), Iceland (179) and Liechtenstein (82).

In week 2022-28, in the EU/EEA overall, the reported weekly cases decreased by 7.6% compared to the previous week. Overall, 14 countries reported a decrease in weekly cases (Norway, Cyprus, Malta, Spain, Portugal, Iceland, France, Ireland, Belgium, Luxembourg, Liechtenstein, Denmark, Netherlands and Greece) while 16 countries reported an increase in weekly cases (Czechia, Poland, Romania, Lithuania, Latvia, Slovakia, Bulgaria, Estonia, Sweden, Hungary, Slovenia, Finland, Croatia, Austria, Italy and Germany). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (4 945), France (2 373), Italy (2 325), Greece (2 303), and Luxembourg (2 135).

At the end of week 28, 2022 (week ending 17 July), cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data, corresponding to a 32% increase compared to the previous week at EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into higher rates of severe disease.

Of 35 countries with data on hospital or ICU admissions/occupancy up to week 28, 18 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been stable for one week (11.3 deaths per million population, compared with 11.5 deaths the previous week). Increasing trends in the COVID-19 death rate were observed in seven countries.

Among the 15 countries with an adequate sequencing volume for weeks 26–27 (27 June to 10 July 2022), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 90.2% (20.7–99.9% from 15 countries) for BA.4/BA.5, 8.8% (0.1–78.8% from 15 countries) for BA.2, 3.9% (1.3–5.7% from six countries) for BA.2+L452X, 0.3% (0.1–0.4%, 198 detections from five countries) for BA.1, 0.1% (0.1–0.1%, one detection from one country) for B.1.1.529 and 0.1% (0.0–0.5%, five detections from three countries) for B.1.617.2.

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

##### EU

As of week 2022-28, 155 430 083 cases and 1 124 471 deaths have been reported in the EU.

##### Western Balkans and Turkey:

As of week 2022-28, the following Western Balkan countries reported COVID-19 cases: Serbia (2 054 636), Bosnia and Herzegovina (380 932), North Macedonia (318 138), Albania (290 954), Montenegro (246 596) and Kosovo\* (235 921).

As of week 2022-28, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 168), Bosnia and Herzegovina (15 817), North Macedonia (9 341), Albania (3 517), Kosovo (3 137) and Montenegro (2 730).

Additionally, as of week 2022-28, 15 297 539 cases and 99 088 deaths have been reported from Turkey.

\*This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244/1999 and the

International Court of Justice Opinion on the Kosovo Declaration of Independence

As of week 13, 2022, ECDC discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies which affected the reliability of the indicators for all age case rates and test positivity.

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

### Variant update

Since the last update on 15 July 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

The detections of VOI BA.2.75 (Omicron) remains low both worldwide and in the EU/EEA. The detections as of 21 July 2022 are: Australia (10), Austria (1), Canada (15), China (1), Denmark (1), France (2), Germany (6), India (317), Indonesia (4), Israel (3), Japan (11), Luxembourg (1), Martinique (1), Nepal (10), Netherlands (1), New Zealand (6), Peru (1), Thailand (1), Turkey (1), USA (17), United Kingdom (18).

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

As of 20 June 2022, ECDC is discontinuing the data collection and publication of the number of COVID-19 cases and deaths worldwide. Please refer to the World Health Organization (WHO) data on COVID-19 and the WHO Weekly Epidemiological and Weekly Operational Updates page for the non-EU/EEA countries.

### Other news

On 12 July 2022, the World Health Organization (WHO) published a [news item](#) with the recommendations of the European Technical Advisory Group of Experts on Immunization (ETAGE) for the COVID-19 vaccination strategy during the autumn. According to the news item, ETAGE has advised Member States to step up their efforts to ensure that all those eligible are up-to-date with their COVID-19 vaccines in alignment with national COVID-19 vaccination policies for the primary series and first booster dose. In addition, ETAGE recommended the following: administering a second booster dose to moderately and severely immunocompromised individuals and their close contacts; considering the offer of a second booster dose to specific risk-groups and considering co-administration of COVID-19 and seasonal influenza vaccines. The full ETAGE recommendations can be found [here](#).

On 14 July 2022, the World Health Organization (WHO) published the 10th version of its [Therapeutics and COVID-19: living guideline](#). The latest updates include two new recommendations not to use fluvoxamine, and a strong recommendation against the use of colchicine, both in patients with non-severe COVID-19.

On 14 July 2022, the World Health Organization (WHO) published a [factsheet](#) about global immunisation coverage. According to the factsheet, the COVID-19 pandemic and associated disruptions have severely affected vaccination coverage globally. It is estimated that 25 million children missed out on vaccination in 2021, 5.9 million more than in 2019 and the highest number since 2009. The factsheet summarises vaccination coverage in 2021 against haemophilus influenzae type b, hepatitis B, human papillomavirus, meningitis A, measles, mumps, pneumococcal diseases, poliomyelitis, rotaviruses, rubella, tetanus and yellow fever.

As of 18 July 2022, a second booster dose of the COVID-19 vaccine will be available to those over 18 years of age in [Czechia](#), if it has been at least four months since the receipt of the first booster dose. The second booster dose is especially recommended for those over 60 years of age and those at high-risk of severe COVID-19 outcomes. The mRNA vaccines, Comirnaty (Pfizer/BioNTech) and Spikevax (Moderna) will be used.

On 15 July 2022, the United Kingdom Health Security Agency (UKHSA) published a [press release](#) stating that everyone aged 50 years and over will be offered an additional COVID-19 booster and a seasonal influenza vaccine this autumn, to increase protection against respiratory viruses ahead of winter. Eligible individuals will also include those aged between five and 49 years, who belong to at-risk groups (including [clinical risk groups](#), pregnant women, household contacts of people with immunosuppression, carers, residents and staff in care homes, and frontline health and social care workers).

According to a [media report](#) quoting Taiwanese health authorities, Taiwan will commence vaccination of children from six months to five years of age. A batch of 6 400 doses of Moderna paediatric vaccine against COVID-19 will be given to this age group in Miaoli County starting on 21 July 2022. Children from [5 to 11 years of age](#) are vaccinated in Taiwan with the Pfizer/BioNTech vaccine.

On 16 July 2022, [Australia's National Cabinet](#) agreed to reinstate the Pandemic Leave Disaster Payment until 30 September 2022, in recognition of the risks associated with more infectious new variants through the winter period. Eligibility will be backdated to 1



July 2022, to support those without access to paid sick leave needing to isolate in this period. Access to these payments will commence 20 July 2022, with existing eligibility requirements to continue.

On 19 July 2022, a [statement](#) was released by WHO Regional Director for Europe, Dr Hans Kluge, outlining that amid rapidly escalating COVID-19 cases and reduced virus surveillance, a challenging autumn and winter are forecasted for the region. Countries are urged to follow the newly-released autumn/winter strategy by WHO/Europe for COVID-19 and other respiratory viruses. This includes five pandemic stabilisers: increasing vaccine uptake in the general population; administering a second booster dose to specific at-risk groups; promoting mask use indoors and on public transportation; ventilating crowded and public spaces and applying rigorous therapeutic protocols to those at risk of severe disease.

On 18 July 2022, the [European Medicines Agency](#) (EMA) announced that they have started evaluating a request to extend the use of the Comirnaty COVID-19 vaccine (Pfizer–BioNTech) for children from six months to four years of age.

On 19 July 2022, the United States Centres for Disease Control and Prevention ([US CDC](#)) issued a media statement endorsing the recommendation of the CDC Advisory Committee on Immunization Practices (ACIP) to use the Novavax COVID-19 vaccine as another primary series option for adults from 18 years of age. This vaccine will be available in the coming weeks in the US.

### 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](#) and [twelfth](#) 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 and 11 April 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 web page](#).

### 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 web page on variants](#).

## Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 22 July 2022

### Epidemiological summary

#### EU/EEA

Since the start of the outbreak and as of 21 July 2022, 8 697 confirmed cases of monkeypox have been reported from 27 EU/EEA countries: Spain (3125), Germany (2191), France (912), Netherlands (712), Portugal (515), Italy (374), Belgium (312), Austria (91), Sweden (77), Ireland (69), Denmark (48), Norway (46), Poland (40), Hungary (32), Slovenia (27), Greece (20), Romania (19), Malta (17), Czechia (14), Luxembourg (14), Finland (13), Iceland (9), Croatia (7), Estonia (4), Bulgaria (3), Latvia (3) and Slovakia (3).

#### Western Balkans and Turkey

Since the start of the outbreak and as of 21 July 2022, the following Western Balkan countries have reported confirmed MPX cases: Serbia (5) and Bosnia and Herzegovina (1). There is one confirmed case in Turkey.

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

### ECDC assessment

Monkeypox (MPX) does not spread easily between people. Human-to-human transmission of MPX occurs through close contact with infectious material from the skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact and through fomites.

In the current outbreak in non-endemic countries, cases of MPX are still primarily being identified among groups of men who have sex with men (MSM) aged 18-50 years. Particular sexual practices are very likely to have facilitated - and could further facilitate - the transmission of MPX among MSM groups. Despite the current focus of circulation of MPX virus (MPXV) among groups of MSM with multiple partners, the potential exists for transmission in other population groups. As regards the severity of the disease, in this outbreak cases have presented with mild to-moderate symptoms with only a few hospitalisations reported. Severity of MPX may be higher among young children, pregnant women, and immunocompromised individuals.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high and the likelihood of spreading among the broader population is assessed as very low. The impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population. The risk of establishment of an enzootic cycle in EU/EEA and spill-over events to humans is considered to be low.

In endemic areas, MPX virus has been detected in a broad range of animal species, and the occurrence of zoonotic transmission events cannot be excluded, but there is no documented evidence of human-to-animal or animal-to-human transmission in the EU/EEA to date.

Early diagnosis, isolation, effective contact tracing, and vaccination strategies are the key to effective control of this outbreak. It is essential to underpin all response measures with strong risk communication and community engagement efforts, as well as awareness and educational activities for health professionals. At this point, mass vaccination for MPX is not required or recommended. Unless contact tracing can successfully identify a high proportion of infected contacts, mathematical modelling results indicate that targeted pre-exposure vaccination (PrEP) of individuals at high risk of exposure would be the most effective strategy in the use of vaccines to control the outbreak. PrEP vaccination would also be the most efficient strategy when there is less effective tracing. Therefore, prioritising groups of MSM at higher risk of exposure, as well as front-line staff with a risk for occupational exposure, should be considered when developing vaccination strategies. Modelling the efficient use of vaccines indicates that PrEP vaccination would be the most efficient strategy when there is less effective tracing. The modelling also suggests that post-exposure prophylaxis (PEP) vaccination of contacts would offer a marginally more efficient approach if there are both higher uptake levels and more effective tracing (as fewer vaccines would be needed for a relatively larger increase in the probability of outbreak control per vaccinated individual), while the absolute probability of outbreak control with PEP vaccination is still lower than with PrEP vaccination. In settings where higher vaccine uptake is expected, PEP vaccination of close contacts of cases should also be considered, or even ring vaccination. Among these, contacts with a high risk of developing severe disease, such as children, pregnant women and immunocompromised individuals, should be prioritised. Targeted national vaccination programmes should be implemented within a framework of collaborative research and clinical trial protocols, with standardised data collection tools for clinical and outcome data.

## Actions

ECDC will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad hoc basis. Multi-lateral meetings between affected countries, WHO EURO, and ECDC have taken place to share information and coordinate response. A process in [EpiPulse](#) has been created to allow countries to share information with one another, WHO, and ECDC. Case reporting in TESSy was set up on 2 June 2022. ECDC published a [rapid risk assessment](#) on 23 May 2022, and an [update](#) of this on 8 July 2022. For all the latest updates, visit [ECDC's monkeypox page](#).

ECDC is also offering laboratory support to Member States and collaborating with stakeholders on risk communication activities, such as targeted messaging for the general public and for MSM communities, and providing guidance to countries hosting events in the summer. ECDC is also providing 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.

## West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 22 July 2022

## Epidemiological summary

Since last week's update, and as of 20 July 2022, European Union (EU) and European Economic Area (EEA) countries reported 17 human cases of West Nile virus (WNV) infection and four deaths related to WNV infections. Cases were reported by Italy (14) and Greece (3). Deaths were reported by Italy (4). EU-neighbouring countries reported one human cases of WNV infection in Serbia (1). There were no deaths related to WNV infections.

Since the beginning of the 2022 transmission season and as of 20 July 2022, EU/EEA countries have reported 19 human cases of WNV infection in Italy (15) and Greece (4) and four deaths in Italy (4). EU-neighbouring countries have reported two human cases of WNV infection in Serbia (2) and no deaths.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 13 different NUTS 3 or GAUL 1 regions.

Since the beginning of the 2022 transmission season, no outbreaks among equids and six outbreaks among birds have been reported by EU/EEA countries.

Outbreaks among birds have been reported by Italy (5) and Germany (1).

**ECDC links:** [West Nile virus infection webpage](#)

**Sources:** TESSy | Animal Disease Information System

## ECDC assessment

During the current transmission season and as of 20 July 2022, the human cases reported were from countries and regions that reported WNV infections in previous years.

The number of countries reporting cases, the number of cases and the number of deaths are within the range of those reported by EU/EEA and neighbouring countries at this stage of the transmission season in previous years.

At this stage in the season, the number of cases and deaths in Italy are higher than in the previous three years, however, they are lower than those observed in 2018.

In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

## Actions

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

## Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 20.07

ECDC and ADIS



**Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and neighbouring countries during the 2022 season, as of 20 of July 2022**

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics ©  
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 21 July 2022

## Distribution of human West Nile virus infections by affected areas as of 20.07

ECDC

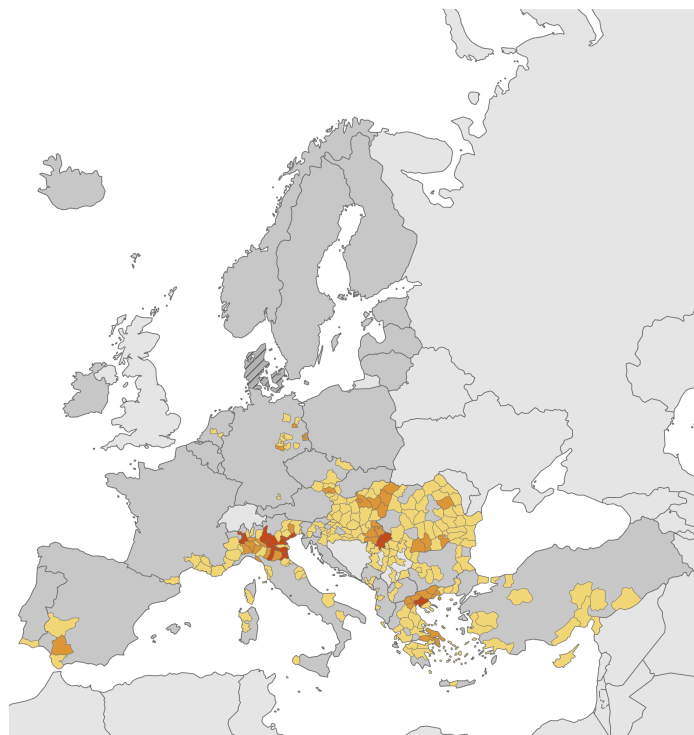


**Distribution of human West Nile virus infections in NUTS 3 or GAUL 1 regions in the EU/EEA and neighbouring countries during 2011–2022, as of 20 of July 2022**

- Human infections reported, current season (2022)
- Human infections reported, 2021
- Human infections reported, 2011–2019
- No data reported
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics ©  
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 21 July 2022

## New! Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022

Latest update: 22 July 2022

## Epidemiological summary

On 17 July 2022, Ghana [declared its first ever outbreak of Marburg virus disease](#), following the confirmation of two cases from the southern Ashanti region. On 26 June, a 26-year-old male was admitted to hospital in the Ashanti region in Ghana and died on 27 June. On 28 June, a 51-year-old male was admitted to the same hospital and died the same day. Both cases presented with symptoms including diarrhoea, fever, nausea and vomiting. Preliminary analysis detected Marburg virus disease which was later confirmed by the Institut Pasteur in Dakar, Senegal. Health authorities in Ghana, with the support of WHO, are following up 90 contacts.

## ECDC assessment

Marburg virus disease is a highly infectious viral haemorrhagic fever in the same family as the Ebola virus disease. Marburg virus disease is transmitted to people from fruit bats and spreads among humans through direct contact with the bodily fluids of infected people, surfaces and materials. Illness begins abruptly, with high fever, severe headache and malaise. Many patients develop severe haemorrhagic signs within seven days. Case fatality rates have varied from 24% to 88% in past outbreaks, depending on virus strain and case management.

Although there are no vaccines or antiviral treatments approved to treat the virus, supportive care – rehydration with oral or intravenous fluids – and treatment of specific symptoms, improves the chances of survival. A range of potential treatments, including blood products, immune therapies and drug therapies, as well as candidate vaccines with phase 1 data are being evaluated.

Previous outbreaks and sporadic cases of Marburg virus disease in Africa have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa and Uganda. Only one other case has been reported in West Africa, in [Guinea](#) on 16 September 2021. This is the first outbreak to occur in Ghana.

WHO has deployed experts to support Ghana's health authorities in investigations.

The likelihood of infection of EU/EEA citizens in Ghana, as well as the likelihood of Marburg virus being imported to the EU/EEA is very low.

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

## Actions

ECDC will continue to monitor this event through epidemic intelligence activities and report relevant news on an ad-hoc basis.

## New! Cholera - Iraq - 2022

Opening date: 22 July 2022

Latest update: 22 July 2022

## Epidemiological summary

On 19 June 2022, the Minister of Health of Sulaymaniyah governorate, Iraq, officially declared an emergency due to the cholera outbreak. A comprehensive plan was adopted to control the outbreak, including support to case detection teams, epidemiological investigations, laboratory and testing capacity, provision of medicines and medical supplies, coordinating hospitals to receive patients and awareness campaigns in media and social media, through religious leaders and at markets, restaurants and drinking water sources.

On 8 July 2022, media quoting the Ministry of Health reported 21 additional confirmed cases of cholera, bringing the total to 160 confirmed cases including two deaths. Cases have been reported in Kirkuk (80), Al-Rusafa (37), Dhi Qar (13), Sulaymaniyah (10), Diyala (10), Al-Muthanna (3), Babil (2), Al-Karkh (2), Wasit (2) and Al-Najaf (1). Deaths have been reported in Kirkuk (1) and Baghdad (1).

On 16 July 2022, [media](#) quoting the Ministry of Health reported that cholera confirmed cases surpassed 300 after confirming 52 additional cases and one fatality.

**Sources:** WHO IHR, [Iraq UN](#), [MoH press release 1](#), [MOH press release 2](#), [MOH press release 3](#), media [[1](#), [2](#)]

## ECDC assessment

Cholera cases have been reported in the past in Iraq and have continued to be reported in western Africa and South-East Asia in recent months. The drought affecting several governorates of Iraq has reduced access to safe drinking water, thereby increasing the risk of cholera. In addition, recent [earthquake](#) activity in the region (Turkey, Afghanistan and Iran) may have damaged infrastructure, also leading to a reduction in the supply of drinking water.

Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases in the EU/EEA remains possible.

The annual pilgrimage to the city of Mecca in Saudi Arabia, known as Hajj, will take place this year from 7 to 12 July 2022. In light of this pilgrimage and the proximity to the border, hygiene and preventive measures must be followed to reduce the risk of regional spread.

## Actions

ECDC will monitor this event through epidemic intelligence activities. 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](#).

## New! Poliovirus - US -2022

Opening date: 22 July 2022

Latest update: 22 July 2022

## Epidemiological summary

On 21 July 2022, the New York State Department of Health (NYSDOH) and the Rockland County Department of Health alerted the public to a case of poliomyelitis in a Rockland County resident. According to the Global Polio Eradication Initiative (GPEI), this is a case of paralytic polio in an unvaccinated individual. Media are reporting that the individual is a 20-year-old male who travelled to Poland and Hungary this year and was hospitalised in the US in June. The US Centers for Disease Control and Prevention (CDC) are coordinating the investigation with the New York State health authorities.

Initial sequencing confirmed by CDC indicates that the case is type 2 VDPV. This is indicative of a transmission chain from an individual who received the oral polio vaccine (OPV), which is no longer authorised or administered in the US, which has only been using the inactivated polio vaccine (IPV) since 2000. This suggests that the virus may have originated in a location outside of the US where OPV is administered, since revertant strains cannot emerge from inactivated vaccines. Further investigations are ongoing.

Rockland County is recommending vaccination for all non-vaccinated individuals and, with support from the US CDC, they will be conducting a vaccination campaign that is due to begin on Friday 22 July.

**Sources:** [New York State Health Department](#) | [Rockland County Health Department](#) | [GPEI](#) | [Washington Post](#)

## ECDC assessment

Poliomyelitis is a highly infectious viral disease that can affect the nervous system and cause muscle weakness. The polio virus typically enters the body through the mouth, usually from hands contaminated with faecal matter from an infected person. Respiratory and oral-to-oral transmission through saliva may also occur. Symptoms, which can be mild and flu-like (fatigue, fever, headache, stiffness, muscle pain, vomiting), can take up to 30 days to appear, during which time an infected individual may transmit the virus to others. Though rare, some polio cases can result in paralysis or death.

[Polio vaccination](#) is recommended in all EU Member States, and is mandatory for children in 12 of them. Two doses of polio vaccines are 90% effective against polio, while three doses are more than 99% effective at preventing [disease](#). The risk of polio for vaccinated individuals remains low. The EU/EEA has remained polio-free since 2002, and in 2021 [coverage](#) in the WHO's European Region was estimated to be 94%, although there is variation by country.

The risk to EU/EEA citizens from this individual case is low, however it is unclear where the case acquired the infection (possibly while traveling within the EU/EEA). The risk of the virus being reintroduced does exist as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis has not been [eradicated](#).

For further information on poliomyelitis please see ECDC's [factsheet](#). For information on diagnosing and addressing behavioural

14/18

barriers to vaccine acceptance, please see ECDC's [publication](#) on increasing vaccine uptake. For communication resources relating to poliomyelitis please see ECDC's [communication toolkit on immunization](#), including polio.

## Actions

ECDC will continue to monitor this event through Epidemic Intelligence activities and will liaise with the Epidemic Intelligence team at the US CDC for further information and updates.

## Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 22 July 2022

### Epidemiological summary

As of 21 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low to low overall.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high along the coasts of Finland, western and southern Estonia, Latvia, Lithuania, Poland, Mecklenburg-Vorpommern (Germany), Copenhagen (Denmark), Malmö (Sweden), Kalmar (Sweden) and Stockholm (Sweden) and very low-to-low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very-low-to-low. It is considered to be medium to high for the next five days.

Since May 2022 and as of 21 July 2022, two human cases of locally-acquired vibriosis have been reported in [Sweden](#).

Since May 2022 and as of 21 July 2022, two human cases of locally-acquired vibriosis have been reported in [Norway](#).

On 18 July 2022, the [Estonian Health Board](#) reported that there had been two or three cases of vibriosis in Estonia this summer. All of the cases were in children under one year.

On 21 July 2022, the [State Office for Health and Social Affairs of Mecklenburg-Western Pomerania](#) (Germany) reported that there had been three cases of vibriosis in the region in 2022.

Source: [ECDC Vibrio Map Viewer](#)

### ECDC assessment

Elevated sea surface temperatures (SSTs) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content.

These *Vibrio* species can cause vibriosis (non-cholera), particularly species such as *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. In the past, vibriosis in humans in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius).

The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when a cut or skin abrasions have been exposed to contaminated seawater, primary septicemia, and otitis externa.

In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

## Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2022 and reports on increased environmental suitability for the growth of *Vibrio* bacteria.

## Mass gatherings - Hajj - Saudi Arabia - 2022

Opening date: 8 July 2022

Latest update: 22 July 2022

### Epidemiological summary

Here we provide a short epidemiological summary of some infectious diseases:

**Monkeypox (MPX):** No new cases reported in Saudi Arabia, since the report on the first case (14 July 2022) in the capital city Riyadh in a person with a travel history abroad ([MoH report](#)). According to a [WHO](#) report on 4 July 2022, 15 cases were reported in three WHO Eastern Mediterranean Region countries: Lebanon (1), Morocco (1) and the United Arab Emirates (13). The risk of monkeypox spread is considered low for the broader population in Saudi Arabia.

**COVID-19:** from the beginning of the pandemic, and as of 21 July 2022, [Saudi Arabia](#) reported 806 401 confirmed COVID-19 cases, including 9 236 deaths, an increase of 4 466 cases and eight deaths since the previous report on 14 July.

According to [media](#) report on 11 July, 38 COVID-19 cases had been detected at holy sites since the beginning of Hajj.

According to a [media](#) report on 23 May, Saudi Arabia's administration issued a ban on Saudi citizens travelling to certain countries, given the surge in COVID-19 and monkeypox cases.

According to the media, some countries have implemented COVID-19 screening or have provided health recommendations for pilgrims returning from Hajj, including [Algeria](#), [Kuwait](#), [Indonesia](#), [Iran](#) and [Tunisia](#).

Following media reports, in Indonesia [13 Hajj returnees tested positive for COVID-19](#), while [COVID-19 booster shots have been mandatory](#) for all Hajj pilgrims returning to the country who have not yet received a booster.

**MERS-CoV:** no cases have been reported in Saudi Arabia in 2022 and as of 14 July 2022. Overall, 2 124 human cases have been reported in Saudi Arabia since 2012, 17 of which were reported in 2021. Globally, the most recent case in 2022 was reported from Qatar with exposure outside of the country.

**Sources:** Ministry of Health, Saudi Arabia [1](#), [2](#) | [media report](#) | [WHO](#) | [Joint ECDC-WHO surveillance bulletin](#) |

### ECDC assessment

The risk of EU/EEA citizens becoming infected with communicable diseases during the 2022 Hajj is considered low, thanks to the vaccination requirements for travelling to Mecca and the Saudi Arabian preparedness plans that address the management of health hazards before, during, and after Hajj. As with other mass gathering events, the risk of communicable disease outbreaks is greatest for respiratory and food- and waterborne diseases. Outbreaks of MERS-CoV continue to be reported from the Arabian Peninsula, which implies that there is a risk of cases being imported to Europe after the Hajj. The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied.

ECDC published a [rapid risk assessment](#) on Hajj on 2 July 2019; the risks and advice to pilgrims attending the Hajj remain valid for this year.

### Actions

ECDC monitors this event through its intelligence for mass gatherings from 4 July to 19 July 2022, and reports weekly in the CDTR.

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

Opening date: 9 December 2019

Latest update: 22 July 2022

### Epidemiological summary

#### Wild poliovirus:

In 2022, and as of 19 July 2022, 14 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries, Pakistan (12) and Afghanistan (1), and one non-endemic country, Mozambique (1). One associated death has been reported in [Pakistan](#).



In 2021, and as of 28 June 2022, six cases of AFP caused by WPV1 were reported from the two endemic countries, Afghanistan (4) and Pakistan (1), and from the non-endemic country, Malawi (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2022, and as of 19 July 2022, five cases of AFP caused by cVDPV1 have been reported from Madagascar. In total, 175 cases of AFP caused by cVDPV2 have been reported from 12 countries: Democratic Republic of the Congo (63), Yemen (54), Nigeria (30), Chad (8), Niger (8), Mozambique (4), Benin (2), Somalia (2), Algeria (1), Eritrea (1) Ghana (1) and Togo (1). One case of AFP caused by cVDPV3 has been reported from Israel, which is part of an outbreak involving an additional six samples from asymptomatic children that tested positive for cVDPV3.

In 2021, and as of 19 July 2022, 16 cases of AFP caused by cVDPV1 were reported from Madagascar (13) and Yemen (3). There were 682 cases of AFP caused by cVDPV2 reported from 22 countries: Nigeria (415), Yemen (66), Afghanistan (43), Tajikistan (35), Democratic Republic of the Congo (28), Niger (18), Senegal (17), Ethiopia (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), Ukraine (2), Eritrea (1) and Somalia (1). No cases of AFP caused by cVDPV3 were reported.

**Sources:** [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WPV3 eradication certificate](#) | [Pakistan Polio Eradication Programme](#)

## ECDC assessment

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, as long as 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 [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report from the September 2021 assessment, referring to data from 2020, two EU/EEA countries (Poland and Romania) and one neighbouring country (Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity. According to the same report, an additional 11 EU/EEA countries are at intermediate risk of sustained polio outbreaks. 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 underimmunised populations. Despite the current challenges relating to the COVID-19 pandemic, Member States should review their polio vaccination coverage data and ensure there are no vaccination gaps.

[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. Such individuals must receive a dose of bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) between four weeks and 12 months prior to international travel.

**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.