

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 10, 3 - 9 March 2024

This week's topics

- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring
- SARS-CoV-2 variant classification
- Sexually Transmitted Infections under EU/EEA surveillance on the rise in 2022
- Increase in Psittacosis cases reported by some EU/EEA Member States
- Product safety recall: InterPharma Sodium Chloride 0.9% 30ml linked to *Ralstonia pickettii* contamination
- Cholera – Comoros – 2024 - Weekly monitoring
- Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring

- Syndromic surveillance in primary and secondary care indicate that **respiratory activity remains elevated and above baseline levels**, driven largely by influenza. However, stable or decreasing trends in consultation rates are observed at the country level.
- **All indicators pointed to continued elevated, but decreasing, influenza activity in the EU/EEA**
- At the EU/EEA level, a decreasing trend in pooled primary care positivity for influenza has been observed over the past four weeks, with a mixture of stable and decreasing trends observed at the country level.
- Most reporting countries continue to be above the 10% sentinel primary care positivity threshold for influenza.
- At the EU/EEA level, SARI positivity for influenza remains elevated, but a decreasing trend has been observed in the majority of countries reporting this indicator.
- The majority of reporting countries now report medium or low levels of influenza intensity, widespread geographical spread, and above-baseline rates of influenza-like illness.
- A(H1N1)pdm09 continues to be dominant in most countries. While the proportion of influenza B detections has increased relative to type A, influenza B detections remain low overall.
- Interim influenza vaccine effectiveness (VE) estimates for the 2023–2024 season indicate that up to 53% and 44% of vaccinated individuals in primary care or hospital settings, respectively, were protected against mild and severe influenza.
- RSV activity was decreasing overall at the EU/EEA level, although the country-level picture remains mixed.

SARS-CoV-2 activity was low or decreasing in all EU/EEA countries

SARS-CoV-2 variant classification

Since the last update on 16 February 2024, and as of 1 March 2024, **no changes** have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) and de-escalated variants.

The variant landscape in the EU/EEA is clearly dominated by **BA.2.86**. As of 4 March 2024, the median proportion for BA.2.86 in the EU/EEA for week 7 (12 February 2024 to 18 February 2024) is 90.3% (range: 83.3–96.6%).

BA.2.87.1 lineage was classified as a VUM on 2 February 2024. Currently, a small number of sequences of this lineage (9) were detected in South Africa, with collection dates ranging from 20 September to 12 December 2023. As of 7 March 2024, BA.2.87.1 has not been detected outside South Africa. This lineage has been circulating in South Africa at low levels since September 2023, without any clear signs of an increase in proportions or an impact on epidemiological indicators. BA.2.87.1 is genetically distinct from currently circulating variants, carrying around 100 mutations compared with the parental lineage BA.2. It also has a distinct N-terminal domain in the spike protein, including several large deletions, and could potentially be associated with a significant shift in antigenic properties. However, to date no virus neutralisation data are available for BA.2.87.1, and further studies are needed to elucidate the properties of this variant. BA.2.87.1 is unlikely to have an impact on the epidemiological situation in the EU/EEA in the near future.

XBB.1.5-like+F456L lineages are circulating with a median proportion of 3.4% in EU/EEA countries (range: 0–9.5%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

XBB.1.5-like+L455F+F456L variants show a declining trend in the EU/EEA, with a median proportion of 0% (range: 0–8.3%).

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0% (range: 0–1.9%).

Sexually transmitted infections under EU/EEA surveillance on the rise in 2022

- In 2022, the European Surveillance system recorded a new peak in bacterial sexually transmitted infections, with a total of 322 780 cases reported by EU/EEA countries, surpassing the previous peak in 2019.
- In 2022, chlamydia, gonorrhoea and syphilis notification rates per 100 000 population increased by 16%, 48% and 34% respectively, compared with 2021.
- In 2022, gonorrhoea notification rates were highest among young people aged 20-24, for both women and men. Among young women 20-24 years, there was a 63% increase in notification rates compared to 2021.
- Men who have sex with men continued to account for the majority of syphilis (74%) and gonorrhoea (60%) cases in 2022. The number of cases notified among MSM with HIV-negative status continued to increase.
- According to open-source data, the upward trend for chlamydia, gonorrhoea and syphilis continued in 2023 in several EU/EEA countries.

Increase in Psittacosis cases reported by some EU/EEA Member States

- As of 7 March 2024, five EU/EEA countries have reported seasonal (end of 2023 or beginning of 2024) and/or annual (in 2023) increases in human psittacosis cases.
- Psittacosis is a zoonotic disease, caused by *Chlamydia* [*Chlamydophila*] *psittaci*, primarily affects birds, including both wild and domestic species.
- Human infection typically occurs through inhalation of contaminated dust or contact with infected birds and their faeces.
- Severe clinical manifestation of psittacosis is usually pneumonia, which can be treated effectively with antibiotics; however, untreated cases can be lethal.
- Clinicians and laboratories in EU/EEA countries should consider psittacosis in the differential diagnosis of community acquired pneumonia.
- Individuals that own or handle birds should seek medical attention if they develop acute symptoms such as fever, dry cough, muscle pain, and headache.
- The risk of infection can be mitigated through consistently implementing hygiene measures such as handwashing after contact with birds and appropriate cleaning of the environment where birds are kept.

Product safety recall: InterPharma Sodium Chloride 0.9% 30ml linked to *Ralstonia pickettii* contamination

- On 1 December 2023, the Therapeutic Goods Administration (TGA) in Australia issued a consumer level [recall notice](#) for all batches of **Interpharma Pty Ltd sodium chloride 0.9% 30 mL ampoules** (ARTG numbers **370471** and **370408**).
- On 23 February 2024, Germany reported an ongoing investigation of eleven *R. pickettii* infections in the country, detected since September 2023 in five different federal states. No case has been identified in 2024. This was reported through EWRS.
- Comparing the genetic clusters between Germany and Australia revealed a discrepancy of 26 allele differences, making it inconclusive on whether the outbreaks in both countries are linked to contaminated products from the same manufacturer.
- Batches of the product were likely used in patients who tested positive for *Ralstonia pickettii*.
- Member States are encouraged to investigate possible distribution nationally, and to report any potential *R. pickettii* outbreaks, particularly in healthcare settings.

Cholera – Comoros – 2024 - Weekly monitoring

- Since the last available update on 25 February and as of 4 March 2024, 21 new cholera cases have been reported in Comoros.
- Since the start of the outbreak and as of 4 March 2024, 140 confirmed cholera cases and six deaths have been reported. Cases were reported in Grande Comore (136), Moheli (3), and Anjouan (1).
- Given the intense movement of people between Comoros islands and Mayotte and the favourable local conditions in the island, ECDC assess the risk of cholera for the population living in Mayotte as moderate.

Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

- Since the previous update on 12 February, and as of 4 March 2024, no new MERS-CoV cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2024, and as of 4 March 2024, no MERS-CoV cases have been reported by WHO or national health authorities. The last reported case was in Saudi Arabia with date of onset on 26 October 2023.

1. Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring

Overview:

Respiratory virus activity

- Consultation rates of patients presenting to general practitioners with respiratory illness (influenza-like illness (ILI) and/or acute respiratory infection (ARI)) were reported by 19 EU/EEA countries in week 9, with rates showing a decreasing trend in several countries. The Moving Epidemic Method (MEM) thresholds were available for 17 countries (six for ARI, 16 for ILI), with 11 reporting consultation rates above baseline levels in at least one indicator. ARI rates were low in two countries and medium in one; no country reported high or very high rates. ILI rates were low in seven countries and medium in three; no country reported high or very high rates. Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's [RespiCast](#).
- In primary care sentinel settings, the median test positivity at the EU/EEA level was highest for influenza, at 22% (pooled country data: 16%; interquartile range (IQR) of country values: 14–28%), with a mixture of stable and decreasing trends observed at the country level. Of 16 countries reporting at least 10 tests, 14 observed seasonal influenza activity above the 10% positivity threshold in sentinel primary care. Of 20 countries reporting qualitative assessments of seasonal influenza activity, all but one reported levels above baseline, including 10 with medium and one with high activity. Fifteen out of 21 countries reported widespread geographical spread of seasonal influenza. Influenza detections from non-sentinel sources mirrored the trend observed in sentinel reporting.
- Among the 385 sentinel primary care detections of seasonal influenza, 307 (80%) were typed as influenza virus type A and 78 (20%) were typed as influenza virus type B. Whilst the proportion of B detections increased from 14% in week 8, the overall number of detections in the EU/EEA remains low, with the increase driven by reduced detections of influenza A. Of the influenza type A detections that were further subtyped, 164 (74%) were A(H1)pdm09 and 57 (26%) were A(H3). The remaining 86 influenza type A detections were of unknown subtype. Twenty-one of the influenza type B detections were further defined as B/Victoria lineage, while the remaining 57 were of unknown lineage.
- The median sentinel primary care positivity for SARS-CoV-2 was 0% (pooled: 2%; IQR: 0–2%). This indicator has been decreasing since week 49, 2023. Both primary care sentinel and non-sentinel data at the country level show decreasing trends in all countries reporting data to week 9.
- The median sentinel primary care RSV positivity was 4% (pooled: 5%; IQR: 1–8%). Country-level variation was present, with eight countries continuing to report elevated sentinel positivity and/or increasing or elevated counts of non-sentinel detections.

Severe disease

- Rates of severe acute respiratory infection (SARI) from sentinel secondary sites were comparable to the same time last year in all seven countries reporting data up to week 9. Six out of seven countries reported testing data for all three pathogens.
- The median SARI test positivity for seasonal influenza decreased to 7% (pooled: 14%; IQR: 3–17%), with a decrease observed in most countries reporting this indicator. The pooled test positivity for seasonal influenza has been decreasing since week 5 but remained elevated across all age groups in week 9.
- The median SARI test positivity for RSV was 8% (pooled: 9%; IQR: 5–10%). The highest pooled test positivity was observed in children aged 0–4 years and has been decreasing since week 52, 2023.
- The median SARI test positivity for SARS-CoV-2 was 4% (pooled: 3%; IQR: 3–7%). Overall, rates for non-sentinel hospital admissions, ICU admissions and deaths have gradually decreased since week 50, with decreasing or stable trends observed in all reporting countries.
- [EuroMOMO](#) pooled estimates of weekly excess all-cause mortality showed 'mortality for participating European countries was decreasing after experiencing substantially elevated levels, since December 2023'.

Virus characterisation

Influenza

- WHO [recommends](#) that trivalent vaccines for use during the 2023–2024 influenza season in the northern hemisphere contain the following (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Darwin/9/2021 or A/Darwin/6/2021 (H3N2)-like virus (clade 2a); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- From week 40, 2023 to week 9, 2024, 1 831 A(H1)pdm09, 650 A(H3) and 89 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the A(H1)pdm09 viruses that have been assigned to a clade, 1 096 were reported as clade 5a.2a and 728 were subclade 5a.2a.1. Of the A(H3) viruses that have

- been assigned to a clade, 10 were reported as clade 2a.3a, 607 were subclade 2a.3a.1, one was subclade 2a.3b, and 29 were subclade 2a. All B/Victoria viruses were reported as subclade V1A.3a.2.
- Antigenic characterisation data presented in the WHO [2024-2025 northern hemisphere vaccine composition report](#) indicate current northern hemisphere vaccine components are well matched to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. While components also appear well matched for 2a.3a A(H3) clade viruses, 2a.3a.1 clade viruses are less well matched. Based on human post-vaccination serology studies, haemagglutination inhibition and virus neutralisation against some recent 2a.3a.1 viruses were significantly reduced for some serum panels.
 - ECDC has [published](#) interim influenza vaccine effectiveness (VE) estimates for the 2023–2024 season. Analysis of data submitted from multi-country primary care and hospital study sites between September 2023 and January 2024 indicated that up to 53% and 44% of vaccinated individuals in primary care or hospital settings, respectively, were protected against mild and severe influenza.
 - Updated WHO [recommendations](#) for the composition of trivalent vaccines for use during the 2024–2025 influenza season in the northern hemisphere are as follows (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Thailand/8/2022 or A/Massachusetts/18/2022 (H3N2)-like virus (subclade 2a.3a.1); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).

SARS-CoV-2 variants for weeks 7–8 (12 February to 25 February 2024)

- The estimated distribution (median and IQR of proportions from eight countries) of variants of concern (VOCs) or variants of interest (VOIs) was 92% (90–95%) for BA.2.86 (which includes JN.1 isolates), 2% (1–4%) for XBB.1.5+F456L and 1% (0–2%) for XBB.1.5-like. The proportion of BA.2.86, XBB.1.5-like+F456L and XBB.1.5 have been stable since week 5.

Period overview (week 25, 2023 to week 9, 2024)

Following relatively low respiratory illness transmission over the summer period, consultation rates increased in primary care settings from September. Transmission of SARS-CoV-2 began increasing in late summer, with clear increases observed at the EU/EEA level up to week 49 and decreases in activity thereafter. Activity is currently low in most EU/EEA countries. Similarly, a steady decrease in severe disease has been observed since week 51. COVID-19 has predominantly impacted individuals aged 65 years and above. Week 50 marked the start of the seasonal influenza epidemic. As of week 9, activity remains elevated, although a decreasing trend was observed starting from week 5. Severe disease due to influenza has had an impact on all age groups, but the most severe outcomes were observed in older adults. Since week 6, a decrease in the severe disease indicators for seasonal influenza has been observed in most EU/EEA countries. Both influenza type A and type B viruses have been detected, with a dominance of A(H1N1)pdm09 viruses in most countries and A(H3) dominant or co-dominant in a few countries. RSV activity began increasing around week 41, reaching a peak in week 50 followed by a decreasing trend. In recent weeks, a mixed epidemiological picture has been observed, with increasing and decreasing trends at the country level. RSV continues to have the greatest impact among children aged 0–4 years.

ECDC assessment:

After marking the start of the seasonal influenza epidemic in the EU/EEA in week 50, 2023, seasonal influenza continued to circulate at higher levels than SARS-CoV-2 and RSV in week 9, 2024, although influenza activity has been decreasing over the past four weeks. Notably, the proportion of primary care sentinel detections of influenza type B increased from 7% in week 7 to 20% in week 9—driven by a relative decrease in influenza A detections—however, the overall number of type B detections in the EU/EEA remains low. While influenza type B transmission may increase in the coming weeks, antigenic characterisation data indicate current northern hemisphere vaccine components are well matched to circulating influenza B virus subclades. It remains essential to closely monitor the impact of influenza and other respiratory viruses on hospital and ICU admissions. The combined effect of co-circulating acute respiratory pathogens is likely to increase the burden of severe respiratory disease in the EU/EEA, which may result in further significant pressure on healthcare systems in the coming weeks.

Actions:

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary ([ERVISS.org](#)). Updated weekly, ERVISS describes the epidemiological and virological situation for respiratory virus infections across the EU/EEA and follows the principles of integrated respiratory virus surveillance outlined in '[Operational considerations for respiratory virus surveillance in Europe](#)'.

ECDC published an [epidemiological update](#) that describes the epidemiological situation for acute respiratory infections in EU/EEA countries and provides updated ECDC recommendations to mitigate their impact.

ECDC published guidance on [vaccination rollout for autumn/winter 2023](#), which stresses the importance of influenza and COVID-19 vaccination to protect individuals at increased risk of severe disease – e.g. people aged 60

years and above, and other vulnerable individuals (such as those with underlying comorbidities), irrespective of age.

Sources: [ERVISS](#)

Last time this event was included in the Weekly CDTR: 1 March 2024

2. SARS-CoV-2 variant classification

Overview:

Weekly update on SARS-CoV-2 variants:

Since the last update on 16 February 2024, and as of 1 March 2024, **no changes** have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) and de-escalated variants.

The variant landscape in the EU/EEA is clearly dominated by **BA.2.86**, which was classified as a VOI on 24 November 2023. As of 4 March 2024, the median proportion for BA.2.86 in the EU/EEA for week 7 (12 February 2024 to 18 February 2024) is 90.3% (range: 83.3–96.6%). Among the five EU/EEA countries reporting at least 20 sequences to GISAID EpiCoV for week 7, the proportions of BA.2.86 lineages were as follows: France (84.9%), Ireland (96.6%), Italy (83.3%), Spain (93.4%) and Sweden (90.3%).

A large proportion of the BA.2.86 sequences belong to the sub-lineage JN.1. As of 19 December 2023, due to its rapid increase in proportion, [WHO classified](#) JN.1 as a separate VOI from the parent lineage BA.2.86. The most probable driver of the success of BA.2.86-descendant lineages is immune escape in a population where immunity is increasingly derived from XBB-variants.

BA.2.87.1 lineage was classified as a VUM on 2 February 2024. Currently, a small number of sequences of this lineage (9) were identified in South Africa, with collection dates ranging from 20 September to 12 December 2023. As of 4 March 2024, BA.2.87.1 has not been detected outside South Africa. This lineage has been circulating in South Africa at low levels since September 2023, without any clear signs of an increase in proportions or an impact on epidemiological indicators. BA.2.87.1 is genetically distinct from currently circulating variants, carrying around 100 mutations compared with the parental lineage BA.2. It also has a distinct N-terminal domain in the spike protein, including several large deletions, and could therefore potentially be associated with a significant shift in antigenic properties. However, to date no virus neutralisation data are available for BA.2.87.1, and further studies are needed to elucidate the properties of this variant. BA.2.87.1 is unlikely to have an impact on the epidemiological situation in the EU/EEA in the near future.

As of 4 March 2024, and for week 7 2024, **XBB.1.5-like+F456L** lineages are circulating with a median proportion of 3.4% in EU/EEA countries (range: 0–9.5%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

XBB.1.5-like+L455F+F456L variants show a declining trend in the EU/EEA, with a median proportion of 0% (range: 0–8.3%).

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0% (range: 0–1.9%).

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

Actions:

For the latest update on SARS-CoV-2 variant classifications, please see [ECDC's webpage on variants](#). Variant surveillance data, including the distribution of VOC and VOI variant proportions in the EU/EEA and detailed country-specific COVID-19 updates, are available as part of the [European Respiratory Virus Surveillance Summary \(ERVISS\)](#).

Last time this event was included in the Weekly CDTR: 1 March 2024

3. Sexually transmitted infections under EU/EEA surveillance on the rise in 2022

Overview:

In 2022, a total number of 322 780 bacterial sexually transmitted infections (STIs) cases were notified by the EU/EEA countries, the highest number of notifications to the EU/EEA surveillance system since ECDC began to collect data (data contributed by the United Kingdom until 2019 are not included).

A total of 216 508 confirmed chlamydia cases were reported for 2022 by 27 EU/EEA countries. The crude notification rate was 88 cases per 100 000 population, a 16% increase in the rate compared to 2021 and a 15% increase compared to 2018. Women aged 20-24 years continued to show the highest rate of 968 cases per 100 000 population in 2022, with a 18% increase in the rate compared to 2021. In 2022, 20% of cases with information on transmission were reported among men who have sex with men (MSM), representing an increase of 72% in cases with this transmission mode since 2018.

A total of 70 881 confirmed gonorrhoea cases were reported for 2022 by 28 EU/EEA countries. The crude notification rate was of 17.9 cases per 100 000 population, a 48% increase in the rate compared with 2021 and a 59% increase compared with 2018. Highest age-specific rates were among young people, aged 20-24 years, both for men (99.6 cases per 100 000 population) and women (48.1 cases per 100 000 population). Across all age- and gender groups, the notification rate increased the most for women aged 20-24 years, with a rate of 63% in 2022 compared with 2021. The majority (60%) of gonorrhoea cases in 2022 were reported as MSM transmission. From 2018 to 2022, there was a 97% increase in cases reported among HIV-negative MSM.

A total of 35 391 confirmed syphilis cases were reported for 2022 by 29 EU/EEA countries. The crude notification rate was of 8.5 cases per 100 000 population, a 34% increase compared to 2021, and a 41% increase compared to 2018. The majority (74%) of syphilis cases with information on transmission category were reported as MSM. Increases in syphilis noted during the last decade were mainly driven by increased notifications among MSM with very small fluctuations in the number of notifications among heterosexual men and women. In 2022, syphilis cases increased by 31% among heterosexual women and by 29% among heterosexual men compared with 2018.

In 2022, 69 confirmed congenital syphilis cases were reported from 14 EU/EEA countries, while 11 other countries reported zero cases. For 2021, 55 cases were reported by 11 countries out of 24 contributing data. The number of cases reported in 2022 and 2021 represent an overall increase in congenital syphilis notifications in the EU/EEA that follows a decrease in notifications in 2020. Increases in congenital syphilis in 2022 were paralleled by increases in the notification rates of syphilis among women and heterosexual men in several of the EU/EEA countries.

In 2022, 2 059 cases of lymphogranuloma venereum (LGV) were reported by 23 EU/EEA countries, an increase by 58% compared with 2021 (when 1 302 cases were reported in the 23 countries). Almost all LGV cases in 2022 were reported among MSM.

According to open-source data, the upward trend for bacterial STIs continued in 2023 in several EU/EEA countries.

Chlamydia cases continued to increase in 2023. Compared to previous years, there was a 7% increase in [Denmark](#) and 25% in [Ireland](#) (10 935 cases in 2022, 13 718 cases in 2023).

Increases in 2023 were also reported by the media and official sources for gonorrhoea. A recent Eurosurveillance article confirmed the upward trend for gonorrhoea cases in [Denmark](#) during the first six months of 2023. In [Spain](#) the number of confirmed cases by week 52 of 2023 was 92% greater than in 2022 (11 857 cases in 2022, 22 745 cases in 2023). Similarly, in [Iceland](#), the number of diagnoses reported by August 2023 (213) has been higher than in the whole 2022 (158). Data published by the [Health Protection Surveillance Centre](#) indicate that in Ireland, gonorrhoea notification rates increased in males and females in the first 39 weeks of the year. However, the highest increase was recorded in females aged 20 to 24 years (212%). According to the [RIVM](#) (the Netherlands National Institute for Public Health and the Environment), women and heterosexual men under the age of 25 were more likely to have gonorrhoea than the other population groups.

The number of syphilis cases has also increased in 2023. In [Spain](#), the number of confirmed cases by week 52 in 2023 was 68% more than in 2022 ((4 910 cases in 2022, 8 277 cases in 2023). Likewise, 9 089 cases of syphilis were reported in [Germany](#), compared to 8 319 of the previous year (+9%).

ECDC assessment:

For all the bacterial STIs under surveillance, the number of cases in 2022 exceeds the previous peak in case notifications recorded in 2019. A decrease in STI case notification was observed during the COVID-19 pandemic years. The increase in 2022 likely indicates improvements in case ascertainment following the recovery of sexual health and testing services and improvements in case reporting and surveillance capacities. Increased testing opportunities via online testing services were offered in some countries. It is also possible that changes in sexual behaviour and practices may have contributed to the increase. While these are some of the working hypotheses, further work is needed to understand the factors driving these increases in order to effectively target public health interventions. However, immediate actions are needed to raise awareness among young people about the importance of condom use and STI testing.

2022 marks the first notable increase in syphilis among heterosexual men and women in the EU/EEA. This was paralleled by increases in congenital syphilis in some countries, indicating a need to strengthen national antenatal screening programmes. It is important to ensure access to antenatal care for populations groups that are most vulnerable to vertical transmission and implement measures to control syphilis transmission in the population.

Men who have sex with men continue to bear the highest burden of syphilis, gonorrhoea, and LGV notifications in the EU/EEA. Men who have sex with men that engage in condomless sex with non-steady partners, have multiple sexual partners, or belong to dense sexual networks with a higher prevalence of infections are at particular risk for STI infection. Since around 2015, the number of STI notifications has increased among MSM with HIV-negative status, coinciding with the expansion of pre-exposure prophylaxis (PrEP) for HIV and enhanced case detection due to regular STI screening in PrEP users. Several interventions can be considered among MSM at higher risk of STIs such as regular testing, promotion of condom use, comprehensive sexual health education, and community-based outreach and support services.

Actions:

ECDC, together with partners such as the International Union Against Sexually Transmitted Infections (IUSTI) Europe and WHO Regional Office Europe, with involvement for Civil Society organisations, aims to support countries in combating STIs as a public health concern. ECDC will maintain a close dialogue with EU/EEA countries and will facilitate sharing of results from investigations, the exchanges of good practice, and provide scientific and laboratory support. ECDC is furthermore working to collate existing data from sexual behaviour surveys which is key to understanding underlying drivers.

Through the Euro-GASP Network, ECDC monitors trends in antimicrobial resistance of *Neisseria gonorrhoea* in the EU/EEA. Support can be offered to countries with antimicrobial susceptibility testing or whole genome sequencing. Starting in 2024, ECDC will engage the STI network in revision of the STI surveillance objectives, agree on updated general and disease-specific objectives, and develop surveillance standards specific to each STI under EU/EEA surveillance. In 2024, a programme will start for STI monitoring in the EU/EEA that will aim for a better overview of the situation in the region and identify areas where existing prevention and control efforts need improvement.

Further information:

The [five Annual Epidemiological Reports](#) for [chlamydia](#), [gonorrhoea](#), [syphilis](#), [lymphogranuloma venereum](#) and [congenital syphilis](#) for 2022 data are available on the ECDC website.

A rapid communication describing the increase in gonorrhoea notifications among young people in the EU/EEA in 2022 and first part of 2023 has been published on 7 March in Eurosurveillance.

For further information on options for public health response to increases in syphilis please consult [ECDC technical report](#) on syphilis and congenital syphilis in Europe.

For interventions to increase access to testing, testing coverage, and linkage to care of key populations at-risk for sexually transmitted infections the [ECDC technical report](#) on Technologies, strategies and approaches for testing populations at risk of sexually transmitted infections in the EU/EEA.

Guidelines for the clinical management of sexually transmitted infections are available from [IUSTI Europe website](#).

The fourth edition of the Laboratory and point-of-care diagnostic testing for STIs including HIV is available from [World Health Organization website](#).

4. Increase in Psittacosis cases reported by some EU/EEA Member States

Overview:

On 1 March 2024, public health authorities in [Denmark](#) published a report describing an increase in cases of Psittacosis starting in December 2023. Since 20 December 2023 and as of 1 March 2024, 23 cases have been reported in humans. Denmark usually reports an average of 15-30 cases annually. Data published by public health authorities in [Germany](#) show an increase in cases of psittacosis at the end of 2023. As of 5 March 2024, German public health authorities have reported six cases for the current year. On 5 March 2024, WHO published a [DON](#) describing the psittacosis situation in the European region. As of 7 March, five countries have reported such increases.

ECDC assessment:

Chlamydia [Chlamydophila] psittaci is present in the avian populations in Europe and human psittacosis cases have been reported in several EU countries. The number of human cases often show seasonal and inter-annual fluctuations. Usually, local drivers influence the epidemiology of psittacosis. The current reports on the increase of human cases in five EU/EEA countries are covering different, sometimes overlapping periods. Cross-border epidemiological links between the cases cannot be identified. Additionally, in some countries, the increased utilisation of more sensitive diagnostic methods (i.e., PCR panels for screening purposes) might also influence the diagnostic efficacy, and hence the apparent increase in annual case numbers.

Healthcare providers should be aware of the risk of *Chlamydia psittaci* infection in people keeping or handling birds and their environments. To reduce the risk of infection, close contact with birds (sick or healthy) should be avoided. Individuals, especially those who have contact with wild and/or domestic birds, should be aware that the risk of human infection can be mitigated through hygiene measures such as handwashing and appropriate bird table cleaning.

ECDC will assess the risk as more information becomes available.

Actions:

ECDC has opened an EpiPulse item ([2024-EVD-00007](#)) for Member States to report on a potential increase in cases of psittacosis and assess the situation at the European level.

Further information:

[DON](#) report on psittacosis cases.

[Report](#) from Denmark's public health authorities.

[Report](#) from Austrian public health authorities on psittacosis detections in birds.

[Report](#) (2022) from Swedish public health authorities summarising human and animal psittacosis.

5. Product safety recall: InterPharma Sodium Chloride 0.9% 30ml linked to *Ralstonia pickettii* contamination

Overview:

Update

On 23 February 2024, Germany reported an ongoing investigation of eleven *R. pickettii* infections in the country, detected between September and November 2023 in 5 different federal states. No case has been identified in 2024. This was reported through EWRS.

According to the EWRS message and communication with the country, epidemiological investigations did not identify any medical products consistently administered to all patients except for sodium chloride, used either as an infusion or irrigation solution. No common medical procedures were identified among the cases. Comparing the genetic clusters between Germany and Australia revealed a discrepancy of 26 allele differences, making it inconclusive on whether the outbreaks in both countries are linked to contaminated products from the same manufacturer. Investigations are ongoing to determine whether intermediary traders in the supply chain or raw material manufacturers may provide a link to the source.

In January 2024, an outbreak report in [Eurosurveillance](#) described that *R. pickettii* was detected in samples from three patients treated at a tertiary care hospital in Germany without a clear local epidemiological link; according to the article, this rate exceeded the baseline detection of *R. pickettii* species in clinical samples at this hospital (maximum of one positive sample per year during 2014–2022), and triggered the outbreak investigation.

Summary

On 1 December 2023, the Therapeutic Goods Administration (TGA) in Australia issued a consumer level [recall notice](#) for all batches of Interpharma Pty Ltd sodium chloride 0.9% 30 mL ampoules:

- Sterile isotonic sodium chloride solution pack, inhalation therapy, manufactured by Legency Remedies Private ARTG ID: 370471;
- Irrigation fluid, medical/surgical procedure, manufactured by Legency Remedies Private ARTG ID: 370408).

TGA has also issued a precautionary quarantine for two other sodium chloride products from the same production facility.

The product has been linked with a cluster of *Ralstonia pickettii* cases in Australia ([Safety alert: potential contamination of some saline products with *Ralstonia pickettii* | Therapeutic Goods Administration \(TGA\)](#)). According to a ministerial statement, as of 28 November 2023, there were 44 suspected cases across Australia and the microbiological analysis identified [Indian and Greek saline products](#) as a possible contamination source ([Ministerial Statements \(parliament.qld.gov.au\)](#)).

Other sources: [New South Wales, 15 December 2023 - Possible contamination of multiple sodium](#)

ECDC assessment:

Ralstonia pickettii is an opportunistic pathogen, particularly affecting immunocompromised individuals, often with severe outcomes. In case of patients being exposed to a contaminated medical product, such as sterile sodium chloride, the risk of infection is high, with possible severe outcomes for immunocompromised patients.

Actions:

ECDC encourages EU/EEA countries to investigate and report any potential *R. pickettii* outbreaks, particularly in healthcare settings, and to post updates of the situation in EpiPulse. Any detected isolates should be investigated further through whole genome sequencing and sequence files shared in a publicly available database, for example NCBI GenBank. ECDC has been in contact with WHO/EURO colleagues who have requested additional information from WHO/WPRO regarding their investigations into the Australian cases.

Further information:

Ralstonia pickettii is a non-fermentative gram-negative bacillus and an opportunistic pathogen in both the healthcare setting and in the environment. It is a waterborne microorganism that can survive in any water source and can contaminate intravenous drugs, blood culture bottles, distilled water, saline solutions, and other solutions used for hospital patient care. Moreover, *R. pickettii* tends to form and maintain biofilms in plastic industrial water piping. *R. pickettii* is not highly virulent but often an opportunistic pathogen, particularly affecting immunocompromised individuals.

6. Cholera – Comoros – 2024 - Weekly monitoring

Overview:

Update

Since the last update provided by the Comoros Ministry of Health on 25 February and as of 1 March, 20 new cases [have been reported](#) in Grande Comore and Moheli. In addition, on 4 March the Anjouan Regional Directorate of Health (DRS Anjouan) [reported](#) the first cholera case detected in the island.

Since the outbreak was declared on 2 February, a total of 140 cases have been reported in Grande Comore (136), Moheli (3), and Anjouan (1), including six deaths. A total of 123 cases have recovered since the start of the outbreak.

On 29 February, [Comoros health authorities](#) announced sanitation operations in two marketplaces in Moroni in the context of the ongoing cholera outbreak in Grande Comore. The marketplaces were closed from 1 to 2 March.

Summary

On 31 January 2024, a boat from Tanzania carrying 25 persons [arrived in Moroni](#), the capital of the Comoros archipelago. One person on board died of suspected cholera and several people were symptomatic. The Comoros Ministry of Health [declared](#) a cholera outbreak on 2 February. The first locally transmitted cases in Comoros were reported on 5 February.

Following the increase in cholera cases at Comoros during February, Mayotte Regional Health Agency (ARS Mayotte) [announced](#) the strengthening of health surveillance capacities on the island, including risk communication for health professionals and passengers.

Background

There is frequent undocumented population movement between the Comoros archipelago and the French territory of Mayotte. No cholera cases have been recorded in Mayotte since 2000. The Regional Health Agency of Mayotte closely monitors the situation and has set up a response plan to prevent and contain the importation of cholera.

Cholera is a bacterial disease caused by the bacterium *Vibrio cholerae*. Main risk factors are associated with poor water and sanitation and hygiene practices. Several countries in Eastern and Southern Africa are currently responding to cholera outbreaks. Response efforts are constrained by global shortages of cholera vaccines.

ECDC assessment:

Due to the frequent migration and possibly undocumented movement of people between the Comoros archipelago and the French territory of Mayotte, ECDC assess the likelihood of introduction of cholera in Mayotte as moderate. In this context, considering the reported use of water from at-risk sources (rivers, wells) on the island, the risk of cholera for population living in Mayotte is assessed as moderate.

Early detection and response activities are essential and have been reinforced in the French territory of Mayotte, as well as increase the awareness among healthcare workers and at the points of entry.

Actions:

ECDC is monitoring the situation through epidemic intelligence activities.

Last time this event was included in the Weekly CDTR: 1 March 2024

7. Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

Overview:

Update: Since the previous update on 12 February, and as of 4 March 2024, no new MERS-CoV cases have been reported by WHO or national health authorities.

Summary: Since the beginning of 2024, and as of 4 March 2024, no MERS-CoV cases have been reported by WHO or national health authorities. The last reported case was in Saudi Arabia with date of onset on 26 October 2023.

Since April 2012, and as of 12 February 2024, a total of 2 621 cases of MERS-CoV, including 949 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [WHO updated global summary and assessment of risk \(November 2022\)](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#) | [WHO DON Saudi Arabia](#) | [WHO DON UAE](#) | [WHO DON Saudi Arabia](#) | WHO IHR | [WHO EMRO MERS Situation report](#)

ECDC assessment:

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in the [Rapid Risk Assessment](#) published by ECDC on 29 August 2018, which also provides details on the last case reported in Europe.

ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which is still useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) in 22 January 2020.

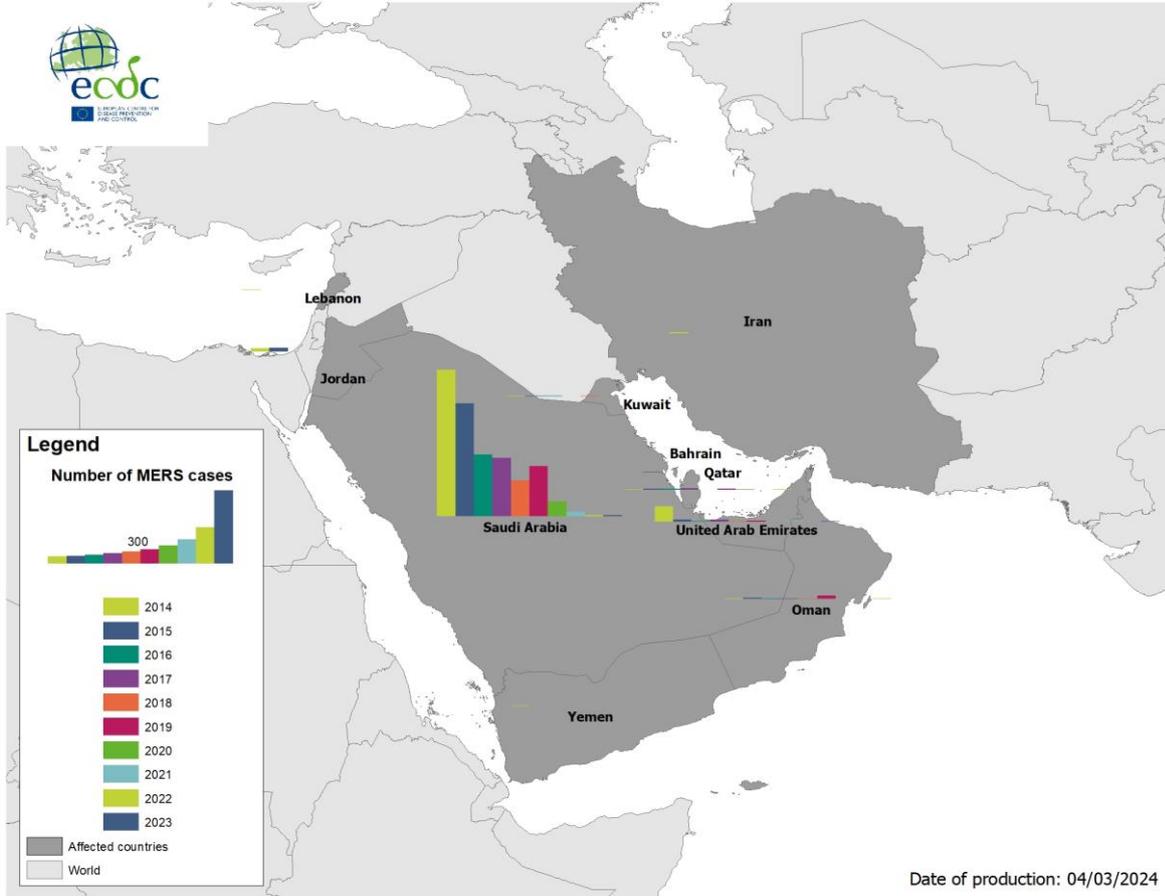
Actions:

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis or when new epidemiological information is available.

Last time this event was included in the Weekly CDTR: 16 February 2024

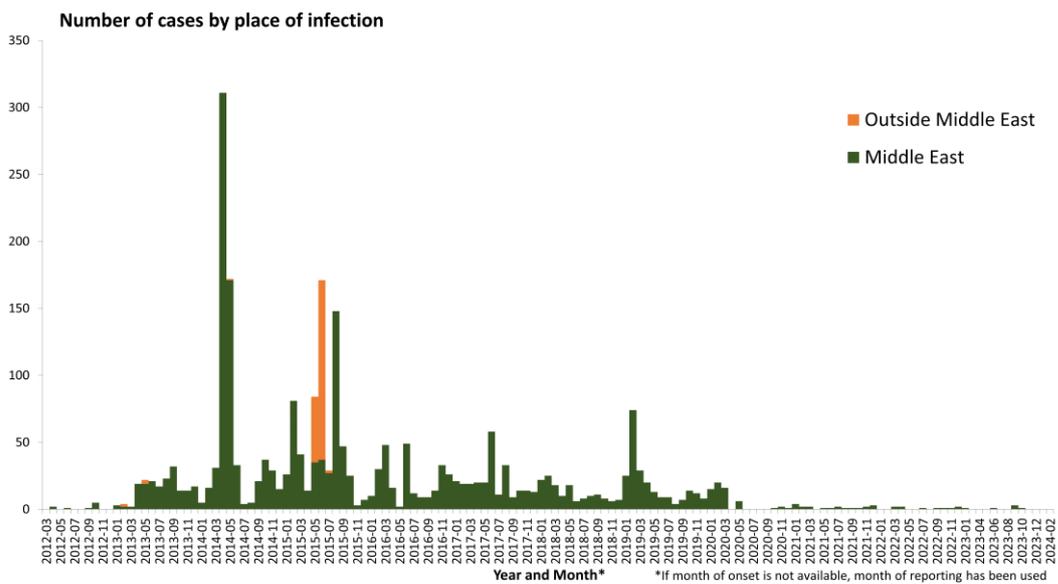
Maps and graphs

Figure 1. Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to February 2024



Source: ECDC

Figure 2. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– February 2024



Source: ECDC