

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 26, 25 - 1 June 2023

Today's disease topics

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Executive Summary

Avian influenza in domestic cats - Poland - 2023

- On 28 June 2023, the Chief Veterinary Officer of Poland announced that a total of 16 samples from domestic cats from different cities in Poland have tested positive for A(H5N1) influenza virus.
- The World Organisation for Animal Health (WOAH) has issued a statement calling for more investigations, and stating that neither exposure to sick wild birds nor feline-to-feline transmission are potential routes of transmission. WOAH advises isolation of suspected cases and use of appropriate PPE for their handlers.
- Several uncertainties currently exist as regards the source of infection, the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, as well as regards to the severity of the disease. No human cases have been reported related to this event, however, there are too many uncertainties at this stage to properly assess the risk to the general public. ECDC will review its assessment as soon as more information becomes available.
- Polish authorities advise pet cat owners to prevent contact of their cats with other animals or objects from outside the homes and enhance hygiene measures.

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

- By the end of week 25, decreasing or stable trends were observed in EU/EEA indicators. This is a continuation of the pattern observed in recent weeks. No country is predicted to see increases in the number of reported cases, hospital admissions or deaths in the period up to 9 July 2023, based on ensemble model forecasts.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.4% (11.8–100.0% from 11 countries) for XBB.1.5, 3.6% (1.9–15.4% from six countries) for BA.2.75, 2.0% (0.3–82.4% from six countries) for XBB and 1.1% (0.4–5.9% from five countries) for BQ.1.
- Since the last update on 15 June 2023 and as of 29 June 2023, **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. As of 29 June 2023, ECDC has updated its variant classification criteria and

recommended Member State actions for variants under monitoring (VUM), variants of interest (VOI) and variants of concern (VOC).

West Nile virus One Health seasonal surveillance - 2023

- No human cases have been reported during the 2023 WNV monitoring season to date.
- One outbreak in birds has been reported in Italy.

Mass gatherings - Hajj - Saudi Arabia - 2023

- ECDC is monitoring the Hajj pilgrimage through its epidemic intelligence activities from 19 June to 7 July 2023, reporting on a weekly basis.
- No events of public importance were detected in relation to Hajj between 26 and 29 June 2023.

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

- On 3 May 2023, the Polio International Health Regulations (IHR) Emergency Committee stated that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC) and recommended the extension of Temporary Recommendations for a further three months.
- Since the last update, in 2023, three new cases of acute flaccid paralysis (AFP) caused by WPV1 have been reported from Afghanistan.
- In 2023, and as of 27 June 2023, 44 cases of AFP caused by cVDPV1 have been reported from three countries: the DRC (28), Madagascar (13), and Mozambique (3).
- In 2023, and as of 27 June 2023, 83 cases of AFP caused by cVDPV2 have been reported from 11 countries. Since the last update, two new countries have reported cases of AFP caused by cVDPV2: Zambia (1), Mali (3).

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

- Since the last update on 31 May 2023 and as of 21 June 2023, 19 001 new cholera cases, including 52 new deaths, have been reported worldwide.
- New cases have been reported from Afghanistan, Burundi, Eswatini, Haiti, India, Malawi, Mozambique, Nigeria, Philippines, Somalia, South Africa, South Sudan, Syria, United Republic of Tanzania, Yemen, Zambia, and Zimbabwe.
- On 11 June 2023, the Lebanese Ministry of Public Health declared the end of the cholera outbreak in Lebanon as no new confirmed cholera cases were reported since the end of February 2023.
- Cholera cases have continued to be reported in western, eastern and southern parts of Africa, some parts of the Middle East, South-East Asia, and two countries in the Americas in recent months. The risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA remains possible.

Fungal meningitis - Mexico and the U.S. - 2023

- On 23 June, 2023, the US CDC reported two additional fatalities associated to the outbreak of fungal meningitis in Matamoros, Mexico.
- As of 23 June 2023, cases have been reported from Mexico (24) and the US (35). There are still 169 persons under investigation in the US. Seven deaths have been reported from Mexico (1) and the US (6).
- Cases underwent cosmetic surgeries with epidural anaesthesia procedures in two private medical clinics, Clínica K-3 and River Side Surgical Center, in the city of Matamoros, Mexico.
- Both Mexican and US health authorities are trying to identify and test possibly exposed patients. Investigations are still ongoing to identify the source of the infection.

Oz virus - Japan - 2023

- On 23 June 2023, the Japanese National Institute of Infectious Diseases (NIID) reported a fatal case of tick-borne Oz virus in 2022. This is the first reported human infection of this virus.
- Oz virus was isolated for the first time in a hard tick in Japan in 2018. The virus has not been detected outside of Japan.

1. Avian influenza in domestic cats - Poland - 2023

Overview:

Update

On 28 June 2023, the Polish Chief Veterinary Officer (CVO) issued a [press release](#) notifying about a total of 16 cat samples positive for influenza A(H5N1) in the country. Positive samples originate from many cities in Poland (Gdańsk, Gdynia, Pruszcz Gdański, Lublin, Bydgoszcz, Poznań and Warsaw).

The World Organisation for Animal Health (WOAH) issued a [statement](#) on the Polish cat outbreak mentioning that the severe and rapid course of the infection is consistent with reports of A(H5N1) infection in Felidae, and noting that several cases of infection in cats with Influenza A(H5N1) have been reported from Europe and North America in the context of the ongoing panzootic. WOAH stresses the need for more investigations and states that since the cases include both stray and pet cats, exposure to sick wild birds is not considered a likely transmission mode. In addition, the wide geographical distribution of cases suggests that the primary mode of spread in these cases is not cat-to-cat transmission but rather some other kind of common source. The statement also mentions the need to isolate any suspected cases from other pets due to potential shedding from the gastrointestinal tract, and the need for appropriate personal protective equipment (PPE) for the handlers of such animals.

[Media](#) sources from Poland cite the director of the National Veterinary Institute in Puławy stating that "they have detected two mutations that indicate that the A(H5N1) virus is evolving to multiply more easily in mammals".

Summary

Since 23 June 2023, [media sources](#) referred to several deaths of domestic cats (at least 70) in Poland for which investigations are ongoing. On June 26, the Chief Veterinary Officer of Poland announced in a [press release](#) that 11 samples were tested at the National Veterinary Institute in Puławy, of which nine were positive for A(H5N1) influenza virus. The positive samples come from the cities of Poznań, Tricity and Lublin. Sequencing is ongoing. Preliminary studies have ruled out connection to the avian influenza outbreaks in seagulls, that Poland has registered in recent weeks. No source of infection has been identified yet. An intersectoral meeting between animal and human public health services took place on 26 June. The CVO press release included advice to the public to prevent contact of pet cats with other animals, including keeping them inside homes and avoid contact with footwear used outside, enhanced hand hygiene for all pet cat owners is also advised.

ECDC assessment:

Several uncertainties currently exist as regards the source of infection, the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, as well as regards to the severity of the disease. No human cases have been reported related to this event, however, there are too many uncertainties at this stage to properly assess the risk to the general public. ECDC will review its assessment as soon as more information becomes available.

Actions:

ECDC is monitoring this event and has contacted Polish public health authorities and EFSA for further investigation.

Last time this event was included in the CDTR: 29 June 2023

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

Overview:

Summary:

By the end of week 25 (ending 25 June 2023), decreasing or stable trends were observed in EU/EEA indicators based on pooled country data in all age groups. This is a continuation of the pattern observed in recent weeks.

An increase in case rates, test positivity and hospital admissions compared to the previous week was reported by one country. Data on cases were reported by 22 countries. No country reported increases in ICU or death indicators. There were 105 deaths reported from 18 countries.

No country is predicted to see increases in the number of reported cases, hospital admissions or deaths in the period up to 9 July 2023, based on ensemble model forecasts.

Among the 11 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 23–24 (5 June to 18 June 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.4% (11.8–100.0% from 11 countries) for XBB.1.5, 3.6% (1.9–15.4% from six countries) for BA.2.75, 2.0% (0.3–82.4% from six countries) for XBB and 1.1% (0.4–5.9% from five countries) for BQ.1.

Among people aged 60 years and above, the cumulative uptake of a first booster was 84.9% (country range: 13.3–100.0%), and of a second booster was 35.6% (country range: 0.4–87.0%).

Weekly update on SARS-CoV-2 variants:

Since the last update on 15 June 2023 and as of 29 June 2023, **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 variant epidemiological indicators remain stable and XBB.1.5-like VOI is the dominant variant in EU/EEA.

As of 29 June 2023, ECDC has updated its variant classification criteria and recommended Member State actions for variants under monitoring (VUM), variants of interest (VOI) and variants of concern (VOC). This update removes the requirement for VUMs, VOIs or VOCs to have been detected in at least one outbreak in the community in the EU/EEA, and aligns ECDC criteria with recently updated WHO criteria, which provides clearer distinction between VOIs and VOCs. The updated classification criteria and Member State recommendations are available on the ECDC SARS-CoV-2 [variant page](#).

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

Other News

On 29 June 2023, ECDC and the European Aviation Safety Agency (EASA) [retired](#) the joint Aviation Health Safety Protocol (AHSP), which was published for the first time in May 2020. The decision was adopted based on the decreasing or stable COVID-19 trends observed in the European Union/European Economic Area (EU/EEA) since March 2023, and [the World Health Organization \(WHO\) statement](#) declaring the end of COVID-19 as a Public Health Emergency of International Concern (PHEIC). ECDC and EASA encourage the use of non-pharmaceutical interventions, especially during periods of high respiratory viral infection prevalence. This includes proper ventilation, hygiene measures and respiratory etiquette.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eighth](#), [ninth](#), [tenth](#), [eleventh](#), [twelfth](#), [thirteenth](#), and [fourteenth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022, 8 July 2022, 13 October 2022, and 27 January 2023 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

In the [fifteenth](#) IHR Emergency Committee meeting held in Geneva on 4 May 2023, WHO's Director-General agreed with the [advice](#) offered by the Committee and determined that COVID-19 is no longer a public health emergency of international concern (PHEIC).

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

Please refer to the [data reported by the World Health Organization \(WHO\)](#) on COVID-19 and [WHO's Weekly Epidemiological Updates and Monthly Operational Updates](#) page for non-EU/EEA countries.

ECDC assessment:

SARS-CoV-2 continues to circulate in the EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every two to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions, and deaths in this period. The emergence of new variants of concern or population immunity waning over time may impact the epidemiological situation in the future.

For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions:

Detailed country-specific COVID-19 updates are available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

For EU/EEA- and country-specific epidemiological trends and forecasts, visit ECDC's [Country Overview Report](#) (updated on Fridays). In addition to actions described in the latest [COVID-19 risk assessments](#), on 5 April 2023, ECDC published guidance entitled [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the

optimal timing and targeting of vaccination campaigns in order to limit the continued burden of disease experienced by the elderly and those with comorbidities. It complements the guidance [Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA](#) published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

Last time this event was included in the CDTR: 22 June 2023

3. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the fifth weekly update of the 2023 WNV monitoring season.

Since the beginning of the 2023 transmission season, and as of 28 June 2023, EU/EEA countries have not reported any human cases of WNV infection. Similarly, EU-neighbouring countries have not reported any human cases of WNV infection.

Since the beginning of the 2023 transmission season, one outbreak among birds has been reported by Italy (on 12 May 2023, in Varese).

Please refer to the [West Nile virus infection webpage](#) for maps and a dashboard.

Sources: TESSy, Animal Disease Information System

ECDC assessment:

It is not unusual, compared to 5 previous years, that there have not been any human cases reported to ECDC as yet on week 26. The first case was reported on week 28 for the seasons of 2022 and 2019, on week 26 for the seasons of 2018 and 2021, and on week 25 for the season of 2020.

In accordance with [Commission Directive 2014/110/EU](#), prospective blood 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 dashboard and an epidemiological summary every Friday. Exceptionally, we are reporting this week on Thursday as Friday is a public holiday.

Further information:

Data on human cases are collected via The European Surveillance System (TESSy) managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries report human cases of WNV infection to ECDC: Albania, Kosovo*, Montenegro, North Macedonia, Serbia, and Türkiye.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level.

The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Last time this event was included in the CDTR: 22 June 2023

4. Mass gatherings - Hajj - Saudi Arabia - 2023

Overview:

This year, the annual Islamic Hajj pilgrimage will take place in Saudi Arabia between 26 June and 1 July. Pilgrims aged 12 years and above will be allowed to attend. Over two million pilgrims attend Hajj from all over the world, including from 24 EU/EEA countries.

The **Ministry of Health of Saudi Arabia** has issued a list of requirements and recommendations for this event, including recommendations on personal and food hygiene, urging the avoidance of contact with sick people, avoiding visits and contact with camels in farms, markets, or barns, and avoiding drinking unpasteurised milk or eating raw meat or animal products that have not been thoroughly cooked, as well as applying measures to avoid insect bites during the day and night.

Due to the presence of MERS-CoV disease in Saudi Arabia, people returning from the Hajj should be made aware of the need to seek immediate medical advice if they have a fever (38°C and over), cough or difficulties breathing within 14 days of their return. Returning travellers should immediately seek medical attention if they experience symptoms suggestive of any type of infection, e.g. gastrointestinal or respiratory symptoms. They should also mention their travel history to their healthcare provider.

Weekly monitoring update

MERS-CoV: outbreaks were last reported from the Arabian Peninsula in 2022. To date, no new cases have been reported with disease onset in 2023 in Saudi Arabia or globally.

No other events of public health importance were detected during the monitoring week.

Source: [Ministry of Health of Saudi Arabia](#), [ECDC weekly CDTR w24](#)

ECDC assessment:

The risk to EU/EEA citizens of infection with communicable diseases during the 2023 Hajj is considered to be low, due 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. The risk of infection is considered to be moderate for people with underlying conditions, the elderly, and pregnant women, with a moderate probability of infection and moderate impact. As with other mass gathering events, the risk of communicable disease outbreaks is highest for respiratory, food- and waterborne diseases, and vector-borne diseases.

The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied. A risk of infection and importation of cases to Europe after the Hajj remains. 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 epidemic intelligence for mass gatherings activities between 19 June and 7 July 2023 in collaboration with WHO/EMRO, and includes weekly updates in the Communicable Disease Threats Report (CDTR).

Last time this event was included in the CDTR: 29 June 2023

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

Overview:

Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops 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. On 3 May 2023, the [35th meeting of the Polio Emergency Committee](#) under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus and it was agreed that this remains a PHEIC. It was recommended that the Temporary Recommendations be extended for a further three months.

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

Wild poliovirus (WPV1):

Since 23 May 2023 and as of 27 June 2023, with date of onset of symptoms in 2023, three new cases of acute flaccid paralysis (AFP) caused by WPV1 have been reported from Afghanistan.

Circulating vaccine-derived poliovirus (cVDPV):

Since the previous update, the following cases of polio due to circulating vaccine-derived poliovirus (cVDPV) have been reported with the date of onset of symptoms in 2022:

- A total of two new cases of AFP caused by cVDPV1 have been reported from Madagascar.
- A total of two new cases of AFP due to cVDPV2 have been reported from the Central African Republic and the Democratic Republic of the Congo (DRC).
- No new cases of AFP due to cVDPV3 have been reported.

Since the previous update, the following cases of polio due to cVDPV have been reported with the date of onset of symptoms in 2023:

- Eighteen new cases of AFP caused by cVDPV1 have been reported from the DRC (14), and Madagascar (4).
- Two new countries have reported cases of AFP caused by cVDPV2: Zambia (1), Mali (3).
- Twenty-five new cases of AFP caused by cVDPV2 have been reported from seven countries: Benin (1), Chad (2), Cote d'Ivoire (1), DRC (13), Mali (3), Nigeria (4), Zambia (1).
- No cases of AFP due to cVDPV3 have been reported.

Wild poliovirus:

In 2022, and as of 27 June 2023, 30 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries: Pakistan (20) and Afghanistan (2), and one non-endemic country, Mozambique (8). One associated death has been reported in Pakistan.

In 2023, and as of 27 June 2023, six cases of AFP caused by WPV1 have been reported from Afghanistan (5) and Pakistan (1) with the date of onset of symptoms in 2023.

Circulating vaccine-derived poliovirus (cVDPV):

With the date of onset of symptoms in 2022:

In 2022, and as of 27 June 2023, 189 cases of AFP caused by cVDPV1 have been reported from five countries: Congo (1), the DRC (146), Mozambique (22), Madagascar (16) and Malawi (4).

Overall, in 2022, 678 cases of AFP caused by cVDPV2 have been reported from 20 countries: Algeria (3), Benin (11), Burundi (1), Cameroon (3), Central African Republic (6), Chad (44), the DRC (364), Eritrea (1), Ethiopia (1), Ghana (3), Indonesia (1), Mali (2), Mozambique (4), Niger (15), Nigeria (48), Somalia (5), Sudan (1), Togo (2), United States of America (1), and Yemen (162).

In 2022, one case of AFP caused by cVDPV3 was reported from Israel.

With the date of onset of symptoms in 2023:

In 2023, and as of 27 June 2023, 44 cases of AFP caused by cVDPV1 have been reported from three countries: the DRC (28), Madagascar (13), and Mozambique (3).

In 2023, 83 cases of AFP caused by cVDPV2 have been reported from 11 countries: Benin (3), Central African Republic (7), Chad (8), Côte d'Ivoire (2), the DRC (43), Indonesia (3), Israel (1), Mali (3), Nigeria (10), and Somalia (2), Zambia (1).

In 2023, no cases of AFP caused by cVDPV3 have been reported.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC dashboard](#) | [WPV3 eradication certificate](#)

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.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. One EU/EEA country (Romania) and three neighbouring countries (Bosnia and Herzegovina, Montenegro, and 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 [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report published in February 2023, referring to data from 2021. According to the same report, eight EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and detection of WPV1 cases in Mozambique in 2022, genetically linked to a strain from Pakistan, shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, illustrate the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of under-immunised populations. EU/EEA countries should review their polio vaccination coverage data, ensure there are no immunity gaps in the population, and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors (>4 weeks) to countries categorised by [WHO](#) as having the potential risk of the international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

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. ECDC 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 a [dashboard](#) showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

Further information:

Sources: [35th IHR Emergency Committee for Polio](#)

Last time this event was included in the CDTR: 26 May 2023

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

Summary

Since 31 May 2023 and as of 21 June 2023, 19 001 new cholera cases, including 52 new deaths, have been reported worldwide. The five countries reporting the most cases during this period are Afghanistan (12 846), Haiti (3 630), Somalia (1 949), South Africa (504) and Malawi (72). The countries reporting new deaths are Haiti (33), South Africa (15), Somalia (4). In addition, 25 258 new cases were reported or collected retrospectively from before 31 May 2023.

New cases have been reported from Afghanistan, Burundi, Eswatini, Haiti, India, Malawi, Mozambique, Nigeria, Philippines, Somalia, South Africa, South Sudan, Syria, United Republic of Tanzania, Yemen, Zambia, and Zimbabwe. New deaths have been reported from Burundi, Haiti, Mozambique, Nigeria, Philippines, Somalia, South Africa, Zambia and Zimbabwe.

Since 1 January 2023 and as of 21 June 2023, 412 137 cholera cases, including 2 130 deaths, have been reported worldwide. In comparison, since 1 January 2022 and as of 21 June 2022, 802 907 cholera cases, including 400 deaths, were reported worldwide.

On 11 June 2023, the [Lebanese Ministry of Public Health](#) declared the end of the cholera outbreak in Lebanon as no new confirmed cholera cases were reported since the end of February 2023. In total, during the [outbreak](#), since 6 October 2022, there were 671 confirmed cases and 23 deaths.

Since the last update, new cases and new deaths have been reported from:

Asia:

[Afghanistan](#): Since 21 May 2023 and as of 10 June 2023, 12 846 new cases have been reported. Since 1 January 2023 and as of 10 June 2023, 67 754 cases, including 27 deaths have been reported. In comparison, in 2022 and as of 11 June 2022, 6 229 cases, including eight deaths were reported.

[India](#): Since 31 March 2023 and as of 23 April 2023, 304 new cases have been reported. Since 1 January 2023 and as of 23 April 2023, 545 cases have been reported. In comparison, in 2022 and as of 9 March 2022, 100 cases were reported.

[Philippines](#): Since 18 March 2023 and as of 29 April 2023, 208 new cases, including six new deaths have been reported. Since 1 January 2023 and as of 29 April 2023, 1 214 cases, including 13 deaths have been reported. In comparison, in 2022 and as of 08 February 2022, 491 cases, including six deaths were reported.

Syria: Since 8 April 2023 and as of 20 May 2023, 21 698 new cases have been reported. Since 1 January 2023 and as of 20 May 2023, 79 903 cases, including seven deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

Yemen: Since 9 April 2023 and as of 7 May 2023, 679 new cases have been reported. Since 1 January 2023 and as of 7 May 2023, 3 014 cases, including three deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

No updates have been reported by: Bangladesh, Iraq, Pakistan and Thailand.

Africa:

Burundi: Since 14 May 2023 and as of 28 May 2023, 41 new cases, including four new deaths have been reported. Since 1 January 2023 and as of 28 May 2023, 450 cases, including seven deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

Eswatini: Since 18 April 2023 and as of 08 May 2023, one new case has been reported. Since 1 January 2023 and as of 8 May 2023, two cases have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

Malawi: Since 28 May 2023 and as of 20 June 2023, 72 new cases have been reported. Since 1 January 2023 and as of 4 June 2023, 41 429 cases, including 1 185 deaths have been reported. In comparison, in 2022 and as of 12 June 2022, 600 cases, including 28 deaths were reported.

Mozambique: Since 15 May 2023 and as of 29 May 2023, 902 new cases, including seven new deaths have been reported. Since 1 January 2023 and as of 29 May 2023, 30 966 cases, including 134 deaths have been reported. In comparison, in 2022 and as of 18 March 2022, 265 cases were reported.

Nigeria: Since 02 April 2023 and as of 30 April 2023, 293 new cases, including 11 new deaths have been reported. Since 01 January 2023 and as of 30 April 2023, 1 629 cases, including 48 deaths have been reported. In comparison, in 2022 and as of

01 May 2022, 1 861 cases, including 54 deaths were reported.

Somalia: Since 07 May 2023 and as of 04 June 2023, 1 949 new cases, including four new deaths have been reported. Since 1 January 2023 and as of 4 June 2023, 9 391 cases, including 28 deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

South Africa: Since 22 May 2023 and as of 2 June 2023, 504 new cases, including 15 new deaths have been reported. Since 01 January 2023 and as of 02 June 2023, 543 cases, including 30 deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

South Sudan: Since 14 May 2023 and as of 16 May 2023, 16 new cases have been reported. Since 1 January 2023 and as of 16 May 2023, 1 471 cases, including two deaths have been reported. In comparison, in 2022 and as of 19 June 2022, 212 cases, including one death was reported.

United Republic of Tanzania: Since 13 March 2023 and as of 4 May 2023, 10 new cases have been reported. Since 1 January 2023 and as of 4 May 2023, 82 cases, including three deaths have been reported. In comparison, in 2022 and as of 12 May 2022, 214 cases, including five deaths were reported.

Zambia: Since 8 May 2023 and as of 25 May 2023, 179 new cases, including two new deaths have been reported. Since 1 January 2023 and as of 25 May 2023, 688 cases, including 13 deaths have been reported. In comparison, in 2022 and as of 13 June 2022, 159 cases were reported.

Zimbabwe: Since 7 May 2023 and as of 28 May 2023, 927 new cases, including 23 new deaths have been reported. Since 1 January 2023 and as of 28 May 2023, 1 649 cases, including 44 deaths have been reported. In comparison, in 2022 and as of 27 January 2022, one case were reported.

No updates have been reported by: Cameroon, Democratic Republic of the Congo, Ethiopia and Kenya.

America:

Haiti: Since 20 May 2023 and as of 11 June 2023, 3 630 new cases, including 33 new deaths have been reported. Since 1 January 2023 and as of 11 June 2023, 26 357 cases, including 253 deaths have been reported. In comparison, in 2022 and as of 21 June 2022, no cases were reported.

No updates have been reported by the Dominican Republic.

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

ECDC assessment:

Cholera cases have continued to be reported in western Africa, and South-East Asia over the past months. Cholera outbreaks have also been notified in the eastern and southern parts of Africa, parts of the Middle East and two countries in the Americas. 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 to the EU/EEA remains possible. In 2021, two cases were reported in EU/EEA Member States, while three, and 26 cases were reported in 2020 and 2019, respectively. All cases had travel history to cholera-affected areas. According to the World Health Organization (WHO), vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruits and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding consumption of raw seafood products.

Actions:

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

Last time this event was included in the CDTR: 26 June 2023

Maps and graphs

Figure 1. Geographical distribution of cholera cases reported worldwide from July 2022 to June 2023

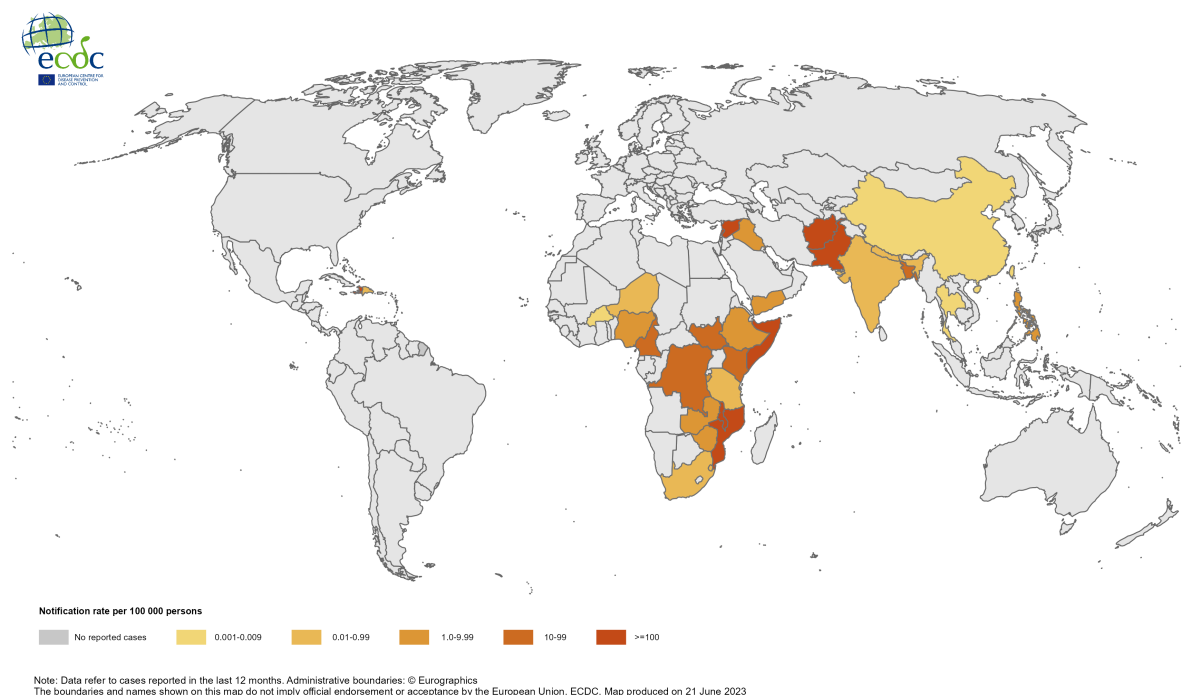
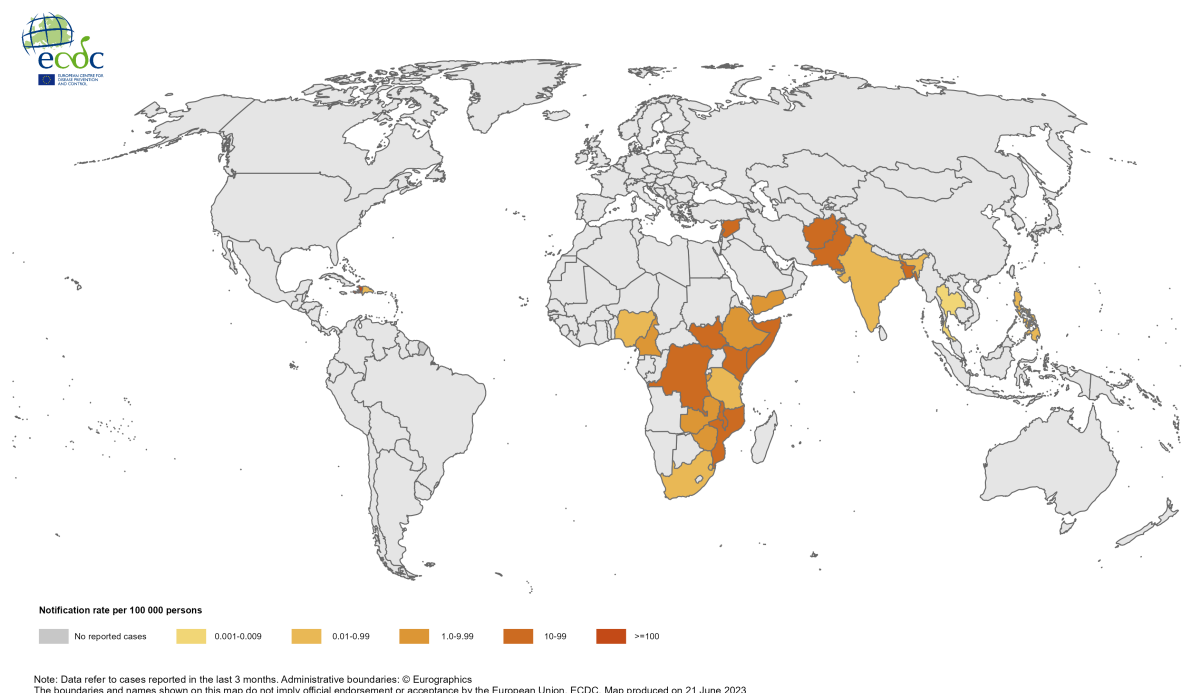


Figure 2. Geographical distribution of cholera cases reported worldwide from April 2023 to June 2023

7. Fungal meningitis - Mexico and the U.S. - 2023

Overview:

Update: On 23 June 2023, the [US CDC](#) reported two additional fatalities associated to the outbreak of fungal meningitis in Matamoros, Mexico, bringing the total number of fatalities related to this outbreak to seven.

As of 23 June 2023, cases (either suspected, probable or confirmed) have been reported from [Mexico](#) (24) and [the US](#) (35) since the start of the outbreak. There are still 169 persons under investigation in the US. Seven deaths have been reported from [Mexico](#) (1) and [the US](#) (6). Out the six deaths reported in the US, one has been among probable cases and five among confirmed cases. The fatality reported in Mexico was among the confirmed cases.

Investigations are still ongoing to determine the source of the infection.

Summary:

On 24 May 2023, the United States Centers for Disease Control and Prevention (US CDC) [reported](#) an outbreak of suspected fungal meningitis linked with procedures performed in Matamoros, Mexico. The hypothesis of fungal infections was based on elevated cerebrospinal fluid (CSF) and serum levels of the fungal biomarker (1,3)-beta-D-glucan in several patients. Two clinics were identified to be associated with the outbreak and were closed on 13 May 2023.

On 26 May 2023, the Mexican health authorities [reported](#) about further cases detected in Mexico, confirming in some of them the presence of *Fusarium solani*. The Mexican national laboratory (Institute of Epidemiological Diagnosis and Reference - InDRE) reported that some of the cases detected in Mexico had spinal fluid test positive by a DNA test for the fungus *Fusarium solani*.

On 1 June 2023, the [US CDC](#) confirmed the presence of the fungus *Fusarium solani* in two US cases. The same day, the [WHO](#), updated the number of exposed patients. Among the 547 people identified to receive epidural anaesthesia between January and April 2023, 304 reside in Mexico, 237 in the US, and one in Canada.

On 17 June 2023, the [Ministry of Health of Tamaulipas](#) reported the first death of a patient with fungus *Fusarium solani* infection linked to the outbreak in Matamoros.

Background: In 2022, an [outbreak of meningitis linked to epidural anaesthesia](#) was reported in the state of Durango, Mexico. As of May 2023, a total of 74 cases and 38 fatalities were reported since the start of the outbreak.

ECDC assessment:

Given the confirmation provided by the Mexican authorities that there are no EU citizens exposed, there is currently no risk associated to this specific event for EU citizens. However, as the investigation is still ongoing and the source of the outbreak has not been confirmed, ECDC will continue monitoring the event through the Epidemic Intelligence activities.

Actions:

ECDC will keep monitoring this event through epidemic intelligence activities.

Last time this event was included in the CDTR: 28 June 2023

8. Oz virus - Japan - 2023

Overview:

On 23 June 2023, the Japanese National Institute of Infectious Diseases (NIID) [reported](#) a fatal case with Oz virus (OZV) infection. This is the first time that a case of OZV infection is reported.

The case is a female in her 70s from Ibaraki Prefecture, Japan and was infected early summer 2022. Tick bites were found in her inguinal region. The patient had underlying conditions and no history of travel outside Japan. The patient died of myocarditis. Post-mortem and histological examination revealed viral myocarditis and the presence of OZV.

Background

OZV is an enveloped RNA virus and belongs to the Orthomyxoviridae family. It was isolated for the [first time](#) from a hard tick in [Japan](#), Ehime prefecture, in 2018. [Recent studies](#) suggest that the virus is distributed in other geographic areas in the country. The virus hasn't been detected outside Japan.

ECDC assessment:

The risk of OZV infection for European travellers to Japan is very low. Nevertheless, in Japan, and in general, people potentially exposed to ticks should apply preventive measures to avoid tick bites, as ticks can transmit several diseases.

Actions:

ECDC will report if any relevant update is available.

Last time this event was included in the CDTR: 29 June 2023