

EUROPEAN CENTRE FC
DISEASE PREVENTION
AND CONTROL

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 28, 9-15 July 2023

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Executive Summary

Avian influenza in domestic cats - Poland - 2023

- Twenty-four domestic cats and a captive caracal (also known as a desert lynx) tested positive for avian influenza A(H5N1) in Poland.
- To date, there have been no infections with avian influenza among people detected in Poland. The authorities are closely following people who have been in contact with infected felines.
- ECDC assesses the current risk to the general public as low and the risk of infection for those occupationally exposed or otherwise exposed to birds or mammals (wild or domesticated) infected with avian influenza as low-to-moderate.
- This is a preliminary assessment that will be reviewed as soon as more information becomes available, due to uncertainties regarding the source of infection, the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, and the severity of the disease.
- ECDC advises avoiding contact with dead or sick cats and practising proper hand hygiene when handling or feeding cats.
- The World Organisation for Animal Health (WOAH) advises isolation of suspected cases in animals and use of appropriate PPE for their handlers.
- Polish authorities advise owners of pet cats to prevent their cats coming into contact with other animals or objects from outside their homes and enhance hygiene measures.
- According to <u>ECDC's testing guidance on avian influenza viruses in humans</u>, those exposed to sick/dead cats with confirmed A(H5N1) infection are advised to monitor their symptoms for 10–14 days after last exposure, and self-isolate if they develop symptoms. They are also advised to wear a surgical mask or FFP2 respirator when in contact with others, seek medical advice and report to the public health authorities immediately. Any person exposed to sick/dead cats confirmed with A(H5N1) infection should be tested as soon as possible for A(H5N1).

Avian influenza in farmed foxes - Finland - 2023

- On 13 July 2023, the Finnish Food Authority reported that avian influenza was detected in foxes on fur farms in Finland.
- Introduction of avian influenza into fur farms is not unexpected and similar events have been observed in the
 past. Transmission between foxes or other infected mammals and humans has not been observed so far. It is
 crucial to identify infected mammals and exposed people and to follow up for 10-14 days and initiate testing
 when symptoms occur.

West Nile virus One Health seasonal surveillance - 2023

- To date, no human cases have been reported to ECDC during the 2023 West Nile Virus (WNV) monitoring season (as of 12 July 2023).
- An official report on 13 July 2023 from Italy reported the first case in Italy in the province of Parma.
- Eight outbreaks among birds have been reported from Italy.

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

- By the end of week 26, 2023, decreasing or stable trends were observed in EU/EEA indicators. This is a continuation of the pattern observed in previous weeks. Based on model forecasts, no country is predicted to see increases in the number of reported cases, hospital admissions or deaths in the period up to 23 July 2023.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 92.9% (87.5–100.0% from nine countries) for XBB.1.5, 4.9% (0.7–7.7% from six countries) for BA.2.75, 2.3% (0.5–10.0% from four countries) for XBB and 1.0% (1.0–1.0% from one country) for BQ.1.
- Since the last update on 29 June 2023 and as of 13 July 2023, **no changes** have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and deescalated variants.

Monthly diphtheria epidemiological monitoring in the EU/EEA - 2023

- As of 10 July 2023, 50 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy) in 2023. Cases have been reported in Germany (32), Belgium (6), Czechia (5), Latvia (3), Netherlands (2), Norway (1) and Slovakia (1). This represents an increase of five cases since the previous update on 12 June 2023.
- As of 10 July 2023, two fatal cases (Belgium (1) and Latvia (1)) had been reported in the EU/EEA this year.
- Two additional EU/EEA countries (Belgium and Netherlands) have reported diphtheria cases in 2023.
- ECDC has no data indicating community transmission and outbreaks of *Corynebacterium (C.)* diphtheriae in the broader EU/EEA population as a result of the increased number of diphtheria cases observed since the second half of 2022.
- Clinicians should continue to be aware of the clinical features of diphtheria and ensure timely diagnosis and treatment of cases according to existing clinical guidelines.
- An unusually broad predicted resistance of *C. diphtheriae* isolates to common oral and parenteral antibiotics has been reported. As a precautionary measure, ECDC recommends that antimicrobial susceptibility testing is performed on all *C. diphtheriae* isolates.

Vibrio cholerae non-O1 and non-O139 - Italy - 2023

- On 13 July 2023, the Italian National Institute of Health confirmed that the suspected cholera case, previously identified on 10 July 2023 in Italy, was infected with *Vibrio cholerae* non-O1 and non-O139, and therefore not classified as a cholera case.
- Cholera is not endemic in the EU/EEA and the majority (99.6%) of reported cases (n=244) with available information during the period 2007-2021 had acquired the infection abroad.
- This remains a sporadic case with non-cholera *V. cholerae* infection.

1. Avian influenza in domestic cats - Poland - 2023

Overview

Update

On 13 July 2023, avian influenza A(H5N1) was <u>reported</u> to have been detected in a dead domesticated caracal bred in Elbląg county, Warmian-Masurian Voivodeship. The caracal was tested after its death and, according to unofficial information, it could possibly have come into contact with birds. This is the first case in Elbląg county. The second case of avian influenza in Warmian-Masurian Voivodeship is in a domestic cat in Iława county.

The Polish authorities are following up people who have had contact with infected cats. To date, no human cases have been reported in Poland.

Investigations are ongoing to identify the source of infection.

Summary

Since 23 June 2023, <u>media sources</u> have reported on several deaths of domestic cats (at least 70) in Poland for which investigations are ongoing. A <u>press release</u> from the Polish Chief Veterinary Officer (CVO) on 26 June reported that there had been nine positive samples of A(H5N1) influenza virus, tested in the National Veterinary Institute in Puławy. Preliminary studies have ruled out a connection with the avian influenza outbreaks in seagulls registered in Poland in recent weeks. No source of infection has yet been identified.

An intersectoral meeting between animal and human public health services took place on 26 June. The press release by the Polish CVO included advice to the public on how to prevent pet cats having contact with other animals, including keeping them inside and ensuring that they do not come into contact with their owners' footwear if it has been used outside. Enhanced hand hygiene for all pet cat owners is also advised.

As of 13 July 2023, 24 cats and a caracal have tested positive according to the information provided by the Polish authorities. These animals originate from a range of the cities, including Gdańsk, Gdynia, Pruszcz Gdański, Lublin, Bydgoszcz, Warsaw, Poznań, Nowy Dwór Mazowiecki, Wrocław, Rzeszów County, and the vicinity of Zamość (CVO press releases on 28 June and 30 June).

A media report on 4 July 2023 mentioned the study of the Polish virologist Prof Krzysztof Pyrć and two other researchers in the country who tested five samples of meat collected from the owners of sick or dead cats. However, the Chief Veterinary Inspectorate explained on 7 July that these results are unreliable as it is unclear how the meat samples were collected.

The genome of the detected virus from cats in Poland is available on GISAID (EPI_ISL_17949824) and exhibits two mutations, molecular markers to mammal adaptation. Genetic data suggest that the sick cats may have been exposed to the same source of infection.

A(H5N1) has been detected in other EU/EEA countries. In December 2022, <u>France</u> (French Agency for Food, Environmental and Occupational Health & Safety – ANSES) reported a detection of avian influenza A(H5N1) in a farm cat, and on 5 July, the Italian <u>Ministry of Health</u> reported seroconversion for influenza A(H5N1) from five dogs and a cat at a rural poultry farm with a recent outbreak of avian influenza in the province of Brescia, Lombardy Region.

The World Organisation for Animal Health (WOAH) has 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 the Felidae family, and noting that several cases of cats infected with influenza A(H5N1) have been reported from Europe and North America in the context of the ongoing panzootic. WOAH stressed the need for more investigations and stated 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.

ECDC assessment

ECDC assesses the current risk to the general public as low and the risk of infection to occupationally exposed or otherwise exposed to avian influenza infected birds or mammals (wild or domesticated) as low-to-moderate. There are still a number of uncertainties related to the specific event of cat infections in Poland in terms of source of infection, potential for feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, and severity of the disease. Given these uncertainties, the assessment will be reviewed as soon as more information becomes available.

Actions

ECDC is monitoring this event and is in contact with the Polish public health authorities and the European Food Safety Authority (EFSA) for further investigation.

Last time this event was included in the CDTR: 10 July 2023.

2. Avian Influenza in farmed foxes - Finland - 2023

Overview

On 13 July 2023, the <u>Finnish Food Authority</u> reported that avian influenza was detected in foxes on fur farms in Finland. An infection with avian influenza H5N1 was detected on fox farms in Kaustinen, Central Ostrobothnia. Furthermore, four samples from animals on farms in Kauhava, South Ostrobothnia and Halsua and Kaustinen, Central Ostrobothnia have been found to have influenza virus. Virus typing is still ongoing.

According to the <u>World Organization for Animal Health (WOAH)</u>, the affected fur farm in Kaustinen is raising arctic foxes and raccoon dogs. Five-thousands animals are susceptible at this facility (3 500 artic foxes and 1 500 Raccoon dogs). Many black-headed gulls have been observed around and at the fur farm. At present, no control measures are applied as Highly Pathogenic Avian Influenza (HPAI) is not a 'listed disease' in fur animals. Further sampling is being planned on the fur farm and veterinary authorities are working in tight collaboration with the public health authorities.

According to the **Finnish Food Authority**, this is the first time avian influenza has been detected in farmed fur animals in Finland. However, two infections were previously detected in wild foxes in Finland.

ECDC assessment

Introduction of avian influenza into fur farms is not unexpected if infected wild birds have been observed in the area and measures are not in place to prevent contact between infected birds or their droppings and the farmed animals. A previous **event** was observed at a mink farm in Spain. It is crucial to perform virus analyses and share sequence data for analysis of markers relevant for mammalian adaptation. Transmission between foxes, or other infected mammals, and humans has not been observed to date. Nevertheless, it is crucial to identify infected mammals and exposed people to be able to follow up for 10-14 days and initiate testing when symptoms occur.

Actions

ECDC is following up with the Finnish authorities and other relevant agencies.

Last time this event was included in the CDTR:

3. West Nile virus One-Health seasonal surveillance - 2023

Overview

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

Since the beginning of the 2023 transmission season and as of 12 July 2023, EU/EEA countries have not reported any human cases of WNV infection to ECDC. On 13 July 2023, an official report confirmed the first human case of WNV infection for the 2023 season in a blood donor from the province of Parma, Italy

(https://www.epicentro.iss.it/westnile/aggiornamenti). EU-neighbouring countries have not reported any human cases of WNV infection.

Since the beginning of the 2023 transmission season, eight outbreaks among birds have been reported by Italy. Please refer to the **West Nile virus infection webpage** for maps and a dashboard.

Sources: The European Surveillance System (TESSy), Animal Disease Information System

ECDC assessment

For the last five years, the first human case was never reported to ECDC later than week 28 - unlike this year's transmission season. For the seasons of 2022 and 2019, the first case was reported in week 28, for the seasons of 2018 and 2021 in week 26, and for the season of 2020 in week 25.

In accordance with <u>Commission Directive 2014/110/EU</u>, 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 WNV transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

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: 7 July 2023.

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

Overview

Summarv

By the end of week 27 (ending 9 July 2023), decreasing or stable trends were observed in EU/EEA all indicators based on pooled country data for COVID-19 in all age groups. This is a continuation of the pattern observed in recent weeks.

Of 17 countries reporting COVID-19 cases, one showed an increase in overall case rates compared to the previous week. One country reported an increase in ICU occupancy. There were 81 deaths reported from 12 countries, with one country reporting an increase in its COVID-19 death rate.

Based on ensemble model forecasts, no country is predicted to see increases in the number of reported COVID-19 cases, hospital admissions, or deaths in the period up to 23 July 2023.

Among the nine countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 25–26 (19 June to 2 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 92.9% (87.5–100.0% from nine countries) for XBB.1.5, 4.9% (0.7–7.7% from six countries) for BA.2.75, 2.3% (0.5–10.0% from four countries) for XBB and 1.0% (1.0–1.0% from one countries) for BQ.1.

There are no updates in the cumulative vaccine uptake in the EU/EEA compared to the previous week. Among people aged 60 years and older, 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 29 June 2023 and as of 13 July 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.

For the latest information on variants, please see ECDC's webpage on variants.

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 <u>fifteenth</u> IHR Emergency Committee meeting held in Geneva on 4 May 2023, WHO's Director-General agreed with the <u>advice</u> 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 <u>dedicated web page</u>.

Please refer to the <u>data reported by the World Health Organization (WHO)</u> on COVID-19 and <u>WHO's Weekly Epidemiological Updates and Monthly Operational Updates</u> 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 have an impact on 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 <u>website</u>. For the latest update on SARS-CoV-2 variants of concern, please see <u>ECDC's webpage on variants</u>.

For EU/EEA- and country-specific epidemiological trends and forecasts, visit ECDC's <u>Country Overview Report</u> (updated on Fridays). In addition to the actions described in the latest <u>COVID-19 risk assessments</u>, on 5 April 2023, ECDC published guidance entitled <u>Interim public health considerations for COVID-19 vaccination roll-out during 2023</u> 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 continuing burden of disease experienced by the elderly and those with comorbidities. It complements the previous guidance <u>Long-term qualitative scenarios</u> and <u>considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA</u>, published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

Further information

Last time this event was included in the CDTR: 7 July 2023.

5. Monthly diphtheria epidemiological monitoring in the EU/EEA - 2023

Overview

Summary: As of 10 July 2023, 50 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy) in 2023. Cases have been reported in Germany (32), Belgium (6), Czechia (5), Latvia (3), Netherlands (2), Norway (1) and Slovakia (1).

This represents an increase of five cases since the previous update on 12 June 2023. The new cases have been reported from Belgium and Netherlands. Among the five new cases reported, one fatal case was reported in Belgium.

Among all cases reported in 2023, 31 cases were caused by *Corynebacterium (C.) diphtheriae* and the remaining 19 cases were caused by *Corynebacterium (C.) ulcerans*. Forty-three of the 50 cases had a cutaneous clinical presentation (Germany (31), Czechia (4), Belgium (3), Netherlands (2), Latvia (1), Norway (1) and Slovakia (1)), six cases had a respiratory presentation (Belgium (3), Latvia (2) and Czechia (1)) and one case was classified as 'Other clinical presentation'. In 2023, and as of 10 July, two fatal cases (Belgium (1) and Latvia (1)) have been reported in the EU/EEA. Both fatal cases were attributable to *C. diphtheriae* infections. The two cases had a respiratory presentation (2).

Among the 50 diphtheria cases reported in TESSy, nine cases were classified as imported cases, from Afghanistan (3), Croatia (1), Ethiopia (1), Syria (1), Indonesia (1) the Philippines (1) and unknown (1). Twenty-three cases were not imported, and the importation status was unknown for 18 cases.

ECDC has no information on community transmission or outbreaks of diphtheria in the broader EU/EEA population as a result of the increased number of diphtheria cases observed since the second half of 2022.

Other news: From 2 January to 4 July 2023, the <u>UK Health Security Agency</u> reported one confirmed case of diphtheria among asylum-seekers in England.

From 1 January to 3 July 2023, **Switzerland's Federal Office of Public Health** reported eight confirmed cases of diphtheria in the country.

Disclaimer: The monthly diphtheria epidemiological monitoring <u>published in the CDTR</u> provides the most recent data on cases and outbreaks, based on information made publicly available by national public health

authorities or the media in the EU/EEA and detected during epidemic intelligence screening activities. This report also includes the data routinely submitted by 29 EU/EEA countries to TESSy.

Background: As of 10 July 2023, 50 cases of diphtheria have been reported in the EU/EEA through TESSy in 2023. Cases were reported in Germany (32), Belgium (6), Czechia (5), Latvia (3), Netherlands (2), Norway (1) and Slovakia (1).

In 2022, 192 diphtheria cases and one death attributable to *C.diphtheriae* in the EU/EEA were reported to TESSy. In 2022, 30 diphtheria cases and one death attributable to *C.ulcerans* in the EU/EEA were reported to TESSy.

Following the increase in diphtheria cases in migrants during the second half of 2022, ECDC adapted the TESSy metadata to allow for the reporting of additional variables, such as the country of origin of the case, whether it is part of an ongoing cluster of cases, and whether the case shows resistance to antibiotic treatment. This is seen as a regular update of the metadata for routine diphtheria reporting, including after the end of the current outbreak. The uploading of data on cases linked to the ongoing outbreak in migrants should be prioritised. The mechanism to monitor the outbreak is the reporting of all diphtheria cases to TESSy on a monthly basis by the last day of each month. The data uploaded to TESSy will be published both in ECDC's online **Surveillance Atlas of Infectious Diseases** and in ECDC's Communicable Disease Threats Report (CDTR) on a monthly basis.

ECDC assessment

Diphtheria is a rare disease in EU/EEA countries. According to **WHO/UNICEF**, immunisation coverage estimates for diphtheria tetanus toxoid and pertussis (DTP3) in 2022 in the EU/EEA varied across Member States, ranging from 85% (Austria) to 99% (Greece, Hungary, Luxembourg, Malta, and Portugal). Universal immunisation is the only effective method for preventing the toxin-mediated disease. This includes the administration of a booster dose of diphtheria toxoid if more than 10 years have passed since the last dose. The occurrence of the disease in fully-vaccinated individuals is very rare.

The increase in cases among migrants reported since the second half of 2022 in several EU/EEA countries is unusual and needs to be carefully monitored alongside the implementation of necessary public health measures to avoid the occurrence of more cases and further spread.

In this context, the probability of developing the disease is very low for individuals residing in the community, provided that they have completed a full diphtheria vaccination series and have an up-to-date immunisation status. Nevertheless, the possibility of secondary infections in the community cannot be excluded, and severe clinical diphtheria is possible in unvaccinated or immunosuppressed individuals.

Different recent scientific communications have reported the occurrence of isolates showing a genomic profile suggestive of antimicrobial resistance in <u>Switzerland</u> and <u>Germany</u>. <u>These findings</u> are preliminary and more evidence would be needed to assess the potential implications of these observations, including the adaptation of the currently recommended antibiotic treatment regimes. Nevertheless, similar observations in other European countries cannot be ruled out, and in view of these developments, ECDC recommends that antimicrobial susceptibility testing is performed on all *C. diphtheriae* isolates as a precautionary measure.

Actions

ECDC continues to monitor the diphtheria epidemiological situation in Europe and will provide monthly updates. The latest available information can be found on <u>EpiPulse</u>, the <u>Surveillance Atlas of Infectious Diseases</u>, and in <u>ECDC's CDTR</u>.

Last time this event was included in the CDTR: 12 July 2023.

6. Vibrio cholerae non-O1 and non-O139 - Italy - 2023

Overview

Summary

On 13 July 2023, the Italian National Institute of Health (ISS) confirmed that the case was infected with *Vibrio cholerae* non-O1 and non-O139, and was therefore not classified as a cholera case, according to the <u>case definition</u> established by ECDC. This statement came after <u>several media reports</u> on 10 July 2023 describing a suspected case of cholera in Sardinia in an elderly person with no history of travel abroad. The isolated strain is quite common in brackish aquatic environments and normally does not cause any symptoms in immunocompetent subjects.

Background

According to the Surveillance Atlas of Infectious Diseases (ATLAS), between 2007 and 2021, there was one case of cholera reported in Italy. The case (in 2019) had a travel history to a cholera-endemic country. Cholera is not endemic in the EU/EEA and the majority (99.6%) of reported cases (n=244) with available information during the period 2007-2021 had acquired the infection abroad.

The <u>last outbreak</u> of cholera in Sardinia was reported in 1979. During this outbreak, 12 people from the Cagliari province were confirmed as having contracted *Vibrio cholerae* serogroup O1 Ogawa. There were no associated fatalities. It is suspected that the main source of contamination was shellfish.

ECDC assessment

In the EU/EEA, cholera is a very rare and mainly travel-related disease. The case reported in Sardinia has been confirmed as non-cholera *Vibrio cholerae* serogroup non-O1 and non-O139. This represents a sporadic, non-cholera *Vibrio cholerae* case, with a possible source of infection via ingestion of raw mussels.

Actions

ECDC has been in contact with the Italian authorities and will continue to monitor the cholera epidemiological situation in the EU/EEA. Further updates on the global cholera epidemiology will be provided in the regular **monthly reports**.

Last time this event was included in the CDTR: 13 July 2023.