

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 30, 23 - 29 July 2023

Today's disease topics

1. Cholera – Multi-country (World) – Monitoring global outbreaks
2. Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country
3. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks
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Executive summary

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

- Since the last update on 21 June 2023 and as of 20 July 2023, 57 024 new cholera cases, including 399 new deaths, have been reported worldwide.
- New cases have been reported from the following countries and territories: Afghanistan, Burundi, Cameroon, Congo, Democratic Republic of the Congo, Dominican Republic, Ethiopia, Haiti, India, Kenya, Malawi, Mexico, Mozambique, Nigeria, Pakistan, Philippines, Somalia, South Africa, Syria, Taiwan, Yemen, Zambia and Zimbabwe.
- Since the last update, three countries or territories have reported their first cholera cases in 2023: Congo (15), Mexico (1), Taiwan (1).
- 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 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.

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

- Since the previous update on 4 July 2023, one new MERS-CoV case has been reported by United Arab Emirates (UAE) in Abu Dhabi.
- A total of 108 contacts were identified in UAE who completed a follow-up of 14 days and deep respiratory samples tested negative for MERS-CoV.
- Since the beginning of 2023, and as of 18 July 2023, one MERS-CoV case has been reported by UAE authorities with date of onset in 2023.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

- In 2023 and as of 26 July, approximately 300 000 cases and over 300 deaths have been reported worldwide as a result of Chikungunya virus disease.
- In 2023, and as of 27 July, over 3 million cases and over 1500 dengue-related deaths have been reported globally.
- The current likelihood of local transmission events of chikungunya and dengue viruses occurring in areas where the vector is present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication. The likelihood is expected to increase to very high in coming weeks, as temperatures continue to increase.

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

- By the end of week 29, 2023, decreasing or stable trends were observed in all EU/EEA indicators. This is a continuation of the pattern observed in previous weeks. No country is predicted to see increases in the number of reported COVID-19 cases, hospital admissions, or deaths in the period up to 6 August 2023, based on model forecasts.
- Among the five countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 27–28 (3 July to 16 July 2023), the estimated distribution of variants of concern or of interest was 97.7% (78.9–100.0% from five countries) for XBB.1.5, 13.0% (5.0–21.1% from two countries) for BA.2.75, and 7.0% (1.2–12.9% from two countries) for XBB.
- Since the last update on 29 June 2023, one change has been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants. The VUM FE.1 has been expanded to include all XBB.1.5-like lineages with the mutation F456L.

West Nile virus One Health seasonal surveillance – 2023

- Two human cases of West Nile Virus (WNV) have been reported by Greece since the last update and as of 26 July 2023.
- A total of five human cases of WNV infection (Greece (3), Hungary (1) and Italy (1)) have been reported from EU/EEA countries since the beginning of the 2023 transmission season and as of 26 July 2023.
- One outbreak among equids and 14 outbreaks among birds have been reported from EU/EEA countries since the beginning of the 2023 transmission season and as of 26 July 2023.

Avian Influenza in fur farms - Finland – 2023

- On 26 July 2023, the Finnish Food Authority reported that avian influenza A(H5N1) was confirmed in eight additional fur farms hosting foxes, minks and raccoon dogs.
- As of 26 July, 2023, avian influenza A(H5N1) has been detected in 20 fur farms in Ostrobothnia, Finland, in foxes, raccoon dogs and mink. The Finnish Food Authority reported that based on preliminary sequencing results, the lineage of virus collected from the fur animals matches the lineage of the virus circulating among gulls in the country.
- Introduction of avian influenza into fur farms is not unexpected. 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. According to the Finnish Institute for Health and Welfare (THL), exposed people should be monitored for 10–14 days and tested if symptoms occur.

Echovirus 11 infections in neonates - multi-country- 2022-2023

- Since July 2022 and as of 27 July 2023, 21 neonates with severe Echovirus 11 (E11) infection have been reported by France, Croatia, Sweden, Spain and Italy.

- The following cases have been reported according to ECDC case definitions in the EU/EEA: eleven confirmed cases, ten probable cases and nine suspected cases, including eight deaths.
- The viruses isolated from cases in Italy belong to the same cluster as those isolated in France in 2023, and are part of a new divergent lineage.
- The United Kingdom (UK) reported a fatal Echovirus 11 neonatal event in March 2023.
- Given the very rare occurrence of such severe infections, ECDC assesses the risk to the general neonatal population in the EU/EEA as low.

Botulism - Spain – 2023

- As of 24 July 2023, two additional probable cases have been reported. Overall, five confirmed and four probable cases of botulism have been identified, with reported consumption of packaged potato omelettes from different brands and supermarkets in different Autonomous Communities of Spain.
- As a precautionary measure, the company has voluntarily recalled the suspected products, stopped their production, and informed consumers to return any of the suspected products they might have bought.
- The suspected products have been distributed to France and Portugal.
- Based on the current information, the risk of infection for EU/EEA citizens is considered low, although further cases linked to this event may still occur.

Bacterial Meningitis - Italy - 2023

- On 22 July 2023, a 27-year-old female Polish tourist died from meningitis in a hospital close to Venezia, Italy.
- The Italian Ministry confirmed *Neisseria meningitidis* W-135 strain as the causative agent.
- Contacts have been identified and received chemoprophylaxis and/or vaccination.

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

Overview:

Summary

Since 21 June 2023 and as of 20 July 2023, 57 024 new cholera cases, including 399 new deaths, have been reported worldwide. The five countries reporting most cases are Afghanistan (23 298), Democratic Republic of the Congo (8 469), Haiti (6 701), Ethiopia (5 974) and Cameroon (3 067). The five countries reporting most new deaths are Cameroon (95), Democratic Republic of the Congo (74), Ethiopia (65), Haiti (42) and Zimbabwe (34). In addition, 62 615 new cases were reported or collected retrospectively from before 21 June 2023.

New cases have been reported from the following countries and territories: Afghanistan, Burundi, Cameroon, Congo, Democratic Republic of the Congo, Dominican Republic, Ethiopia, Haiti, India, Kenya, Malawi, Mexico, Mozambique, Nigeria, Pakistan, Philippines, Somalia, South Africa, Syria, Taiwan, Yemen, Zambia and Zimbabwe. New deaths have been reported from Afghanistan, Burundi, Cameroon, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Somalia, South Africa, Syria, Yemen, Zambia and Zimbabwe.

Since 1 January 2023 and as of 20 July 2023, 436 546 cholera cases, including 3 240 deaths, have been reported worldwide. In comparison, during the period 1 January 2022 to 20 July 2022, 815 674 cholera cases, including 519 deaths, were reported worldwide.

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

Asia:

Afghanistan: Since 10 June 2023 and as of 9 July 2023, 23 298 new cases, including 16 new deaths have been reported. Since 1 January 2023 and as of 9 July 2023, 91 052 cases, including 43 deaths have been reported. In comparison, in 2022 and as of 13 July 2022, 10 387 cases, including 32 deaths, had been reported.

India: Since 23 April 2023 and as of 19 May 2023, 71 new cases have been reported. Since 1 January 2023 and as of 19 May 2023, 616 cases have been reported. In comparison, in 2022 and as of 15 July 2022, 279 cases, including one death, had been reported.

Pakistan: Since 15 May 2023 and as of 10 July 2023, 2 029 new cases have been reported. Since 1 January 2023 and as of 10 July 2023, 9 343 cases have been reported. In comparison, in 2022 and as of 14 July 2022, 257 452 cases, including three deaths had been reported.

Philippines: Since 29 April 2023 and as of 3 June 2023, 697 new cases have been reported. Since 1 January 2023 and as of 3 June 2023, 1 911 cases, including 10 deaths, have been reported. In comparison, during 2022 and as of 8 February 2022, 491 cases, including six deaths had been reported.

Syria: Since 20 May 2023 and as of 15 June 2023, 34 161 new cases, including 614 new deaths have been reported. Since 1 January 2023 and as of 15 June 2023, 114 064 cases, including 621 deaths, have been reported. In comparison, during 2022 and as of 20 July 2022, no cases had been reported.

Taiwan: As of 9 July 2023, one case has been reported. This is the first cholera case reported in Taiwan since 2022.

Yemen: Since 7 May 2023 and as of 11 June 2023, 864 new cases, including one new death, have been reported. Since 1 January 2023 and as of 11 June 2023, 3 878 cases, including four deaths, have been reported. In comparison, in 2022 and as of 20 July 2022, no cases had been reported.

In 2023, no updates have been reported by Bangladesh, Iraq, and Thailand.

Africa:

Burundi: Since 28 May 2023 and as of 9 July 2023, 124 new cases, including two new deaths, have been reported. Since 1 January 2023 and as of 9 July 2023, 574 cases, including nine deaths have been reported. In comparison, in 2022 and as of 19 July 2022, no cases had been reported.

Cameroon: Since 7 May 2023 and as of 2 July 2023, 3 067 new cases, including 95 new deaths have been reported. Since 1 January 2023 and as of 2 July 2023, 3 787 cases, including 138 deaths have been reported. In comparison, in 2022 and as of 3 July 2022, 9 737 cases, including 163 deaths had been reported.

Congo: As of 14 July 2023, 15 cases have been reported. These are the first cholera cases reported in Congo since 2018.

Democratic Republic of the Congo: Since 7 May 2023 and as of 2 July 2023, 8 469 new cases, including 74 new deaths have been reported. Since 1 January 2023 and as of 2 July 2023, 27 263 cases, including 178 deaths, have been reported. In comparison, in 2022 and as of 10 July 2022, 7 585 cases, including 116 deaths, had been reported.

Ethiopia: Since 13 May 2023 and as of 2 July 2023, 5 974 new cases, including 65 new deaths, have been reported. Since 1 January 2023 and as of 2 July 2023, 11 425 cases, including 142 deaths have been reported. In comparison, in 2022 and as of 31 January 2022, 674 cases, including seven deaths, had been reported.

Kenya: Since 7 May 2023 and as of 29 June 2023, 1 397 new cases, including 28 new deaths have been reported. Since 1 January 2023 and as of 29 June 2023, 8 735 cases, including 137 deaths have been reported. In comparison, in 2022 and as of 31 May 2022, 319 cases, including two deaths had been reported.

Malawi: Since 20 June 2023 and as of 17 July 2023, 64 new cases, including five new deaths, have been reported. Since 1 January 2023 and as of 17 July 2023, 41 493 cases including 1 190 deaths have been reported. In comparison, in 2022 and as of 2 June 2022, 833 cases, including 37 deaths had been reported.

Mozambique: Since 29 May 2023 and as of 16 July 2023, 2 017 new cases, including three new deaths, have been reported. Since 1 January 2023 and as of 16 July 2023, 32 983 cases, including 137 deaths have been reported. In comparison, in 2022 and as of 17 July 2022, 3 301 cases, including 15 deaths, had been reported.

Nigeria: Since 30 April 2023 and as of 28 May 2023, 222 new cases, including four new deaths have been reported. Since 1 January 2023 and as of 28 May 2023, 1 851 cases, including 52 deaths have been reported. In comparison, in 2022 and as of 3 July 2022, 2 523 cases, including 78 deaths, had been reported.

Somalia: Since 4 June 2023 and as of 2 July 2023, 1 295 new cases, including two new deaths, have been reported. Since 1 January 2023 and as of 2 July 2023, 10 686 cases, including 30 deaths, have been reported. In comparison, in 2022 and as of 19 July 2022, no cases had been reported.

South Africa: Since 2 June 2023 and as of 3 July 2023, 722 new cases, including 32 new deaths, have been reported. Since 1 January 2023 and as of 3 July 2023, 1 265 cases, including 47 deaths, have been reported. In comparison, in 2022 and as of 19 July 2022, no cases had been reported.

Zambia: Since 25 May 2023 and as of 22 June 2023, 69 new cases, including one new death have been reported. Since 1 January 2023 and as of 22 June 2023, 757 cases, including 14 deaths have been reported. In comparison, in 2022 and as of 13 June 2022, 159 cases were reported.

Zimbabwe: Since 28 May 2023 and as of 9 July 2023, 1 781 new cases, including 34 new deaths, have been reported. Since 1 January 2023 and as of 9 July 2023, 3 430 cases, including 78 deaths, have been reported. In comparison, in 2022 and as of 18 July 2022, 135 cases had been reported.

In 2023, no updates have been reported by Benin, Eswatini, South Sudan, and the United Republic of Tanzania.

America:

Dominican Republic: Since 20 March 2023 and as of 15 June 2023, eight new cases have been reported. Since 1 January 2023 and as of 15 June 2023, 99 cases have been reported. In comparison, in 2022 and as of 19 July 2022, no cases had been reported.

Haiti: Since 11 June 2023 and as of 10 July 2023, 6 701 new cases, including 42 new deaths, have been reported. Since 1 January 2023 and as of 10 July 2023, 33 058 cases, including 405 deaths, have been reported. In comparison, in 2022 and as of 19 July 2022, no cases had been reported.

Mexico:

As of 4 July 2023, one case has been reported. This is the first cholera case reported in Mexico since 2016.

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 in recent months. Cholera outbreaks have also been reported in the eastern and southern parts of Africa, parts of the Middle East and in 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 a 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. Such measures can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding 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 provide 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: 25 July 2023

Maps and graphs

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

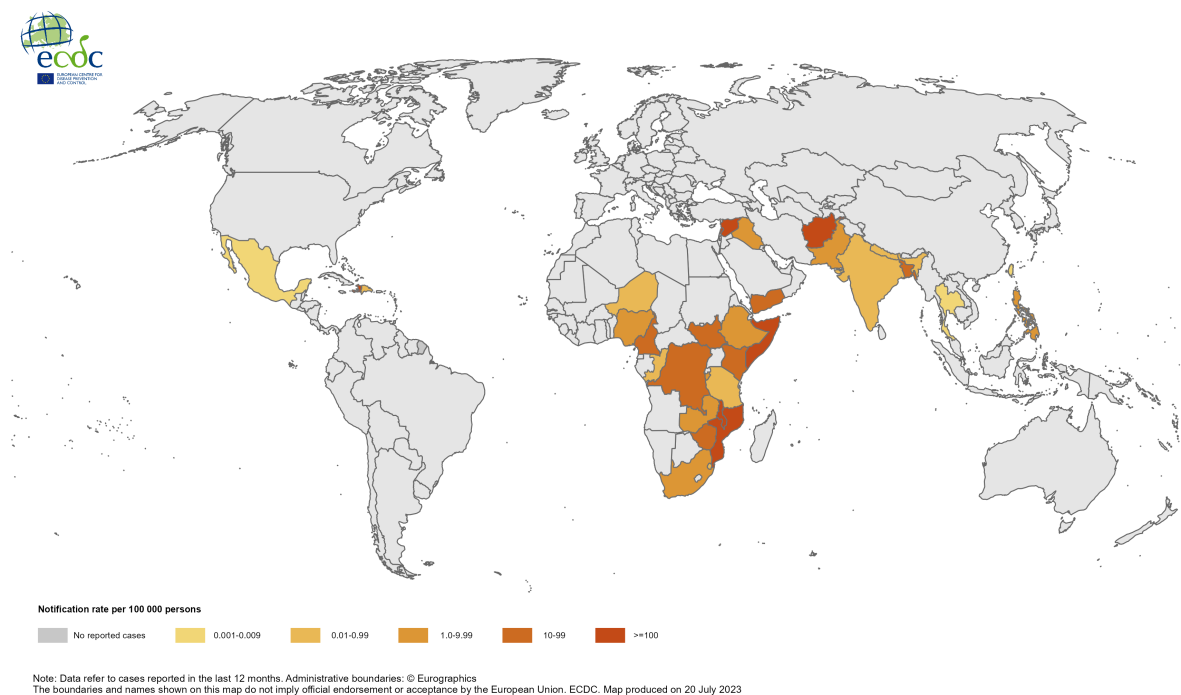
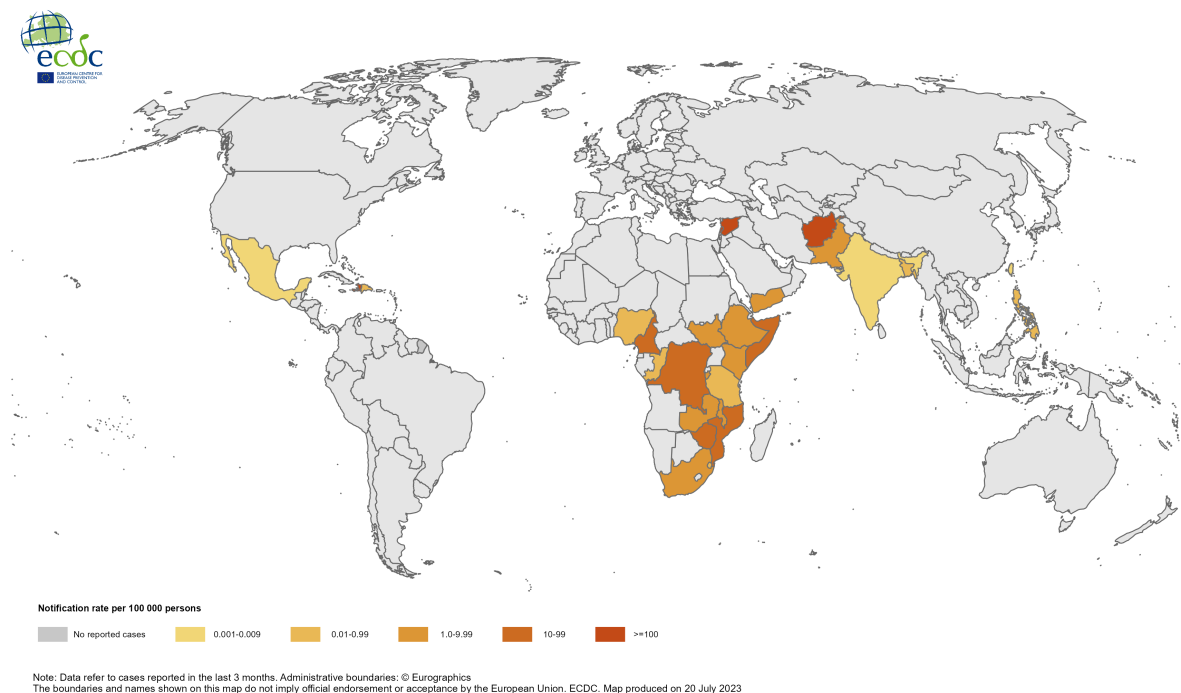


Figure 2. Geographical distribution of cholera cases reported worldwide from May to July 2023

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

Overview:

Update: On 10 July 2023, the [United Arab Emirates \(UAE\)](#) reported one MERS-CoV case in Abu Dhabi. The case is a 28-year-old male who developed symptoms on 3 June 2023 which included vomiting, right flank pain and burning micturition. After several visits to the medical centre, the case was hospitalised with gastrointestinal symptoms and diagnosed with acute pancreatitis, acute kidney injury and sepsis. On 13 June, the patient was referred to an ICU and put on mechanical ventilation. A nasopharyngeal swab, collected on 21 June, tested positive for MERS-CoV by PCR on 23 June 2023. The case is currently in a critical condition with multiple organ failure.

The patient has no known co-morbidities, no history of contact with animal or human cases, no direct contact with camels or consumption of raw camel products, and no recent travel outside of UAE.

Contact tracing activities have been carried out, with 108 contacts identified. These contacts have been screened and followed up for MERS-CoV. All identified contacts have completed the 14-day follow-up and deep respiratory samples tested negative for MERS-CoV.

The case has no family members or accommodation contacts identified in UAE and no secondary cases have been detected so far.

Summary: Since the beginning of 2023, and as of 24 July 2023, one MERS-CoV case has been reported by UAE, with the date of onset in June 2023.

Since April 2012, and as of 24 July 2023, a total of 2 614 cases of MERS-CoV, including 945 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](#)

ECDC assessment:

This is the first case reported worldwide with date of onset in 2023. According to the current information, the risk to EU/EEA citizens of human-to-human transmission remains very low. Further cases may be expected.

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 European Union (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 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 \(MERS-CoV\)](#) on 22 January 2020.

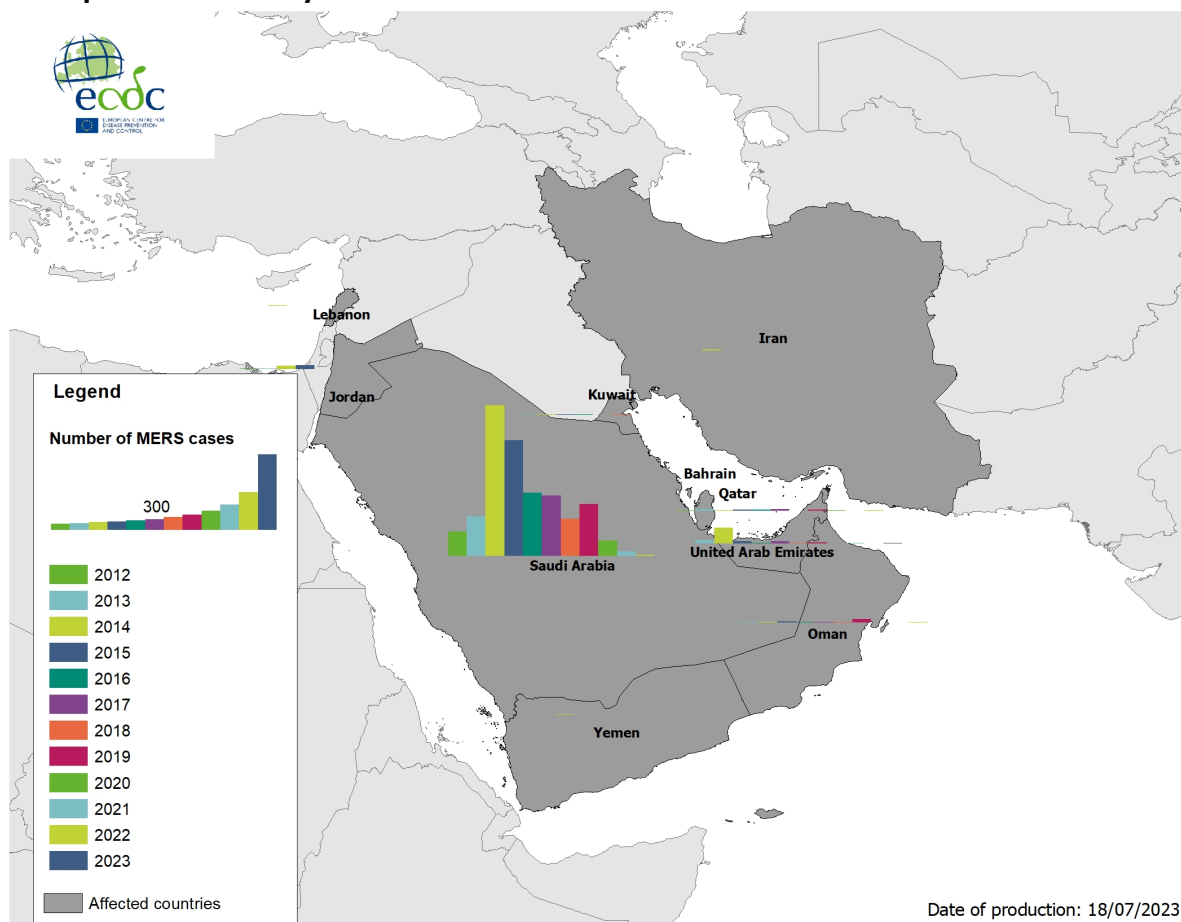
Actions:

ECDC is monitoring this threat through its epidemic intelligence activities and reports on a monthly basis.

Last time this event was included in the CDTR: 18 July 2023

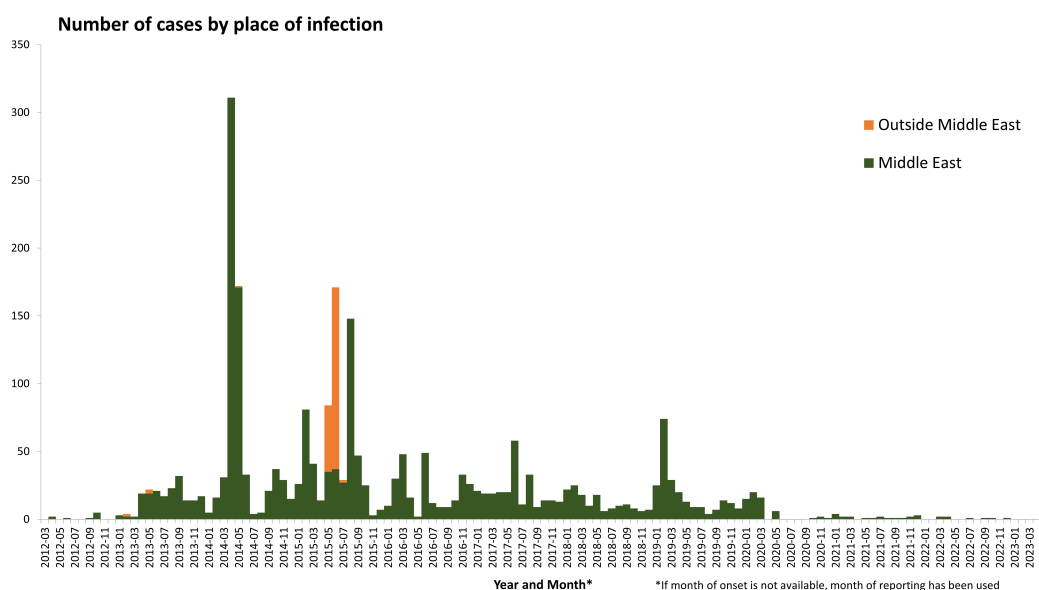
Maps and graphs

Figure 1. Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to 18 July 2023



Source: ECDC

Figure 2. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– 18 July 2023



Source: ECDC

3. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Overview:

Chikungunya virus disease (CHIKVD)

In 2023 and as of 26 July, approximately 300 000 cases and over 300 deaths have been reported worldwide. The majority of cases have been [reported](#) in the Americas from Brazil (192 822), Paraguay (101 963), Argentina (1 593), Bolivia (1 311), and in Asia from Thailand (598). Deaths have been reported from Brazil (60) and Paraguay (256).

In addition to Brazil, Paraguay, Argentina and Bolivia, according to [PAHO](#) as of 26 July, CHIKVD cases have also been reported in the Americas from: Belize (197), Colombia (25), Costa Rica (27), El Salvador (18), Guatemala (199), Nicaragua (3), Peru (187), Uruguay (4) and Venezuela (173).

Outside of the Americas, CHIKVD cases have been reported from Senegal (one, as of 8 June), Namibia (one, as of 8 March), India (18, as of 16 July), Malaysia (131, as of 21 May), Philippines (172, as of 13 May), and Thailand (598, as of 3 July).

No autochthonous cases have been reported in Europe in 2023.

Updates on CHIKVD from selected countries

[Paraguay](#) continued to report a declining trend in notified cases of CHIKVD during June 2023. Paraguay has reported high circulation of CHIKVD since the end of 2022, with an increase of over 200% in notified cases in 2023 compared to the average for the [previous four years](#). According to [recent publications](#), the current increase in CHIKVD cases in Paraguay might be the result of continual transmission of a CHIKVD strain, denoted as Paraguay clade 2 within the CHIKVD ECSA American clade, introduced into the country in early 2022, combined with the highest mean temperatures ever recorded in the country.

[Namibia](#) reported a CHIKVD case in early March 2023 from Onandjokwe District in Oshikoto Region, northern Namibia. Although Namibia is classified by the USA CDC as a country with [no current or previous local transmission](#) of CHIKVD, the case was detected close to the border with Angola, a country with known CHIKVD transmission. It remains unclear if this is an autochthonous or imported case of CHIKVA in Namibia.

Dengue

In 2023, and as of 27 July, over three million cases and over 1500 dengue-related deaths have been reported globally.

No autochthonous cases have been reported in Europe in 2023.

The majority of cases globally have been reported from the region of the Americas where significant outbreaks have been recorded since the beginning of 2023 ([WHO Disease Outbreak News: Dengue – the Region of the Americas](#)). According to data reported by [PAHO](#), in 2023 and until July 2023, most cases in the region were reported from Brazil and from Peru, which is experiencing one of the largest dengue outbreaks in its history. According to the [Ministry of Health of Peru](#), the cases reported in the country up to the beginning of July were more than four times the number of cases reported during the same week in 2022. The unusually high dengue case burden may be partially attributed to the warm and rainy weather brought by [tropical cyclone Yaku](#) and the coastal El Niño effect in April and May 2023, which created optimal conditions for the breeding of *Aedes aegypti* mosquitoes.

Dengue cases have also been reported in [La Reunion](#) in 2023 as well as in Guadeloupe, Martinique, Saint Barthelemy and Sant Martin in the [French Antilles](#), while increases have also been seen in [French Guyana](#).

All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Americas. The figures for each country of the Americas region can be found on the [PAHO Health Information Platform](#).

In Asia, cases were reported in [Afghanistan](#), [Bangladesh](#), [Cambodia](#), [China](#), [India](#), [Laos](#), [Malaysia](#), [Philippines](#), [Singapore](#), [Sri Lanka](#), [Thailand](#) and [Vietnam](#).

In Africa, dengue cases have been reported in Egypt, Ethiopia, [Sao Tome and Principe](#), [Senegal](#) and [Sudan](#). In Egypt, according to [media](#) quoting the health authorities, an outbreak of a previously unknown disease in Qena area was later confirmed as dengue.

In addition, dengue cases have been reported in [Australia](#), [Fiji](#), [the Marshal Islands](#), [New Caledonia](#), [Vanuatu](#), [Wallis and Futura](#).

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ECDC assessment:

Chikungunya virus disease and dengue affect people in most countries of the tropics and sub-tropics. EU/EEA citizens travelling to the affected areas should apply personal protective measures against mosquito bites.

The likelihood of onward transmission of dengue and chikungunya virus disease in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. *Aedes albopictus*). *Aedes albopictus* is [established](#) in a large part of Europe. The current likelihood of the occurrence of local transmission events of chikungunya and dengue viruses in areas where the vector is present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication. The likelihood is expected to increase to very high in coming weeks, as temperatures continue to rise. All autochthonous outbreaks of [chikungunya virus disease](#) and [dengue](#) in mainland EU/EEA have so far occurred between June and November.

More information is available on autochthonous transmission of [chikungunya](#) and [dengue](#) virus in the EU/EEA on ECDC's webpages, and in ECDC's factsheets on [dengue](#) and [chikungunya](#).

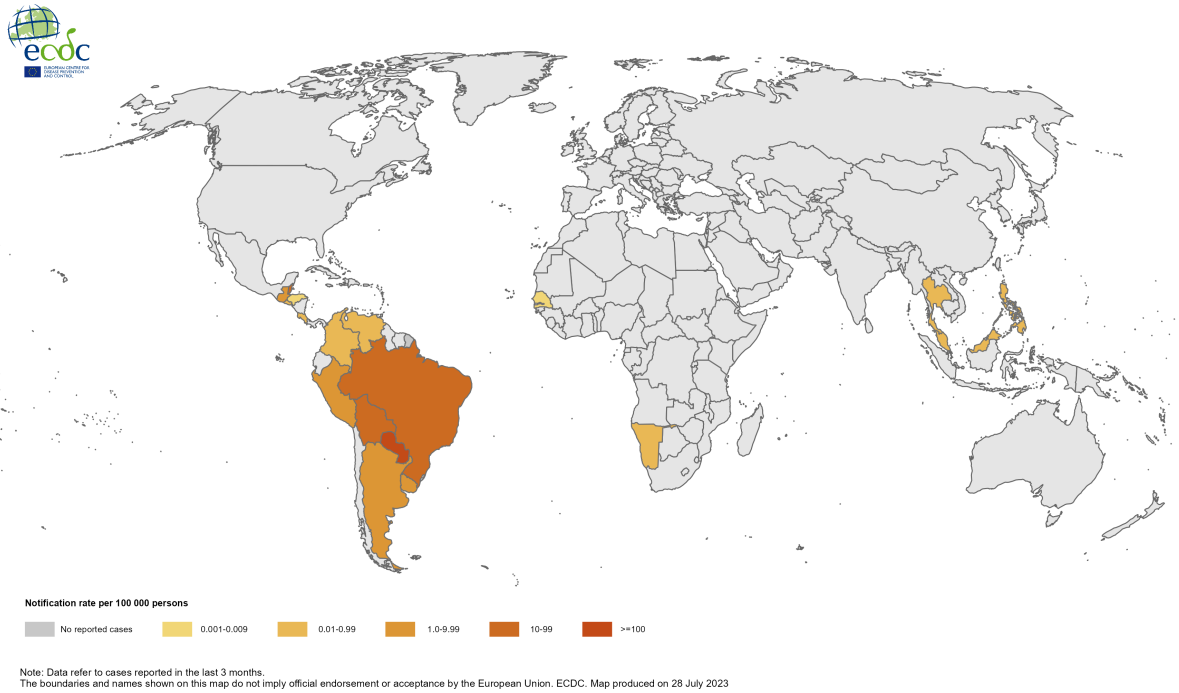
Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [chikungunya virus disease](#) is available on ECDC's website.

Last time this event was included in the CDTR: 19 June 2023

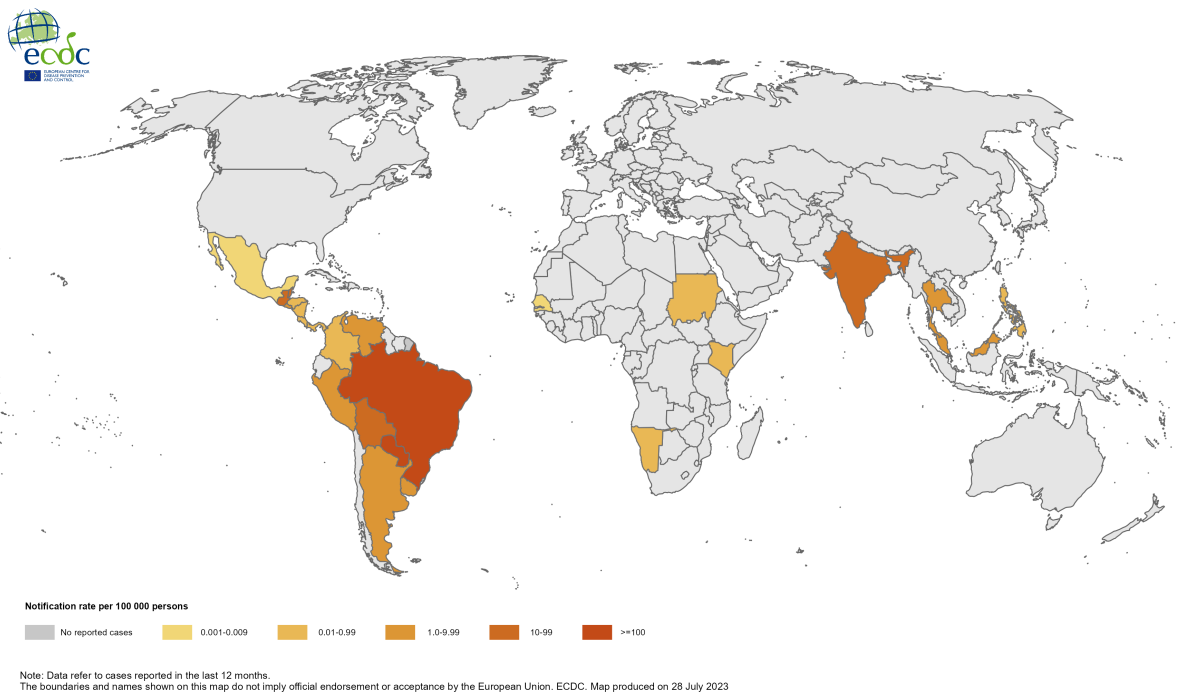
Maps and graphs

Figure 1. Three-month Chikungunya virus disease case notification rate per 100 000 population, April-June 2023



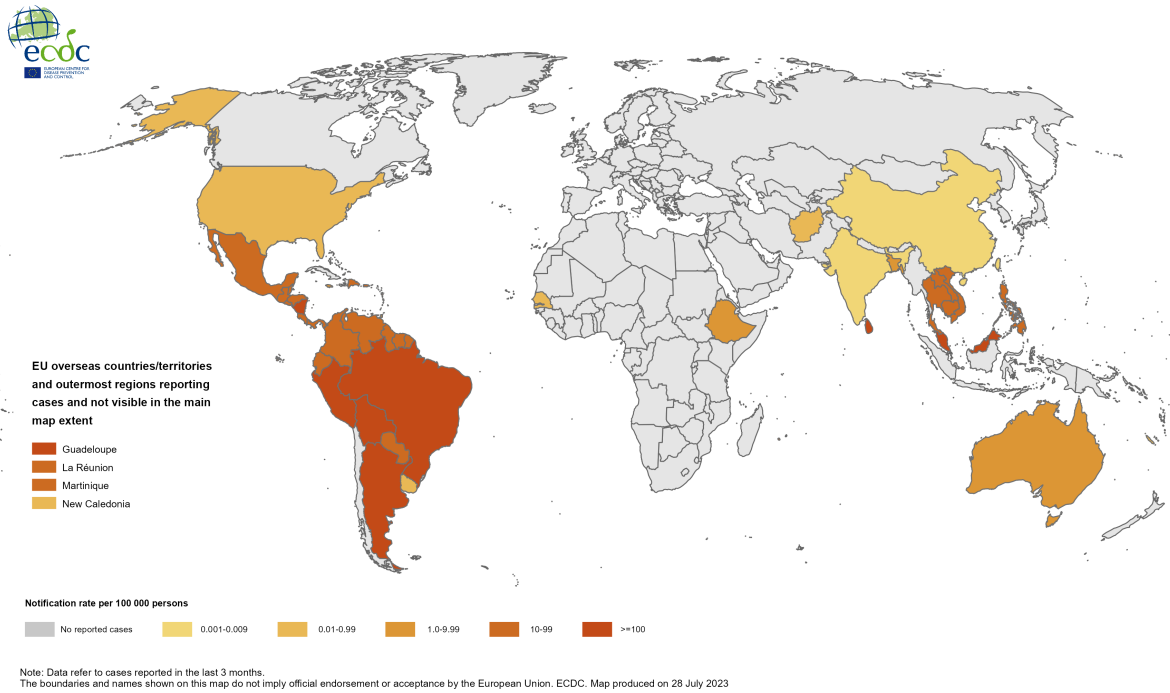
Source: ECDC

Figure 2. 12-month Chikungunya virus disease case notification rate per 100 000 population, July 2022-June 2023



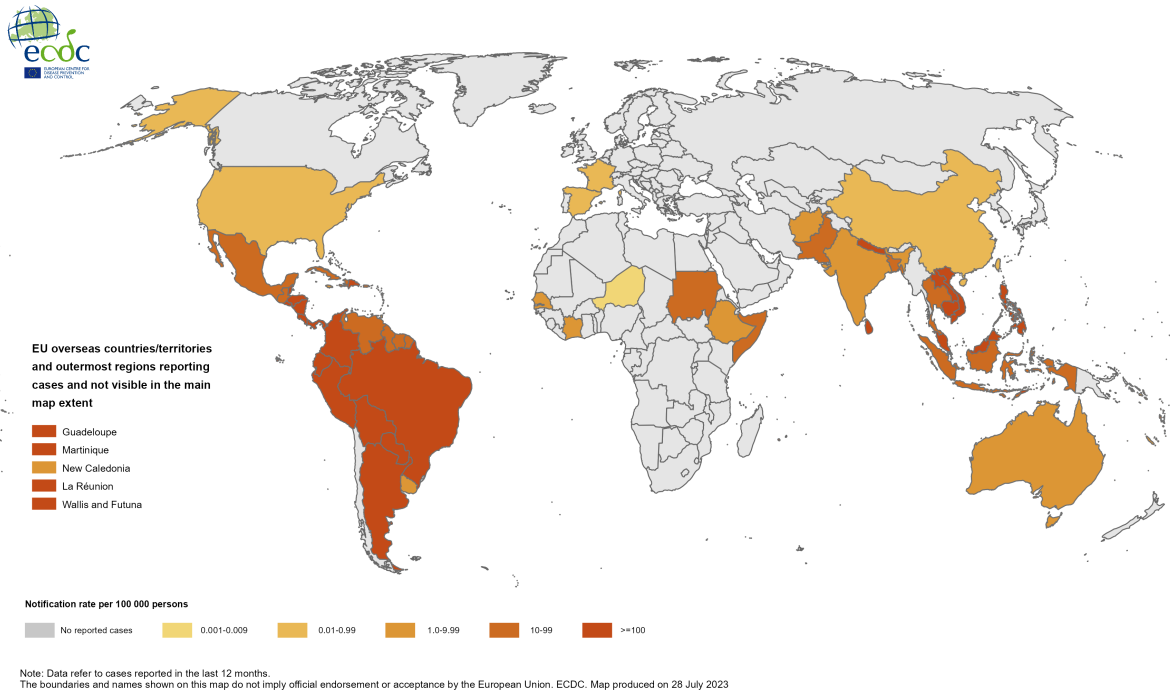
Source: ECDC

Figure 3. Three-month dengue virus disease case notification rate per 100 000 population, April-June 2023



Source: ECDC

Figure 4. 12-month dengue virus disease case notification rate per 100 000 population, July 2022-June 2023



Source: ECDC

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

Overview:

Summary:

By the end of week 29 (ending 23 July 2023), decreasing or stable trends had been observed in all EU/EEA indicators based on pooled country data for COVID-19 in all age groups. This is a continuation of the pattern observed in recent weeks.

Among 20 countries reporting COVID-19 cases, one showed an increase in overall case rates compared to the previous week. Of seven countries reporting information on hospital admissions, one reported an increase in that indicator. There were 28 deaths reported from 15 countries.

No country is predicted to see increases in the number of reported COVID-19 cases, hospital admissions, or deaths in the period up to 6 August 2023, based on ensemble model forecasts.

Among the five countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 27–28 (3 July to 16 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 97.7% (78.9–100.0% from five countries) for XBB.1.5, 13.0% (5.0–21.1% from two countries) for BA.2.75, and 7.0% (1.2–12.9% from two countries) for XBB.

There are no updates in the cumulative vaccine uptake in the EU/EEA compared to the previous week. 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%).

Long-term care facilities surveillance data has been excluded from the surveillance summary as of week 19, 2023 due to the low number of reporting countries. The historic time series of the long-term care facility data remain available on the individual country sheets, with recent updates included where available.

Of 11 countries with data on hospital or ICU admissions/occupancy up to week 29, two reported an increasing trend in at least one of these indicators compared with 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%).

Among the five countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 27–28 (3 July to 16 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 97.7% (78.9–100.0% from five countries) for XBB.1.5, 13.0% (5.0–21.1% from two countries) for BA.2.75 and 7.0% (1.2–12.9% from two countries) for XBB

Weekly update on SARS-CoV-2 variants:

Since the last update on 13 July 2023 and as of 27 July 2023, **the following 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 FE.1 variant under monitoring has been expanded to '**XBB.1.5-like**' + **F456L**, in order to reflect the fact that with this VUM ECDC is monitoring an umbrella of SARS-COV-2 lineages with similar Spike protein profiles, characterised by a specific set of mutations (S:Q183E, S:F486P, S:F490S and **S:F456L**). For instance, this umbrella includes the lineages EG.5, FE.1 and FL.1 and it is currently increasing in proportion in the 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 [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 during 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 [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 the actions described in the latest [COVID-19 risk assessments](#), ECDC published a guidance entitled [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) on 5 April 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 continuing burden of disease experienced by the elderly and people with comorbidities. It complements the previous 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: 21 July 2023

5. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the ninth weekly update of the 2023 West Nile Virus (WNV) monitoring season.

Since last week's update, and as of 26 July 2023, European Union (EU) and European Economic Area (EEA) countries have reported two human cases of West Nile virus (WNV) infection. Both cases were reported by Greece. No deaths related to WNV infection have been reported from EU/EEA countries. EU-neighbouring countries did not report any human cases of WNV infection.

This week, among the reporting countries, the following NUTS 3 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Thasos Kavala and Karditsa Trikala in Greece.

Since the beginning of the 2023 transmission season and as of 26 July 2023, EU/EEA countries have reported five human cases of WNV infection in Greece (3), Hungary (1) and Italy (1). EU/EEA countries have not reported any deaths. EU-neighbouring countries have not reported any human cases of WNV.

During the current transmission season and as of 26 July 2023, within the reporting countries, autochthonous human cases of WNV infection have been reported from five different NUTS 3 regions.

Since the beginning of the 2023 transmission season and as of 26 July 2023, one outbreak among equids and 14 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (1). Outbreaks among birds have been reported by Italy (13) and Germany (1).

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

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

ECDC assessment:

During the current transmission season, human cases of WNV infection have been reported from countries that had reported WNV infections in previous years. Given the current weather conditions, further cases are expected to be reported from these countries.

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 WNV transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

Further information:

Data on human cases of WNV 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 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: 21 July 2023

6. Avian Influenza in fur farms - Finland - 2023

Overview:

Update

On 26 July 2023, the Finnish Food Authority [reported](#) that avian influenza A(H5N1) was confirmed in eight additional fur farms hosting foxes (blue (artic) and mixed-breed foxes), raccoon dogs and minks.

Summary

Since 13 July 2023, avian influenza A(H5N1) has been detected in 20 fur farms in Finland, according to [updates by the Finnish Food Authority](#). The farms are in the areas of Evijärvi, Halsua, Kauhava, and Kaustinen in Ostrobothnia and host foxes (blue, silver and mixed-breed foxes), raccoon dogs and mink. On 21 July 2023, the Finnish Food Authority [reported](#) that based on preliminary analysis, the lineage of the virus collected from the fur animals matches the one collected from gulls and there are indications that it has a mutation that promotes replication in mammalian cells. Sequences of the viruses collected from mink, foxes and seagulls in Finland have been posted in [GISAID EpiFlu](#).

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 to prevent contact between infected birds or their droppings and the farmed animals are not in place. 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 monitor them for 10–14 days, and initiate testing if symptoms occur.

Actions:

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

Further information:

The Finnish authorities have published **advice** for the general public on the prevention of avian flu infections, and issued **guidelines** for public health professionals, including testing recommendations. ECDC's testing guidance on avian influenza viruses in humans is also available on the **ECDC website**.

Last time this event was included in the CDTR: 27 July 2023

7. Echovirus 11 infections in neonates - multi-country- 2022-2023

Overview:

Update: Two new probable cases have been reported by Croatia from June, bringing the total number of affected neonates in Croatia to three.

Summary

On 28 April 2023, the French Paediatric Society, with data from the National Reference Centre for Enterovirus (EV), reported that since July 2022, nine neonates had presented with severe sepsis, complicated by hepatic failure, and neurological or myocardial involvement due to infection with E11 in France. Seven neonates died. Reported cases were predominantly male, including four pairs of premature twins and a full-term singleton. Five of nine neonates were born with low birth weight. All cases presented clinical signs at between three and six days of age. Maternal clinical symptoms, such as fever and gastrointestinal signs, were reported in four of five mothers during the three days before or on the day of delivery. Seven cases are reported to have occurred in the context of confirmed vertical transmission. According to the French EV surveillance, E11 was the predominant circulating EV in 2022 in neonates (30.2% of identified viruses). It is also reported that a new variant of E11 has been circulating since June 2022 in metropolitan France and in certain French Overseas Departments and Regions (New Caledonia and Réunion).

On 15 June 2023, a scientific article was published in the **Eurosurveillance** journal reporting two cases of fulminant hepatitis in Italy linked with E11 infection. The cases are non-identical, male, late pre-term twin brothers who were transferred in April to the neonatal intensive care unit (NICU) due to episodes of apnoea requiring respiratory support. Enterovirus typing was performed in urine and plasma specimens by whole genome sequencing (WGS) and showed the presence of E11. The phylogenetic and molecular analysis concluded that the Italian E11 strains clustered with French strains collected in 2023, which together composed a divergent lineage. The mother presented with a single episode of fever at 35 weeks and two days of gestational age. The infants were born the following day. No specimens were collected from the mother for virological investigations.

In addition, since the publication of the article, Italy has reported a third case that was admitted to an NICU due to E11 infection.

Public health authorities in Spain have reported two cases of E11 infection. These cases were pre-term twins, born in January 2023. Both cases were admitted to the NICU after birth. One was recorded as having died of severe enterovirus infection, with probable vertical transmission, while the second case was discharged from the hospital without sequelae.

On 16 June 2023, public health authorities in the United Kingdom posted a comment on the European surveillance portal for infectious diseases (EpiPulse), reporting an Echovirus 11 neonatal sepsis event with a fatal outcome soon after birth. The event occurred in March 2023.

On 22 June 2023, public health authorities in Sweden reported four cases of infants with meningoencephalitis due to Echovirus11 via EpiPulse. These cases were reported between the beginning of 2022 and 15 June 2023.

In June 2023, a cluster of three neonates with severe E11 infection were reported by Croatia. Typing efforts are ongoing. Symptoms include meningoencephalitis, hepatic insufficiency and general febrile illness.

Other cases of E11 infection have been reported in 2022 and 2023 in neonates, infants or older children, without full information of the clinical manifestations or outcomes. However, Austria, Belgium, Denmark, the Netherlands, Norway and Portugal have not observed an increase in E11 infections associated with severe neonatal cases.

Background

EV are a group of viruses that usually cause self-limited to mild illness. In certain populations, such as neonates, infection by specific serotypes of EV can cause severe illness. The most relevant EV subspecies in neonatal infections include Coxsackievirus B and Echovirus, including multiple distinct serotypes.

Clinical manifestations of EV infection may range from asymptomatic, acute febrile illness to life-threatening disseminated disease. E11 infection in neonates may be associated with [severe clinical features](#), such as sepsis, myocarditis, and meningitis. The most characteristic clinical syndrome in neonates infected with E11 is fulminant hepatitis, presenting with profuse bleeding, jaundice and multiple organ failure.

EV are predominantly transmitted via faecal-oral and respiratory routes. For previously reported cases of E11 infection in neonates, modes of transmission included vertical transmission (prenatal transplacental or during childbirth), postnatal human-to-human contact, as well as being spread through nurseries and NICUs by caregivers and healthcare workers. Transmission through breastfeeding was also reported to be possible.

For previously reported clusters in neonates, infection and death outcomes have been more frequently associated with E11 than with other EV in the same population. For the currently reported cases, and according to the report from French authorities, the high fatality rate observed should be interpreted within the context of neonatal infection within the first seven days of life, prematurity and low birth weight in multi-fetal pregnancies, and potential changes in the virulence of the circulating E11 genetic lineage.

Although some countries have EV surveillance, there is no systematic European-wide EV surveillance in place in the EU/EEA. It is therefore difficult to estimate the extent of the current severe neonatal E11 infections or background rates for circulation of E11 viruses in the population. If there is no EV surveillance in place, only the most severe cases will probably be detected through active efforts to test and type specimens from such cases.

Several outbreaks due to E11 infection in neonates, including some which are healthcare-acquired, have been previously reported ([1964](#), [1973](#), [1979](#), [1985](#), [2004](#), [2018](#)). Some of the outbreaks are reported to have occurred in the context of community circulation of E11.

ECDC assessment:

Based on the available information, ECDC assesses the likelihood of infection with E11 among the neonatal population to be very low, with a high level of uncertainty. The impact of infection is estimated to be moderate, with a high level of uncertainty. Therefore, the overall public health risk for the neonatal population of the EU/EEA is currently estimated to be low. ECDC will reassess the risk as more information becomes available.

On 8 August 2016, ECDC published a [Rapid Risk Assessment on enterovirus](#) detections associated with severe neurological symptoms in children and adults in European countries.

Actions:

ECDC encourages countries to notify any unusual occurrence of E11 infections through EpiPulse (2023-EIP-00026). ECDC case definitions have been posted in EpiPulse. Reporting of unusual EV cases and clusters through Early Warning and Response System (EWRS) in EU/EEA countries is also encouraged.

ECDC has published an [epidemiological update](#) on its website, including case definitions and guidance on testing.

Further information:

ECDC case definitions:

- **Confirmed case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of Echovirus 11 lineage 1* notified since 1 January 2022.
- **Probable case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of Echovirus 11 notified since 1 January 2022,
- **Suspect case:** Neonates (<28 days) admitted to NICU with laboratory-confirmed diagnosis of other non-polio enterovirus notified since 1 January 2022.

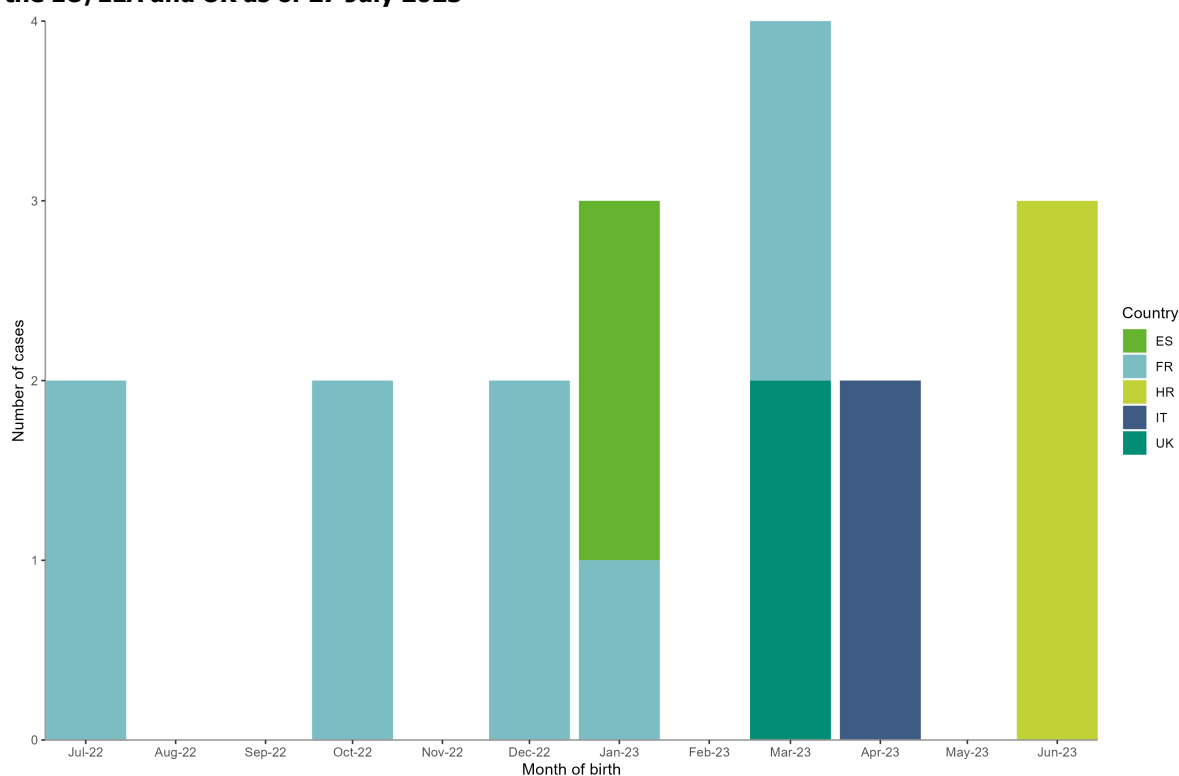
*Lineage 1 as outlined by [Grapin et al.](#), 2023 molecular characterisation of the new E11 lineage

Sources: [Sources: WHO DON](#) | [DON](#)

Last time this event was included in the CDTR: 21 July 2023

Maps and graphs

Figure 1. Distribution of confirmed and probable cases of severe neonatal Echovirus 11 infection in the EU/EEA and UK as of 27 July 2023



Source: ECDC

Legend: The graph shows 16 cases with known month of notification, birth, or sampling; cases with missing date information not depicted in the graph include: Sweden (n=4) and Italy (n=1).

8. Botulism - Spain - 2023

Overview:

Update: On 24 July 2023, [Spanish health authorities](#) reported two additional probable cases from already affected Spanish Autonomous Communities.

Summary: On 11 July 2023, Italian health authorities notified Spanish health authorities of two Italian cases of botulism with reported consumption of packaged potato omelette in Spain. On 14 July 2023, two Spanish Autonomous Communities (Madrid and Valencia) reported two probable cases of botulism with reported

consumption of the same product. A national alert was sent to all Spanish Autonomous Communities and the Spanish authorities have been contacted in order to assess the possible risk outside Spain.

As of 24 July 2023, five confirmed and four probable cases of botulism have been [reported](#) with consumption of packaged potato omelettes from different brands and supermarkets in different Spanish Autonomous Communities. Three of the confirmed cases required medical attention in intensive care units and, so far, no deaths have been reported. Probable cases are defined as cases with symptoms compatible for botulism and with an epidemiological link. Confirmed cases are laboratory-confirmed. Disease onset dates range from 21 June to 22 July 2023. Ages range from 23 to 63 years (median 49 years).

According to [AESAN](#), in four of the cases, the manufacturer of these products is the same. However, the pathogen or its toxins have not been found in the suspected products or their production processes. The investigations are ongoing. As a precautionary measure, the [company](#) has voluntarily recalled the products, stopped production, and informed consumers to return all the suspected products they might have bought.

On 24 July 2023, the Spanish food safety authorities reported in RASFF that the product had been distributed to France and Portugal (RASFF 2023.4941).

Background: In 2021, 82 cases of botulism were reported in the EU/EEA, including 10 cases reported in Spain. For these 82 cases, 37% were aged 45–64 years and the case fatality rate was 7.5%.

Sources: Spanish Ministry of Health [[updates on the outbreak](#)], AESAN [[link 1](#), [link 2](#)], [RASFF](#)

ECDC assessment:

This is a cross-border outbreak of nine cases of botulism (five confirmed, four probable) with potato omelette (tortilla) as a suspected vehicle. The product has been produced in Spain and distributed to France and Portugal. The producer and the authorities have initiated recalls and informed the general public. Investigation is ongoing to identify the source of the outbreak.

Based on information available, the risk for EU/EEA citizens is low.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities and will update the event if new relevant information becomes available.

Sources: [RASFF 2023.4941](#)

Last time this event was included in the CDTR: 25 July 2023

9. Bacterial Meningitis - Italy - 2023

Overview:

Summary: On 25 July 2023, Italian local [media](#) reported a fatal case of meningitis in a 27-year-old female Polish tourist. Based on information received by the Italian Ministry of Health, the case presented at a local hospital with advanced symptoms (malaise, fever and vomiting) on 22 July and died a few hours later. Laboratory testing confirmed *Neisseria meningitidis* W-135 strain infection (rapid test and blood culture PCR). The woman's vaccination status is unknown. In total, 25 close contacts (healthcare workers, people in the hospital waiting room, guests at the hotel) were identified and received chemoprophylaxis. Most of them also received vaccination. Only one known contact has not yet been traced. Public health protocols are being implemented to trace potential contacts.

Background

According to the [ECDC Surveillance Atlas of Infectious Diseases](#), in 2021, 612 confirmed cases of invasive meningococcal disease (IMD), including 55 deaths, were reported in EU/EEA countries. France, Poland, Germany and Spain, accounted for 59% of all confirmed cases in 2021. In Italy, 25 cases were reported in 2021, one of which was fatal. Most confirmed cases in Italy were in the younger age groups (>1 and 1-4 years). In Poland, 107 cases were reported in 2021, of which 11 were fatal.

Studies on the post-pandemic number of IMD cases are indicating that it is increasing to pre-pandemic levels. In the EU/EEA, serogroup B caused 54% of the cases in all age groups in 2021. Serogroup distribution varies by

region. Serogroup B causes the biggest burden of IMD in Europe, followed by C, W, and Y. Serogroup B is dominant in all age groups under 65 years of age. Serogroups W and Y were most prominent in those aged 65 years and above, causing 33% and 25% of IMD cases respectively in this age group. In the past few years, there has been a general increase in serogroup W. Emerging studies are suggesting that MenW is associated with higher rates of unfavourable outcomes, including death, compared to other serogroups.

Italy is currently recommending the MenB vaccine in infants, one dose of Men C vaccine at 13-15 months, even though menACWY is used in several regions, and the MenACWY vaccine in adolescents aged 12-14 years. Vaccination coverage for 2022 (cohort 2020) in Italy was 85.6% for MenC (MenC or Men ACWY vaccine), 55.4% for the ACWY vaccine, 80.9% for the MenB vaccine. Poland is currently recommending the MenC vaccine for infants and adolescents. In 2021, Italy and Poland reported one and 11 confirmed cases of serogroup W, respectively.

Invasive meningococcal disease (IMD) is a major cause of meningitis and septicaemia. The disease often has a rapid progression, with an 8–15% case fatality rate. Outbreaks of meningococcal disease are rare, but can occur in settings where people group together. Ongoing surveillance, including molecular surveillance as well as susceptibility testing, is essential to inform implementation of prevention and control measures. Once a case is detected, contact tracing and administration of chemoprophylaxis to close contacts is important to reduce the risk of clusters. In addition, efforts should be made to ensure that all eligible individuals receive vaccination. Several vaccines targeting different serogroups are available for the prevention of IMD. The information on case vaccination status should be collected, including specific information about which serogroup(s) the different meningococcal vaccines were indicated for.

ECDC has published a [factsheet](#) on meningococcal disease where recommended case management and treatment are described. An ECDC [Expert Opinion](#) on the introduction of the meningococcal B (4CMenB) vaccine in the EU/EEA, is also available online.

ECDC assessment:

Transmission occurs through droplet aerosol or secretions from the nasopharynx of colonised persons. The average incubation period is 3–4 days (usually ranging from 2–10 days). With the above described measures, there is a low risk of onward transmission. However, the increasingly more common MenW is associated with more severe outcomes than other serogroups and is currently not covered by the vaccine offered in Poland. MenW is also commonly connected with the hypervirulent clonal complex 11 which has caused several outbreaks in the past. In addition, the COVID-19 pandemic might have had an impact on population immunity, with both lower exposure and decreased vaccination. Prevention is mainly through vaccination. Early detection, isolation and management of meningitis cases, identification of close contacts, provision of chemoprophylaxis, and monitoring of close contacts for clinical symptoms for at least 10 days from the latest possible exposure are essential for the management of cases. The risk of IMD to the general public in Italy in connection with this particular case is assessed as low.

Actions:

ECDC is monitoring the epidemiological situation through epidemic intelligence activities and will update information again, should relevant epidemiological updates become available.

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