

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 32, 6 - 12 August 2023

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Executive Summary

Measles – Multi-country (World) – Monitoring European outbreak

- In June 2023, 41 confirmed cases of measles were reported by six countries. Between January and June 2023, 311 cases of measles have been reported in The European Surveillance System (TESSy) by 14 countries.
- Measles transmission is currently low in the EU/EEA. Outside of the EU/EEA, cases and outbreaks of measles have been reported in the United Kingdom (UK), Switzerland and Ukraine. The complete list of cases reported worldwide is provided below for all the World Health Organization (WHO) Regions.

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

- By the end of week 31, 2023, increasing trends in case notification rates in most age groups were observed for the EU/EEA. Trends in all other pooled indicators were stable. Due to a lower number of countries reporting in recent weeks and a probable impact of the summer holidays on the availability of data, this should be interpreted with some caution.

- Among the 11 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 29–30 (17 July to 30 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 94.8% (68.1–100.0% from 10 countries) for XBB.1.5, 8.3% (1.4–25.3% from four countries) for XBB, 5.3% (1.4–99.1% from six countries) for BA.2.75, and 1.1% (1.1–1.1% from one country) for BQ.1.
- Since the last update on 27 July 2023 and as of 10 August 2023, ECDC classified all **XBB.1.5-like lineages with additional spike protein change F456L** as **variants of interest (VOI)**. This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1 among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA together with a slight increase in epidemiological indicators. The reason why ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.
- The growth advantage observed for 456L-lineages is most likely caused by **increased immune escape** conferred by the F456L change, combined with waning immunity to infection in the population. So far there are no indications that 456L-lineages are associated with any change in infection severity. It is likely that the presence of the variant will contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months. However, it is expected that these indicators will not reach the levels associated with previous peaks in cases and hospitalisations.
- Among the eight countries reporting at least 10 sequences to GISAID EpiCoV for week 29 (17 July to 23 July 2023), the proportions of **XBB.1.5-like + F456L lineages** are Denmark (42%), France (38%), Iceland (59%), Ireland (48%), Italy (11%), Portugal (60%), Spain (35%), and Sweden (14%). The overall trend for the variant proportion is increasing.
- As of 10 August 2023, XBB and BQ.1 variants have been de-escalated from VOI to de-escalated variants

Human cases of swine influenza A(H3N2) variant virus – Multi-country

- On 26 July 2023, the Michigan Department of Health and Human Services reported a presumptive positive swine influenza virus variant A(H3) in a person who was exposed to pigs at an agricultural fair in Michigan that was held from 7 July to 16 July, 2023.
- This is the first human case of A(H3) reported in the United States in 2023.
- No human cases of swine A(H3N2)v have been reported in the EU/EEA this year.

Human cases with swine influenza A(H1N2) variant virus – Multi country – 2023

- One new case of human infection with the swine influenza A(H1N2) variant virus has been reported in the United States (US). This is the first A(H1N2) human case reported in the US in 2023.
- Overall, 22 cases have been reported globally since 2018, including five cases reported in EU/EEA countries (Austria, Denmark, France, and the Netherlands). The last case in the EU/EEA was reported in the Netherlands in 2022.
- These events are rare and no human-to-human transmission has been detected.

Mpox Multi-country 2022 - 2023

- Since the last update on 6 July 2023, and as of 10 August 2023, 48 cases of mpox have been reported to The European Surveillance System (TESSy) from five EU/EEA countries: Portugal (38), Spain (5), France (3), Italy (1), and Luxembourg (1).
- Overall, 21 304 confirmed cases of mpox have been reported from 29 EU/EEA countries in TESSy.
- According to the World Health Organization (WHO), since 1 January 2022 and as of 25 July 2023, 88 600 confirmed cases of mpox, including 152 deaths have been reported from 113 countries globally with a substantial decrease in cases reported since the peak (week commencing on 8 August 2022).

Monthly diphtheria epidemiological monitoring in the EU/EEA - 2023

- From the beginning of 2023 and as of 8 August 2023, 57 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy). Cases have been reported in Germany (35), Belgium (6), Czechia (5), the Netherlands (5), Latvia (3), Norway (1), Slovakia (1), and Sweden (1). This represents an increase of seven cases since the previous update on 10 July 2023.
- Among the cases reported, six cases presented with respiratory disease, 48 with cutaneous disease, one with respiratory and cutaneous disease, and two with nasal clinical presentation.
- As of 8 August 2023, two fatal cases – Belgium (1) and Latvia (1) – have been reported in the EU/EEA this year.
- One additional EU/EEA country (Sweden) has reported one case of diphtheria in 2023, since the previous update in July.
- Since September 2022 and as of 8 August 2023, 238 cases of diphtheria and three deaths were reported to TESSy in the EU/EEA.
- 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 cases of diphtheria 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.

West Nile virus One Health seasonal surveillance - 2023

- Forty-eight human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries, and nine human cases of WNV infection have been reported by EU-neighbouring countries since the last update, and as of 9 August 2023.
- A total of 89 human cases of WNV infection – Italy (56), Greece (22), Romania (5), France (3) and Hungary (3) – have been reported by EU/EEA countries and nine human cases of WNV infection – Serbia (9) – have been reported by EU-neighbouring countries since the beginning of the 2023 transmission season, and as of 9 August 2023.
- Four outbreaks among equids and 32 outbreaks among birds have been reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, and as of 9 August 2023.

Avian Influenza in fur farms - Finland - 2023

- On 9 August 2023, the Finnish Food Authority reported that avian influenza A(H5N1) has been detected in three additional fur farms in Finland hosting blue (arctic) foxes in Kaustinen (2) and Kannus (1).
- Since 13 July 2023 and as of 9 August 2023, avian influenza A(H5N1) has been detected in 24 fur farms in Ostrobothnia (Finland) in foxes, raccoon dogs and minks. The Finnish Food Authority reported that based on preliminary sequencing results, the lineage of the 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.
- ECDC assesses the current risk to the general public as low, and the risk of infection to people who are occupationally or otherwise exposed to avian influenza-infected animals as low-to-moderate.

Autochthonous cases of dengue - France - 2023

- On 4 August 2023, France reported two autochthonous cases of dengue virus infection in patients residing in Gardanne, the Bouches-du-Rhône department, and the Provence-Alpes-Côte d'Azur region.
- Response and control measures are being implemented by the French public health authorities. These include vector control, information to healthcare providers and the general public, and door-to-door surveys.
- Further cases connected to this transmission event or autochthonous secondary transmission from imported cases of dengue in other areas cannot be excluded.

Crimean-Congo haemorrhagic fever - North Macedonia - 2023

- On 8 August 2023, a secondary healthcare-associated case was reported among the medium-risk contacts of the index case.
- Eleven high-risk contacts have been identified.
- The index and lethal case of Crimean-Congo haemorrhagic fever (CCHF) experienced a tick bite on 19 July 2023 and was reported by North Macedonia on 29 July 2023. High-risk contacts were tested negative by ELISA and RT-PCR; high- and medium-risk contacts are being clinically monitored.

Invasive meningococcal disease - Norway - 2023

- A fatal case of invasive meningococcal disease (IMD) was reported in the Bærum municipality, Norway, on 8 August 2023 in an 18-year-old individual.
- The case was attending a gathering with 500–600 additional individuals from Norway, in the Greek island of Ios in week 30, 2023 (24 to 30 July 2023).
- With the public health actions taken, the risk of IMD among close contacts to the case is assessed as low.

Measles case in a cruise - Finland and Sweden - 2023

- A confirmed case of measles on a cruise from Turku (Finland) to Stockholm (Sweden) on 6 August 2023, has been reported by national health authorities.
- The risk of spread is considered to be low for travellers and staff on the cruise, as the case stayed in the cabin during the whole trip. However, sporadic additional cases among unvaccinated individuals who shared close contact with the index case during embarking and disembarking, cannot be ruled out.

1. Measles – Multi-country (World) – Monitoring European outbreak

Overview:

In June 2023, six EU/EEA countries reported 41 confirmed cases of measles to The European Surveillance System (TESSy). Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#). The most recent cases were reported in Belgium (15), Austria (11), France (7), Poland (6), Germany (1), and Ireland (1). Measles activity remains low. Overall, 311 cases of measles were reported in 14 EU/EEA countries between January and June 2023.

Complementary epidemic intelligence surveillance data collected between 4 August and 8 August 2023 from official public and media sources detected 52 new suspected and/or confirmed cases of measles. These were reported in five EU/EEA countries over the past months: Austria (22), Finland (1), Germany (19), Hungary (1), and Poland (9). No other countries reported new cases or provided updates for previous periods.

To date in 2023, no measles-related deaths have been reported in the EU/EEA.

Relevant updates for outside the EU/EEA are available for Switzerland, Ukraine, the UK, and all the WHO Regions.

Disclaimer: The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with epidemic intelligence updates since last month:

[Austria](#) reported 151 cases of measles in 2023, according to reported national data published until 4 August 2023. Overall, in 2023, Styria is the most affected province with 105 cases reported since the beginning of the outbreak in week 4, 2023. However, since week 26 and until week 30, out of the 22 cases reported within this period, the majority of them (19) were reported from Vienna.

[Finland](#) reported one case of measles, since the previous update and overall in 2023. According to [media](#), the case was in an unvaccinated child.

[Germany](#) reported 73 suspected and confirmed cases of measles as of week 31, 2023 (week ending on 6 August 2023). This is an increase of 19 cases since week 26 (week ending on 2 July 2023). (Note: Cases in Germany are reported on the basis of a local case definition. Therefore, the numbers provided in this report are higher than the numbers reported to TESSy, according to the EU case definition).

[Hungary](#) reported three cases of measles in 2023 as of 4 August 2023. Cases were reported in [week 14](#) (ending 9 April 2023), [week 25](#) (ending 25 June 2023), and [week 28](#) (ending 16 July 2023), respectively.

[Poland](#) reported 25 cases of measles in 2023 as of 31 July 2023. This is an increase of nine cases since 15 June 2023, according to the bi-weekly national report.

Relevant epidemiological summary for countries outside the EU/EEA:

[Ukraine](#) has reported one case of measles in June 2023, based on the most recent [report](#) published by the Center for Public Health of the Ministry of Health of Ukraine. In 2023 and as of 31 June 2023, 21 cases of measles were reported in the country.

[United Kingdom](#) has reported 138 cases of measles in 2023 and as of 30 July 2023. Of these, 36 were reported in the last six weeks.

[Switzerland](#) reported 32 cases of measles in 2023 as of 31 July 2023. This is an increase of five cases since 26 June 2023.

According to the World Health Organization Regional Office for Africa ([WHO AFRO](#)) as of 23 July (week 29, 2023), cases and outbreaks of measles in 2023 were reported in the following countries: Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Mali, Mauritania, Niger, Senegal, South Africa, South Sudan, and Zambia.

Due to varying reporting periods by the countries, please visit the latest available weekly bulletin.

According to the WHO Pan American Health Organization ([WHO PAHO](#)) in weeks 1–28, 2023 (latest week ending on 16 July 2023), 20 cases of measles were reported by two countries: the United States of America (14) and Canada (6). Since the last update, no new cases have been reported from the Americas.

According to the WHO Western Pacific Region ([WHO WPRO](#)) report from June 2023 ([Vol 17, Issue 7](#)), overall, there were 1 577 confirmed and clinically compatible cases of measles (including 640 laboratory-confirmed cases), and no deaths. The cases were reported by: the Philippines (830), Malaysia (344), China (280), Vietnam (58), Japan (20), Australia (14), Papua New Guinea (8), Singapore (8), Cambodia (8), New Zealand (3), South Korea (2), and Hong Kong SAR (1).

According to the WHO Eastern Mediterranean Region ([WHO EMRO](#)), a total of 44 949 cases of measles were reported by 21 countries. Most of the cases were reported in the following four countries: Yemen (24 793), Pakistan (10 580), Somalia (2 711), and Afghanistan (1 828). The update is provided from the [WHO Provisional monthly measles and rubella data](#).

According to the WHO South-East Asia Region ([WHO SEARO](#)), between January and July 2023 there were 57 425 cases of measles reported by 10 countries: India (53 993), Indonesia (2250), Nepal (997), Bangladesh (60), Thailand (60), Bhutan (47), Myanmar/Burma (7), Timor-Leste (7), Sri Lanka (3), and Maldives (1). The update is provided from the [WHO Provisional monthly measles and rubella data](#).

ECDC assessment:

The substantial decline in cases of measles reported by EU/EEA countries since March 2020, which has continued through 2022 and into 2023, contrasts with the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of the COVID-19 pandemic measures may explain the observed decline in cases. Active measles surveillance and public health measures, including high vaccination uptake, provide the foundation for a proper response to possible increases in the number of cases/outbreaks.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles, '[Who is at risk of measles in the EU/EEA?](#)' was published on 28 May 2019.

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

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

Overview:

Summary:

By the end of week 31 (ending 6 August 2023), increasing trends in case notification rates in most age groups were observed for the EU/EEA, based on pooled country data for COVID-19. Trends in all other pooled indicators were stable. However, due to a lower number of countries reporting in recent weeks and a probable impact of the summer holidays on the availability of data, ECDC's assessment of the COVID-19 epidemiological situation for the EU/EEA is not comprehensive and data should be interpreted with some caution.

At the country level, the overall picture is of transmission which has been increasing from low levels in recent weeks in around half of the countries for which data are available. Nine out of 18 countries reporting age-specific data, observed increases in case rates among people aged 65 years and above. Data from primary care sentinel surveillance also suggest increasing levels of respiratory illness among patients presenting to general practitioners (GPs) in some countries, together with an elevated proportion of tests positive for SARS-CoV-2 in this setting.

The availability of data on severe disease is more limited. Out of 11 countries with data on hospital or ICU admissions/occupancy up to week 31, 2023, two reported an increasing trend in at least one of these indicators compared with the previous week. In total, 108 deaths were reported by 15 countries, of which four observed increasing death rates in at least one age group.

Among the 11 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 29–30 (17 July to 30 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 94.8% (68.1–100.0% from 10 countries) for XBB.1.5, 8.3% (1.4–25.3% from four countries) for XBB, 5.3% (1.4–99.1% from six countries) for BA.2.75, and 1.1% (1.1–1.1% from one country) for BQ.1.

There are no updates for 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%).

Weekly update on SARS-CoV-2 variants:

Since the last update on 27 July 2023 and as of 10 August 2023, ECDC classified all XBB.1.5-like lineages with additional spike protein change F456L as variants of interest (VOI). This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1 among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA together with a slight increase in epidemiological indicators. These lineages are also increasing globally, with the World Health Organization (WHO) [classifying](#) EG.5, which is the most prevalent lineage within the group, as a VOI as of 9 August 2023, and the United Kingdom Health Security Agency (UKHSA) [classifying](#) EG.5.1 as a variant as of 31 July 2023. The reason why ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

The growth advantage observed for 456L-lineages is most likely caused by [increased immune escape](#) conferred by the F456L change, combined with waning immunity to infection in the population. So far there are no indications that 456L-lineages are associated with any change in infection severity. It is likely that the presence of the variant will contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months. However, it is expected that these indicators will not reach the levels associated with previous peaks in cases and hospitalisations.

Among the eight countries reporting at least 10 sequences to GISAID EpiCoV for week 29 (17 July to 23 July 2023), the proportions of **XBB.1.5-like + F456L lineages** are Denmark (42%), France (38%), Iceland (59%), Ireland (48%), Italy (11%), Portugal (60%), Spain (35%), and Sweden (14%). The overall trend for the variant proportion is increasing.

As of 10 August 2023, XBB and BQ.1 variants have been de-escalated from VOI to de-escalated variants.

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

Other News

Since mid-July 2023, an increase of COVID-19 cases has been observed in different countries around the world. According to media reports and official sources, countries such as [the United States](#) (US), [the UK](#), [Ireland](#), [South Korea](#), and [Japan](#) have experienced a recent change in COVID-19 cases or hospitalisation trends. The most prevalent variants in these countries are: EG.5 in [the US](#), and XBB lineages in [Japan](#), [the UK](#) (XBB.1.16) and [Ireland](#) (XBB.1.16). COVID-19 deaths increased in [the US](#) compared with the previous week, remaining at very low levels compared to previous peaks in January 2023, January 2022, and January 2021. In the rest of the countries, COVID-19 deaths remain in a decreasing or stable trend.

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, the Director-General of WHO 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: 04 August 2023

3. Human cases of swine influenza A(H3N2) variant virus – Multi-country

Overview:

On 4 August 2023, the [United States Centers for Disease Control and Prevention \(US CDC\)](#) announced that on 26 July 2023, the Michigan Department of Health and Human Services reported a presumptive positive swine influenza virus variant A(H3) in a person who was exposed to pigs at an agricultural fair in Michigan that was held from 7 July to 16 July 2023. Swine influenza A virus was detected among pigs at the agricultural fair. The patient was treated with flu antivirals, did not require hospitalisation, and has since recovered. No human-to-human transmission was documented.

This is the first human case of A(H3) reported in the United States in 2023. In [2022](#), the US CDC reported five cases of swine A(H3N2)v in Michigan (1), New Mexico (1), and West Virginia (3).

No human cases of swine A(H3N2)v have been reported in the EU/EEA this year.

Source: [US CDC FluView](#), [US CDC Report](#)

ECDC assessment:

In the US, it is very popular to attend agricultural fairs featuring animals such as pigs, and these animals can be touched by the visitors. The fair season in the US can last into the autumn. Influenza virus transmission events from pigs to humans during these fairs have been previously reported.

Sporadic transmission of swine influenza viruses from pigs or contaminated environments to humans has been observed in recent years in the US, often related to exposure to pigs during large public agricultural fairs and/or in farms where pigs are kept. These cases are, therefore, not unexpected. Swine influenza virus infection should always be considered in patients with respiratory symptoms reporting prior contact with pigs. This helps in early identification of transmission events to humans, and follow-up investigations can be initiated. Unsubtypable influenza viruses should be shared with national influenza centres or reference laboratories as well as World Health Organization (WHO) Collaborating Centres for further virus characterisation.

Travellers to the US should be aware of the risk that pigs could be infected with swine influenza viruses when attending such agricultural fairs. Travellers with direct exposure to pigs and respiratory symptoms should refrain from travelling. If returning to the EU/EEA, such people should be tested for swine influenza infection and isolated until the final result is available.

Actions:

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to the Early Warning and Response System (EWRS) and International Health Regulations (IHR).

Last time this event was included in the CDTR: 07 August 2023

4. Human cases with swine influenza A(H1N2) variant virus – Multi country – 2023

Overview:

On 4 August 2023, the [United States Centers for Disease Control and Prevention](#) (US CDC), reported a human infection with the swine influenza A(H1N2) variant virus (AH1N2)v in a person who had contact with pigs in the state of Michigan. The person attended an agricultural fair that took place between 23–29 July 2023. The person received antiviral treatment and did not require hospitalisation. Swine influenza A(H1N2)v was confirmed by US CDC from a respiratory specimen on 2 August 2023. The virus was likely transmitted from direct contact with pigs or through environmental contamination. No new cases were detected among the contacts.

This is the first human case with swine influenza A(H1N2)v infection detected in the US this year. Previously, cases were reported in 2022 (6) and 2021 (4). All the cases are from different regions in the US, and are considered sporadic cases.

Summary: Overall, 22 cases have been reported globally since 2018, of which five were reported in the EU/EEA: Austria (one case in 2021), Denmark (one case in 2019), France (one case in 2021), and the Netherlands (one case each in 2018 and 2022). Outside the EU/EEA, cases have been reported in Canada (3), Taiwan (3), and the United States (11).

Source: [US Centers for Disease Control and Prevention, media](#)

ECDC assessment:

Sporadic human cases infected with an influenza virus of swine origin have been reported from several countries globally and are not unexpected in the EU/EEA. To date, no human-to-human transmission has been detected. Exposure to pigs or pig products have been reported in the past and represent the most common risk factor. Transmission events have also been observed in healthy people without underlying conditions. The cases need to be followed up to identify human-to-human transmission and implement control measures. Viruses from patients with severe conditions and an influenza-positive test should be further characterised, as well as shared with the national influenza reference laboratories and World Health Organization (WHO) Collaborating Centres.

Actions:

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities and disease experts in order to identify significant changes in the epidemiology of the virus. Cases should be immediately reported to the Early Warning and Response System (EWRS) and International Health Regulations (IHR).

Sources: [2022-E000482](#)

Last time this event was included in the CDTR: 07 August 2023

5. Mpox Multi-country 2022 - 2023

Overview:

Update:

Since the last update on 6 July 2023, and as of 10 August 2023, 48 cases of mpox have been reported to TESSy from five EU/EEA countries: Portugal (38), Spain (5), France (3), Italy (1), and Luxembourg (1).

According to the most recent [mpox report](#) published by the Directorate-General of Health of Portugal (DGS), 49 cases of mpox were reported in Portugal between 1 June and 26 July 2023. Out of these cases, 39 cases had information available, and all the cases were males with a median age of 34 years. The majority (38/39) reported being residents in the regions of Lisbon and Tagus Valley, and 29 (74%) reported being men who have sex with men (MSM). Among the cases, 17 (44%) reported having visited saunas, 33 (85%) reported having group and/or anonymous sex, and none of the cases reported travel in the 21 days before the onset of symptoms.

Summary:

Globally, since 1 January 2022 and as of 25 July 2023, according to the [World Health Organization \(WHO\) update](#), 88 600 confirmed cases of mpox, including 152 deaths have been reported from 113 countries. The majority of cases in the past four weeks have been reported from the Western Pacific Region (40.2%) and the Region of the Americas (35.1%).

EU/EEA

Since the start of the mpox outbreak and as of 10 August 2023, 21 304 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries to TESSy: Spain (7 565), France (4 150), Germany (3 676), the Netherlands (1 266), Portugal (1 005), Italy (958), Belgium (795), Austria (328), Sweden (260), Ireland (229), Poland (217), Denmark (196), Norway (96), Greece (88), Hungary (80), Czechia (71), Luxembourg (58), Romania (47), Slovenia (47), Finland (42), Malta (34), Croatia (33), Iceland (16), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5), and Lithuania (5).

In addition to the cases reported to TESSy, Germany has reported 18 cases of mpox (total of 3 694 in the country since the beginning of the monitoring) according to [official public sources](#).

Deaths have been reported from: Spain (3), Belgium (2), Czechia (1), and Portugal (1).

Western Balkans and Türkiye:

Since the start of the monkeypox outbreak and as of 10 August 2023, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

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

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of the World Health Organization (WHO) [declared](#) the global mpox outbreak a Public Health Emergency of International Concern (PHEIC). The emergency status was maintained until [11 May 2023](#).

ECDC assessment:

The weekly number of cases of mpox reported in the EU/EEA peaked in July 2022, and since then a steady declining trend has been observed, reaching a plateau with very low numbers since week 52, 2022.

Multiple factors have probably contributed to the decline, including efforts in risk communication and community engagement that have resulted in behavioural changes, increasing immunity in the most affected population groups due to natural immunity and vaccination, and a decrease in the number of large cultural and social events after the summer frequented by the main risk groups for this outbreak.

Based on evidence from the current outbreak and the declining number of new infections in the WHO European Region, the overall risk of mpox infection is assessed as moderate for men who have sex with men (MSM) and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include creating awareness among healthcare professionals and supporting sexual health services to continue case detection, contact tracing, and management of cases; continuing to offer testing for orthopoxvirus; vaccination strategies and continuing risk communication and community engagement, despite the decreasing number of cases.

Given the limitations in vaccine supplies, primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation and will review the level of risk of mpox infection with the data that will be available in the coming weeks.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023.

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

ECDC offers laboratory support to Member States and collaborates with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, infection prevention and control (IPC) guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches. ECDC also provided guidance to countries hosting events during the summer months.

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

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

Overview:

Summary: From the beginning of 2023 and as of 8 August 2023, 57 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy). Cases have been reported in Germany (35), Belgium (6), Czechia (5), the Netherlands (5), Latvia (3), Norway (1), Slovakia (1), and Sweden (1).

This represents an increase of seven cases since the previous update on 10 July 2023. The new cases have been reported from Germany (3), the Netherlands (3), and Sweden (1).

Among all the cases reported in 2023, 36 cases were caused by *Corynebacterium (C.) diphtheriae* and the remaining 21 cases were caused by *Corynebacterium (C.) ulcerans*. Forty-eight of the 57 cases had a cutaneous clinical presentation: Germany (33), Czechia (4), the Netherlands (4), Belgium (3), Latvia (1), Norway (1), Slovakia (1), and Sweden (1). Six cases had a respiratory presentation: Belgium (3), Latvia (2), and Czechia (1). One case had a cutaneous and respiratory presentation (the Netherlands), and two cases had a nasal presentation (Germany). In 2023, and as of 8 August, two fatal cases – Belgium (1) and Latvia (1) – have been reported in the EU/EEA. Both the fatal cases were attributable to *C. diphtheriae* infections and had a respiratory presentation.

Among the 57 cases of diphtheria reported in 2023, 12 cases were classified as imported cases, from Afghanistan (3), Syria (2), Croatia (1), Ethiopia (1), Indonesia (1), the Philippines (1), Slovenia (1), and unknown (2). One case was reported as import-related. Twenty-five cases were not imported, and the importation status was unknown for 19 cases.

In 2022, 226 cases of diphtheria and two deaths were reported to TESSy in the EU/EEA. Cases were reported in Germany (171), Belgium (31), Slovakia (8), the Netherlands (6), Czechia (5), Sweden (4) and Spain (1). Among the cases reported in 2022, 194 cases of diphtheria and one death were attributable to *C. diphtheriae* and 32 cases and one death were attributable to *C. ulcerans*. Out of 226 cases, 198 of the cases had a cutaneous clinical presentation, 17 cases had a respiratory presentation, two cases had a cutaneous and respiratory presentation, three cases had a nasal presentation, four cases had another clinical presentation, and for two cases the clinical presentation was unknown. Among the 226 cases reported, 90 were classified as imported cases from Afghanistan (26), Syria (12), Serbia (8), Bulgaria (4), Czechia (4), Austria (3), Türkiye (3), Bosnia and Herzegovina (1), Congo (1), France (1), Latvia (1), Nigeria (1), Poland (1), Slovenia (1), Sudan (1), Switzerland (1), Ukraine (1), and unknown (20).

Since September 2022 and as of 8 August 2023, 238 cases of diphtheria and three deaths were reported to TESSy in the EU/EEA.

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 cases of diphtheria observed since the second half of 2022.

Other news: From 2 January to 8 August 2023, the [United Kingdom Health Security Agency](#) (UKHSA) reported one confirmed case of diphtheria among asylum-seekers in England.

From 1 January to 31 July 2023, [Switzerland's Federal Office of Public Health](#) reported 10 confirmed cases of diphtheria in the country.

Disclaimer: *The monthly diphtheria epidemiological monitoring published in the CDTR 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 8 August 2023, 57 cases of diphtheria and two deaths have been reported in the EU/EEA through TESSy in 2023. Cases were reported in Germany (35), Belgium (6), Czechia (5), the Netherlands (5), Latvia (3), Norway (1), Slovakia (1), and Sweden (1). The deaths were reported in Belgium (1) and Latvia (1). Among all the cases reported in 2023, 36 cases and two deaths were caused by *C. diphtheriae*, and the remaining 21 cases were caused by *C. ulcerans*.

In 2022, 226 cases of diphtheria and two deaths were reported to TESSy in the EU/EEA. Among the cases reported in 2022, 194 cases of diphtheria and one death were attributable to *C. diphtheriae* and 32 cases of diphtheria and one death were attributable to *C. ulcerans*.

Following the increase in cases of diphtheria 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 cases of diphtheria 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 [World Health Organization/United Nations Children's Fund \(WHO/UNICEF\)](#), the estimates for immunisation coverage 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 as per national recommendations. The occurrence of the disease in fully-vaccinated individuals is very rare.

The increase in cases of diphtheria 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.

Recent scientific communications have reported the occurrence of isolates showing a genomic profile suggestive of antimicrobial resistance in [Switzerland](#) and [Germany](#). [These findings](#) 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 [EpiPulse](#), the [Surveillance Atlas of Infectious Diseases](#), and in [ECDC's CDTR](#).

Last time this event was included in the CDTR: 09 August 2023

7. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the 11th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 9 August 2023, European Union (EU) and European Economic Area (EEA) countries reported 48 human cases of West Nile virus (WNV) infection and two deaths related to WNV infections. Cases were reported by Italy (30), Greece (11), Romania (5), and Hungary (2). Deaths were reported by Greece (1) and Italy (1). An EU-neighbouring country, Serbia, reported nine human cases of WNV infection. No deaths related to WNV infection were reported from EU-neighbouring countries.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Thessaloniki and Kastoria (Greece), Tolna and Csongrád (Hungary), Biella, Cuneo, Brescia, Monza e della Brianza, Foggia, Treviso, Venezia, Padova and Oristano (Italy), Tulcea, Bucureşti, Ilfov and Dolj (Romania), Jablanički, Zapadnobački, Južnobački, Južnobanatski, Severnobački, Severnobanatski, and Sremski Karlovci (Serbia).

Since the beginning of the 2023 transmission season and as of 9 August 2023, EU/EEA countries have reported 89 human cases of WNV infection in Italy (56), Greece (22), Romania (5), France (3), and Hungary (3). EU/EEA countries have reported five deaths in Greece (3) and Italy (2). EU-neighbouring countries have reported no deaths, while nine human cases of WNV infection have been reported in Serbia.

During the current transmission season and as of 9 August 2023, within the reporting countries, autochthonous human cases of WNV infection were reported from 46 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Gironde in France, Kastoria in Greece, and Jablanički in Serbia.

Since the beginning of the 2023 transmission season and as of 9 August 2023, four outbreaks among equids and 32 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (4). Outbreaks among birds have been reported by Italy (26), Germany (5), and Bulgaria (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:

Kastoria in Greece and Jablanički in Serbia reported cases of WNV infection among humans for the first time ever during week 32, 2023. Cases of WNV infection among humans have been reported in regions adjacent to Kastoria in Greece and Jablanički in Serbia in the past.

In 2023, the WNV transmission season started later than the mean of the 2019–2022 season, and the weekly number of reported human cases is below the average of those in the past four years. However, as the weather conditions are favourable for WNV transmission in the affected areas in Europe, further human cases are expected in the coming weeks.

In accordance with the [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 reported 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: 04 August 2023

8. Avian Influenza in fur farms - Finland - 2023

Overview:**Update**

On 9 August 2023, the [Finnish Food Authority](#) reported that avian influenza A(H5N1) has been detected in three additional fur farms in Finland hosting blue (arctic) foxes in the municipalities of Kaustinen (2) and Kannus (1), Ostrobothnia region. This brings the total to 24 fur farms with detections of avian influenza A(H5N1).

Summary

Since 13 July 2023 and as of 9 August 2023, avian influenza A(H5N1) has been detected in 24 fur farms in Finland, according to [updates by the Finnish Food Authority](#). The farms are in the areas of Evijärvi, Halsua, Kannus, Kauhava, Kaustinen, and Vöyri in Ostrobothnia and host foxes (blue, silver and mixed-breed), raccoon dogs, and minks. 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 minks, foxes and seagulls in Finland have been posted in the [GISAID EpiFlu](#) database.

According to the [Finnish Food Authority](#), this is the first time avian influenza has been detected in farmed fur animals in Finland. 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 are 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. Transmission from foxes, or other infected mammals, to humans has not been observed to date.

ECDC assesses the current risk to the general public as low, and the risk of infection to people who are occupationally or otherwise exposed to avian influenza-infected animals as low-to-moderate. People exposed to infected mammals should be monitored for 10–14 days, and testing should be initiated if symptoms occur. Also, it is crucial to perform virus analyses and share sequence data from detections in animals for the analysis of markers relevant for mammalian adaptation.

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 recommendations for testing. ECDC's testing guidance on avian influenza viruses in humans is available on the [website](#).

On 1 August 2023, the Finnish Food Authority published the [criteria for culling fur animals](#) to prevent the spread of avian influenza.

On 8 August 2023, the Finnish Institute for Health and Welfare (THL) published a [statement](#) regarding how to stop the circulation of avian influenza in farmed fur animals and the use of personal protection equipment for farm workers.

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

9. Autochthonous cases of dengue - France - 2023

Overview:

On 4 August 2023, the French public health agency (Santé publique France) reported two autochthonous cases of dengue virus infection in patients residing in Gardanne, the Bouche-du-Rhône department, and the Provence-Alpes-Côte d'Azur region. Both the cases had not travelled abroad recently.

Vector control measures were implemented around the house of these two cases on 4 August and were planned to be repeated a week after. Healthcare professionals have been informed, including general practitioners, public and private laboratories, and pharmacists and hospitals. The general population has been informed through local and national media.

Active case finding will be implemented by a door-to-door survey in an area of 200 meters around the residences of the new cases.

Source: [ARS PACA](#), [media](#)

ECDC assessment:

These are the first autochthonous human dengue virus infections reported in France for the 2023 transmission season.

In Europe, the dengue virus is transmitted via the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe. (*Aedes aegypti* is the main vector of the dengue virus worldwide, but its distribution in the EU/EEA is limited to Madeira and Cyprus).

In 2022, France reported nine outbreaks with a total of 65 locally-acquired cases of dengue, which was the highest number of autochthonous cases and outbreaks in the EU/EEA in this century so far.

The actual weather conditions in most of the areas in the EU/EEA, where *Aedes albopictus* is established, are favourable for vector propagation, dengue virus propagation in vectors, and vectoral transmission of dengue. The recent intense precipitations and floods can create additional breeding sites for mosquitoes. Therefore, further cases connected to this transmission event or autochthonous secondary transmission from imported cases of dengue in other areas cannot be excluded.

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

Actions:

ECDC continues monitoring the epidemiological situation of dengue both globally and in the EU/EEA. Relevant changes in the epidemiological situation and risk levels will be reported.

Last time this event was included in the CDTR: 08 August 2023

10. Crimean-Congo haemorrhagic fever - North Macedonia - 2023

Overview:

Update: On 8 August 2023, a second case of Crimean-Congo haemorrhagic fever was reported in [North Macedonia](#). The case is a close contact of the index case, a nurse working at the PHI University Clinic for infectious diseases and febrile conditions in Skopje. Investigations thus far did not reveal the route of transmission. There have been 11 identified high-risk contacts, 10 family members and an employee of the clinic.

Background: On 30 July 2023, the public health authority of North Macedonia reported a lethal case of Crimean-Congo haemorrhagic fever (CCHF) from a mountain village in the area of the city of Štip (eastern North Macedonia), through EpiPulse. The patient was an agricultural worker who recognised a tick in the abdomen area, which was removed on 19 July 2023. The patient developed a general, febrile disease on 21 July 2023, was hospitalised between 23–25 July 2023 at the infectious department in the PHI Clinical Hospital Štip, where symptomatic therapy and diagnostic tests were performed. On the day of discharge from the hospital, haemorrhagic symptoms developed, and the patient was referred and further hospitalised at the PHI University Clinic for infectious diseases and febrile conditions in Skopje on 25 July 2023. During the stay, the patient was symptomatically treated, and laboratory examined. Due to deteriorating condition, the patient was transferred to the intensive care unit on 26 July 2023, and died on 27 July 2023. A few hours later, the diagnosis of CCHF was confirmed.

The public health authority of North Macedonia performed contact tracing in the village and both the hospitals, and high- and medium-risk contacts are being monitored. A total of 69 contacts were identified and [classified according to their risk](#). Four contacts were identified as high risk, 23 medium, 40 low risk; while two contacts were discarded. High-risk contacts were tested with negative result. High- and medium-risk contacts are being monitored for a maximum of 14 days from the day of last contact with the patient or other sources of infection, by taking temperature twice daily.

The case was subsequently also reported on the [official website](#) of the Institute of Public Health of the Republic of North Macedonia.

ECDC assessment:

Human cases of CCHF in North Macedonia were first detected during an outbreak in 1971, and the virus was demonstrated in animal hosts and tick vectors in the country. Sporadic cases of CCHF have also been reported in several neighbouring countries of North Macedonia (i.e. Albania, Bulgaria, Greece and Kosovo*). The tick species *Hyalomma marginatum*, which is the principal vector of the CCHF virus, [has been detected in all the regions of North Macedonia](#).

The index case occurred in an agricultural worker who was living in a hard-to-reach mountain village and was often exposed to tick bites.

A secondary, healthcare-associated case was detected among the medium risk contacts. Additional cases among the contacts cannot be excluded.

The likelihood of infection of EU/EEA citizens travelling to or residing in North Macedonia is very low. However, considering the potentially severe or lethal disease outcome, personal protective measures against tick bites should be applied, infesting ticks should be removed, and in case of febrile clinical symptoms, patients should seek medical care. The general practitioners (GPs) should be informed about the patients' history of travel and previous tick bite.

Further details on CCHF are available in [ECDC's factsheet](#).

**This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.*

Actions:

ECDC continues to monitor the situation and will report when relevant epidemiological information is available.

Last time this event was included in the CDTR: 09 August 2023

11. Invasive meningococcal disease - Norway - 2023

Overview:

According to the [Norwegian Institute of Public Health](#), a fatal case of invasive meningococcal disease (IMD) was reported in the Bærum municipality, Norway, on 8 August 2023 in an 18-year-old individual. According to the same source, the case was attending a gathering with 500–600 additional individuals from Norway, in the Greek island of Ios in week 30, 2023 (24 to 30 July). The case was hospitalised in a healthcare facility in Norway on 6 August 2023 and died two days after. According to media, the case was infected with serogroup B. Serogroup distribution varies by region in the EU/EEA and Norway has not seen any serious serogroup B infections in this age group since 2014. In the EU/EEA, serogroup B causes the biggest burden of IMD in Europe, and is dominant in all age groups under 65 years of age followed by C, W, and Y. Meningococcal vaccination is not part of the national immunisation programme in Norway but certain age groups are offered the meningococcal conjugate (MenACWY) vaccine, resulting in rather high vaccination coverage amongst older teens. Studies on the post-pandemic number of IMD cases indicate that it is increasing to pre-pandemic levels. The second case that the media previously reported, was confirmed by official sources to not be an actual IMD case, and is not considered as linked to the primary case.

ECDC assessment:

Transmission occurs through aerosol droplets or secretions from the nasopharynx of colonised persons. The average incubation period is 3–4 days (usually ranging from 2–10 days). With appropriate measures, there is a low risk of onward transmission. Prevention is mainly through vaccination. Early detection, isolation and management of cases of meningitis, 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.

For the case in Norway, a large ring of identified contacts (~600 individuals) to the case have received chemoprophylaxis and also been offered vaccination (two doses of Bexsero). With these actions taken, the risk of IMD among close contacts to the case is assessed as low. The risk of IMD to the general public in Norway in connection with this particular case is also 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: 10 August 2023

12. Measles case in a cruise - Finland and Sweden - 2023

Overview:

On 9 August 2023, public health authorities in [Finland](#) and [Sweden](#) reported a confirmed case of measles on a cruise from Turku (Finland) to Stockholm (Sweden) on 6 August 2023 (the *Viking Glory* ship departed from Turku at 8:45 and arrived in Stockholm at 18:55, on the same day). According to the authorities, the case stayed in the cabin during the trip and did not go around the ship, apart from entering and exiting the vessel. The cruise was transporting around 3 500 passengers who will be contacted and informed about this event.

ECDC assessment:

The risk of spread is considered to be low for travellers and staff on the cruise, as the case stayed in the cabin during the whole trip. However, sporadic additional cases among unvaccinated individuals who shared close contact with the index case during embarking and disembarking, cannot be ruled out. The public health authorities and the cruise company have already emailed all the passengers of the ship to raise awareness about the incident and invited them to contact their healthcare providers immediately upon the onset of symptoms. Vaccination with two doses of measles-containing vaccine is advised.

Actions:

Public health investigations are ongoing. Emails to the passengers have been sent and alerts have been issued in efforts to increase awareness among passengers in case they develop symptoms and the importance of measles, mumps, and rubella (MMR) vaccination. ECDC will continue to monitor the epidemiological situation through epidemic intelligence activities and will update information should relevant epidemiological updates become available.

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