

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 44, 26 October – 1 November 2024

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Executive summary

Severe flooding in Eastern Spain - 2024

- Flash flooding has caused substantial damage and harm across eastern Spain.
- The most affected provinces are from the Autonomous Community of Valencia and Castilla La-Mancha. Other provinces from the Autonomous Communities of Murcia and Andalusia are also affected.
- 96 confirmed fatalities have been reported in the area.

SARS-CoV-2 variant classification

Since the last update on 27 September 2024, and as of 25 October 2024, no changes have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs), and de-escalated variants.

The VOI median proportions in the EU/EEA for weeks 40-41, based on eight reporting countries are currently:

KP.3: 59.5% (range: 39.8%-72.7%, IQR: 51.1%-62.9%)
BA.2.86: 17.6% (range: 5.5%-32.7%, IQR: 13.9%-23.7%)

The VUM median proportions in the EU/EEA for weeks 40-41, based on eight reporting countries are:

XEC: 24.5% (range: 13.8%-29.1%, IQR: 20.2%-27.8%)

The calculations are based on data reported to GISAIID, as of 21 October 2024.

The variants currently circulating that are classified as VOI or VUM are unlikely to be associated with any increase in infection severity compared to previously circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals, those with underlying conditions, and previously uninfected individuals could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccination of individuals at high risk of severe outcomes (such as older people) remains important.

Avian influenza A(H5N1) human cases – United States – 2024

- Three new cases of zoonotic avian influenza A(H5) have been reported in Washington State, the United States (US), bringing the total number to nine confirmed cases in the state since 24 October 2024.
- The cases are individuals working with infected poultry.
- As of 30 October 2024, a total of 39 human cases of avian influenza A(H5) have been reported in the US during 2024. Of these, 20 were individuals exposed to dairy cattle that were infected, or presumed to be infected, with A(H5N1) and 18 were workers exposed to outbreaks of HPAI A(H5) at poultry farms. One person had no known animal exposure.
- According to the US CDC, the risk to the general population remains low, while people with exposure to infected poultry, cattle or other potentially infected domestic or wild animals have a higher risk of infection.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 30 October 2024, cases of West Nile virus (WNV) infection have been reported to the European Surveillance System (TESSy) by 14 EU/EEA countries (Austria, Bulgaria, Croatia, Cyprus, Czechia, Hungary, Romania, France, Germany, Italy, Greece, Slovakia, Slovenia, and Spain) and five EU-neighbouring countries (Albania, Kosovo*, North Macedonia, Serbia, and Türkiye).
- The latest monthly epidemiological update on WNV infections covers data up to 2 October 2024, with a total of 1 202 locally-acquired WNV infection cases and 88 deaths reported by European countries to TESSy.
- More information, including maps and a dashboard, are available in ECDC's weekly surveillance report on West Nile virus infections: [Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#). Monthly epidemiological updates are available at: [Monthly updates: 2024 West Nile virus transmission season \(europa.eu\)](#).

* *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.*

Locally acquired dengue in 2024 in mainland France

- In 2024, and as of 30 October, 82 locally-acquired dengue cases have been reported in mainland France.
- Cases have been reported in the following departments: Alpes-Maritimes (19 cases), Drôme (2 cases), Hérault (3 cases), Pyrénées-Orientales or Lozère (2 cases), Vaucluse (18 cases) and Var (38 cases).
- No new cases were reported since the last update (23 October).

Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

- There have been no significant changes in the epidemiological situation related to the global circulation of monkeypox virus (MPXV) clade I and clade II during the past week.
- On 30 October 2024, the United Kingdom reported its first confirmed MPXV clade Ib case in a patient with travel history to countries in Africa with transmission of MPXV clade Ib. Among the countries that have previously reported MPXV clade Ib outside Africa (i.e., Germany, Sweden, India and Thailand), no secondary cases have been reported.

- Among the countries that had previously reported clade Ib cases in Africa, new case have been reported this week by the Democratic Republic of Congo (DRC), Burundi, Rwanda and Uganda.
- ECDC is closely monitoring and assessing the epidemiological situation and additional related information can be found in ECDC's rapid risk assessment published on 16 August ([Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#)), and its [Rapid scientific advice on public health measures](#).

Marburg virus disease (MVD) – Rwanda – 2024

- Since 25 October 2024 and as of 30 October 2024, the Ministry of Health of Rwanda has reported two new case of Marburg virus disease (MVD). Both new cases were known contacts of confirmed cases.
- Since 27 September 2024 and as of 30 October 2024, 66 MVD cases (49 recovered), including 15 deaths, have been reported. Based on the available information, all cases belong to one big cluster with different branches linked to healthcare facilities and the presumed index case.
- In the event of MVD cases being imported into the EU/EEA, ECDC assesses the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low. The overall risk for EU/EEA citizens visiting or living in Rwanda is assessed as low. ECDC published a [threat assessment brief](#) on the implication of the outbreak for the EU/EEA.

Oropouche virus disease – Multi-country (Americas) – 2024

- Since the previous update including data until epidemiological week 35 (ending 31 August 2024), and as of epidemiological week 40 (ending 5 October 2024), 386 new confirmed Oropouche virus (OROV) disease cases have been reported in the Americas from Brazil (327), Cuba (49), Peru (6), Ecuador (2), and Guyana (2).
- In 2024, and as of epidemiological week 40 (ending 5 October 2024), 10 275 cumulative confirmed OROV disease cases have been reported in the Americas from Brazil (8 258), Peru (936), Cuba (555), Bolivia (356), Colombia (74), Ecuador (2), and Guyana (2). Of these, two deaths have been reported from Brazil. In addition, a total of 92 imported OROV disease cases with travel history to Cuba have been reported from the United States of America (90) and Canada (2).
- The risk of OROV disease for EU/EEA citizens travelling to countries in the Americas where transmission is ongoing or has been reported is assessed as moderate. The risk of locally acquired OROV disease in the EU/EEA is low.

1. Severe flooding in Eastern Spain - 2024

Overview:

Flash flooding has caused substantial damage and harm across eastern Spain following heavy rainfall between 29 and 30 October 2024.

Floods resulted in casualties and major disruptions in the most affected areas, the Autonomous Community of Valencia and Castilla La-Mancha. Other provinces from the Autonomous Communities of Murcia and Andalusia are also affected.

According to the [Spanish Government](#), 96 confirmed fatalities have been reported from eastern Spain: 92 in the Valencian Community, three in Castilla – La Mancha, one in Mira (Cuenca), and one in the province of Malaga. Disruption in infrastructures have also been reported. Spain's government has set up a Crisis Committee, headed by the president of the government.

ECDC assessment:

Floods are the most common type of natural disaster in Europe. Flash floods are significant emergencies that are challenging to predict and result in considerable destruction. Such events have become more common in recent years and are expected to occur more frequently due to climate change. Affected areas in Spain are facing the immediate response needs of rescue operations, evacuations and disruption of services.

Affected regions may consider setting up syndromic and event-based surveillance systems to rapidly detect and respond to possible outbreaks. Mechanisms to achieve early detection and awareness of disease clusters should be enhanced. Literature suggests that gastrointestinal infections (campylobacteriosis, cryptosporidiosis, E. coli infection), leptospirosis, legionellosis, and hantavirus infection occurrences have been connected to flooding events.

As regards measures to prevent outbreaks in the flood-affected communities, these may include the following:

- Hand and respiratory hygiene and the wearing of face masks are important, particularly for displaced people housed in shelters.
- Use of appropriate protective equipment for cleaning flooded buildings and other areas.
- Water management plans to minimise the risk of Legionella growth.
- Flooded areas in some of the currently affected areas may need to be monitored and potentially treated to prevent increases in mosquito populations, depending on the average temperatures experienced, as Spain is entering colder months.
- Risk communication to the affected communities is a critical part of the response to the flood crisis. Key communication areas include hygiene measures, access to safe drinking water, food safety, guidance for safe cleaning of flooded areas and prevention of zoonotic and other diseases. Key principles of successful risk communication include the identification of a trusted spokesperson and the delivery of clear and actionable advice, with messaging tailored to the needs of the affected communities.

Infectious disease risks following floods do not represent the greatest risks to the health and well-being of the flood-affected communities. Several other health risks, including disruption to healthcare, environmental hazards (e.g. carbon monoxide poisoning, exposure to dangerous chemicals), and psychological stress may cause acute and long-lasting health effects and an increase in all-cause mortality in these areas.

The assessment and options for response included in ECDC's '[Rapid Risk Assessment: Extreme rainfall and catastrophic floods in western Europe](#)' from July 2021 remain valid.

Actions:

ECDC is following this event through its epidemic intelligence activities and will report when relevant communicable disease events occur. ECDC has reached out to national health authorities in Spain to better understand the situation, including surveillance and response activities, and to offer assistance.

2. SARS-CoV-2 variant classification

Overview:

Since the last update on 27 September 2024, and as of 25 October 2024, no changes have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs), and de-escalated variants.

The VOI median proportions in the EU/EEA for weeks 40-41, based on eight reporting countries are currently:

KP.3: 59.5% (range: 39.8%-72.7%, IQR: 51.1%-62.9%)
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The VUM median proportions in the EU/EEA for weeks 40-41, based on eight reporting countries are:

XEC: 24.5% (range: 13.8%-29.1%, IQR: 20.2%-27.8%)

The calculations are based on data reported to GISAID, as of 21 October 2024.

ECDC assessment:

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant

circulation. The EU/EEA population overall has a significant level of hybrid immunity (prior infection + vaccination/boosters), conferring protection against severe disease. The variants currently circulating that are classified as VOI or VUM are unlikely to be associated with any increase in infection severity compared to previously circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals, those with underlying conditions, and previously uninfected individuals could develop severe symptoms, if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccination of individuals at high risk of severe outcomes (such as older people) remains important.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries sequence positive clinical specimens and report to GISAID and/or TESSy.

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

Routine updates on the SARS-CoV-2 variant classification through the Communicable Diseases Threats Report will be provided on a monthly basis as a minimum.

Last time this event was included in the Weekly CDTR: 4 October 2024

3. Avian influenza A(H5N1) human cases – United States – 2024

Overview:

Update: On 30 October 2024, US CDC has reported three human cases of avian influenza A(H5) in Washington state, US ([CDC, Bird Flu Response Update](#)). This is in addition to five other cases, four in Washington and one in California, reported earlier this week. All cases reported here were in people with exposure to infected poultry. At this time, no further information is available on the reported cases. According to US CDC, there is no evidence of human-to-human transmission at the moment.

US CDC is performing genetic analysis of viruses isolated from other confirmed cases. Genetic sequencing confirmed that six of the cases reported previously in California were infected with avian influenza virus A(H5N1) from clade 2.3.4.4b. All six sequences are closely related genetically to the virus causing infections in domestic dairy cattle. Whole genome sequencing was performed on viruses isolated from two people in California and both viruses were confirmed to be a B3.13 genotype. In addition, partial sequences were obtained from samples collected from four other California individuals ([CDC A\(H5N1\) Bird Flu Response Update October 18, 2024](#)). Sequencing analysis did not identify any changes associated with increased ability to infect or transmit between humans. Similarly, no changes associated with mammalian adaptation in other gene segments were identified in the analysed samples. In addition, no mutations associated with reduced susceptibility to antivirals (e.g. neuraminidase inhibitors or polymerase acidic inhibitors) were identified.

US CDC is performing additional testing, including antigenic characterisation of the isolated viruses. This will reveal if existing candidate vaccine viruses (CVVs) are well-matched to the new reported cases of avian influenza A(H5).

CDC has posted in GISAID and submitted to GenBank the haemagglutinin (HA), neuraminidase (NA), and non-structural (NS) gene segments for A/California/134/2024 (GISAID EPI_ISL_19463619; NCBI_PQ435213- PQ435215) and the whole genome sequences for A/California/135/2024 and A/California/147/2024.

On 24 October US CDC also published results of a retrospective investigation of individuals who had close contact with an H5N1 patient reported in Missouri in September 2024 ([CDC Report on Missouri](#)

[H5N1 Serology Testing](#)). Seven people, including five healthcare workers, the reported patient and one family member of the patient have been identified for further serological testing. The CDC supported this investigation by testing blood samples from six of these contacts and the original patient to detect possible prior exposure to H5N1. None of the healthcare workers showed signs of past H5N1 infection, ruling out human-to-human transmission between the individual and healthcare workers. The Missouri patient and a household contact had some inconsistent signs suggesting possible exposure to, or a previous infection with, H5N1. According to US CDC, "immunologic results coupled with the epidemiologic data that these two individuals had identical symptom onset dates support a single common exposure to bird flu rather than person-to-person spread within the household."

As of 30 October 2024, a total of 39 human cases of avian influenza A(H5) have been reported in the US during 2024. Of these, 20 were individuals exposed to dairy cattle that were infected, or presumed to be infected, with A(H5N1) and 18 were workers exposed to outbreaks of HPAI A(H5) at poultry farms. One person had no known animal exposure.

The US CDC's current assessment of the human health risk of A(H5N1) to the general public in the US has not changed and continues to be considered low.

ECDC assessment:

To date, there have been no confirmed human cases of A(H5N1) infection and no reports of A(H5N1) infection in cattle in the EU/EEA. The genotype B3.13 identified in cattle and several of the human cases in the US has not been detected in Europe.

ECDC has assessed the risk of infection from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those with activities that expose them to infected or dead animals or a contaminated environment (e.g. occupational exposure to infected animals). ECDC will revisit the risk assessment once more information becomes available from the ongoing sequencing and investigations of the most recent human cases in the US.

ECDC is monitoring the situation together with partner organisations in Europe and will continue to update its assessment of the risk for humans in the EU/EEA as new information becomes available.

In addition to enhanced surveillance, active monitoring and testing of exposed individuals is recommended for early detection of human cases and to assess the possibility of human-to-human transmission, according to the relevant ECDC guidance documents ([Testing and detection of zoonotic influenza virus infections in humans](#); [Investigation protocol of human cases of avian influenza virus](#); [Enhanced surveillance of severe avian influenza virus infections in hospital settings](#)). Raising awareness – including about the need to enquire about animal exposure and symptoms compatible with avian influenza infections and testing of symptomatic people with a history of exposure following a risk-based approach – among all primary care workers and communicating on the epidemiological situation is important in order to not miss or delay diagnosis of potential human cases. Given the uncertainties related to mammal-to-mammal transmission and depending on the epidemiological situation, a low threshold can be considered for testing individuals exposed to potentially infected mammals (e.g. symptomatic individuals with conjunctivitis or respiratory symptoms). Due to the higher risk of infection for individuals exposed to infected animals and contaminated environments, appropriate personal protective measures and other precautionary measures should always be taken to mitigate the risk.

ECDC relevant publications:

- [Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work](#)
- [Investigation protocol of human cases of avian influenza virus infections in the EU/EEA](#)
- [Joint ECDC-EFSA Drivers for a pandemic due to avian influenza and options for One Health mitigation measures](#)

Actions:

ECDC is in contact with the US CDC for further information and is closely following any updates on the event. ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the

virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report on the [avian influenza situation](#).

Sources: [FAO](#) | [2024-e000168](#)

Last time this event was included in the Weekly CDTR: 25 October 2024

4. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Since the start of 2024, and as of 30 October 2024, human cases of WNV infection have been reported to TESSy by 14 EU/EEA countries and five EU-neighbouring countries. In the EU/EEA, Austria, Bulgaria, Croatia, Cyprus, Czechia, Hungary, Romania, France, Germany, Italy, Greece, Slovakia, Slovenia, and Spain reported WNV infections. From EU-neighbouring countries, Albania, Kosovo*, North Macedonia, Serbia, and Türkiye have reported WNV infections. In total, 200 NUTS3/GAUL1 regions across 19 countries have reported locally-acquired WNV cases. National investigations concluded that the person with confirmed WNV infection reported with place of infection as Rome (NUTS3 = ITI43) acquired the infection elsewhere. As this is not reflected in the data reported to ECDC, this person is still displayed with place of infection as Rome in ECDC's outputs. For detailed information on places of infection, please refer to ECDC's [weekly update](#) and [dashboard](#).

The latest [monthly epidemiological update](#) on WNV infections, covering data up to 2 October 2024, was published on 9 October 2024. In 2024, 18 countries in Europe reported 1 202 locally-acquired human cases of WNV infection with known place of infection. The earliest and latest dates of onset were on 1 March and 26 September 2024, respectively. Locally-acquired cases were reported by Italy (422), Greece (202), Spain (114), Albania (102), Hungary (101), Romania (71), Serbia (53), Austria (34), Türkiye (30), France (27), Croatia (20), Germany (8), Slovenia (5), Kosovo* (4), Slovakia (4), Bulgaria (2), North Macedonia (2), and Czechia (1). In Europe, 88 deaths were reported by Greece (31), Italy (16), Albania (13), Romania (10), Spain (10), Bulgaria (2), Serbia (2), Türkiye (2), France (1), and North Macedonia (1).

Case numbers reported this year are above the mean monthly case count for the past 10 years. During the same period in 2023, 681 cases had been reported. However, numbers are lower than in 2018, when 1 728 cases had been reported by this time of year.

All 18 countries had reported human cases of WNV infections in the past. However, Albania, Czechia, Kosovo*, Slovenia and Türkiye have not reported any human cases in the past four to five years. In Albania, the current outbreak is the largest outbreak of WNV infections among humans that has been detected in the country.

So far, 180 regions across 18 countries have reported locally-acquired human cases of WNV infection this year, compared to 120 regions in 2023 and 159 regions in 2018 during the same period. This is the largest geographical distribution of WNV ever reported in a year. The following regions have reported locally-acquired human cases of WNV infection for the first time ever: Berat, Elbasan, Kavaje, Kucove, Kurbin, Lushnje, Vlore, Mallakaster and Kruje in Albania; Bjelovarsko-bilogorska županija in Croatia; Hérault, Guadeloupe and Gard in France; Bautzen, Diepholz, Oder-Spree and Jena Kreisfreie Stadt in Germany; Thesprotia in Greece; Barletta-Andria-Trani, Benevento, Chieti, Roma, Firenze and Napoli in Italy; Prishtinë, Prizren and Mitrovicë in Kosovo*; Pološki in North Macedonia; Trnavský kraj and Nitriansky kraj in Slovakia; Podravska in Slovenia; Jaén in Spain; and Bursa and Osmaniye in Türkiye.

As observed in previous years, most cases are men aged over 65 years. Severity indicators are comparable to those observed in previous years, with 92% of cases hospitalised, a case fatality rate of 8% and neurological manifestations in 70% of cases. The dominance of neurological cases is expected, as people with more severe symptoms are more likely to be diagnosed.

In addition, travel-associated cases from outside of the EU/EEA have been reported in travellers arriving from Bosnia and Herzegovina, India, Kenya, Morocco, Oman, Tunisia, Uganda, the United Arab Emirates, and the United States.

From the veterinary perspective, 337 WNV outbreaks among equids and 344 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Germany (122), Austria (47), Spain (46), France (39), Hungary (35), Italy (28), Portugal (16), Greece (3), and Poland (1). Outbreaks among birds have been reported by Italy (248), Germany (57), Austria (18), Spain (8), Slovenia (4), Hungary (3), Bulgaria (2), France (2), and Poland (2). The earliest and latest start dates of outbreaks among birds and/or equids were 2 April 2024 and 27 September 2024, respectively.

More background information on the Commission Directives on blood safety and EU/EEA notifications of WNV infections can be found in ECDC's weekly surveillance report on WNV infections, which is available online ([Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#)). Monthly epidemiological updates are available at: [Monthly updates: 2024 West Nile virus transmission season \(europa.eu\)](#).

** 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.*

ECDC assessment:

As in previous years, the peak of transmission was observed in August and September. As environmental conditions are becoming less favourable for vector activity and virus replication in vectors, we expect reported case numbers to decrease in the coming weeks.

Due to the delay in diagnosis and reporting of cases of WNV infection, and also that a majority of the WNV infections remain asymptomatic or pauci-symptomatic, the case numbers provided in this report are not a true representation of the actual number of cases.

Actions:

ECDC is monitoring WNV through indicator- and event-based surveillance activities.

Last time this event was included in the Weekly CDTR: 25 October 2024

5. Locally acquired dengue in 2024 in mainland France

Overview:

Update

Overall, France has reported 82 locally-acquired dengue cases in 2024. No new cases were reported since the last update (23 October).

As of 30 October, France has reported cases in the following departments:

- Alpes-Maritimes: one case in Menton (or Monaco), two cases in La Colle sur Loup and 16 cases in Vallauris;
- Drôme: two cases in one cluster;
- Hérault: two cases in Vendargues and one case in Montpellier or Pérols;
- Pyrénées-Orientales or Lozère: two cases in one cluster;
- Vaucluse: 18 cases in one cluster;
- Var: 25 cases in La Crau and 13 cases in Fréjus.

The following clusters are considered closed:

- Hérault: one case connected to Montpellier or Pérols;
- Pyrénées-Orientales or Lozère: two cases;
- Alpes-Maritimes: two cases connected to La Colle sur Loup and one case connected to Menton (or Monaco);

- Drôme: two cases;
- Vaucluse: 18 cases;
- Var: 25 cases in La Crau.

Background

On 8 July, the French Regional Health Agency of Occitania [reported](#) the first autochthonous case of dengue in France in 2024 (Montpellier-Pérois, Hérault department, Occitania). The person had onset of symptoms on 17 June, no travel history, and the place of infection was in the region of Occitania.

ECDC assessment:

In 2023, France reported nine outbreaks of dengue involving a total of 45 cases of autochthonous human dengue virus infections. In 2022, France also reported nine outbreaks, with a total of 65 locally-acquired cases of dengue, which – at that time – was the highest number of autochthonous cases and outbreaks in the EU/EEA.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe. These outbreaks are therefore not unexpected. During autumn, environmental conditions are becoming less favourable for vector activity and virus replication in vectors. However, it is possible that additional locally-acquired cases will occur in the coming weeks.

In addition to France, Italy and Spain have also reported autochthonous dengue cases in Europe in 2024.

In the past, local outbreaks of dengue have been reported by France, Italy, Spain and Croatia. More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA, and in ECDC's [dengue](#) factsheet.

France's National Public Health Agency updates its [website](#) with any new cases of dengue every Wednesday.

Actions:

Investigations are ongoing and vector control measures have been carried out. Relevant measures have been taken by France's public health authorities to prevent transmission through substances of human origin.

ECDC continues monitoring locally acquired dengue cases in the EU/EEA. Countries are asked to report autochthonous cases through EpiPulse.

Last time this event was included in the Weekly CDTR: 25 October 2024

6. Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

Overview:

Global update

There have been no major changes to the global epidemiological trends in mpox during the past week. Globally, MPXV clade I and clade II are circulating in different countries. Global epidemiological data are updated weekly by the World Health Organization (WHO), with the most recent updates from Africa highlighting the recent expansion of clade I cases (2022– 24 Mpox (Monkeypox) Outbreak: Global Trends).

On 30 October 2024, the United Kingdom [reported](#) its first confirmed MPXV clade Ib case. According to the available information, the patient had travel history to countries in Africa where community cases of MPXV clade Ib have been detected. Previously mpox due to MPXV clade Ib outside Africa has been reported by Sweden and Thailand (August 2024), India (September 2024), and more recently from Germany (October 2024). The cases reported by Sweden, Thailand and Germany have

had travel history to Africa while the case reported by India had travel history to the United Arab Emirates.

Overall, since monitoring began in 2022, as of 30 September 2024, 109 699 confirmed mpox cases (MPXV clade I and clade II), including 236 deaths, have been reported from 123 countries ([2022–24 Mpox \(Monkeypox\) Outbreak: Global Trends](#) and [WHO Mpox Multi-country external situation report n. 41, published 26 October 2024](#)).

Epidemiological situation in Africa

In 2024, over 46 700 confirmed and suspected mpox cases due to MPXV clade I and clade II, including over 1 050 deaths, have been reported from Africa. This includes over 10 690 confirmed cases, according to the WHO ([WHO Global report on mpox \(data as of 27 October\)](#)). The countries reporting cases are Burundi, Cameroon, the Central African Republic, the Republic of the Congo (Congo), Cote d'Ivoire, the Democratic Republic of the Congo (DRC), Gabon, Ghana, Guinea, Kenya, Liberia, Mauritius, Morocco, Nigeria, Rwanda, South Africa, Uganda, Zambia, and Zimbabwe. Mauritius reported its first mpox case on 27 September 2024.

The epidemiological situation regarding mpox due to MPXV clade Ib remains similar to the previous week. DRC, Burundi, Rwanda and Uganda all of which have reported mpox due to MPXV clade Ib reported new cases the past week while there are no updates from Kenya that have reported 14 cases in 2024.

The two countries reporting the largest numbers of cases in recent weeks are still the DRC and Burundi. Updates on DRC, Burundi, Rwanda and Uganda are summarised below:

- In the past six weeks, the DRC has reported 1 878 confirmed cases and Burundi 945, according to the [WHO Global report on mpox \(data as of 27 October\)](#). Deaths have been reported in DRC (224 among all cases according to WHO in the past six weeks).
- The DRC continues to report the highest number of mpox cases in Africa and clade Ia and Ib co-circulate. The cumulative number of cases in 2024 is over 38 000 (over 7 500 confirmed), including over 1005 deaths ([Africa CDC Epidemic Intelligence Report issued on 26 October 2024](#) and [WHO Global report on mpox \(data as of 27 October\)](#)).
- In Burundi, as of 27 October 2024, 1 509 confirmed and 3 361 suspected cases have been reported according to the [WHO Global report on mpox \(data as of 27 October\)](#) from several areas of the country. No deaths have been reported in the country. According to the [WHO Mpox Multi-country external situation report n. 41](#), published 26 October 2024, cases were reported from 42 of 49 districts and the positivity rate among suspected cases is approximately 40%.
- Rwanda has reported 20 more mpox cases all in the past six weeks, according to [WHO](#). The total number of mpox cases reported in Rwanda is 26.
- In Uganda where clade Ib has been detected, 55 cases have been reported since 24 October and as of 28 October 2024. Overall, 222 cases and one death have been reported in the country from 21 districts since July 2024. Most cases have been reported in Kampala and Nakasongola (85 and 41, respectively) ([Mpox Outbreak in Uganda - 28 October 2024](#)). In week 40, Uganda reported mpox outbreak in two prisons ([Special Briefing on Mpox & Other Health Emergencies, Africa CDC, 17 October 2024](#)).

Based on an analysis of the patterns of MPXV transmission observed at the national level, and given the limitations and uncertainties, ECDC has used official epidemiological information to classify countries according to whether MPXV clade I is endemic or has been reported for the first time in 2024. The categories are as follows:

- Countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: United Kingdom (UK), Germany, India, Sweden, Thailand;
- Countries reporting clusters of cases: Congo, Kenya;
- Community transmission: Burundi, Central African Republic, DRC, Rwanda, Uganda.

The classification was last updated on 30 October 2024.

On 13 August 2024, Africa CDC [declared](#) mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO [convened](#) a meeting of the IHR Emergency Committee to discuss the mpox upsurge and [declared](#) the current outbreak of mpox due to MPXV clade I a public health emergency of international concern.

Epidemiological situation in the EU/EEA for MPXV clade I

Two MPXV clade Ib cases have been reported in EU/EEA. One case was reported by Sweden in August 2024 and one from Germany in October 2024. Both cases reported having travel history to affected countries. No secondary transmission of clade Ib has been reported in EU/EEA.

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade Ib remains similar to the previous week. Germany, Sweden, Thailand, and the UK have detected cases of mpox due to MPXV clade Ib in people with history of travel to Africa and India has detected a case with travel history to the United Arab Emirates.

The risk for EU/EEA citizens travelling to or living in the affected areas and having close contact with affected communities is considered moderate and low when contacts with affected communities are avoided. The overall risk for the EU/EEA general population is currently assessed as low. However, more imported mpox cases due to MPXV clade I are likely to be reported by the EU/EEA and other countries. Please see the latest ECDC [Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#).

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation of mpox on a global basis. The Centre's recommendations are available [here](#). ECDC has been supporting the mpox outbreak response in DRC through the deployment of experts since 29 July 2024.

Sources: [ECDC rapid risk assessment](#)

Last time this event was included in the Weekly CDTR: 25 October 2024

7. Marburg virus disease (MVD) – Rwanda – 2024

Overview:

Between 25 and 30 October 2024, the Ministry of Health of Rwanda has [reported](#) two new cases of Marburg virus disease (MVD) (one on [26 October](#) and one on [30 October 2024](#)). Both cases were known contacts of previous cases.

Overall, 66 MVD cases have been reported since the outbreak of MVD. Among these, 49 have recovered and 15 have passed away. Over 1 000 contacts have been listed and followed up during the investigation.

This is the first MVD outbreak in the country and it was declared on 27 September 2024 when the Ministry of Health of Rwanda [reported](#) the detection of MVD cases. Based on available data as of 20 October 2024, [most of cases](#) are males (70%), and aged 30–39 years old (48%). All cases have been epidemiologically linked and belong to the same cluster which has three major branches: two linked to healthcare facilities and one around the index case ([a male with history of exposure to bats in caves](#)). Based on genomic analysis, there are indications that the sequences from the current outbreak are related to the strain detected in 2014 (note: in [2014 Marburg had been detected in Kampala, Uganda](#)).

In the context of the MVD outbreak in Rwanda, [vaccinations for healthcare workers started](#) as part of a Phase 2 rapid response open-label study. The Sabin Vaccine Institute provided the first 700 doses of the investigational Marburg virus vaccine on 5 October 2024 and 1 000 doses on [14 October 2024](#). As of 30 October 2024, [1 618 vaccine doses had been administered](#).

Rwanda [continues to implement](#) communicable disease control measures, including: exit screening at the airport, measures in education settings and conferences, ban on hospitals' visitors, strengthening infection prevention and control protocols in hospitals, and measures to limit contact with dead bodies.

Background

Marburg virus is present in certain animal species (e.g. bats) in several sub-Saharan African countries. Transmission from animals to humans is rare. However, such events may initiate outbreaks due to subsequent human-to-human transmission.

MVD is not an airborne disease and is not considered contagious before symptoms appear. Direct contact with the blood and other body fluids of an infected person or animal is the most frequent route of transmission. Indirect contact with surfaces and materials, such as clothing, bedding and medical equipment contaminated with infected blood or body fluids may also result in transmission of the virus. Therefore, if proper infection prevention and control measures are strictly adhered to, the likelihood of infection is considered very low.

The incubation period of MVD is usually five to ten days (range: 3–21 days). The onset of MVD is usually abrupt, with non-specific, flu-like symptoms, such as a high fever (usually 39–40°C), severe headache, chills, muscle pain and malaise. In 50–75% of patients, rapid worsening occurs within two to five days, marked by gastrointestinal symptoms such as anorexia, abdominal discomfort, severe nausea, vomiting and diarrhoea. A maculopapular rash and symptoms of haemorrhagic fever, such as petechiae, mucosal and gastrointestinal bleeding, and bleeding from venipuncture sites may follow in severe cases. Neurological symptoms (disorientation, agitation, seizures and coma) can occur in later stages of the disease. The case fatality of MVD can range from 24–88%, depending on the virus strain, mode and intensity of infection, and the timeliness and level of medical care.

There is no specific antiviral treatment for MVD. Supportive therapy such as intravenous fluids, electrolyte replacement, supplemental oxygen, as well as blood and blood product replacement, may improve the clinical outcome significantly. There is no approved vaccine for MVD to date.

More information can be found in the [ECDC Factsheet about Marburg virus disease](#).

ECDC assessment:

On 10 October 2024, ECDC published a threat assessment brief of the implication of the Marburg virus disease outbreak in Rwanda for the EU/EEA ([Implications of the Marburg virus disease outbreak in Rwanda for the EU/EEA, 2024](#)).

EU/EEA citizens visiting or living in Rwanda are considered at a **low likelihood of exposure and infection**, since person-to-person transmission of Marburg virus requires contact with body secretions from a symptomatic person and case numbers remain low. There are still unknowns around the epidemiological links of those with the disease and ongoing transmission of the virus. Control measures announced by Rwanda's government in various settings (educational, places of worship, meetings, funerals) will further mitigate the likelihood of exposure and infection.

Transmission of the virus is documented, and most likely ongoing, in healthcare facilities in Kigali, with many healthcare workers affected. Small numbers of EU/EEA citizens may be working in healthcare settings in Rwanda and for them the risk is estimated as higher, particularly if not using proper personal protective equipment (PPE). Healthcare workers, along with caregivers, are at the highest risk of contracting the disease in these outbreaks, due to having close contact with body fluids and performance of invasive procedures.

The impact of an MVD case for an EU/EEA citizen in Rwanda is assessed as low. Although MVD is a potentially life-threatening disease, at the population level case numbers are low and in the context of this outbreak adequate supportive care is available locally. Therefore, the overall risk for EU/EEA citizens visiting or living in Rwanda is estimated as **low**.

In the event that MVD cases are imported into the EU/EEA, we consider the likelihood of further transmission to be very low if appropriate measures are taken (e.g. early detection, isolation of suspected cases (i.e. any person with MVD-compatible symptoms and an epidemiological link to the ongoing outbreak in Rwanda) and contact tracing). In addition, in Rwanda identified contacts of people with MVD in the ongoing outbreak cannot leave the country and exit screening is being implemented. The impact associated with imported MVD cases in the EU/EEA is estimated as low. Hence, the overall risk for EU/EEA citizens from a potential imported MVD case is assessed as **low**.

Information about the health risks related to the ongoing MVD outbreak should be provided to EU/EEA travellers going to Rwanda as well as EU/EEA citizens working or living in Rwanda. They

should be made aware of the ongoing outbreak in the country and the affected areas and advised to follow the recommendations of the local health authorities, as regards hospital visitation, attending educational settings, places of worship, meetings and funerals. They should be advised to:

- Avoid contact with people exhibiting MVD symptoms (fever, vomiting, diarrhoea or bleeding) or contact with fomites contaminated by body fluids of infected persons. This includes avoiding participating in funerary rituals and the burial process of deceased persons.
- Avoid visiting healthcare facilities in the MVD-affected areas for non-urgent medical care or for non-medical reasons.
- Avoid habitats that may be populated by bats, such as caves or mines, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents and bats, both alive and dead, and manipulation or consumption of any type of bushmeat.

Travellers returning from Rwanda to the EU/EEA should be advised to seek prompt medical care if they develop MVD-compatible symptoms and mention their travel history, as well as possible exposure history and close contacts.

Actions:

ECDC is in contact with international partners to acquire more information on the measures being implemented and will continue monitoring the event through epidemic intelligence activities. ECDC is supporting the MVD outbreak response in Rwanda through the deployment of experts since 30 October 2024.

Last time this event was included in the Weekly CDTR: 25 October 2024

8. Oropouche virus disease – Multi-country (Americas) – 2024

Overview:

Update

Since the previous update including data until epidemiological week 35 (ending 31 August 2024) and as of epidemiological week 40 (ending 5 October), 386 new confirmed Oropouche virus (OROV) disease cases [have been reported](#) in the Americas from Brazil (327), Cuba (49), Peru (6), Ecuador (2), and Guyana (2). Among these countries, Ecuador reported OROV disease cases for the first time in 2024 (epidemiological week 40, ending 5 October 2024) and Guyana reported OROV disease cases for the first time ever (epidemiological week 37, ending 14 September 2024).

A total of 70 new imported OROV disease cases with travel history to Cuba have been [reported](#) from the United States (US) (69) and Canada (1).

In the Dominican Republic, additional PCR-RT tests have ruled out OROV for 10 of the total 33 OROV disease cases retrospectively identified in the country. Following this, and due to the unavailability of serum samples for the 23 remaining cases, these have been reclassified as suspected.

No new OROV disease-associated deaths have been reported between epidemiological week 35 (ending 31 August 2024) and epidemiological week 40 (ending 5 October 2024).

Confirmed OROV disease cases reported in the Americas continue to show a decreasing trend over the past weeks, which is consistent with the overall trend observed in most of the countries reporting confirmed OROV disease cases in the region.

Summary

In February 2024, the Pan American Health Organization (PAHO) [issued an epidemiological alert](#) due to an unusual increase in the detection of OROV disease cases in the Americas. An unusual frequency of OROV disease cases was recorded between December 2023 and early January 2024 in Brazil, Colombia, and Peru. Following this epidemiological alert, further OROV disease cases have been reported in the Americas from Cuba ([May 2024](#)), the Dominican Republic ([August 2024](#)), and Bolivia. Some of these countries reported confirmed OROV disease cases for the first time ever.

In 2024, and as of epidemiological week 40 (ending 5 October 2024), a total of 10 275 confirmed OROV disease cases have been reported in the Americas from Brazil (8 258), Peru (936), Cuba (555), Bolivia (356), Colombia (74), Ecuador (2), and Guyana (2). Of these, two deaths have been reported from Brazil. In addition, a total of 92 imported OROV disease cases with travel history to Cuba have been reported from the US (90) and Canada (2).

Imported cases of OROV disease have been detected in the US, Canada and the [EU/EEA](#).

In July 2024, cases of presumed OROV vertical transmission have been [documented in Brazil](#). These concerned infected pregnant women who experienced miscarriages during the gestational period and births with congenital anomalies. A total of 11 foetal deaths have been [reported from Brazil](#).

Background

OROV disease is a zoonotic disease caused by the Oropouche virus (*Orthobunyavirus oropoucheense*). Outbreaks of OROV disease have been [reported in humans](#) in several countries in South America (e.g. Brazil, Peru, Argentina, Bolivia, and Colombia) and the Caribbean (e.g. Panama and Trinidad and Tobago). The principal vector of the virus is the *Culicoides paraensis* midge, which is widely distributed in the Americas but absent in Europe. Other possible vectors of OROV include the mosquito spp. *Coquillettidia venezuelensis*, *Mansonia venezuelensis*, *Culex quinquefasciatus* and *Aedes serratus*.

In humans, OROV infection may manifest as an acute febrile illness (with headache, nausea, vomiting, muscle and joint pains), occasionally with more severe symptoms (e.g. haemorrhages and meningitis). Although no direct human-to-human transmission of the virus has been documented, vertical transmission has been suspected with severe outcomes for the foetus. Evidence on the prevalence and severity of pregnancy complications is currently lacking.

Fatalities associated with OROV were [reported](#) from Brazil in 2024.

ECDC assessment:

ECDC published a Threat Assessment Brief on [Oropouche virus disease cases imported into the European Union](#) on 9 August 2024.

The likelihood of infection for EU/EEA citizens travelling to or residing in areas where transmission is ongoing or has been reported is currently assessed as moderate, considering the relatively high (though decreasing) number of cases reported in the Americas and the unknown situation in Cuba, where most of the cases have been imported from into the EU since June 2024. This is provided that travellers follow the instructions of public health authorities on the use of personal protection measures against midge and mosquito bites. The likelihood of infection may increase if travellers visit the more affected municipalities in the northern states of Brazil and/or the Amazon region, especially if personal protective measures are not followed. The likelihood of travellers being infected is further influenced by the current epidemiological situation at the location visited (e.g. rural/natural areas versus urban areas) and the seasonality of the disease. The impact is assessed as low for the general population, as complications seem to be rare, although they cannot be ruled out. The risk of OROV disease for EU/EEA citizens travelling to affected countries in the Americas is therefore assessed as moderate.

Recent data indicate the possibility that OROV infection in pregnant women may lead to miscarriage, abortion and/or developmental problems and deformities of the foetus. Other orthobunyaviruses that are closely related genetically (e.g. the Schmallenberg virus, the Akabane disease virus) can cause abortions and foetal deformities in animals. However, these viruses have never been shown to infect humans. Nevertheless, given the experiences in ruminants, it would not be completely unexpected for the fetopathic effects of OROV infections shown in recent data to be confirmed over time. Therefore, the impact of OROV infection for pregnant women, fetuses and newborns could be higher than for the general population, although this is still under investigation.

The likelihood of human exposure to OROV in the EU/EEA is considered very low, despite the expected importation of further travel-associated OROV disease cases, as the competent vectors commonly described in the Americas are absent from continental Europe and, to date, no secondary transmission has been reported. The possibility of the virus being transmitted by other vectors present in Europe cannot be ruled out, however, during autumn, environmental conditions will become less favourable for vector activity. The impact of infection is considered low for the general

population, as complications are rare. Therefore, the risk of locally acquired OROV disease in the EU/EEA is low.

Actions:

ECDC is monitoring this event through epidemic intelligence activities and will report if new relevant epidemiological information becomes available.

Last time this event was included in the Weekly CDTR: 13 September 2024

Events under active monitoring

- SARS-CoV-2 variant classification - last reported on 31 October 2024
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 31 October 2024
- Oropouche virus disease – Multi-country (Americas) – 2024 - last reported on 31 October 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 31 October 2024
- Locally acquired dengue in 2024 in mainland France - last reported on 31 October 2024
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024 - last reported on 31 October 2024
- Marburg virus disease (MVD) – Rwanda – 2024 - last reported on 31 October 2024
- Severe flood in Eastern Spain - 2024 - last reported on 31 October 2024
- Mpox clade Ib, Germany - last reported on 25 October 2024
- Locally-acquired dengue infection in Italy – 2024 - last reported on 25 October 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 25 October 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 25 October 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 18 October 2024
- Detection of cVDPV2 in a wastewater sample, Barcelona, Spain - last reported on 18 October 2024
- Circulation of VDPV3 in French Guiana - last reported on 18 October 2024
- New strain of multidrug-resistant *Shigella sonnei* ST152 - Multi-country - 2024 - last reported on 11 October 2024
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024 - last reported on 11 October 2024
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 11 October 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 04 October 2024
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 04 October 2024