

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 18, 30 - 6 May 2023

Today's disease topics

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Executive Summary

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

Summary:

- On 4 May 2023, the fifteenth COVID-19 IHR Emergency Committee meeting was held to decide whether the COVID-19 pandemic still constitutes a Public Health Emergency of International Concern (PHEIC). The decision has not been published yet.
- In week 17, 2023 (ending 30 April 2023), decreasing or stable trends for COVID-19 associated with SARS-CoV-2 were observed in EU/EEA indicators in all age groups. This pattern is consistent with the one observed during the last month. There were 531 deaths reported from 18 countries in week 17.
- The uptake of a first booster was 65.4% (country range: 11.3–87.1%) among adults aged 18 years and older, 84.9% (country range: 13.3–100.0%) among people aged 60 years and older and 54.8% (country range: 9.2–75.8%) in the total population. The uptake of a second booster was 7.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older and 14.3% (country range: 0.2–33.7%) in the total population.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 81.2% (62.7–93.9% from five countries) for XBB.1.5, 10.8% (2.1–83.0% from six countries) for BA.2.75, 3.6% (1.6–16.7% from five countries) for BQ.1, 1.1% (0.7–1.4% from four countries) for BA.2, 1.0% (0.2–4.3% from five countries) for XBB, and 0.8% (0.1–16.3%, 77 detections from six countries) for BA.5.

Influenza – Multi-country – Monitoring 2022/2023 season

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Following a peak at week 51/2022 with 39% positivity, influenza activity had been decreasing across the Region until week 4/2023 when it reached 21% positivity before rising again to fluctuate around 25% positivity between weeks 6 and 11/2023 before decreasing below 10% positivity in week 16/2023.
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens, however higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. In non-sentinel specimens, higher circulation of A(H1)pdm09 (55%) than A(H3) viruses (45%) was detected.
- Both influenza type A and type B viruses have been detected in hospitalized patients in ICU and other wards and influenza A(H1)pdm09 viruses have dominated among SARI patients.
- Virus type and subtype prevalence by country and surveillance system has been variable across the season.
- The B/Yamagata viruses sporadically detected and reported by different countries have been further investigated and were proven to be LAIV related detections.

Marburg virus disease - Equatorial Guinea - 2023

- As of 4 May 2023 and since the previous update, no relevant epidemiological updates were available.
- On 1 May 2023, the Ministry of Health of Equatorial Guinea reported that no new Marburg virus disease (MVD) cases have been reported since 20 April 2023.
- The total number of confirmed MVD cases since the beginning of the outbreak is 17, with 12 deaths.
- Epidemiological surveillance and contact tracing efforts are ongoing.
- WHO and partners are supporting Equatorial Guinea and neighbouring countries.

Marburg virus disease - Tanzania - 2023

- As of 4 May 2023, no relevant epidemiological updates were available.
- Since the beginning of the outbreak, there have been nine confirmed cases and six deaths (case-fatality rate (CFR) 66.7%) from Marburg virus disease (MVD) in Tanzania.
- According to the Ministry of Health of Tanzania, no new MVD cases have been reported in the country since 21 April 2023 and as of 29 April 2023.
- The Ministry of Health of Tanzania has deployed a rapid response team in the affected area and active surveillance continues. According to the Ministry of Health, the outbreak will be declared over 42 days after the last case, following WHO guidelines.

Seizure of reference laboratory by armed group - Sudan - 2023

- On 28 April 2023, the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) reported that, as a result of the occupation of the National Public Health Laboratory, there is a moderate risk to public health at the local level in Sudan.
- On 25 April 2023, media reported that one of the groups involved in the Sudanese conflict had seized the National Public Health Laboratory in Khartoum and removed its laboratory personnel.
- The National Public Health Laboratory handles samples of pathogens such as SARS-CoV-2, poliomyelitis, dengue and measles viruses, tuberculosis, and cholera.
- The main risks from this seizure include the leakage of biological or chemical materials in the environment, loss of the diagnostic capacity of the laboratory, and the destruction of the blood bank.

Mpox Multi-country 2022 - 2023

- Since the last update on 4 April 2023 and as of 3 May 2023, eight mpox cases have been reported from six EU/EEA countries: the Netherlands (2), Poland (2), Austria (1), Greece (1), Ireland (1) and Spain (1).
- Overall, 21 223 confirmed cases of mpox have been reported from 29 EU/EEA countries.

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

- Since the previous update on 11 April 2023, and as of 3 May 2023, no new MERS-CoV cases and no related deaths have been reported by health authorities worldwide or by the World Health Organization (WHO).
- Since the beginning of 2023, and as of 3 May 2023, no MERS-CoV cases have been reported with date of onset in 2023 by health authorities worldwide or by WHO.

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

Overview:

Summary:

The epidemiological picture in the EU/EEA from the last 12 months continues to be characterised by periodic waves of infection approximately every two to three months. There has been a general downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions and deaths in this period.

The 'key indicators, week 17' section provides a detailed overview of country and EU-level indicators and trends. Fewer countries reported data for week 17 than for week 16, possibly due to the 1 May public holiday in many countries. Reduced data availability may affect the reliability of trends in pooled data and limits the assessment of the situation in each country.

By the end of week 17 (ending 20 April 2023), decreasing or stable trends were observed in EU/EEA indicators in all age groups, a continuation of the pattern observed in the last month. There were 531 deaths reported from 18 countries in week 17.

A small number of countries reported increases in these indicators, including four countries with increasing death rates in some age groups. Among 16 countries with data on hospital or ICU admissions/occupancy up to week 17, only one reported an increasing trend in at least one of these indicators compared with the previous week. All reported increases were recent (of 1–2 weeks' duration) and values of reported indicators remain relatively low. Recent increases in indicators of transmission and severe disease observed in Bulgaria, Estonia, Finland, and France appear to have reached, or be close to reaching, their peak.

Indicators from primary care sentinel surveillance data have been included this week for the first time in the individual country sections. Increasing trends in SARS-CoV-2 positivity suggestive of increased community transmission were reported in Slovakia and in Spain that weren't visible in their reported case rates.

Among the six countries with an adequate volume of sequencing or genotyping for weeks 15–16 (10 April to 23 April 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 81.2% (62.7–93.9% from five countries) for XBB.1.5, 10.8% (2.1–83.0% from six countries) for BA.2.75, 3.6% (1.6–16.7% from five countries) for BQ.1, 1.1% (0.7–1.4% from four countries) for BA.2, 1.0% (0.2–4.3% from five countries) for XBB, and 0.8% (0.1–16.3%, 77 detections from six countries) for BA.5.

The cumulative uptake of a first booster was 65.4% (country range: 11.3–87.1%) among adults aged 18 years and older, 84.9% (country range: 13.3–100.0%) among people aged 60 years and older and 54.8% (country range: 9.2–75.8%) in the total population. The cumulative uptake of a second booster was 17.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older and 14.3% (country range: 0.2–33.7%) in the total population.

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

Weekly update on SARS-CoV-2 variants:

Since the last update on 20 April 2023, and as of 4 May 2023, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or deescalated variants.

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

Other News

On 3 May 2023, the World Health Organization (WHO) published an [updated version](#) of its COVID-19 Strategic Preparedness and Response plan for 2023–2025. The strategic plan aims to help countries to adapt to the evolving COVID-19 situation and support their transition from emergency response activities to longer-term COVID-19 disease management. Further guidance is still under development and more information will be provided in separate documents.

On 4 May 2023, the WHO COVID-19 IHR Emergency Committee held its [fifteenth 15th meeting](#) to decide whether the COVID-19 pandemic still constitutes a Public Health Emergency of International Concern (PHEIC). During the opening remarks, WHO Director-General Dr Tedros Adhanom highlighted a continuous downward trend in COVID-19 fatalities, reaching the lowest weekly reported fatality levels since March 2020. The decision has not been published yet.

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, 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.

On 4 May 2023, the [fifteenth](#) IHR Emergency Committee meeting took place in Geneva. The decision has not been published yet.

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

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

ECDC assessment:

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

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

Actions:

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

For EU/EEA and country-specific epidemiological trends and forecasts, visit ECDC's [Country Overview Report](#) (updated on Fridays). In addition to actions described in the latest [COVID-19 risk assessments](#), on 5 April 2023 ECDC published [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the optimal timing and targeting of vaccination campaigns in order to limit the continued burden of disease experienced by the elderly and those with comorbidities. It complements the [Long-term qualitative scenarios](#) guidance 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: 28 April 2023

2. Influenza – Multi-country – Monitoring 2022/2023 season

Overview:

Week 17/2023 (24 April-30 April 2023)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus decreased to 7% from 9% in the previous week, which is below the epidemic threshold set at 10%.
- Only one country or area reported medium and 23 of 42 countries or areas reported low intensity. Nine of 41 countries across the Region reported widespread activity.
- Ten countries and areas with more than ten specimens tested reported sentinel primary care specimen influenza virus positivity at or above the 10% epidemic threshold.
- Influenza type A and type B viruses were detected in sentinel and non-sentinel surveillance, with type B predominating in both systems.
- Hospitalized patients with confirmed influenza virus infection were reported from ICU (one type A and type B viruses), other wards (only type A viruses) and SARI surveillance (with higher proportions of type B viruses). No countries or areas reported influenza virus positivity rates above 10% in SARI surveillance.

Source: [Flu News Europe](#)

ECDC assessment:

Following a peak at week 51/2022 with 39% positivity, influenza activity had been decreasing across the Region until week 4/2023 when it reached 21% positivity before rising again to fluctuate around 25% positivity between weeks 6 and 11/2023 before decreasing below 10% positivity in week 16/2023.

Actions:

ECDC and WHO monitor influenza activity in the WHO European Region. Data are available on the [Flu News Europe](#) website.

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

3. Echovirus 11 infections in neonates - France - 2022-2023

Overview:

In France, since July 2022, nine neonates have presented with severe sepsis, complicated by hepatic failure, and neurological or myocardial involvement due to infection with Echovirus 11 (E11). Seven neonates have died and, as of 4 May 2023, two are still hospitalised in neonatal intensive care units (NICUs). This is according to a news item published on 28 April 2023 by the French Pediatric Society and including data from the Reference National Centre of Enterovirus (CNR, Centre National de Référence Entérovirus).

Reported cases were predominantly male, including four pairs of premature twins and a full-term singleton. Five out of nine neonates were born with low birth weight. All cases presented clinical signs between three and six days of age. Maternal clinical symptoms, such as fever and gastrointestinal signs, were reported in four out of five mothers within 48 hours of childbirth. Seven cases are reported to have occurred in the context of confirmed vertical transmission.

According to the French EV surveillance, E11 was the predominant circulating EV in 2022 in neonates (30.2% of identified viruses). It is also reported that circulation of a new variant of E11 has been occurring since June 2022 in metropolitan France and in certain Overseas Countries and Territories (New Caledonia and Réunion).

Background

Several outbreaks due to E11 infection in neonates have been previously reported ([1964](#), [1973](#), [1979](#), [1985](#), [2004](#)). More recently, in [2018](#), an outbreak of E11 infection in Taiwan included 35 neonates with eight severe cases and seven deaths. E11 was the predominant EV type in the Taiwanese community at the time according to nationwide surveillance data.

ECDC assessment:

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

Clinical manifestations of EV infection may range from asymptomatic, acute febrile illness to life-threatening disseminated disease. Echovirus 11 (E11) infection in neonates is associated with [severe clinical features](#), such as sepsis, myocarditis, and meningitis. The most characteristic clinical syndrome in neonates infected with E11 is fulminant hepatitis presenting with profuse bleeding, jaundice and multiple organ failure.

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

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

There are currently no vaccines against most EV including E11. Overall good hygiene practices, such as frequent handwashing, and good infection control measures are essential to reducing the risk of infection.

Neonates presenting with unexplained sepsis, shock, signs of myocarditis, or hepatic failure, and particularly newborns whose mother has experienced acute illness symptoms in the days preceding childbirth or has a confirmed EV / E11 infection close to childbirth, should consider E11 in the differential diagnosis and collect cerebrospinal fluid, stool, blood and respiratory specimens for testing. For detected E11 infections, it is recommended samples are made readily available for molecular typing to EV reference laboratories or according to existing routine surveillance of EV.

Based on the available information, ECDC assesses the public health risk for the neonatal population of the EU to be low. The public health risk for the neonatal population of the EU with prematurity and/or low birth weight following acute maternal E11 infection preceding childbirth is assessed as moderate.

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

On 3 August 2018 ECDC also published an [Epidemiological update](#) on the increase in Echovirus 30 detections in July 2018, in Denmark, the Netherlands, Norway and Sweden.

Actions:

ECDC encourages countries to notify any unusual occurrence of E11 infections through EpiPulse (2023-EIP-00026). Reporting of enterovirus clusters and outbreaks through Early Warning and Response System (EWRS) in EU/EEA countries is also encouraged.

ECDC will continue monitoring this event through its epidemic intelligence.

Last time this event was included in the CDTR: -

4. Marburg virus disease - Equatorial Guinea - 2023

Overview:

Update:

As of 4 May 2023, and since the previous update, there are no relevant epidemiological updates. According to the most recent [epidemiological report](#) by the Ministry of Health of Equatorial Guinea, as of 1 May 2023, no new Marburg virus disease (MVD) cases have been reported since 20 April 2023. As stated in the same report, 42 days of monitoring have passed since the last cases and contacts were reported in Kie-Ntem province and in Mongomo district, Wele-Nzas province. Centro Sur and Bata provinces are still under follow up as well as Nsork district, Wele-Nzas province. As of 1 May 2023, 24 of the 1451 identified contacts were still under follow up.

Since the beginning of the outbreak, 17 confirmed cases including 12 deaths, four recoveries, and one case with an unknown outcome have been [reported](#).

Summary: On 8 February 2023, the [Ministry of Health of Equatorial Guinea](#) published an epidemiological alert regarding an unknown disease causing haemorrhagic fever in two neighbouring communities in the district Nsok-Nsomo, in the province of Kié-Ntem. On 13 February 2023, [Equatorial Guinea](#) confirmed the first MVD outbreak in the country. The [index case](#) died in [early January 2023](#) and the Ministry of Health of Equatorial Guinea was notified on 7 February 2023.

On 18 April 2023, the [World Health Organization \(WHO\)](#) reported that one new case of MVD has been detected in a healthcare worker from Bata district, Litoral province, who was being monitored following exposure to a previous MVD case. The healthcare worker is currently receiving treatment. According to the [Ministry of Health of Equatorial Guinea](#), as of 1 May 2023, 17 confirmed MVD cases, including 12 deaths, had been reported from four districts in four provinces: Ebibeyin, Kié-Ntem province (three cases, including two deaths); Evinayong, Centro Sur province (two cases including two deaths); Nsork, Wele-Nzas province (one case, including one death); Bata, Litoral province (11 cases, including seven deaths). The last confirmed case was [reported](#) on 20 April in Bata district, Litoral province. The case is a first-order relative of another confirmed case in Bata who was reported on [6 April](#). Of the [16 confirmed cases](#) for which information is available, 10 are female and six are male, and 35% are between 30–44 years old. Five of the confirmed cases are healthcare workers, two of whom have died. According to the latest [Disease Outbreak News item](#), published on 15 April 2023 by WHO, the average follow-up rate of contacts is around 80–90%.

On 14 February 2023, during an [emergency meeting of the Marburg virus vaccine consortium \(MARVAC\)](#), the [World Health Organization](#) representative for Equatorial Guinea reported that epidemiological surveillance in the country was increasing, including intensified contact tracing. A 30-day response plan was also being developed to assess the needs and impact of the current situation.

The National Technical Committee of Health Emergencies is [working](#) closely with the Ministry of Health and Social Welfare to coordinate and strengthen disease control and prevention. [WHO](#) and its [partners](#) are supporting Equatorial Guinea and [neighbouring countries](#).

[Marburg virus disease](#) is a severe disease in humans caused by Marburg marburgvirus, with a case [fatality ratio of up to 88%](#). Although MVD is uncommon, the virus has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately [600 MVD cases](#) have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania and Uganda.

Please refer to ECDC's [factsheet](#) on MVD for additional information.

ECDC assessment:

This is the first MVD outbreak to occur in Equatorial Guinea.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling to or residing in the affected areas in Equatorial Guinea is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling to or residing in Equatorial Guinea is currently very low.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the virus spreading within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids of infected people or indirect contact with contaminated surfaces and materials such as clothing, bedding, and medical equipment should be avoided. Furthermore, habitats that may be populated by bats, such as caves or mines in areas where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, alive or dead, and the manipulation or consumption of any type of bushmeat should be avoided.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities and will report when relevant information is available.

ECDC is in contact with partners.

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

5. Marburg virus disease - Tanzania - 2023

Overview:

Update: As of 4 May 2023, and since the previous update, there are no relevant epidemiological updates. On 29 April the **Ministry of Health of Tanzania** reported that no new Marburg virus disease (MVD) cases have been reported in Tanzania since 21 April 2023. Active surveillance continues and the outbreak will be declared over 42 days after the last case as per WHO guidelines. Overall, nine cases including six deaths have been reported since the beginning of the outbreak.

Summary: On 17 March 2023, the **Ministry of Health of Tanzania** reported seven people affected by an undiagnosed disease in Kagera, northern Tanzania, including five deaths and two people treated at hospitals. The affected individuals presented with symptoms of fever, vomiting, bleeding from various parts of their body, and kidney failure. An investigation was initiated to determine the cause of the outbreak.

On 21 March 2023, according to the **Africa Centres for Disease Control and Prevention (Africa CDC)**, the Ministry of Health confirmed an outbreak of MVD in the Bukoba Rural district, Kagera Region of northwest Tanzania. On 8 April 2023, the **WHO AFRO bulletin for week 15 (3–9 April 2023)** reported that there were 212 contacts identified, including 89 healthcare workers. As of 16 April 2023, according to the **WHO AFRO bulletin for week 18 (24–30 April 2023)**, the cumulative number of MVD cases reported in Tanzania was nine, including six deaths (CFR 66.7%). All cases were reported from the Bukoba Rural district in the Kagera Region. Of the 212 contacts identified, 212 have concluded their monitoring period.

According to the **Ministry of Health** as of 29 April, no new cases have been reported since 21 April 2023; active surveillance continues in the country and the outbreak will be declared over 42 days after the last reported case.

This is the first reported outbreak of **MVD** in Tanzania. The Kagera region borders Uganda, Rwanda, and Burundi. The **population** in this region is highly mobile, creating the risk of cross-border spread. MVD outbreaks have been previously reported in Uganda in regions neighbouring the currently affected area in Tanzania, which is remote, not densely populated, and not often frequented by tourists.

The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are being carried out. The [Africa CDC](#), and [WHO](#) are also assisting the Ministry of Health with the deployment of teams of experts. On 21 March 2023, during a [press conference](#), a WHO representative emphasised the internal capacity and preparedness of Tanzania for managing the situation and stated that WHO is committed to supporting the Tanzanian government in their response.

Marburg virus disease is a severe disease in humans caused by Marburg marburgvirus, with a case **fatality ratio of up to 88%**. Although MVD is uncommon, the virus has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately **600 MVD cases** have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania and Uganda.

Please refer to the ECDC [factsheet](#) on MVD for additional information.

ECDC assessment:

This is the first MVD outbreak to occur in Tanzania.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling to or residing in the Kagera region of Tanzania is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling to or residing in the affected region is currently very low, provided they adhere to the recommended precautionary measures.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the virus spreading within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids from infected people, or indirect contact with contaminated surfaces and materials such as clothing, bedding, and medical equipment should be avoided. It is advisable to avoid habitats that may be populated by bats, such as caves or mines in areas/countries where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, alive or dead, and the manipulation or consumption of any type of bushmeat.

Actions:

The ECDC epidemic intelligence team is closely monitoring this event through its epidemic intelligence activities.

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

6. Seizure of reference laboratory by armed group - Sudan - 2023

Overview:

Update: On 28 April 2023, [WHO EMRO](#) reported that, as a result of the occupation of the National Public Health Laboratory, there is a moderate risk to public health at the local level in Sudan. The key concerns include:

- infection following mishandling of specimens by untrained individuals;
- the laboratory not performing necessary diagnostic functions and not fulfilling their public health role due to lack of staff on the premises and power cuts.

Summary: On 25 April 2023, [media](#) reported that one of the groups involved in the Sudanese conflict had seized the National Public Health Laboratory in Khartoum and removed laboratory personnel.

As stated on the [website](#) of the National Public Health Laboratory, it is the only reference laboratory for polio and serves as the National Influenza Centre (BSL2) in Sudan. The laboratory has capacity for routine diagnostic testing of bacterial/viral diseases and for the following pathogens: polio, measles, SARS-CoV-2, dengue, and other arboviruses, cholera, and M. tuberculosis (including MDR TB). The laboratory also holds a large [blood bank](#) which is at risk of spoilage following power cuts to the facility. The National Public Health Laboratory is near the centre of Khartoum and is in close proximity to the [Khartoum International Airport](#). The laboratory is located just outside the territory of [Sudan's military headquarters](#), and is in an area where much of the fighting has been occurring.

Background

On 15 April 2023, a [conflict](#) erupted in the capital of Sudan, Khartoum, between the Sudanese Armed Forces (SAF) and a paramilitary group, the Rapid Support Forces (RSF). Fighting has been concentrated in residential areas leading to civilian casualties and international evacuations.

ECDC assessment:

The main risks from this seizure include the leakage of biological or chemical materials in the environment with consequent risk for the local population, the loss of diagnostic capacity of the reference laboratory as well as the destruction of the blood bank, as a direct result of the electric power cut. ECDC is trying to verify the list of pathogens in storage in this particular laboratory. According to the initial information obtained, it appears unlikely that high-threat agents were stored there.

Actions:

ECDC has contacted the Africa Centres for Disease Control and Prevention (Africa CDC), the European External Action Service (EEAS) and the World Health Organization Regional Office for Europe (WHO/Europe) for further information.

ECDC has informed the Directorate-General for Health and Food Safety, the Directorate-General for Health Emergency Preparedness and Response Authority, and the European Union Agency for Law Enforcement Cooperation (Europol) of the situation.

ECDC is monitoring this event through its epidemic intelligence activities and will report when relevant updates are available.

Last time this event was included in the CDTR: 02 May 2023

7. Mpox Multi-country 2022 - 2023

Overview:

Update:

Since the last update on 4 April 2023, and as of 3 May 2023, eight monkeypox cases have been reported from six EU/EEA countries: Netherlands (2), Poland (2), Austria (1), Greece (1), Ireland (1) and Spain (1).

Other news:

On 14 April 2023, ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries. The report covers the following areas: vaccination-related conclusions and considerations, surveillance, testing, contact tracing and partner notification, infection prevention and control, risk communication and engagement.

On 25 April 2023, WHO EURO published a [technical document](#) on considerations for control and elimination of mpox in the WHO European Region highlighting the need for integrated national operational plans.

Summary:

EU/EEA

Since the start of the mpox outbreak and as of 3 May 2023, 21 223 confirmed cases of monkeypox (MPX) have been reported from 29 EU/EEA countries: Spain (7 551), France (4 146), Germany (3 676), Netherlands (1 264), Italy (957), Portugal (949), Belgium (793), Austria (328), Sweden (260), Ireland (229), Poland (217), Denmark (196), Norway (95), Greece (88), Hungary (80), Czechia (71), Luxembourg (57), 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).

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

Western Balkans and Türkiye:

Since the start of the mpox outbreak and as of 3 May 2023, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9) and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

Disclaimer: data presented in this update are compiled from TESSy.

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](#) published weekly.

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). On 1 November 2022, **WHO** advised that the multi-country outbreak of mpox still met the criteria included in the definition of a PHEIC, as set out in Article 1 of the International Health Regulations (2005) (IHR). Following the advice of the International Health Regulations (2005) (IHR) Emergency Committee after their fourth meeting held on 9 February 2023, the PHEIC classification for the mpox outbreak will be **maintained**.

ECDC assessment:

The weekly number of mpox cases 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 which 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](#) 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.

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 also provided guidance to countries hosting events during the summer. 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.

Last time this event was included in the CDTR: 04 May 2023

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

Overview:

Update: Since the previous update on 11 April 2023, and as of 3 May 2023, no new MERS-CoV cases and no related deaths have been reported by health authorities worldwide or by the World Health Organization (WHO).

Summary: Since the beginning of 2023, and as of 3 May 2023, no MERS-CoV cases have been reported with date of onset in 2023 by health authorities worldwide or by WHO.

Since April 2012, and as of 3 May 2023, a total of 2 613 cases of MERS-CoV, including 945 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [WHO updated global summary and assessment of risk \(November 2022\)](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#) | [WHO DON Saudi Arabia](#)

ECDC assessment:

Human cases of MERS-CoV continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU, as stated in ECDC's [Rapid Risk Assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

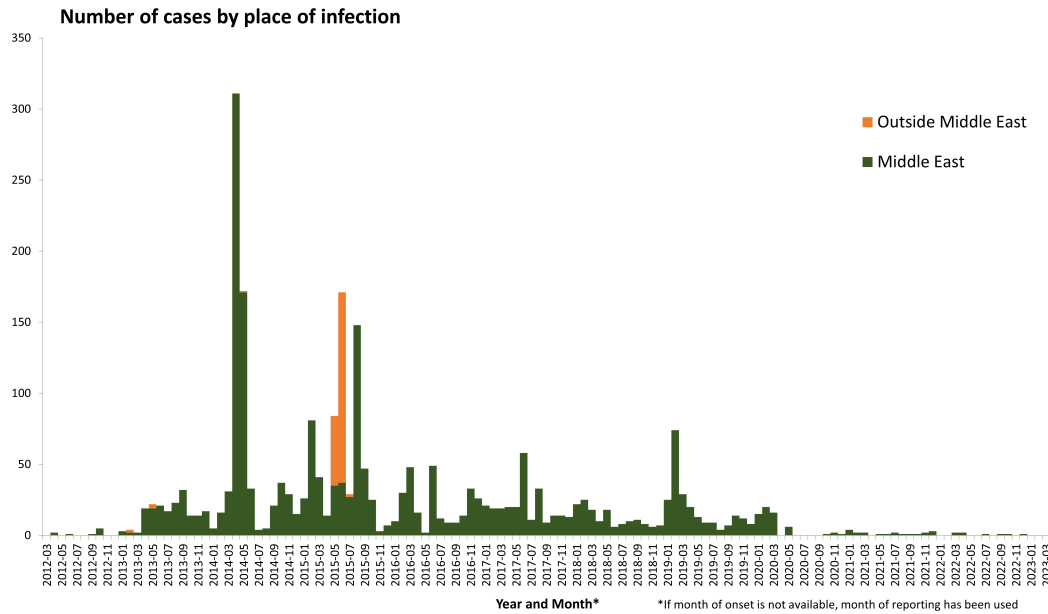
Actions:

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

Last time this event was included in the CDTR: 03 May 2023

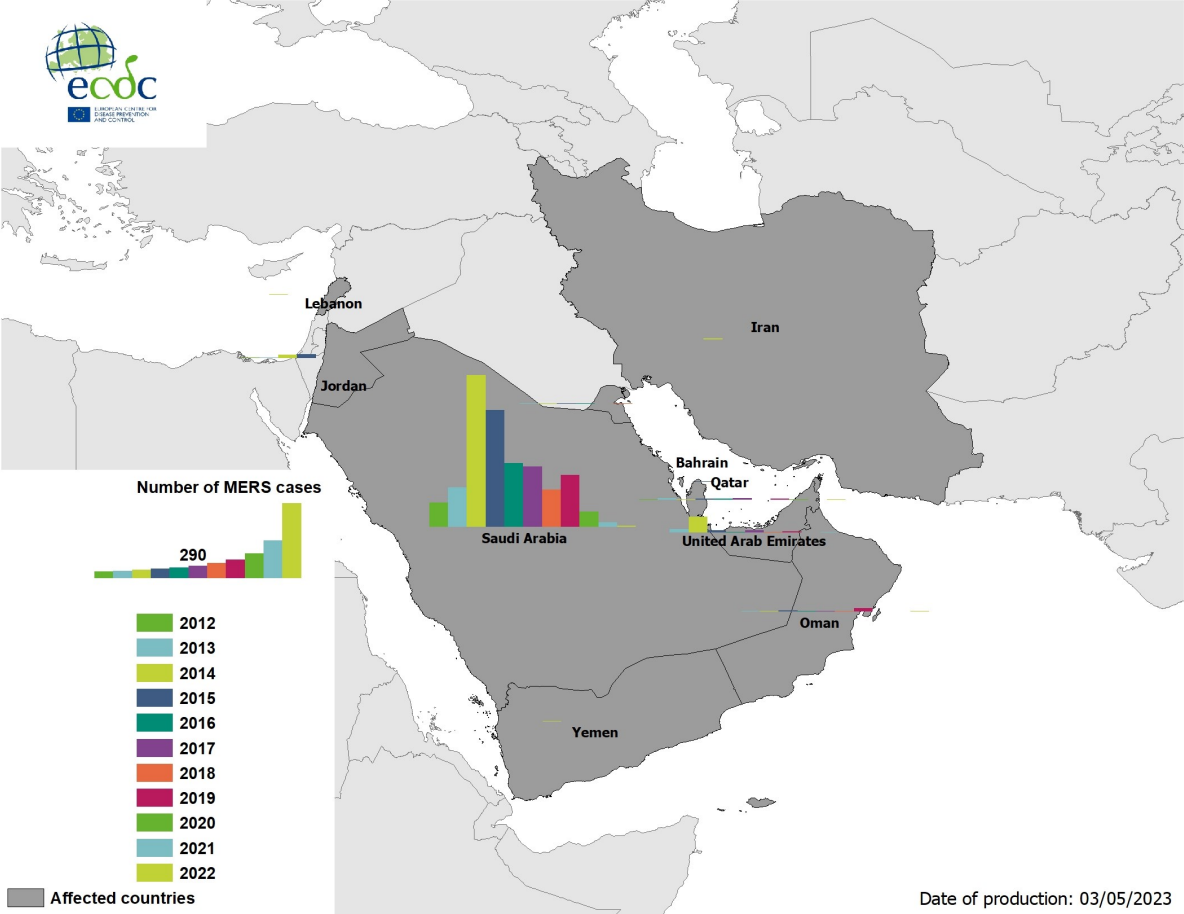
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– April 2023



Source: ECDC

Figure 2. Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to April 2023



Date of production: 03/05/2023

Source: ECDC