

This weekly bulletin provides updates on threats monitored by ECDC.

Increasing number of human West Nile virus infection cases in Italy

In week 31, Italy reported 52 new human cases of West Nile virus (WNV) infections. This is an increase of 93%, compared to week 30. A similar intensity of increasing case numbers was observed from week 29 to 30. Since the beginning of the WNV transmission season, Italy reported 94 cases of WNV infections and seven deaths (CFR: 7%). Additionally, Italy reported four WNV infection outbreaks in equids and 21 outbreaks in birds in 2022 so far.

The WNV transmission season in Italy started early; WNV was detected in mosquito pools on the 7th of June, and a WNV positive blood donor was identified by nucleic acid test (NAT) on the 18th of [June](#). The number of reported cases and deaths this year is higher than the average of the previous years, but lower than in the peak epidemic year of 2018. The weather conditions during the spring and summer were unusual in the WNV-affected regions of Italy in 2022. Low average precipitation, high temperatures and storms with occasional heavy rainfalls could have facilitated the early start of the natural transmission cycle.

The proportion of West Nile neuroinvasive disease (WNND) cases is high (58%) and the case fatality is also above the average. Although the co-circulation of two different WNV lineages (lineage 1 and 2) was [detected](#), no evidence of increased neurovirulence is available. It is more likely that patients with milder, febrile illnesses do not seek medical care (e.g., due to self-diagnosis of COVID-19), and therefore such cases are not diagnosed and not reported.

According to the epidemiological trends in the previous years, further increase of WNV infections are expected in Italy during August. The holidays season has started in Europe and after two years of travel restrictions related to COVID-19, this year higher intensity of tourism is expected. Travellers to areas with ongoing WNV transmission should be informed on the risk of exposure and the importance of the use of personal protective measures to avoid mosquito bites. ECDC continues the weekly collection and reporting of WNV infection data through the weekly CDTRs and [dashboard](#).

In the current WNV transmission season, WNV infections have been reported by four countries (Italy, Greece, Slovakia and Romania) in the EU/EEA, until now. Several countries in the Mediterranean Basin and in Central Europe have been reporting WNV infections in the past years. Many of them have been experiencing similar weather anomalies this year as Italy did. Therefore, the environmental conditions for WNV multiplication in other endemic areas in Europe might be similarly favourable. Hence, increase of case numbers in other Member States is expected in the forthcoming weeks. Increased diagnostic awareness might facilitate the early detection of WNV cases and initiate timely response measures.

I. Executive summary

EU Threats

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 5 August 2022

Since early May 2022, cases of monkeypox (MPX) have been reported from countries where the disease is not endemic.

→Update of the week

Since the last update on 28 July 2022, 797 monkeypox cases have been reported from 21 EU/EEA countries: Germany (380), France (90), Spain (77), Netherlands (47), Austria (40), Denmark (37), Belgium (25), Greece (19), Sweden (16), Italy (15), Norway (12), Ireland (9), Luxembourg (8), Czechia (7), Iceland (4), Estonia (3), Slovenia (3), Romania (2), Croatia (1), Cyprus (1) and Poland (1). Since 28 July 2022, one new EU/EEA country (Cyprus) has reported confirmed cases.

Two deaths have been reported from Spain.

Disclaimer: Data presented in this update are compiled from TESSy and official sources. Databases with larger number of monkeypox cases reported for each country are selected. In this update, countries for which TESSy data were used are: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Estonia, Finland, France, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden. For the rest of the countries, data were included from the epidemic intelligence database.

Other news

On 29 July 2022, according to [media](#), Brazil reported the first death in the form of a 41-year-old man diagnosed with monkeypox. The case presented low immunity and comorbidities, including lymphoma. The man underwent intensive care treatment. The cause of death was indicated as septic shock.

On 30 July 2022, Spain [notified](#) two deaths – the first one, according to [media](#), was a 40-year-old man from Valencia, with suspected encephalitis. The second one was a 31-year-old man who was admitted to intensive care unit (ICU) in Cordoba, also with suspected meningoencephalitis. The hospital [announced](#) that they have taken samples from the necropsy to determine if the cause of death was meningoencephalitis or other pathology.

On 31 July 2022, according to Indian [media](#), a 22-year-old man died in the state of Kerala. The case was diagnosed in the United Arab Emirates (UAE), with the man returning to India on 21 July. He stayed with his family members and sought treatment at a private hospital on 27 July for severe fatigue and fever. Health officials have sent the samples of the deceased to the National Institute of Virology at Alappuzha for confirmation of the encephalitis.

On 31 July 2022, according to [media](#), one person died from monkeypox in the Bolgatanga Municipal District of the Upper East Region in Ghana.

On 1 August 2022, according to [media](#), Peru reported the death of a 45-year-old HIV-positive man who was diagnosed with monkeypox. He was not under antiretroviral therapy and was admitted to intensive care on 27 July 2022. The complication which led to death was sepsis.

On 2 August 2022, French health authorities [announced](#) that 136 vaccination centres have been opened across the country to combat the spread of the monkeypox virus. Additionally, a high-vaccination-capacity venue was inaugurated in Paris, and a second will soon be opened in Marseille.

On 1 August 2022, the Brazilian Ministry of Health [published](#) recommendations regarding monkeypox for women who are pregnant, lactating or in the postpartum stage. The recommendations focus on implementing non-pharmaceutical interventions (e.g. the use of face masks and condoms) to lower the chance of monkeypox virus transmission.

On 4 August 2022, the United States Department of Health and Human Services [declared](#) the monkeypox outbreak a public health emergency (PHE). This escalation in response will speed up the distribution of vaccines, treatments and federal resources, as well as have pivotal implications on data sharing with the federal government.

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 5 August 2022

During the transmission season for West Nile Virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA) and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA countries and at the GAUL 1 (global administrative unit layers 1) level for EU-neighbouring countries.

→Update of the week

Since last week's update, and as of 3 August 2022, European Union (EU) and European Economic Area (EEA) countries reported 66 human cases of West Nile virus (WNV) infection and 2 deaths related to WNV infections. Cases were reported by Italy (52), Greece (12) and Romania (2). Deaths were reported by Italy (2). EU-neighbouring countries reported 7 human cases of WNV infection in Serbia (7) and one death related to WNV infections in Serbia (1).

COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 5 August 2022

On 31 December 2019, the Wuhan Municipal Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at the South China Seafood City market in Wuhan. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). 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 and twelfth IHR Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

As of week 30, 2022, 159 884 623 cases and 1 131 232 deaths have been reported in the EU.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest situation update for the EU/EEA is available [here](#).

In week 30, 2022, in the EU/EEA overall, the reported weekly cases decreased by 26.5% compared to the previous week. Overall, 21 countries reported a decrease in weekly cases (Austria, Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Slovenia, Spain and Sweden), while nine countries reported an increase in weekly cases (Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania and Slovakia). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (2 541), Greece (1 966), Austria (1 672), Germany (1 338), and Italy (1 334).

At the end of week 30, 2022 (week ending 31 July), while overall 14-day case notification rates remain high in the EU/EEA (842.5 cases per 100 000 population), transmission has been falling, as shown by both overall case notification rates (22% decrease compared to the previous week) and case rates amongst people aged 65 years and older (16% decrease compared to the previous week).

Out of 26 countries with data on hospital or ICU admissions/occupancy up to week 30, 13 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been stable for one week (16.3 deaths per million population, compared with 17.1 deaths the previous week). Increasing trends were observed in 10 countries in the COVID-19 death rate.

Among the 11 countries with an adequate sequencing volume for weeks 28–29 (11 July to 24 July 2022), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 95.9% (89.5–99.9% from 11 countries) for BA.4/BA.5, 1.1% (0.5–1.5% from five countries) for BA.2+L452X, and 0.2% (0.0–0.5%, 380 detections from five countries) for BA.1.

Since the last update on 28 July 2022 and as of 5 August 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring, and de-escalated variants.

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

Non EU Threats

New! Cholera - Sweden ex Iraq - 2022

Opening date: 2 August 2022

Latest update: 5 August 2022

As of 1 August 2022, a total of four cases of cholera, imported from Iraq, have been reported in Sweden since mid-June. One case was reported in June 2022 and the other three in July 2022.

→Update of the week

Between 27-29 July 2022, two cases of enterotoxin-producing *Vibrio cholerae* O1, imported from Kurdistan, were diagnosed in Sweden. Cases presented symptoms during the return flight to Sweden and after arrival.

New! Diphtheria - Reunion - 2022

Opening date: 3 August 2022

Latest update: 5 August 2022

In July 2022, cases of diphtheria were reported on the Island of Reunion.

→Update of the week

On 27 July 2022, the [regional health authorities of Reunion](#) advised that since 1 January 2022, there had been four cases of diphtheria reported on the Island of Reunion. One case was a teenager and three were adults aged over 55 years, all without travel history. The average number of diphtheria cases reported among people with travel history to areas where diphtheria is circulating is two per year. According to the regional authorities, the current event indicates that diphtheria is circulating locally.

New! Diphtheria - Switzerland - 2022

Opening date: 3 August 2022

Latest update: 5 August 2022

During the month of August 2022, cases of diphtheria have been reported in Berne, Switzerland.

→Update of the week

On 3 August 2022, [media](#) quoting Swiss authorities reported two additional cases of diphtheria in Bern, Switzerland. According to media, this brings the total number of diphtheria cases in Switzerland to eight. No respiratory symptoms have been reported among the eight cases.

New! Anthrax - Croatia - 2022

Opening date: 5 August 2022

Latest update: 5 August 2022

On July 2022, human cases of cutaneous anthrax, linked to an anthrax outbreak in cattle, were detected in Sisak-Moslavina County, Croatia.

→Update of the week

On 30 July 2022, several [media](#) sources reported 15 human cases of cutaneous anthrax, linked to an anthrax outbreak in cattle in Sisak-Moslavina County following heavy rain in the area. Since 23 July, no additional cases have been reported. According to [media](#), the presence of anthrax in Croatia was confirmed on 16 July 2022. On 18 July 2022, the Croatian Ministry of Agriculture issued an [order](#) containing measures to prevent the emergence and spread of anthrax in the affected area (e.g. closure of affected areas, vaccination of animals and additional prevention measures relating to humans).

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 5 August 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

Since the previous report on 29 July, and as of 5 August 2022, one additional human case of locally-acquired vibriosis has been reported in [Sweden](#).

Due to technical issues, the [ECDC Vibrio Map Viewer](#) is currently not available.

Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022

Latest update: 5 August 2022

On 17 July 2022, an outbreak of Marburg virus disease was declared in Ghana. This is the first outbreak of Marburg virus disease identified in Ghana.

→Update of the week

On 28 July 2022, Ghana's Health Service published a [press release](#) stating that a sample related to one of the four cases of Marburg Virus Disease (MVD) had tested negative. According to the press release, tests for MVD were repeated on samples from the second case, a male admitted to hospital on 28 June 2022, and were found to be negative and not linked to the first reported MVD case. This brings the total number of confirmed cases to three. All three confirmed cases are related.

Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022

Latest update: 5 August 2022

ECDC's epidemic intelligence team is monitoring the [Birmingham 2022 Commonwealth Games](#) (CWG), taking place from 28 July to 8 August 2022 in England. Over 5 000 athletes from 72 [countries and territories](#), including Malta and Cyprus from the EU/EEA, are participating in the 25 sporting disciplines. Over 1.2 million [tickets](#) have been sold for the event, which is being hosted at 16 venues, with the opening and closing ceremonies being held at the Alexander Stadium. As with other sports events and gatherings, it is expected that crowding, potential risk-prone behaviour and prolonged close contacts, both inside and outside of the hosting venues, may result in outbreaks of communicable disease. Additional [public health preparedness and community engagement efforts](#) are needed for such events, especially in the context of the ongoing monkeypox and COVID-19 outbreaks. In general, during any mass gathering event there is an increased risk of food- and waterborne, airborne and vector borne diseases, as well as diseases transmitted through close contact, such as sexually transmitted diseases, which have a potential for international spread.

→Update of the week

No serious cross-border events have been detected during the period from 29 July to 4 August 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

No cases of monkeypox have been reported in relation to the CWG. Several CWG athletes tested positive for COVID-19 ahead of the Games, either in their own countries, or upon arrival in Birmingham.

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

Opening date: 24 September 2012

Since the disease was first identified in Saudi Arabia in April 2012, over 2 600 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point to dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Secondary human-to-human transmission has occurred, particularly within households and in healthcare settings.

→Update of the week

Since the previous update published on 6 July 2022, and as of 1 August 2022, no new MERS-CoV cases have been reported by health authorities or the World Health Organization (WHO).

Poliovirus - US -2022

Opening date: 22 July 2022

Latest update: 5 August 2022

On 21 July 2022, the New York State Health Department confirmed a case of paralytic polio in Rockland County.

→Update of the week

On 2 August 2022, the [Orange County Government](#) posted a news item reporting that the New York State Department of Health had advised of poliovirus being detected in wastewater samples taken in June and July 2022 from two geographically different locations in Orange County. According to the news item, to date there have been no confirmed cases of polio infection identified in Orange County, but the wastewater analysis reports indicate that the virus is circulating in the community. State and local public health officials have advised medical practitioners to be vigilant about identifying potential cases and increasing vaccination efforts.

II. Detailed reports

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 5 August 2022

Epidemiological summary

EU/EEA

Since the start of the monkeypox outbreak and as of 4 August 2022, 13 022 confirmed cases of monkeypox (MPX) have been reported from 28 EU/EEA countries: Spain (4 577), Germany (2 839), France (2 161), Netherlands (959), Portugal (633), Italy (505), Belgium (482), Austria (156), Denmark (108), Sweden (102), Ireland (97), Norway (63), Poland (63), Hungary (42), Greece (39), Slovenia (37), Luxembourg (31), Czechia (25), Romania (22), Finland (20), Malta (17), Croatia (12), Iceland (10), Estonia (8), Slovakia (6), Bulgaria (4), Latvia (3) and Cyprus (1).

Two deaths have been reported from Spain.

Western Balkans and Turkey

Since the start of the monkeypox outbreak and as of 4 August 2022, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (10), Bosnia and Herzegovina (1) and Montenegro (1). There is one confirmed case in Turkey.

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

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of World Health Organization [declared](#) the global monkeypox outbreak a Public Health Emergency of International Concern (PHEIC).

ECDC assessment

Monkeypox (MPX) does not easily spread between people. Human-to-human transmission of MPX occurs through close contact with infectious material from the skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact and through fomites.

In the current outbreak in non-endemic countries, cases of MPX are still primarily being identified among groups of men who have sex with men (MSM) aged 18–50 years. Particular sexual practices are very likely to have facilitated – and could further facilitate – the transmission of MPX among MSM groups. Despite the current focus of circulation of the MPX virus (MPXV) among groups of MSM with multiple partners, the potential exists for transmission in other population groups as well. As regards the severity of the disease, in this outbreak, cases have mainly presented with mild to-moderate symptoms. Only a few severe cases (including encephalitis) leading to hospitalisations and two deaths have been reported. Severity of MPX may be higher among young children, pregnant women, and immunocompromised individuals.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high, and the likelihood of spreading among the broader population is assessed as very low. Although a few severe cases have been reported (including encephalitis), the impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population. The risk of establishment of an enzootic cycle in the EU/EEA and spill-over events to humans is considered to be low.

In endemic areas, the MPX virus has been detected in a broad range of animal species, and the occurrence of zoonotic transmission events cannot be excluded. But there is no documented evidence of human-to-animal or animal-to-human transmission in the EU/EEA to date.

Early diagnosis, isolation, effective contact tracing, and vaccination-targeted strategies are key to effective control of this outbreak. It is essential to underpin all response measures with strong risk communication and community engagement efforts, as well as awareness and educational activities for healthcare professionals. At this point, mass vaccination for MPX is not required or recommended. Unless contact tracing can successfully identify a high proportion of infected contacts, mathematical modelling results indicate that targeted pre-exposure vaccination (PrEP) of individuals at high risk of exposure would be the most effective strategy in the use of vaccines to control the outbreak. PrEP vaccination would also be the most efficient strategy when there is less effective tracing. Therefore, prioritising groups of MSM at higher risk of exposure, as well as front-line staff with risks for occupational exposure, should be considered when developing vaccination strategies. Modelling the efficient use of vaccines indicates that PrEP vaccination would be the most efficient strategy when there is less effective tracing. The modelling also

suggests that post-exposure prophylaxis (PEP) vaccination of contacts would offer a marginally more efficient approach if there are both higher uptake levels and more effective tracing (as fewer vaccines would be needed for a relatively large increase in the probability of outbreak control per vaccinated individual), while the absolute probability of outbreak control with PEP vaccination is still lower than with PrEP vaccination. In settings where higher vaccine uptake is expected, PEP vaccination of close contacts of cases should also be considered, or even ring vaccination. Among these, contacts with high risks of developing severe disease, such as children, pregnant women and immunocompromised individuals, should be prioritised. Targeted national vaccination programmes should be implemented within a framework of collaborative research and clinical trial protocols, with standardised data collection tools for clinical and outcome data.

Actions

ECDC will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad-hoc basis. Multi-lateral meetings between affected countries, WHO/Europe, and ECDC have taken place to share information and coordinate response. A process in [EpiPulse](#) has been created to allow countries to share information with one another, WHO, and ECDC. Case reporting in TESSy was set up on 2 June 2022. ECDC published a [rapid risk assessment](#) on 23 May 2022, and an [update](#) to the assessment on 8 July 2022. For all the latest updates, visit [ECDC's monkeypox page](#).

ECDC is also offering laboratory support to Member States and collaborating with stakeholders on risk communication activities, such as targeted messaging for the general public and for MSM communities, and providing guidance to countries hosting events in the summer. ECDC is also providing guidance on clinical sample storage and transport, case and contact management and contact tracing, IPC guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 5 August 2022

Epidemiological summary

Since last week's update, and as of 3 August 2022, European Union (EU) and European Economic Area (EEA) countries reported 66 human cases of West Nile virus (WNV) infection and 2 deaths related to WNV infections. Cases were reported by Italy (52), Greece (12) and Romania (2). Deaths were reported by Italy (2). EU-neighbouring countries reported 7 human cases of WNV infection in Serbia (7) and one death related to WNV infections in Serbia (1).

Since the beginning of the 2022 transmission season and as of 3 August 2022, EU/EEA countries have reported 120 human cases of WNV infection in Italy (94), Greece (23), Romania (2) and Slovakia (1) and 7 deaths, all in Italy. EU-neighbouring countries have reported 23 human cases of WNV infection in Serbia (23) and one death in Serbia.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 29 different NUTS 3 or GAUL 1 regions. All cases were reported from regions where WNV infections were reported in the previous years.

Since the beginning of the 2022 transmission season, 4 outbreaks among equids and 22 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Italy (4). Outbreaks among birds have been reported by Italy (21) and Germany (1).

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment

During the current transmission season and as of 3 August 2022, the human cases reported were from countries and regions that reported WNV infections in previous years.

At this stage in the season, the number of cases and deaths in Italy are higher than in the previous three years, however, they are lower than those observed in 2018.

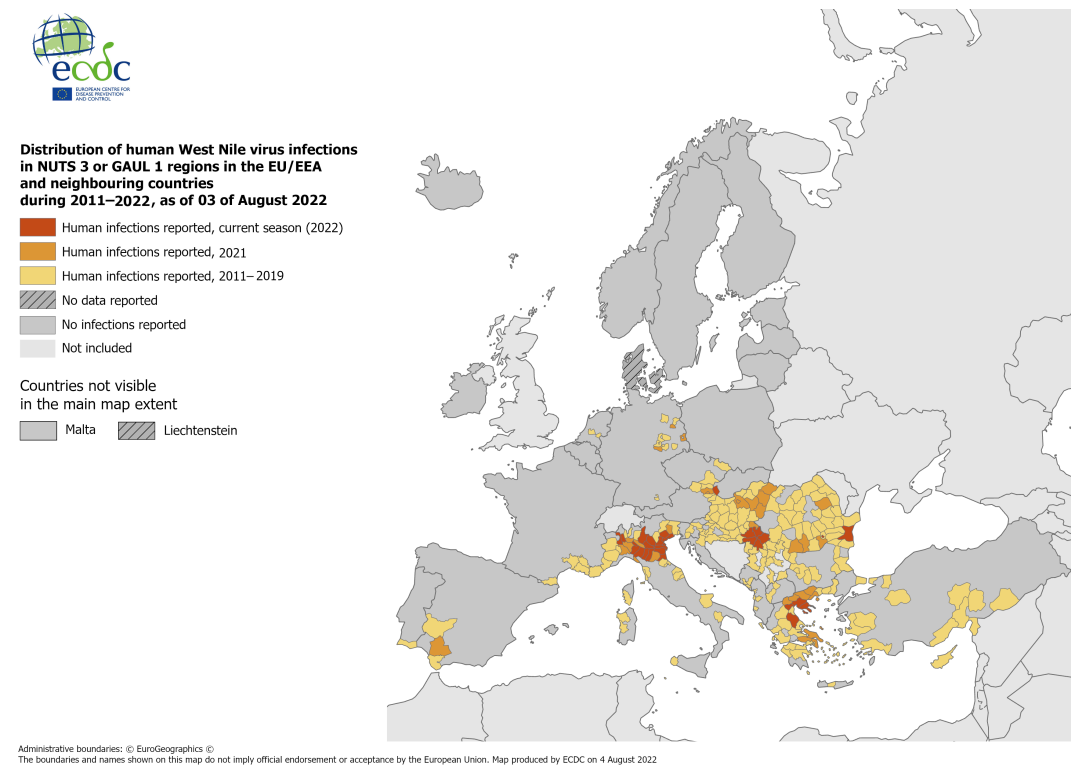
In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection, unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday.

Distribution of human West Nile virus infections by affected areas as of 03.08.

ECDC



Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 03.08.

ECDC and ADIS



Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and neighbouring countries during the 2022 season, as of 03 of August 2022

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics ©
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 4 August 2022.

COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 5 August 2022

Epidemiological summary

EU/EEA

As of week 30, 2022, 161 961 174 cases have been reported in the EU/EEA: France (33 920 013), Germany (30 895 877), Italy (21 111 294), Spain (13 302 649), Netherlands (8 336 576), Poland (6 078 467), Portugal (5 344 625), Austria (4 881 485), Belgium (4 418 537), Greece (4 186 676), Czechia (3 983 777), Denmark (3 120 712), Romania (3 062 185), Sweden (2 542 188), Slovakia (2 327 718), Hungary (1 987 402), Norway (1 855 809), Ireland (1 623 165), Lithuania (1 426 106), Bulgaria (1 206 691), Finland (1 203 444), Croatia (1 186 739), Slovenia (1 083 661), Latvia (861 617), Cyprus (801 509), Estonia (573 368), Luxembourg (316 746), Iceland (202 157), Malta (112 857) and Liechtenstein (18 585).

As of week 30, 2022, 1 135 117 deaths have been reported in the EU/EEA: Italy (172 086), France (166 144), Germany (144 138), Poland (116 945), Spain (110 766), Romania (65 908), Hungary (45 688), Czechia (40 363), Bulgaria (37 377), Belgium (31 723), Greece (31 395), Portugal (24 620), Netherlands (22 501), Slovakia (19 503), Sweden (19 370), Austria (16 720), Croatia (16 313), Lithuania (9 216), Slovenia (7 933), Finland (7 097), Denmark (6 627), Latvia (6 548), Ireland (6 472), Norway (3 623), Estonia (2 501), Cyprus (1 387), Luxembourg (1 113), Malta (794), Iceland (179) and Liechtenstein (83).

In week 30, 2022, in the EU/EEA overall, the reported weekly cases decreased by 26.5% compared to the previous week. Overall, 21 countries reported a decrease in weekly cases (Austria, Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Slovenia, Spain and Sweden), while nine countries reported an increase in weekly cases (Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Romania and Slovakia). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (2 541), Greece (1 966), Austria (1 672), Germany (1 338), and Italy (1 334).

At the end of week 30, 2022 (week ending 31 July), while overall 14-day case notification rates remain high in the EU/EEA (842.5 cases per 100 000 population), transmission has been falling, as shown by both overall case notification rates (22% decrease

compared to the previous week) and case rates amongst people aged 65 years and older (16% decrease compared to the previous week).

Out of 26 countries with data on hospital or ICU admissions/occupancy up to week 30, 13 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been stable for one week (16.3 deaths per million population, compared with 17.1 deaths the previous week). Increasing trends were observed in 10 countries in the COVID-19 death rate.

Among the 11 countries with an adequate sequencing volume for weeks 28–29 (11 July to 24 July 2022), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 95.9% (89.5–99.9% from 11 countries) for BA.4/BA.5, 1.1% (0.5–1.5% from five countries) for BA.2+L452X, and 0.2% (0.0–0.5%, 380 detections from five countries) for BA.1.

The latest situation update for the EU/EEA is available [here](#).

EU

As of week 30, 2022, 159 884 623 cases and 1 131 232 deaths have been reported in the EU.

Western Balkans and Turkey:

As of week 30, 2022, the following Western Balkan countries reported COVID-19 cases: Serbia (2 118 673), Bosnia and Herzegovina (385 742), North Macedonia (327 009), Albania (304 600), Montenegro (258 548) and Kosovo* (253 269).

As of week 30, 2022, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 271), Bosnia and Herzegovina (15 864), North Macedonia (9 370), Albania (3 527), Kosovo (3 160) and Montenegro (2 743).

Additionally, as of week 30, 2022, 15 889 495 cases and 99 341 deaths have been reported from Turkey.

*This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244/1999 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

As of week 13, 2022, ECDC discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies which affected the reliability of the indicators for all age case rates and test positivity.

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

Variant update

Since the last update on 28 July 2022 and as of 5 August 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring, and de-escalated variants.

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

As of 20 June 2022, ECDC is discontinuing the data collection and publication of the number of COVID-19 cases and deaths worldwide. Please refer to the World Health Organization (WHO) data on COVID-19 and the WHO Weekly Epidemiological and Weekly Operational Updates page for the non-EU/EEA countries.

Other news

According to a [press release](#) by the Federal Ministry of Health in Germany on 3 August 2022, new COVID-19 measures will be implemented in the fall and winter this year to prepare for the expected scenario of increased incidence rates in the colder seasons. On a nationwide level, mandatory rules will include wearing masks on long-distance public transport and during air travel. Mask-wearing and presenting a negative coronavirus test will also be required to access hospitals, nursing homes and similar institutions with vulnerable people, including healthcare workers. Furthermore, individual states may implement additional rules depending on the epidemiological situation, such as wearing masks on local public transportation, in schools both for employees and students from grades five and above, and at public indoor areas or outdoor events. Some community facilities such as schools, prisons or asylum-seeker shelters may also implement mandatory testing.

On 2 August 2022, the European Commission issued a [press release](#) stating that HERA, the European Commission's Health

Emergency Preparedness and Response Authority, has signed a joint procurement Framework Contract with the company, HIPRA HUMAN HEALTH to supply the protein COVID-19 vaccine developed by them. Fourteen Member States and countries are participating in this joint procurement, under which they can purchase up to 250 million doses of the vaccine. The HIPRA bivalent recombinant protein vaccine, which is currently under rolling review by the European Medicines Agency (EMA), is being developed as a booster dose for previously immunised persons who are 16 years and older. The HIPRA vaccine is stored at refrigerated temperatures between 2 and 8°C, facilitating easy storage and distribution across Europe and the world.

According to [media](#) reporting on a [press conference](#) by health officials in Portugal, the state of alert in the country regarding COVID-19 has been extended until 31 August 2022, despite mortality rates and ICU-occupancy dropping and COVID-19 entry restrictions being removed. However, face masks remain mandatory in public transport. Additionally, further restrictions could be reintroduced in Portugal if the epidemiological situation deteriorates by autumn.

According to a [press release](#) by Novavax, a request has been submitted to the World Health Organization (WHO) to expand the Emergency Use Listing (EUL) of the Nuvaxovid™ (NVX-CoV2373) COVID-19 vaccine to prevent COVID-19 in adolescents aged 12 through 17. This is based on data from a Phase 3 paediatric clinical trial in the United States where it demonstrated 80% clinical efficacy at a time when the Delta variant was predominant in the country. In parallel, the European Medicines Agency (EMA) already recommended a [conditional marketing authorisation](#) for Nuvaxovid™ for adolescents aged 12 to 17 years in June 2022. On 1 August 2022, EMA updated the [assessment report](#) for Nuvaxovid™ supporting its extension of indication to include adolescents aged 12 to 17.

According to a [news item](#) published on 27 July 2022 by the European Medicines Agency (EMA), the Emergency Task Force (ETF) of the EMA will be conducting a review of data on the use of Veru's sabizabulin for treating COVID-19. Sabizabulin is a chemotherapeutic agent used for cancer treatment. The ETF will analyse all available data, including study findings from a clinical trial which show that treatment with sabizabulin reduced mortality rates in patients with moderate-to-severe COVID-19 who are at increased acute respiratory distress syndrome (ARDS) and mortality risk. After review, the ETF will provide recommendations to the EMA's Committee for Medicinal Products for Human Use (CHMP), which will issue an opinion. Member States of the European Union may then consider the opinion if they intend to permit use of the medicine before a possible authorisation.

On 28 July 2022, [media](#) quoting the Irish health authorities reported that the country will close COVID-19 testing centres to the general public from autumn 2022. A COVID-19 test will only be taken based on clinical assessment by a general practitioner, when the result is deemed necessary to the diagnosis and management of an individual patient, or required by public health professionals to manage an outbreak or specific public health risk.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes 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](#) and [twelfth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

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

Actions

On 27 January 2022, ECDC published its Rapid Risk Assessment 'Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update'.

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's web page on variants](#).

New! Cholera - Sweden ex Iraq - 2022

Opening date: 2 August 2022

Latest update: 5 August 2022

Epidemiological summary

As of 1 August 2022, a total of four cases of cholera, imported from Iraq, have been reported in Sweden since mid-June. One case was reported in June 2022 and the other three in July 2022.

ECDC assessment

Cholera cases have been reported in the past in Iraq and have continued to be reported from western Africa, and South-East Asia in recent months. The drought affecting multiples governorates of Iraq has reduced access to safe drinking water, increasing the risk of cholera. In addition, recent earthquakes in the region (Turkey, Afghanistan and Iran) may have damaged infrastructure, also resulting in less drinking water being available.

Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among travellers returning to the EU/EEA. Therefore, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases into the EU/EEA is still possible.

Actions

ECDC will monitor this event through epidemic intelligence activities. ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

New! Diphtheria - Reunion - 2022

Opening date: 3 August 2022

Latest update: 5 August 2022

Epidemiological summary

On 27 July 2022, the [regional health authorities of Reunion](#) advised that since 1 January 2022, there had been four cases of diphtheria reported on the Island of Reunion. One case was a teenager and three were adults aged over 55 years, all without travel history. The average number of diphtheria cases reported among people with travel history to areas where diphtheria is circulating is two per year. According to the regional authorities, the current event indicates that diphtheria is circulating locally.

ECDC assessment

Diphtheria is a rare disease on Reunion. Immunisation is the only effective method of preventing the toxin-mediated disease and cases of diphtheria in fully vaccinated individuals are very rare. The risk of contracting the disease when travelling to countries where diphtheria cases are reported is also very low, provided that travellers are fully vaccinated in accordance with national recommendations. ECDC has [published a rapid risk assessment \(RRA\)](#) on a fatal case of diphtheria in Belgium in 2016. The RRA stresses that the only effective preventive measure is universal immunisation with a diphtheria toxoid-containing vaccine.

Actions

ECDC is monitoring the event through epidemic intelligence activities.

New! Diphtheria - Switzerland - 2022

Opening date: 3 August 2022

Latest update: 5 August 2022

Epidemiological summary

On 2 August 2022, [media](#) quoting Swiss authorities reported six cases of diphtheria in the Federal Asylum Centre of Bern, Switzerland. According to media, the cases have been isolated and 175 people have been put in quarantine. Current cases have not shown respiratory symptoms and two of the six cases have tested positive for the diphtheria toxin. These are the [first diphtheria cases](#) reported in Switzerland since 1983.

ECDC assessment

Diphtheria is a rare disease in Switzerland, the last [registered](#) case having occurred in 1983. Immunisation is the only effective method of preventing the toxin-mediated disease and in fully vaccinated individuals diphtheria is very rare. The risk of contracting the disease when travelling to countries where diphtheria cases are reported is also very low, provided that travellers are fully vaccinated in accordance with national recommendations. ECDC has [published a rapid risk assessment \(RRA\)](#) on a fatal case of diphtheria in Belgium in 2016. The RRA stresses that the only effective preventive measure is universal immunisation with a diphtheria toxoid-containing vaccine.

Actions

ECDC is monitoring the event through epidemic intelligence activities.

New! Anthrax - Croatia - 2022

Opening date: 5 August 2022

Latest update: 5 August 2022

Epidemiological summary

On 30 July 2022, several [media](#) sources reported 15 human cases of cutaneous anthrax, linked to an anthrax outbreak in cattle in Sisak-Moslavina County following heavy rain in the area. Since 23 July, no additional cases have been reported. According to [media](#), the presence of anthrax in Croatia was confirmed on 16 July 2022. On 18 July 2022, the Croatian Ministry of Agriculture issued an [order](#) containing measures to prevent the emergence and spread of anthrax in the affected area (e.g. closure of affected areas, vaccination of animals and additional prevention measures relating to humans).

ECDC assessment

All human cases presented with cutaneous anthrax which is the mildest form of the disease. Patients have been treated with antibiotics. A case of *Bacillus anthracis* infection in an individual having had contact with a sick animal is not an unexpected event. Croatian authorities have implemented control measures to minimise the risk of further spread of the disease. The exposure to infected animals only occurred at local level and there is no indication that contaminated meat has been put on the international market. Therefore, the risk of the infection spreading to other EU/EEA countries is considered negligible.

Actions

ECDC is monitoring this event through epidemic intelligence activities. A joint ECDC and EFSA update of [Rapid Outbreak Assessment](#) on an event related to a fatal case of *Bacillus anthracis* infection in Bulgaria was published on 7 August 2015.

Monitoring environmental suitability of Vibrio growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 5 August 2022

Epidemiological summary

Since May 2022 and as of 5 August 2022, three human cases of locally-acquired vibriosis have been reported in [Sweden](#).

Since May 2022 and as of 5 August 2022, two human cases of locally-acquired vibriosis have been reported in [Norway](#).

On 18 July 2022, the [Estonian Health Board](#) reported that there have been two or three cases of vibriosis in Estonia during summer. All of the cases were in children under one year of age.

On 21 July 2022, the [State Office for Health and Social Affairs of Mecklenburg-Western Pomerania](#) (Germany) reported that there have been three cases of vibriosis in the region in 2022.

Due to technical issues, the [ECDC Vibrio Map Viewer](#) is currently not available.

ECDC assessment

Elevated sea surface temperatures (SSTs) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water

bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content.

These *Vibrio* species can cause vibriosis (non-cholera), particularly species such as *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. In the past, vibriosis in humans in the Baltic region had occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius).

The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when a cut or skin abrasions have been exposed to contaminated seawater, primary septicemia, and otitis externa.

In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2022 and reports on increased environmental suitability for the growth of the *Vibrio* bacteria.

Marburg Virus Disease - Ghana - 2022

Opening date: 21 July 2022

Latest update: 5 August 2022

Epidemiological summary

On 27 July 2022, WHO reported that there were two additional cases of Marburg Virus Disease (MVD), both close contacts of one of the previously reported cases (wife and child of the index case). The child, who has since died, was a contact of the mother (and not the index case). Investigations are ongoing and contacts are being followed up. (Sources: [Press conference 27/07/2022](#), [Social media](#)).

On 17 July 2022, Ghana [declared its first ever outbreak of Marburg Virus Disease](#), following the confirmation of two cases from the southern Ashanti region. On 26 June, a 26-year-old male was admitted to hospital in the Ashanti region in Ghana and died on 27 June. On 28 June, a 51-year-old male was admitted to the same hospital and died the same day. Both cases presented with symptoms including diarrhoea, fever, nausea and vomiting and are now deceased. Preliminary analysis detected Marburg virus disease which was later confirmed by the Institut Pasteur in Dakar, Senegal. Health authorities in Ghana, with the support of WHO, are continuing investigations and contact tracing. Since then, two additional cases [have been reported](#) (on 27 July 2022).

On [22 July 2022, WHO reported](#) that 108 contacts were being followed up (50 from Ashanti region, 48 from Savannah region, and 10 from the Western region), an increase on the initial 90 contacts identified, all of whom were self-quarantining and being monitored on a daily basis for 21 days. As of 20 July 2022, all contacts had finished their 21-day follow-up period and none had tested positive for the virus.

ECDC assessment

Marburg Virus Disease (MVD) is a highly infectious viral haemorrhagic fever in the same family as the Ebola virus disease. MVD is transmitted to people from fruit bats and spreads among humans through direct contact with the bodily fluids of infected people, surfaces and materials. Illness begins abruptly, with high fever, severe headache and malaise. Many patients develop severe haemorrhagic signs within seven days. Case fatality rates have varied from 24% to 88% in past outbreaks, depending on virus strain and case management.

Although there are no vaccines or antiviral treatments approved to treat the virus, supportive care – rehydration with oral or intravenous fluids – and treatment of specific symptoms, improves the chances of survival. A range of potential treatments, including blood products, immune therapies and drug therapies, as well as candidate vaccines with phase 1 data, are being evaluated.

Previous outbreaks and sporadic cases of MVD in Africa have been reported in Angola, the Democratic Republic of the Congo, Kenya, South Africa and Uganda. Only one other case has been reported in West Africa, in [Guinea](#) on 16 September 2021. This is the first outbreak to occur in Ghana.

WHO has deployed experts to support Ghana's health authorities in investigations.

The likelihood of infection of EU/EEA citizens in Ghana, as well as the likelihood of Marburg virus being imported to the EU/EEA, is

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very low.

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

Actions

ECDC will continue to monitor this event through epidemic intelligence activities and report relevant news on an ad-hoc basis.

Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022

Latest update: 5 August 2022

Epidemiological summary

No serious cross-border events have been detected during the period from 29 July to 4 August 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

Monkeypox:

As of 1 August 2022, no cases of monkeypox attributable to the Birmingham 2022 Commonwealth Games have been reported. Overall, in the West Midlands, England, where most of the Birmingham 2022 Commonwealth Games are taking place, 76 residents have been diagnosed so far. According to the [UK Health Security Agency](#), as of 1 August 2022 there were 2 672 laboratory confirmed cases and 87 highly probable cases (overall 2 759 cases) in the UK. Of these, the vast majority were reported in England (2 638 confirmed and 87 highly probable), followed by Scotland (65 confirmed), Wales (32 confirmed) and Northern Ireland (24 confirmed). The highest proportion of the confirmed and highly probable cases has been detected in London residents 73% (1 906 cases).

In the [EU/EEA countries](#), from the start of the outbreak and as of 1 August 2022, 12 186 confirmed cases of monkeypox (MPX) had been reported from 27 EU/EEA countries, including 17 cases reported from Malta (CWG participant country) and none from Cyprus. For worldwide MPX overview, please refer to the [WHO Emergency Situation Reports](#).

ECDC and WHO have published customisable tools on monkeypox for mass gathering event organisers [Monkeypox outbreak: Resource toolkit for event organisers](#). In addition, a publication by WHO "[Public health advice for gatherings during the current Monkeypox outbreak](#)" is available in all UN official languages.

COVID-19:

In [Birmingham](#), as of 3 August 2022, there were 361 106 COVID-19 cases and 3 697 deaths. Overall, a decrease in COVID-19 cases has been observed in the last two weeks with a 7-day moving average of 126 cases/100k population (29 July 2022). In the United Kingdom, according to WHO, as of 3 August 2022, there were 23 304 931 confirmed cases of COVID-19 reported, with 183 953 deaths.

According to media reports, several CWG athletes and supporting personnel tested positive for COVID-19 ahead of the Games from the following countries and territories: Australia (2), Cayman Islands (1), India (4), Malaysia (1), New Zealand (2), Sri Lanka (5), Singapore (1), South Africa (3) and the United Kingdom (England 1, Wales 1).

ECDC assessment

In the countries where mass gathering events take place, in the absence of sufficient mitigation measures, the risk of local and regional transmission of COVID-19, including the spread of variants of concern, is expected to increase. For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

The risk of becoming infected with other communicable diseases in Birmingham during the Commonwealth Games is considered low if preventive measures are applied - e.g. being fully vaccinated in accordance with the national immunisation schedule, following hand and food hygiene regulations, applying respiratory etiquette, refraining from any activities or contact with others if symptoms occur, and seeking prompt testing and medical advice as needed.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual

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partners in the EU/EEA is considered high and the likelihood of spread among the broader population is assessed as very low. The impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population.

Actions

ECDC is monitoring this event through epidemic intelligence during the period 20 July to 12 August and reporting on a weekly basis in CDTR.

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

Opening date: 24 September 2012

Epidemiological summary

Since the beginning of 2022, and as of 1 August 2022, three MERS-CoV cases have been reported in Qatar (2) and Oman (1), including one death. All three cases were primary cases, having reported contact with camels. The last case reported in Qatar prior to this was in February 2020, and the last case previously reported in Oman was in February 2019.

Since April 2012, and as of 1 August 2022, 2 603 cases of MERS-CoV, including 944 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#)

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 – more information can be found in ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

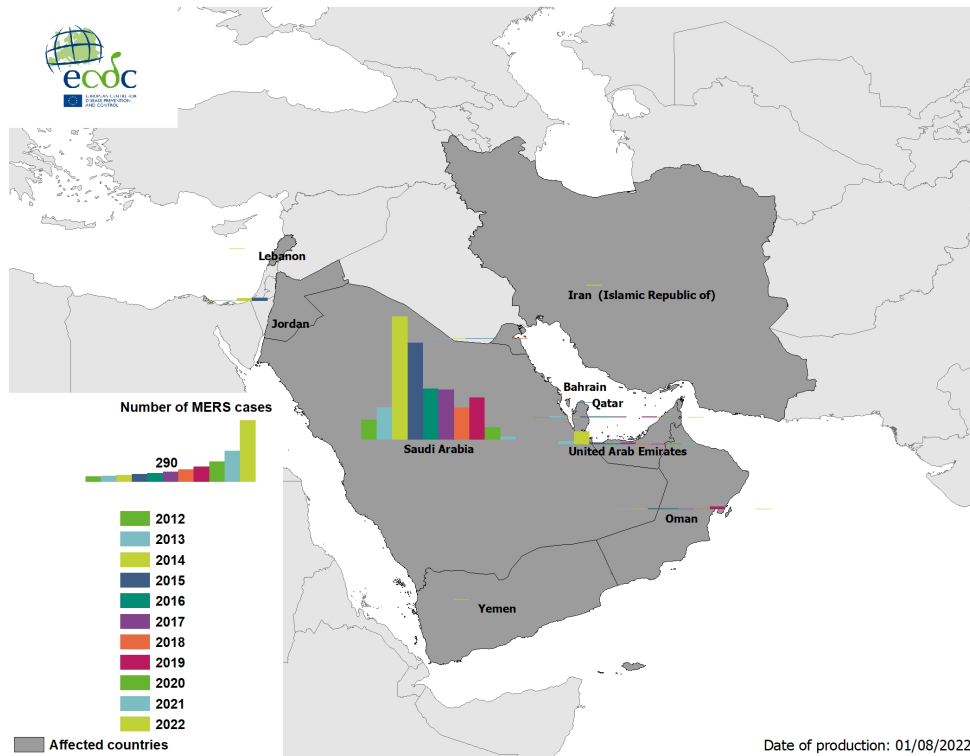
In October 2019, ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment 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.

Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to August 2022

Source: ECDC



Poliovirus - US -2022

Opening date: 22 July 2022

Latest update: 5 August 2022

Epidemiological summary

On 29 July 2022, the [Global Polio Eradication Initiative](#) reported that the Global Polio Laboratory Network had confirmed the isolate from the US case was genetically linked to two Sabin-like type 2 (SL2) isolates from environmental samples collected in early June 2022 in New York, USA, and greater Jerusalem, Israel. These isolates are also genetically linked to the recently detected VDPV2 environmental samples from London, UK.

[According to the Rockland County Department of Health](#), polio was detectable in wastewater samples collected in June 2022 from the Rockland County Sewer District #1 which may have been from the confirmed case. Further investigations are ongoing. Rockland County is recommending vaccination for all non-vaccinated individuals and, with support from the US CDC, they are conducting a vaccination campaign that began on Friday 22 July.

On 21 July 2022, the New York State Department of Health (NYSDOH) and the Rockland County Department of Health alerted the public to a case of poliomyelitis in a Rockland County resident. According to the Global Polio Eradication Initiative (GPEI), this is a case of paralytic polio in an unvaccinated individual. Media are reporting that the individual is a 20-year-old male who travelled to Poland and Hungary this year and was hospitalised in the US in June. The US Centers for Disease Control and Prevention (CDC) are coordinating the investigation with the New York State health authorities.

Initial sequencing, confirmed by US CDC, indicates that the case is type 2 VDPV. This is indicative of a transmission chain from an individual who received the oral polio vaccine (OPV), which is no longer authorised or administered in the US. The US has only been using the inactivated polio vaccine (IPV) since 2000. This suggests that the virus may have originated from a location outside of the US where OPV is administered, since revertant strains cannot emerge from inactivated vaccines. Further investigations are ongoing.

Rockland County is recommending vaccination for all non-vaccinated individuals and, with support from the US CDC, they are conducting a vaccination campaign that began on Friday 22 July.

Sources: [New York State Health Department](#) | [Rockland County Health Department](#) | [GPEI](#) | [Washington Post](#) | [Rockland County](#)

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[Department of Health \(2\)](#)

ECDC assessment

Poliomyelitis is a highly infectious viral disease that can affect the nervous system and cause muscle weakness. The polio virus typically enters the body through the mouth, usually from hands contaminated with faecal matter from an infected person. Respiratory and oral-to-oral transmission through saliva may also occur. Symptoms, which can be mild and flu-like (fatigue, fever, headache, stiffness, muscle pain, vomiting), can take up to 30 days to appear, during which time an infected individual may transmit the virus to others. Though rare, some polio cases can result in paralysis or death.

[Polio vaccination](#) is recommended in all EU Member States, and is mandatory for children in 12 of them. Two doses of polio vaccines are 90% effective against polio, while three doses are more than 99% effective at preventing [disease](#). The risk of polio for vaccinated individuals remains low. The EU/EEA has remained polio-free since 2002, and in 2021 [coverage](#) in the WHO European Region was estimated to be 94%, although there is variation by country.

The risk to EU/EEA citizens from this individual case is low, however it is unclear where the case acquired the infection (possibly while traveling within the EU/EEA). The risk of the virus being reintroduced does exist, as long as there are non- or under-vaccinated population groups in European countries and poliomyelitis has not been [eradicated](#).

For further information on poliomyelitis please see ECDC's [factsheet](#). For information on diagnosing and addressing behavioural barriers to vaccine acceptance, please see ECDC's [publication](#) on increasing vaccine uptake. For communication resources relating to poliomyelitis please see ECDC's [communication toolkit on immunization](#), including polio.

Actions

ECDC will continue to monitor this event through Epidemic Intelligence activities and will liaise with the Epidemic Intelligence team at the US CDC for further information and updates.

The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.