

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 42, 15 - 21 October 2023

## Today's disease topics

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## Executive Summary

### Overview of respiratory virus epidemiology in the EU/EEA

- By the end of week 41 (ending 15 October 2023), rates of respiratory illness (influenza-like illness (ILI) and/or acute respiratory infection (ARI)) in the community were at expected levels for this time of the year in most EU/EEA countries. Rates of severe acute respiratory infection (SARI) presenting to secondary care were comparable to the same time last year.
- The contribution of SARS-CoV-2 to respiratory illness in primary and secondary care sentinel surveillance was much higher than respiratory syncytial virus (RSV) and seasonal influenza. Non-sentinel data show that transmission of SARS-CoV-2 among older age groups continued to increase in around half of the countries, translating to some sustained increases in COVID-19 hospital and intensive care unit (ICU) admissions and deaths. There was some indication from sentinel and non-sentinel data of steady increases in RSV activity. Seasonal influenza activity remained at low or baseline levels.

### SARS-CoV-2 variant classification

- Since the last update on 28 September 2023, and as of 20 October 2023, no changes have been made to ECDC's classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) or de-escalated variants.
- **XBB.1.5-like+F456L** variants currently dominate the global and EU/EEA SARS-CoV-2 variant landscape. As of 16 October 2023, XBB.1.5-like lineages are circulating in median 70,5% in EU/EEA countries, with range

from 36–88%. The overall proportion of XBB.1.5-like + F456L lineages levelled off in the EU/EEA, with slower increasing trends observed over the past few weeks.

- **XBB.1.5-like+L455F+F456L** variants show increasing trends, with median proportion of 21% in EU/EEA countries (range:5.4-41%). The lineages mainly present in this umbrella are HK.3 lineages, GK\* lineages.
- **BA.2.86** is an emerging SARS-CoV-2 lineage characterised by a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants. BA.2.86 is circulating in low proportions in the EU/EEA, (median 1.6% in EU/EEA countries and up to 6.9% in Sweden). In the last two weeks a slight increase in **JN.1** sequences, a sub-lineage of BA.2.86 has been observed, although the numbers have been low. JN.1 sequences carry an additional Spike L455S mutation compared to BA.2.86.

#### **Increase of cryptosporidiosis cases - multi-country - 2023**

- An increase of cryptosporidiosis cases has been noted in Ireland, Luxembourg, the Netherlands, and the UK since the end of August and during September 2023.
- This is probably due to favourable environmental conditions (heat waves, heavy rainfall and flooding) in southern Europe and summer travel patterns towards these countries.
- ECDC is continuing to monitor the event in EpiPulse and with affected countries.

#### **Autochthonous cases of dengue - France - 2023**

- In the 2023 transmission season, as of 17 October 2023, seven clusters of autochthonous dengue virus transmissions involving a total of 35 cases have been reported so far in mainland France.
- In the Île-de-France region, a case of autochthonous dengue was reported in a person residing in Limeil-Brévannes. This is the most northerly record of vector-borne transmission in Europe.
- In the Provence-Alpes-Côte d'Azur region, in the Bouches-du-Rhône department, nine autochthonous cases of dengue virus infection were reported in patients residing in Boulbon and four cases in Gardanne. In the Alpes-Maritimes department, there was one case in a patient residing in Nice, who visited Castellet and La Garde, Var department.
- In the Occitania region, 11 autochthonous cases of dengue virus infection were detected in Perpignan, Pyrénées Orientales department and seven cases in Gagnières in the Gard department.
- In the Auvergne Rhône-Alpes region, two cases are being confirmed in Bourg les Valence in the Drôme department.
- Response and control measures are being implemented by the French public health authorities. These include vector control, information to healthcare providers and the general public and door-to-door surveys.
- Further cases connected to this transmission event or autochthonous secondary transmission from imported cases of dengue in other areas cannot be excluded.

#### **Autochthonous dengue cases - Italy - 2023**

- Since the first week of August and as of 17 October 2023, 58 [locally acquired cases of dengue fever](#) have been detected in the Lombardy (30) and Lazio (28) regions in Italy.
- The cases are grouped in four clusters in the province of Lodi, Lombardy region (30), the metropolitan city of Rome (25) and in Anzio (1), in the province of Latina (2), in the Lazio region.
- Symptom onset for the first case dates back to 2 August 2023.
- Response and control measures are being implemented by Italian public health authorities. These include case finding, vector control activities, information to healthcare providers and the general public and preventive measures for donors of substances of human origin (e.g. blood and organs).
- Further autochthonous cases may occur in the affected regions, and in Italy overall, and surveillance has been strengthened to detect new cases early, identify transmission chains, define areas at risk and quantify the level of risk.
- Since the mosquito vector *Aedes albopictus* is established in most of Europe, further virus introductions leading to secondary autochthonous transmissions may occur in most of the southern countries of the EU/EEA.

#### **Mass gathering monitoring – Rugby World Cup 2023, France**

- ECDC is monitoring infectious disease events, possibly associated with the Rugby World Cup in 2023.
- An ongoing measles outbreak in the town of Guilhaud Granges, Ardèche department, France, has led to 58 cases being reported, as of 17 October 2023.
- One autochthonous case of dengue was reported on 17 October in the Île-de-France region, in a person residing in Limeil-Brévannes. This is the most northerly record of vector-borne transmission in Europe.
- Although no cross-border measles events have been reported to date, ECDC does not yet have full information to be able to assess the risk of spread into the larger community of those attending the events.

#### **West Nile virus One Health seasonal surveillance – 2023**

- Since the last update, and as of 18 October 2023, 30 human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and three by an EU-neighbouring country.

- The following areas reported autochthonous human cases of WNV infection for the first time: Verbano-Cusio-Ossola in Italy and Timiş in Romania.
- Since the beginning of the 2023 transmission season, 661 human cases of WNV infection have been reported by EU/EEA countries and 90 by EU-neighbouring countries.
- There have been 115 outbreaks among equids and 221 outbreaks among birds reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, as of 18 October 2023.

# 1. Overview of respiratory virus epidemiology in the EU/EEA

## Overview:

### Weekly overview (week 41, 2023)

#### Summary

- By the end of week 41 (ending 15 October 2023), rates of respiratory illness (influenza-like illness (ILI) and/or acute respiratory infection (ARI)) in the community were at expected levels for this time of the year in most EU/EEA countries. Rates of severe acute respiratory infection (SARI) presenting to secondary care were comparable to the same time last year.
- The contribution of SARS-CoV-2 to respiratory illness in primary and secondary care sentinel surveillance was much higher than respiratory syncytial virus (RSV) and seasonal influenza. Non-sentinel data show that transmission of SARS-CoV-2 among older age groups continued to increase in around half of the countries, translating to some sustained increases in COVID-19 hospital and intensive care unit (ICU) admissions and deaths. There was some indication from sentinel and non-sentinel data of steady increases in RSV activity. Seasonal influenza activity remained at low or baseline levels.

#### Respiratory virus activity

- Consultation rates of patients presenting to sentinel general practitioners with respiratory illness (ILI/ARI) were reported by 21 countries up to week 41. Rates remained at similar levels to those observed in the same period last year in all but two countries where rates are higher. Rates were above baseline levels in three of 19 countries for which MEM thresholds were available. Rates tended to be highest among children aged below 15 years in countries reporting age-specific data.
- In the past week, 14 countries reported at least 10 weekly sentinel tests for influenza, RSV or SARS-CoV-2. Among the three pathogens monitored, pooled test positivity was highest for SARS-CoV-2 at 16% (median of country values: 14%; IQR: 9%-15%). Pooled test positivity for RSV and seasonal influenza remains low (2% and 1% respectively) with a slight increase in pooled and median positivity observed for RSV compared to the previous week. Across sentinel and non-sentinel specimens, several countries reported increasing detections and test positivity for SARS-CoV-2.
- Seasonal influenza and RSV detections in non-sentinel data were low compared to the same time last year, although RSV detections have been increasing steadily for the past seven weeks, with data reported by 12 countries in week 41. Recent increases in SARS-CoV-2 detections pooled at the EU/EEA level have peaked, although half of the 18 countries reporting age-specific data continue to observe increases compared to the previous week among people aged 65 years and above; these trends for SARS-CoV-2 have continued as long as 13 weeks in some countries.
- Among the sentinel and non-sentinel samples, detected seasonal influenza viruses belonged to all three subtypes A(H1N1)pdm09, A(H3N2) and B.
- Qualitative indicators are currently only reported for seasonal influenza, with 23 countries reporting limited influenza virus circulation in the EU/EEA, of which 16 reported baseline and 7 low transmission intensity. Of 22 countries reporting on the geographic spread of influenza, 12 reported no activity, and 10 reported sporadic activity.

#### Severe disease

- Based on sentinel secondary care data, SARI rates remained at similar levels to those observed in the same period last year. Of the three countries reporting age-based data, one country observed a noticeable increase in the 65 and above age group. In the past week, three countries reported at least 10 weekly sentinel tests for seasonal influenza, RSV or SARS-CoV-2. Similar to the situation in sentinel primary care surveillance, pooled test positivity was highest for SARS-CoV-2 at 22% (median of country values 23%; IQR: 15%-24%) with increasing trends reported in one country. There was a total of seven detections of RSV reported and four detections reported for seasonal influenza among a total of 526 tests.

- Among the SARI specimens, there were only four detected influenza viruses, of which all were subtype A(H1)pdm09.
- Of 13 countries reporting data on non-sentinel COVID-19 hospital or ICU indicators to week 41, four reported an increasing trend in at least one of these indicators compared with the previous week, with longer term increasing trends visible in four countries. Although levels remain relatively low, increases in death rates for up to six weeks were reported in those aged 65 years and above by five of the 13 countries reporting age-specific death data. There was evidence of recent increases in hospital admissions for RSV, mainly among those aged 0-4 years, in two of the four countries reporting data.

### Virus characterisation

#### SARS-CoV-2

- Among 16 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 39–40 (25 September to 8 October 2023), the estimated distribution (median (IQR) of country values) of variants of concern (VOC) or variants of interest (VOI) was 66% (59–72%) for XBB.1.5+F456L, 28% (20–34%) for XBB.1.5, 2% (1–3%) for BA.2.75.

#### Period overview (week 25, 2023 to week 41, 2023)

- Following relatively low respiratory illness activity in the community and in secondary care over the summer period, consultation rates started to increase in primary care settings from September. Testing in primary care sentinel surveillance has increased steadily since week 32, with an increase in the number of countries reporting data since week 40. Influenza and RSV circulation have remained low, although there is evidence of steadily increasing RSV transmission, at low levels, in recent weeks. Transmission of SARS-CoV-2 has been increasing since the late summer, translating to some sustained cumulative impact in terms of hospital/ICU admissions/occupancy activity and deaths, although the levels of these indicators remain relatively low. Levels of SARS-CoV-2 sequencing have increased in recent weeks compared with the start of the period and the variant XBB.1.5+F456L has been dominant since week 32.

### ECDC assessment:

SARS-CoV-2 continues to circulate in the EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every two to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions and deaths during this period. The emergence of new variants of concern or population immunity waning over time may have an impact on the epidemiological situation in the future. There is some evidence of early increases in RSV activity. Seasonal influenza activity in the EU/EEA remains at low or baseline levels.

For the most recent COVID-19 assessment, please visit [ECDC's dedicated webpage](#). For the most recent RSV risk assessment please visit the [ECDC website](#).

### Actions:

ECDC monitors respiratory virus activity in the EU/EEA. Data are available on the European Respiratory Virus Surveillance Summary ([erviss.org](#)), which will be published for the first time on 20 October 2023. Detailed country-specific COVID-19 updates are also available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

**Last time this event was included in the CDTR: -**

## 2. SARS-CoV-2 variant classification

### Overview:

#### Weekly update on SARS-CoV-2 variants:

Since the last update on 28 September 2023, and as of 20 October 2023, no changes have been made to ECDC's classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) or de-escalated variants.

**XBB.1.5-like + F456L** lineages currently dominate the global and EU/EEA SARS-CoV-2 variant landscape. As of 16 October 2023, the 14 EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 39 (25 September–1 October 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Austria (69%), Belgium (73%), Denmark (75%), Finland (72%), France (61%), Germany (36%), Iceland (88%), Ireland (76%), Italy (74%), the Netherlands (63%), Poland (69%), Slovenia (46%), Spain (72%) and Sweden (64%). The overall

proportion of XBB.1.5-like + F456L lineages levelled off in the EU/EEA, with slower increasing trends observed over the past few weeks.

**XBB.1.5-like+L455F+F456L** variants show increasing trends with median proportion of 21% in EU/EEA countries (range:5.4-41%). The lineages mainly present in this umbrella are HK.3 lineages, and GK\* lineages. [Preliminary studies](#) indicate that XBB.1.5-like+L455F+F456L variants may bind more efficiently to human ACE-2 and have similar immune evasive properties compared to XBB.1.5-like+F456L variants and XBB.1.5-like+L455F variants. Virtually all of the lineages are already included in the existing VOIs XBB.1.5-like+F456L and BA.2.75 but are being monitored specifically as VUM.

The combination of these mutations is also seen increasing in BA.2.75 background, **DV.7.1** variants that carry these mutations, L455F and F456L have been seen with increased detections. These are circulating in the median 1.85% (range: 0-4.9%).

**BA.2.86** is an emerging SARS-CoV-2 lineage characterised by a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants. BA.2.86 is circulating in low proportions in the EU/EEA, (median 1.6% in EU/EEA countries and up to 6.9% in Sweden). In the last two weeks a slight increase in **JN.1** sequences, a sub-lineage of BA.2.86 has been observed, although the numbers have been low. JN.1 sequences carry an additional Spike L455S mutation compared to BA.2.86

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

### Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.

The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eighth](#), [ninth](#), [tenth](#), [eleventh](#), [twelfth](#), [thirteenth](#) and [fourteenth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022, 8 July 2022, 13 October 2022 and 27 January 2023, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

In the [fifteenth](#) IHR Emergency Committee meeting held in Geneva on 4 May 2023, the Director-General of WHO agreed with the [advice](#) offered by the Committee and determined that COVID-19 is no longer a public health emergency of international concern (PHEIC).

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

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

### ECDC assessment:

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

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

### Actions:

For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#). Detailed country-specific COVID-19 updates are available on the [European Respiratory Virus Surveillance Summary \(ERVISS\)](#) which will be published for the first time on 20 October 2023.

**Last time this event was included in the CDTR:** 13 October 2023

## 3. Increase of cryptosporidiosis cases - multi-country - 2023

### Overview:

On 13 October 2023, the Health Protection Surveillance Centre (HPSC) of Ireland posted a [press release](#) concerning a rise in cases of cryptosporidiosis being reported over the last month among Irish tourists returning from areas of Spain, particularly Salou in Catalonia. The HPSC is advising people to take extra hygiene precautions when travelling to areas reporting an increase in cryptosporidiosis cases. According to [media](#) quoting health authorities in Ireland, 656 cases of cryptosporidiosis have been recorded this year, with a notable increase since the end of August 2023, including 51 cases (37 of which were confirmed) associated with travel history to Salou in Catalonia.

An increase in cases of cryptosporidiosis has also been reported in the United Kingdom ([media reports](#)). In addition, unusual increases of laboratory reports of cryptosporidiosis cases were noted in Luxembourg and the Netherlands in September 2023. In the Netherlands, the number of cases detected by a subset of reporting laboratories in September 2023 was 129, compared with an average of 72 cases during September for the period 2016-2019 (range: 58-97).

### ECDC assessment:

An increase in cryptosporidiosis cases has been noted in Ireland, Luxembourg, the Netherlands, and the UK since the end of August and particularly in September 2023. This could be due to a combination of factors related to travel and extreme climate conditions (heat waves, heavy rainfall, and flooding) which have particularly affected southern Europe this summer.

[Cryptosporidiosis](#) is a parasitic disease, transmission is faecal-oral, via ingestion of infectious oocysts, by direct contact with infected persons or animals or through contaminated water and food. *Cryptosporidium* oocysts can survive for months in moist soil or water and survive harsh environmental conditions (e.g. heat or cold) for extended periods of time. The oocysts are usually resistant to most common disinfectants, such as chlorine.

The infective dose is very low and ingestion of about 10-30 oocysts has been reported to cause infection. In healthy individuals, the infection can be asymptomatic, however, the most common presentation is watery diarrhoea that spontaneously resolves within a couple of weeks. In contrast, patients with impaired immune system may develop profuse, life-threatening, watery diarrhoea.

To better understand the sources of infections and the likelihood of further cases being reported linked to travel, additional cross-border investigations are needed.

It is important to note that cryptosporidiosis is under-reported in many countries, which limits the ability to accurately assess the risk within the EU/EEA.

### Actions:

ECDC continues to monitor the event in EpiPulse and with the countries affected.

**Last time this event was included in the CDTR:** 16 October 2023

## 4. Autochthonous cases of dengue - France - 2023

### Overview:

On 4 August 2023, the French public health agency (Santé publique France) reported two autochthonous cases of dengue virus infection in patients residing in Gardanne, Bouches-du-Rhône department, Provence-Alpes-Côte d'Azur region. Following the door-to-door case finding investigations, two additional cases were identified. None of the cases had travelled abroad recently.

The index case presented with fever, asthenia, headaches, myalgia and purpura on 27 July 2023, and dengue was confirmed by PCR. Onset of symptoms of the four cases was between 18 July and 4 August 2023.

A case of dengue imported from the French Caribbean and living in proximity to the autochthonous cases was notified on 12 July; onset of symptoms for this case was at the end of June. The patient stayed home for the entire duration of the viremia. Vector control was implemented on 18 July around the residence of the imported case.

Vector control measures were implemented around the house of the autochthonous cases. Healthcare professionals were informed, including general practitioners, public and private laboratories, and pharmacists and hospitals. The general population was informed through local and national media.

As of 17 October, France reported 35 autochthonous cases of dengue virus infection, in four regions, in seven clusters. In the Provence-Alpes-Côte d'Azur region, four autochthonous cases of dengue virus infection were reported in patients residing in Gardanne, Bouches-du-Rhône department. The symptom onset of these cases was between the second half of July and August. In Boulbon, also in the Bouches-du-Rhône department, nine cases were detected, with onset between the beginning and middle of September. Another case was identified in the Provence-Alpes-Côte d'Azur region in the beginning of September. That patient resides in Nice, the Alpes-Maritimes department and visited Castellet and La Garde, Var department. In the Occitania region, 11 autochthonous cases of dengue virus infection were detected so far in Perpignan, Pyrénées Orientales department. Also, in the Occitania region, in the Gard department, a total of seven cases were reported in Gagnières. In the Auvergne Rhône-Alpes region, two recent cases are being confirmed in Bourg les Valence in the Drôme department.

In the Île-de-France region, a case of autochthonous dengue was reported in a person residing in Limeil-Brévannes. This is the most northerly record of vector-borne transmission in Europe.

Santé publique France and the French local and national health authorities will be monitoring the situation closely until the end of the dengue transmission season in November.

**Source:** [ARS PACA](#), [ARS Ile de France](#), [SPF](#), Epipulse,

### **ECDC assessment:**

Seven outbreaks involving a total of 35 cases of autochthonous human dengue virus infections have been reported so far in mainland France for the 2023 transmission season. In 2022, France reported nine outbreaks with a total of 65 locally-acquired cases of dengue, which was the highest number of autochthonous cases and outbreaks in the EU/EEA in this century so far.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe.

As autumn sets in, the weather conditions in most of the areas in continental EU/EEA where the competent vectors are established are expected to quickly become less favourable for vector propagation, dengue virus replication in vectors, and vector transmission of dengue virus. However, reports of further cases connected to these transmission events or autochthonous secondary transmission from imported cases of dengue cannot be excluded.

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

### **Actions:**

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

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

## 5. Autochthonous dengue cases - Italy - 2023

### Overview:

#### Summary

On 18 August 2023, Italian authorities [reported](#) a locally-acquired dengue case in a person from the Lombardy region with no recent travel history outside of the region. The onset of symptoms was on 3 August. As of 2 October 2023, there have been a total of 30 cases reported from the province of Lodi, Lombardy region. This is an increase of two cases since the previous report from the Italian authorities dated 9 October.

On 21 August 2023, Italian authorities reported a locally-acquired dengue case in a person from the Lazio region with no recent travel history outside of the region. The onset of symptoms was on 2 August. As of 17 October 2023, the total number of cases in the metropolitan city of Rome, Lazio region is 25. This is an increase of seven cases since the previous report from the Italian authorities of 9 October. These cases have been exposed to mosquitoes in different parts of the city, and investigations are ongoing to establish any epidemiological links.

A third cluster of two locally-acquired dengue cases was detected in the province of Latina, Lazio region (Circeo). The cases have an epidemiological link with an imported case of dengue. The onset of symptoms was on 29-30 August 2023.

One additional case was recently identified in Anzio, Lazio region (reported on 10 October), for which investigations are underway to verify any epidemiological links to the other clusters.

All cases were laboratory confirmed by PCR. A DENV-1 serotype virus was identified in the cases in Lombardy and in the metropolitan city of Rome, Lazio region. Epidemiological investigations have not identified any link between the cases in Lombardy and the cases identified in the Lazio region. A DENV-3 serotype was detected in the cluster of cases in the province of Latina, Lazio region, indicating that this outbreak is independent of the other two in Italy. All cases have recovered or are improving.

Italian authorities have implemented vector control measures in the areas and have established preventive measures for donors of substances of human origin at municipal and national level.

#### Background

Autochthonous dengue cases were [reported](#) in Italy for the first time in 2020 in the Veneto region. At that time, an outbreak of 10 autochthonous dengue cases was reported among household co-habitants following an imported case that had returned to Italy after a trip to South East Asia. Since then, no further cases of autochthonous dengue have been reported in Italy.

Since 2019 and as of 2023, 160 autochthonous dengue cases have been reported in mainland EU/EEA. France is the country with the highest number of autochthonous dengue cases reported in mainland EU/EEA during this period.

#### ECDC assessment:

It is not unusual for autochthonous dengue cases to occur during the summer months in parts of southern Europe. The most recent reports of additional cases in all three clusters indicate that virus transmissions were still ongoing in the second half of August. Enhanced surveillance, as implemented by Italy, will be crucial for early detection of cases and the application of adequate control measures around these cases.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe.

The weather conditions in most of the EU/EEA areas where *Aedes albopictus* is established are now becoming less favourable for vector propagation, dengue virus replication in vectors, and vectorial transmission of dengue. However, further cases connected to these transmission events, or autochthonous secondary transmission from imported cases of dengue in other areas, cannot be excluded.

As autumn sets in, the weather conditions in most of the areas in continental EU/EEA where the competent vectors are established, are expected to quickly become less favourable for vector propagation, dengue virus replication in vectors, and vectorial transmission of dengue virus. However, reports of further cases connected to these transmission events or autochthonous secondary transmission from imported cases of dengue cannot be excluded. More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA, and ECDC's [dengue](#) factsheet.



**Actions:**

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

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

## 6. Mass gathering monitoring – Rugby World Cup 2023, France

**Overview:**

The [Rugby World Cup 2023](#) (RWC) is taking place in France from 8 September to 28 October 2023, with matches played in nine venues in 10 host cities. In total, 20 teams are participating, including teams from four EU/EEA countries, and there will be 48 matches. The participating teams are from France, New Zealand, Italy, Uruguay, Namibia, South Africa, Ireland, Scotland, Tonga, Romania, Wales, Australia, Fiji, Georgia, Portugal, England, Japan, Argentina, Samoa and Chile. The games are taking place in nine stadiums across the country in Bordeaux, Lille, Lyon, Marseille, Nantes, Nice, Saint Denis, Saint-Étienne, and Toulouse. The capacity of the stadiums ranges from 33 103 in Stadium de Toulouse to 80 023 in Stade de France, Saint Denis, where the final matches will be played.

More than 600 000 international visitors are expected to visit France for the Rugby World Cup, with over 2.5 million tickets sold, according to a [media report](#). Over half the international visitors are from the United Kingdom (UK), followed by Australia, the Netherlands, New Zealand and other countries.

As with other sporting events and large gatherings, crowding and high-risk behaviour with prolonged close contact will occur both inside and outside of the hosting venues. Participants and spectators are therefore encouraged to follow a list of recommendations, as described in [ECDC's weekly CDTR report for week 36](#).

**Weekly monitoring update**

On 17 October 2023, the Auvergne-Rhône-Alpes Regional Health Agency [reported](#) 14 additional cases of measles detected in the previous week. Overall, 58 persons have been diagnosed with measles, including one hospitalisation, between 19 September and 17 October 2023. Most of the cases are students in the middle school in Guilherand-Granges (Ardèche) and several students from three primary schools. An outbreak investigation is ongoing.

Although no cross-border measles transmission events have been reported so far related to this outbreak, ECDC does not yet have full information to be able to assess the risk of spread into the larger community of those attending the sporting events.

One autochthonous case of dengue has been reported on 17 October in the [Île-de-France region](#), in a person residing in Limeil-Brévannes. This is the most northerly record of vector-borne transmission in Europe. More information on the dengue situation in France and an assessment is provided in this week's CDTR.

No new cross-border public health events related to the RWC were detected between 14 and 17 October 2023.

**Other events of interest**

No other events of interest have been detected this week.

**ECDC assessment:**

The risk to EU/EEA citizens of infection with communicable diseases during the Rugby World Cup 2023 is considered low if preventive measures are applied. As with other mass gathering events, the risk of communicable disease outbreaks is greatest for respiratory, food- and waterborne diseases, and vector-borne diseases.

**Actions:**

ECDC is monitoring this event through its epidemic intelligence activities for mass gatherings between 4 September and 3 November 2023 in collaboration with the French authorities, and will include weekly updates in the Communicable Disease Threats Report (CDTR).

**Last time this event was included in the CDTR:** 13 October 2023

## 7. West Nile virus One Health seasonal surveillance – 2023

### Overview:

This is the 21st weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 18 October 2023, European Union (EU) and European Economic Area (EEA) countries reported 30 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Romania (11), Italy (7), Cyprus (4), Greece (4), France (3) and Germany (1). Deaths were reported by Italy (2) and Romania (1). EU-neighbouring countries reported two human cases of WNV infection. Cases were reported by Serbia (2). Two deaths related to WNV infections were reported from Serbia.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time: Verbano-Cusio-Ossola in Italy and Timiș in Romania.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Salzlandkreis in Germany, Argolida Arkadia and Achaia in Greece, Verbano-Cusio-Ossola in Italy, Călărași, Vâlcea and Timiș in Romania.

Since the beginning of the 2023 transmission season and as of 18 October 2023, EU/EEA countries have reported 661 human cases of WNV infection in Italy (313), Greece (161, one with an unknown place of infection), Romania (92), France (36), Hungary (29), Spain (14), Croatia (6), Cyprus (5) and Germany (5). EU/EEA countries have reported 53 deaths in Greece (20), Italy (20), Romania (11) and Spain (2). EU-neighbouring countries have reported 90 human cases of WNV infection in Serbia (89) and North Macedonia (1) and two deaths in Serbia.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 136 different NUTS 3 or GAUL 1 regions. Of those regions the following reported autochthonous human cases of WNV infection for the first time ever: Gironde, Charente-Maritime, Alpes-Maritimes, Charente and Haute-Corse in France, Sömmerda in Germany, Kastoria and Ioannina in Greece, Imperia, Taranto, Lecce, Cosenza, Bari, Salerno and Verbano-Cusio-Ossola in Italy, Gorj and Timiș in Romania, Huelva, Valencia/València, Barcelona, Cáceres and Toledo in Spain.

Since the beginning of the 2023 transmission season, 115 outbreaks among equids and 221 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (32), France (27), Hungary (26), Italy (18), Germany (10), Austria (1) and Portugal (1). Outbreaks among birds have been reported by Italy (173), Germany (18), Spain (17), Bulgaria (6), Hungary (3), France (2), Austria (1) and Greece (1).

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

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

### ECDC assessment:

Verbano-Cusio-Ossola in Italy and Timiș in Romania reported cases among humans for the first time. Neighbouring regions to these had reported cases in humans this year or in previous years.

As the weather conditions are now becoming less favourable for vector-borne transmission in most of the affected areas, the intensity of WNV circulation is expected to decrease in the coming weeks.

The combined totals from Italy and Greece account for 72% of all reported autochthonous cases. This follows the trend observed in 2022 when Italy and Greece reported the highest number of cases.

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

### Actions:

During the WNV transmission season, ECDC publishes a dashboard and an epidemiological summary every Friday.

**Further information:**

Data on human cases of WNV are collected via The European Surveillance System (TESSy), managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries reported human cases of WNV infection to ECDC: Albania, Kosovo\*, Montenegro, North Macedonia, Serbia, and Türkiye.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level.

The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

\*This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

**Last time this event was included in the CDTR:** 13 October 2023