

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 19, 7–13 May 2023

## Disease topics

1. Measles – Multi-country (World) – Monitoring European outbreak
2. COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019–2023
3. Human cases with swine influenza A(H1N2) variant virus – Multi country – 2023
4. Influenza – Multi-country – Monitoring 2022/2023 season
5. Invasive Group A Streptococcal infection – Multi-country – 2022–2023
6. Marburg virus disease – Equatorial Guinea – 2023
7. Lassa fever – Ghana – 2023
8. Monthly diphtheria epidemiological monitoring in the EU/EEA – 2023
9. Marburg virus disease – Tanzania – 2023
10. Statement on the fifth meeting of the IHR Emergency Committee on the multi-country outbreak of mpox

## Executive summary

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

- Measles transmission remains low in the EU/EEA.
- The earlier reported outbreak in Austria is still ongoing, with 119 cases reported as of 9 May 2023.
- In March 2023, a total of 134 confirmed cases of measles were reported to ECDC by nine EU/EEA countries. Overall, 208 cases have been reported in 12 EU/EEA countries between January and March 2023.
- On a global scale, cases and outbreaks have been reported in England (UK), New Zealand, Switzerland, and Ukraine, and are being reported in countries in several WHO Regions (EUROPE, AFRO, PAHO, and WPRO), including in the Democratic Republic of the Congo and South Africa.

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

- In week 18, 2023 (ending 7 May 2023), decreasing or stable trends for COVID-19 associated with SARS-CoV-2 were observed in EU/EEA indicators in all age groups. This pattern is consistent with the one observed during the last month. There were 681 deaths reported from 21 countries in week 18.
- The uptake of the second booster was 17.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older, and 14.3% (country range: 0.2–33.7%) in the total population.

- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 62.7% (49.3–91.3% from three countries) for XBB.1.5, 9.9% (2.1–94.7% from four countries) for BA.2.75, 2.7% (0.4–45.7% from three countries) for XBB, 2.5% (1.1–16.7% from three countries) for BQ.1, 2.4% (0.1–5.3% from four countries) for BA.5, and 0.5% (0.5–0.5%, five detections from one country) for BA.2.

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

- One new case of human infection with swine influenza A(H1N2) variant virus has been reported in Taiwan. This is the third human case reported in Taiwan.
- Overall, 21 cases have been reported globally since 2018, including five cases reported in EU/EEA countries (Austria, Denmark, France, and the Netherlands); the last case in the EU/EEA was reported in the Netherlands in 2022.
- These events are rare and no human-to-human transmission has been detected.

#### **Influenza – Multi-country – Monitoring 2022/2023 season**

- Influenza activity in the EU/EEA countries is currently low, with an overall positivity rate in sentinel specimens of 4%, compared to 8% in the previous week (epidemic threshold 10%).
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens, but higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. In non-sentinel specimens, higher circulation of A(H1)pdm09 (55%) than A(H3) viruses (45%) was detected.
- Both influenza type A and type B viruses have been detected in hospitalised patients in ICU and other wards, and influenza A(H1)pdm09 viruses have dominated among SARI patients.
- The B/Yamagata viruses sporadically detected and reported by different countries have been further investigated and were proven to be LAIV-related detections.

#### **Invasive Group A Streptococcal infection – Multi-country – 2022–2023**

- Some countries continue to report increased number of iGAS cases compared to pre-pandemic levels, with decreasing trends compared to previous months (e.g., [Ireland](#), [Denmark](#), [UK](#)).
- This is the final monthly monitoring report for iGAS in the EU/EEA. ECDC will provide updates if the epidemiological situation in the EU/EEA changes.
- Early detection, rapid treatment, and hygiene measures remain key to controlling transmission.

#### **Marburg virus disease – Equatorial Guinea – 2023**

- As of 10 May 2023 and since the previous update, no relevant epidemiological updates were available.
- On 8 May 2023, the WHO reported that no new Marburg virus disease (MVD) cases have been reported since 20 April 2023.
- The total number of confirmed MVD cases since the beginning of the outbreak is 17, with 12 deaths.
- Epidemiological surveillance and contact tracing efforts are ongoing.
- WHO and partners are supporting Equatorial Guinea and neighbouring countries.

#### **Lassa fever – Ghana – 2023**

- Authorities in Ghana have declared the end of the outbreak in line with the WHO criteria (42 days post-surveillance countdown period from when the last case was discharged).
- On 26 February 2023, Ghana reported two cases of Lassa fever residing in the Greater Accra region.
- No cases had previously been reported in the capital Accra or the Greater Accra region.
- Overall, 27 confirmed cases and one death (CFR: 3 %) have been reported. No new cases have been reported since 1 March 2023.
- Lassa fever remains endemic in some parts of Ghana. The likelihood of infection for EU/EEA citizens travelling or residing in Ghana is very low.

#### **Monthly diphtheria epidemiological monitoring in the EU/EEA – 2023**

- In 2023, and as of 8 May, 28 diphtheria cases were reported in the EU/EEA through The European Surveillance System (TESSy). Cases were reported in Germany (24), Czechia (2), Latvia (1), and Norway (1).
- ECDC has no data indicating community transmission and outbreaks of *Corynebacterium* (C.) diphtheriae in the broader EU/EEA population resulting from the increased number of diphtheria cases observed since the second half of 2022.
- An unusually broad predicted resistance of C. diphtheriae isolates to common oral and parenteral antibiotics has been reported. As a precautionary measure, ECDC recommends that antimicrobial susceptibility testing is performed on all C. diphtheriae isolates.

### Marburg virus disease – Tanzania – 2023

- According to the latest WHO Disease Outbreak News, published on 8 May 2023, as of 30 April 2023 no new MVD cases have been reported in the country since 11 April 2023.
- Since the beginning of the outbreak, there have been eight confirmed cases and one probable case, including six deaths (case-fatality rate (CFR) 66.7%) from Marburg virus disease (MVD) in Tanzania. All cases have been reported from the Kagera region.
- The Ministry of Health of Tanzania has deployed a rapid response team in the affected area and active surveillance continues.

### Statement on the fifth meeting of the IHR Emergency Committee on the multi-country outbreak of mpox

- On 11 May 2023, the Director-General of WHO [announced](#) that mpox is no longer a global public health emergency.

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

### Overview:

In February 2023, 12 EU/EEA countries reported 208 confirmed cases of measles to The European Surveillance System (TESSy) (detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#)). The most recent cases in March 2023 were reported in Austria (72), Belgium (7), France (5), Germany (4), Italy (1), Poland (4), Romania (39), Slovakia (1), and Sweden (1). Measles activity remains low.

As of 10 May 2023, complementary epidemic intelligence surveillance of official public and media sources has detected one measles outbreak in the EU/EEA (Austria). Eight EU/EEA countries have reported 27 new suspected and/or confirmed cases of measles in the past month: Austria (11), Germany (12), Hungary (1), the Netherlands (1), and Sweden (2). Other countries did not report new cases of measles or did not provide updates for previous periods.

One measles-related death has been reported in the EU/EEA (the Netherlands) in 2023, based on epidemic intelligence data.

Relevant updates outside the EU/EEA are available for England (UK), Switzerland, Ukraine, and New Zealand, as well as the WHO Regional Office for Europe (WHO EUROPE), Africa (WHO AFRO), including updates for the Democratic Republic of the Congo (DRC) and South Africa, the WHO Pan American Health Organization (PAHO), and the WHO Western Pacific Region (WPRO). No updates were available for the WHO Regional Office for the Eastern Mediterranean (EMRO) or the WHO Regional Office for South-East Asia (SEARO).

**Disclaimer:** The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 29 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.

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

[Austria](#) reported 119 cases of measles, according to national report data as of 9 May, an increase of 11 cases since 11 April. Styria is the mostly affected region, with 102 cases reported since the beginning of the outbreak in week 4 2023. Cases have also been reported from other regions Upper Austria (5), Lower Austria (4) (a new affected region), Vienna (4), Carinthia (3), and Burgenland (1) (a new affected region).

According to national authorities, most of the cases were in children, affecting all age groups from younger than one year to 15 years (70 cases). Cases were also reported among young people and adults, affecting age groups from 15 to 30 years old, and at least 16 cases were among those older than 30 years. At least half the cases were unvaccinated. No deaths have been reported to date.

[Germany](#) reported 41 suspected and confirmed cases as of week 18 (ending 7 May 2023), an increase of 12 cases since week 14 2023 (ending 9 April 2023). (Note: the number provided in this report includes suspected cases and is therefore higher than the number provided to TESSy).

[Hungary](#) reported one case in 2023 in week 14 (ending 9 April 2023) (data access on 8 May).

The Netherlands: one child died of measles in March 2023 according to a [media report](#).

[Sweden](#) has reported three cases overall as of 10 May 2023, one in each region of Södermanland, Stockholm, and Västra Götaland. One child with travel history and one healthcare worker were diagnosed with measles in children's hospital in Stockholm, according to a [media report](#) on 5 May 2023. The child has recovered, and the healthcare worker had mild symptoms. Fifty children in the hospital were given preventive treatment. Another 400 to 500 people, who have been to the hospital, have been contacted as part of extensive contact tracing performed by the hospital. Previously, Sweden reported one imported case in Södermanland region as of 11 April 2023.

### Relevant epidemiological summary for countries outside the EU/EEA

[England \(the UK\)](#) reported 49 confirmed measles cases between January and April 2023. Of the 49 cases, 33 (67%) were in London. Children under five years old accounted for 40% of the cases, followed by 27% of people aged from 15 to 34 years. Twelve cases were imported or import-related, and community transmission was the reason for other cases. At least one case was reported in seven of the nine UKHSA regions. In 2022, England reported 54 cases.

New Zealand reported two cases from the same household in Auckland, according to a [media report](#) on 4 May 2023. One of the cases had a travel history. Contact tracing is ongoing to identify contacts of the other case, who attended North Shore high school while infectious. The school has been closed. All contacts of the student as well as their household contacts are in quarantine, and public health staff are now working to identify other close contacts. The National Public Health Service is checking the immunity of all 100 staff and the 900 students.

[Ukraine](#) reported three cases between January and February 2023.

[Switzerland](#) reported two cases of measles in 2023 as of week 17 (ending 1 May 2023).

According to the WHO Regional Office for Europe ([WHO/EURO](#)) data for January to March 2023 (data access 10 May 2023) 1 030 cases were reported in the region overall, of which 980 were in the following non-EU/EEA countries: Albania (3), Belarus (1), Bosnia and Herzegovina (2), Georgia (2), Kazakhstan (7), Kyrgyzstan (7), Russia (325), Tajikistan (198), Türkiye (343), Ukraine (3), Serbia (40), Switzerland (5) the UK (18), and Uzbekistan (26). According to the same report in the EU/EEA, 50 confirmed cases were reported in Austria (32), Belgium (2), Estonia (1), France (4), Italy (2) Germany (2), Poland (1) Spain (4), and Slovakia (1).

According to the WHO Regional office for Africa ([WHO AFRO](#)) report as of 30 April (week 18), cases and outbreaks of measles in 2023 were reported in the following countries: Botswana (new), Cameroon, Chad, the Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Guinea, Kenya, Liberia, Mali, Mauritania (new), Niger, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Uganda, and Zambia. The DRC reported 70 628 suspected cases, including 1 146 deaths (CFR: 1.7%) between January and April 2023. An outbreak of measles has been declared in all provinces of South Africa except for the Eastern Cape province. Limpopo province is mostly affected. Several response measures have been implemented, but there is a need to strengthen routine immunisation. There are nearly 1 000 cases and no deaths reported since the start of the outbreak in October 2022. The number of cases is decreasing, but remains stable in Limpopo.

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

According to the WHO Pan American Health Organization ([PAHO](#)) report in 1-16 week 2023, ending 22 April 2023, 12 cases were reported by two countries: Canada (5) and the United States of America (7).

According to a WHO Western Pacific Region ([WPRO](#)) report for February 2023 (Vol 17, Issue 3), overall there were 249 confirmed and clinically compatible cases (including 86 confirmed cases), and no deaths. The cases were reported by 11 countries: Australia (4), Japan (1), New Zealand (1), the Republic of Korea (1), Singapore (3), Cambodia (1), China (63), Malaysia (45), Papua New Guinea (2), and the Philippines (128).

### ECDC assessment:

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

health measures, including high vaccination uptake, provide the foundation for a proper response to possible increases in the number of cases/outbreaks.

### Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from The European Surveillance System (TESSy), routinely submitted by 29 EU/EEA countries. ECDC's latest advice on measles is available here: '[Who is at risk for measles in the EU/EEA?](#)' (published on 28 May 2019).

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

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

### Overview

#### Summary:

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

By the end of week 18 (ending 7 May 2023), decreasing or stable trends were observed in EU/EEA indicators in all age groups, a continuation of the pattern observed in the last month. There were 681 deaths reported from 21 countries in week 18.

A small number of countries reported increases in some indicators, including three countries with increasing death rates overall or for some age groups. Among 12 countries with data on hospital or ICU admissions/occupancy up to week 18, only two reported an increasing trend in at least one of these indicators compared with the previous week. All reported increases were recent (of one to two weeks' duration) and values of reported indicators remained relatively low. Recent increases in indicators of transmission and severe disease observed in Bulgaria, Croatia, Finland, and France appear to have reached or be close to reaching their peak.

An increasing trend from primary care sentinel surveillance data in SARS-CoV-2 positivity suggestive of increased community transmission was reported in Spain. This increase was not visible from this country's reported case rates.

Among the four countries with an adequate volume of sequencing or genotyping for weeks 16–17 (17 April to 30 April 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 62.7% (49.3–91.3% from three countries) for XBB.1.5, 9.9% (2.1–94.7% from four countries) for BA.2.75, 2.7% (0.4–45.7% from three countries) for XBB, 2.5% (1.1–16.7% from three countries) for BQ.1, 2.4% (0.1–5.3% from four countries) for BA.5, and 0.5% (0.5–0.5%, five detections from one country) for BA.2.

The cumulative uptake of a second booster was 17.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older, and 14.3% (country range: 0.2–33.7%) in the total population.

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

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

Since the last update on 20 April 2023, and as of 11 May 2023, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or deescalated variants.

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

#### 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 continued to constitute a PHEIC.

In the [fifteenth](#) IHR Emergency Committee meeting held in Geneva on 4 May 2023, the WHO Director-General 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 in this period. Emergence of new variants of concern or waning of population immunity over time may impact the future epidemiological situation.

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

### Actions:

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

For EU/EEA- and country-specific epidemiological trends and forecasts, visit ECDC's [Country Overview Report](#) (updated on Fridays). In addition to actions described in the latest [COVID-19 risk assessments](#), on 5 April 2023 ECDC published [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the optimal timing and targeting of vaccination campaigns in order to limit the continued burden of disease experienced by the elderly and those with comorbidities. It complements the [Long-term qualitative scenarios](#) guidance published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

**Last time this event was included in the CDTR:** 05 May 2023

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

### Overview

On 11 May 2023, [Taiwan Centers for Disease Control](#) reported a human infection with swine influenza A(H1N2) variant virus (A(H1N2)v) in a teenage girl who had contact with pigs. She developed symptoms (fever, nasal congestion, and muscle pain) on 13 March 2023 and contacted a healthcare provider the following day; the rapid test was positive for influenza. She received antiviral treatment, was sent home, and recovered. Swine influenza A(H1N2)v was isolated from the girl's sample. The girl did not have any travel history. The virus was likely transmitted from direct contact with pigs or through environmental contamination. No new cases were detected among her contacts. Three family members did not have symptoms and all tested negative for A(H1N2)v.

This is the third human case with swine influenza A(H1N2)v infection detected in Taiwan; the previous two cases were reported in 2021 and 2022, both in children with mild symptoms. All three cases are unrelated and from different regions in Taiwan, and are thus considered sporadic cases.

**Summary:** Overall, 21 cases have been reported globally since 2018, of which five were reported in the EU/EEA: Austria (1, 2021), Denmark (1, 2019), France (1, 2021), and the Netherlands (2, 2018 and 2022); outside the EU/EEA, cases have been reported from Canada (3), Taiwan (3), and the United States (10).

**Source:** [Taiwan Centers for Disease Control, media report](#)

**ECDC assessment:**

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

**Actions:**

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities and disease experts in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

**Last time this event was included in the CDTR:** 11 May 2023

## 4. Influenza – Multi-country – Monitoring 2022/2023 season

**Overview:****Week 18/2023 (1 May-7 May 2023)**

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus decreased to 4% from 8% in the previous week, which is below the epidemic threshold set at 10%.
- Nineteen of 38 countries or areas reported low intensity; there were no reports of medium or higher intensity. Six of 38 countries across the Region reported widespread activity.
- Three countries and areas with more than 10 specimens tested reported sentinel primary care specimen influenza virus positivity at or above the 10% epidemic threshold.
- Influenza type A and type B viruses were detected in sentinel and non-sentinel surveillance, with type B predominating in both systems.
- Hospitalised patients with confirmed influenza virus infection were reported from ICU (only type A viruses), other wards (only one type B virus), and SARI surveillance (with higher proportions of type B viruses). Only North Macedonia reported influenza virus positivity rates above 10% in SARI surveillance.

**Source:** [Flu News Europe](#)

**ECDC assessment:**

The 2022/23 influenza season is ending in all EU/EEA Member States. Cases, including severe infections, can still occur and it therefore remains essential to continue testing all patients presenting with severe acute respiratory symptoms for influenza and SARS-CoV-2 in order to guide treatment and inform epidemiological assessments.

**Actions:**

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

**Last time this event was included in the CDTR:** 5 May 2023

## 5. Invasive Group A Streptococcal infection – Multi-country – 2022–2023

### Overview:

On 2 December 2022, an increase of invasive Group A Streptococcus (iGAS) and scarlet fever notifications caused by diverse emm types was reported in the EU/EEA and the UK, including associated fatalities. A review of surveillance data showed an increase in both GAS and iGAS cases since the beginning of 2022 in some EU/EEA countries. Additional countries outside the EU/EEA issued [alerts](#) on recent increases in iGAS among children. The increase in iGAS notifications was reported in the EU/EEA by [France](#), [Ireland](#), the [Netherlands](#), and [Denmark](#). Other EU/EEA [countries](#) reported an increase of iGAS cases compared to the previous season but with a lower incidence than before the pandemic. The most affected age groups in all countries reporting increases have been children <10 years old and adults >65 years of age.

iGAS infections are not notifiable in the EU, but some countries have surveillance systems in place. There is heterogeneity in the types of surveillance systems, syndromes monitored, case definitions, etc. Countries observing increases scaled up monitoring and increased communication with healthcare professionals and the public towards the end of 2022.

As of April 2023, some countries continue to report increased iGAS cases compared to pre-pandemic levels, with decreasing trends compared to previous months (e.g., [Ireland](#), [Denmark](#), [UK](#)), while others have reported a stable number of cases (e.g. [France](#)). For some countries, increased awareness and enhanced monitoring of both GAS and iGAS infections might to some extent have contributed to the observed increases.

The differences in the surveillance systems and reporting frequency among the countries hinders the ability to further assess possible increased circulation. Early detection, rapid treatment, and hygiene measures remain key to controlling transmission.

### ECDC assessment:

Group A streptococcus (GAS) is considered the most common cause of bacterial pharyngitis in school-aged children. It may also affect the younger siblings of affected children. The incidence of GAS pharyngitis usually peaks during winter months and early spring. Outbreaks in kindergartens and schools are frequently reported. GAS pharyngitis is easily diagnosed by a rapid antigen detection test (Rapid Strep) and/or bacterial culture and treated with antibiotics and supportive care. Good hand hygiene and general personal hygiene (e.g. avoiding the sharing of utensils, drinking glasses and personal items, etc.) can help to control transmission within these settings.

Invasive GAS (iGAS) infections are rare life-threatening systematic infections, complicating simple scarlet fever or pharyngitis. Children recovering from viral infections, e.g. varicella (chickenpox), influenza, etc. are at higher risk of developing iGAS infection.

Neither GAS nor iGAS infections are notifiable at the EU level, and the ability to assess increased circulation in EU/EEA countries is limited as a result. However, WHO and ECDC currently estimate that the risk posed by iGAS to the general population is low, given that the current increase in iGAS cases is relatively low overall, the reported cases are not caused by a new strain, and the disease is easily treatable with antibiotics.

Typing data from 2022 and 2023 suggest that the surge of iGAS cases is not related to a specific or new strain or an increase in antibiotic resistance of GAS. The most common emm types reported are emm 1 and emm 12. Countries experiencing an increased number of cases are encouraged to share any emm-typing, M-typing, multilocus sequence typing (MLST), and/or whole genome sequencing (WGS) data via the related EpiPulse event page.

### Actions:

ECDC opened an EpiPulse item and invited EU/EEA countries and the UK to share information on GAS and iGAS infections. In addition, in collaboration with the WHO Regional Office for Europe, EU/EEA countries and the UK were contacted by ECDC through EpiPulse about the current situation related to GAS and iGAS infections.

ECDC and the WHO Regional Office for Europe also published a [news item](#) on 12 December 2022, advising countries to be vigilant against increases in GAS and iGAS infections and to increase awareness among healthcare professionals and parents of young children.



This is the final monthly monitoring report for iGAS in the EU/EEA. ECDC will provide updates if the epidemiological situation in the EU/EEA changes.

**Last time this event was included in the CDTR:** 11 May 2023

## 6. Marburg virus disease – Equatorial Guinea – 2023

### Overview

#### Update:

As of 10 May 2023, and since the previous update, there are no relevant epidemiological updates. According to the latest [Disease Outbreak News Item](#) from the WHO, as of 8 May, the last confirmed case was reported on 20 April 2023. According to the [Ministry of Health of Equatorial Guinea](#), as of 10 May, Nsork district, Wele-Nzas province has concluded follow up after not reporting any new cases or contacts for 42 days. Bata district, Litoral province, has completed 21 days of follow up and has a remaining 21 days to complete.

Since the beginning of the outbreak, and as of 10 May 2023, 17 confirmed cases including 12 deaths, four recoveries, and one case with an unknown outcome have been [reported](#).

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

On 18 April 2023, the [World Health Organization \(WHO\)](#) reported that one new case of MVD has been detected in a healthcare worker from Bata district, Litoral province, who was being monitored following exposure to a previous MVD case. The healthcare worker is currently receiving treatment. According to the [Ministry of Health of Equatorial Guinea](#), as of 1 May 2023, 17 confirmed MVD cases, including 12 deaths, had been reported from four districts in four provinces: Ebibeyin, Kié-Ntem province (three cases, including two deaths); Evinayong, Centro Sur province (two cases, including two deaths); Nsork, Wele-Nzas province (one case, including one death); Bata, Litoral province (11 cases, including seven deaths). The last confirmed case was [reported](#) on 20 April in Bata district, Litoral province. The case is a first-order relative of another confirmed case in Bata who was reported on [6 April](#). Of the [16 confirmed cases](#) for which information is available, 10 are female and six are male, and 35% are between 30 and 44 years old. Five of the confirmed cases are healthcare workers, two of whom have died. According to the latest [Disease Outbreak News item](#), published on 8 May 2023 by WHO, there are currently no confirmed cases receiving care at the Marburg treatment centre after the last case was discharged on 26 April 2023.

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

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

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

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

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

**ECDC assessment:**

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

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

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

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

**Actions:**

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

ECDC is in contact with partners.

**Last time this event was included in the CDTR:** 5 May 2023

## 7. Lassa fever – Ghana – 2023

**Overview**

On 26 February 2023, the [Ghana Health Service](#) reported two cases of Lassa fever, including one death, residing in the Greater Accra region. No cases had previously been reported from the capital Accra or the Greater Accra region.

As of 6 May 2023, a total of 27 confirmed cases and one death (CFR: 3 %) had been [reported](#). No new cases have been reported since 1 March 2023.

The Ghana Health Service declared the end of the outbreak in line with the WHO-recommended mandatory 42 days post-surveillance countdown period from when the last case was discharged.

Cases of Lassa fever in Ghana were [first](#) reported in 2011; Lassa fever is considered endemic in some regions of Ghana.

**ECDC assessment:**

Given the end of the outbreak, there is currently no risk associated to this specific event for EU/EEA citizens travelling or residing in Ghana.

**Actions:**

No further action

**Last time this event was included in the CDTR:** 6 March 2023

## 8. Monthly diphtheria epidemiological monitoring in the EU/EEA – 2023

### Overview

**Summary:** In 2023, and as of 8 May, 28 diphtheria cases were reported in the EU/EEA through The European Surveillance System (TESSy). Cases were reported in Germany (24), Czechia (2), Latvia (1), and Norway (1).

This represents an increase of eight cases since the previous update with data as of 4 April 2023. These eight new cases have been reported in Germany (7) and Latvia (1).

Among all cases reported in 2023, 19 cases were caused by *Corynebacterium (C.) diphtheriae* and the remaining nine cases were caused by *Corynebacterium (C.) ulcerans*. Twenty-five of the 28 cases had a cutaneous clinical presentation (Germany (23), Czechia (1), and Norway (1)), one case had a respiratory presentation and two cases were classified as other clinical presentations. In 2023, and as of 8 May, no fatal cases have been reported in the EU/EEA.

Among these 28 diphtheria cases reported in TESSy, six cases were classified as imported cases, from Afghanistan (2), Croatia (1), Indonesia (1) Syria (1), and the Philippines (1). Six cases were not imported, and the importation status was unknown for 16 cases.

ECDC has no information indicating community transmission or outbreaks of diphtheria in the broader EU/EEA population resulting from the increased number of diphtheria cases observed since the second half of 2022.

**Other news:** From 2 January to 23 April 2023, the [UK Health Security Agency](#) reported one confirmed case of diphtheria among asylum-seekers in England.

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

**Disclaimer:** The monthly diphtheria epidemiological monitoring [published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by national public health authorities or the media in the EU/EEA and detected during epidemic intelligence screening activities. This report also includes the data routinely submitted by 29 EU/EEA countries to TESSy.

**Background:** In 2023, and as of 8 May, 28 diphtheria cases were reported in the EU/EEA through TESSy. Cases were reported in Germany (24), Czechia (2), Latvia (1), and Norway (1).

In 2022, 177 diphtheria cases attributable to *C.diphtheriae* in the EU/EEA were reported to TESSy. In the same period, 31 diphtheria cases and one death attributable to *C.Ulcerans* in the EU/EEA were reported to TESSy.

Following the increase of diphtheria cases in migrants in the second half of 2022, ECDC adapted the TESSy metadata to allow for the reporting of additional variables, such as the country of origin of the case, if the case is part of an ongoing cluster of cases, and whether the case shows resistance to antibiotic treatment. This is seen as a regular update of the metadata for routine diphtheria reporting, including after the end of the current outbreak. The uploading of data on cases linked to the ongoing outbreak in migrants should be prioritised. The mechanism to monitor the outbreak is the reporting of all diphtheria cases to TESSy on a monthly basis by the last day of each month. The data uploaded to TESSy will be published both in ECDC's online [Surveillance Atlas of Infectious Diseases](#) and in ECDC's Communicable Disease Threats Report (CDTR) on a monthly basis.

### ECDC assessment:

Diphtheria is a rare disease in EU/EEA countries. According to [WHO/UNICEF](#), immunisation coverage estimates for diphtheria tetanus toxoid and pertussis (DTP3) in 2021 in the EU/EEA varied across Member States, ranging from 85% (Austria) to 99% (Greece, Hungary, Luxembourg, Malta, and Portugal). Universal immunisation is the only effective method for preventing the toxin-mediated disease. This includes the administration of a booster dose of diphtheria toxoid if more than 10 years have passed since the last dose. The occurrence of the disease in fully-vaccinated individuals is very rare.

The increase in cases in migrant population reported since the second half of 2022 in several EU/EEA countries is unusual and needs to be carefully monitored alongside the implementation of necessary public health measures to avoid the occurrence of more cases and further spread.

In this context, the probability of developing the disease is very low for individuals residing in the community provided they have completed a full diphtheria vaccination series and have an up-to-date immunisation status. Nevertheless, the possibility of secondary infections in the community cannot be excluded, and severe clinical diphtheria is possible in unvaccinated or immunosuppressed individuals.

Different recent scientific communications reported the occurrence of isolates showing a genomic profile suggestive of antimicrobial resistance in [Switzerland](#) and [Germany](#). **These findings** are preliminary and more evidence would be needed before assessing the potential implications of these observations, including the adaptation of the currently recommended antibiotic treatment regimes. Nevertheless, similar observations in other European countries cannot be ruled out, and in view of these ongoing developments ECDC recommends that antimicrobial susceptibility testing is performed on all *C. diphtheriae* isolates as a precautionary measure.

### Actions:

ECDC continues to monitor the diphtheria epidemiological situation in Europe and will provide monthly updates. The latest available information can be found on [EpiPulse](#), the [Surveillance Atlas of Infectious Diseases](#), and in [ECDC's CDTR](#).

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

## 9. Marburg virus disease – Tanzania – 2023

### Overview

**Update:** As of 10 May 2023, and since the previous update, there are no relevant epidemiological updates. On 8 May, the WHO published a [Disease Outbreak News item](#), according to which the last confirmed Marburg virus disease (MVD) was reported on 11 April 2023. Overall, nine cases, including six deaths, have been reported since the beginning of the outbreak.

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

On 21 March 2023, according to the [Africa Centres for Disease Control and Prevention \(Africa CDC\)](#), the Ministry of Health confirmed an outbreak of MVD in the Bukoba rural district of the Kagera region of northwest Tanzania. On 8 May 2023, WHO reported in a [Disease Outbreak News](#) item that overall, eight confirmed and one probable MVD case have been reported in the Bukoba district of the Kagera region. Since the beginning of the outbreak, six deaths have been reported (five among the confirmed cases and the one probable case) (CFR 66.7%). The last confirmed case was reported on 11 April. and as of 30 April there were no further cases in treatment. Among the 212 contacts identified, all have concluded their monitoring period.

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

The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are being carried out. [Africa CDC](#) and [WHO](#) are also assisting the Ministry of Health with the deployment of teams of experts. During a [press conference](#) on 21 March 2023, a WHO

representative emphasised the internal capacity and preparedness of Tanzania for managing the situation and stated that WHO is committed to supporting the Tanzanian government in their response.

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

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

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

### **ECDC assessment:**

This is the first MVD outbreak to occur in Tanzania.

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

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

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

### **Actions:**

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

**Last time this event was included in the CDTR:** 5 May 2023

## **10. Statement on the fifth meeting of the IHR Emergency Committee on the multi-country outbreak of mpox**

### **Overview**

On 11 May 2023, WHO published a [statement](#) on the 5th meeting of the IHR Emergency Committee regarding the multi-country mpox outbreak. According to the statement, the Committee recommended that the outbreak is no longer considered a public health emergency of international concern. The Committee highlighted that there are longer term challenges e.g., uncertainties on modes of transmission, data quality issues in reported data and lack of effective countermeasures in some countries and noted the progress in global response and the decline in case numbers. The WHO Director-General accepted the advice of the Committee and [declared](#) that mpox is no longer a global health emergency.