WEEKLY BULLETIN

Communicable Disease Threats Report

Week 27, 2 - 8 July 2023

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Executive Summary

Avian influenza in domestic cats - Poland - 2023

- On 6 July 2023, media sources reported that in Italy (Lombardy region) five dogs and one cat in a poultry farm tested positive for influenza A(H5N1) virus. The poultry farm is experiencing an outbreak of avian flu.
- On 5 July 2023, Polish authorities provided ECDC with an update on the situation, confirming that a total of 45 samples from sick or dead cats were tested, of which 24 were positive for influenza A(H5N1) virus.
- On 4 July 2023, media sources from Poland published the study of the Polish virologist Prof Krzysztof Pyrć and two other researchers in the country who tested five samples of meat collected from some owners of sick or dead cats. One of the samples tested positive for A(H5N1) influenza virus.
- On 30 June 2023, the Chief Veterinary Officer of Poland publicly announced that a total of 29 samples had been tested from domestic cats from different cities in Poland.
- The genome of the A(H5N1) virus from cats in Poland is available on GISAID (EPI_ISL_17949824).
- The World Organisation for Animal Health (WOAH) has issued a statement calling for more investigations, and stating that exposure of cats to sick wild birds is not a potential source of infection and that cat-to-cat transmission is not the primary mode of spread in these cases. WOAH advises isolation of suspected cases and use of appropriate PPE for their handlers.

- Several uncertainties currently exist regarding the source of infection, the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, as well as regarding the severity of the disease. Taking into consideration the information and genomic data available until now and the fact that no human cases have been reported so far related to this event, ECDC assesses the current risk to the general public as low. However, the risk is considered moderate for persons exposed to sick and/or dead cats confirmed with A(H5N1) infection, particularly if they belong to a vulnerable population group (e.g. immunocompromised people). Considering the existing uncertainties, this assessment is preliminary and will be reviewed as soon as more information becomes available.
- Polish authorities advise pet cat owners to prevent contact of their cats with other animals or objects from outside their homes and enhance hygiene measures.
- Taking into consideration the currently available information, ECDC advises avoiding contact with dead or sick cats and practise proper hand hygiene when handling or feeding cats.
- According to ECDC's testing guidance on avian influenza viruses in humans, persons exposed to sick/dead cats confirmed with A(H5N1) infection are advised to monitor their symptoms for 10–14 days after last exposure, and self-isolate if they develop symptoms. They are also advised to wear a surgical mask or FFP2 respirator when in contact with others, seek medical advice and report it to public health authorities immediately. Any person exposed to sick/dead cats confirmed with A(H5N1) infection who develops symptoms, should be tested as soon as possible for A(H5N1).

Diphtheria - Belgium - 2023

- On 27 June 2023, Belgium reported that two cases of respiratory diphtheria have been notified in two individuals of Pakistani nationality who were living in a centre for applicants of international protection in Namur, Belgium. One of the cases had a fatal outcome.
- Contact tracing and distribution of antibiotic prophylaxis for close contacts is ongoing. Mass vaccination of unvaccinated individuals residing in the centre was conducted on 3 July 2023.
- Diphtheria is a rare disease in EU/EEA countries. The two cases are the first cases reported in Belgium in 2023. In comparison, in 2022, Belgium reported 31 cases of diphtheria. The fatal case in 2023 is the first death due to diphtheria reported in Belgium since 2016.

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

- By the end of week 26, 2023, decreasing or stable trends were observed in EU/EEA indicators. This is a continuation of the pattern observed in previous weeks. No country is predicted to see increases in the number of reported cases, hospital admissions or deaths in the period up to 16 July 2023, based on model forecasts.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.2% (84.2–100.0% from 12 countries) for XBB.1.5, 6.2% (0.6–10.0% from 10 countries) for BA.2.75, 5.7% (1.4–6.7% from three countries) for BQ.1, and 1.3% (0.4–7.1% from five countries) for XBB.
- Since the last update on 15 June 2023 and as of 29 June 2023, **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.

West Nile virus One Health seasonal surveillance - 2023

- No human cases have been reported during the 2023 West Nile Virus (WNV) monitoring season to date.
- Three outbreaks among birds, including two new outbreaks reported since the last update of 28 June 2023, were reported from Italy.

Mass gatherings - Hajj - Saudi Arabia - 2023

- ECDC concluded monitoring the Hajj pilgrimage through its epidemic intelligence activities on 7 July 2023, with the last report on the Hajj 2023.
- No events of public health importance were detected in relation to Hajj between 19 June and 7 July 2023, through ECDC epidemic intelligence monitoring and according to the announcement of the Ministry of Health of Saudi Arabia.
- Media has reported a number of deaths among Hajj pilgrims, mostly related to pre-existing medical conditions or unknown reasons.
- Extreme heat was reported during the pilgrimage that could have contributed to the number of deaths.

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

- Measles transmission is currently low in the EU/EEA.
- Since the beginning of the year, 264 cases of measles have been reported in The European Surveillance System (TESSy) by 13 countries.
- In May 2023, 22 confirmed cases of measles were reported by 10 countries.
- An outbreak is ongoing in Austria, with 130 cases reported as of 30 June 2023. The number of cases have been decreasing.

- Outside of the EU/EEA, cases and outbreaks of measles have been reported in Switzerland and Ukraine. The complete list of cases reported worldwide is provided below for Regions covered by the World Health Organization Regional Office for Africa (WHO AFRO) and the Pan American Health Organization (PAHO).

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

- Since the previous update on 7 June 2023, and as of 4 July 2023, no new MERS-CoV cases and related deaths have been reported by health authorities worldwide or the World Health Organization (WHO).
- Since the beginning of 2023, and as of 4 July 2023, no MERS-CoV cases have been reported with the date of onset in 2023 by health authorities worldwide or the WHO.

Mpox Multi-country 2022 - 2023

- Since the last update on 8 June 2023, and as of 6 July 2023, 13 cases of mpox have been reported to The European Surveillance System (TESSy) from two EU/EEA countries: Portugal (12) and Norway (1).
- Overall, 21 248 confirmed cases of mpox have been reported from 29 EU/EEA countries in TESSy.
- According to the World Health Organization (WHO), since 1 January 2022 and as of 3 July 2023, 88 144 confirmed cases of mpox, including 149 deaths have been reported from 112 countries globally with a substantial decrease in cases reported since the peak (week commencing on 8 August 2022).

Ralstonia mannitolilytica in dialysis patients - Italy - 2023

- Italy reported 24 cases of Ralstonia mannitolilytica (R. mannitolilytica) bacteraemia from three regions (A, B, C) in Northern Italy, in dialysis patients from several hospitals.
- Microbiological and epidemiological investigations identified two R. mannitolilytica-contaminated urokinase batches (NDY093B and NDY113, produced by Maya Biotech, India) as the source of the outbreak.
- In the case of contamination of products used in haemodialysis by R. mannitolilytica, the risk of bacteraemia and subsequent serious outcomes for immunocompromised patients are high.
- ECDC encourages European Union / European Economic Area (EU/EEA) countries to check and report if the same urokinase product has been purchased and/or used in their countries, and if related cases of R. mannitolilytica infection and/or products such as urokinase contaminated with R. mannitolilytica have been identified.

1. Avian influenza in domestic cats - Poland - 2023

Overview:

Update

On 4 July 2023, media sources from Poland published the study of the Polish virologist Prof Krzysztof Pyrć and two other researchers in the country who tested five samples of meat collected from some owners of sick or dead cats. One of the samples tested positive for A(H5N1) influenza virus.

On 5 July 2023, Polish authorities informed ECDC that a total of 45 samples from sick or dead cats were tested, of which 24 were positive for influenza A(H5N1) virus. Furthermore, Polish authorities mentioned that 13 cats were fed with raw poultry meat.

On 6 July 2023, media sources reported that in Italy (Lombardy region) five dogs and one cat in a poultry farm tested positive for influenza A(H5N1) virus. The poultry farm is experiencing an outbreak of avian flu.

In December 2022, one cat tested positive for influenza A(H5N1) virus in France according to the French Agency for Food, Environmental and Occupational Health & Safety – ANSES (see link).

Summary

Since 23 June 2023, media sources reported on several deaths of domestic cats (at least 70) in Poland for which investigations are ongoing. On 26 June, the Polish Chief Veterinary Officer (CVO) announced in a press release that nine samples tested in the National Veterinary Institute in Puławy, were positive for A(H5N1) influenza virus. Preliminary studies have ruled out a connection to the avian influenza outbreaks in seagulls, that Poland registered in recent weeks. No source of infection has been identified yet. An intersectoral meeting between animal and human public health services took place on 26 June. The press release by the Polish CVO included advice to the public to prevent the contact of pet cats with other animals, including keeping them inside homes and avoid contact with footwear used outside. Enhanced hand hygiene for all pet cat owners is also advised.

On 28 June 2023, the Polish CVO issued a **press release** notifying about a total of 16 cat samples which tested positive for influenza A(H5N1) in the country. The positive samples originated from many cities in Poland (Gdańsk, Gdynia, Pruszcz Gdański, Lublin, Bydgoszcz, Poznań and Warsaw).

On 30 June 2023, the Polish CVO updated in a **press release** that 29 samples were tested, of which 20 were from different cities in the country (Gdańsk, Gdynia, Poznań, Lublin, Pruszcz Gdański, Nowy Dwór Mazowiecki, Bydgoszcz, Wrocław, Rzeszów County, and the vicinity of Zamość).

The genome of the detected virus from cats in Poland is available on GISAID (EPI_ISL_17949824) and exhibits two mutations, molecular markers to mammal adaptation. Genetic data suggest that the sick cats may have been exposed to the same source of infection.

Media sources from Poland cite the director of the National Veterinary Institute in Puławy stating that, 'they have detected two mutations that indicate that the A(H5N1) virus is evolving to multiply more easily in mammals'.

The World Organisation for Animal Health (WOAH) issued a **statement** on the Polish cat outbreak mentioning that the severe and rapid course of the infection is consistent with reports of A(H5N1) infection in the Felidae family, and noting that several cases of infection in cats with influenza A(H5N1) have been reported from Europe and North America in the context of the ongoing panzootic. WOAH stressed the need for more investigations and stated that since the cases include both stray and pet cats, exposure to sick wild birds is not considered a likely transmission mode. In addition, the wide geographical distribution of cases suggests that the primary mode of spread in these cases is not cat-to-cat transmission but rather some other kind of common source. The statement also mentions the need to isolate any suspected cases from other pets due to potential shedding from the gastrointestinal tract, and the need for appropriate personal protective equipment (PPE) for the handlers of such animals.

ECDC assessment:

Several uncertainties currently exist regarding the source of infection, the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain, as well as regarding the severity of the disease. Taking into consideration the information and genomic data available until now and the fact that no human cases have been reported so far related to this event, ECDC assesses the current risk to the general public as low. However, the risk is considered moderate for persons exposed to sick and/or dead cats confirmed with A(H5N1) infection, particularly if they belong to a vulnerable population group (e.g. immunocompromised people). Considering the existing uncertainties, this assessment is preliminary and will be reviewed as soon as more information becomes available.

Actions:

ECDC is monitoring this event and has contacted Polish public health authorities and the European Food Safety Authority (EFSA) for further investigation.

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

2. Be safe, protect yourself and others, celebrate pride 2023

Overview:

Pride events take place during summer and autumn in various cities across Europe, with the EuroPride event being held in Malta from 7–17 September 2023. In recent years, rates of gonorrhoea and syphilis have continuously increased among men who have sex with men (MSM). Additionally, clusters and outbreaks of other infections, transmitted through intimate contact among sexual partners, have taken place in recent years including mpox, hepatitis A virus and extensively drug-resistant Shigella.

This year, several countries in the EU/EEA have reported cases of a new strain of extensively drug-resistant Shigella. Preparing for the upcoming EuroPride in September, ECDC has implemented threat monitoring. This monitoring includes epidemic intelligence activities for timely identification of signals or events which are a potential threat for public health and may be associated with pride festivals. Whenever signals of public health significance are detected, they will be shared in a timely manner through the ECDC communicable diseases threats reports (CDTR) with the national contact points in the Member States.

For this year's Pride season, the main recommendations stated in the 2017 ECDC risk assessment, the ECDC guidance on HIV and STI prevention among men who have sex with men, and the ECDC guidance on PrEP remain valid. In addition, prevention interventions are advised in relation to the potential resurgence in mpox, as outlined in the ECDC document on public health considerations for mpox. Public health authorities are recommended to work with civil society and other partners to ensure that MSM have access to correct information and services.

It is recommended that participants in Pride events be mindful of the following:

- Ensure that their routine vaccination and boosters are up to date according to the national immunisation recommendations in their country of residence, including those against hepatitis A. It is advised to discuss the need for additional vaccinations, such as for mpox, or booster doses with their healthcare providers.
- Educate themselves prior to attendance about the prevention of STIs including recommendations on HIV pre-exposure prophylaxis and familiarise themselves with additional advice and information on the website of the event.
- Ensure coverage with valid health insurance or obtain a European Health Insurance Card.
- Avoid sexual activity and seek healthcare if symptoms of STIs are present, including gastrointestinal symptoms and symptoms suggestive of mpox, in themselves or any sexual partner.
- Practise safer sex using condoms to prevent sexually transmitted infections, including HIV and hepatitis B and C.
- Additionally, avoid faecal-oral exposure during sexual activity in order to prevent other infections such as shigellosis and hepatitis A (i.e. use of dental dams for oral sex, latex gloves for fingering or fisting).
- Follow standard hygiene measures and advice on the prevention of food and waterborne diseases to decrease the risk of gastrointestinal illnesses and consider general hygiene/food safety practices when consuming food and drink.
- Contact a healthcare provider at the event if experiencing symptoms suggestive of an infection.
- If engaged in unprotected sexual activity with a casual partner, consider contacting a healthcare provider for advice on testing for STIs, including mpox, HIV and hepatitis. Alternatively, use the European Test Finder tool to identify the most conveniently located testing centre. Known partners of those diagnosed should be notified as well as offered testing and treatment according to clinical guidelines.

3. Diphtheria - Belgium - 2023

Overview:

On 27 June 2023, Belgium reported in EpiPulse that two cases of respiratory diphtheria have been notified in two unvaccinated individuals of Pakistani nationality who were living in a centre for applicants of international protection in Namur, Belgium. The two individuals were siblings who entered Belgium in February 2020.

The index case was a 16-year-old girl who experienced an onset of symptoms on 18 June 2023 and was treated with amoxicillin. On 19 June, she was hospitalised in the ear, nose, and throat (ENT) department for sore throat-related symptoms. There was no clinical suspicion of diphtheria and she underwent a tonsillectomy to control the infection. On 24 June, she died due to multiple-organ failure. An autopsy detected pseudomembranes in the throat. On 28 June, swabs of the case were positive for toxin-producing Corynebacterium diphtheriae.

The second case is a sibling of the index case who was hospitalised for respiratory symptoms on 26 June 2023 and received diphtheria antitoxin (DAT) treatment. Throat swabs, which were taken after the administration of

antibiotic treatment, were weakly positive for C. diphtheriae.

A third child in the same family, a 2.5 year-old boy, who had previously been fully vaccinated, presented with respiratory symptoms on 25 June and was treated with antibiotics. On 29 June, due to deteriorating condition, the boy was hospitalised and received DAT.

Contact tracing and distribution of antibiotic prophylaxis for close contacts is being conducted. Mass vaccination of unvaccinated individuals residing in the centre was done on 3 July 2023.

ECDC assessment:

Diphtheria is a rare disease in EU/EEA countries. The two cases are the first cases reported in 2023. In comparison, in 2022, Belgium reported 31 diphtheria cases. The fatal case is the first death due to diphtheria reported in Belgium since 2016.

According to **WHO/UNICEF**, in 2022, immunisation coverage estimates for diphtheria tetanus toxoid and pertussis (DTP3) in the EU/EEA varied across Member States, ranging from 85% (Austria) to 99% (Greece, Hungary, Luxembourg, Malta, and Portugal). DTP3 vaccination coverage in 2022 in Belgium was 98%. 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 among migrants which have been reported since the second half of 2022 in several EU/EEA countries is unusual. This 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 that 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.

In exposed unvaccinated or immunosuppressed people in migrant centres, a severe outcome following a diphtheria infection is possible. However, the impact of the disease for people with a completed course of diphtheria vaccination is considered to be low. Given the moderate probability of exposure and the potential individual impact as described above, the risk is considered to be moderate for unvaccinated or immunosuppressed people in migrant reception centres or other similar crowded settings in the EU/EEA, and low for fully vaccinated people in those settings.

Any opportunity for catch-up vaccination should be undertaken as soon as possible for migrants with no or uncertain vaccination history. In view of these ongoing developments, ECDC recommends, as a precautionary measure, that antimicrobial susceptibility testing is performed on all C. diphtheriae isolates.

On 6 October 2022, ECDC published a rapid risk assessment (RRA) on the Increase of reported diphtheria cases among migrants in Europe due to Corynebacterium diphtheriae, stressing the importance of universal immunisation with diphtheria toxoid-containing vaccines.

Actions:

ECDC continues to monitor the diphtheria epidemiological situation in Europe and will provide 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: 05 July 2023

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

Overview:

Summary:
By the end of week 26 (ending 2 July 2023), decreasing or stable trends were observed in EU/EEA indicators based on pooled country data for COVID-19 in all age groups. This is a continuation of the pattern observed in recent weeks.

Out of 23 countries reporting, one showed an increase in overall case rates compared to the previous week. Three countries reported increases in test positivity. No country reported increases in hospital or ICU indicators. There were 197 deaths reported from 18 countries, with one country reporting an increase in death rate.

No country is predicted to see increases in the number of reported COVID-19 cases, hospital admissions, or deaths in the period up to 16 July 2023, based on ensemble model forecasts.

Among the 12 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 24–25 (12 June to 25 June 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 90.2% (84.2–100.0% from 12 countries) for XBB.1.5, 6.2% (0.6–10.0% from 10 countries) for BA.2.75, 5.7% (1.4–6.7% from three countries) for BQ.1, and 1.3% (0.4–7.1% from five countries) for XBB.

Among people aged 60 years and above, the cumulative uptake of a first booster was 84.9% (country range: 13.3–100.0%) and of a second booster was 35.6% (country range: 0.4–87.0%).

Weekly update on SARS-CoV-2 variants:
Since the last update on 15 June 2023 and as of 29 June 2023, **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.

The variant epidemiological indicators remain stable and an XBB.1.5-like VOI is the dominant variant in EU/EEA.

As of 29 June 2023, ECDC has updated its variant classification criteria and recommended actions for Member State for variants under monitoring (VUM), variants of interest (VOI) and variants of concern (VOC). This update removes the requirement for VUMs, VOIs or VOCs to have been detected in at least one outbreak in the community in the EU/EEA. It also aligns ECDC criteria with recently updated WHO criteria, which provides clearer distinctions between VOIs and VOCs. The updated classification criteria and Member State recommendations are available on the ECDC SARS-CoV-2 variant page.

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, WHO's 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. The emergence of new variants of concern or population immunity waning over time may impact the epidemiological situation in the future.

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 the actions described in the latest COVID-19 risk assessments, on 5 April 2023, ECDC published a guidance entitled 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 previous guidance, Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA 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: 30 June 2023

5. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the sixth weekly update of the 2023 WNV monitoring season.

Since the beginning of the 2023 transmission season, and as of 5 July 2023, EU/EEA countries have not reported any human cases of WNV infection. Similarly, EU-neighbouring countries have not reported any human cases of WNV infection.

Two new outbreaks among birds were reported from Italy in the past week (28 June – 5 July 2023) in province of Sud Sardegna. Since the beginning of the 2023 transmission season, three outbreaks among birds have been reported by Italy.

Please refer to the **West Nile virus infection webpage** for maps and a dashboard.

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

ECDC assessment:

It is not unusual, compared to the previous five years, that there have not been any human cases reported to ECDC as of week 27. The first case was reported on week 28 for the seasons of 2022 and 2019, on week 26 for the seasons of 2018 and 2021, and on week 25 for the season of 2020.

In accordance with **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 WNV transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

Data on human cases are collected via The European Surveillance System (TESSy) managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries report 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: 30 June 2023

6. Mass gatherings - Hajj - Saudi Arabia - 2023

Overview:

This year, the annual Islamic Hajj pilgrimage took place in Saudi Arabia between 26 June and 1 July. Pilgrims aged 12 years and above were allowed to attend the pilgrimage. Over two million pilgrims attended Hajj from all over the world, including from 24 EU/EEA countries.

The **Ministry of Health of Saudi Arabia** issued a list of requirements and recommendations for this event, including recommendations on personal and food hygiene, urging the avoidance of contact with sick people, avoiding visits and contact with camels in farms, markets, or barns, and avoiding drinking unpasteurised milk or eating raw meat or animal products that have not been thoroughly cooked, as well as applying measures to avoid insect bites during the day and night.

Due to the presence of the MERS-CoV disease in Saudi Arabia, people returning from the Hajj should be made aware of the need to seek immediate medical advice if they have a fever (38ºC and over), cough or difficulties breathing within 14 days of their return. Returning travellers should immediately seek medical attention if they experience symptoms suggestive of any type of infection, e.g. gastrointestinal or respiratory symptoms. They should also mention their travel history to their healthcare provider.

Weekly monitoring update
MERS-CoV: Outbreaks were last reported from the Arabian Peninsula in 2022. To date, no new cases have been reported with the disease onset in 2023 in Saudi Arabia or globally.

There were no events of public health concern detected or reported during the Hajj season in 2023. Several media articles reported deaths of Hajj pilgrims. Some of the deceased had pre-existing health conditions, for the others the cause of death was not reported. Saudi Arabia experienced extreme heat during the most active period of pilgrimage that may have contributed to the death of the reported individuals followed by reports on increased number of people with respiratory symptoms. No infectious disease outbreaks were detected during the Hajj, according to the Ministry of Health on 2 July 2023.

Source: Ministry of Health of Saudi Arabia, ECDC weekly CDTR w24

ECDC assessment:

The risk to EU/EEA citizens of infection with communicable diseases during the 2023 Hajj is considered to be low, due to the vaccination requirements for travelling to Mecca and the preparedness plans by Saudi Arabia that address the management of health hazards before, during, and after Hajj. The risk of infection is considered to be moderate for people with underlying conditions, the elderly, and pregnant women, with a moderate probability of infection and moderate impact. As with other mass gathering events, the risk of communicable disease outbreaks is highest for respiratory, food-, waterborne, and vector-borne diseases.

The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied. A risk of infection and importation of cases to Europe after the Hajj remains. ECDC published a rapid risk assessment on Hajj on 2 July 2019. The risks and advice to pilgrims attending the Hajj remain valid for this year.

Actions:

ECDC monitored this event through its epidemic intelligence for mass gathering activities between 19 June and 7 July 2023 in collaboration with the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO), and including weekly updates in the Communicable Disease Threats Report (CDTR). This is the last weekly update and ECDC will close this event.

Last time this event was included in the CDTR: 30 June 2023

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

Overview:

In May 2023, 10 EU/EEA countries reported 22 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 were reported in Belgium (7), Estonia (1), Germany (7), Italy (1), Latvia (1), Poland (3), Spain (1), and Sweden (1). Measles activity remains low. Overall, 264 cases of measles were reported in 13 EU/EEA countries between January and May 2023.

Complementary epidemic intelligence surveillance data collected between 3 and 5 July 2023 from official public and media sources detected 14 new suspected and/or confirmed cases of measles, reported in three EU/EEA countries over the past month: Austria (9, ongoing outbreak), Germany (1), and Poland (4). No other countries reported new cases or provided updates for previous periods.

To date in 2023, no measles-related deaths have been reported in the EU/EEA.

Relevant updates for outside the EU/EEA are available for Switzerland, Ukraine, the WHO AFRO and PAHO Regions. No updates are available for other WHO Regions.

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 the 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 30 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 130 cases of measles in 2023, according to reported national data as of 30 June 2023, an increase of nine cases since 13 June (eight in Vienna and one in Upper Austria). Styria is the most affected region with 102 cases reported since the beginning of the outbreak in week 4, 2023 (week ending on 29 January 2023). Cases have also been reported from Upper Austria (6), Lower Austria (4), Vienna (13), Carinthia (4), and Burgenland (1).

Germany reported 54 suspected and confirmed cases as of week 26, 2023 (week ending on 2 July 2023), an increase of one case since week 23 (week ending on 11 June 2023). (Note: cases in Germany are reported based on a local case definition. Therefore, the numbers provided in this report are higher than the numbers reported to TESSy according to the EU case definition).

Poland reported 16 cases in 2023 as of 15 June, which is an increase of four cases since May 2023, according to the bi-weekly national report.

Relevant epidemiological summary for countries outside the EU/EEA:
Ukraine reported 20 cases of measles in 2023, according to the monthly report for May 2023, which is an increase of five cases since March 2023.

Switzerland reported 27 cases of measles in 2023 as of 26 June (week 25, 2023). This is an increase of five cases since the previous update which included data as of 6 June 2023.

According to a report by the WHO Regional Office for Africa (WHO AFRO) as of 18 June (week 25, 2023), cases and outbreaks of measles in 2023 were reported in the following countries: Botswana, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Liberia, Mali, Mauritania, Niger, Senegal, South Africa, South Sudan, and Zambia.

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

According to the WHO Pan American Health Organization (PAHO) weeks 1–24 2023 (latest week ending on 17 June 2023), 20 cases were reported by two countries: Canada (6) and the United States of America (14).

ECDC assessment:

The substantial decline in cases of measles reported by EU/EEA countries since 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 may 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 TESSy routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles, 'Who is at risk for measles in the EU/EEA?' was published on 28 May 2019.

Last time this event was included in the CDTR: 06 July 2023

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

Overview:

Update: Since the previous update on 7 June 2023, and as of 4 July 2023, no new MERS-CoV cases and related deaths have been reported by health authorities worldwide or the World Health Organization (WHO).

Summary: Since the beginning of 2023, and as of 4 July 2023, no MERS-CoV cases have been reported with the date of onset in 2023 by health authorities worldwide or the WHO.

Since April 2012, and as of 4 July 2023, a total of 2 613 cases of MERS-CoV, including 945 deaths, have been reported by health authorities worldwide.

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

ECDC assessment:

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

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

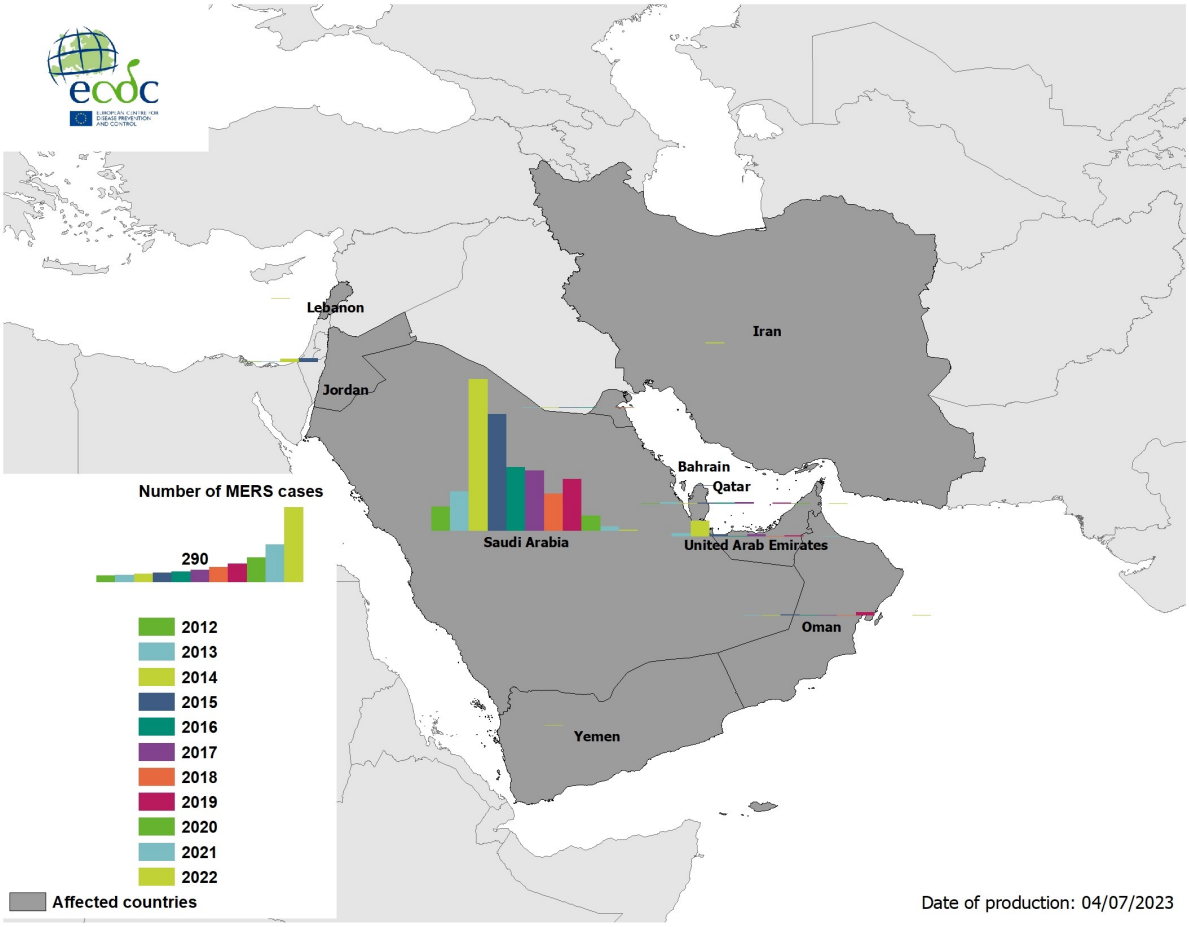
Actions:

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

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

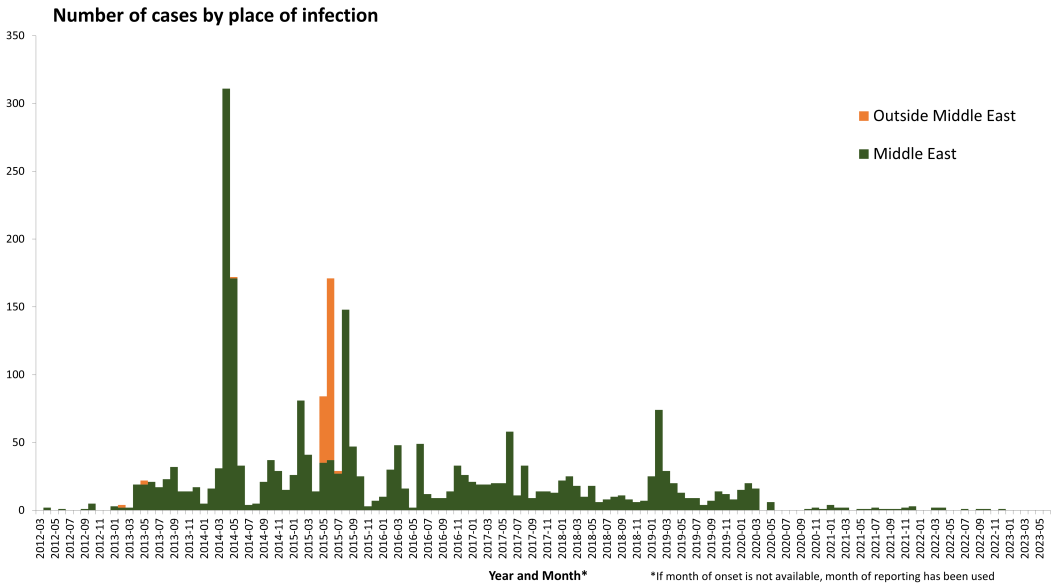
Maps and graphs

Figure 1. Geographical distribution of confirmed cases of MERS-CoV by country of infection and year, from April 2012 to June 2023



Source: ECDC

Figure 2. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– June 2023



Source: ECDC

9. Mpox Multi-country 2022 - 2023

Overview:

Update:
Since the last update on 8 June 2023, and as of 6 July 2023, 13 cases of mpox have been reported to TESSy from two EU/EEA countries: Portugal (12) and Norway (1).

Portugal reported in the latest epidemiological **update** (data until 30 June 2023), that overall 965 cases of mpox have been reported in the country. Of these cases, 12 were reported between 19 and 30 June 2023, following a three-month period with no new cases. Epidemiological information is available for seven of the 12 cases; all of them are male, five (71%) are 20–29 years old, five (71%) presented with exanthema, and four (57%) are HIV-positive. Two of the cases with known information, reported having visited saunas.

Summary:
Globally, since 1 January 2022 and as of 3 July 2023, according to the **World Health Organization (WHO) update**, 88 144 confirmed cases of mpox, including 149 deaths have been reported from 112 countries. The majority of cases in the past four weeks have been reported from the region of the Americas (37.7%) and the Western Pacific Region (34.8%).

EU/EEA
Since the start of the mpox outbreak, and as of 6 July 2023, 21 248 confirmed cases of mpox have been reported from 29 EU/EEA countries to TESSy: Spain (7 559), France (4 147), Germany (3 676), the Netherlands (1 265), Portugal (961), Italy (957), Belgium (795), Austria (328), Sweden (260), Ireland (229), Poland (217), Denmark (196), Norway (96), Greece (88), Hungary (80), Czechia (71), Luxembourg (57), Romania (47), Slovenia (47), Finland (42), Malta (34), Croatia (33), Iceland (16), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5), and Lithuania (5).

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

Western Balkans and Türkiye:
Since the start of the mpox outbreak, and as of 6 July 2023, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported from Türkiye.

A detailed summary and analysis of data reported to TESSy can be found in the **Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin**.

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of the World Health Organization (WHO) **declared** the global mpox outbreak a Public Health Emergency of International Concern (PHEIC). The emergency state was maintained until 11 May 2023.

ECDC assessment:

The weekly number of cases of mpox reported in the EU/EEA peaked in July 2022, and since then a steady declining trend has been observed, reaching a plateau with very low numbers since week 52, 2022.

Multiple factors have probably contributed to the decline, including efforts in risk communication and community engagement that have resulted in behavioural changes, increasing immunity in the most affected population groups due to natural immunity and vaccination, and a decrease in the number of large cultural and social events after the summer frequented by the main risk groups for this outbreak.

Based on evidence from the current outbreak and the declining number of new infections in the WHO European Region, the overall risk of mpox infection is assessed as moderate for men who have sex with men (MSM) and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include creating awareness among healthcare professionals and supporting sexual health services to continue case detection, contact tracing, and management of cases; continuing to offer testing for orthopoxvirus; vaccination strategies and continuing risk communication and community engagement, despite the decreasing number of cases.

Given the limitations in vaccine supplies, primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance, and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation and will review the level of risk of mpox infection with the data that will be available in the coming weeks.

A rapid risk assessment, 'Mpox multi-country outbreak', was published on 23 May 2022. The first update to the rapid risk assessment was published on 8 July 2022, and a second update was published on 18 October 2022. ECDC published a report on public health considerations for mpox in EU/EEA countries on 14 April 2023.

For the latest updates, visit ECDC's mpox page.

ECDC offers laboratory support to Member States and collaborates with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. ECDC also provided guidance to countries hosting events during the summer months. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, infection prevention and control (IPC) guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

Last time this event was included in the CDTR: 06 July 2023

10. Ralstonia mannitolilytica in dialysis patients - Italy - 2023

Overview:

Italy reported 24 cases of Ralstonia mannitolilytica (R. mannitolilytica) bacteraemia in dialysis patients from several hospitals in three regions (A, B, C) in Northern Italy. Among these cases, two deaths (of which one is likely associated with the R. mannitolilytica bacteraemia) have been reported. Most of the cases were symptomatic, having fever and/or chills during their haemodialysis session. However, cases of asymptomatic bacteraemia were also detected through the screening of all the patients on the days when symptomatic cases were identified.

Microbiological and epidemiological investigations identified the source of the outbreak to be two urokinase batches (NDY093B and NDY113, produced by Maya Biotech, India) contaminated with R. mannitolilytica (the date of the first R. mannitolilytica-positive culture of an urokinase product was 7 April 2023). In the most affected region (A), no new cases were reported after the removal of the contaminated urokinase batch (NDY093B) which was used in this region (the last case was identified in the first week of June 2023). The two other regions (B and C) only had the other urokinase batch (NDY113). The Italian Ministry of Health promptly informed the Italian Medicines Agency (AIFA) and all the three regions on the probable contamination of batch NDY113. Subsequently, the dialysis centres in the regions B and C stopped using this batch. Batch NDY113 tested negative several times, before being confirmed as being contaminated by R. mannitolilytica. Two additional cases were notified from region B in the first days of June 2023. These cases corresponded with patients who had been treated with urokinase batch NDY113 before the communication from the Italian Ministry of Health was issued.

ECDC assessment:

R. mannitolilytica is an opportunistic pathogen, usually found in moist environments. It is recognised as a cause of healthcare-associated infection, and while it rarely causes disease in healthy individuals, it can lead to serious and life-threatening infections in immunocompromised patients. It can cause clinical infections, such as pneumonia, urinary tract infection, as well as bacteraemia. In general, bacteraemia caused by R. mannitolilytica most often occurs in patients in intensive care units, and is usually associated with invasive procedures or the presence of indwelling medical devices such as central venous catheters, endotracheal tubes, or urinary catheters.

In the case of contamination of products used in haemodialysis by R. mannitolilytica, such as urokinase, which is used to clear and dissolve blood clots in haemodialysis catheters, the risk of bacteraemia and subsequent serious outcomes for immunocompromised patients is high.

Actions:

In June 2023, the Italian Medicines Agency (AIFA) issued an alert informing the Italian Society of Hospital Pharmacy and Pharmaceutical Services (SIFO) as well as the Regional Pharmaceutical Services of the outbreak due to R. mannitolilytica and the findings of the investigation. Furthermore, AIFA informed both the European Medicines Agency (EMA) and the World Health Organization (WHO). The WHO had not received similar reports from other countries (last updated: mid-May 2023). The Italian National Institute of Health (ISS) completed whole-genome sequencing to ascertain the outbreak: R. mannitolilytica isolates from human and urokinase samples isolated in regions A and B were compared.

ECDC encourages EU/EEA countries to check whether urokinase produced by Maya Biotech, India, has been purchased and/or used in their country, and if related cases of R. mannitolilytica infection and/or products such as urokinase contaminated with R. mannitolilytica have been identified. ECDC is monitoring this event through its epidemic intelligence activities, including through EpiPulse, and will report when further relevant information is available.

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