

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 34, 20–26 August 2023

Today's disease topics

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Executive summary

Avian Influenza in fur farms – Finland – 2023

- On 21 August 2023, the Finnish Food Authority reported that avian influenza A(H5N1) had been detected in blue foxes at one new fur farm in Kauhava municipality, Ostrobothnia region.
- Since 13 July 2023, and as of 21 August 2023, avian influenza A(H5N1) has been detected in 25 fur farms in Ostrobothnia (Finland) in foxes, raccoon dogs, and minks. The Finnish Food Authority reported that based on preliminary sequencing results, the lineage of the virus collected from the fur animals matches the lineage of the virus circulating among gulls in the country.
- The introduction of avian influenza into fur farms is not unexpected. Similar events have been observed in the past. Transmission between foxes or other infected mammals and humans has not been observed so far. It is crucial to identify infected mammals and exposed people. According to the [Finnish Institute for Health and Welfare \(THL\)](#), exposed people should be monitored for 10–14 days and tested if symptoms occur.
- ECDC assesses the current risk of infection for the population as low, and the risk of infection for people who are occupationally or otherwise exposed to avian influenza-infected animals as low-to-moderate.

Botulism – Spain – 2023

- On 13 August 2023, Norwegian health authorities informed of two cases of botulism in individuals who visited Barcelona between 10 and 23 July and consumed packaged potato omelettes.
- As of 23 August 2023, 11 cases of botulism (six confirmed, five probable) have been reported in individuals with reported consumption of packaged potato omelettes from different brands and supermarkets, in different Spanish Autonomous Communities.
- Neurotoxin type B has been identified in three of the confirmed cases.
- The suspected products have been distributed to Andorra, France, and Portugal.
- Based on the current information, the risk of infection for EU/EEA citizens is considered low, although further cases linked to this event may still occur.

Autochthonous dengue cases – Italy – 2023

- Four autochthonous dengue fever cases have been detected since the first week of August in Lombardy (3 cases) and Lazio (1 case) regions. These were reported to ECDC by Italian public health authorities on 18, 21 and 24 August 2023.
- Pending further ongoing microbiological investigations, to date, epidemiological investigations have not identified any link between the cases in Lombardy and the case identified in the Lazio Region.
- Response and control measures are being implemented by Italian public health authorities. These include case finding, vector control activities, information to healthcare providers and the general public, and preventive measures on blood donors.
- Further autochthonous cases may occur in Italy and surveillance should be strengthened to further define areas at risk and to quantify the level of risk.
- Since the mosquito vector *Aedes albopictus* is established in most of Europe, further virus introductions leading to secondary autochthonous transmissions may occur in most EU/EEA countries.

Avian influenza A(H5N6) – Multi country – Monitoring human cases

- As of 23 August 2023, one new human case of avian influenza A(H5N6) virus infection has been reported in Dazhou, Sichuan province, China.
- Overall, 87 cases, including 33 deaths (CFR: 38%), have been reported in China (86) and Laos (1).
- To date, no instances of human-to-human transmission have been documented.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains very low.

Legionnaires' disease – Poland – 2023

- On 25 August 2023, the State District Sanitary Inspector in Rzeszów, Poland, reported an ongoing outbreak of Legionnaires' disease involving 113 confirmed cases and seven deaths.
- The 113 individuals reside in the following locations: Rzeszów (78), Rzeszów powiat (23), Ropczycko-Sędziszów powiat (3), Dębica district (3), Łańcut district (2), Przeworsk district (1), Nisko district (1), Przemyśl district (1), and Stalowa Wola district (1).
- Epidemiological and environmental investigations are underway to determine the source of the outbreak and to control it.

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

- By the end of week 33, (ending 20 August 2023), there is evidence of increasing transmission in more than half of EU/EEA countries reporting data, although levels remain low with limited impact on severe disease to date. Current data availability makes it challenging to assess the COVID-19 epidemiological situation in the EU/EEA. Although some countries have continued with primary care syndromic surveillance this summer, the low levels of testing of symptomatic patients in these settings add substantial uncertainty to estimates of SARS-CoV-2 positivity.
- Since the last update on 10 August 2023, and as of 24 August 2023, BA.2.86 was added as a variant under monitoring (VUM). As of 24 August 2023, nine unrelated cases of BA.2.86 have been identified in five countries (one in Israel, three in Denmark, one in the United Kingdom, two in the United States, and two in South Africa), with detection of this variant reported in wastewater samples in the US, Switzerland, and Thailand. BA.2.86 has a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants. Phylodynamic analysis indicates that BA.2.86 emerged recently (various unpublished analyses indicate the last common ancestor of BA.2.86 emerging between May and July 2023). Given that by August 2023 BA.2.86 has been detected in several countries in different regions, with no known epidemiological link to a common source, it may be associated with an elevated growth rate compared to current circulating variants, although this is associated with a high degree of uncertainty. The mechanism of any growth advantage likely includes immune escape, as BA.2.86 carries many spike changes compared to XBB.1.5-like variants that have dominated recently and also compared to previous Omicron variants.
- As of 10 August 2023, ECDC classified all **XBB.1.5-like lineages with additional spike protein change F456L** as variants of interest (VOI). This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1, among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA, together with a slight increase in epidemiological indicators. The reason ECDC is not singling out EG.5 within

the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

- As of 21 August 2023, the seven EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 31 (31 July to 6 August 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Denmark (49%), France (53%), Germany (33%), Ireland (58%), Italy (51%), Spain (52%), and Sweden (38%). The overall trend for the variant proportion is increasing

West Nile virus One Health seasonal surveillance – 2023

- Since the last update, and as of 23 August 2023, 104 human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and 15 by EU-neighbouring countries.
- Since the beginning of the 2023 transmission season, 229 human cases of WNV infection have been reported by EU/EEA countries and 39 by EU-neighbouring countries.
- Thirteen outbreaks among equids and 60 outbreaks among birds have been reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, and as of 23 August 2023.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

- In 2023, and as of 23 August, approximately 320 000 cases and over 340 deaths have been reported worldwide as a result of chikungunya virus disease. Most of the cases were located in South America.
- In 2023, and as of 23 August, over 3.7 million cases and over 2 000 dengue-related deaths have been reported globally.
- In July and August 2023, six autochthonous/non-travel associated dengue cases have been reported in Europe, from France (2) and Italy (4).
- No autochthonous cases of chikungunya virus disease have been reported to date this year.
- The current likelihood of local transmission events of chikungunya and dengue viruses occurring in areas where the vector is present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication in vectors.

1. Avian Influenza in fur farms – Finland – 2023

Overview:

Update

On 21 August 2023, the [Finnish Food Authority](#) reported that avian influenza A(H5N1) had been detected in blue foxes at one new fur farm in Kauhava municipality, Ostrobothnia region. This brings the total number of fur farms with detections of avian influenza A(H5N1) in Finland to 25.

Virus [mutation](#) has been found in five fur farms. Thirteen of the infected farms have been instructed to euthanise the animals.

Summary

Since 13 July 2023, and as of 21 August 2023, avian influenza A(H5N1) has been detected in 25 fur farms in Finland, according to [updates by the Finnish Food Authority](#). The farms are in the areas of Evijärvi, Halsua, Kannus, Kauhava, Kaustinen, and Vöyri in Ostrobothnia and host foxes (blue, silver and mixed-breed), raccoon dogs, and minks. On 21 July 2023, the Finnish Food Authority [reported](#) that, based on preliminary analysis, the lineage of the virus collected from the fur animals matches the one collected from gulls, and there are indications that it has a mutation that promotes replication in mammalian cells. Sequences of the viruses collected from minks, foxes, and seagulls in Finland have been posted in the [GISAID EpiFlu](#) database.

According to the [Finnish Food Authority](#), this is the first time avian influenza has been detected in farmed fur animals in Finland. Two infections were previously detected in wild foxes in Finland.

ECDC assessment:

The introduction of avian influenza into fur farms is not unexpected if infected wild birds are observed in the area and measures to prevent contact between infected birds or their droppings and the farmed animals are not in place. A previous [event](#) was observed at a mink farm in Spain. Transmission from foxes or other infected mammals to humans has not been observed to date.

ECDC assesses the current risk of infection to the general population as low, and the risk of infection to people who are occupationally or otherwise exposed to avian influenza-infected animals as low-to-moderate.

People exposed to infected mammals should be monitored for 10–14 days, and testing should be initiated if symptoms occur. In addition, it is crucial to perform virus analyses and share sequence data from detections in animals for the analysis of markers relevant for mammalian adaptation.

Actions:

ECDC is following up with the Finnish authorities and other relevant agencies.

Further information:

The Finnish authorities have published [advice](#) for the general public on the prevention of avian flu infections and issued [guidelines](#) for public health professionals, including recommendations for testing. ECDC's testing guidance on avian influenza viruses in humans is available on our [website](#).

On 1 August 2023, the Finnish Food Authority published [criteria for culling fur animals](#) to prevent the spread of avian influenza.

On 8 August 2023, the Finnish Institute for Health and Welfare (THL) published a [statement](#) regarding how to stop the circulation of avian influenza in farmed fur animals and the use of personal protection equipment for farm workers.

Last time this event was included in the CDTR: 22 August 2023

2. Botulism – Spain – 2023

Overview:

Update: On 13 August 2023, Norwegian health authorities informed [Spanish health authorities](#) of two cases of botulism in individuals who visited Barcelona between 10 and 23 July and consumed packaged potato omelettes. One case is confirmed and had onset of symptoms on 23 July, was hospitalised on 10 August, and was subsequently treated with botulism antitoxin. The second case is classified as suspected and had onset of symptoms on 22 July but required no medical treatment.

Following a halt of production and withdrawal of the food product on 20 July, the [production](#) of the packaged potato omelette has resumed after a review of the manufacturing process.

Summary: On 11 July 2023, Italian health authorities notified Spanish health authorities of two Italian cases of botulism with reported consumption of packaged potato omelettes in Spain. On 14 July 2023, two Spanish Autonomous Communities (Madrid and Valencia) reported two probable cases of botulism with reported consumption of the same product. A national alert was sent to all Spanish Autonomous Communities, and the Spanish authorities were contacted to assess the possible risk outside Spain.

As of [23 August 2023](#), 11 cases of botulism (six confirmed, five probable) have been reported in individuals who consumed packaged potato omelettes in Spain in the days prior to clinical onset. Five of the six confirmed cases have required treatment in intensive care units, and no deaths have been reported. Disease onset dates range from 21 June to 23 July 2023.

The [packaged potato omelettes](#) were from different brands and were purchased from various supermarkets in seven autonomous regions (two in Andalucía, one in Asturias, two in Castilla and León, two in Catalonia, two in Madrid, one in Valencia, and one in Galicia). Nonetheless, according to the Spanish Agency for Food Safety and Nutrition, all of the brands were manufactured by a single company.

Neurotoxin type B has been identified in three of the confirmed cases. The suspected products have been distributed to Andorra, France, and Portugal ([RASFF 2023.4941](#)).

Background: In 2021, 82 cases of botulism were reported in the EU/EEA, including 10 cases reported in Spain. For these 82 cases, 37% were aged 45–64 years and the case fatality rate was 7.5%.

Sources: Spanish Ministry of Health [[updates on the outbreak](#)], AESAN [[link 1](#), [link 2](#)], [RASFF](#)

ECDC assessment:

This is a cross-border outbreak of 11 cases of botulism (six confirmed, five probable) with potato omelettes as the suspected vehicle. The product has been produced in Spain and distributed to Andorra, France and Portugal. The producer and public health authorities implemented recalls and informed the general public. Since then, production has restarted following a review of the manufacturing process.

Based on the available information, the risk for EU/EEA citizens is low.

Actions:

ECDC is monitoring this event through its epidemic intelligence activities and will update the event if new, relevant information becomes available.

Sources: [2023.4941](#) | [2023.4941](#)

Last time this event was included in the CDTR: 23 August 2023

3. Autochthonous dengue cases – Italy – 2023

Overview:**Summary**

On 18 August 2023, Italian authorities [reported](#) a locally acquired dengue case in a person from the Lombardy region with no recent travel history outside of the region. Two additional cases were [reported](#) in Lombardy on 24 August 2023. Both are neighbours of the first case.

On 21 August 2023, Italian authorities reported a locally acquired dengue case in a person from the Lazio region with no recent travel history outside of the region.

Pending further ongoing microbiological investigations, to date, epidemiological investigations have not identified any link between the cases in Lombardy and the case identified in the Lazio Region.

Epidemiological and entomological investigations are ongoing to identify possible transmission chains for [both events](#). [Health authorities](#) in Lombardy have offered serological testing for dengue for the affected community.

Italian authorities have implemented vector control measures in the areas and have established preventive [measures](#) on blood, tissue, cell and organ donors at municipal and national level.

Background

Autochthonous dengue cases were [reported](#) in Italy for the first time in 2020 in the Veneto region. At that time, an outbreak of 10 autochthonous dengue cases was reported among household cohabitants following an imported case who returned to Italy after a 16-month trip to Indonesia. Since then, no further cases of autochthonous dengue have been reported in Italy.

Since 2019 and as of 2023, 108 autochthonous dengue cases have been reported in mainland EU/EEA. France is the country with the highest number of autochthonous dengue cases reported in mainland EU/EEA during this period.

ECDC assessment:

It is not unusual that autochthonous dengue cases occur during the summer months in parts of Europe.

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

The current weather conditions in most of the areas in the EU/EEA where *Aedes albopictus* is established are favourable for vector propagation, dengue virus replication in vectors, and vectoral transmission of dengue.

Therefore, further cases connected to this transmission event or autochthonous secondary transmission from imported cases of dengue in other areas cannot be excluded.

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

Actions:

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

Last time this event was included in the CDTR: 22 August 2023

4. Avian influenza A(H5N6) – Multi country – Monitoring human cases

Overview:

Update: As of 23 August 2023, one new human case of avian influenza A(H5N6) virus infection was reported in Dazhou, Sichuan province, China. The patient is a 27-year-old woman with onset of symptoms on 20 July 2023 and admission for treatment on 22 July 2023. Information about exposure history of this case is not reported.

Summary: Since 2014, and as of 23 August 2023, 87* laboratory-confirmed cases, including 33 deaths (CFR: 38%), of human infection with influenza A(H5N6) virus have been reported. The cases were reported from China (86) and Laos (1).

**This number does include the case reported on 17 August 2023 from Chongqing municipality in China as per recent reporting from the Hong Kong authorities.*

Sources: [Press release of the Government of the Hong Kong Special Administrative Region on 23 August 2023](#), [Press release of the Government of the Hong Kong Special Administrative Region](#)

ECDC assessment:

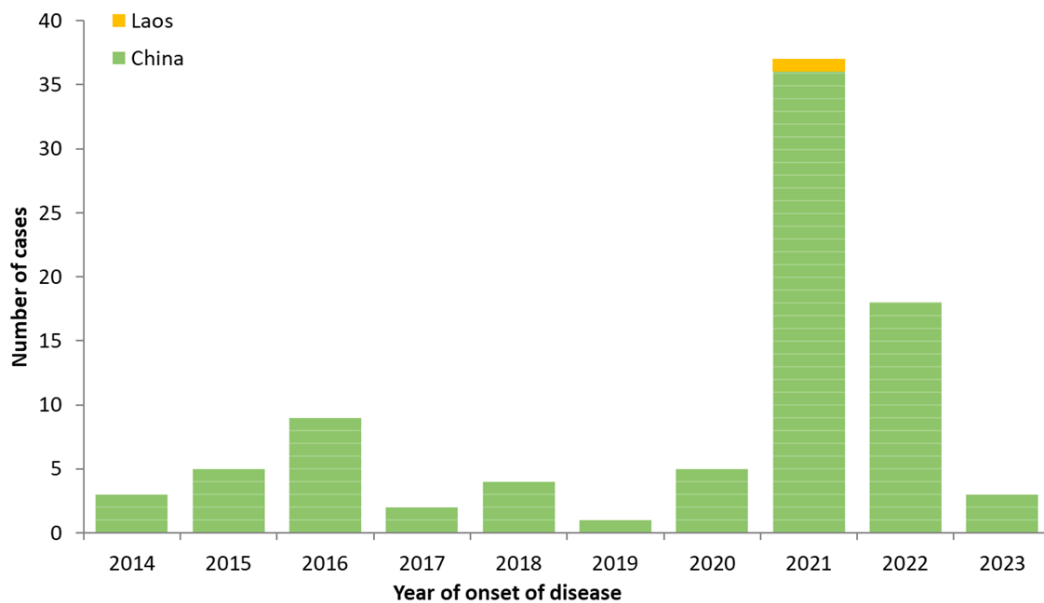
Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported to date. Sporadic zoonotic transmission cannot be excluded; the use of personal protective measures for people directly exposed to potentially infected poultry and birds with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with EFSA and the EU reference laboratory in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated [report of the avian influenza situation](#). The most recent report was published in July 2023.

Last time this event was included in the CDTR: 24 August 2023

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014–24 August 2023 (n=87)



Source: ECDC

5. Legionnaires' disease – Poland – 2023

Overview:

Update: On 25 August 2023, the State District Sanitary Inspector in Rzeszów, Poland released a [statement](#) reporting 113 confirmed cases of Legionnaires' disease, including seven deaths. The 113 individuals reside in the following locations: Rzeszów (78), Rzeszów powiat (23), Ropczycko-Sędziszów powiat (3), Dębica district (3), Łańcut district (2), Przeworsk district (1), Nisko district (1), Przemyśl district (1), and Stalowa Wola district (1). The reported seven deaths concern four men and three women, with ages between 64 and 95 years old. Six of the seven deaths lived in Rzeszów and one lived in the Rzeszów powiat.

Summary: On 18 August 2023, the [State Poviát Sanitary Inspector in Rzeszów](#) was informed of 15 confirmed cases of Legionnaires' disease in hospitalised individuals in Rzeszów, Poland.

On 24 August 2023, the State District Sanitary Inspector in Rzeszów, Poland released a [statement](#) reporting 76 confirmed cases of Legionnaires' disease including four deaths.

An epidemiological investigation, including interviews with patients or relatives, is underway to determine the source of infection.

Precautionary environmental control measures are reported to be implemented. As of 24 August 2023, 56 water samples have been collected from installations in buildings in Rzeszów, Rzeszów powiat, Ropczyce and Sędziszów powiat. Fountains and water installations have been closed in Rzeszów. Rzeszów Municipal Water and Sewage Company has planned for the disinfection of the water supply network of the city of Rzeszów and adjacent towns on 27 August 2023.

Healthcare units and long-term care facilities have been instructed to carry out additional inspections to their water systems.

Background

Between 2016 and 2021, Poland reported between 20 to 70 cases of Legionnaires' disease cases annually to The European Surveillance System (TESSy). In 2022, this increased to 111 reported cases.

As of 24 August 2023, no travel-associated cases have been reported by ELDSNet to ECDC for accommodation sites in Rzeszów.

ECDC assessment:

Outbreaks of Legionnaires' disease are caused by inhalation of aerosolised water droplets carrying Legionella bacteria.

Although an identified source is not yet reported for this outbreak, precautionary control measures have been implemented to reduce risk infection from possible environmental sources. Infection risk is limited to a localised geographical area around the outbreak source.

Actions:

ECDC has contacted public health authorities in Poland regarding this outbreak and will continue to monitor this event through epidemic intelligence activities.

Last time this event was included in the CDTR: 24 August 2023

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

Overview:

Summary:

By the end of week 33 (ending 20 August 2023), there is evidence of increasing transmission in more than half of EU/EEA countries reporting data, although levels remain low with limited impact on severe disease to date.

At the country level, the number of patients presenting to sentinel general practitioners with respiratory illness (influenza-like illness – ILI / acute respiratory infection – ARI) remain at low levels compared to the winter season, and in line with those observed in the same period last year. Notably, two of 16 countries reporting age-specific ILI/ARI consultation rates reported an increase in the 65-and-above age group. Testing at primary care sentinel sites also remains low. Of the six countries that reported sufficient testing data over the past week, an increasing trend in SARS-CoV-2 positivity was observed in two countries.

Among 17 countries reporting age-specific data on cases positive for COVID-19, 10 observed increases in case rates among people aged 65 years and above. It remains important to continue monitoring disease in older age groups.

The availability of data on severe disease is more limited. Of 10 countries with data on hospital or ICU admissions/occupancy up to week 32, one reported an increasing trend in hospital admission compared with the previous week. In total, 52 deaths were reported by 15 countries, with one country reporting an increase in the death rate.

Among the 11 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 31–32 (31 July to 13 August 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 54.5% (32.8–66.7% from 11 countries) for XBB.1.5, 38.4% (27.3–54.0% from 11 countries) for XBB.1.5+F456L, 2.6% (1.5–12.4% from seven countries) for BA.2.75, and 1.1% (0.7–8.5% from six countries) for XBB. A precise overview of variant distribution as well as early detection of newly circulating variants is difficult due to reduced sequencing volumes and a lower number of countries reporting data on SARS-CoV-2 sequencing or genotyping.

Current data availability makes it challenging to assess the COVID-19 epidemiological situation in the EU/EEA. Although some countries have continued with primary care syndromic surveillance this summer, the low levels of testing of symptomatic patients in these settings add substantial uncertainty to estimates of SARS-CoV-2 positivity. Not all countries continue to report data outside of sentinel systems. These data can still be a useful complement to data from sentinel systems but must be treated with caution as the lack of a proper case definition and changes in underlying strategies for testing and reporting can introduce bias or artefact.

Weekly update on SARS-CoV-2 variants:

Since the last update on 10 August 2023, and as of 24 August 2023, BA.2.86 was added as a variant under monitoring (VUM). As of 24 August 2023, nine unrelated cases of BA.2.86 have been identified in five countries (one in Israel, three in Denmark, one in the United Kingdom, two in the United States, and two in South Africa),

with detection of this variant reported in wastewater samples in the US, Switzerland, and Thailand. BA.2.86 has a high number of spike mutations that are distinct from ancestral BA.2 and currently circulating XBB-derived variants. Phylodynamic analysis indicates that BA.2.86 emerged recently (various unpublished analyses indicate the last common ancestor of BA.2.86 emerging between May and July 2023). Given that by August 2023 BA.2.86 has been detected in several countries in different regions, with no known epidemiological link to a common source, it may be associated with an elevated growth rate compared to current circulating variants, although this is associated with a high degree of uncertainty. The mechanism of any growth advantage likely includes immune escape, as BA.2.86 carries many spike changes compared to XBB.1.5-like variants that have dominated recently and also compared to previous Omicron variants.

As of 10 August 2023, **ECDC classified all XBB.1.5-like lineages with additional spike protein change F456L as variants of interest (VOI)**. This includes lineages EG.5, FL.1.5.1, XBB.1.16.6, and FE.1, among others. The reason for this classification is the rapid increase in proportion of these lineages in the EU/EEA together with a slight increase in epidemiological indicators. These lineages are also increasing globally, with the World Health Organization (WHO) **classifying** EG.5, which is the most prevalent lineage within the group, as a VOI as of 9 August 2023, and the United Kingdom Health Security Agency (UKHSA) **classifying** EG.5.1 as a variant as of 31 July 2023. The reason ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

The growth advantage observed for 456L-lineages is most likely caused by **increased immune escape** conferred by the F456L change, combined with waning immunity to infection in the population. So far there are no indications that 456L-lineages are associated with any change in infection severity. It is likely that the presence of the variant will contribute to an increase in COVID-19 cases and hospitalisations in the coming weeks and months. However, it is expected that these indicators will not reach the levels associated with previous peaks in cases and hospitalisations.

As of 21 August 2023, the seven EU/EEA countries reporting at least 10 sequences to GISAID EpiCoV for week 31 (31 July to 6 August 2023) showed the following proportions of XBB.1.5-like + F456L lineages: Denmark (49%), France (53%), Germany (33%), Ireland (58%), Italy (51%), Spain (52%), and Sweden (38%). The overall trend for the variant proportion is increasing

For the latest information on variants, please see ECDC's **webpage on variants**.

Public Health Emergency of International Concern (PHEIC):

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

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

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

For the latest COVID-19 country overviews, please see the **dedicated web page**.

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

ECDC assessment:

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

For the most recent risk assessment, please visit **ECDC's dedicated webpage**.

Actions:

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](#), ECDC published guidance entitled [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) on 5 April 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 continuing burden of disease experienced by the elderly and people 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: 18 August 2023

7. West Nile virus One Health seasonal surveillance – 2023

Overview:

This is the 13th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update, and as of 23 August 2023, European Union (EU) and European Economic Area (EEA) countries reported 104 human cases of West Nile virus (WNV) infection and eight deaths related to WNV infections. Cases were reported by Italy (79), Greece (10), France (6), Hungary (6), and Romania (3). Deaths were reported by Italy (3), Greece (3), and Romania (2). EU-neighbouring countries reported 15 human cases of WNV infection. Cases were reported by Serbia (15). No deaths related to WNV infections were reported by EU-neighbouring countries.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported autochthonous human cases of WNV infection for the first time since the start of this season: Drama in Greece, Var in France, Fejér and Budapest in Hungary, Vicenza, Rovigo, Asti, Alessandria and Trapani in Italy, and Galați in Romania.

Since the beginning of the 2023 transmission season, and as of 23 August 2023, EU/EEA countries have reported 229 human cases of WNV infection in Italy (135), Greece (58), France (13), Hungary (11), Romania (9), Germany (2), and Spain (1). EU/EEA countries have reported 17 deaths in Greece (8), Italy (6), and Romania (3). EU-neighbouring countries have reported 39 human cases of WNV infection in Serbia (38) and North Macedonia (1). No deaths related to WNV infections were reported by EU-neighbouring countries.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 71 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Charente-Maritime, Alpes Maritimes, and Gironde in France, Kastoria in Greece, and Huelva in Spain.

Since the beginning of the 2023 transmission season, 13 outbreaks among equids and 60 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (6), Hungary (4), France (2), and Italy (1). Outbreaks among birds have been reported by Italy (47), Germany (7), Spain (4), Bulgaria (1), and France (1).

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

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

ECDC assessment:

Over the past week, there has been a significant 83% increase in the number of reported WNV human cases in EU/EEA countries, with the affected countries remaining the same. The combined totals from Italy and Greece accounted for 84% of all reported cases. This follows a trend from the previous year: Italy and Greece reported the highest number of cases in 2022.

In 2023, the WNV transmission season started later than the mean of the 2019–2022 season. However, as the weather conditions are favourable for WNV transmission in the affected areas in Europe, further human cases are expected in the coming weeks.

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

Actions:

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

Further information:

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

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

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

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

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

8. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks

Overview:

Chikungunya virus disease (CHIKVD)

In 2023, and as of 23 August, approximately 320 000 cases and over 340 deaths have been reported worldwide. A total of 20 countries reported CHIKVD cases from the Americas (14), Asia (4), and Africa (2).

The majority of countries reporting high CHIKVD burden are from the Americas and are located in South and Central America. Countries reporting highest number of cases were Brazil (209 489), Paraguay (110 826), Argentina (1 653), Bolivia (1 311), and Peru (337). Additional countries in the Americas reporting below 300 CHIKVD cases can be found at [PAHO's dedicated website](#).

Outside of the Americas, CHIKVD cases were substantially reported in Asia from Thailand (821), and the Philippines (766). Two African countries reported CHIKVD cases in 2023: Senegal (2), and Namibia (1).

No autochthonous cases have been reported in Europe in 2023.

CHIKVD associated deaths were reported from Paraguay (271) and Brazil (69).

Dengue

In 2023, and as of 23 August, over 3.7 million cases and over 2 000 dengue-related deaths have been reported from 70 countries/territories globally. In July-August 2023, six autochthonous/non-travel associated dengue cases have been reported in Europe, from [France](#) (2) and [Italy](#) (4).

In the French Antilles, Martinique and Guadeloupe have entered an epidemic phase as mentioned by Santé Publique France in a press release published on 23 August. Dengue cases have also been reported in 2023 in [Réunion](#) and in [French Guiana](#).

Globally, the Americas has reported the majority of cases in 2023, and as of August 2023 (over 3.3 million cases, 1.5 of which are confirmed, and over 1500 deaths) ([PAHO - Dengue Indicators](#)). The region has been reporting

significant outbreaks since the beginning of 2023 ([WHO Disease Outbreak News: Dengue - the Region of the Americas](#)). According to [PAHO](#), until August 2023, most cases in the region were reported from Brazil and from Peru which has been experiencing one of its largest dengue outbreaks. However, according to the [Ministry of Health of Peru](#), the cases reported in the country show a decreasing trend since week 21. All four dengue virus serotypes (DENV 1, DENV 2, DENV 3, and DENV 4) are currently circulating in the Americas. The figures for each country of the Americas region can be found on the [PAHO Health Information Platform](#).

Dengue outbreaks have been reported in [India](#), where 31 646 cases and 36 deaths have been recorded to date. Bangladesh, where dengue is endemic, has reported unusual case increases that started earlier than previous years (in late June), according to a [WHO Disease Outbreak News](#) item published on 11 August. Dengue cases have been reported also in [Afghanistan](#), [Cambodia](#), [China](#), [India](#), [Laos](#), [Malaysia](#), [Nepal](#), [Philippines](#), [Singapore](#), [Sri Lanka](#), [Thailand](#), and [Vietnam](#).

In Africa, dengue cases have been reported in Egypt ([media](#)), [Ethiopia](#), [Ivory Coast](#), [Mauritius](#), [Sao Tome and Principe](#), [Senegal](#), and [Sudan](#).

Disclaimer

The data presented in this report originates from both official public health authorities and non-official sources, such as news media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, avoided, due to under-reporting, variations in surveillance system structure, varying case definitions between countries and over time, and use of syndromic definitions.

ECDC assessment:

Chikungunya virus disease and dengue affect people in most countries of the tropics and sub-tropics. EU/EEA citizens travelling to the affected areas should apply personal protective measures against mosquito bites.

The likelihood of onward transmission of dengue and chikungunya virus in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. [Aedes albopictus](#) and [Aedes aegypti](#)). [Aedes albopictus](#) is [established](#) in a large part of Europe. [Aedes aegypti](#) is established notably in Cyprus, around the Black sea and in the outermost region of Madeira.

The current likelihood of the occurrence of local transmission events of chikungunya and dengue viruses in areas where the vectors are present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication in vectors. In 2023, locally-acquired dengue cases been reported in France and in Italy.

All autochthonous outbreaks of [CHIVD](#) and [dengue](#) in mainland EU/EEA have so far occurred between June and November.

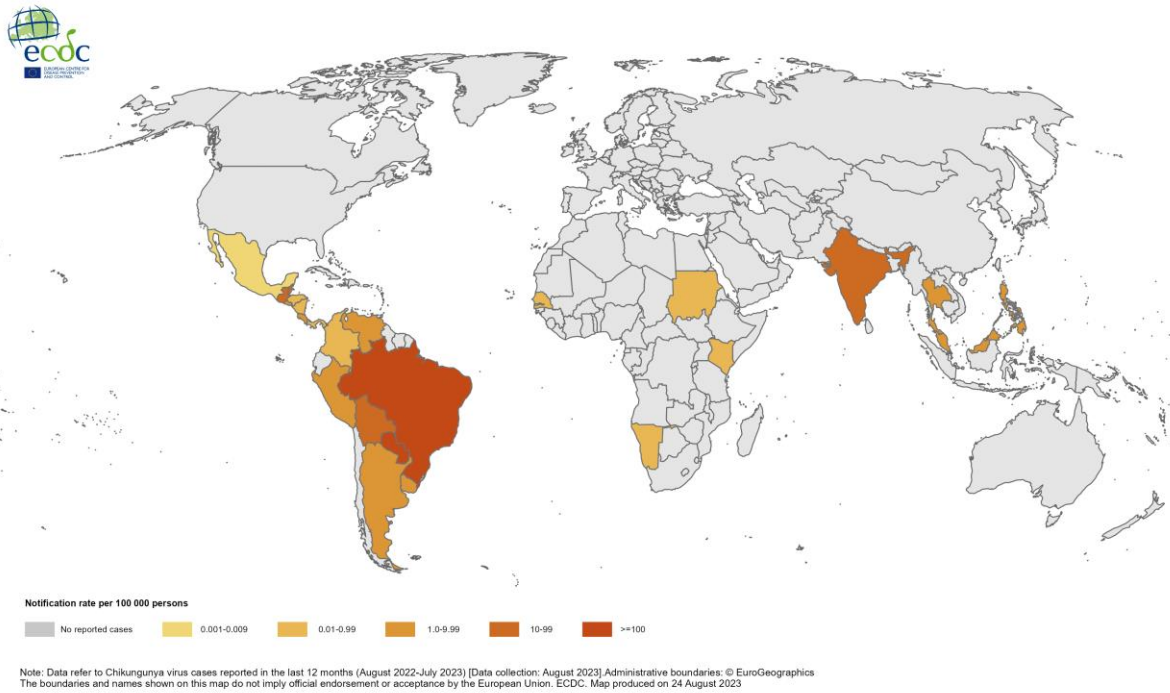
More information is available on autochthonous transmission of [chikungunya](#) and [dengue](#) virus in the EU/EEA on ECDC's webpages, and in ECDC's factsheets on [dengue](#) and [CHIKVD](#).

Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [CHIKVD](#) is available on ECDC's website.

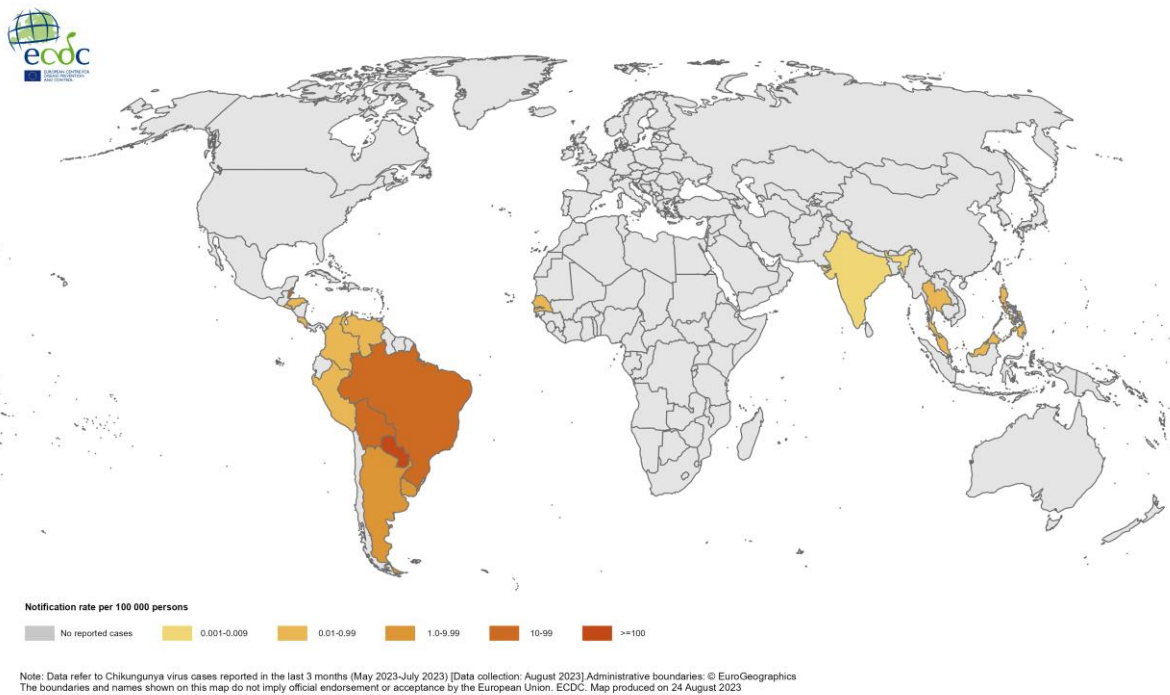
Last time this event was included in the CDTR: 28 July 2023

Figure 1. 12-month Chikungunya virus disease case notification rate per 100 000 population, August 2022–July 2023



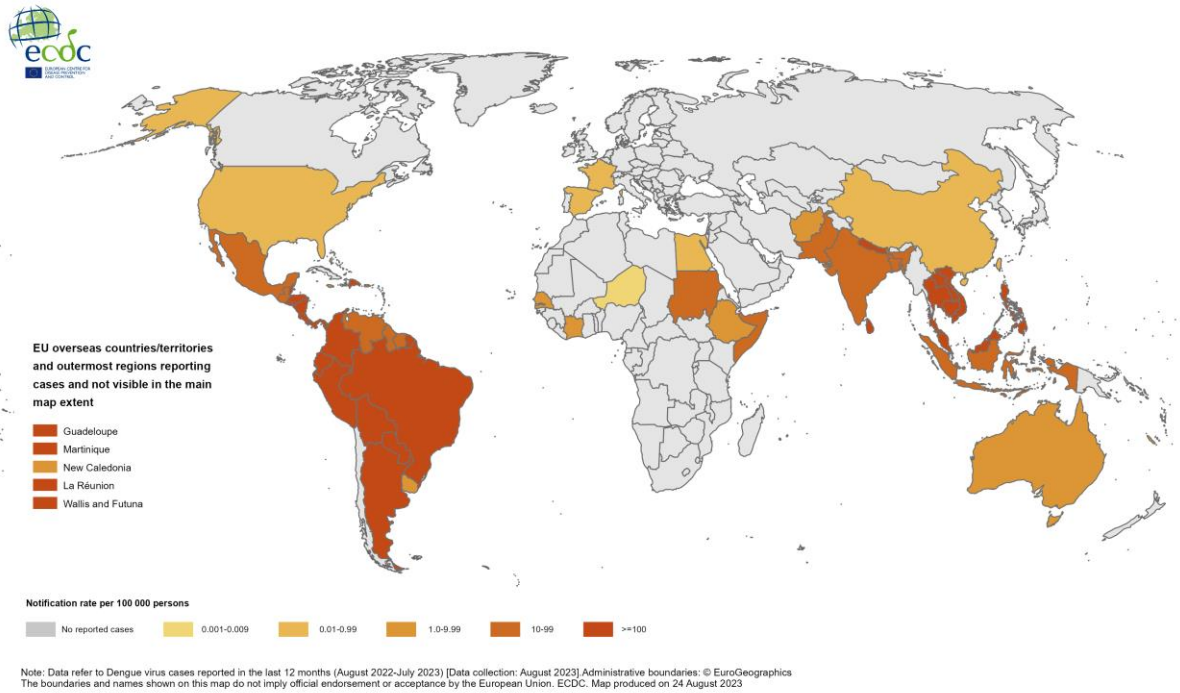
Source: ECDC

Figure 2. Three-month Chikungunya virus disease case notification rate per 100 000 population, May–July 2023



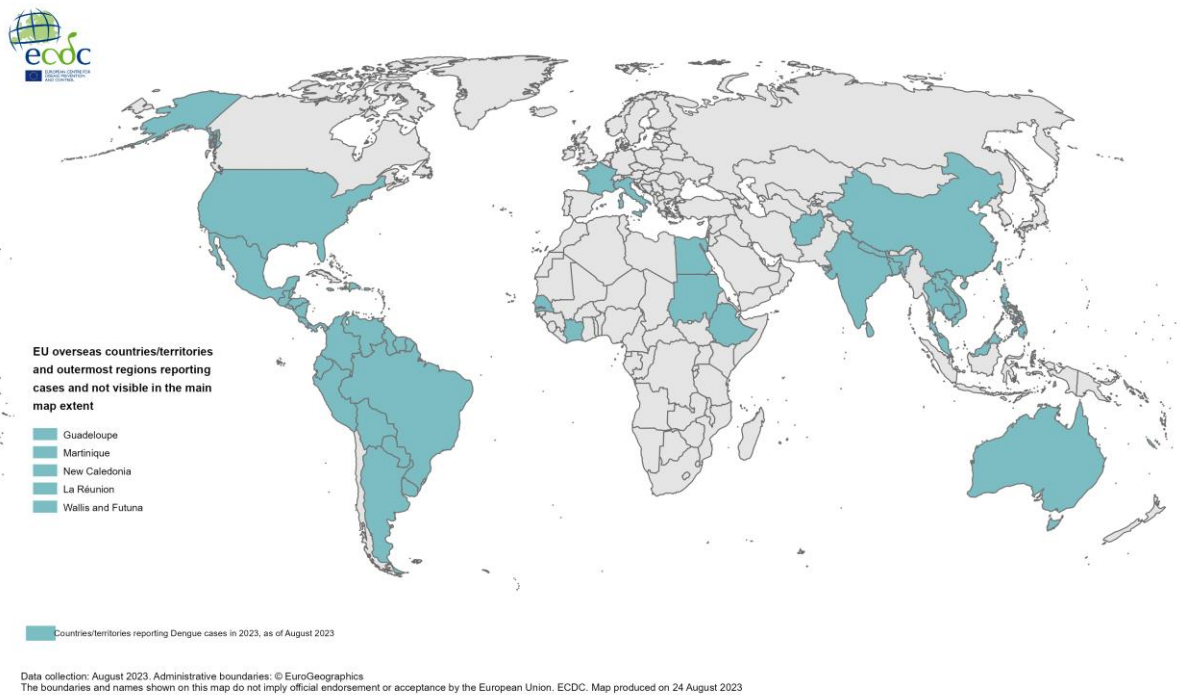
Source: ECDC

Figure 3. 12-month dengue virus disease case notification rate per 100 000 population, August 2022–July 2023



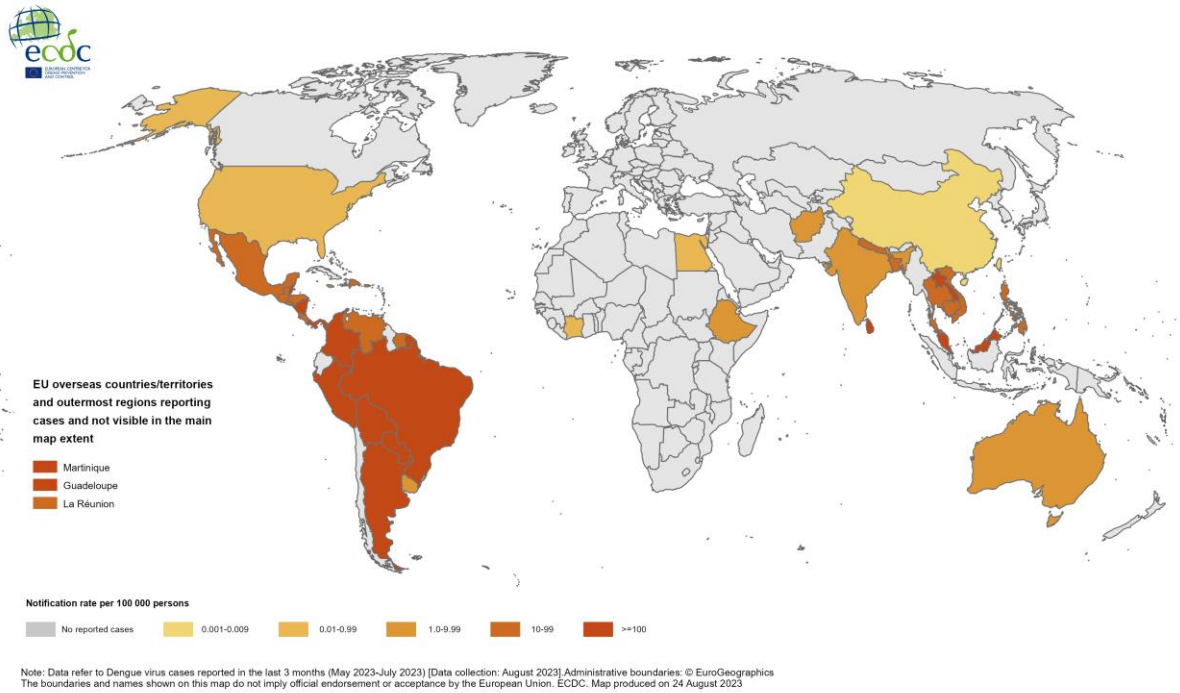
Source: ECDC

Figure 4. Countries/territories reporting dengue cases since the beginning of 2023 and as of August 2023



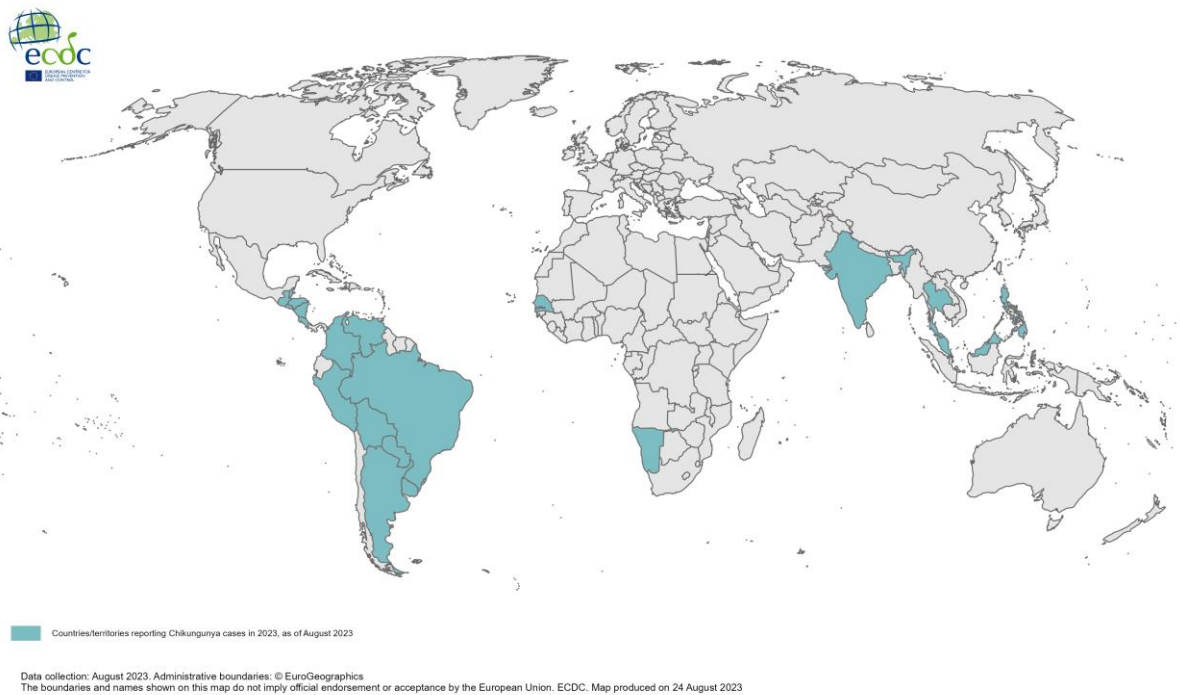
Source: ECDC

Figure 5. Three-month dengue virus disease case notification rate per 100 000 population, May–July 2023



Source: ECDC

Figure 6. Countries/territories reporting Chikungunya cases since the beginning of 2023 and as of August 2023



Source: ECDC