

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 35, 27 August–2 September 2023

## Today's disease topics

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## Executive Summary

### Legionnaires' disease – Poland – 2023

- On 1 September 2023, the State District Sanitary Inspector in Rzeszów, Poland reported an ongoing outbreak of Legionnaires' disease involving 158 confirmed cases and 18 deaths.
- The majority of cases (157 of 158 cases) reside in the following locations of the Podkarpackie Province: Rzeszów (106), Rzeszów powiat (36), Ropczycko-Sędziszów powiat (3), Dębica district (4), Łańcut district (2), Jasło district (1), Przeworsk district (1), Niżna district (1), Przemyśl district (1), Kolbuszowa district (1), and Stalowa Wola district (1). One case resides in the neighbouring Lublin Province, in Opole powiat.
- Epidemiological and environmental investigations are underway to determine the source of the outbreak and to control it.

### Autochthonous dengue cases – Italy – 2023

- Since the first week of August and as of 29 August 2023, six autochthonous dengue fever cases have been detected in the Lombardy (5) and Lazio (1) regions of Italy.
- Symptom onsets were from 2–21 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 donors of substances of human origin (e.g. blood and organs).
- Further autochthonous cases may occur in the affected regions, and in Italy overall, and surveillance has been strengthened to detect new cases early, identify transmission chains, define areas at risk and quantify the level of risk.
- Since the mosquito vector *Aedes albopictus* is established in most of Europe, further virus introductions leading to secondary autochthonous transmissions may occur in most southern EU/EEA countries.

#### **Avian influenza in fur farms – Finland – 2023**

- As of 31 August 2023, the Finnish Food Authority reported that avian influenza A(H5N1) had been detected in blue foxes at one new fur farm in Kaustinen municipality, Ostrobothnia region.
- Since 13 July 2023 and as of 31 August 2023, avian influenza A(H5N1) has been detected in 26 fur farms in Ostrobothnia (Finland) in foxes, raccoon dogs and mink. 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 Finnish Food Authority is launching monitoring of all fur farms to detect avian influenza in blood samples of dead animals. The monitoring will start in the beginning of September 2023 in mink farms.
- 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 general 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.

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

- This report provides clarification about two recently reported avian influenza A(H5N6) cases in China (on 17 and 23 August 2023), both of which actually concern the same 27-year-old woman.
- 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.

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

- Since the last update and as of 30 August 2023, 61 human cases of West Nile virus (WNV) infection have been reported by EU/EEA countries and 18 by an EU-neighbouring country.
- Since the beginning of the 2023 transmission season, 287 human cases of WNV infection have been reported by EU/EEA countries and 57 by EU-neighbouring countries.
- There have been 18 outbreaks among equids and 88 outbreaks among birds reported by EU/EEA countries since the beginning of the 2023 WNV transmission season, as of 30 August 2023.

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

- By the end of week 34 (ending 27 August 2023), there was evidence of increasing transmission of COVID-19 in the EU/EEA, although levels of incidence seem to remain low, with limited impact on severe disease to date. Current data availability, especially regarding severe disease, is limited, and the overall assessment of impact and severity of disease in the EU/EEA should therefore be interpreted with caution.
- 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 (UK), two in the United States (US), and two in South Africa), with detection of this variant reported in waste water 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 with XBB.1.5-like variants that have dominated recently, and also compared with 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 ten 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.

### **Cholera – Multi-country (World) – Monitoring global outbreaks**

- Since the last update on 20 July 2023 and as of 29 August 2023, 99 468 new cholera cases, including 214 new deaths, have been reported worldwide.
- New cases have been reported from Afghanistan, Bangladesh, Burundi, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Philippines, Somalia, South Africa, Syria, Thailand, Uganda, United Republic of Tanzania and Zimbabwe.
- Since the last update, Uganda reported the first cholera cases in 2023.
- Cholera cases have continued to be reported in western, eastern and southern parts of Africa, some parts of the Middle East, South East Asia and the Americas in recent months. The risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA remains possible.

## **1. Legionnaires' disease – Poland – 2023**

### **Overview:**

**Update:** On 1 September 2023, the State District Sanitary Inspector in Rzeszów, Poland released a [statement](#) reporting 158 confirmed cases of Legionnaires' disease and 18 deaths. The majority of cases (157 of 158 cases) reside in the following locations of the Podkarpackie Province: Rzeszów (106), Rzeszów powiat (36), Ropczycko-Sędziszów powiat (3), Dębica district (4), Łańcut district (2), Jasło district (1), Przeworsk district (1), Niżna district (1), Przemyśl district (1), Kolbuszowa district (1), and Stalowa Wola district (1). One case resides in the neighbouring Lublin Province, in Opole powiat.

All [18 fatal cases](#) had comorbidities and were between the ages of 53 and 98 years (nine men, nine women).

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

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 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 were [instructed](#) to carry out additional inspections to their water systems.

On 25 August 2023, the [Ministry of Health and State Sanitary Inspectorate](#) reported that an epidemiological investigation, including interviews with patients or relatives, is underway to determine the source of infection.

### **Background**

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

As of 30 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 has not been reported yet for this outbreak, precautionary control measures have been implemented to reduce the risk of 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:** 28 August 2023

## 2. Autochthonous dengue cases – Italy – 2023

**Overview:****Summary**

On 18 August 2023, Italian authorities [reported](#) a locally acquired dengue case in a person from the Lombardy region with no recent travel history outside of the region. The onset of symptoms was on 3 August.

On 21 August 2023, Italian authorities reported a second locally acquired dengue case in a person from the Lazio region with no recent travel history outside of the region. The onset of symptoms was on 2 August.

Both cases were laboratory confirmed by PCR and DENV-1 serotype was identified. 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.

As of 1 September, four additional locally acquired dengue cases were [reported](#) in Lombardy, bringing the total to six cases in Italy in 2023.

Italian authorities have implemented vector control measures in the areas and have established preventive measures on donors of substance of human origin at municipal and national levels.

**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 trip to South East Asia. Since then, no further cases of autochthonous dengue have been reported in Italy.

Since 2019 and as of 2023, 116 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 southern Europe. The most recent case in the Lombardy cluster had onset of symptoms on 21 August, which would indicate that virus transmission was still ongoing in mid-August. Enhanced surveillance, as implemented by Italy, will be crucial to detect cases early and apply adequate control measures around these cases.

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

The 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:** 25 August 2023

## 3. Avian influenza in fur farms – Finland – 2023

### Overview:

#### Update

As of 31 August 2023, the [Finnish Food Authority](#) reported that avian influenza A(H5N1) had been detected in blue foxes at one new fur farm in Kaustinen municipality, Ostrobothnia region. This brings the total number of fur farms with detections of avian influenza A(H5N1) in Finland to 26.

In addition, the [Finnish Food Authority](#) has announced the launch of avian influenza monitoring in all fur farms in the country. In the first phase of monitoring, the presence of avian influenza will be investigated in mink farms starting in the beginning of September 2023 and is expected to be finished by the end of October 2023. In the next phase, monitoring and sampling of fox and raccoon dog fur farms will be implemented. Blood samples will be collected from dead animals (culled or those who died on their own) for antibody testing to detect avian influenza and SARS-CoV-2. The samples will be taken by municipal veterinarians and authorised samplers and examined by the Finnish Food Authority.

#### Summary

Since 13 July 2023 and as of 31 August 2023, avian influenza A(H5N1) has been detected in 26 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 lineage of the virus circulating among 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. Virus [mutation](#) has been found in five fur farms. Thirteen of the infected farms have been instructed to euthanise the animals.

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 to 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:** 31 August 2023



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

### Overview:

**Update:** This update provides clarification about two recently reported cases of avian influenza A(H5N6) in China, reported from Chongqing municipality (17 August 2023) and Sichuan province (23 August 2023), that actually concern the same case.

The case is a 27-year-old woman with onset of symptoms and hospitalisation reported in July 2023 and an exposure history to dead poultry. No new cases have been reported among her close contacts.

**Summary:** Since 2014, and as of 30 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).

**Sources:** [Hong Kong weekly Avian Influenza Report \(w34\)](#), [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.

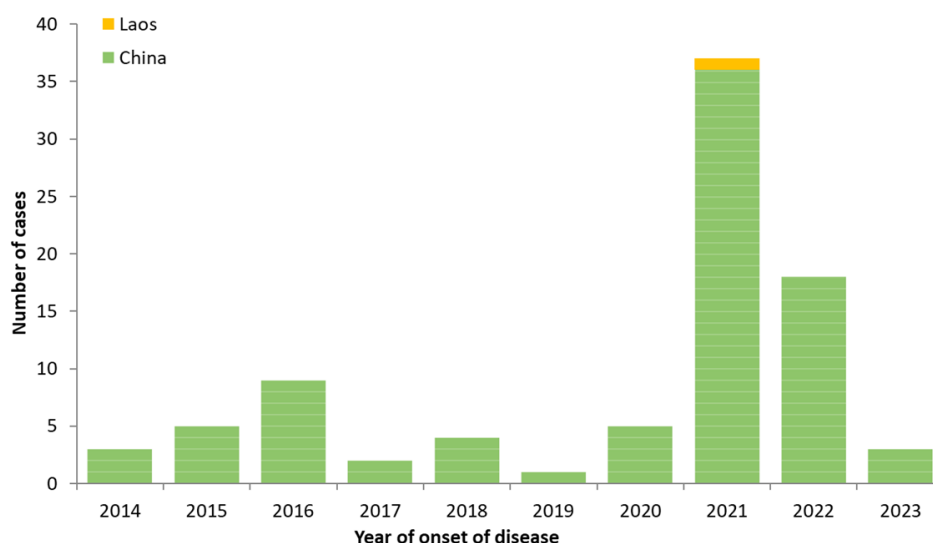
### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with EFSA and the EU reference laboratory for avian influenza in order to identify significant changes in the epidemiology of the virus. ECDC, together with EFSA and the EU reference laboratory, 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:** 31 August 2023

## Maps and graphs

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



Source: ECDC

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

### Overview:

This is the 14th weekly update of the 2023 West Nile virus (WNV) monitoring season.

Since last week's update and as of 30 August 2023, EU/EEA countries reported 61 human cases of WNV infection and 4 deaths related to WNV infections. Cases were reported by Greece (32, of which 2 with unknown place of infection), Romania (19), France (5), Hungary (4) and Spain (1). Deaths were reported by Greece (3) and Romania (1). The EU-neighbouring country that reported 18 human cases of WNV infection was Serbia. No deaths related to WNV infections were reported by EU-neighbouring countries.

This week, among the reporting countries, Valencia/València in Spain reported autochthonous human cases of WNV infection for the first time ever.

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: Rodopi, Kilkis and Xanthi in Greece; Valencia/València in Spain; Bács-Kiskun in Hungary; and Bihor, Sibiu, Bacău, Iași, Vaslui, Ialomița, Prahova and Olt in Romania.

Since the beginning of the 2023 transmission season and as of 30 August 2023, EU/EEA countries have reported 287 human cases of WNV infection in Italy (134), Greece (90, of which 2 with unknown place of infection), Romania (28), France (15), Hungary (15), Germany (3) and Spain (2). EU/EEA countries have reported 21 deaths in Greece (11), Italy (6) and Romania (4). EU-neighbouring countries have reported 57 human cases of WNV infection in Serbia (56) and North Macedonia (1). No deaths related to WNV infections have been reported by EU-neighbouring countries.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 85 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Gironde, Charente-Maritime and Alpes-Maritimes in France; Kastoria in Greece; and Valencia/València and Huelva in Spain.

Since the beginning of the 2023 transmission season, 18 outbreaks among equids and 88 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Spain (8), Hungary (4), Italy (3), France (2) and Germany (1). Outbreaks among birds have been reported by Italy (71), Germany (9), Spain (6), 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:

Valencia/València in Spain, which reported cases for the first time ever during the current season, has reported WNV cases among equids during the last and current season. No human cases have ever been reported from immediate borders of this region.

The combined totals from Italy and Greece accounted for 78% 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:** 25 August 2023

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

**Overview:****Summary:**

By the end of week 34 (ending 27 August 2023), there was evidence of increasing transmission of COVID-19 in the EU/EEA, although levels of incidence seem to remain low with limited impact on severe disease to date. Current data availability, especially regarding severe disease, is limited, and the overall assessment of impact and severity of disease in the EU/EEA should therefore be interpreted with caution.

Among 21 countries that reported age-specific data on cases positive for COVID-19, 16 observed increases in case rates among people aged 80 years and above.

At the country level, the number of patients presenting to sentinel general practitioners with respiratory illness (influenza-like illness (ILI) or acute respiratory infection (ARI)) remained low compared to the winter season and in line with the levels observed during the same period last year.

All 10 countries with data on hospital or ICU admissions/occupancy up to week 34 reported stable trends compared with the previous week. In total, 135 deaths were reported by 18 countries (compared to 52 deaths reported by 15 countries in the previous week), with two countries reporting increases in their death rates.

Among nine countries that reported at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 32–33 (7 August to 20 August 2023), the distribution of variants of concern (VOC) or variants of interest (VOI) was 56.4% (46.9–65.1% from nine countries) for XBB.1.5+F456L, 35.9% (27.7–53.1% from nine countries) for XBB.1.5, 2.6% (2.4–9.2% from five countries) for BA.2.75, and 1.9% (0.3–4.8% from three countries) for XBB. A precise estimate of the true variant distribution, as well as early detection of newly emerged variants, is difficult due to reduced sequencing volumes and a low number of countries currently reporting data on SARS-CoV-2 sequencing or genotyping.

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

As of 24 August, ECDC has classified BA.2.86 as a variant under monitoring (VUM). As of 1 September 2023, 28 cases of BA.2.86 have been reported to GISAID from 9 countries. In the EU/EEA, these were Denmark (10), France (1), Portugal (2) and Sweden (5). Outside of the EU/EEA, these were Canada (1), Israel (1), South Africa (3), the UK (1), and the US (4). Detection of this variant has been reported in waste water samples from several more countries, both within and outside of the EU/EEA.

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 with XBB.1.5-like variants that have dominated recently, and also compared with previous Omicron variants.



It is unlikely that BA.2.86 variants are associated with any increase in infection severity compared to currently circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals and those with underlying conditions could develop severe symptoms if infected.

In the coming weeks, we anticipate further detections of BA.2.86 from sampled individuals, as well as in waste water detection systems in the EU/EEA. ECDC is closely monitoring the emergence of BA.2.86 and epidemiological indicators from countries where detection is observed either from sampled cases or in waste water. The emergence of BA.2.86 underscores the importance of continued vigilance for SARS-CoV-2 via [strengthened surveillance systems](#) in primary and secondary care to detect trends in transmission and severe disease, with timely sequencing and reporting of positive samples to facilitate robust assessment of evolving variant dynamics.

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 ten 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](#).

### Other News

On 30 August 2023, the European Medicines Agency published a news item regarding the recommendation to approve an adapted Comirnaty COVID-19 vaccine targeting Omicron XBB.1.5 subvariant. According to the news, the data assessed by EMA's human medicines committee (CHMP) showed a strong immune response to the new adapted mRNA vaccine against XBB.1.5 and related strains of the SARS-CoV-2 virus.

On 30 August 2023, the United Kingdom Health Security Agency (UKHSA) published a [press release](#) to bring forward the planned flu and COVID-19 vaccine programmes as a precautionary measure following the identification of a new COVID-19 variant (BA.2.86). The vaccinations will be brought forward and start on 11 September for those eligible population groups. In July 2023, the UK Joint Committee on Vaccination and Immunisation (JCVI) advised on the eligible groups and available vaccine products for autumn 2023 ([link](#)).

### 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:** 25 August 2023

## 7. Cholera – Multi-country (World) – Monitoring global outbreaks

### Overview:

#### Summary

Since 20 July 2023 and as of 29 August 2023, 99 468 new cholera cases, including 214 new deaths, have been reported worldwide. The five countries reporting most cases are Bangladesh (41 744), Afghanistan (37 828), Ethiopia (6 371), Haiti (4 978) and Democratic Republic of the Congo (4 737). The five countries reporting most new deaths are Ethiopia (78), Democratic Republic of the Congo (44), Afghanistan (20), Zimbabwe (18) and Haiti (16). In addition, 19 376 new cases from 1 January 2023 to 20 July 2023 were reported or collected retrospectively.

New cases have been reported from Afghanistan, Bangladesh, Burundi, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Philippines, Somalia, South Africa, Syria, Thailand, Uganda, United Republic of Tanzania and Zimbabwe. New deaths have been reported from Afghanistan, Cameroon, Congo, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Malawi, Nigeria, Philippines, Syria, Uganda, United Republic of Tanzania and Zimbabwe.

Since 1 January 2023 and as of 29 August 2023, 561 316 cholera cases, including 3 594 deaths, have been reported worldwide. In comparison, from 1 January 2022 to 29 August 2022, 973 355 cholera cases, including 672 deaths, were reported worldwide.

**Since the last update, new cases and new deaths have been reported from:**

#### Asia:

**Afghanistan:** Since 9 July 2023 and as of 12 August 2023, 37 828 new cases, including 20 new deaths, have been reported. Since 1 January 2023 and as of 12 August 2023, 128 880 cases, including 63 deaths, have been reported. In comparison, from 1 January 2022 to 13 August 2022, 118 837 cases, including 37 deaths, were reported.

**Bangladesh:** Since 24 May 2023 and as of 13 August 2023, 41 744 new cases have been reported. Since 1 January 2023 and as of 13 August 2023, 76 353 cases have been reported. In comparison, from 1 January 2022 and as of 27 August 2022, 554 498 cases, including 29 deaths, were reported.

**Pakistan:** Since 15 June 2023 and as of 15 July 2023, 1 655 new cases have been reported. Since 1 January 2023 and as of 15 July 2023, 10 998 cases have been reported. In comparison, from 1 January 2022 to 18 August 2022, 258 139 cases, including 30 deaths, were reported.

**Philippines:** Since 3 June 2023 and as of 15 July 2023, 366 new cases, including 3 new deaths, have been reported. Since 1 January 2023 and as of 15 July 2023, 2 277 cases, including 13 deaths, have been reported. In comparison, from 1 January 2022 to 13 August 2022, 2 508 cases, including 20 deaths, were reported.

**Syria:** Since 15 June 2023 and as of 15 July 2023, 17 355 new cases, including 137 new deaths, have been reported. Since 1 January 2023 and as of 15 July 2023, 131 419 cases, including 758 deaths, have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

**Thailand:** Since 26 March 2023 and as of 27 August 2023, three new cases have been reported. Since 1 January 2023 and as of 27 August 2023, four cases have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

In 2023, since the last update, no new updates were reported by India, Iraq, Lebanon, Taiwan or Yemen.

#### **Africa:**

**Burundi:** Since 9 July 2023 and as of 13 August 2023, 35 new cases have been reported. Since 1 January 2023 and as of 13 August 2023, 609 cases, including 9 deaths, have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

**Cameroon:** Since 2 July 2023 and as of 6 August 2023, 309 new cases, including 11 new deaths, have been reported. Since 1 January 2023 and as of 6 August 2023, 4 096 cases, including 149 deaths, have been reported. In comparison, from 1 January 2022 to 3 August 2022, 9 821 cases, including 182 deaths, were reported.

**Congo:** Since 14 July 2023 and as of 24 August 2023, 54 new cases, including 5 new deaths, have been reported. Since 1 January 2023 and as of 24 August 2023, 69 cases, including 5 deaths, have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

**Democratic Republic of the Congo:** Since 2 July 2023 and as of 30 July 2023, 4 737 new cases, including 44 new deaths, have been reported. Since 1 January 2023 and as of 30 July 2023, 32 000 cases, including 222 deaths, have been reported. In comparison, from 1 January 2022 to 10 July 2022, 7 585 cases, including 116 deaths, were reported.

**Ethiopia:** Since 2 July 2023 and as of 23 August 2023, 6 371 new cases, including 78 new deaths, have been reported. Since 1 January 2023 and as of 23 August 2023, 17 796 cases, including 220 deaths, have been reported. In comparison, from 1 January 2022 to 31 January 2022, 674 cases, including 7 deaths, were reported.

**Kenya:** Since 29 June 2023 and as of 20 August 2023, 331 new cases, including 5 new deaths, have been reported. Since 1 January 2023 and as of 20 August 2023, 9 066 cases, including 142 deaths, have been reported. In comparison, from 1 January 2022 to 31 May 2022, 319 cases, including 2 deaths, were reported.

**Malawi:** Since 17 July 2023 and as of 7 August 2023, 40 new cases, including 2 new deaths, have been reported. Since 1 January 2023 and as of 7 August 2023, 41 533 cases, including 1 192 deaths, have been reported. In comparison, from 1 January 2022 to 18 August 2022, 1 358 cases, including 55 deaths, were reported. On 5 August 2023, the [Malawi Ministry of Health](#) declared that cholera is no longer a Public Health Emergency. The cholera outbreak in Malawi began in February 2022.

**Mozambique:** Since 16 July 2023 and as of 6 August 2023, 316 new cases have been reported. Since 1 January 2023 and as of 6 August 2023, 33 299 cases, including 137 deaths, have been reported. In comparison, from 1 January 2022 to 23 August 2022, 3 470 cases, including 15 deaths, were reported.

**Nigeria:** Since 28 May 2023 and as of 30 July 2023, 458 new cases, including 5 new deaths, have been reported. Since 1 January 2023 and as of 30 July 2023, 2 309 cases, including 57 deaths, have been reported. In comparison, from 1 January 2022 to 31 July 2022, 3 610 cases, including 91 deaths, were reported.

**Somalia:** Since 2 July 2023 and as of 13 August 2023, 1 456 new cases have been reported. Since 1 January 2023 and as of 13 August 2023, 12 142 cases, including 30 deaths, have been reported. In comparison, from 1 January 2022 to 2 August 2022, 8 200 cases, including 37 deaths, were reported.

**South Africa:** Since 3 July 2023 and as of 25 July 2023, seven new cases have been reported. Since 1 January 2023 and as of 25 July 2023, 1 272 cases, including 47 deaths, have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

**Uganda:** As of 16 August 2023, 65 cases, including 9 deaths, have been reported. These are the first cholera cases reported in Uganda since 2021.

**United Republic of Tanzania:** Since 4 May 2023 and as of 30 July 2023, 294 new cases, including 1 new death, have been reported. Since 1 January 2023 and as of 30 July 2023, 376 cases, including 4 deaths, have been reported. In comparison, from 1 January 2022 to 7 August 2022, 341 cases, including 6 deaths, were reported.

**Zimbabwe:** Since 9 July 2023 and as of 13 August 2023, 442 new cases, including 18 new deaths, have been reported. Since 1 January 2023 and as of 13 August 2023, 3 872 cases, including 96 deaths, have been reported. In comparison, from 1 January 2022 to 18 July 2022, 135 cases were reported.

In 2023, since the last update, no new updates were reported by Eswatini, South Sudan or Zambia.

#### **America:**

**Haiti:** Since 10 July 2023 and as of 10 August 2023, 4 978 new cases, including 16 new deaths, have been reported. Since 1 January 2023 and as of 10 August 2023, 38 036 cases, including 421 deaths, have been reported. In comparison, from 1 January 2022 to 30 August 2022, no cases were reported.

In 2023, since the last update, no new updates were reported by Dominican Republic or Mexico.

**Disclaimer:** *Data presented in this report originate from several sources, both official public health authorities and non-official sources, such as the 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 as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.*

#### **ECDC assessment:**

Cholera cases have continued to be reported in western Africa and South East Asia in recent months. Cholera outbreaks have also been reported in the eastern and southern parts of Africa, parts of the Middle East and in two countries in the Americas. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among travellers returning to the EU/EEA. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA remains possible. In 2021, two cases were reported in EU/EEA countries, while three and twenty-six cases were reported in 2020 and 2019, respectively. All cases had a travel history to cholera-affected areas. According to the World Health Organization (WHO), vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. Such measures can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding consumption of raw seafood products.

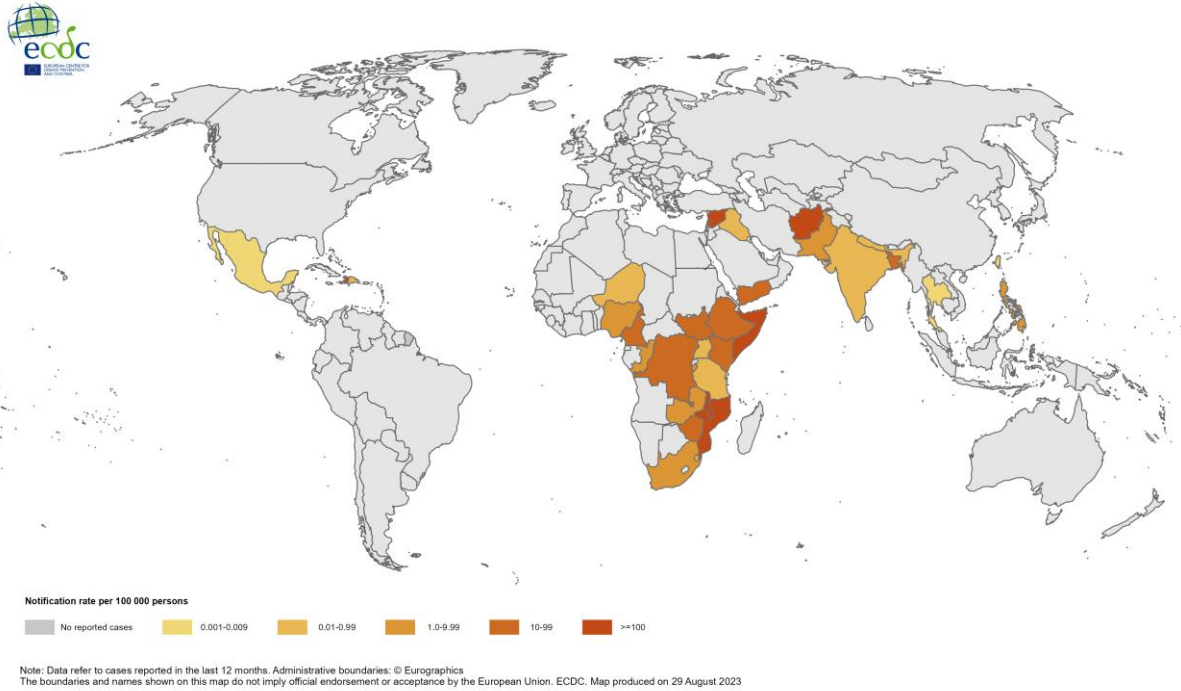
#### **Actions:**

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

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

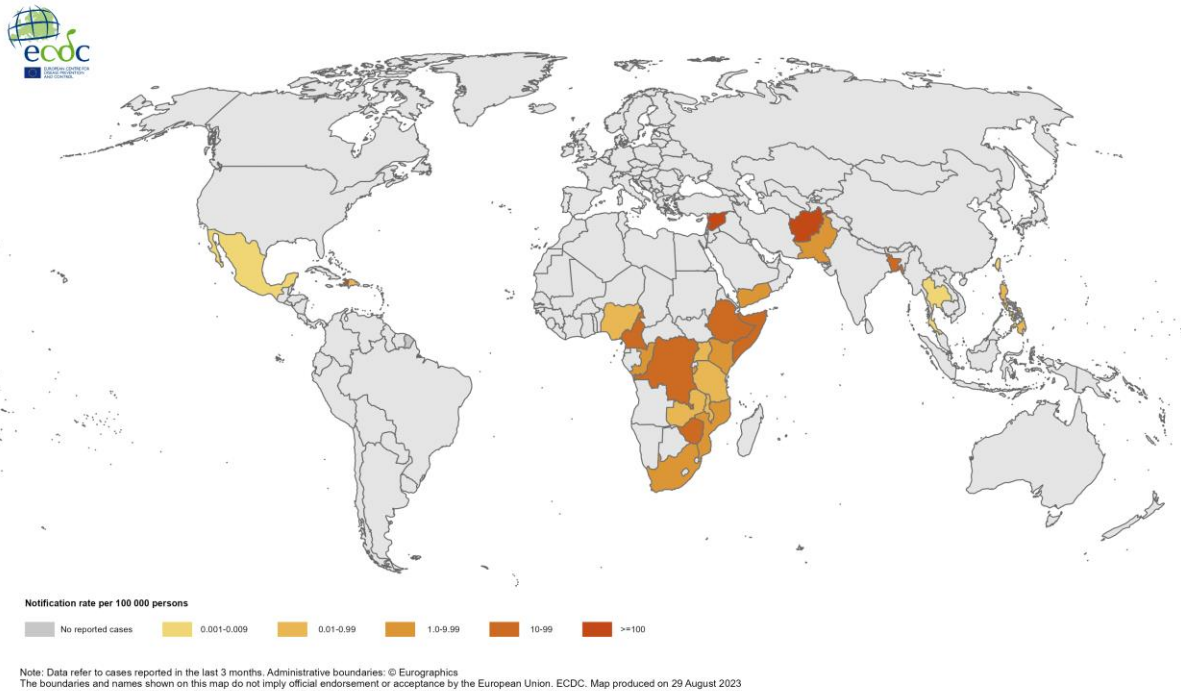
## Maps and graphs

**Figure 1. Geographical distribution of cholera cases reported worldwide from September 2022 to August 2023**



Source: ECDC

**Figure 2. Geographical distribution of cholera cases reported worldwide from June to August 2023**



Source: ECDC