WEEKLY BULLETIN

Communicable Disease Threats Report

Week 29, 16 - 22 July 2023

Today's disease topics

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Executive Summary

Avian Influenza in fur farms - Finland - 2023

- On 19 July 2023, the Finnish Food Authority reported that avian influenza A(H5N1) was confirmed in five additional fur farms hosting blue (arctic) and silver foxes.
- As of 19 July, 2023, avian influenza A(H5N1) has been detected in 10 fur farms in Ostrobothnia, Finland, hosting foxes (blue and silver) and mink.
- 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. Exposed people should be monitored for 10–14 days and tested if symptoms occur.

Avian influenza in domestic cats - Poland - 2023

- According to a communication posted by the Chief Veterinary Inspectorate of Poland, as of 17 July 2023, 61 samples from 60 cats and one caracal were tested for influenza A(H5N1) in Poland, and 34 were found positive.
- To date, there have been no infections with avian influenza detected among people in Poland. The authorities are closely following the people who have been in contact with infected felines.

- ECDC assesses the current risk to the general public as low, and the risk of infection for those occupationally or otherwise exposed to birds or mammals (wild or domesticated) infected with avian influenza as low-to-moderate.
- This is a preliminary assessment that will be reviewed as soon as more information becomes available. This is due to uncertainties regarding the source of infection, and the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain.
- Pet owners should be informed about clinical symptoms in infected pets, protective measures, as well as contact details of veterinarians and other authorities investigating avian influenza virus infections in mammals.
- ECDC advises avoiding contact with dead or sick cats, and wearing appropriate personal protective equipment when in contact with potentially infected animals.
- Polish authorities advise owners of pet cats to prevent their cats from coming into contact with other animals or objects outside their homes, and enhance hygiene measures.
- According to **ECDC's testing guidance on avian influenza viruses in humans**, those exposed to sick/dead cats with confirmed A(H5N1) infection are advised to monitor their symptoms for 10–14 days after the last exposure, and self-isolate if they develop symptoms. They are also advised to wear a surgical mask or a class-2 filtering facepiece respirator (FFP2) when in contact with others, seek medical advice and report to the public health authorities immediately. Any person exposed to sick/dead cats confirmed with A(H5N1) infection should be tested as soon as possible for A(H5N1).

Avian influenza A(H5N1) - United Kingdom - 2023

- On 14 July 2023, the United Kingdom Health Security Agency (UKHSA) informed that influenza A (H5N1) has been detected in two additional asymptomatic individuals. In total, four H5N1 detections have been identified through enhanced surveillance of poultry workers in relation to avian influenza outbreaks in the United Kingdom (UK).
- Both individuals remained asymptomatic and tested negative on repeated testing during the period of isolation.
- Clade 2.3.4.4.b viruses have been identified in birds and detected in humans.
- The first two detections in poultry workers have been reported on 16 May 2023.
- The risk has been assessed by UKHSA as low for the general population, based on the low likelihood of exposure to infected birds and the lack of clinical symptoms observed for this event.

Echovirus 11 infections in neonates - multi-country- 2022-2023

- Since July 2022 and as of 10 July 2023, 19 neonates with severe Echovirus 11 (E11) infection have been reported by France, Croatia, Sweden, Spain and Italy.
- Nine of these neonates have died so far.
- The viruses isolated from cases in Italy belong to the same cluster as those isolated in France in 2023, and are part of a new divergent lineage.
- The United Kingdom (UK) reported a fatal Echovirus 11 neonatal event in March 2023.
- Considering the very rare occurrence of such severe infections, ECDC assesses the risk for the general neonatal population in the EU/EEA as low.

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

- By the end of week 28, 2023, decreasing or stable trends were observed in all 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 COVID-19 cases, hospital admissions, or deaths in the period up to 30 July 2023 based on model forecast.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 97.0% (92.9–100.0% from eight countries) for XBB.1.5, 2.2% (0.6–2.4% from three countries) for BA.2.75, and 1.8% (0.6–6.7% from four countries) for XBB.
- Since the last update on 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

- Human cases of West Nile Virus (WNV) were reported by Italy (1), Greece (1) and Hungary (1) since the last update and as on 19 July 2023.
- Ten outbreaks among birds have been reported from Italy.

Poliomyelitis – Multi-country (World) – Monitoring global outbreaks

- On 3 May 2023, the Polio International Health Regulations (IHR) Emergency Committee stated that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC), and recommended the extension of Temporary Recommendations for a further three months.
- Since the last update, in 2023, no new cases of acute flaccid paralysis (AFP) caused by wild poliovirus type 1 (WPV1) have been reported.

- Since the last update, three new countries have reported AFP caused by circulating vaccine-derived poliovirus type 2 (cVDPV2): Burkina Faso (1), Kenya (2), and Tanzania (1).
- In 2023, and as of 18 July 2023, 52 cases of AFP caused by circulating vaccine-derived poliovirus type 1 (cVDPV1) have been reported from three countries: the Democratic Republic of the Congo (DRC) (36), Madagascar (13), and Mozambique (3).

Botulism - Spain - 2023

- As of 20 July 2023, five confirmed and two probable cases of botulism have been diagnosed with reported consumption of packaged potato omelettes from different brands and supermarkets in different Autonomous Communities of Spain.
- As a precautionary measure, the company has voluntarily recalled the suspected products, stopped their production, and informed consumers to return any of the suspected products they might have bought.
- With the current information, the risk of infection for EU/EEA citizens is considered low, although further cases linked to this event may still occur.

1. Avian Influenza in fur farms - Finland - 2023

Overview:

Update

On 19 July 2023, the Finnish Food Authority **reported** that avian influenza A(H5N1) was confirmed in five additional fur farms hosting blue (arctic) and silver foxes.

Summary

As of 19 July 2023 and since 13 July 2023, avian influenza A(H5N1) has been detected in 10 fur farms in Finland, according to **updates by the Finnish Food Authority**. The farms are in the areas of Evijärvi, Halsua, Kauhava, and Kaustinen in Ostrobothnia and host foxes (blue and silver) and mink.

According to the **Finnish Food Authority**, this is the first time avian influenza has been detected in farmed fur animals in Finland. However, two infections were previously detected in wild foxes in Finland.

ECDC assessment:

Introduction of avian influenza into fur farms is not unexpected if infected wild birds have been 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. It is crucial to perform virus analyses and share sequence data for analysis of markers relevant for mammalian adaptation. Transmission between foxes, or other infected mammals, and humans has not been observed to date. Nevertheless, it is crucial to identify infected mammals and exposed people to be able to monitor them for 10–14 days, and initiate testing if symptoms occur.

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 testing recommendations. The ECDC testing guidance on avian influenza viruses in humans is also available on the **ECDC website**.

Last time this event was included in the CDTR: 20 July 2023

2. Avian influenza in domestic cats - Poland - 2023

Overview:

Update
According to a **communication** posted by the Chief Veterinary Inspectorate of Poland, as of 17 July 2023, 61 samples from 60 cats and one caracal were tested for influenza A(H5N1) in Poland, and 34 were found positive.

Genetic analyses of the positive cats indicated that the cats have developed the H5N1 virus of the CH genotype. Previously, the CH genotype virus was detected in the white stork at the beginning of June in the Tarnów province.

Summary
According to a **communication** posted by the Chief Veterinary Inspectorate of Poland, as of 17 July 2023, 61 samples from 60 cats and one caracal were tested for influenza A(H5N1) in Poland, and 34 were found positive.

Previously, on 16 July 2023, the World Health Organization (WHO) published a **Disease Outbreak News (DON)** reporting that as of 11 July 2023, 47 samples from 46 cats and one captive caracal were tested for influenza A(H5N1) in Poland, and 29 (62%) of them were found positive. The positive samples were from 13 geographical areas in Poland. According to the same source, some of the cats developed severe symptoms with rapid deterioration. Overall, 14 cats were euthanised and 11 died. The last death was reported on 30 June. As of 12 July, the surveillance period for all contacts has been completed with no symptoms reported among the human contacts of the positive cats.

According to the genomic analysis of 19 viruses that were sequenced from this outbreak, all are highly related, belonging to the H5 clade 2.3.4.4b and are similar to viruses already circulating in wild birds. These viruses also caused recent outbreaks in poultry in Poland.

The source of exposure is currently unknown, according to the DON published by WHO, and investigations are ongoing.

Previous updates on the event were also made available by the Chief Veterinary Officer of Poland (**website**).

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

A(H5N1) has been detected in pets in other EU/EEA countries: in December 2022, France (the French Agency for Food, Environmental and Occupational Health & Safety – ANSES) reported a detection of avian influenza A(H5N1) in a farm cat which was exposed during an outbreak in a poultry farm. On 5 July 2023, the Italian Ministry of Health reported seroconversion for influenza A(H5N1) from five dogs and a cat at a rural poultry farm with a recent outbreak of avian influenza in the province of Brescia, Lombardy Region.

The World Organisation for Animal Health (WOAH) has 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 cats infected with influenza A(H5N1) have been reported from Europe and North America in the context of the ongoing panzootic.

On 13 July 2023, the latest joint situation overview of avian influenza by ECDC, the European Food Safety Authority (EFSA) and the European Union Reference Laboratory for Avian Influenza (EURL) was published, Avian influenza overview April – June 2023 (europa.eu).

ECDC assessment:

ECDC assesses the current risk to the general public as low, and the risk of infection to people who are occupationally or otherwise exposed to avian influenza-infected birds or mammals (wild or domesticated) as low-to-moderate. There are still a number of uncertainties related to the specific event of cat infections in Poland in terms of the source of infection, and the potential of feline-to-feline and feline-to-human transmission of the particular A(H5N1) influenza virus strain.

Actions:

ECDC is monitoring this event and is in contact with the Polish public health authorities and EFSA for further investigation.

Sources: On 13 July 2023, the latest joint situation overview of avian influenza by ECDC, EFSA and EURL was published, Avian influenza overview April – June 2023 (europa.eu).

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

3. Avian influenza A(H5N1) - United Kingdom - 2023

Overview:

Update: On 14 July 2023, the **United Kingdom Health Security Agency (UKHSA)** reported that influenza A (H5N1) has been identified in two additional asymptomatic individuals. This brings the total to four detections in people involved in avian influenza outbreaks in the UK, identified through an enhanced surveillance programme of poultry workers. As of 10 July 2023, 144 individuals from eight infected premises have been **tested** through the enhanced surveillance of poultry workers.

Summary: On 16 May 2023, the **UKHSA** reported that influenza A(H5) virus has been detected in two poultry workers in the country, following the implementation of an enhanced surveillance programme for individuals who were in contact with infected birds.

The **UKHSA** reported on 14 July 2023, that two additional asymptomatic individuals have been detected with influenza A (H5N1), bringing the total to four detections of influenza A (H5N1) in the UK in 2023, and overall to five with a previous case reported in 2022.

As of **10 July 2023**, as part of the surveillance, 202 individuals were identified at eight sites; 144 of them participated in the programme. Among those who consented to participate, the majority were staff involved in culling operations. The four human detections of influenza A(H5N1) clade 2.3.4.4b previously mentioned, were confirmed from three sites in 2023. All of these are confirmed as genotype AIV48.

According to the **UKHSA**, the viral genome sequence isolated from the birds on the premises where the first two human detections occurred, has been genotyped as influenza A(H5N1) clade 2.3.4.4b, with the complete genome classified as UK genotype AIV48, also known as the A/gull/France/22P015977/2022-like genotype.

The **UKHSA** has not found any evidence of human-to-human transmission of influenza A(H5) virus. As part of the asymptomatic surveillance programme, poultry workers are tested in the 10 days following exposure.

Avian influenza clade 2.3.4.4.b has been circulating in **Europe** for the last few years among wild and domestic birds causing a lot of outbreaks. Outbreaks continue to be reported as of May 2023.

Globally, as of 14 July 2023, there have been 878 human cases*, including 458 deaths (case-fatality rate: 52.2%), of human infection with avian influenza A(H5N1) reported in 23 countries since 2004. To date, no human-to-human transmission has been detected.

***Note:** This includes two detections reported in 2022 from Spain, and one from the United States due to suspected environmental contamination and no evidence of infection.

Sources: UKHSA press release, WHO DON, UKHSA news update, UKHSA report 4, Avian influenza overview scientific report, UKHSA report 5

ECDC assessment:

ECDC assessed the risk of infection of humans with avian influenza viruses of the currently circulating clade 2.3.4.4b A(H5) virus in Europe for the general public in EU/EEA countries as low. The risk to occupationally or otherwise exposed groups to avian influenza-infected birds or mammals including infected cats is currently assessed as low-to-moderate.

With ongoing outbreaks in wild birds, at poultry farms and in other settings, exposed individuals are recommended to wear appropriate personal protective equipment. Health authorities should continue to follow up on those exposed and test people with respiratory symptoms or other atypically severe symptoms following exposure to potentially infected animals for 10–14 days.

More data, such as results from serological investigations, are needed to better understand if these were real infections or contaminations related to exposure to highly contaminated environments where culling takes place.

Actions:

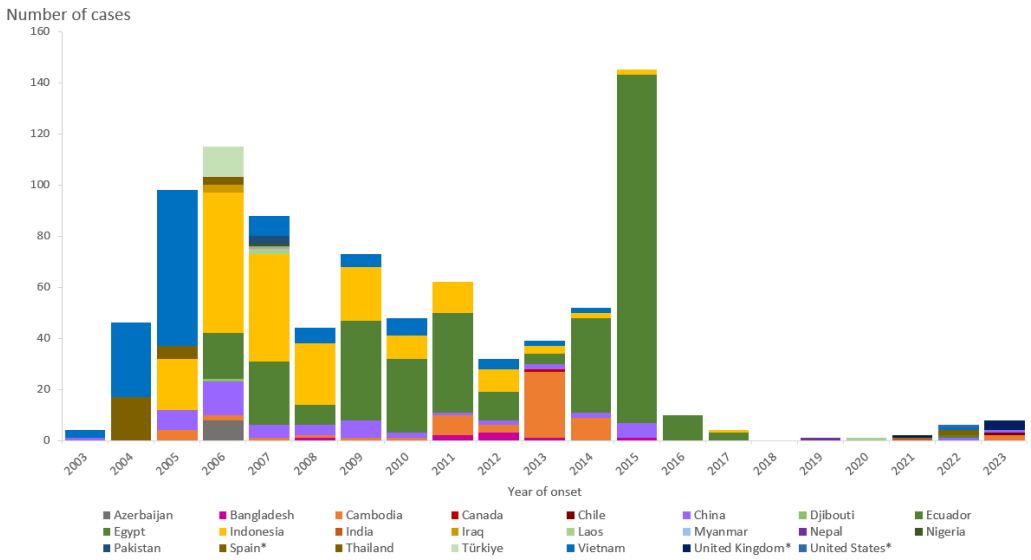
ECDC is closely following this event through epidemic intelligence activities and other partners such as the Directorate-General for Health and Food Safety (DG SANTE), the European Food Safety Authority (EFSA) and the World Health Organization (WHO).

Sources: DON468 | technical-briefing-4 | 2023-E000162

Last time this event was included in the CDTR: 17 July 2023

Maps and graphs

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N1) virus infection by year of onset and country, 2003–2023 (updated on 17 July 2023, n=878*)



*includes five detections due to suspected environmental contamination and no evidence of infection reported in 2022 from Spain and the United States and in 2023 from the United Kingdom.

Source: ECDC

4. Echovirus 11 infections in neonates - multi-country- 2022-2023

Overview:

Summary

On 28 April 2023, the French Paediatric Society with data from the National Reference Centre for Enterovirus (EV) reported that since July 2022, nine neonates had presented with severe sepsis, complicated by hepatic failure, and neurological or myocardial involvement due to infection with E11 in France. Seven neonates died. Reported cases were predominantly male, including four pairs of premature twins and a full-term singleton. Five of nine neonates were born with low birth weight. All cases presented clinical signs between three and six days of age. Maternal clinical symptoms, such as fever and gastrointestinal signs, were reported in four of five mothers during the three days before or on the day of delivery. Seven cases are reported to have occurred in the context of confirmed vertical transmission. According to the French EV surveillance, E11 was the predominant circulating EV in 2022 in neonates (30.2% of identified viruses). It is also reported that circulation of a new variant of E11 has been occurring since June 2022 in metropolitan France and in certain French Overseas Departments and Regions (New Caledonia and Réunion).

On 15 June 2023, a scientific article was published in the Eurosurveillance journal reporting two cases of fulminant hepatitis in Italy linked with E11 infection. The cases are non-identical, male, late pre-term twin brothers who were transferred in April to the neonatal intensive care unit (NICU) due to episodes of apnoea requiring respiratory support. Enterovirus typing was performed in urine and plasma specimens by whole genome sequencing (WGS) and showed the presence of E11. The phylogenetic and molecular analysis concluded that the Italian E11 strains clustered with French strains collected in 2023, which together composed a divergent lineage. The mother presented with a single episode of fever at 35 weeks and two days of gestational age. The infants were born the following day. No specimens were collected from the mother for virological investigations.

Additionally, since the publication of the article, Italy has reported a third case that was admitted to a NICU due to E11 infection.

Public health authorities in Spain have reported two cases of E11 infection. These cases were preterm twins born in January 2023. Both cases were admitted to the NICU after birth, with one recorded death and a diagnosis of severe enterovirus infection with probable vertical transmission, while the second case was discharged from the hospital without sequelae.

On 16 June 2023, public health authorities in the United Kingdom posted a comment on the European surveillance portal for infectious diseases (EpiPulse) notifying of an Echovirus 11 neonatal sepsis event with a fatal outcome soon after birth. The event occurred in March 2023.

On 22 June 2023, public health authorities in Sweden reported four cases of infants with meningoencephalitis due to echovirus11 via Epipulse. These cases were reported between the beginning of 2022 and 15 June 2023.

According to media quoting health authorities, two clusters of EV disease in neonates have been reported from two different hospitals in Croatia. Typing efforts are ongoing and E11 infection has not yet been confirmed for all the cases. Symptoms include meningoencephalitis and myocarditis. One death linked to this event has been **noted** in Croatia among these cases.

Other cases of E11 infection have been reported in 2022 and 2023 in neonates, infants or older children, without full information of the clinical manifestations or outcomes. Yet, Austria, Belgium, Denmark, the Netherlands, Norway and Portugal have not observed an increase of E11 infections associated with severe neonatal cases.

Background

EV are a group of viruses that usually cause self-limited to mild illness. In certain populations, such as neonates, infection by specific serotypes of EV can cause severe illness. The most relevant EV subspecies in neonatal infections include Coxsackievirus B and Echovirus, including multiple distinct serotypes.

Clinical manifestations of EV infection may range from asymptomatic, acute febrile illness to life-threatening disseminated disease. E11 infection in neonates may be associated with severe clinical features, such as sepsis, myocarditis, and meningitis. The most characteristic clinical syndrome in neonates infected with E11 is fulminant hepatitis presenting with profuse bleeding, jaundice and multiple organ failure.

EV are predominately transmitted via faecal-oral and respiratory routes. For previously reported cases of E11 infection in neonates, modes of transmission included vertical transmission (prenatal transplacental or during childbirth), postnatal human-to-human contact, as well as being spread through nurseries and NICUs by caregivers and healthcare workers. Transmission by breastfeeding was also reported to be possible.

For previously reported clusters in neonates, infection and death outcomes have been more frequently associated with E11 when compared with other EV in the same population. For the currently reported cases, and according to the report from French authorities, the high fatality rate observed should be interpreted within the context of neonatal infection within the first seven days of life, prematurity and low birth weight in multifetal pregnancies, and potential changes in the virulence of the circulating E11 genetic lineage.

There are currently no vaccines against EV other than poliovirus, including E11. Overall good hygiene practices, such as frequent handwashing, and good infection control measures are essential to reduce the risk of infection. Standard precautions are recommended for all the hospitalised patients with EV infection and additional contact precautions in neonates and diapered children. Pregnant women near term are advised to avoid contact with people with cold-like or gastrointestinal infections.

Neonates presenting with unexplained sepsis, shock, signs of myocarditis, or hepatic failure, and particularly new-borns whose mother or caregiver has experienced acute illness in the days preceding childbirth should be considered for testing of EV and further EV typing. Specimen types to consider are stool, blood, respiratory specimens and cerebrospinal fluid. For detected E11 infections, it is recommended that samples are made readily available for molecular typing to EV reference laboratories, or according to existing routine surveillance of EV.

Although some countries have EV surveillance, there is no systematic European-wide EV surveillance in place in the EU/EEA. It is therefore difficult to estimate the extent of the current severe neonatal E11 infections or background rates for circulation of E11 viruses in the population. If there is no EV surveillance in place, only the most severe cases will probably be detected through active efforts to test and type specimens from such cases.

Several outbreaks due to E11 infection in neonates, including some which are healthcare-acquired, have been previously reported (1964, 1973, 1979, 1985, 2004, 2018). Some of the outbreaks are reported to have occurred in the context of community circulation of E11.

ECDC assessment:

Based on the available information, ECDC assesses the likelihood of infection with E11 among the neonatal population to be very low, with a high level of uncertainty. The impact of infection is estimated to be moderate, with a high level of uncertainty. Therefore, the overall public health risk for the neonatal population of the EU/EEA is currently estimated to be low. ECDC will reassess the risk as more information becomes available.

On 8 August 2016, ECDC published a Rapid Risk Assessment on enterovirus detections associated with severe neurological symptoms in children and adults in European countries.

Actions:

ECDC published an **epidemiological update** on its website, including case definitions and guidance on testing.

Sources: **Sources:** media1, media2 , WHO DON | e000152 | DON

Last time this event was included in the CDTR: 14 July 2023

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

Overview:

Summary:
By the end of week 28 (ending 16 July 2023), decreasing or stable trends were observed in all 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 17 countries reporting COVID-19 cases, one showed an increase in overall case rates compared to the previous week. Three countries reported an increase in hospital admissions. There were 46 deaths reported from 14 countries, with one country reporting an increase in its COVID-19 death rate in the 65 and above age group. All country-level trends are of short duration and at low levels compared to the pandemic maximum.

No country is predicted to see increases in the number of reported COVID-19 cases, hospital admissions, or deaths in the period up to 30 July 2023, based on ensemble model forecasts.

Among the eight countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 26–27 (26 June to 9 July 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 97.0% (92.9–100.0% from eight countries) for XBB.1.5, 2.2% (0.6–2.4% from three countries) for BA.2.75, and 1.8% (0.6–6.7% from four countries) for XBB.

There are no updates in the cumulative vaccine uptake in the EU/EEA compared to the previous week. 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 29 June 2023 and as of 13 July 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 XBB.1.5-like VOI is the dominant variant in EU/EEA.

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 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 a 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: 14 July 2023

6. West Nile virus One Health seasonal surveillance - 2023

Overview:

This is the eighth weekly update of the 2023 West Nile Virus (WNV) monitoring season.

Since the last update and the beginning of the 2023 WNV monitoring season, and as of 19 July 2023, European Union (EU) and European Economic Area (EEA) countries reported three human cases of WNV infection. Cases were reported by Greece (1), Hungary (1) and Italy (1). The following regions reported cases: Serres in Greece, Hajdú-Bihar in Hungary and Parma in Italy. No deaths related to WNV infection were reported from EU/EEA countries. EU-neighbouring countries have not reported any human cases of WNV infection.

Since the beginning of the 2023 transmission season, 10 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 (ADIS)

ECDC assessment:

This is the first week when human cases were reported during the 2023 West Nile Virus (WNV) monitoring season. During the current transmission season, human cases of WNV infection have been reported from countries that had reported WNV infections in previous years. Considering the weather conditions, further cases are expected to be reported from these countries.

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.

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 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: 14 July 2023

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

Overview:

Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. On 3 May 2023, the **35th meeting** of the Polio Emergency Committee under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus, and it was agreed that it remains a PHEIC. It was recommended that the Temporary Recommendations be extended for a further three months.
In June 2002, the WHO European Region was officially declared polio-free.

Update:

Wild poliovirus (WPV1):
Since 27 June 2023 and as of 18 July 2023, with the date of onset of symptoms in 2023, no new cases of acute flaccid paralysis (AFP) caused by WPV1 have been reported.

Circulating vaccine-derived poliovirus (cVDPV):
Since the previous update, the following cases of polio due to circulating vaccine-derived poliovirus (cVDPV) have been reported with the date of onset of symptoms in 2022:

- No new cases of AFP caused by cVDPV1 have been reported.
- A total of five new cases of AFP due to cVDPV2 have been reported from Benin (2), the Democratic Republic of the Congo (DRC) (2), and Niger (1).
- No new cases of AFP due to cVDPV3 have been reported.

Since the previous update, the following cases of polio due to cVDPV have been reported with the date of onset of symptoms in 2023:

- Eight new cases of AFP caused by cVDPV1 have been reported from the DRC (8).
- Three new countries have reported cases of AFP caused by cVDPV2: Burkina Faso (1), Kenya (2), and Tanzania (1).
- Thirty-four new cases of AFP caused by cVDPV2 have been reported from seven countries: Burkina Faso (1), Central African Republic (CAR) (3), Chad (7), DRC (14), Kenya (2), Nigeria (6), and Tanzania (1).
- No cases of AFP due to cVDPV3 have been reported.

Summary:

Wild poliovirus:
In 2022, and as of 18 July 2023, 30 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries: Pakistan (20) and Afghanistan (2), and one non-endemic country: Mozambique (8). One associated death has been reported in Pakistan. In 2023, and as of 18 July 2023, six cases of AFP caused by WPV1 have been reported from Afghanistan (5) and Pakistan (1) with the date of onset of symptoms in 2023.

Circulating vaccine-derived poliovirus (cVDPV):

With the date of onset of symptoms in 2022:

In 2022, and as of 18 July 2023, 189 cases of AFP caused by cVDPV1 have been reported from five countries: Congo (1), the DRC (146), Mozambique (22), Madagascar (16), and Malawi (4).

Overall, in 2022, 683 cases of AFP caused by cVDPV2 have been reported from 20 countries: Algeria (3), Benin (13), Burundi (1), Cameroon (3), Central African Republic (6), Chad (44), the DRC (366), Eritrea (1), Ethiopia (1), Ghana (3), Indonesia (1), Mali (2), Mozambique (4), Niger (16), Nigeria (48), Somalia (5), Sudan (1), Togo (2), the United States of America (1), and Yemen (162).

In 2022, one case of AFP caused by cVDPV3 was reported from Israel.

With the date of onset of symptoms in 2023:

In 2023, and as of 18 July 2023, 52 cases of AFP caused by cVDPV1 have been reported from three countries: the DRC (36), Madagascar (13), and Mozambique (3).

In 2023, 117 cases of AFP caused by cVDPV2 have been reported from 14 countries: Benin (3), Burkina Faso (1), Central African Republic (10), Chad (15), Côte d'Ivoire (2), the DRC (57), Indonesia (3), Israel (1), Kenya (2), Mali (3), Nigeria (16), Somalia (2), Tanzania (1), and Zambia (1).

In 2023, no cases of AFP caused by cVDPV3 have been reported.

Sources: Global Polio Eradication Initiative | ECDC | ECDC dashboard | WPV3 eradication certificate

ECDC assessment:

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. One EU/EEA country (Romania) and three neighbouring countries (Bosnia and Herzegovina, Montenegro, and Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the **European Regional Certification Commission for Poliomyelitis Eradication (RCC)** report published in February 2023, referring to data from 2021. According to the same report, eight EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and the detection of WPV1 cases in Mozambique in 2022, which are genetically linked to a strain from Pakistan, shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, illustrate the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of under-immunised populations. EU/EEA countries should review their polio vaccination coverage data, ensure there are no immunity gaps in the population, and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors to (>4 weeks) countries categorised by WHO as having the potential risk of causing an international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions:

ECDC provides updates on the polio situation on a monthly basis. ECDC also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains a dashboard showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

Sources: 35th IHR Emergency Committee for Polio

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

8. Botulism - Spain - 2023

Overview:

Summary: On 11 July 2023, Italian health authorities notified Spanish health authorities about two Italian cases of botulism with reported consumption of packaged potato omelette 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 have been contacted for assessing the possible risk outside Spain.

As of 20 July 2023, five confirmed and two probable cases of botulism have been reported with reported consumption of packaged potato omelettes from different brands and supermarkets in different Spanish Autonomous Communities. Three of the confirmed cases required medical attention in intensive care units and, so far, no deaths have been reported. Probable cases are defined as cases with symptoms compatible for botulism and an epidemiological link. Confirmed cases are laboratory-confirmed. Disease onset dates range from 21 June to 10 July 2023. Ages range from 23 to 61 years.

According to AESAN, in four of the cases, the manufacturer of these products is the same. However, the pathogen or its toxins have not been found in the suspected products or their production processes. The investigations are ongoing. As a precautionary measure, the company has voluntarily recalled the products, stopped production, and informed consumers to return all the suspected products they might have bought.

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 [link 1, link 2], AESAN [link 1, link 2]

ECDC assessment:

This is a small outbreak of seven cases of botulism (five confirmed, two probable) with potato omelette as a suspected vehicle. The product has been produced in Spain and the producer and the authorities have initiated recalls and informing the general public. Investigation is ongoing to identify the source of the outbreak.

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

Actions:

ECDC is monitoring this event through its epidemic intelligence activities.