

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 28, 6–12 July 2024

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Executive summary

Imported Oropouche human infections - Multi-country - 2024

- Italy has reported three confirmed cases of Oropouche virus disease in travellers returning from Cuba.
- In addition, Spain has reported three confirmed cases imported from Cuba.
- The risk of infection for EU/EEA citizens travelling to Cuba or the Americas is low, provided that they follow the instructions of public health authorities on the use of personal protective measures against midge and mosquito bites.
- The likelihood of secondary transmission of Oropouche virus within continental Europe is considered very low due to the absence of known competent vectors commonly found in the Americas.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 10 July 2024, West Nile virus (WNV) infection cases have been reported to The European Surveillance System by Spain, Italy and Greece.
- ECDC's weekly surveillance report on West Nile virus infections is available online at the dedicated webpage along with a dashboard: [Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#).

Locally acquired dengue in 2024 in mainland France

On 8 July, France reported an autochthonous case of dengue to ECDC and [to the public](#). The case had onset of symptoms on 17 June and the place of infection was in the region of Occitania.

Multi-country outbreak of *Yersinia enterocolitica* linked to raw goat cheese

- A large outbreak of 136 cases of *Yersinia enterocolitica* biotype 2, serotype O:9 has been identified with cases reported in France (133), Belgium (1), Norway (1), and Luxembourg (1) since January 2024.
- Cases' ages range from three to 85 years and 78 (57%) are females.
- Investigations identified raw milk goat cheese as a vehicle of infection, produced in [France](#). Information reported by countries related to the product distribution and control measures, is included in the RASFF notification [2024.5201](#).
- New cases may occur among consumers who have already bought the product or have been exposed in other settings before withdrawals and recalls have taken effect.

Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

- In Mayotte, since the previous report on 24 June, and as of 2 July, French health authorities have reported four new cholera cases. Since 18 March, and as of 2 July, there have been 214 cases and two deaths.
- Given the identification of several autochthonous cases and the continued importation of cases from the ongoing outbreak in Comoros, the likelihood of further community transmission and the overall risk of cholera for the population of Mayotte remain high.
- In Comoros, since the last available update on 26 June, and as of 10 July, 261 new cholera cases and three new deaths have been reported. As of 10 July 2024, 10 288 confirmed cholera cases and 149 deaths have been reported in the country.

Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring

- Following a period of very low SARS-CoV-2 circulation, there is evidence of increased SARS-CoV-2 activity in primary and secondary care since May in several EU/EEA countries. However, the increase in SARS-CoV-2 positivity was observed without any concurrent increase in respiratory activity (measured by the number of visits to GPs or hospital admissions with respiratory symptoms).
- SARS-CoV-2 test positivity in secondary care is currently the highest among those aged 65 years and above, indicating that vulnerable populations remain at risk of experiencing severe disease.
- Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccine protection of individuals at high risk of severe outcomes (such as older people) remains important.
- The currently circulating and largely dominating SARS-CoV-2 variant BA.2.86 (including subvariants carrying R346T and/or F456L mutations, often referred to in the media as FLiRT variants and including lineages KP.2 and KP.3) is not expected to be associated with increased infection severity or to significantly reduce vaccine effectiveness.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

- On 6 July 2024, Cambodia's Ministry of Health reported one case of A(H5N1) in a child in Po village in Kirivong district in Takeo province.
- On 8 July, a second case was reported in another child in the same village. The two cases are cousins and live in the same house.
- Both cases are receiving intensive care. The condition of the first case has improved, while the second case condition is mild.

- Since 2003, 894 human cases of avian influenza A(H5N1), including 463 deaths (case-fatality rate (CFR): 52%), have been reported in 24 countries worldwide.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

Mass gathering monitoring - Olympic and Paralympic Games - France - 2024

- The Paris [2024 Olympic and Paralympic Games](#) will take place from 26 July to 11 August 2024 and from 28 August to 8 September 2024, respectively.
- ECDC will monitor this mass gathering event through epidemic intelligence activities between 15 July and 13 September 2024, in collaboration with Santé Publique France. Weekly updates will be included in the Communicable Disease Threats Report (CDTR).

Mass gathering monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

- There have been no relevant public health events related to communicable diseases detected in connection with the UEFA EURO 2024 football tournament since monitoring began (10 June 2024) and as of 11 July 2024.
- The probability of infection with communicable diseases for EU/EEA citizens during UEFA EURO 2024 is considered low if requirements and recommendations by public health authorities in Germany are followed. Together with WHO and Germany's Federal Centre for Health Education, ECDC has produced specific [public health advice for the UEFA European Football Championship 2024](#).
- ECDC is monitoring this mass gathering event through its epidemic intelligence activities from 10 June to 19 July in collaboration with the Robert Koch Institute and the World Health Organization's Regional Office for Europe (WHO/Europe).

Mpox Multi-country 2022 - 2024

- Since the previous update (April 2024), and as of 6 July 2024, 246 mpox cases have been reported by 16 EU/EEA countries: Spain (93), France (64), Germany (29), Sweden (27), Greece (7), Belgium (4), Ireland (4), Austria (3), Italy (3), Netherlands (3), Czechia (2), Hungary (2), Poland (2), Bulgaria (1), Croatia (1), and Norway (1).
- Since the start of the global mpox outbreak in May 2022, 22 585 confirmed mpox cases (including 10 deaths) have been reported in TESSy by 29 EU/EEA countries. A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin](#).

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

- Since the previous update on 3 June 2024, and as of 8 July 2024, no new MERS-CoV cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2024, and as of 8 July 2024, four MERS cases, including two fatalities, have been reported in Saudi Arabia. Of these, two are primary cases and two are nosocomial infections.
- Since April 2012, and as of 8 July 2024, a total of 2 622 cases of MERS, including 950 deaths, have been reported by health authorities worldwide.

1. Imported Oropouche human infections - Multi-country - 2024

Overview:

Italy has reported three confirmed cases of Oropouche virus disease in travellers returning from Cuba.

On 7 June 2024, Italy reported that a confirmed case of Oropouche virus disease was identified in a traveller who returned from Cuba to the Veneto Region on 26 May. The traveller experienced symptom onset, including fever, arthralgia, arthritis, headache, and retro-orbital pain, on the day of arrival. The case was hospitalised from 28 to 31 May 2024. Blood tests were performed upon hospital admission, and molecular testing confirmed Oropouche virus disease on 6 June 2024.

Subsequently, in June 2024, two additional cases of human Oropouche virus disease were confirmed in travellers returning from Cuba to Italy.

In July 2024, Spain reported three confirmed cases of Oropouche virus infection in travellers from Cuba. The cases reside in (and have been notified by) three different autonomous regions in Spain. The symptoms onset was from 30 May 2024 to 17 June 2024. The clinical symptoms were mild in all three (fever, myalgias, rash, etc), and all recovered. There is no association among the cases except for a history of a stay in Cuba.

The first outbreak of Oropouche virus disease in Cuba was recently reported ([2024-EVD-00017](#)).

Italy reports that no additional public health measures were taken, as the primary and secondary vectors of the virus are not currently known to be present in the country. There are no known alternative transmission routes for this virus, and no locally acquired cases have been reported in Europe to date.

ECDC assessment:

Oropouche virus disease is a zoonotic disease caused by the Oropouche virus (OROV) (*orthobunyavirus oropoucheense*). Outbreaks of Oropouche virus disease have been reported in humans in several countries in South America (e.g. Brazil, Peru, Argentina, Bolivia, Colombia) and the Caribbean (e.g. Panama, Trinidad and Tobago). The principal vector of the virus is the *Culicoides paraensis* midge, which is widely distributed in the Americas, but absent in Europe. Other known vectors of OROV include *Culex quinquefasciatus*, *Coquillettidia venezuelensis*, *Mansonia venezuelensis*, and *Aedes serratus*. Wild birds and mammals are considered to be the natural hosts of OROV. In humans, Oropouche virus disease can manifest as an acute febrile illness (with headache, nausea, vomiting, muscle and joint pains), occasionally with more severe symptoms (e.g. haemorrhages and meningitis). No direct transmission of the virus from human to human has been documented.

The risk of infection for EU/EEA citizens travelling to Cuba or the Americas is low provided that they follow the instructions of public health authorities on the use of personal protective measures against midge and mosquito bites. Should a case be imported, the likelihood of observing secondary transmission within continental Europe is considered very low as the competent vectors commonly described in the Americas are absent in continental Europe. However, there is no evidence that European midge or mosquito species cannot transmit the virus. To date, the disease is limited to the American continent and no outbreaks of Oropouche virus disease have ever been reported in continental Europe. However, imported cases can be expected in travellers visiting areas with ongoing outbreaks.

Based on International Air Travel Association (IATA) data, the average number of flight passengers arriving from Cuba to the EU/EEA was about 39 000 per month during the first four months of 2024. During the past two years, the month with the highest number of arriving passengers from Cuba was August, with approximately 49 000 passengers. From January to April 2024, the approximate number of travellers from Cuba to various EU/EEA countries was as follows:

- Spain: 50 000 to 60 000
- Germany, France: 20 000 to 30 000

- Italy: 10 000 to 20 000
- Czechia, Poland: 5 000 to 10 000
- Portugal, Belgium, Austria, Hungary, Netherlands, Greece: 1 000 to 5 000
- Sweden, Denmark, Ireland, Romania, Slovakia, Norway, Bulgaria, Finland, Cyprus, Latvia, Croatia, Iceland, Slovenia, Lithuania, Luxembourg, Estonia, Malta: less than 1 000.

Source: International Air Transport Association. MarketIS: IATA; 2024 [Cited 2024 Jun 28]. Requires subscription. Data are IATA's property and licenced to ECDC for research purposes.

Actions:

ECDC will monitor this event through its epidemic intelligence activities and report if new relevant epidemiological information becomes available.

Further information:

The Pan American Health Organization (PAHO) issued an [Epidemiological Alert on Oropouche in the Region of the Americas](#) on 2 February 2024.

Castilletti et al. have published a description of Oropouche virus disease cases in Italy involving two travellers from Cuba, available [here](#).

2. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Since the beginning of 2024, and as of 10 July 2024, human cases of West Nile virus infection have been reported to The European Surveillance System by three EU/EEA countries: Spain, Italy and Greece. The first case from EU/EEA countries in 2024 was [reported in April 2024](#) in Seville, Spain and the patient had developed symptoms in March 2024. The second case was reported in [June 2024 in Modena, Italy](#). On 5 July 2024, [Greece reported](#) that one West Nile virus case had been detected in the region of Larissa, with symptom onset at the end of June 2024.

More background information on the Commission Directives on blood safety and EU/EEA notifications of West Nile virus infections can be found in ECDC's weekly surveillance report on West Nile virus infections which is available online ([Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#)) and at the [West Nile virus Dashboard \(europa.eu\)](#).

Actions:

ECDC is monitoring West Nile virus through indicator- and event-based surveillance activities.

Last time this event was included in the Weekly CDTR: 5 July 2024

3. Locally acquired dengue in 2024 in mainland France

Overview:

On 8 July, France reported an autochthonous case of dengue to ECDC and [to the public](#). The case had onset of symptoms on 17 June, no travel history, and the place of infection was in the region of Occitania. The case was reported and confirmed by the French National Reference laboratory for arboviruses. Two possible places of infection in the region of Occitania are being investigated.

ECDC assessment:

This is the first autochthonous dengue case reported in Europe in 2024. This case is early in the season, but not unusual (in 2022, a case was reported with the earliest date of onset of the symptoms on 12 June).

In 2023, France reported nine outbreaks involving a total of 45 cases of autochthonous human dengue virus infections. In 2022, France also reported nine outbreaks with a total of 65 locally-acquired cases of dengue, which was the highest number of autochthonous cases and outbreaks in the EU/EEA in this century to date.

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

In the past, local outbreaks of dengue have been reported by France, Italy, Spain, and Croatia. More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA, and in ECDC's [dengue](#) factsheet.

Actions:

Investigations are ongoing and vector control measures have been carried out. Relevant measures were taken by France's public health authorities to prevent transmission through substances of human origin.

4. Multi-country outbreak of *Yersinia enterocolitica* linked to raw goat cheese

Overview:

France has reported an outbreak of *Yersinia enterocolitica* corresponding to biotype 2, serotype O:9. As of 11 July 2024, 133 cases have been identified with isolation dates between 27 January and 28 June 2024. Cases are aged between three and 85 years (median 49), and 76 (57%) are women. Provence-Alpes-Côte d'Azur region (southeast region of France) is most impacted, with 57 cases, but cases have been identified in all regions of mainland France. Among 57 interviewed cases, the most recent onset date is 10 June.

An unusually high consumption of a raw milk goat cheese, a specialty from southeast France, was observed among the cases. Information reported by countries related to the product distribution and control measures is included in RASFF ([2024.5201](#)).

Belgium reports one male case with an identical sequence from April 2024

Luxembourg reports one female case with an identical sequence from April 2024.

Norway reports one female case with an identical sequence from March 2024.

ECDC assessment:

Given the distribution of the implicated products in several EU/EEA countries, the risk of contracting yersiniosis is high among consumers who have bought the implicated products or have been exposed in other settings before control measures have taken effect. New cases may occur in the EU/EEA countries involved and historical cases may be identified retrospectively. The reported cases may represent a small fraction of all cases due to lack of referred isolates and routine sequencing. As control measures have been implemented in countries, this reduces the risk for further human infections related to this event.

Actions:

ECDC is monitoring the event through its epidemic intelligence activities and is in contact with Member States and EFSA.

Further information:

[Public warning](#) in France.

5. Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

Overview:**Update**

In Mayotte, since the previous report on 24 June, and as of 2 July, [French health authorities](#) have reported four new cholera cases, all autochthonous and located in the commune of Mamoudzou.

Since 18 March, and as of 2 July, French health authorities have reported 214 cholera cases and two deaths. Of these, 193 cases have been acquired locally and 21 were imported from the Comoros or African countries.

Further information on the case definition and close contacts is available on the [Prefecture of Mayotte's](#) website.

Since the last update on 26 June, and as of 30 June, [Comoros Health Authorities](#) have reported 261 new cholera cases and three new deaths. Since the outbreak was declared on 2 February 2024 in the Union of the Comoros, and as of 10 July, a total of 10 288 cases and 149 deaths have been reported on the three islands. In all, 10 130 cases have recovered.

Background

On 31 January 2024, a boat from Tanzania carrying 25 people [arrived in Moroni](#), the capital of the Comoros archipelago. One person on board died of suspected cholera and several others were symptomatic. The Comoros Ministry of Health [declared](#) a cholera outbreak on 2 February. The first locally transmitted cases in Comoros were reported on 5 February in Moroni. Cholera cases were also detected in Moheli and Anjouan by the end of February and during the first week of March.

Following the increase in cholera cases in Comoros during February, the Mayotte Regional Health Agency (ARS Mayotte) [announced](#) that health surveillance capacities would be strengthened on the island, including risk communication for health professionals and passengers. The first [imported cholera](#) case was detected in Mayotte on 18 March.

There is frequent undocumented population movement between the Comoros archipelago and the French territory of Mayotte. No cholera cases had been reported in Mayotte since 2000.

Cholera is a bacterial disease caused by the bacterium *Vibrio cholerae*. The main risk factors are associated with poor water, sanitation and hygiene practices. Several countries in eastern and southern Africa are currently responding to cholera outbreaks. Response efforts are constrained by global shortages of cholera vaccines.

ECDC assessment:

Given the detection of several autochthonous cases of cholera in Mayotte, ECDC assesses the likelihood of further community transmission of cholera in Mayotte as high. The impact of the cholera outbreak in Mayotte is considered to be high. The overall risk of cholera for the population in Mayotte is therefore assessed as high.

Early detection and response activities are essential and have been reinforced in the French territory of Mayotte, as well as increasing awareness among healthcare workers and at points of entry.

Actions:

ECDC is in contact with France's authorities and relevant partners and is monitoring the situation through its epidemic intelligence activities.

Last time this event was included in the Weekly CDTR: 28 June 2024

6. Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring

Overview:**Key indicators**

All data are provisional. Interpretation of trends, particularly for the most recent weeks, should consider the impact of possible reporting delays, non-reporting by individual countries or overall low testing volumes in primary care sentinel sites. 'Country notes' in the footer explain known issues with reported data.

Syndromic surveillance in primary and secondary care indicates that respiratory activity remains at baseline levels in EU/EEA countries, at similar levels to that observed during summer 2023.

Evidence of SARS-CoV-2 activity in both primary and secondary care was observed for some reporting EU/EEA countries.

- Increase in SARS-CoV-2 activity started about six weeks earlier than during summer 2023, but the trends are comparable in terms of the number of tested samples and positivity rates in both primary and secondary sentinel systems.
- In primary care sentinel systems (general practitioners), pooled test positivity remained at 29%, but the median test positivity decreased to 7%, with one country contributing to 60% of all tested samples and reporting >40% positivity.
- In SARI sentinel systems (hospitals), the pooled test positivity increased to 37%, although it should be noted that only four countries reported this week and that the median test positivity remained around 30%. The age group 65 years and above remained the most affected (>40% positivity), but the positivity also increased in the 0–4 and 15–64 age groups, reaching >25%.
- While there is an increased positivity in primary and secondary care sentinel systems, sentinel syndromic ILI and ARI rates show no increases above baseline levels.
- Non-sentinel secondary care data showed similar trends to the sentinel system, with four EU/EEA countries continuing to report increasing numbers of positive test results among hospitalised patients. Additionally, there was evidence of increased deaths related to SARS-CoV-2 in two countries.

Seasonal influenza activity at the EU/EEA level remained stable at low levels in reporting EU/EEA countries.

Respiratory syncytial virus (RSV) activity remained low in the reporting EU/EEA countries.

Virus characterisation

Influenza for week 40, 2023 to week 27, 2024

During the above period, 3 882 A(H1N1)pdm09, 1 557 A(H3) and 505 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:

- 3 875 were A(H1N1)pdm09 – 2 676 (69%) were subclade 5a.2a and 1 199 (31%) were subclade 5a.2a.1.
- 1 554 were A(H3) – 30 (2%) were subclade 2a, 11 (0.7%) were subclade 2a.3a, 1 512 (97%) were subclade 2a.3a.1, and 1 (0.1%) were subclade 2a.3b.
- 505 were B/Vic – all were subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 25–26 (17 June to 30 June 2024)

The estimated distribution (median and IQR of proportions from six countries submitting at least 10 sequences) of variants of concern (VOCs) or variants of interest (VOIs) was:

- 99% (97–100%) for BA.2.86 (752 detections from six countries).

For information on SARS-CoV-2 variants classified as variants under monitoring (VUM), visit [ECDC's variant page](#).

ECDC assessment:

Influenza and RSV activity in the EU/EEA remain at low levels. Following a period of very low activity, there is evidence of increased SARS-CoV-2 activity for some reporting countries in both primary and secondary care, with those aged 65 years and above at greatest risk of experiencing severe disease. Although COVID-19 hospital admissions, ICU admissions and deaths remain low at the EU/EEA level, increases in SARS-CoV-2 activity highlight the continued need to monitor the impact of SARS-CoV-2 at national and regional level.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages, and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries continue to sequence SARS-CoV-2-positive clinical specimens and report to GISAID and/or TESSy. It is therefore important that testing of symptomatic individuals for SARS-CoV-2 continues during the summer period.

Vaccination remains critically important to protect individuals at high risk of severe outcomes, such as older adults. While COVID-19 vaccination continues to protect against severe disease, its effect wanes over time and individuals at higher risk should stay up-to-date with COVID-19 vaccination, as per national recommendations.

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary ([ERVISS.org](#)). Updated weekly, ERVISS describes the epidemiological and virological situation for respiratory virus infections across the EU/EEA and follows the principles of integrated respiratory virus surveillance outlined in '[Operational considerations for respiratory virus surveillance in Europe](#)'

Further information:

- Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's [RespiCast](#).
- [EuroMOMO](#) is a weekly European mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats.
- WHO [recommends](#) that trivalent vaccines for use during the 2023–2024 influenza season in the northern hemisphere contain the following (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Darwin/9/2021 or A/Darwin/6/2021 (H3N2)-like virus (clade 2a); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- Antigenic characterisation data presented in the WHO [2024-2025 northern hemisphere vaccine composition](#) report indicate current northern hemisphere vaccine components are well matched to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. While components also appear well matched for 2a.3a A(H3) clade viruses, 2a.3a.1 clade viruses are less well matched. Based on human post-vaccination serology studies,

haemagglutination inhibition and virus neutralisation against some recent 2a.3a.1 viruses were significantly reduced for some serum panels.

- ECDC has [published](#) interim influenza vaccine effectiveness (VE) estimates for the 2023–2024 season. Analysis of data submitted from multi-country primary care and hospital study sites between September 2023 and January 2024 indicated that up to 53% and 44% of vaccinated individuals in primary care or hospital settings, respectively, were protected against mild and severe influenza.

Sources: [ERVISS](#)

Last time this event was included in the Weekly CDTR: 5 July 2024

Table 1. Overview of key indicators of activity and severity in week 27

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 27	Week 26	Description	Value	
Primary care consultation rates	ARI	8 rates (6 MEM)	8 rates (6 MEM)	Distribution of country MEM categories	6 Baseline	
	ILI	11 rates (11 MEM)	12 rates (12 MEM)		10 Baseline 1 Low	
Primary care sentinel positivity	SARS-CoV-2	9	13	Pooled (median; IQR)	29% (7.1; 5.1–12%)	Stable trend in pooled test positivity, but slight decrease in median test positivity compared to last week; only one country reporting >40% positivity this week; two countries reporting 10–15% positivity; and four countries reporting 5–10% positivity.
	Influenza	9	12		1.5% (0; 0–1%)	Stable trend of very low circulation; only one country reporting >7% positivity.
	RSV	10	12		0.1% (0; 0–0%)	Stable trend of very low circulation.
SARI consultation rates	SARI	6	8			Stable or decreasing rates continue to be reported at levels comparable to the same time last year.
SARI positivity	SARS-CoV-2	4	6	Pooled (median; IQR)	37% (30; 27–34%)	Increasing trend in pooled test positivity, but median test positivity remains stable compared to last week; all four reporting countries reported >19% positivity this week. In data from non-sentinel sources, four countries continued to report an increase in hospitalisations and two countries reported an increase in deaths in the age group 65 years and above.
	Influenza	4	6		1.7% (0.5; 0–2.8%)	Stable trend of very low circulation; only one country reporting 8% positivity.
	RSV	4	5		0.6% (0; 0–0.3%)	Stable trend of very low circulation.
Intensity (country-defined)	Influenza	15	16	Distribution of country qualitative categories	8 Baseline 7 Low	
Geographic spread (country-defined)	Influenza	14	15	Distribution of country qualitative categories	7 No activity 5 Sporadic 2 Regional	

Source: ECDC

Table 2. Virological distribution for week 27 and the period week 25, 2024 to week 27, 2024

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 27			Period 2024-2025			Week 27			Period 2024-2025			Week 27		Period 2024-2025	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
Influenza	11	100	1.5%	39	100	1.4%	6	100	1.7%	20	100	0.9%	127	100	570	100
Influenza A (total)	4	40	0.5%	20	53	0.7%	4	67	1.1%	8	67	0.4%	43	36	230	43
A(H1)pdm09	3	75		11	69								8	73	34	72
A(H3)	1	25		5	31								3	27	13	28
A (unknown)				4			4			8			32		183	
Influenza B (total)	6	60	0.8%	18	47	0.6%	2	33	0.6%	4	33	0.2%	76	64	302	57
B/vic				5	100								1	100	5	100
B (unknown)				13			2			4			75		297	
Influenza untyped	1			1						8		0.4%	8		38	
RSV	1		0.1%	2		0.1%	2		0.6%	3		0.1%	9		60	
SARS-CoV-2	222		29.2%	809		29.3%	141		36.8%	486		21.6%	11 390		33 385	

Source: ECDC

7. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Overview:

Update: On 6 July 2024, Cambodia's Ministry of Health reported one case of A(H5N1) in a child in Po village, Prasat Choan Chum commune, Kirivong district, Takeo province. The case had a fever, a cough, tiredness, and difficulty breathing. At present, the patient's condition has improved and they are receiving intensive care by doctors. According to interviews, about 10 days ago the case touched and held a dead chicken found in the village.

On 8 July 2024, Cambodia's Ministry of Health reported a second case in a child from the same location as the case reported on 6 July. The case is a cousin of the first case and lived in the same

house. According to a Ministry of Health statement, the second case also touched the same dead chicken. At present, the patient's condition is mild and they are receiving intensive care by doctors.

Virus clade has not been yet identified for either of the cases.

Since 2003, Cambodia has reported 69 human A(H5N1) cases with 42 fatalities, highlighting the ongoing zoonotic transmission risk in the region. Health authorities are conducting contact tracing, administering oseltamivir prophylaxis to close contacts, and emphasising the importance of proper handling and cooking of poultry to prevent further infections.

Summary:

Globally, since 2003, and as of 22 May 2024, there have been 894 human cases*, including 463 deaths (CFR: 52%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, United Kingdom and the United States). To date, no sustained human-to-human transmission has been detected. In 2024, 14 cases, including two deaths, have been reported in four countries: Cambodia (seven cases, one death), the United States (four cases), Vietnam (two cases, one death), and Australia (one case).

**Note: this includes six detections due to suspected environmental contamination and no evidence of infection that were reported in 2022 by Spain (2 detections) and the United States (1), as well as in 2023 by the United Kingdom (3).*

Sources: [Ministry of Health in Cambodia](#); [ECDC Avian influenza](#)

ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. The current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

Direct contact with infected birds or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk. The recent severe cases in Asia and South America in children and people exposed to infected, sick or dead backyard poultry underline the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

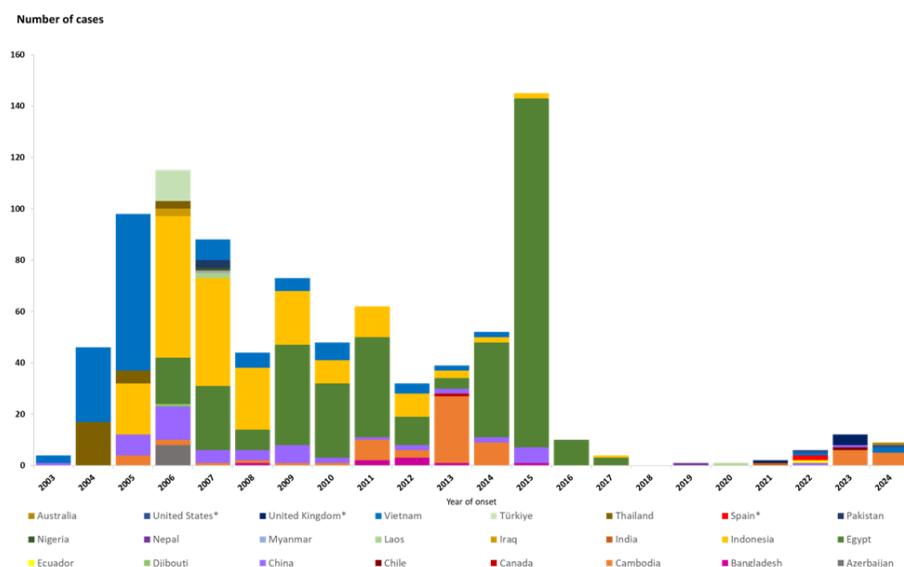
Actions:

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of the [avian influenza situation](#).

Sources: [42877](#) | [2023-E000065](#) | [2023-E000065](#) | [2024-e000237](#)

Last time this event was included in the Weekly CDTR: 24 May 2024

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N1) virus infection by year of onset and country, 2003–22 May 2024 (n=891)



*Includes six detections due to suspected environmental contamination and no evidence of infection reported in 2022 from Spain (2) and the United States (1) and in 2023 from the United Kingdom (3).

Source: ECDC

8. Mass gathering monitoring - Olympic and Paralympic Games - France - 2024

Overview:

The Paris [2024 Olympic and Paralympic Games](#) will take place from 26 July to 11 August 2024 and from 28 August to September 2024, respectively. Around 15 000 athletes are expected, 20 countries will be represented, and the event will involve up to 50 000 volunteers. A total of [11.3 million visitors](#) are projected to attend the Olympics and 3.8 million the Paralympics. During the first phase of the ticket sale, there were buyers from 158 different countries, although most buyers were from France.

The Games will be hosted at [13 sites](#) in Paris, 12 sites outside Paris in the Ile-de-France region, as well as 10 sites across eight other cities (Saint-Etienne, Marseille, Lyon, Chateauroux, Nice, Bordeaux, Nantes, Villeneuve-d'Ascq), and one overseas territory (Tahiti). Up to 90% of the competitions will occur in the Ile-de-France region. Different activities will be organised to celebrate the Games across France, and many gatherings will take place. In Paris, the [Club France Paris 2024](#), a special zone with activities for fans, will be held at La Villette: up to 700 000 people are expected to visit to attend activities and celebrations.

Actions:

ECDC will monitor this mass gathering event through epidemic intelligence activities between 15 July and 13 September 2024, in collaboration with Santé Publique France, and will include weekly updates in the Communicable Disease Threats Report (CDTR). On 14 June 2024, ECDC [published](#) a document with considerations for public health authorities in the EU/EEA on mass gatherings and infectious disease.

9. Mass gathering monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

Overview:

Since 10 June, when the monitoring of the UEFA European Football Championship 2024 started, and as of 11 July, no relevant public health events related to communicable diseases have been detected.

Background

The UEFA European Football Championship 2024 is taking place in Germany between 14 June and 14 July. Around 2.8 million people are expected to follow the 51 scheduled matches of the 24 qualified national teams, taking place in 10 stadiums in 10 German cities: Berlin, Dortmund, Düsseldorf, Frankfurt (Main), Gelsenkirchen, Hamburg, Cologne, Leipzig, Munich, and Stuttgart.

The stadiums have registered [different capacities for EURO 2024](#), with Berlin, Munich and Dortmund having the largest stadiums and Leipzig and Cologne having the venues with the smallest capacities.

National teams from the following 24 countries, including host country Germany, have qualified for the Championship: Albania, Belgium, Denmark, England, France, Georgia, Italy, Croatia, the Netherlands, Austria, Poland, Portugal, Romania, Scotland, Switzerland, Serbia, Slovakia, Slovenia, Spain, Czech Republic, Turkey, Ukraine and Hungary.

In addition to the matches in the stadiums, a large number of [public viewing events](#) have taken place in Germany, such as the transmission of football matches on television screens outside the home environment. These include the viewing of matches in the official fan zones that UEFA operates in the 10 host cities for each match. Most visitors are expected in [Berlin](#) and in [Frankfurt](#). Non-commercial and commercial public viewing events can be registered in other German cities by arranging a mandatory UEFA public viewing licence.

ECDC assessment:

Mass gathering events involve a large number of visitors in an area at the same time. This may increase the risk of communicable disease outbreaks and non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions.

The probability of EU/EEA citizens becoming infected with communicable diseases during the UEFA European Football Championship 2024 is considered to be low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities or contact with people should symptoms occur, and seeking prompt testing and medical advice as needed. This is particularly important in relation to vaccine-preventable diseases that may be on the increase in the EU/EEA, such as [measles](#) and [whooping cough](#).

In collaboration with the German Federal Centre for Health Education (BZgA) and ECDC, WHO has published [public health advice for travellers attending the UEFA EURO 2024](#). In addition, given that Europe will be hosting a range of other high-profile events this summer, including the 2024 Summer Olympics and Paralympics in Paris, ECDC has published [recommendations for public health authorities](#) preparing for mass gathering events.

Actions:

ECDC will monitor this mass gathering event through epidemic intelligence activities from 10 June to 19 July 2024 in collaboration with the Robert Koch Institute and the World Health Organization Regional Office for Europe (WHO/Europe), and including weekly updates in the Communicable Disease Threats Report (CDTR).

Last time this event was included in the Weekly CDTR: 5 July 2024

10. Mpox – Multi-country – 2022–2024

Overview:

Since the last update (April 2024), and as of 6 July 2024, 246 mpox cases have been reported by 16 EU/EEA countries: Spain (93), France (64), Germany (29), Sweden (27), Greece (7), Belgium (4), Ireland (4), Austria (3), Italy (3), Netherlands (3), Czechia (2), Hungary (2), Poland (2), Bulgaria (1), Croatia (1), and Norway (1). Overall, in 2024 and as of 6 July, the total number of mpox cases reported in EU/EEA is 609 while, in total, in 2023, 860 cases had been reported.

Since the start of the mpox outbreak in 2022, and as of 6 July 2024, 22 585 confirmed cases of mpox (MPX) have been reported by 29 EU/EEA countries: Spain (8 084), France (4 272), Germany (3 850), Netherlands (1 304), Portugal (1 193), Italy (1 049), Belgium (810), Austria (348), Sweden (299), Ireland (249), Poland (223), Denmark (198), Norway (106), Greece (99), Hungary (85), Czechia (82), Luxembourg (61), Romania (47), Slovenia (47), Finland (43), Malta (35), Croatia (34), Iceland (17), Slovakia (16), Estonia (11), Bulgaria (7), Latvia (6), Cyprus (5), and Lithuania (5). Deaths have been reported by: Portugal (3), Spain (3), Belgium (2), Austria (1), and Czechia (1).

Since the start of the mpox outbreak in 2022, and as of 6 July 2024, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported by Türkiye.

On 4 July 2024, ECDC, in collaboration with WHO, published a [Rapid Communication article in Eurosurveillance](#) describing mpox trends in the WHO European Region since the beginning of the outbreak and until 10 June 2024. According to the analysis, there has been no change in the demographics of the reported mpox cases since the beginning of the epidemic in the European Region.

Globally, 97 745 confirmed mpox cases, including 203 deaths, have been reported by 116 countries until May 2024, according to the [WHO report on Mpox Global Trends](#) produced in June 2024. There is a 2.3% decrease in the number of cases reported in May 2024 compared to the cases reported in April 2024.

In November 2023, WHO [reported](#) that a cluster of sexually transmitted mpox cases and cases among sex workers due to MPXV clade I had been reported in the Democratic Republic of the Congo (DRC). Until the end of June 2024, 9 716 cases (1 135 confirmed and 8 581 suspected) had been reported in the country according to the [Africa CDC Epidemic Intelligence Report issued on 6 July 2024](#). ECDC published a Threat Assessment Brief on the event on 5 December 2023, assessing the risk for the general population and the population of MSM in EU/EEA countries from the epidemic of mpox due to MPXV clade I in DRC as low. An epidemiological update was also [published by ECDC on 5 April 2024](#).

In June 2024, South Africa reported the first mpox cases reported in the country since 2022. According to the update [published by the South African Ministry of Health, until 25 June 2024](#), 20 cases (incl. three deaths) had been reported, all in males aged 23–43 years. Genomic analysis of five of the reported cases identified the subclade IIb MPXV which is linked to the multi-country outbreak ([WHO Disease Outbreak News: Mpox – South Africa \(9 July 2024\)](#)).

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

ECDC assessment:

As the number of new infections remains relatively low in Europe, the overall risk of mpox infection is assessed as low for MSM and very low for the broader population in the EU/EEA.

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

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies should target individuals with the highest risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and other men who have sex with men, and transgender people, who are at higher risk of exposure, as well as individuals at risk of occupational exposure. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance, and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023. ECDC published a [Threat Assessment Brief on MPXV clade I in the Democratic Republic of the Congo \(DRC\) on 5 December 2023](#), and an [epidemiological update on 5 April 2024](#).

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of Pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to Pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

Last time this event was included in the Weekly CDTR: 12 April 2024

11. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

Overview:

Update: Since the previous update on 3 June 2024, and as of 8 July 2024, no new MERS-CoV cases have been reported by the World Health Organization (WHO) or national health authorities.

Summary: Since the beginning of 2024, and as of 8 July 2024, four MERS cases, including two fatalities, have been reported in [Saudi Arabia](#) with date of onset in 2024.

Since April 2012, and as of 3 June 2024, a total of 2 625 cases of MERS, including 951 deaths, have been reported by health authorities worldwide.

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

ECDC assessment:

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

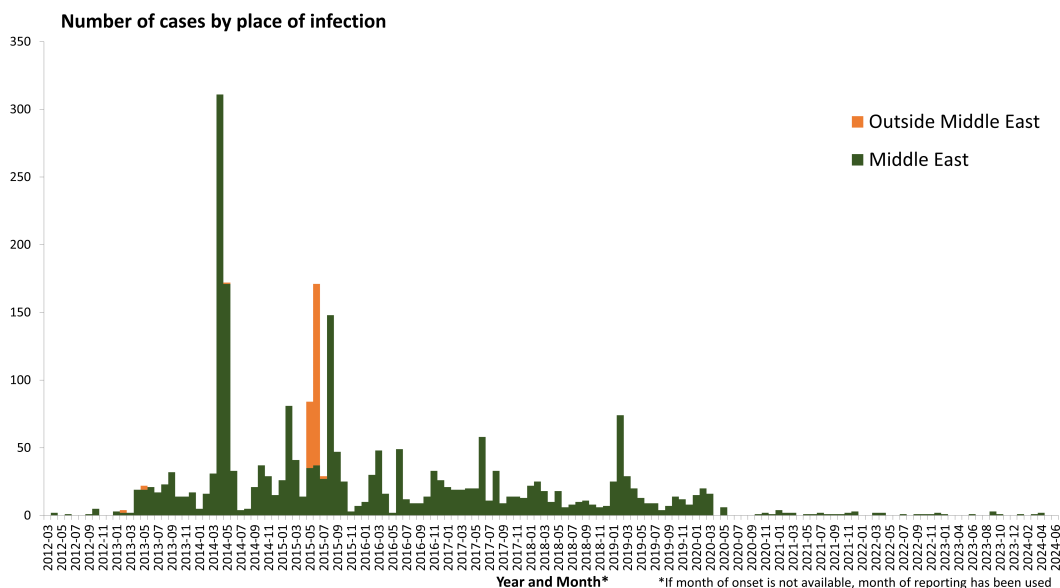
ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which is still useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment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

Actions:

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis or when new epidemiological information is available.

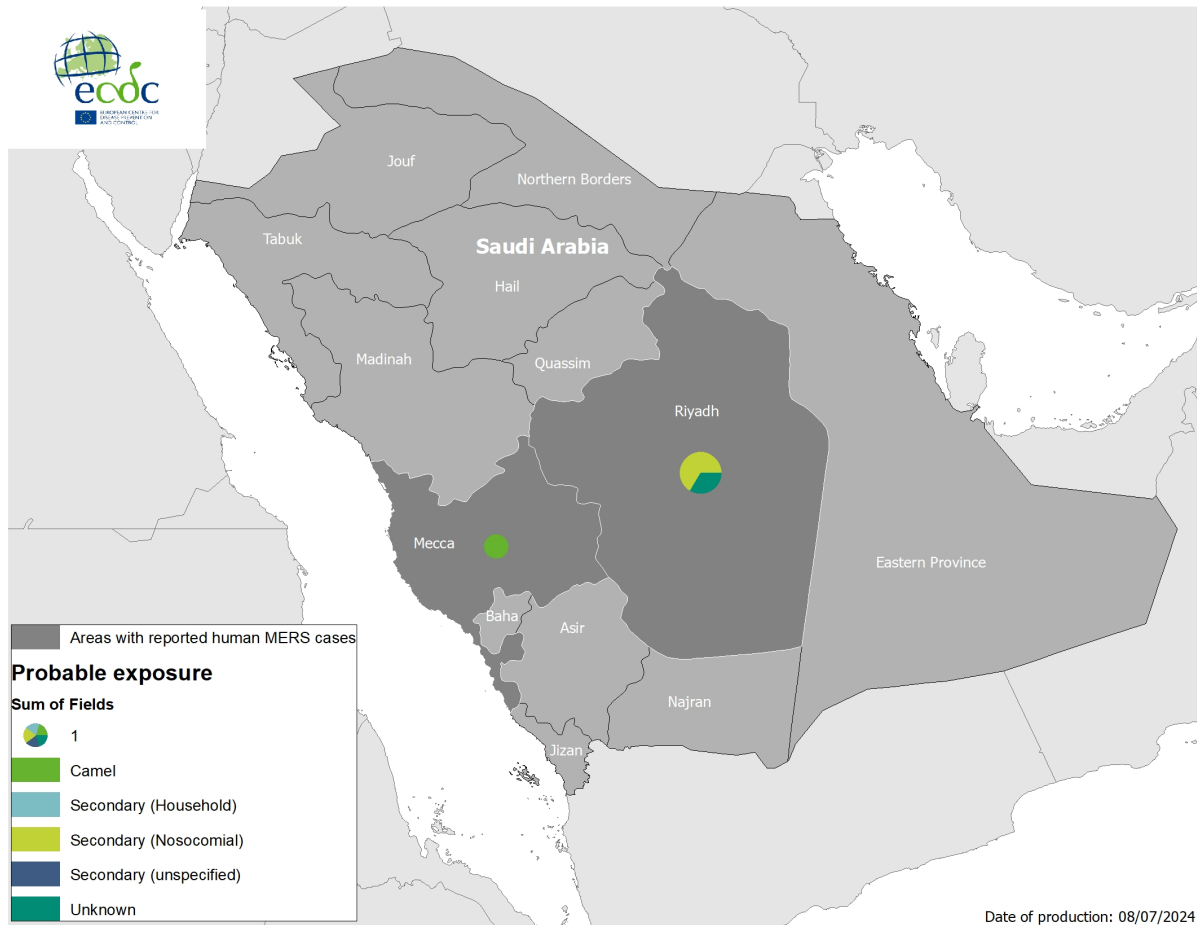
Last time this event was included in the Weekly CDTR: 7 June 2024

Figure 2. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012– June 2024



Source: ECDC

Figure 3. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from 1 January to 8 July 2024



Source: ECDC

Events under active monitoring

- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 28 June 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 28 June 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 28 June 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring - last reported on 28 June 2024
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 28 June 2024
- Mass gathering monitoring - UEFA European Football Championship - 2024 - Weekly monitoring - last reported on 28 June 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 28 June 2024
- Risk assessments under production - last reported on 20 June 2024
- Avian influenza A(H5N6) – Multi-country – Monitoring human cases - last reported on 20 June 2024
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 14 June 2024
- Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring - last reported on 14 June 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 12 July 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 12 July 2024
- Mpox Multi-country 2022 - 2024 - last reported on 12 July 2024
- Mass gathering monitoring - Olympic and Paralympic Games - France - 2024 - last reported on 12 July 2024
- Locally acquired dengue in 2024 in mainland France - last reported on 12 July 2024
- Multi-country outbreak of *Yersinia enterocolitica* linked to raw goat cheese - last reported on 12 July 2024
- Imported Oropouche human infections - Multi-country - 2024 - last reported on 12 July 2024
- SARS-CoV-2 variant classification - last reported on 07 June 2024
- Seasonal surveillance on West Nile virus infections starts in week 23 - last reported on 07 June 2024
- Out-of-season increase in norovirus (NoV) activity - last reported on 07 June 2024
- Oropouche virus disease - Cuba - 2024 - last reported on 07 June 2024
- Increase in parvovirus B19 detections – Multi-country – 2024 - last reported on 05 July 2024
- Highly pathogenic avian influenza A(H5N1) in cattle and related human cases – United States – 2024 - last reported on 05 July 2024
- Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024 - last reported on 05 July 2024
- Botulism - Germany - 2024 - last reported on 05 July 2024