WEEKLY BULLETIN

Communicable Disease Threats Report

Week 29, 13 - 19 July 2024

This week's topics

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Executive Summary

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

Summary:

- On 14 July 2024, the Colorado Department of Public Health and Environment reported five human cases of A(H5) avian influenza virus infection.
- CDC has confirmed that four cases are A(H5), but the specimen have not been confirmed as H5N1. One additional case is presumptive positive and is pending confirmation at CDC.
- All infections occurred in workers responding to the avian flu outbreak at a commercial egg layer operation.
- Since 2003, 901 human cases of avian influenza A(H5N1), including 463 deaths (case-fatality rate (CFR): 51%), 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.

Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring

- In May 2024, 26 countries reported measles data to The European Surveillance System (TESSy), with 672 cases reported by 18 countries. Eight countries reported zero cases.
- Through its epidemic intelligence activities, ECDC has identified 3 010 new measles cases in 19 EU/EEA countries that were not reported before the last monthly update.
- In 2024, 19 measles-related deaths have been reported in Romania (18) and Ireland (1).
- Overall, measles transmission in the EU/EEA has been increasing over the last 12 months, although the situation varies by country, with some countries reporting large outbreaks and others sustaining no or very low transmission.
- Relevant updates outside the EU/EEA are available for Switzerland, the UK, and countries in the Western Balkan and WHO Regions.

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

- Following a period of very low SARS-CoV-2 circulation, there has been evidence of increased SARS-CoV-2 activity in primary and secondary care since May in several EU/EEA countries, albeit with a slight decrease in positivity in the past two weeks. Importantly, the elevated 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 currently remains 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.

Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

- In Mayotte, since the previous report on 2 July, and as of 15 July, French health authorities have reported five new cholera cases. Since 18 March, and as of 15 July, there have been 219 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 remains high.
- There have been no further updates in Comoros, since the last available update on 10 July. As of 10 July 2024, 10 288 confirmed cholera cases and 149 deaths have been reported in the country.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 17 July 2024, West Nile virus (WNV) infection cases have been reported to The European Surveillance System (TESSy) 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).

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

- Since the start of the monitoring period on 15 July and as of 18 July, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic Games.
- The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is considered to be low, if preventive measures are applied.
- ECDC is monitoring this mass gathering event through epidemic intelligence activities until 13 September 2024, in collaboration with Santé Publique France and partners. Weekly updates will be included in the Communicable Disease Threats Report (CDTR).

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

- ECDC concluded monitoring the UEFA EURO 2024 football tournament through its epidemic intelligence activities on 19 July 2024.
- No infectious disease events of relevance for the EU/EEA were detected during the tournament.
- ECDC's Epidemic Intelligence Group acknowledges the excellent collaboration with the Robert Koch Institute and the World Health Organization's Regional Office for Europe (WHO/Europe) in monitoring this event.

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

Overview:

Update: On 14 July 2024, the Colorado Department of Public Health and Environment (CDPHE), in coordination with the Colorado Department of Agriculture, the State Emergency Operations Center, and Centers for Disease Control and Prevention reported a total of five human cases of avian influenza in workers responding to the avian flu outbreak at a commercial egg layer operation. CDC has confirmed that four cases are A(H5), but have not been confirmed yet as H5N1. One additional case is presumptive positive and is pending confirmation at CDC.

The workers were culling poultry at a farm in northeast Colorado and exhibited mild symptoms, including conjunctivitis (pink eye) and common respiratory infection symptoms. None were hospitalised. State epidemiologists suspect the poultry workers' cases are a result of working directly with infected poultry. The investigation is ongoing with support from CDC.

There are no signs of unexpected increases in flu activity otherwise in Colorado, or in other states affected by H5 avian influenza outbreaks in cows and poultry.

CDC's recommendations related to avian influenza A(H5Nx) have not changed at this time and the current risk assessment for the general public remains low. Historically, most human cases of avian influenza infection have happened in people who were not wearing recommended personal protective equipment. An analysis of the virus sequences from this outbreak also will be important to determine if a change in the risk assessment is warranted.

Summary:
Globally, since 2003, and as of 22 May 2024, there have been 901 human cases*, including 463 deaths (CFR: 51%), 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, 19 cases, including two deaths, have been reported in four countries: Cambodia (seven cases, one death), the United States (nine 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); the total number also includes the five cases from Colorado, US, reported on 14 July 2024, which are pending the neuraminidase designation.*

Sources: Colorado Department of Public Health & Environment; 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.

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

2. Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring

Overview:

In May 2024, 26 countries reported measles data to The European Surveillance System (TESSy), with 672 cases reported by 18 countries. Eight countries reported zero cases.

In the most recent 12-month period, from 1 June 2023 to 31 May 2024, 30 EU/EEA Member States reported 6 742 measles cases, 5 778 (85.7%) of which were laboratory-confirmed. During this 12-month period, two countries (Latvia and Luxembourg) reported zero cases. The highest number of cases were reported by Romania (4 115), Italy (597), Austria (510), France (395), and Belgium (320). The highest notification rates were observed among infants under one year of age (186.5 cases per million) and children aged 1-4 years (119.7 cases per million). Four deaths attributable to measles were reported to ECDC during the 12-month period by Romania (three) and Ireland (one). Detailed data are available in ECDC's Surveillance Atlas of Infectious Diseases and the Measles and Rubella monthly report.

Complementary epidemic intelligence surveillance with data collection conducted between 8 and 11 July 2024 from official public and media sources detected 3 010 new suspected and/or confirmed measles cases, including three new deaths, that were not reported before the last monthly update. New cases were reported in 19 EU/EEA countries in recent months: Austria (new: 18, total: 464), Belgium (new: 177, total: 265), Bulgaria (new: 10, total: 17), Cyprus (new: 2, total: 24), Czechia (new: 1, total: 29), Denmark (new: 1, total: 19), France (new: 3, total: 168), Germany (new: 57, total: 390), Greece (new: 6, total: 29), Ireland (new: 17, total: 69, including 1 death), Italy (new: 157, total: 556), Lithuania (new: 1, total: 26), Netherlands (new: 25, total: 105), Norway (new: 3, total: 6), Poland (new: 31, total: 222), Romania (new: 2 392 cases, three deaths, total: 17 733, including 18 deaths), Slovenia (new: 13, total: 16), Spain (new: 90, total: 161), Sweden (new: 7, total: 21).

Overall, 19 measles-related deaths have been reported in the EU/EEA in 2024, in Romania (18) and in Ireland (1).

Relevant updates for outside the EU/EEA are available for Switzerland, the UK, and countries in the Western Balkan and WHO Regions.

Disclaimer: *The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. Sometimes this information is made available retrospectively. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.*

Epidemiological summary for EU/EEA countries with epidemic intelligence updates since last month:

Austria reported 464 confirmed measles cases in 2024 as of 9 July 2024, an increase of 18 cases since 11 June 2024. Of the 455 cases for which hospitalisation information was available, 95 individuals (21%) were hospitalised, including four in intensive care. All regions reported at least one case of measles in 2024, with most of the cases reported in Lower Austria (113, 24%) and Tyrol (87, 19%).

Belgium reported 265 confirmed measles cases in TESSy between January to May 2024 and as of 10 July 2024, an increase of 177 cases since 12 June 2024.

Bulgaria reported 17 cases in 2024 and as of 8 July 2024, an increase of 10 cases since the last monthly update. No cases were reported for the same period of the previous year.

Cyprus reported 24 confirmed measles cases between February and May 2024 (as of 10 July June 2024) to ECDC, an increase of one case since the previous monthly report.

Czechia reported 29 cases in January to June 2024, including one case since May.

Denmark reported 19 cases in 2024 and as of 9 July, an increase by one case since the monthly update on 12 June. Among all reported cases, four (21%) were children below 15 years, and 13 (68%) were adults aged 25-54 years.

France reported no new confirmed measles cases since the last monthly update. As of 25 June, 98 cases associated with the outbreak in Rin Rhône, in Auvergne-Rhône-Alpes region were reported, an increase of three since 4 June.

Germany reported 390 confirmed and suspected measles cases in 2024 (data as of 10 July 2024), an increase of 57 cases since 10 June 2024.

Greece reported 29 measles cases to TESSy between 1 January and May 2024 as of 11 July, an increase of six cases since the last monthly update.

Ireland has reported 69 confirmed measles cases as of 9 July 2024, an increase of 17 cases since the last monthly update on 12 June 2024. In addition, 15 cases are currently under investigation. Outbreaks have been reported across all six Health Service Executive (HSE) regions.

Italy reported 556 measles cases (493 confirmed) between 1 January and 31 May 2024 and as of 11 June 2024. This is an increase of 157 since 15 May 2024. Cases have been reported from 17 out of 21 regions, with 61% of cases reported from regions Lazio, Emilia-Romagna, Sicily and Tuscany. The highest incidence was observed in the Abruzzo region (73.7.1 per million), followed by Lazio (61.0 per million) and Emilia-Romagna (52.6 per million). At the national level, the incidence in this period was 22.7 cases per million inhabitants. Over half of the cases (53%) are aged between 15 and 39 years, and 22% are over 40. The highest incidence was observed in the 0-4 age group (87.5 cases per million), followed by 15–39-year-olds (46 cases per million). Among 531 cases with known vaccination status, 476 cases (90%) were not vaccinated.

Lithuania has reported 26 cases in 2024 as of 21 June 2024, an increase of one case since 6 June 2024. Of the reported cases, 73% were unvaccinated, 15% were fully vaccinated, and 12% had incomplete vaccination; overall, 40% of cases required hospitalisation.

Netherlands reported 105 cases of measles in 2024 and as of 26 June 2024, an increase of 25 cases since 29 May 2024. Recent media reports include report of a large measles outbreak in a primary school in The Hague.

Norway reported six cases as of 9 July 2024, an increase of three since 12 June 2024.

Poland reported 222 cases of measles from January to 30 June 2024, an increase of 31 cases since 31 May 2024. From January-May 2024, 185 confirmed cases were reported to TESSy.

Romania has reported 17 733 cases, including 18 deaths, from January to 7 July 2024, an increase of 2 392 cases and three deaths since 9 June 2024. This nationwide outbreak started in 2023, and 20 538 confirmed measles cases, including 21 deaths, have been reported from 1 January 2023 to 7 July 2024. The cases have been reported in all 41 counties and the Municipality of Bucharest. The highest incidence of measles continues to be reported in Braşov (380.8 cases per 100 000 population), followed by Alba, Giurgiu, and Mureş counties (279.2, 244.6 and 240.1 cases per 100 000 population, respectively). Children aged 0-9 years account for 66.3% (13 624) of all reported cases, including 2 830 children under one year (13.8%). Among cases with known vaccination status (18 255), unvaccinated individuals across all age groups accounted for 90.4%.

Slovenia reported 16 measles cases between January and June 2024 and as of 4 July 2024. This is an increase of 13 cases since the monthly update in week 11.

Spain reported 161 measles cases from 1 January to 7 July 2024, an increase of 90 cases since 2 June 2024. Of these, 28 cases were imported.

Sweden has reported 21 cases

Relevant epidemiological summary for countries outside the EU/EEA:

Switzerland has reported 90 cases in 2024 as of 9 July 2024, an increase of 3 cases since 3 June 2024.

United Kingdom has reported several outbreaks of measles in 2024. Since the last monthly update, 727 measles cases were notified in England and Wales between weeks 23-26 and as of 30 June 2024. As of 4 July, 1 936 measles cases have been confirmed in England in 2024. In Northern Ireland 11 cases were confirmed in 2024 and as of 30 June 2024. In Scotland, there have been 14 laboratory-confirmed measles cases in 2024 and as of 10 July 2024.

Western Balkan: Several countries continue to report reported increased measles cases this year.

Bosnia and Herzegovina has reported the highest number of measles cases. The Republic of Srpska has reported 251 measles cases as of 5 July 2024, an increase of 57 cases since 7 June 2024. Most cases were in the age group 1-4 years (104 cases, 41%). The city of Bijeljina contributed 72% of the confirmed cases. In the weeks 1-27 of 2024, the Federation of Bosnia and Herzegovina notified 6 232 measles cases, an increase of 1 699 cases since the last monthly report in week 22. Most notified cases are in the age group 1-4 years (2 167, 35 %). Of all notified cases, 5 344 (86%) were unvaccinated.

Serbia reported 181 measles cases as of 7 July 2024, an increase by 62 cases since 2 June 2024. Outbreaks have been reported throughout the country.

Montenegro has reported the first case of measles on 28 March 2024. As of 5 July 2024, seven measles cases have been reported.

Summary for WHO regional offices

WHO Regional Office for the Americas (WHO PAHO) has reported 253 confirmed measles cases in 2024 as of 29 June 2024. Cases have been reported from eight countries: Argentina (3), Bolivia (2), Brazil (1), Canada (77), Caribbeans (2), Peru (2), the United States of America (159), and Mexico (7). For the other WHO Regions the most recent data were published as of 10 June 2024. These data were presented also in the previous update.

WHO Regional Office for Europe (WHO/EUROPE) reported 70 879 measles cases in 2024 as of 10 June 2024. The five non-EU/EEA countries reporting the most measles cases: Kazakhstan (24 702), Azerbaijan (16 122), Russia (10 051), Kyrgyzstan (9 011), and United Kingdom (914).
The numbers provided to WHO for EU/EEA countries are from TESSy data, updated monthly and available on ECDC Surveillance Atlas of Infectious Diseases. Due to differences in reporting time the numbers may not correspond to the data from epidemic intelligence screening.

WHO Regional Office for Africa (WHO AFRO) has reported 44 366 measles cases in 2024 as of 10 June 2024. As of 29 May 2024*, measles cases and outbreaks were reported in the following countries in 2024: Burkina Faso, Burundi, Cameroon, Chad, Congo, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, South Sudan, Togo, Uganda, and Zambia.
**As reporting periods vary by country, please check the latest available weekly bulletin.*

WHO Regional Office for the Eastern Mediterranean (WHO EMRO) has reported 41 568 measles cases in 2024 as of 10 June 2024. The highest number of cases was reported from Iraq (24 208), Yemen (7 307), Pakistan (4 826), Afghanistan (3 744) and the United Arab Emirates (830).

WHO Regional Office for South-East Asia (WHO SEARO) has reported 16 349 measles cases in 2024 as of 10 June 2024. The highest number of cases was reported from India (13 618), Indonesia (1 392), Thailand (919), Sri Lanka (158), and Nepal (133).

WHO Regional Office for the Western Pacific (WHO WPRO) has reported 5 074 measles cases in 2024 as of 10 June 2024. Nine countries reported cases: the Philippines (2 655), Malaysia (2 008), China (219), Vietnam (90), the Republic of Korea (39), Australia (31), Japan (21), Singapore (7), and Cambodia (4).

ECDC assessment:

The overall number of measles cases in the EU/EEA has been steadily increasing since June 2023. **Measles cases are expected to continue increasing in the EU/EEA in the coming months** due to reported sub-optimal vaccination coverage for measles- containing vaccines (MCV) in a number of EU/EEA countries (<95% in a many of these countries), and the high probability of importation from areas experiencing high circulation. In addition, the recent report of a majority of cases having acquired the disease within the reported country through community/local transmission, indicates a higher probability of being exposed to the virus within the EU/EEA than in previous months.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).

- **Strive towards high-quality surveillance**, and adequate public health capacity, especially for early detection, diagnosis, response, and control of outbreaks.

- **Increase the clinical awareness of health professionals.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of sub-optimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.

- **Address barriers and engage with underserved populations**. Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies, to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '**Measles on the rise in the EU/EEA: Considerations for a public health response**' published in February 2024 and the conclusions of that remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles is available in the Threat Assessment Brief,

'**Measles on the rise in the EU/EEA: Considerations for a public health response**', published on 15 February 2024.

Last time this event was included in the Weekly CDTR: 14 June 2024

3. 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.

SARS-CoV-2 positivity in both primary and secondary care at EU/EEA level have stabilised following several weeks of increasing positivity

- Increase in SARS-CoV-2 activity started about six weeks earlier than during the summer of 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 30% indicating a stable trend over the past three weeks, with a median positivity of 12.5%. A single country continues to contribute more than 50% of the test results and reports a positivity above 40%, which drives the observed divergence between pooled and median positivity.
- Following six weeks of an increasing trend, the pooled test positivity in the SARI sentinel systems (hospitals) decreased to 19% with a median positivity of 23.2%. The age group 65 years and above remained the most affected (22% positivity).
- While there is an elevated 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. Following several weeks of increasing trends, decreasing or stable trends are now observed in three EU/EEA countries although two countries continue to see increases (seven countries reporting data this week) Additionally, there were no further increases in deaths in the two countries that had previously reported increases in this indicator over the past weeks.

Seasonal influenza activity at the EU/EEA level remained stable at low levels.
Respiratory syncytial virus (RSV) activity remained low in the reporting EU/EEA countries.

Virus characterisation

Influenza for week 40, 2023 to week 28, 2024
In the above period 3 891 A(H1)pdm09, 1 568 A(H3) and 528 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:

- 3 884 were A(H1)pdm09 - 2 684 (69%) were subclade 5a.2a and 1 200 (31%) were subclade 5a.2a.1.
- 1 565 were A(H3) - 30 (2%) were subclade 2a, 1 (0.1%) were subclade 2a.1b, 11 (0.7%) were subclade 2a.3a, 1 522 (97%) were subclade 2a.3a.1 and 1 (0.1%) were subclade 2a.3b.
- 528 were B/Vic - all were subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 26–27 (24 June to 7 July 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 (768 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: 12 July 2024

Maps and graphs

Figure 1. Overview of key indicators of activity and severity in week 28

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 28	Week 27	Description	Value	
Primary care consultation rates	ARI	9 rates (7 MEM)	8 rates (6 MEM)	Distribution of country MEM categories	7 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
	ILI	12 rates (12 MEM)	11 rates (11 MEM)		12 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
Primary care sentinel positivity	SARS-CoV-2	11	13	Pooled (median; IQR)	30% (12; 11–29%)	Stable trend in pooled test positivity; three countries reporting >35% positivity this week; four countries reporting 10-20% positivity; and one country reporting 5-10% positivity.
	Influenza	10	13		0.4% (0; 0–0%)	Stable trend of very low circulation.
	RSV	11	14		0.7% (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	5	6	Pooled (median; IQR)	19% (23; 19–37%)	Decreasing trend in pooled and median test positivity; two countries reporting >35% positivity this week; two countries reporting 10-25% positivity; and one country reporting 5-10% positivity. In data from non-sentinel sources, two countries continued to report an increase in hospitalisations while three countries report decreasing or stable trend in hospitalisations.
	Influenza	5	6		1% (0; 0–1%)	Stable trend of very low circulation; only one country reporting 17% positivity.
	RSV	5	5		0.1% (0; 0–0%)	Stable trend of very low circulation.
Intensity (country-defined)	Influenza	16	15	Distribution of country qualitative categories	12 Baseline 4 Low	
Geographic spread (country-defined)	Influenza	15	14	Distribution of country qualitative categories	8 No activity 6 Sporadic 1 Regional	

Source: ECDC

Figure 2. Virological distribution for week 28 and the period week 25, 2024 to week 28, 2024

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 28			Period 2024-2025			Week 28			Period 2024-2025			Week 28		Period 2024-2025	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
Influenza	3	100	0.4%	44	100	1.2%	7	100	1%	32	100	0.9%	106	100	746	100
Influenza A (total)	1	33	0.1%	22	52	0.6%	6	86	0.9%	14	74	0.4%	73	74	344	49
A(H1)pdm09	1	100		13	68								3	30	66	60
A(H3)				6	32								7	70	44	40
A (unknown)				3			6			14			63		234	
Influenza B (total)	2	67	0.3%	20	48	0.5%	1	14	0.1%	5	26	0.1%	26	26	357	51
B/Vic				5	100								1	100	16	100
B (unknown)	2			15			1			5			25		341	
Influenza untyped				2		0.1%				13		0.4%	7		45	
RSV	4		0.7%	5		0.1%	1		0.1%	5		0.2%	12		91	
SARS-CoV-2	180		30.3%	1 031		29.6%	135		18.6%	718		19.2%	12 282		45 835	

Source: ECDC

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

Overview:

Update

In Mayotte, since the previous report on 2 July, and as of 15 July, French health authorities have reported five new cholera cases and no new deaths.

Since 18 March, and as of 15 July, French health authorities have reported 219 cholera cases and two deaths. According to the bulletin, there are no active case of cholera in Mayotte.

Further information on the case definition and close contacts is available on the Prefecture of Mayotte's website.

Since the last update on 10 July, there have been no further updates. 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: 12 July 2024

5. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Since the beginning of 2024, and as of 17 July 2024, human cases of West Nile virus infection infection cases have been reported to TESSy by 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. Additional cases were reported with onset of symptoms in June and July 2024. In Italy, the first West Nine virus cases was reported in June 2024 in Modena, Italy. On 5 July 2024, Greece reported that the first West Nile virus case in the country, and third by an EU/EEA country in 2024 had been detected in the region of Larissa, with symptom onset at the end of June 2024.
The ECDC weekly update and dashboard has information on places of infection up to 17 July 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 in monitoring West Nile virus through indicator- and event-based surveillance activities.

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

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

Overview:

Summary
Since the start of the monitoring period on 15 July and as of 18 July, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic Games.

Previously, on 8 July 2024, the Regional Health Agency of Occitania (ARS Occitanie) reported the first autochthonous case of dengue in the region. The case has no recent travel history to areas with known transmission of dengue. This is the first autochthonous case of dengue reported in France in 2024. There are no Olympic venues in Occitania.

Background
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. Around 15 000 athletes are expected, 20 countries will be represented, and the event will involve up to 50 00 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.

ECDC assessment:

Mass gathering events involve a large number of visitors in an area at the same time. Multiple factors can lead to the emergence of a public health threat such as; imported diseases, increased number of susceptible persons, risk behaviour, sale of food and beverages by street vendors. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions should be considered by the organisers and the public health authorities of the hosting country.

The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games 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 and respiratory etiquette, refraining from contact with people should flu-like symptoms occur, wearing a mask in crowded settings and seeking prompt testing and medical advice as needed, as per guidance provided by the French authorities. This is particularly important in relation to vaccine-preventable diseases that may be on the increase in the EU/EEA, such as measles, whooping cough and COVID-19.

Actions:

ECDC is monitoring this mass gathering event through epidemic intelligence activities between 15 July and 13 September 2024, in collaboration with Santé Publique France and the World Health Organization, and will include weekly updates in the Communicable Disease Threats Report (CDTR).

ECDC has published 'Mass gatherings and infectious diseases, considerations for public health authorities in the EU/EEA', along with additional public health advice for travellers attending the Paris 2024 Olympic and Paralympic Games.

Further information on the Paris 2024 Olympic and Paralympic Games is available at Santé Publique France's website and the French Ministry of Labour, Health, and Solidarity.

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

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

Overview:

The UEFA EURO 2024 football tournament ended on 14 July 2024, with an estimated attendance of 2.6 million people. ECDC concluded monitoring the event through its epidemic intelligence activities on 19 July 2024. During the monitoring period that started on 10 June 2024, no infectious disease events of relevance for the EU/EEA were detected.

Background
The UEFA European Football Championship 2024 took place in Germany between 14 June and 14 July. Around 2.8 million people were 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 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.

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

ECDC assessment:

UEFA EURO 2024 football tournament is now over, but please note that the ECDC assessment for it was as follows:

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 monitored 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), providing weekly updates in the Communicable Disease Threats Report (CDTR).

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

Events under active monitoring

- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 28 June 2024
- Chikungunya and dengue – 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
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 19 July 2024
- Mass gathering monitoring - Olympic and Paralympic Games - France - 2024 - last reported on 19 July 2024
- Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring - last reported on 19 July 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - 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
- Mpox Multi-country 2022 - 2024 - last reported on 12 July 2024
- Botulism - Germany - 2024 - last reported on 05 July 2024
- SARS-CoV-2 variant classification - 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
- 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