

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 37, 11 - 17 September 2022

Disease topics

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1. COVID-19 associated with SARS-CoV-2 - Multi-country (EU/EEA) - 2019 - 2022

Overview:

Summary

At the end of week 36, 2022 (week ending 11 September), the overall notification rate of COVID-19 cases in the EU/EEA continued its decreasing trend. An increase in the overall notification rate was reported by three countries.

The pooled EU/EEA notification rate of COVID-19 cases among people aged 65 years and over fell by 11% compared with the previous week, as part of an eight-week decreasing trend. Increases were observed in two of the 26 countries reporting data on this indicator.

Compared to the previous week, pooled EU/EEA rates of hospital or ICU indicators decreased or remained stable. Only four countries observed an increasing trend in at least one of these indicators, compared with the previous week.

The overall EU/EEA COVID-19 death rate fell by 27% and to 4.8% of the pandemic maximum for this indicator, as part of a six-week decreasing trend. Only one country reported an increase compared to the previous week.

Among the 13 countries with an adequate volume of sequencing or genotyping for weeks 34–35 (22 August to 4 September 2022), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 98.9% (97.2–

100.0% from 12 countries) for BA.4/BA.5, 0.6% (0.3–2.6%, 233 detections from 10 countries) for BA.2, 0.4% (0.2–1.0%, 53 detections from six countries) for BA.2.75 and 0.3% (0.3–1.0%, 32 detections from four countries) for BA.2+L452X.

Weekly update for EU/EEA and Western Balkan countries

EU/EEA:

As of week 2022-36, 167 821 505 cases have been reported in the EU/EEA: France (34 791 335), Germany (32 474 570), Italy (22 179 516), Spain (13 434 713), Netherlands (8 399 043), Poland (6 221 510), Portugal (5 444 508), Austria (4 994 033), Belgium (4 490 545), Greece (4 466 556), Czechia (4 057 953), Romania (3 228 989), Denmark (3 171 098), Sweden (2 575 426), Slovakia (2 355 356), Norway (2 211 013), Hungary (2 070 524), Ireland (1 627 397), Lithuania (1 460 567), Finland (1 271 516), Bulgaria (1 237 572), Croatia (1 220 456), Cyprus (1 150 942), Slovenia (1 143 235), Latvia (905 112), Estonia (581 809), Luxembourg (323 978), Iceland (211 453), Malta (114 240) and Liechtenstein (19 204).

As of week 2022-36, 1 157 076 deaths have been reported in the EU/EEA: Italy (178 196), France (168 629), Germany (148 383), Poland (117 644), Spain (113 350), Romania (66 453), Hungary (46 195), Czechia (40 774), Bulgaria (37 592), Greece (32 894), Belgium (32 044), Portugal (24 918), Netherlands (22 621), Sweden (20 042), Slovakia (19 537), Austria (16 934), Croatia (16 797), Lithuania (9 260), Slovenia (8 183), Denmark (6 956), Latvia (6 642), Ireland (6 579), Finland (5 768), Norway (4 004), Estonia (2 534), Cyprus (1 754), Luxembourg (1 313), Malta (802), Iceland (213) and Liechtenstein (83).

Western Balkans and Turkey:

As of week 2022-36, the following Western Balkan countries had reported COVID-19 cases: Serbia (2 313 346), Bosnia and Herzegovina (397 215), North Macedonia (341 404), Albania (329 802), Montenegro (277 187) and Kosovo* (271 879).

As of week 2022-36, the following Western Balkan countries had reported COVID-19 deaths: Serbia (16 809), Bosnia and Herzegovina (16 090), North Macedonia (9 510), Albania (3 584), Kosovo* (3 189) and Montenegro (2 778).

Additionally, as of week 2022-36, 16 852 382 cases and 101 068 deaths had been reported from Turkey.

**This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244/1999 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.*

EU:

As of week 2022-36, 165 379 835 cases and 1 152 776 deaths have been reported in the EU.

As of week 13, 2022, ECDC discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies which affected the reliability of the indicators for all age case rates and test positivity.

ECDC discontinued the data collection and publication of the number of COVID-19 cases and deaths worldwide as of 20 June 2022. Please refer to [World Health Organization \(WHO\) data](#) on COVID-19 and [WHO's Weekly Epidemiological and Weekly Operational Updates](#) page for the non-EU/EEA countries.

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

Other news:

On 14 September 2022, the Technical Scientific Commission (CTS) of the Italian Medicines Agency (AIFA) [authorised](#) the Comirnaty Original/Omicron BA.4-5 bivalent vaccine to be used as a booster dose. A booster dose is recommended as a priority to people aged over 60 years or high-risk groups. All others can be vaccinated with the booster dose on the advice of their doctor, or by personal choice.

On 12 September 2022, the European Medicines Agency's (EMA) human medicines committee (CHMP) [recommended](#) the authorisation of an adapted bivalent vaccine that targets the Omicron subvariants BA.4 and BA.5 in addition to the original strain of SARS-CoV-2. Comirnaty Original/Omicron BA.4-5 is for use in those aged 12 years and above who have received at least a primary course of vaccination against COVID-19.

From 12 September 2022, Belgium began its autumn vaccination campaign against COVID-19 ([1,2](#)). Booster doses of the adapted mRNA vaccines from Pfizer and Moderna will first be offered to those aged 65 years and above,

individuals with weakened immunity and healthcare workers. Everyone aged 18 years and above will have the opportunity to be vaccinated later this autumn (invited in order of decreasing age).

On 8 September 2022, [media](#) quoting Hong Kong authorities reported that children aged five to 11 years old will require one COVID-19 vaccine dose by 30 September 2022. In addition, this population group will also require a second COVID-19 vaccine dose by 30 November 2022. According to media, the decision comes after observing a significant number of severe COVID-19 cases among children.

According to [media](#), on 7 September 2022, Portugal began its seasonal vaccination campaign against COVID-19 and influenza. Priority is being given to the elderly, people with comorbidities, pregnant women and healthcare professionals. Approximately three million people are expected to be vaccinated by mid-December at close to 400 vaccination sites.

Weekly update on SARS-CoV-2 variants

Since the last update on 8 September 2022 and as of 15 September 2022, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants.

For the latest information on variants, please see [ECDC's webpage on variants](#).

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eighth](#), [ninth](#), [tenth](#), [eleventh](#) and [twelfth](#) International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022 and 8 July 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment:

For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

Actions:

On 27 January 2022, ECDC published its Rapid Risk Assessment '[Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update](#)'. A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's webpage on variants](#).

2. Monkeypox - Multi-country - 2022

Overview:

Update:

Since the last update on 6 September 2022, and as of 13 September 2022, 254 monkeypox cases have been reported from 18 EU/EEA countries: Spain (79), France (41), Germany (35), Italy (22), Austria (14), Belgium (13), Ireland (12), Sweden (12), Poland (5), Czechia (4), Denmark (4), Hungary (4), Greece (2), Luxembourg (2), Norway (2), Bulgaria (1), Romania (1) and Slovenia (1).

Since early May 2022, cases of monkeypox have been reported from countries where the disease is not endemic. Most cases are in men, self-identifying as men who have sex with men (MSM). The clinical presentation is generally described to be mild, most cases presenting with lesions on the genitalia or peri-genital area, indicating that transmission probably occurred through close physical contact during sexual activities.

Summary:**EU/EEA**

Since the start of the monkeypox outbreak and as of 13 September 2022, 19 379 confirmed cases of monkeypox (MPX) have been reported from 29 EU/EEA countries: Spain (6 947), France (3 784), Germany (3 547), Netherlands (1 192), Italy (813), Portugal (794), Belgium (744), Austria (292), Denmark (183), Sweden (177), Ireland (173), Poland (160), Norway (85), Hungary (75), Greece (67), Czechia (62), Luxembourg (55), Slovenia (46), Romania (37), Finland (33), Malta (33), Croatia (27), Iceland (12), Slovakia (12), Estonia (10), Bulgaria (6), Cyprus (5), Lithuania (5) and Latvia (3). Deaths have been reported from: Spain (2) and Belgium (1). Two deaths have been reported from Spain in July 2022 and one from Belgium in August 2022.

Western Balkans and Turkey:

Since the start of the monkeypox outbreak and as of 13 September 2022, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (31), Bosnia and Herzegovina (3) and Montenegro (2). In addition, 11 cases have been reported from Turkey.

Disclaimer: Data presented in this update are compiled from TESSy and official public sources.

A detailed summary and analysis of data reported to TESSy can be found in the Joint ECDC-WHO Regional Office for Europe Surveillance Bulletin published weekly.

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of World Health Organization [declared](#) the global monkeypox outbreak a Public Health Emergency of International Concern (PHEIC).

ECDC assessment:

Monkeypox (MPX) does not easily spread between people. Human-to-human transmission of MPX occurs through close contact with infectious material from the skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact, and through fomites.

In the current outbreak in non-endemic countries, cases of MPX continue to be primarily identified among groups of men who have sex with men (MSM) aged 18–50 years. Particular sexual practices are very likely to have facilitated – and could further facilitate – the transmission of MPX among MSM groups. Despite the current focus of circulation of the MPX virus (MPXV) among groups of MSM with multiple partners, transmission may occur in other population groups. During the current outbreak, cases have mainly presented with mild to-moderate symptoms.

Only a few severe cases (including encephalitis) leading to hospitalisations and three deaths have been reported by Spain (2) and Belgium (1). The severity of MPX may be higher among young children, pregnant women, and immunocompromised individuals.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high, and the likelihood of MPX spreading among the broader population is assessed as very low. Although a few severe cases have been reported (including encephalitis), the impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population. The risk of establishment of an enzootic cycle in the EU/EEA and spill-over events to humans is considered to be low.

Early diagnosis, isolation, effective contact tracing, and vaccination strategies are key for the effective control of this outbreak. It is essential to underpin all response measures with strong risk communication and community engagement efforts, as well as awareness and educational activities for health professionals. At this point, mass vaccination for MPX is not required or recommended. Unless contact tracing can successfully identify a high proportion of infected contacts, mathematical modelling results indicate that targeted primary preventive (pre-exposure) vaccination (PPV) of individuals at high risk of exposure would be the most effective strategy for controlling the outbreak. PPV would also be the most efficient strategy when there is less effective tracing.

Therefore, prioritising groups of MSM at higher risk of exposure, as well as front-line staff with a risk of occupational exposure, should be considered in developing vaccination strategies. Targeted national vaccination programmes should be implemented within a framework of collaborative research and clinical trial protocols with standardised data collection tools for clinical and outcome data.

To date, the recommendations regarding contact with animals remain unchanged. People infected with monkeypox should apply common precautionary measures such as avoiding contact with animals during the isolation period. Front-line veterinarians (veterinary clinics and hospitals) should be cautious when dealing with pets that live in a household with people who are infected and should remain alert. People affected by monkeypox who suspect that their pet shows compatible clinical signs should inform their veterinary practitioner/clinic. If necessary, they in turn will alert the relevant national authorities, who will provide advice on the measures to take. More information on monkeypox in animals is available on [EFSA's website](#).

Actions:

ECDC continues to monitor this event through epidemic intelligence activities and reports relevant news on an ad-hoc basis. Multilateral meetings between affected countries, WHO's Regional Office for Europe and ECDC have taken place to share information and coordinate response. Multilateral meetings between affected countries, WHO's Regional Office for Europe and ECDC have taken place to share information and coordinate response. A process in [EpiPulse](#) has been created to allow countries to share information with one another, WHO and ECDC.

A [rapid risk assessment](#) 'Monkeypox Multi-country outbreak' was published on 23 May 2022 and an [update of the rapid risk assessment](#) was published on 8 July. For the latest updates visit [ECDC's monkeypox page](#).

ECDC is also offering laboratory support to Member States and collaborating with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. It has also been providing guidance to countries hosting events during the summer. ECDC is also providing guidance on clinical sample storage and transport, case and contact management and contact tracing, IPC guidance, cleaning and disinfection in healthcare settings and households and vaccination approaches.

Further information:

Source: Surveillance Portal: [2611](#), [2611](#)

Additional links: [2611](#), [2611](#)

3. West Nile virus - Multi-country (World) - Monitoring season 2022

Overview:

Since last week's update, and as of 14 September 2022, European Union (EU) and European Economic Area (EEA) countries have reported 148 human cases of West Nile virus (WNV) infection and two related deaths. Cases have been reported by Italy (88), Greece (36), Romania (13), Croatia (5), Austria (2), Germany (2) and Hungary (2). Deaths have been reported by Italy (2). EU-neighbouring countries have reported 24 human cases of WNV infection, and one death related to WNV infection in Serbia.

This week, among the reporting countries, the following NUTS 3 or GAUL1 regions have reported human cases of WNV infection for the first time: Vogtlandkreis in Germany and Brasov in Romania.

Since the beginning of the 2022 transmission season and as of 14 September 2022, EU/EEA countries have reported 720 human cases of WNV infection in Italy (472), Greece (192), Romania (34), Hungary (9), Croatia (5), Austria (4), Germany (3) and Slovakia (1). There have been 42 deaths in the EU/EEA - in Italy (25), Greece (15) and Romania (2). EU-neighbouring countries have reported 154 human cases of WNV infection and eight deaths in Serbia.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 86 different NUTS 3 or GAUL 1 regions, with the following regions reporting human cases of WNV infection for the first time: Harz and Vogtlandkreis in Germany, Pistoia, Lucca and Monza e della Brianza in Italy, Brasov in Romania and Moravicki in Serbia.

Since the beginning of the 2022 transmission season, 44 outbreaks among equids and 175 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Italy (31), Germany (3), Greece (2), Spain (2), Croatia (2), Hungary (2), Austria (1) and France (1). Outbreaks among birds have been reported by Italy (154), Germany (19), Austria (1) and Spain (1).

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment:

During the current transmission season and as of 14 September 2022, human cases of WNV were reported from countries that had reported WNV infections in previous years.

There were two regions, Vogtlandkreis in Germany, and Brasov in Romania, that reported human cases of WNV infection for the first time this week. In Germany, the first case of WNV was reported in the Chemnitz region (although there were cases reported from Saxony states, where Vogtlandkreis is located, in previous years). In addition, in previous years, cases have been reported from the Centru region in Romania, where Brasov is located. Two EU/EEA countries and one EU-neighbouring country have reported relatively high numbers of human WNV infection cases so far this year. At this stage in the season, the number of cases in Italy is higher than in the previous three years, and comparable with that observed in the peak epidemic year, 2018. The number of cases and the geographical distribution of cases in Greece is comparable with that observed in the 2010 season and lower than the peak epidemic year, 2018. The number of cases in Serbia are higher than the average for reported cases per surveillance season in 2012-2021, but lower than in the years 2013 and 2018.

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

Actions:

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

Further information:

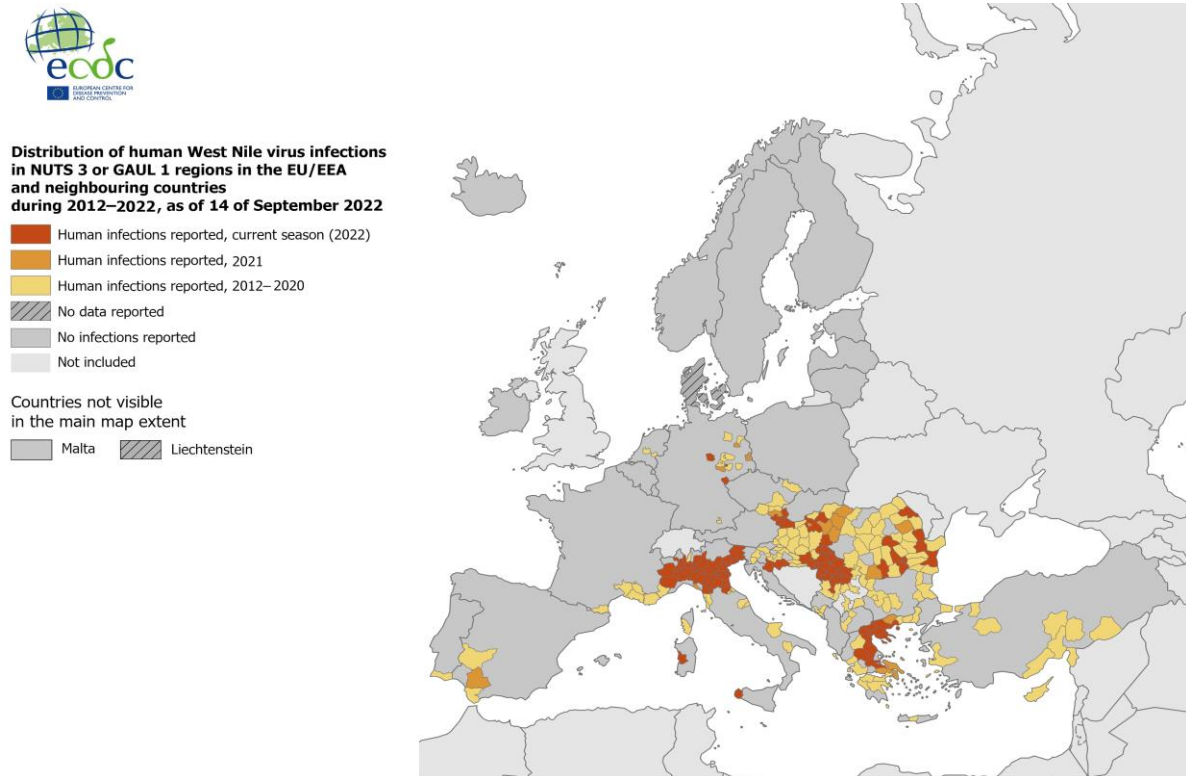
Data on human cases are collected via The European Surveillance System (TESSy) managed by ECDC. Only locally-acquired cases with known place of infection are included in this report. The following EU-neighbouring countries report human cases of WNV infection to ECDC: Albania, Kosovo*, Montenegro, North Macedonia, Serbia and Turkey.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level. The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

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

Maps and graphs

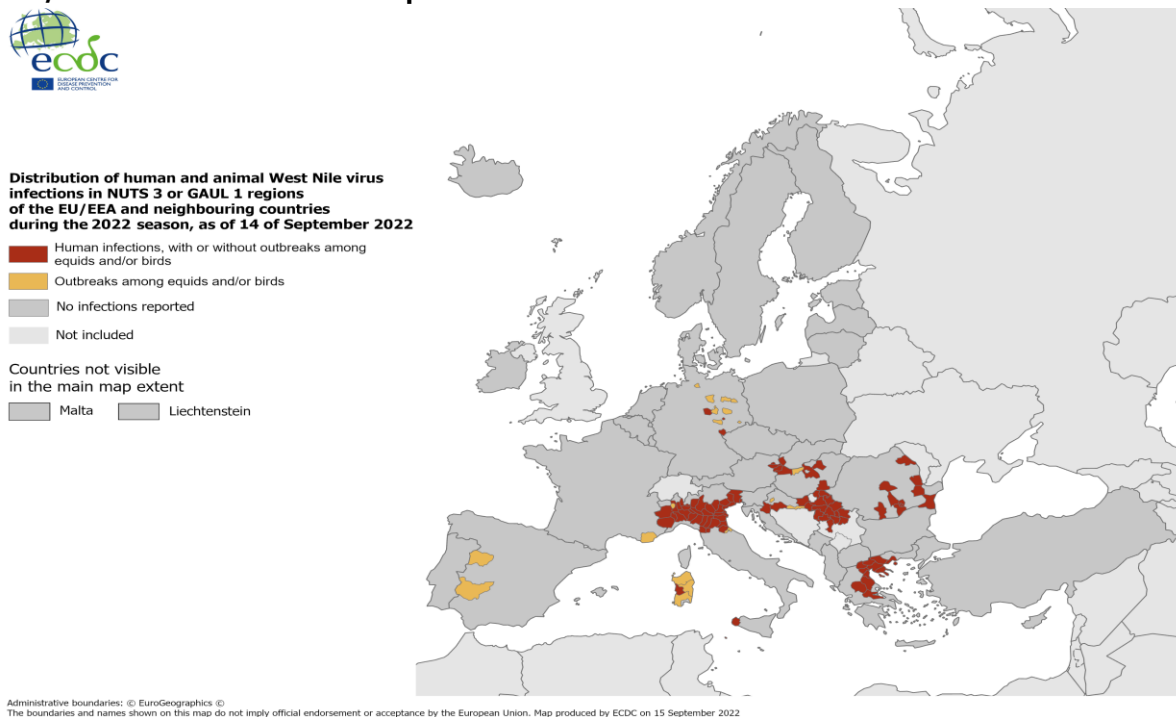
Figure 1. Distribution of human West Nile virus infections by affected areas as of 14 September 2022



Administrative boundaries: © EuroGeographics ©
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 15 September 2022

Source: ECDC

Figure 2. Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 14 September 2022



Source: ECDC and ADIS

4. Measles - Multi-country (World) - Monitoring European outbreaks

Overview:

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 August 2022 and as of 13 September, eleven new cases were reported by four countries in the EU/EEA: Germany (6), Poland (3), Sweden (1) and Norway (1). Other countries did not report new cases of measles. No measles-related deaths have been reported in the EU/EEA in 2022 to date.

Relevant updates outside the EU/EEA are available for the United Kingdom, Australia, Zimbabwe, WHO Regional Office for Europe (EURO), WHO Regional Office for Africa (WHO AFRO), WHO Regional Office for South-East Asia (SEARO) and WHO Western Pacific Regional Office (WPRO). No updates were available for WHO Regional Office for Eastern Mediterranean (EMRO) and WHO Pan American Health Organization (PAHO).

Disclaimer: the [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from information made publicly available by national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 29 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

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

Germany reported 56 confirmed and suspected cases in weeks 1 to 36 (ending 11 September 2022) an increase of six cases since week 30 (ending on 31 July 2022).

Ireland reported six cases in 2022 and as of week 35 (ending 3 September 2022), a decrease of one case since week 30 (ending 31 July 2022).

Poland reported 20 cases in the period from [January to August 2022](#), an increase of three cases since the previous update.

[Sweden](#) reported five cases in 2022, as of 12 September, an increase of one case since the previous report. The most recent case in Örebro is linked to travel to Somalia. Of the reported cases, two were imported from Somalia (one in Västra Götaland and one recent case in Örebro). The three remaining cases infected in Sweden are linked to the one in Västra Götaland. Sweden reported five cases in 2020 and no cases in 2021.

[Norway](#) reported one case in August 2022 in a girl in Oslo. This is the first case since 2020. In 2020, Norway reported four cases.

Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from [WHO's website](#). In the United Kingdom, [England](#) has reported 24 laboratory confirmed cases in 2022, covering a period from April to June 2022. This represents an increase of 23 cases since the previous quarterly report. Of the 23 recent cases, four imported cases had recently travelled to Pakistan, United Arab Emirates and Somalia which led to at least six import-related cases. Over half of the detected cases were in London, with small clusters linked to a nursery, a school and some exposures in healthcare settings. Over 90% (21 out of 23) of the cases this quarter were in children under ten years, all unvaccinated.

Australia reported the first case of measles in 2.5 years. A person in their 50s was diagnosed with measles in Sydney after returning from a trip to Asia last month, according to a [media report](#), quoting health authorities on 13 September 2022.

According to the WHO Regional Office for Europe ([EURO](#)) data for January–August 2022 (data access on 12 September 2022), sporadic cases of measles have been reported in the following non-EU/EEA countries: Azerbaijan(1), Bosnia and Herzegovina (3), Georgia (9), Kyrgyzstan (9), Russia (20), Tajikistan (273), Turkey (53), Ukraine (5), United Kingdom (37). According to the same report in the EU/EEA, confirmed cases were reported in Austria (1), Belgium (13), Bulgaria (1), France (13), Germany (12), Greece (1), Ireland (6), Italy (6), Poland (17), Romania (5) and Sweden (4). Please note that numbers provided to WHO for EU/EEA countries are from TESSy data.

According to a report from the WHO Regional Office for Africa ([AFRO](#)), as of 4 September 2022 (week 36), cases and outbreaks of measles in 2022 had been reported in the following countries: Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Namibia, Niger, Senegal, Sierra Leone, South Sudan, Tanzania, Zambia, Zimbabwe. Due to variations in the country reporting periods, please visit the latest weekly bulletin available [here](#).

Zimbabwe has been reporting an outbreak of measles with 6 551 cases, including 704 deaths (CFR: 11%), since April this year ([media report](#) on 10 September), and the majority of the cases are not vaccinated. WHO has initiated emergency response. During a two-week vaccination campaign (29 August to 10 September), 26.9% of the 2.3 million children from six months to five years were vaccinated.

According to a report by WHO's Pan American Health Organization ([PAHO](#)) (Vol. 28, No. 30) in 2022 week 30 (ending 30 July 2022) 55 cases were reported in four countries: Brazil (44), the United States of America (6), Argentina (2), and Canada (3).

According to a report from WHO's Western Pacific Region ([WPRO](#)) for August 2022 (Vol 16, Issue 8), overall, there were 871 confirmed and clinically compatible cases, including ten deaths (CFR: 1.14%). The cases were reported by nine countries: China (350), the Philippines (339), Malaysia (134), Cambodia (29), Vietnam (13), Japan (2), Singapore (2), Hong Kong (1) and Australia (1).

According to WHO's Regional Office for South-East Asia (SEARO), between January and May 2022 there were 11 477 cases of measles reported by nine countries: India (9 421), Indonesia (1 787), Bangladesh (152), Nepal (54), Thailand (41), Myanmar (9), Timor-Leste (7), Bhutan (3) and Sri Lanka (3). The update is provided from WHO's [Provisional monthly measles and rubella data](#) available on 12 September 2022.

ECDC assessment:

The substantial decline in measles cases reported by EU/EEA countries after March 2020, and continuing through 2022, contrasts with the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of COVID-19 pandemic measures could explain the observed decline in cases. The lifting of non-pharmaceutical interventions related to the COVID-19 pandemic could lead to measles outbreaks in the EU/EEA. Active measles surveillance and public

health measures, including high vaccination uptake, provide the foundation for a proper response to possible increases in the number of cases/outbreaks.

Actions:

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from The European Surveillance System (TESSy) routinely submitted by 29 EU/EEA countries. ECDC published a risk assessment entitled '[Who is at risk of measles in the EU/EEA?](#)' on 28 May 2019.

Further information:

5. Locally-acquired dengue cases in France in 2022

Overview:

In 2022, France has reported five outbreaks with a total of 36 locally-acquired cases of dengue.

In Occitania region:

- One case in Perpignan, Pyrénées-Orientales with onset of symptoms in mid-June 2022.
- Four cases in Andrest (*situated close to Tarbes*) and Rabastens (*30km from Toulouse*), Hautes-Pyrénées with onset of symptoms in July-August 2022.
- Four cases in Salvétat Saint Gilles (*situated close to Toulouse*) with onset of symptoms in the second half of August 2022.

In Provence-Alps-Cote d'Azur region:

- Six cases in Fayence, Var with onset of symptoms between end of June and end of July 2022.
- Twenty-one cases in St Jeannet, Gattières, and Gaude (*situated close to Nice*), Alpes-Maritime with onset of symptoms in August-September 2022.

The outbreaks in Perpignan and in Fayence are now considered to be over. For the other three outbreaks, additional cases might be detected.

Upon confirmation of these cases, epidemiological investigations and vector control measures were implemented. Sante Publique France provides regular updates on their [website](#).

ECDC assessment:

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

The occurrence of five clusters in France, including a cluster of over 20 cases, is unusual, but not unexpected. To date, all dengue clusters in Europe were of limited size (up to 10 cases). The current likelihood of local transmission of dengue virus occurring in mainland EU/EEA is high, as the environmental conditions are favourable for the growth of mosquito populations and virus replication in the vector, which has high vector abundance during the summer and early autumn.

It is expected that additional cases will be detected in the coming weeks among the ongoing clusters and possibly new clusters.

Given the high number of foreign tourists visiting southern France during the summer period, detection of cases among returning travellers can be expected. Travellers returning from areas where dengue fever transmission occurs (in France and any other country) should be advised to seek medical care if they develop symptoms consistent with dengue fever, in particular if they return to areas where *Ae. albopictus* is established, in order to reduce the risk of the virus being introduced into the local mosquito population and prevent further local transmission.

To date, all autochthonous outbreaks of [dengue](#) in mainland EU/EEA have occurred between June and November. 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:

ECDC is in close contact with the French public health institute to monitor the situation.

Further information:

Personal protective measures against mosquito bites are recommended in affected areas to reduce mosquito-borne transmission of dengue virus. Indoor and outdoor personal protective measures to reduce mosquito bites include the use of mosquito repellent in accordance with the instructions indicated on the product label; wearing long-sleeved shirts and long trousers, especially during the daytime when *Ae. albopictus* mosquitoes are most active; and sleeping and resting in screened or air-conditioned rooms and using mosquito bed nets both at night and during the day.

Source: Surveillance Portal: [3653](#)

Additional links: [3653](#)

6. Poliovirus - USA - 2022

Overview:

Update: On 9 September 2022, the Governor of New York State [declared](#) a state of emergency for the entire State as regards poliomyelitis until 9 October 2022, to boost vaccination rates.

Since the previous report on 29 August and as of 9 September, 14 additional wastewater samples have tested positive for poliovirus and one additional county (Nassau) has positive wastewater samples.

Summary: As of 9 September 2022, 57 wastewater samples have been positive for poliovirus, 50 of which were genetically linked to the case found in Rockland County. These 50 samples were collected in the following counties: Rockland (31), Orange (12), Sullivan (6) and Nassau (1).

On 12 August 2022, the New York State Department of Health (NYSDOH) and the New York City Department of Health and Mental Hygiene (NYCDOHMH) [announced](#) the presence of polioviruses in sewage, after an analysis of additional environmental samples carried out in New York City recently. According to the press release from these authorities, the risk of community transmission in the area persists.

On 21 July 2022, the New York State Department of Health (NYSDOH) and the Rockland County Department of Health alerted the public to a case of poliomyelitis in a Rockland County resident. According to the Global Polio Eradication Initiative (GPEI), this is a case of paralytic polio in an unvaccinated individual. Initial sequencing confirmed by CDC indicates that the case is type 2 VDPV. This is indicative of a transmission chain from an individual who received the oral polio vaccine (OPV), a vaccine no longer authorised or administered in the US, which has only been using the inactivated polio vaccine (IPV) since 2000. This suggests that the virus may have originated in a location outside of the US where OPV is administered, since revertant strains cannot emerge from inactivated vaccines.

On 29 July 2022, the [Global Polio Eradication Initiative](#) reported that the Global Polio Laboratory Network confirmed the isolate from the US case is genetically linked to two Sabin-like type 2 (SL2) isolates from environmental samples collected in early June 2022 in New York, USA, and greater Jerusalem, Israel. These isolates are also genetically linked to the recently detected VDPV2 environmental samples from London, UK. [According to the Rockland County Department of Health](#), polio was detectable in wastewater samples collected in June 2022 from the Rockland County Sewer District #1 which may have been from the confirmed case.

On 2 August 2022, the Orange County Government posted a [news item](#) reporting that poliovirus was detected in wastewater samples taken in June and July 2022 from two different locations in Orange County. According to the news item, there have been no confirmed cases of polio infection identified to date in Orange County, but the wastewater analysis reports indicate that the virus is circulating in the community. State and local public health officials have advised medical practitioners to be vigilant about identifying potential cases and increasing vaccination efforts.

Rockland County is recommending vaccination for all non-vaccinated individuals with support from the US CDC. Further investigations are ongoing.

The [vaccine coverage](#) of three doses of poliovirus vaccine in children aged 2 years in each county in New York state ranges between 54% and 92%. In Rockland it is estimated to be 60% and in Orange County 59%. On 12 August 2022, the NYSDOH [announced](#) the presence of polioviruses in sewage, after the analysis of additional environmental samples carried out in New York City recently. According to the press release, the risk of community transmission in the area persists.

Sources: [New York State Health Department](#) | [Rockland County Health Department](#) | [GPEI](#) | [CNN](#) | [GPEI map](#)

ECDC assessment:

The risk of additional cases related to this event persists, especially in areas with low polio vaccine coverage and in population groups with low polio vaccine uptake.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. Two EU/EEA countries (Poland and Romania) and one neighbouring country (Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the European Regional Certification Commission for Poliomyelitis Eradication (RCC) report from September 2021 assessment, referring to data of 2020. According to the same report, 11 EU/EEA countries are at an intermediate risk of sustained polio outbreaks.

The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and detection of five WPV1 cases in Mozambique in 2022 genetically linked to a strain from Pakistan show that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, shows the potential risk for further international spread.

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

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents or long-term visitors (>4 weeks) in countries categorised by WHO as having the potential risk of international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel.

For further information on poliomyelitis please see ECDC's [factsheet](#). For information on diagnosing and addressing behavioural barriers to vaccine acceptance, please see ECDC's [publication](#) on increasing vaccine uptake. For communication resources relating to poliomyelitis please see ECDC's [communication toolkit on immunization](#), including polio.

Actions:

ECDC is monitoring the event through epidemic intelligence activities. ECDC monitors any report of polio cases worldwide in order to highlight polio eradication efforts and identify events that may increase the risk of reintroducing poliovirus into the EU.

Source: Surveillance Portal: [41568, 1, 2022-DON408](#)

Additional Sources:

Additional links: [41568, 1, 2022-DON408](#)