COMMUNICABLE DISEASE THREATS REPORT

CDTR
Week 11, 13-19 March 2022

All users

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 18 March 2022

The current circulation of influenza viruses across the WHO European Region is slightly higher than in the season 2020/21, but still substantially lower than before the COVID-19 pandemic.

➔Update of the week

Week 10/2022 (7 – 13 March 2022)

Belgium, Denmark, Estonia, France, Georgia, Ireland, Kazakhstan, Luxembourg, Montenegro, Netherlands, Norway, Portugal, Slovenia and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus (24%) has been rising again since week 4.

Countries in the western-central part of the Region reported seasonal influenza activity at or above 30% positivity in sentinel primary care: the Netherlands (85%), Hungary (69%), France (57%), Slovenia (57%), Luxembourg (44%), Denmark (36%) and Switzerland (34%).

Both influenza type A and type B viruses were detected, with A(H3) viruses being dominant across all monitoring systems.

A(H3) viruses were mostly reported in patients hospitalised with confirmed influenza virus infection.

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Influx of people displaced from Ukraine to the EU following Russia's aggression in Ukraine - Multistate – 2022

Opening date: 24 February 2022 Latest update: 18 March 2022

On 24 February 2022, Ukraine declared martial law following Russia's invasion. As the invasion escalates, large numbers of displaced people are seeking shelter in neighbouring countries.

➔Update of the week

As of 16 March 2022, over three million people have fled Ukraine. According to the United Nations, between 24 February and 16 March 2022, the total number of people fleeing Ukraine reached 3 169 897. In total, 1 916 445 have crossed the Polish border; 491 409 have crossed the Romanian border; 228 844 have crossed the Slovakian border and 282 611 have crossed the Hungarian border. Outside of the EU/EAA, 350 886 people have sought safety in the Republic of Moldova. In addition, Czechia's Ministry of the Interior reported 179 955 special visa concessions to Ukrainian applicants as of 16 March 2022.

So far, no outbreaks of infectious diseases have been detected among displaced people from Ukraine.

Romania has established a syndromic surveillance system for communicable diseases.

We have information from several public sources that receiving countries are providing free healthcare access to those arriving from Ukraine, including vaccination services when required (e.g. Czech Republic, Finland, Hungary, Italy, Ireland, Latvia, Lithuania and Poland). Based on publicly available information, Hungary, Italy, Ireland, Latvia, Lithuania, Poland, Romania and Slovakia recommend that children arriving from Ukraine follow the existing national vaccination programmes in their host country, and vaccination for diseases such as measles, diphtheria, tetanus, pertussis, poliomyelitis and hepatitis B should be prioritised. In Spain, the Vaccine Advisory Committee of the Spanish Paediatric Association published a detailed guide regarding vaccination of displaced people arriving from Ukraine which is based on a comparison of Ukrainian and Spanish national vaccination programmes. According to media sources, displaced people from Ukraine arriving in Finland will also be provided with BCG vaccination based on a case-by-case assessment.

The technical report 'Operational public health considerations for the prevention and control of infectious diseases in the context of Russia's aggression towards Ukraine' published by ECDC on 8 March 2022 outlines the vaccinations to be offered to displaced persons from the Ukraine in the absence of documented evidence of prior vaccination.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020 Latest update: 18 March 2022

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and other countries worldwide. On 30 January 2020, WHO declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, ninth and tenth 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 and 13 January 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

➔Update of the week

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Since week 2022-9 and as of week 2022-10, 11 834 723 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 38 643 new deaths have been reported worldwide.

Since 31 December 2019 and as of week 2022-10, 458 179 120 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported worldwide, including 6 058 022 deaths.

In the EU/EEA only and as of week 2022-10, 116 379 761 cases have been reported, including 1 039 674 deaths.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest daily situation update for the EU/EEA is available here.

Since the last update on 10 March 2022 and as of 17 March 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.

Non EU Threats

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

Opening date: 9 December 2019 Latest update: 18 March 2022

Global public health efforts to eradicate polio are continuing by immunising every child until transmission of the virus has stopped and the world becomes polio-free. On 5 May 2014, polio was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. The Emergency Committee under the International Health Regulations (2005) stated that the risk of the international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC). On 28 February 2022, the 31st meeting of the Emergency Committee was held under the International Health Regulations (2005) (IHR) on the international spread of poliovirus.

In June 2002, WHO's European Region was officially declared polio-free.

➔Update of the week

Since the previous update on 18 February 2022 and as of 16 March 2022, 18 new cases of Acute Flaccid Paralysis (AFP) caused by circulating vaccine-derived polioviruses (cVDPV1, cVDPV2 and cVDPV3) have been reported.

Wild poliovirus (WPV1):

- No new cases of AFP caused by WPV1 have been reported.

Circulating vaccine-derived poliovirus (cVDPV):

- Three new cases of AFP caused by cVDPV1 have been reported from Madagascar.

- 14 new cases of AFP caused by cVDPV2 have been reported from three countries: Nigeria (5), Democratic Republic of the Congo (6) and Yemen (3).

- One new case of AFP caused by cVDPV3 has been reported from Israel.

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II. Detailed reports

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021 Latest update: 18 March 2022

Epidemiological summary

Week 10/2022 (7 – 13 March 2022)

Belgium, Denmark, Estonia, France, Georgia, Ireland, Kazakhstan, Luxembourg, Montenegro, Netherlands, Norway, Portugal, Slovenia and United Kingdom (Scotland) reported widespread influenza activity and/or medium influenza intensity.

The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms who tested positive for an influenza virus (24%) has been rising again since week 4.

Countries mostly in the western-central part of the Region reported seasonal influenza activity at or above 30% positivity in sentinel primary care: the Netherlands (85%), Hungary (69%), France (57%), Slovenia (57%), Luxembourg (44%), Denmark (36%), and Switzerland (34%).

Both influenza type A and type B viruses were detected, with A(H3) viruses dominant across all monitoring systems.

A(H3) viruses were mostly reported in patients hospitalised with confirmed influenza virus infection.

2021-2022 season overview

For the European Region as a whole, influenza activity is increasing but remains at lower levels than before the COVID-19 pandemic.

Influenza activity started to increase in week 49/2021 and the highest percentage positivity of influenza viruses in sentinel primary care specimens from patients presenting with ILI or ARI symptoms was 20% in week 52/2021, declining thereafter until week 4/2022 before resurging to levels above 10% since week 8/2022.

Different levels of activity have observed among the countries and areas of the European Region, with a dominance of A(H3) viruses in most countries.

During the influenza Vaccine Composition Meeting for the northern hemisphere 2022/23 season, held in February 2022, WHO recommended updating the A(H3N2) and the B/Victoria-lineage components. The full report can be found here.

Preliminary results of 2021-2022 seasonal influenza vaccine effectiveness (VE) estimates from the United States showed that VE against medically-attended outpatient acute respiratory infection associated with the dominant circulation influenza A(H3N2) virus was 16% (95% CI = −16% to 39%).

With increased circulation of influenza virus, clinicians should consider early antiviral treatment of patients in at-risk groups with influenza virus infection, according to local guidance, to prevent severe outcomes. Viruses analysed so far have remained susceptible to neuraminidase inhibitors and baloxavir marboxil.

Source: Flu News Europe

ECDC assessment

The circulation of influenza viruses across the WHO European Region is slightly higher than in the 2020/21 season, but substantially lower than in the seasons before the COVID-19 pandemic.

Vaccination remains the best protective measure for the prevention of influenza. With dominant A(H3) circulation, clinicians should consider early antiviral treatment of at-risk groups with influenza infection in accordance with local guidance in order to prevent severe outcomes.

Actions

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ECDC and WHO monitor influenza activity in the WHO European Region. Data will be updated on a weekly basis and are available on the Flu News Europe website.

Influx of people displaced from Ukraine to the EU following Russia's aggression in Ukraine - Multistate – 2022

Opening date: 24 February 2022 Latest update: 18 March 2022

Epidemiological summary

On 24 February 2022, Ukraine declared martial law following Russia's invasion. Shortages of food and water supplies, lack of sanitation, electric power, transportation and healthcare provision and the overall lack of security are resulting in large numbers of people fleeing Ukraine. The majority of these people are women, children and the elderly. They are finding temporary shelter in neighbouring countries and are currently reported to be mostly dispersing into the community. A number of dedicated reception centres have been set up.

Sources: Relief Web | United Nations | WHO

ECDC assessment

The displacement of large numbers of people into neighbouring countries, irrespective of the type of accommodation, will result in difficulties for the displaced people in accessing healthcare, meaning that they may be at greater risk of complications from acute or chronic conditions. Furthermore, situations of overcrowding could favour the outbreak of infectious diseases, in particular respiratory infections. This includes influenza, which is currently circulating in some of the reception countries, COVID-19 and tuberculosis. In addition, there is an increased risk of gastrointestinal diseases and vaccine-preventable diseases. Vaccination coverage in Ukraine is sub-optimal for several vaccine-preventable diseases, including COVID-19. Vaccination against poliomyelitis and measles should be considered as a priority, especially among the paediatric population, as well as DTP (DTaP-IPV combination vaccine for children, with Hib-component only for children <6 years; Td for adults). In addition, COVID-19 vaccination should be offered and the elderly and other risk groups should be prioritised. Public health authorities should increase awareness among healthcare providers in order to detect infectious diseases that could present among displaced people from Ukraine.

Actions

ECDC is working closely with the countries receiving displaced people fleeing Ukraine, in collaboration with the European Commission, other Member States, the World Health Organization and other international partners. As the situation evolves, ECDC is ready to provide specific support, including staff deployments in the field. ECDC will continue to closely monitor the situation through epidemic intelligence activities. An ECDC document entitled *Operational public health considerations for the prevention and control of infectious diseases in the context of the military aggression in Ukraine* was published on Tuesday 8 March 2022. ECDC has opened an item in EpiPulse and encourages Member States to report public health events related to the crisis.

COVID-19 associated with SARS-CoV-2 – Multi-country (World) – 2019 - 2022

Opening date: 7 January 2020 Latest update: 18 March 2022

Epidemiological summary

Since 31 December 2019 and as of week 2022-10, 458 179 120 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 6 058 022 deaths.

Cases have been reported from:
Africa: 11 434 995 cases; the five countries reporting most cases are South Africa (3 694 504), Morocco (1 162 096), Tunisia (1 029 596), Libya (500 304) and Egypt (495 373).
Asia: 109 376 701 cases; the five countries reporting most cases are India (42 993 494), Iran (7 123 093), South Korea (6 866 222), Vietnam (6 377 438) and Indonesia (5 900 124).
America: 149 518 189 cases; the five countries reporting most cases are United States (79 562 252), Brazil (29 380 063), Argentina (8 975 961), Colombia (6 077 288) and Mexico (5 607 845).
Europe: 183 944 230 cases; the five countries reporting most cases are France (23 495 797), United Kingdom (19 767 359),

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Russia (17 376 241), Germany (17 298 064) and Turkey (14 530 309).
Oceania: 3 904 300 cases; the five countries reporting most cases are Australia (3 216 770), New Zealand (376 676), French Polynesia (70 436), Fiji (64 081) and New Caledonia (58 489).
Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:
Africa: 250 893 deaths; the five countries reporting most deaths are South Africa (99 725), Tunisia (28 062), Egypt (24 277), Morocco (16 039) and Ethiopia (7 486).
Asia: 1 246 923 deaths; the five countries reporting most deaths are India (515 877), Indonesia (152 437), Iran (138 949), Philippines (57 625) and Vietnam (41 477).
America: 2 667 857 deaths; the five countries reporting most deaths are United States (965 105), Brazil (655 249), Mexico (321 115), Peru (211 579) and Colombia (139 315).
Europe: 1 883 711 deaths; the five countries reporting most deaths are Russia (361 344), United Kingdom (163 079), Italy (156 868), France (153 824) and Germany (125 856).
Oceania: 8 632 deaths; the five countries reporting most deaths are Australia (5 591), Fiji (834), French Polynesia (645), Papua New Guinea (639) and Guam (338).
Other: 6 deaths have been reported from an international conveyance in Japan.

EU/EEA:
As of week 2022-10, 116 379 761 cases have been reported in the EU/EEA: France (23 495 797), Germany (17 298 064), Italy (13 222 536), Spain (11 237 187), Netherlands (7 168 140), Poland (5 830 205), Czechia (3 683 150), Belgium (3 633 490), Portugal (3 417 634), Austria (3 207 479), Romania (2 729 086), Denmark (2 653 287), Greece (2 645 105), Sweden (2 469 468), Slovakia (2 051 216), Hungary (1 818 509), Ireland (1 354 351), Lithuania (1 290 295), Norway (1 272 417), Bulgaria (1 112 176), Croatia (1 073 379), Slovenia (918 762), Latvia (742 334), Finland (739 573), Estonia (517 052), Cyprus (351 850), Luxembourg (201 368), Iceland (158 974), Malta (72 758) and Liechtenstein (14 119).

As of week 2022-10, 1 039 674 deaths have been reported in the EU/EEA: Italy (156 868), France (153 824), Germany (125 856), Poland (113 817), Spain (101 023), Romania (60 850), Hungary (43 573), Czechia (39 161), Bulgaria (36 084), Belgium (29 945), Greece (26 619), Netherlands (21 707), Portugal (21 357), Slovakia (18 950), Sweden (17 745), Croatia (15 336), Austria (14 522), Lithuania (8 963), Ireland (6 611), Slovenia (6 410), Latvia (5 911), Denmark (4 640), Finland (3 122), Estonia (2 242), Norway (1 751), Luxembourg (1 024), Cyprus (995), Malta (614), Liechtenstein (78) and Iceland (76).

The latest daily situation update for the EU/EEA is available here.
In week 2022-10, in the EU/EEA overall, the reported weekly cases increased by 11.6% compared to the previous week. Weekly increases (in descending order) were observed in Malta, Ireland, Austria, Cyprus, Greece, Luxembourg, the Netherlands, France, Slovenia, Germany and Iceland. The countries with the highest 14-day notification rates per 100 000 population are Iceland (10 033), Austria (5 811), Liechtenstein (5 755), Latvia (4 866) and the Netherlands (4 800). Overall, 16 of the 30 EU/EEA countries (Belgium, Bulgaria, Czechia, Denmark, Estonia, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Norway, Poland, Romania, Slovakia, Spain and Sweden) reported a decrease in weekly cases.

ECDC's assessment of each country's epidemiological situation is based on a composite score for the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 10, three countries (Iceland, Ireland and the Netherlands) were categorised as of very high concern, 18 countries (Austria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Latvia, Liechtenstein, Luxembourg, Malta, Norway, Portugal, Slovakia and Slovenia) as of high concern, eight countries (Belgium, Bulgaria, Hungary, Italy, Lithuania, Poland, Spain and Sweden) as of moderate concern and one country (Romania) as of low concern. Compared with the previous week, nine countries (Croatia, Cyprus, France, Greece, Iceland, Ireland, Malta, the Netherlands and Portugal) moved to a higher category, three countries (Liechtenstein, Lithuania and Romania) moved to a lower category and 18 countries stayed in the same category.

For the latest COVID-19 country overviews, please see the dedicated web page.

Since the last update on 10 March 2022 and as of 17 March 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 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, eight, ninth and tenth 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, 4 July 2021, 22 October 2021 and 13 January

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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 web page.

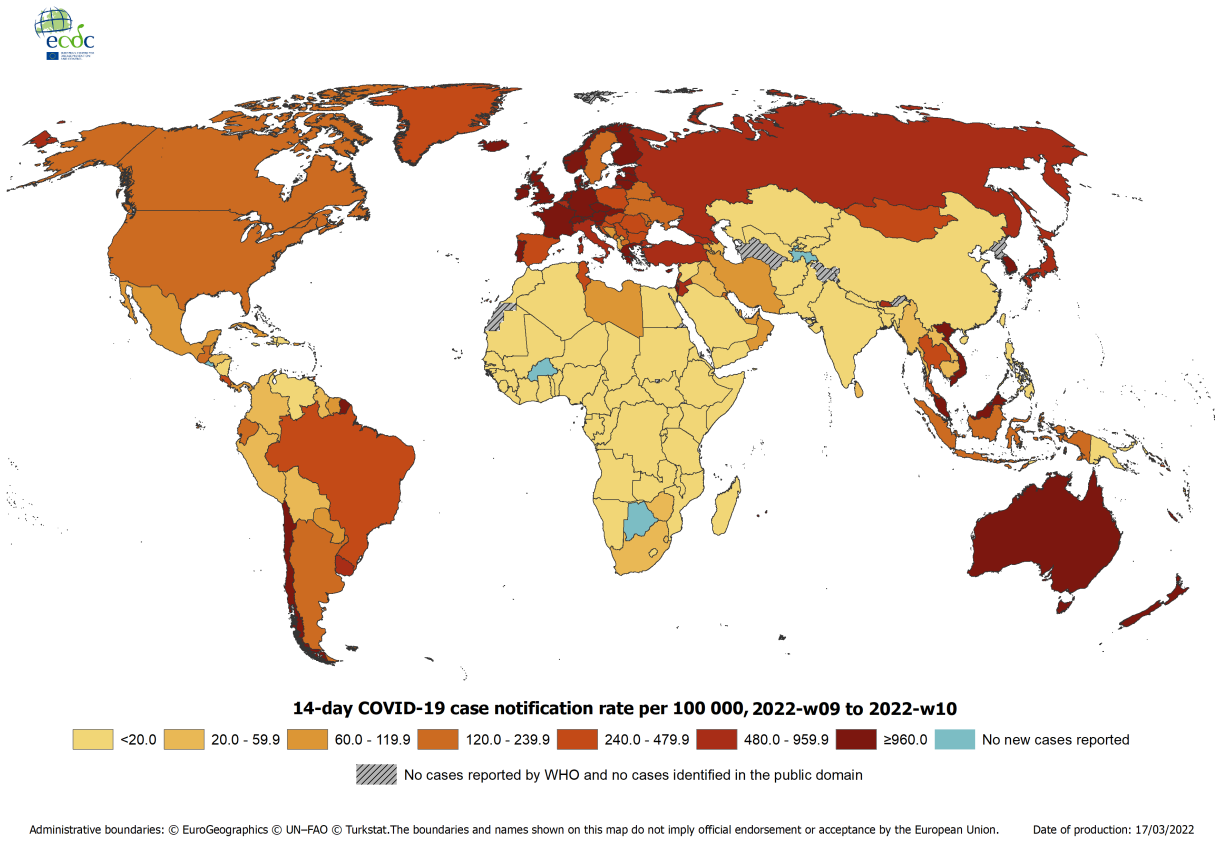
Actions

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 web page on variants.

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w08 to 2022-w10

Source: ECDC



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

Opening date: 9 December 2019 Latest update: 18 March 2022

Epidemiological summary

Wild poliovirus:

In 2022, and as of 16 March 2022, one case of AFP caused by WPV1 has been reported from the endemic country, Afghanistan.

In 2021, and as of 16 March 2022, six cases of AFP caused by WPV1 were reported from the two endemic countries Afghanistan (4) and Pakistan (1) and from the non-endemic country Malawi (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2022, and as of 16 March 2022, one case of AFP caused by cVDPV1 has been reported from Madagascar. Seven cases of AFP caused by cVDPV2 have been reported from three countries: Democratic Republic of the Congo (3), Nigeria (3) and Somalia (1). One case of AFP caused by cVDPV3 has been reported from Israel.

In 2021, and as of 16 March 2022, 16 cases of AFP caused by cVDPV1 were reported from Madagascar (13) and Yemen (3). 622 cases of AFP caused by cVDPV2 were reported from 21 countries: Nigeria (415), Afghanistan (43), Tajikistan (32), Democratic Republic of the Congo (28), Senegal (17), Niger (15), Yemen (13), Ethiopia (10), South Sudan (9), Pakistan (8), Guinea (6), Sierra Leone (5), Benin (3), Cameroon (3), Guinea-Bissau (3) Liberia (3), Burkina Faso (2), Congo (2), Mozambique (2), Ukraine (2) and Somalia (1). No cases of AFP caused by cVDPV3 were reported.

Other news:
On 28 February 2022, the 31st meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus concluded that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC) and recommended the extension of temporary recommendations for a further three months. It was reported that there are still significant risks, as exemplified by the recent report of importation of poliovirus into Malawi. The factors considered in reaching this conclusion were: ongoing risk of WPV1 international spread, ongoing risk of cVDPV2 international spread, weak routine immunisation and lack of access.

Sources: Global Polio Eradication Initiative | ECDC | ECDC Polio interactive map | WPV3 eradication certificate

ECDC assessment

The WHO European Region has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. However, while there are non-or under-vaccinated population groups in European countries and poliomyelitis is not eradicated, the risk of the virus being reintroduced into Europe remains. According to the May 2019 report of the European Regional Commission for Certification of Poliomyelitis Eradication, one EU/EEA country (Romania) and two neighbouring countries (Bosnia and Herzegovina, and Ukraine) remain at high risk of a sustained polio outbreak. According to the same report, an additional 15 EU/EEA countries are at intermediate risk of sustained polio outbreaks, following wild poliovirus importation or the emergence of cVDPV due to sub-optimal programme performance and low population immunity. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows 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 only emerge and circulate 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. Despite the current COVID-19 challenges, Member States should review their polio vaccination coverage data and ensure that vaccination gaps are bridged as soon as possible.

ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

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

Actions

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

ECDC maintains an interactive map showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.

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