

This weekly bulletin provides updates on threats monitored by ECDC.

I. Executive summary

EU Threats

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

Opening date: 7 January 2020

Latest update: 21 January 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

Since week 2022-1 and as of week 2022-2, 20 399 862 new cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) and 55 084 new deaths have been reported.

Since 31 December 2019 and as of week 2022-2, 328 558 243 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 548 696 deaths.

As of week 2022-2, 69 460 675 cases and 933 290 deaths have been reported in the EU.

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](#).

As of 21 January 2022, the following changes have been made to the ECDC lists of variants of concern, variants of interest and variants under monitoring.

- Variant C.36+L452R has been de-escalated from variant under monitoring to de-escalated variant, as it is no longer circulating worldwide (last detection 2021-W41).
- Variant P.1+P681H has been de-escalated from variant under monitoring to de-escalated variant, as it is no longer circulating in the EU/EEA (last detection 2021-W43), and it is covered by the broader VOC P.1 (Gamma).
- The transmission category for Omicron in the EU/EEA changed from community to dominant, following both surveillance data and country reports supporting Omicron becoming dominant in the EU/EEA.
- The assessment of impact on severity for Omicron was changed from unclear to reduced, as more evidence has become available demonstrating a reduced risk of hospitalisation associated with Omicron. It is still unclear how large this effect is, and to which extent it is applicable for all population groups, based on vaccination status, previous infection, age, co-morbidities and other factors.

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

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 21 January 2022

Reported influenza activity in Europe has decreased compared to previous weeks, however different levels of activity are observed among the countries and areas in the European Region. A detailed report on the ongoing situation is available in the weekly threats report.

→Update of the week

Week 2, 2022 (10 - 16 January 2022)

- Albania, Israel, Kazakhstan, North Macedonia, Norway, Russian Federation, Sweden and Serbia reported widespread influenza activity and/or medium influenza intensity.
- A total of 6% of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms tested positive for influenza virus, a decrease from 13% in week 1/2022.
- Six countries reported seasonal influenza activity at or above 10% positivity in sentinel primary care: Armenia (56%), Serbia (22%), Estonia (15%), France (13%), Georgia (12%) and the Russian Federation (10%).
- Hospitalised cases with confirmed influenza virus infection were reported from intensive care units (seven type A viruses and one type B), other wards (four type A viruses) and SARI surveillance (25 type A viruses).
- Both influenza type A and type B viruses were detected, with A(H3) viruses being dominant across all monitoring systems.

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (EU/EEA update) - 2021-2022

Opening date: 3 December 2021

Latest update: 21 January 2022

On 26 November 2021, ECDC classified the SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant as a VOC and assigned it the label 'Omicron'.

→Update of the week

The emergence and extremely rapid spread of Omicron due to its very high growth rate and capacity for immune escape have raised serious concerns. The growth advantage of Omicron over Delta appears to be mainly determined by its immune escape properties, resulting in more breakthrough infections among vaccinated individuals, and more reinfections among recovered individuals compared to Delta, leading to an increase in detected cases. The overall epidemiological situation in the EU/EEA is characterised by a very high case notification rate and an elevated but stable death rate, driven by the ongoing transmission of the Omicron variant of concern (VOC) which is now the most prevalent variant (78% pooled prevalence) and is dominant in the majority of EU/EEA countries.

As of 20 January 2022, the Omicron variant has been identified in all EU/EEA countries. From 20 December 2021 to 9 January 2022, there were 23 EU/EEA countries with adequate sequencing volume that reported an estimated prevalence of Omicron VOC of 69.4% (range from 5.7% to 99.9%), over 20% higher than in the previous week.

Non EU Threats

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

Opening date: 9 December 2019

Latest update: 21 January 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 3 November 2021, the [30th 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 CDTR update on 17 December 2021 and as of 18 January 2022, one new case of AFP caused by circulating vaccine-derived poliovirus 1 (cVDPV1) and 104 new cases of AFP caused by circulating vaccine-derived poliovirus 2 (cVDPV2) have been reported for 2021.

Wild poliovirus (WPV1):

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

Circulating vaccine-derived poliovirus (cVDPV):

- One new case of AFP caused by cVDPV1 has been reported by Madagascar.
- 104 new cases of AFP caused by cVDPV2 have been reported from six countries: Nigeria (81), Democratic Republic of the Congo (8), Yemen (8), Niger (5), Senegal (1) and Ethiopia (1).
- No new cases of AFP caused by cVDPV3 have been reported.

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

Opening date: 20 April 2006

Latest update: 21 January 2022

Several countries in Africa and Asia have reported [cholera](#) outbreaks in 2021 and 2022. Major ongoing outbreaks are being reported from Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia and Nigeria.

→ Update of the week

Since the last update on 17 December 2021, approximately 163 705 suspected cholera cases including 59 deaths have been reported worldwide. Countries reporting new cases since the previous update are Afghanistan, Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, India, Nigeria, Niger and Togo. A list of all countries reporting new cases since our previous update on 17 December 2021 can be found below.

II. Detailed reports

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

Opening date: 7 January 2020

Latest update: 21 January 2022

Epidemiological summary

Since 31 December 2019 and as of week 2022-2, 328 558 243 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 5 548 696 deaths.

Cases have been reported from:

Africa: 10 405 158 cases; the five countries reporting most cases are South Africa (3 559 230), Morocco (1 048 653), Tunisia (791 917), Ethiopia (457 322) and Egypt (400 076).

Asia: 77 925 213 cases; the five countries reporting most cases are India (37 380 253), Iran (6 221 033), Indonesia (4 271 649), Philippines (3 242 374) and Malaysia (2 808 347).

America: 120 869 434 cases; the five countries reporting most cases are United States (65 699 947), Brazil (23 000 657), Argentina (7 197 323), Colombia (5 568 068) and Mexico (4 385 415).

Europe: 117 779 154 cases; the five countries reporting most cases are United Kingdom (15 217 280), France (13 991 180), Russia (10 834 260), Turkey (10 402 173) and Spain (8 424 206).

Oceania: 1 578 579 cases; the five countries reporting most cases are Australia (1 378 449), Fiji (59 785), French Polynesia (47 132), Papua New Guinea (36 446) and Guam (23 581).

Other: 705 cases have been reported from an international conveyance in Japan.

Deaths have been reported from:

Africa: 233 834 deaths; the five countries reporting most deaths are South Africa (93 364), Tunisia (25 817), Egypt (22 148), Morocco (14 976) and Ethiopia (7 147).

Asia: 1 160 507 deaths; the five countries reporting most deaths are India (486 451), Indonesia (144 170), Iran (132 075), Philippines (52 929) and Vietnam (35 788).

America: 2 453 666 deaths; the five countries reporting most deaths are United States (850 605), Brazil (621 045), Mexico (301 469), Peru (203 550) and Colombia (131 130).

Europe: 1 695 401 deaths; the five countries reporting most deaths are Russia (321 990), United Kingdom (151 987), Italy (141 265), France (131 113) and Germany (115 649).

Oceania: 5 282 deaths; the five countries reporting most deaths are Australia (2 668), Fiji (746), French Polynesia (636), Papua New Guinea (596) and New Caledonia (282).

Other: six deaths have been reported from an international conveyance in Japan.

EU/EEA:

As of week 2022-2, 70 036 727 cases have been reported in the EU/EEA: France (13 991 180), Spain (8 424 206), Italy

(8 368 566), Germany (8 024 768), Poland (4 295 258), Netherlands (3 568 833), Czechia (2 603 719), Belgium (2 478 173), Portugal (1 906 831), Romania (1 892 327), Greece (1 669 989), Sweden (1 633 652), Austria (1 456 806), Slovakia (1 423 316), Hungary (1 348 314), Denmark (1 111 222), Ireland (1 103 489), Croatia (818 832), Bulgaria (818 229), Lithuania (621 934), Slovenia (538 325), Norway (520 290), Finland (389 754), Latvia (303 792), Estonia (254 115), Cyprus (220 673), Luxembourg (132 163), Malta (62 209), Iceland (48 422) and Liechtenstein (7 340).

As of week 2022-2, 934 789 deaths have been reported in the EU/EEA: Italy (141 265), France (131 113), Germany (115 649), Poland (102 698), Spain (90 992), Romania (57 350), Hungary (39 365), Czechia (36 899), Bulgaria (32 042), Belgium (28 245), Greece (22 071), Netherlands (21 168), Portugal (19 334), Slovakia (17 398), Sweden (15 552), Austria (13 410), Croatia (13 157), Lithuania (8 203), Slovenia (6 194), Ireland (6 035), Latvia (5 054), Denmark (3 505), Finland (2 409), Estonia (1 881), Norway (1 382), Luxembourg (987), Cyprus (808), Malta (506), Liechtenstein (73) and Iceland (44).

The latest daily situation update for the EU/EEA is available [here](#).

ECDC's assessment of each country's epidemiological situation is based on a composite score based on the absolute value and trend of five weekly COVID-19 epidemiological indicators. For week 2, 10 countries (Belgium, Bulgaria, Croatia, Estonia, France, Germany, Ireland, Italy, Latvia and Portugal) were categorised as of very high concern, 19 countries (Cyprus, Czechia, Denmark, Finland, Greece, Hungary, Iceland, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Spain and Sweden) as of high concern and one country (Austria) as of moderate concern. Compared with the previous week, three countries (Estonia, Germany and Slovakia) moved to a higher category, 11 countries (Cyprus, Denmark, Finland, Greece, Hungary, Iceland, Liechtenstein, Luxembourg, Malta, Slovenia and Spain) moved to a lower category and 16 countries stayed in the same category.

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

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](#), [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, 4 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.

ECDC assessment

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

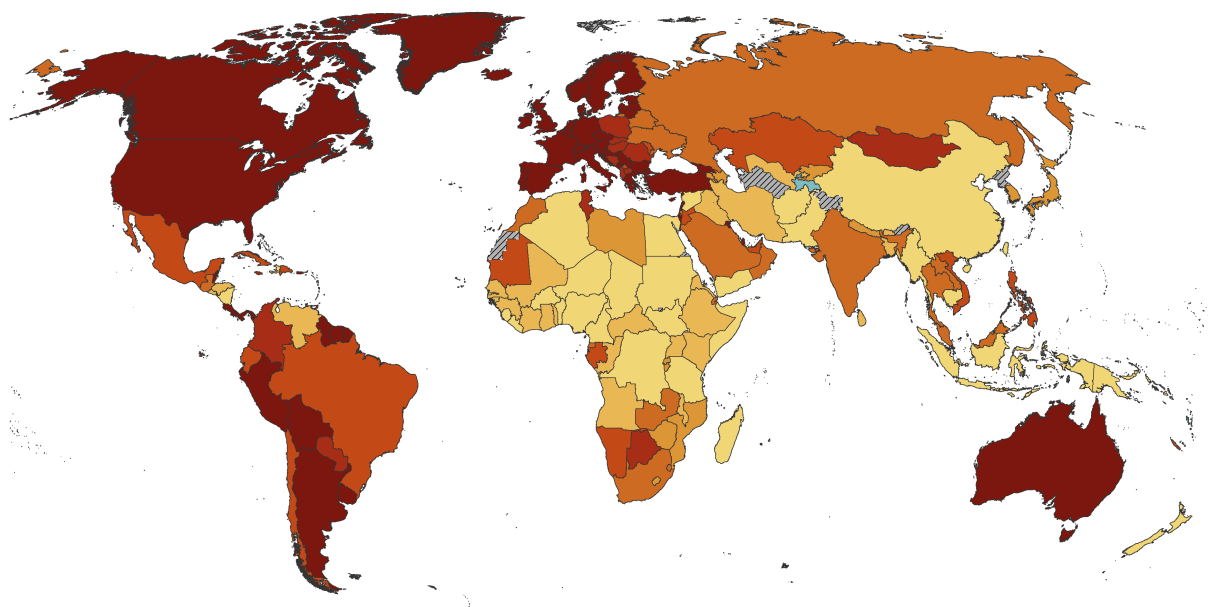
Actions

On 15 December 2021, ECDC published the Rapid Risk Assessment '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EEA, 18th 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](#).

Geographic distribution of 14-day cumulative number of reported COVID-19 cases per 100 000 population, worldwide, 2022-w01 to 2022-w02

Source: ECDC



14-day COVID-19 case notification rate per 100 000, 2022-w01 to 2022-w02



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Date of production: 20/01/2022

Influenza – Multi-country – Monitoring 2021/2022 season

Opening date: 15 October 2021

Latest update: 21 January 2022

Epidemiological summary

2021/2022 season overview

For the European Region as a whole, influenza activity started to increase in week 49/2021, with different levels of activity observed among the countries and areas of the Region, and a general dominance of A(H3) viruses, although some countries reported both A(H3) and A(H1)pdm09 viruses (e.g. France).

Source: [Flu News Europe](#)

ECDC assessment

Reported influenza activity in Europe has decreased compared to previous weeks, however different levels of activity are observed among the countries and areas in the European Region.

7/13

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

Actions

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.

SARS-CoV-2 B.1.1.529 variant of concern (Omicron) - Multi country (EU/EEA update) - 2021-2022

Opening date: 3 December 2021

Latest update: 21 January 2022

Epidemiological summary

This weekly epidemiological update provides an overview of the extent to which the SARS-CoV-2 Omicron VOC is prevalent in EU/EEA countries, based on the best currently available evidence (as of 20 January 2022). The data are collected from The European Surveillance System (TESSy) or the GISAID EpiCoV database. Please refer to the [ECDC Variants of interest and concern in the EU/EEA dashboard](#) or click on the country's corresponding link for more details. In cases with missing data, EU/EEA countries' official national or regional websites are used. As a result, the data presentation and completeness might be different depending on the data sources and availability.

As of 20 January 2022, the Omicron variant has been identified in all EU/EEA countries. From 20 December 2021 to 9 January 2022, there were 23 EU/EEA countries with adequate sequencing volume that reported an estimated prevalence of Omicron VOC of 69.4% (range from 5.7% to 99.9%), over 20% higher than in the previous week.

Countries where Omicron has become the dominant variant (accounting for more than 50% of sequenced viruses) include Austria (95.4%, 2022-02), Belgium (99.7%, 2022-02), Cyprus (93.9%, 2022-01)*, Czechia (66.7%, 2022-02), Denmark (98.8%, 2022-02), Finland (99.9%, 2022-02), France (90.8%, 2022-02), Germany (62.5%, 2022-01), Greece (85.6%, 2022-01), Hungary (64.7%, 2022-02), [Iceland](#) (90%, 6 January 2022), Ireland (89.2%, 2021-52)*, [Italy](#) (81%, 2022-01), [Liechtenstein](#) (88.5%, 2022-01), Lithuania (40.5%, 2021-52)*, [Luxembourg](#) (89.6%, 2022-01), Malta (99.3%, 2022-01)*, the [Netherlands](#) (95.3%, range between labs 93.3% - 98.6%, 10 January 2022), Norway (93.8%, 2022-02), Portugal (86.3%, 2022-01), [Slovenia](#) (67% of cases sequenced on 5 January 2022), Spain (87.4%, 2022-01), and Sweden (91.8%, 2022-01).

Countries where the Omicron variant is present but not dominant include [Bulgaria](#) (43.5%, 2022-02), [Croatia](#) (no national proportion available), Estonia (45.8%, 2022-02), Latvia (5.8%, 2022-02), Poland (26.2%, 2022-02), Romania (37.8%, 2022-02), and Slovakia (29.9%, 2022-02).

Large (20% or higher) increases in the number of cases since last week have been reported in the following countries: Bulgaria, Cyprus, Czechia, Estonia, Germany, Hungary, Italy, Luxembourg, Malta, Spain and Sweden.

For a general overview of the epidemiological COVID-19 situation in the EU/EEA, please see the [ECDC weekly Country Overview Report](#).

* Insufficient precision at less than 5% prevalence (more information available [here](#)).

** Seven-day average. Please note that the data for Liechtenstein are reported together with Swiss data.

ECDC assessment

ECDC has classified a SARS-CoV-2 variant belonging to Pango lineage B.1.1.529 as a variant of concern (VOC) due to concerns regarding immune escape and potentially increased transmissibility compared to the Delta VOC. WHO also classified the variant as a VOC and assigned it the label 'Omicron'.

Based on the current situation and the available evidence, ECDC's [Rapid Risk Assessment 18th Update](#) on the impact of Omicron remains valid: the overall level of risk to public health associated with the further emergence and spread of the SARS-CoV-2

Omicron VOC in the EU/EEA is assessed as VERY HIGH.

Actions

ECDC published a Rapid Risk Assessment on 15 December 2021, '[Assessment of the further emergence of the SARS-CoV-2 Omicron VOC in the context of the ongoing Delta VOC transmission in the EU/EAA](#)', and the next update is planned for 26 January 2022. ECDC has also recently published two Threat Assessment Briefs on [26 November](#) and [2 December](#) 2021.

A section on the epidemiology of the Omicron VOC in the EU/EEA is also available in the weekly Country Overview report available [here](#). Previous updates on reported cases are available on [ECDC's dedicated website](#).

ECDC is continuously monitoring and assessing the situation through its epidemic intelligence activities. TESSy reporting for SARS-CoV-2 Omicron VOC (B.1.1.529) has been implemented. In the immediate future, ECDC will stop providing specific weekly updates on the Omicron VOC weekly for EU/EEA.

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

Opening date: 9 December 2019

Latest update: 21 January 2022

Epidemiological summary

Wild poliovirus:

In 2021 overall, five cases of AFP caused by WPV1 have been reported from the two endemic countries: Afghanistan (4) and Pakistan (1).

Circulating vaccine-derived poliovirus (cVDPV):

In 2021 overall, 14 cases of AFP caused by cVDPV1 were reported by Madagascar (11) and Yemen (3). In addition, 575 cases of AFP caused by cVDPV2 were reported from 20 countries: Nigeria (388), Afghanistan (43), Tajikistan (32), Democratic Republic of the Congo (19), Senegal (17), Ethiopia (10), Niger (10), Yemen (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), Somalia (1) and Ukraine (1). In 2021 overall, no cases of AFP caused by cVDPV3 were reported.

Global guidance from WHO recommends temporarily postponing preventive immunisation campaigns where there is no active outbreak of a vaccine-preventable disease. Operationally, polio vaccination campaigns are incompatible with physical distancing recommendations. The guidance calls for countries to prioritise routine immunisation of children in essential service delivery. As a result, the Global Polio Eradication Initiative (GPEI) has taken the decision to temporarily delay immunisation campaigns.

As part of the GPEI programme, surveillance activities will continue, to the extent possible, to monitor the evolution of the situation. In addition, comprehensive, context-specific plans to resume efforts are being developed, to be launched whenever and wherever the situation allows.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC Polio interactive map](#) | [WHO DON](#) | [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.

9/13

Ukraine and EU/EEA Member States that conduct environmental surveillance for polioviruses, in particular the countries bordering Ukraine, should consider increasing the sampling frequency and geographical area under surveillance until the outbreak has been brought under control.

[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

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.

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

Opening date: 20 April 2006

Latest update: 21 January 2022

Epidemiological summary

Americas

[Haiti](#): No new cases have been reported since the last update. In 2021, no confirmed cholera cases were reported in Haiti.

[Dominican Republic](#): No new cases have been reported since the last update. In 2021, no cholera cases were reported in the Dominican Republic.

Africa

[Benin](#): Since the last update, 394 suspected cholera have been reported in Benin. In 2021 and as of 26 December, a total of 1 173 cases including 11 deaths (CFR 0.9%) have been reported in the country.

[Cameroon](#): Since the last update, 239 suspected cholera cases including five deaths have been reported in Cameroon. In 2021 and as of 27 December 2021, a total of 499 suspected cases including 18 deaths (CFR 3.6%) have been reported in the country.

[Democratic Republic of the Congo](#): Since the last update, 3 150 suspected cholera cases including 42 deaths have been reported in the Democratic Republic of Congo (DRC). In 2021 and as of 12 December, a total of 10 029 suspected cholera cases including 179 deaths (CFR 1.8%) were recorded in 80 health zones across 16 provinces of DRC. In 2020, a total of 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 DRC provinces.

[Ethiopia](#): Since the last update, 199 suspected cholera cases, including one death, have been reported in Ethiopia. In 2021, as of 11 December 2021, a total of 2 340 cases, including 22 associated deaths, have been reported in the country.

[Kenya](#): No new cases have been reported since the last update. In 2021 and as of 18 October, 38 cholera cases including 14 confirmed cases, have been recorded in Kenya's Garissa and Turkana Counties.

[Mali](#): Since the last update no new cholera cases have been reported in Mali. In 2021 and as of 31 October, a total of 11 cases including four deaths have been reported in Mali's northern region of Gao.

[Mozambique](#): Since the last update, no new cholera cases have been reported in Mozambique. In 2021, as of 14 November, a total of 5 872 suspected cases including 35 deaths have been reported in the country.

[Niger](#): Since the last update, Niger has reported four suspected cholera cases. In 2021 and as of 28 December 2021, a total of 5 591 cases including 166 deaths (CFR 3.0%) have been reported. Seven out of eight regions in Niger have reported cases (Tahoua, Niamey, Tillaberi, Dosso, Maradi Zinder and Diffa). To date, 35 out of 72 health districts in the country have reported cases.

Nigeria: Since the last update, Nigeria has reported 3 846 suspected cholera cases including nine deaths. In 2021, as of 26 December, a total of 111 016 suspected cases have been reported, including 3 604 deaths (CFR 3.2%) from 33 Nigerian states. Among the suspected cases reported in 2022, the 5 to 14 years age group is the most affected, while the gender distribution of the cases shows an equal male-to-female ratio. Four states account for 53% of all cumulative cases: Bauchi (19 558 cases), Jigawa (15 141 cases) Kano (12 116 cases), and Zamfara (11 931 cases).

Togo: Since the last update, Togo has reported one confirmed cholera case and one death. In 2021 and as of 22 December 2021, a total of 109 suspected cholera cases, including five deaths (CFR 3.7%), have been reported in Togo.

Uganda: Since the last update, no new cholera cases have been reported in Uganda. In 2021 and as of 10 December 2021, a total of 173 cases, with no associated deaths, have been reported in the country.

Asia

Afghanistan: Since the last update, 144 673 Acute Watery Diarrhoea (AWD) cases have been reported in Afghanistan. In 2021 and as of 30 November, a total of 147 689 cases of AWD, including eight deaths, have been reported from 13 districts in five of the 34 provinces of the country.

Bangladesh: Since the last update, 11 188 AWD cases were reported in Rohingya Refugee Camp in Cox's Bazar, Bangladesh. From 2021 and as of 14 of November 2021, a total of 133 380 suspected cholera cases including two deaths have been reported. Among these cases, 309 tested positive by means of a cholera rapid diagnostic test or culture test.

India: Since the last update, 11 new cholera cases have been reported in Junighadi and Vadodara, India. In 2021, a total of 1 793 suspected cholera cases including four deaths have been reported in different parts of India.

Malaysia: Since the last update, no new cholera cases have been reported in Malaysia. In 2021, one cholera confirmed case was reported in the country.

Nepal: Since the last update, no new cholera cases have been reported in Nepal. In 2021, a total of 899 suspected cholera cases, including seven deaths, were reported.

No updates were available on the outbreaks reported in [Burundi](#), [Tanzania](#) and [Yemen](#) this year.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as the media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

ECDC assessment

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and the Gulf of Aden. Cholera outbreaks have also been reported in the western and southern part of Africa and in some areas of Asia. Despite the high number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. The risk of cholera infection in travellers visiting countries with ongoing outbreaks remains low, although sporadic infections among EU/EEA travellers are possible. In 2018, 26 cases were reported in EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016, respectively. All cases had travel history to cholera-affected areas. The risk of further transmission of *Vibrio cholerae* within the EU/EEA is very low.

According to WHO, vaccination should be considered for travellers at higher risk of infection, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

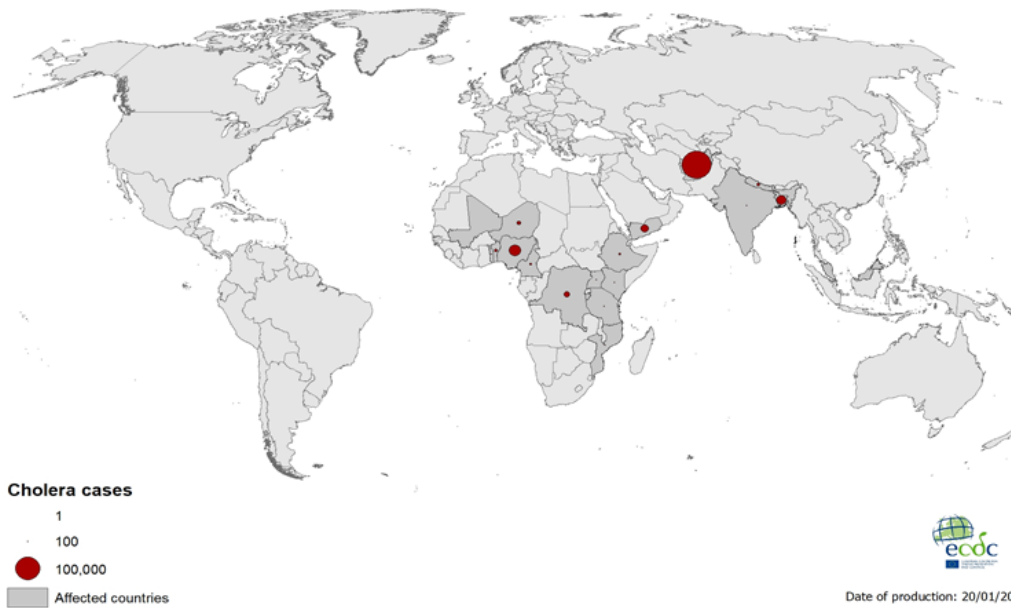
Travellers who plan to visit cholera-endemic areas should seek advice from travel health clinics ahead of their trip to assess their personal risk and obtain information on precautionary sanitary and hygiene measures to prevent infection. These include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding the consumption of raw seafood products.

Actions

ECDC monitors cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on [ECDC's website](#).

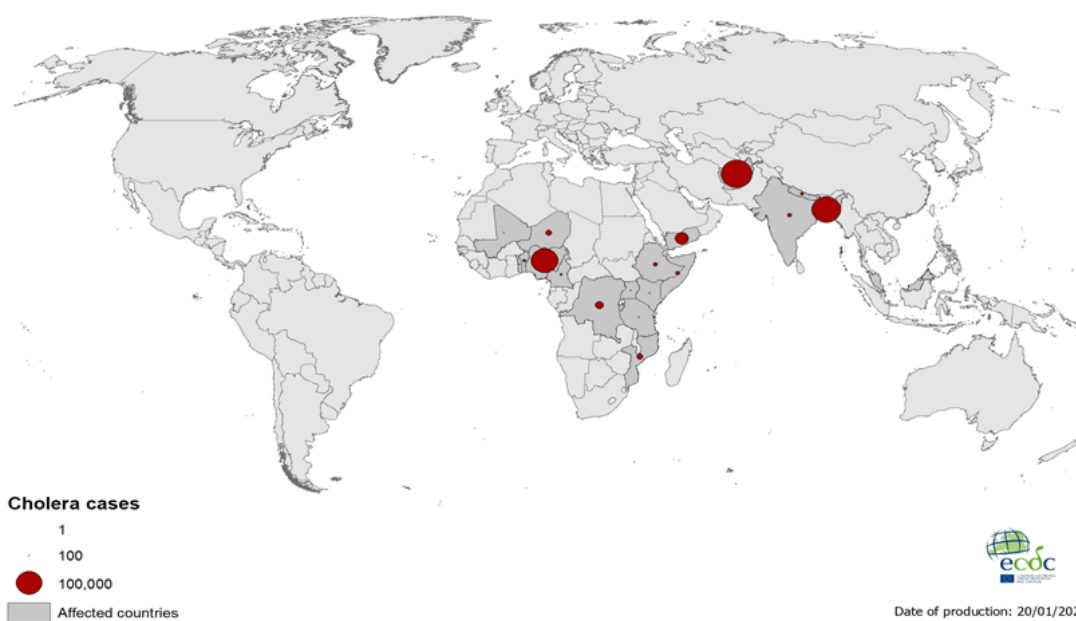
Geographical distribution of cholera cases reported worldwide from October to December 2021

ECDC



Geographical distribution of cholera cases reported worldwide as of December 2021

ECDC



The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.