WEEKLY BULLETIN

Communicable Disease Threats Report

Week 35, 24 - 30 August 2024

This week's topics

Executive summary

Mpox due to monkeypox virus clade I – Multi-country – 2024

- Since the beginning of mpox monitoring in 2022 and until 31 July 2024, 102 977 confirmed cases of mpox due to monkeypox virus (MPXV) clade I and clade II , including 223 deaths, have been reported by 121 countries globally, according to WHO.
- Overall, more than 20 000 mpox cases due to MPXV clade I and clade II have been reported from 13 African Union Member States in 2024, including over 3 000 confirmed cases and over 500 deaths (case fatality (CF): 2.8%) , according to the Africa CDC Epidemic Intelligence Report issued on 25 August 2024.
- Clade I cases outside the African continent have been reported by Sweden (15 August; one person) and Thailand (22 August; one person).
- Additional information can be found in the ECDC Rapid Risk Assessment published on 16 August (Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries).
- ECDC is closely monitoring and assessing the epidemiological situation.

Mass gathering monitoring – Olympic and Paralympic Games – France – 2024 - Weekly Monitoring

- Since the previous update of 23 August, and as of 30 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic and Paralympic Games.
- The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is considered low if general preventive measures are applied.
- ECDC will monitor this event until 13 September 2024 through epidemic intelligence activities in collaboration with Santé Publique France and partners. Weekly updates will be included in the Communicable Disease Threats Report (CDTR).

Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024

France reported the first autochthonous case of chikungunya virus disease in Department of La Réunion for 10 years. In addition, France confirmed two more cases on 30 August.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update

- Since the beginning of 2024, approximately 450 000 chikungunya virus disease (CHIKVD) cases and over 160 deaths have been reported worldwide. A total of 21 countries reported CHIKVD cases from the Americas (14), Asia (6), and Europe (1). In mainland Europe, one autochthonous case of CHIKVD has been reported by France in 2024.
- Since the beginning of 2024, over 12 million dengue cases and over 8 000 dengue-related deaths have been reported globally. In mainland Europe, autochthonous dengue cases have been reported by France and Italy.
- The current likelihood of local transmission events of chikungunya and dengue viruses occurring in areas where the vector is present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication in vectors.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 28 August 2024, West Nile virus (WNV) infection cases have been reported to the European Surveillance System (TESSy) by ten EU/EEA countries (Austria, Bulgaria, Croatia, France, Germany, Greece, Hungary, Italy, Romania, and Spain) and three EU-neighbouring countries (Albania, Serbia and Kosovo*).
- More information, including maps and a dashboard, are available in ECDC's weekly surveillance report on West Nile virus infections: Weekly updates: 2024 West Nile virus transmission season (europa.eu) and West Nile virus Dashboard (europa.eu). Monthly epidemiological updates are available at: Monthly updates: 2024 West Nile virus transmission season (europa.eu).

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

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

- Indicators of increased SARS-CoV-2 activity in primary and secondary care settings have been observed since late spring 2024. The timing of the epidemic has varied between EU/EEA countries, with many now reporting declining trends, but some continuing to observe increases.
- The overall impact of the SARS-CoV-2 epidemic in hospitals and on mortality has been relatively low since May 2024. The most affected group in hospital settings has been individuals aged 65 years and above, highlighting the fact that vulnerable populations remain at higher risk of severe illness.
- The SARS-CoV-2 variant BA.2.86 and its subvariants, including KP.3, continue to dominate.
- Vaccination is the most effective measure for preventing COVID-19 and seasonal influenza infection from progressing to severe disease. It is essential that all Member States actively promote vaccination against respiratory viral diseases, in line with national recommendations.

Legionnaires' disease outbreak - Italy - 2024

- Italian authorities have reported an outbreak of Legionnaires' disease in the metropolitan area of Milan (Corsico and Buccinasco), Lombardy Region.
- As of 26 August 2024, a total of 53 confirmed cases, including four deaths, have been reported.
- No additional cases have been reported since the last person had symptom onset on 9 August. Public health prevention and control actions are assumed to have reduced risk from the outbreak source.

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

- Since the previous update on 6 August 2024, and as of 27 August 2024, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2024, and as of 27 August 2024, four MERS fatalities have been reported in Saudi Arabia. Of these, two are primary cases and two are nosocomial infections.
- Since April 2012, and as of 27 August 2024, a total of 2 622 cases of MERS, including 953 deaths, have been reported by health authorities worldwide.

Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

- Due to the downward trends of cholera cases in Mayotte and Comoros, ECDC will discontinue the current weekly updates. ECDC will continue monitoring the situation through epidemic intelligence activities and will report under the monthly cholera worldwide report.
- Since 18 March 2024 and until 12 August 2024, there have been 221 confirmed cases, five probable cases and two possible deaths in Mayotte. In the Union of Comoros, since 2 February 2024 and until 12 August, 10 342 confirmed cholera cases and 149 deaths have been reported in the country.
- Given the decline in the number of autochthonous cholera cases in Mayotte, and in neighbouring Comoros, ECDC now considers the overall risk to be very low to low.

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

- In July 2024, 63 372 new cholera cases, including 187 new deaths, were reported worldwide. Since 1 January 2024 and as of 31 July 2024, 312 135 cholera cases, including 2 284 deaths, have been reported worldwide.
- New cases have been reported from Afghanistan, Bangladesh, Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Somalia, Thailand, United Republic of Tanzania, Yemen, Zambia, and Zimbabwe.
- Cholera cases have continued to be reported in Africa, Asia, the Americas and the Middle East. The risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA is possible.

1. Mpox due to monkeypox virus clade I – Multi-country – 2024

Global background

Since the beginning of mpox monitoring in 2022 and until 31 July 2024, 102 977 confirmed cases of mpox due to MPXV clade I and clade II, including 219 deaths, have been reported by 121 countries globally, according to WHO (2022-24 Mpox (Monkeypox) Outbreak: Global Trends (shinyapps.io)). All cases of MPXV clade I have been reported from the African continent apart from one reported by Sweden and one by Thailand.

Epidemiological situation in Africa

In 2024, over 20 000 mpox cases due to MPXV clade I and clade II have been reported from 13 Africa Union Member States, including over 3 000 confirmed cases and over 500 deaths (CFR 2.9%) according to the Africa CDC Epidemic Intelligence Report issued on 25 August 2024 and the WHO AFRO weekly report of 23 August. These countries are: Burundi (702 cases), Cameroon (35 cases; two deaths), Central African Republic (CAR) (45), Republic of the Congo (Congo) (162 cases; 0 death), Cote d'Ivoire (28 cases; one death), Democratic Republic of Congo (DRC) (19 667 cases; 575 deaths), Gabon (one case), Liberia (six cases), Kenya (two cases), Nigeria (39 cases), Rwanda (four cases), South Africa (24 cases; three deaths) and Uganda (four cases).

In 2023, 14 838 people with confirmed and suspected MPXV infection were reported from Cameroon, CAR, Congo, DRC, Ghana, Liberia, and Nigeria.

The Democratic Republic of Congo have reported the most people with mpox in the 13 African countries reporting cases, with a cumulative number (19 667) of clade Ia and clade Ib infections (2 961 confirmed and 16 706 suspected) including 575 deaths (Africa CDC Epidemic Intelligence Report issued on 25 August 2024). In DRC, the majority of cases and deaths reported are among <15-year-olds (66% of cases and 82% of deaths) while males account for 73% of all people with mpox, according to Africa CDC.

Burundi has reported most people with mpox due to clade Ib outside DRC and community transmission is presumed. According to the Africa CDC report of 25 August 2024, 190 confirmed and 512 suspected cases had been reported in total from Burundi in 2024 from 26/49 health districts.

On 13 August 2024, Africa CDC declared mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO convened a meeting of the IHR Emergency Committee to discuss the mpox upsurge and declared the current MPXV clade I outbreak a public health emergency of international concern.

Epidemiological situation in the EU/EEA

On 15 August 2024, Sweden reported the first imported case of mpox due to MPXV clade Ib in EU/EEA countries.

ECDC assessment:

The number of people with MPXV clade I infection has increased and there has been a geographical expansion to newly affected African countries in recent weeks. In August 2024, Sweden and Thailand detected people with MPXV clade Ib infection with travel history to areas where the virus is circulating in Africa. More imported mpox clade I cases are likely to be reported by EU/EEA and other countries. Please see the latest ECDC Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries).

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation of mpox globally. ECDC recommendations are available here.

Sources: ECDC rapid risk assessment

Last time this event was included in the Weekly CDTR: 23 August 2024

2. Mass gathering monitoring – Olympic and Paralympic Games – France – 2024 - Weekly Monitoring

Overview:

Update

Since the previous update of 23 August, and as of 30 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic and Paralympic Games.

Outside the host country, three non-travel associated chikungunya cases were reported from La Reunion, a French overseas department. The first autochthonous case was reported on 23 August by La Reunion Regional Health Agency (ARS La Reunion).

The Paris 2024 Paralympic Games started on 28 August and will end on 8 September. ECDC will continue epidemic intelligence activities until 13 September.

Summary

During the Paris 2024 Olympic Games, COVID-19 cases were reported among athletes in the Olympic village from the Australian Women's Water Polo Team, the United States Swimming Team, the French Foil Fencers, the German Women's Football Team and Great Britain's Swimming Team. In addition, there were multiple media reports of Olympic athletes with gastrointestinal disease in weeks 32 and 33. No single common source of transmission is suspected.

Other events outside of the 2024 Paris Olympic and Paralympic Games included autochthonous cases of West Nile fever, dengue and chikungunya in France in 2024.

Background
The Paris 2024 Olympic Games took place from 26 July to 11 August and the Paris 2024 Paralympic Games is taking place place from 28 August to 8 September. Around 15 000 athletes are expected and the event will involve up to 50 000 volunteers. It was estimated that 11.2 million people visited the Greater Paris Metropolis during the Olympics and 3.8 million are projected during the Paralympics.

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

ECDC assessment:

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

The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is low if general preventive measures are applied (e.g. being fully vaccinated according to the national immunisation schedules, following hand and food hygiene and respiratory etiquette, self isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, seeking prompt testing and medical advice as needed, and practising safe sex, as per guidance provided by the French authorities). This is particularly important in relation to vaccine-preventable diseases that may be on the rise in the EU/EEA, such as measles, whooping cough and COVID-19.

Actions:

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

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

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

Last time this event was included in the Weekly CDTR: 23 August 2024

3. Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024

Overview:

France has reported the first autochthonous case of chikungunya virus disease in Department of La Réunion for 10 years. In addition, on 30 August, France announced the confirmation of two more cases from the same neighbourhood. There was no link of the first case with travellers to chikungunya-endemic areas.

ECDC assessment:

The last major chikungunya virus disease epidemic in La Réunion was in during 2005–2006. The mosquito Aedes albopictus, which is a known vector of Chikungunya virus (CHIKV), is established on La Réunion.
Ae. albopictus is also known to be responsible for dengue transmission on La Réunion. The risk of chikungunya virus disease for residents of and travellers to La Réunion is currently low, as mosquito activity is currently low, due to unfavourable conditions (it is currently winter in La Réunion). However, further cases cannot be excluded.

Actions:

To avoid virus spread, reinforced prevention and control measures were implemented by the local authorities in the areas frequented by the person who had the disease:

- Epidemiological investigations: A door-to-door survey was carried out in search for a possible index case and suspected cases of chikungunya virus disease;
- Entomological investigations in and around the residence of the person (several habitations in the area) – no mosquito larvae nor adult mosquitoes were found;
- Targeted mosquito control to eliminate potential larval multiplication sites and adult mosquitoes around the person's home
- Raising awareness among local residents;
- Raising awareness among healthcare professionals on reporting chikungunya virus disease cases to the regional health authority.

4. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update

Overview:

Chikungunya virus disease (CHIKVD)

In 2024 and as of 31 of July, approximately 450 000 CHIKVD cases and over 160 deaths have been reported worldwide. A total of 21 countries reported CHIKVD cases from the Americas (14), Asia (6) and Africa (1).

The majority of countries reporting high CHIKVD burden are from the Americas, in South and Central America. Countries reporting highest number of cases are Brazil (375 534), Paraguay (2 749), Argentina (698) and Bolivia (390). Additional countries in the Americas reporting CHIKVD cases can be found at PAHO's dedicated website.

Outside of the Americas, CHIKVD cases were reported in Asia from India (69 395), Pakistan (1 302), Maldives (389), Thailand (280), Timor Leste (195) and Malaysia (58). One African countries reported CHIKVD cases in 2024: Senegal (8).

In 2024, one autochthonous CHIKVD case has been reported in mainland Europe, from France in July. In addition, autochthonous confirmed CHIKVD cases have been reported in La Réunion in August.

CHIKVD associated deaths were reported from Brazil (161).

Dengue

Since the beginning of 2024, over 12 million dengue cases and over 8000 dengue-related deaths have been reported from 86 countries/territories. Most cases globally have been reported from the WHO PAHO region. The over 11 million cases reported by PAHO in 2024 is twice the number of cases reported throughout 2023. Brazil has reported the most cases in 2024 (over 9 million) followed by Argentina, Paraguay, Peru and Colombia (source: Situation Report No 31 - Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 31, 2024 - PAHO/WHO | Pan American Health Organization).

In mainland Europe, autochthonous cases have been reported by France (21 cases since July 2024) and Italy (1 case reported in August).

In Guadeloupe where a dengue epidemic was reported the second half of 2023 (started in July 2023), given the cases decreases, the current situation is classified as phase 1 with sporadic cases. The epidemic earlier this year was due to DENV-2 serotype while recently there are increases in the proportion of DENV-3 serotype. In Martinique and Saint-Martin dengue circulation continues, but at lower levels (epidemic phase 1), with only sporadic cases reported.

In French Guyana, over 8 000 confirmed dengue cases have been reported since the beginning of 2024. However, case numbers are decreasing and have stabilised at lower levels in recent weeks after a peak in January 2024 (Bimonthly Epidemiological Bulletin published on 25 July 2024 and Dengue Epidemiological Bulletin of 18 July 2024 and Bimonthly Epidemiological Bulletin published on 29 August 2024).

Overall, 1 265 dengue cases have been reported in La Réunion since the beginning of the year. Currently less than 10 cases are reported per week (moderate circulation).

Dengue circulation has also been reported in the Eastern Mediterranean, South-East Asia and Western Pacific WHO Regions according to the reports from the regional offices (EMRO, SEARO and WPRO, respectively) as well as in Africa in August 2024.

In the EMRO region, autochthonous cases were reported by Iran in June 2024 for the first time (WHO Disease Outbreak News Item published on 22 July 2024) while dengue has been reported also in Afghanistan and Pakistan.

According to the SEARO report published on 21 August 2024, increases in dengue cases were reported in Bangladesh, in Kerala and Karnataka in India, and in Nepal. In Bangladesh, overall, the total number of dengue cases in 2024 remains lower compared to what had been reported for the same period in 2023 (9 562 in 2024 as of 18 August compared to 99 953 in 2023). In Kerala, India, 13 944 cases have been reported until week 32 (ending 11 August 2024) while in Karnataka, 21 186 cases have been reported for the same period. In both areas, the dengue cases reported in 2024 so far are higher compared to the cases reported for the same period in 2023. In Nepal 2 645 cases have been reported through the EWAR system in 2024 until 11 August 2024 and although an increase has been recorded in the past weeks, the overall case numbers are lower compared to the same period last year.

According to the WPRO Dengue Situation update of 22 August 2024, increases in cases are observed in Cambodia, Laos and Vietnam. In all three countries where increases are observed, the total dengue cases reported until mid-July was lower compared to the total number of cases reported in the same period in 2023.

In Africa, according to the Africa CDC Epidemic Intelligence Report of 25 August 2024, 57 015 dengue cases have been reported this year from Burkina Faso, Cameroon, Cabo Verde, Chad, Cote d Ivoire, Ethiopia, Ghana, Kenya, Mali, Mauritius, São Tomé and Príncipe, Senegal and Sudan.

Note: the data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. 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 and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment:

The Americas is currently facing the largest ever outbreak of dengue. As a result, there has been a substantial increase in the number of imported cases of dengue to the EU/EEA since the beginning of the year.

The likelihood of onward transmission of dengue and chikungunya virus in mainland EU/EEA is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). Aedes albopictus is established in a large part of Europe. In Europe and neighbouring areas, Aedes aegypti is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

The current likelihood of the occurrence of local transmission events of chikungunya and dengue viruses in areas where the vectors are present in mainland EU/EEA is high, as the environmental conditions are favourable for vector activity and virus replication in vectors. All past autochthonous outbreaks of CHIKVD and dengue in mainland EU/EEA have so far occurred between June and November.

More information on autochthonous transmission of chikungunya and dengue virus in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on dengue and CHIKVD.

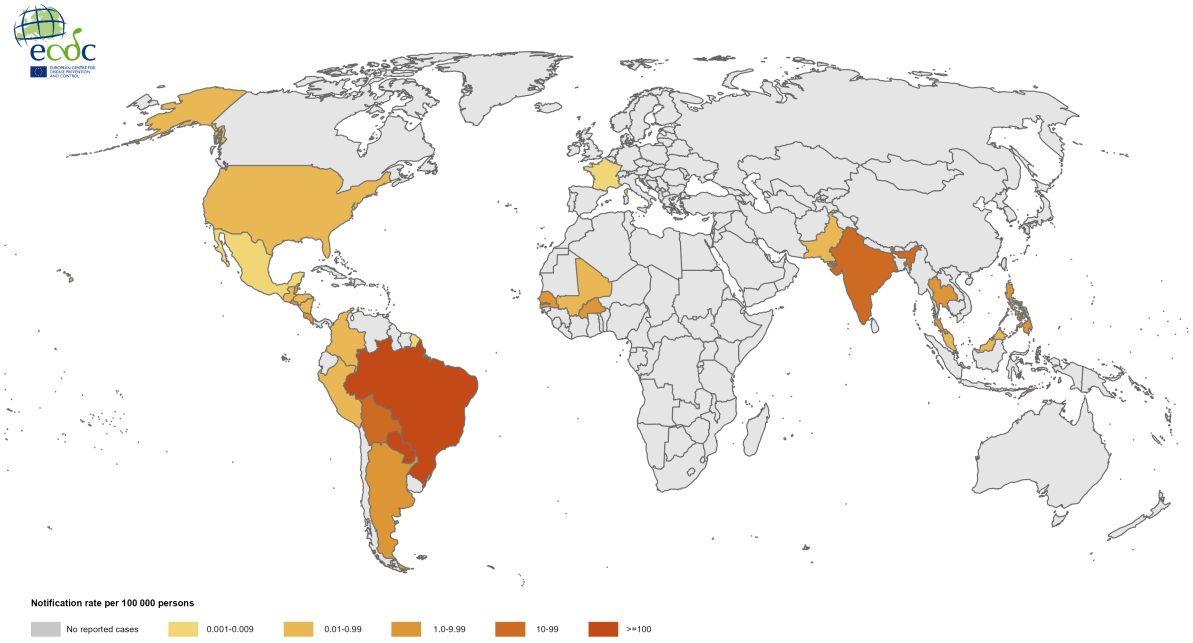
Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of **dengue** and **CHIKVD** is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 2 August 2024

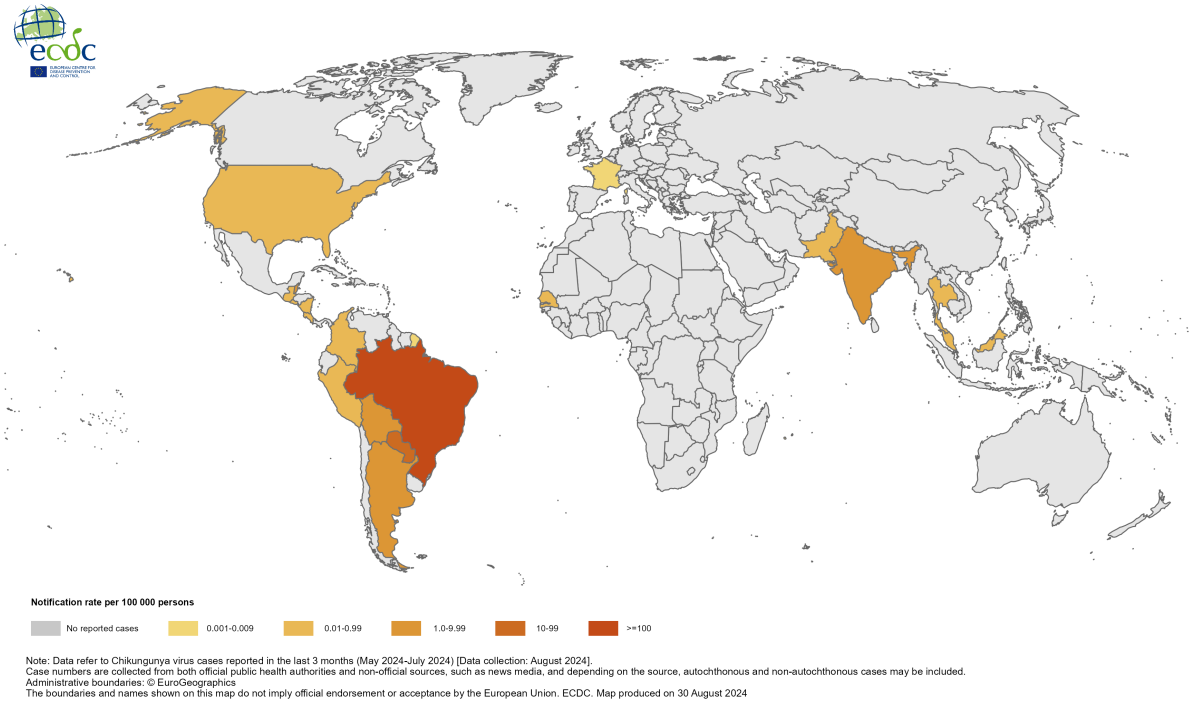
Maps and graphs

Figure 1. 12-month Chikungunya virus disease case notification rate per 100 000 population, August 2023-July 2024



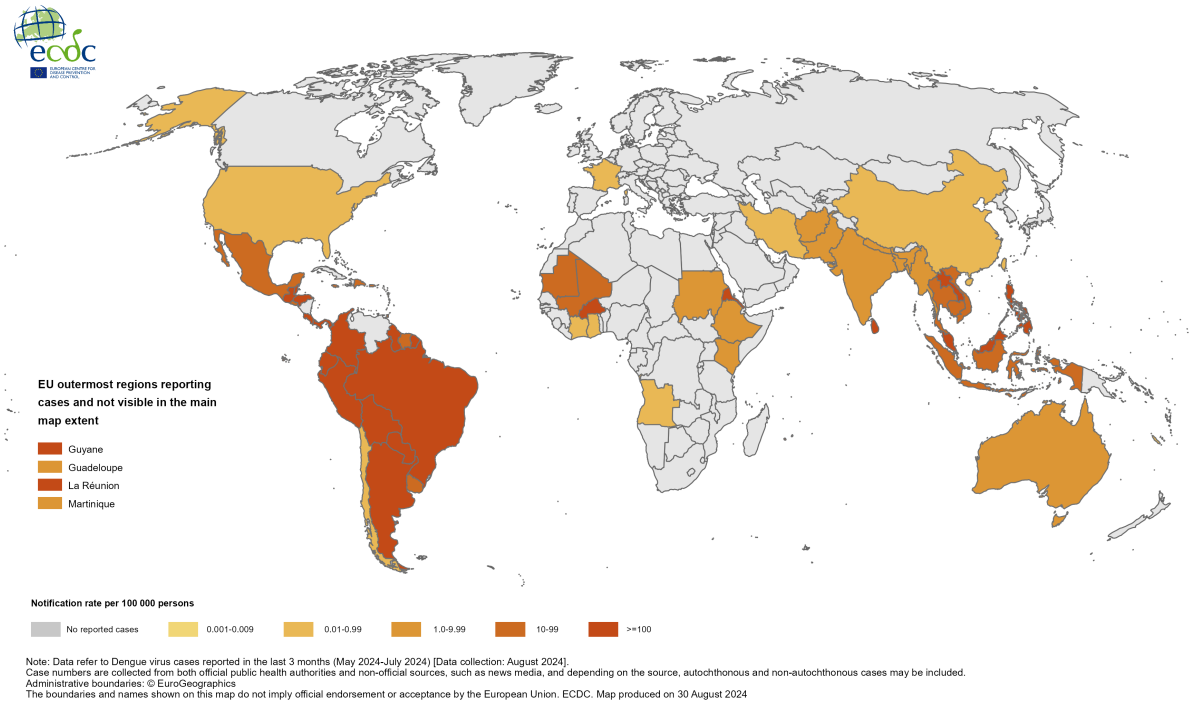
Source: ECDC

Figure 2. Three-month Chikungunya virus disease case notification rate per 100 000 population, May-July 2024



Source: ECDC

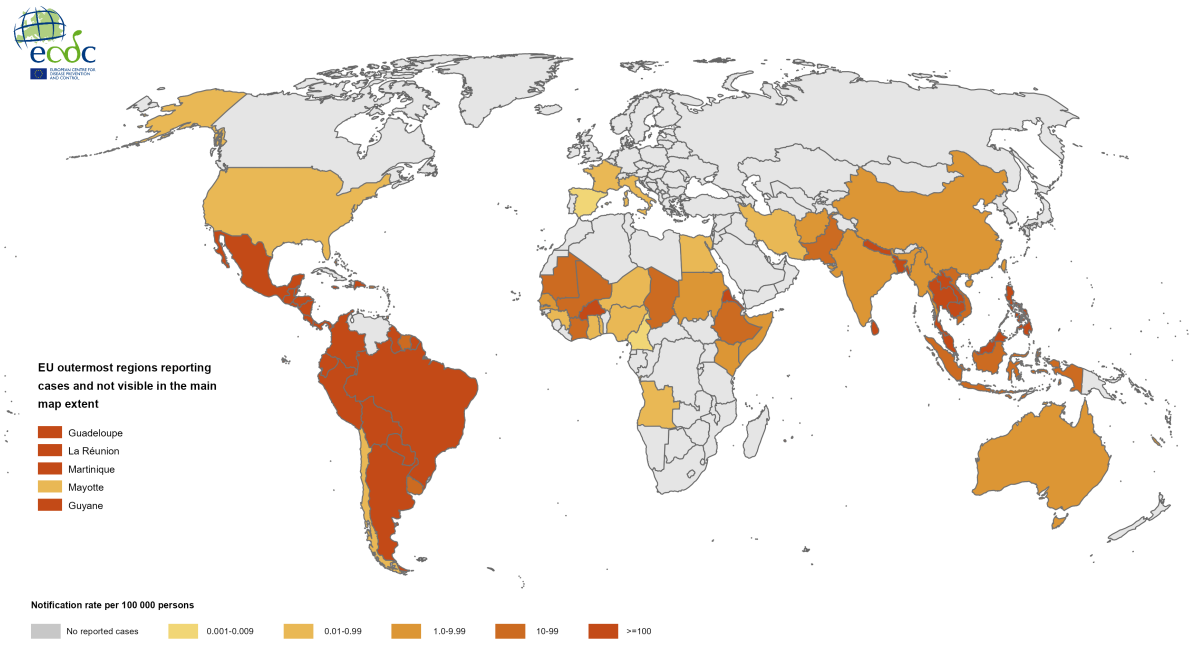
Figure 3. Three-month dengue virus disease case notification rate per 100 000 population, May-July 2024



Note: Data refer to Dengue virus cases reported in the last 3 months (May 2024-July 2024) [Data collection: August 2024].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 30 August 2024

Source: ECDC

Figure 4. 12-month dengue virus disease case notification rate per 100 000 population, August 2023-July 2024



Note: Data refer to Dengue virus cases reported in the last 12 months (August 2023-July 2024) [Data collection: August 2024].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 30 August 2024

Source: ECDC

5. Seasonal surveillance of West Nile virus infections – 2024

Epidemiological summary

Since the start of 2024, and as of 28 August 2024, human cases of West Nile virus (WNV) infection have been reported to TESSy by ten EU/EEA countries and three EU-neighbouring countries. In the EU/EEA, Austria, Bulgaria, Croatia, Hungary, Romania, France, Germany, Italy, Greece, and Spain reported WNV infections. From EU-neighbouring countries, Albania, Serbia and Kosovo* reported WNV infections. 104 NUTS3/GAUL1 regions across 13 countries reported locally acquired WNV cases. Additionally, Sisak-Moslavina County in Croatia was added as a place of infection after the reporting timeline for this report. For detailed information on places of infection, please refer to the ECDC weekly update and dashboard.

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

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.

Actions:

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

Last time this event was included in the Weekly CDTR: 23 August 2024

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

Overview:

Key indicators

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

- Syndromic surveillance in primary and secondary care indicates that respiratory activity is at baseline levels in all EU/EEA countries, similar to what was observed during summer 2023.
- **SARS-CoV-2 activity is stable or decreasing in both primary and secondary care in the EU/EEA, although the country-level picture remains mixed:**
- In 2024, SARS-CoV-2 activity started about six weeks earlier than during the summer of 2023. However, the trends are comparable in terms of the number of tested samples and positivity rates in both primary and secondary sentinel systems.
- In primary care sentinel systems (general practitioners), pooled test positivity decreased slightly to 20%. compared to the previous week At the country level there is a mixed picture of increasing, stable and decreasing trends in primary care positivity. Pooled non-sentinel detections showed a slight decrease over the past three weeks; however, increases continue to be observed in seven countries (out of 22 reporting countries).
- In SARI sentinel systems (hospitals), the pooled test positivity has decreased to 11%, with test positivity ranging from 0–20% in the four reporting countries (Germany, Greece, Malta and Spain). The age group 65 years and above remained the most affected (16% positivity).
- Non-sentinel secondary care notifications are at low levels in general, with EU/EEA countries that report these indicators reporting stable or decreasing trends in the number of positive test results among hospitalised and ICU-admitted patients, and stable or decreasing trends in deaths.
- Despite test positivity in primary and secondary care sentinel systems remaining elevated, sentinel syndromic rates (ILI/ARI/SARI) showed no increase above baseline or low levels.

- Seasonal influenza activity remained stable at low levels overall in reporting EU/EEA countries, however, one country (Malta) reported an elevated influenza test positivity in secondary care over the past five weeks (above 10%).
- Respiratory syncytial virus (RSV) activity remained low in the reporting EU/EEA countries.

Virus characterisation

Influenza for week 40, 2023 to week 34, 2024

- In the above period 4 118 A(H1)pdm09, 1 732 A(H3) and 691 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:
- 4 111 were A(H1)pdm09 - 2 885 (70%) were subclade 5a.2a and 1 226 (30%) were subclade 5a.2a.1.
- 1 729 were A(H3) - 30 (2%) were subclade 2a, 10 (0.6%) were subclade 2a.3a, 1 688 (98%) were subclade 2a.3a.1 and 1 (0.1%) were subclade 2a.3b.
- 688 were B/Vic - all were subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 32–33 (5 August to 18 August 2024)

- The estimated distribution (median and IQR of proportions from 10 countries submitting at least 10 sequences) of variants of concern (VOCs) or variants of interest (VOIs) was:
- 13% (10–20%) for BA.2.86 (92 detections from nine countries)
- 86% (80–89%) for KP.3 (420 detections from 10 countries)

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

ECDC assessment:

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

Actions:

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

Vaccination remains critically important to protect individuals at high risk of severe outcomes, such as adults aged 65 years and above. While COVID-19 vaccination protects against severe disease, its effect wanes over time and individuals at higher risk should stay up-to-date with COVID-19 vaccination in accordance with national recommendations.

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

Further information:

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

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

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 23 August 2024

Maps and graphs

Figure 1. Overview of key indicators of activity and severity in week 34

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 34	Week 33	Description	Value	
Primary care consultation rates	ARI	8 rates (6 MEM)	10 rates (8 MEM)	Distribution of country MEM categories	6 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
	ILI	11 rates (11 MEM)	14 rates (14 MEM)		10 Baseline 1 Low	Stable rates continue to be reported at levels comparable to the same time last year.
Primary care sentinel positivity	SARS-CoV-2	13	14	Pooled (median; IQR)	20% (15; 13–19%)	Pooled test positivity slight decrease compared to previous week. Two countries reported >30% SARS-CoV-2 positivity this week. Of 22 countries reporting non-sentinel detections data, increases in detections were observed in seven countries.
	Influenza	12	15		1.2% (0; 0–1.3%)	Stable trend of very low circulation.
	RSV	12	13		0% (0; 0–0%)	Stable trend of very low circulation.
SARI consultation rates	SARI	6	8			Stable or decreasing rates continue to be reported at levels comparable to the same time last year.
SARI positivity	SARS-CoV-2	4	6	Pooled (median; IQR)	11% (12; 6.8–16%)	Decreasing trend observed this week in both pooled test positivity and median test positivity. In data from non-sentinel sources, decreasing trends in the number of positive test results among hospitalised and ICU-admitted patients, and stable or decreasing trends deaths.
	Influenza	4	6		1.5% (0.4; 0–7.5%)	Stable trend with very low circulation. One country continues to report elevated influenza positivity (27% positivity in week 34; Malta).
	RSV	4	5		0% (0; 0–0%)	Stable trend of very low circulation.
Intensity (country-defined)	Influenza	16	19	Distribution of country qualitative categories	14 Baseline 2 Low	
Geographic spread (country-defined)	Influenza	15	18	Distribution of country qualitative categories	10 No activity 3 Sporadic 2 Regional	

Source: ECDC

Figure 2. Virological distribution for week 34 and the period week 25, 2024 to week 34, 2024

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 34			Period 2024-2025			Week 34			Period 2024-2025			Week 34		Period 2024-2025	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
Influenza	7	100	1.2%	116	100	1.4%	9	100	1.5%	110	100	1.3%	154	100	2 468	100
Influenza A (total)	5	71	0.9%	77	68	1%	9	100	1.5%	82	93	1%	123	85	1 444	67
A(H1)pdm09	1	50	–	22	35	–	0	0	–	1	12	–	0	0	270	47
A(H3)	1	50	–	41	65	–	0	0	–	7	88	–	5	100	301	53
A (unknown)	3	–	–	14	–	–	9	–	–	74	–	–	118	–	873	–
Influenza B (total)	2	29	0.3%	36	32	0.4%	0	0	0%	6	7	0.1%	21	15	725	33
B/Vic	1	100	–	9	100	–	0	0	–	0	0	–	0	0	42	100
B (unknown)	1	–	–	27	–	–	0	–	–	6	–	–	21	–	683	–
Influenza untyped	0	–	–	3	–	0%	0	–	–	22	–	0.3%	10	–	299	–
RSV	0	–	0%	14	–	0.2%	0	–	–	14	–	0.2%	14	–	408	–
SARS-CoV-2	101	–	19.9%	1 993	–	26.9%	68	–	11.2%	1 646	–	18.6%	31 141	–	279 974	–

Source: ECDC

7. Legionnaires' disease outbreak - Italy - 2024

Overview:

Update
No additional cases have been reported since the last update of 19 August. The most recently reported person had symptom onset on 9 August 2024.

Summary
As of 26 August 2024, a total of 53 confirmed cases of Legionnaires' disease (LD), including four deaths, have been reported by the local public health authorities in Milan (Lombardy Region, Italy).

- Most of the 47 people with the disease (89%), were recorded in the municipality of Corsico, with six people (11%) reported from the municipality of Buccinasco. Both municipalities are located in the metropolitan area of Milan.
- The first person developed symptoms on 11 April 2024.
- The people are between the ages of 26 and 94 years (mean age: 71.7 years), of which 29 are female and 24 are male.
- Overall, 48 of 53 people with the disease (91%) had risk factors for Legionnaires' disease, including the four deaths that occurred in older persons (patients aged over 70 years affected by comorbidities).
- Overall ,12 patients are hospitalised, 37 have been discharged, and four people have died.
- No Travel-Associated Legionnaires' Disease (TALD) cases have been reported associated with the outbreak.

Water samples have been collected from several sampling sites of the municipal water supply system, both from the private residence water systems of patients/control cases and from cooling towers. Collection of respiratory samples from patients and typing of isolated Legionella strains will assist investigations in determining the outbreak source.

Public health actions implemented include a chemical disinfection with chlorine of the municipal water supply system and of private residences. Information on reducing the risk of infection from Legionella is available from Corsico municipality, Buccinasco municipality. and Milano, Lombardy Region.

Information on the outbreak is available at https://www.epicentro.iss.it/legionellosi/focolaio-provincia-milano-2024 and https://www.ats-milano.it/notizie/legionella-aggiornamento-cluster-comuni-corsico-buccinasco.

Background
Community outbreaks of Legionnaires' disease are reported annually by countries across the EU/EEA. Italy has previously reported outbreaks, and also in northern Italy. Larger outbreak events were reported in 2018 occurring in Bresso (52 cases) and in Brescia (33 cases). These outbreaks were identified as being caused by other Legionella pneumophila serogroups or Legionella pneumophila serogroup 1 sequence types.

Legionnaires' disease is caused by inhaling Legionella bacteria in an aerosolised form. People aged over 50 years are more at risk of developing Legionnaires' disease than younger people, as are those who are immunocompromised or have underlying illness.

ECDC assessment:

This community outbreak event is localised to a limited area of two municipalities in Milan. Considering the most recent case had onset on 9 August, and no additional cases are reported, local prevention and control actions have likely reduced risk from the outbreak source.

Actions:

ECDC is in contact with Italy's authorities through the ELDSNet network.

Last time this event was included in the Weekly CDTR: 23 August 2024

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

Overview:

Update: Since the previous update on 6 August 2024, and as of 27 August 2024, no new MERS-CoV cases have been reported by the World Health Organization (WHO) or national health authorities.

Summary: Since the beginning of 2024, and as of 27 August 2024, four MERS fatalities have been reported in Saudi Arabia with date of onset in 2024.

Since April 2012, and as of 27 August 2024, a total of 2 622 cases of MERS, including 953 deaths, have been reported by health authorities worldwide.

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

ECDC assessment:

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

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

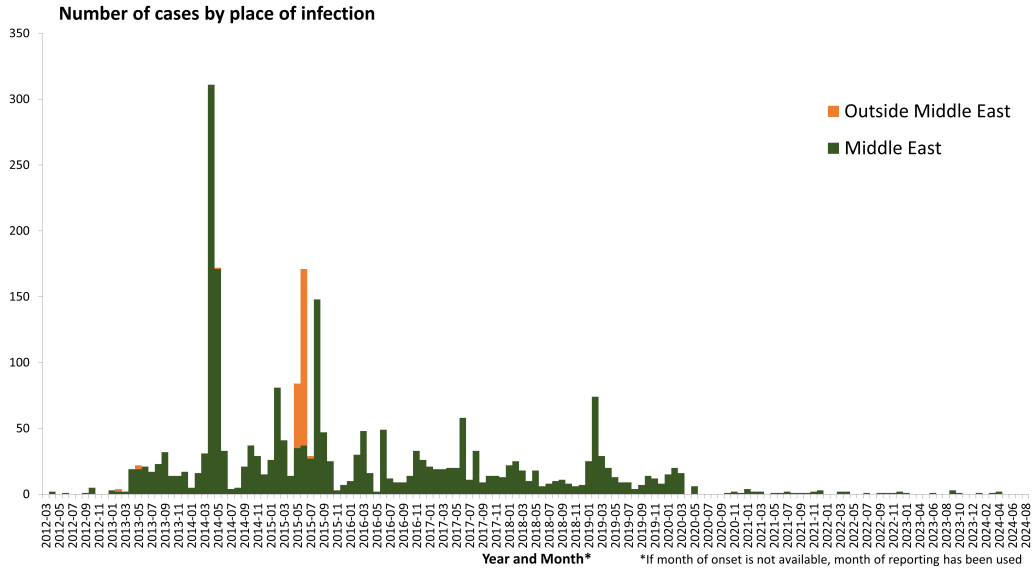
Actions:

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

Last time this event was included in the Weekly CDTR: 09 August 2024

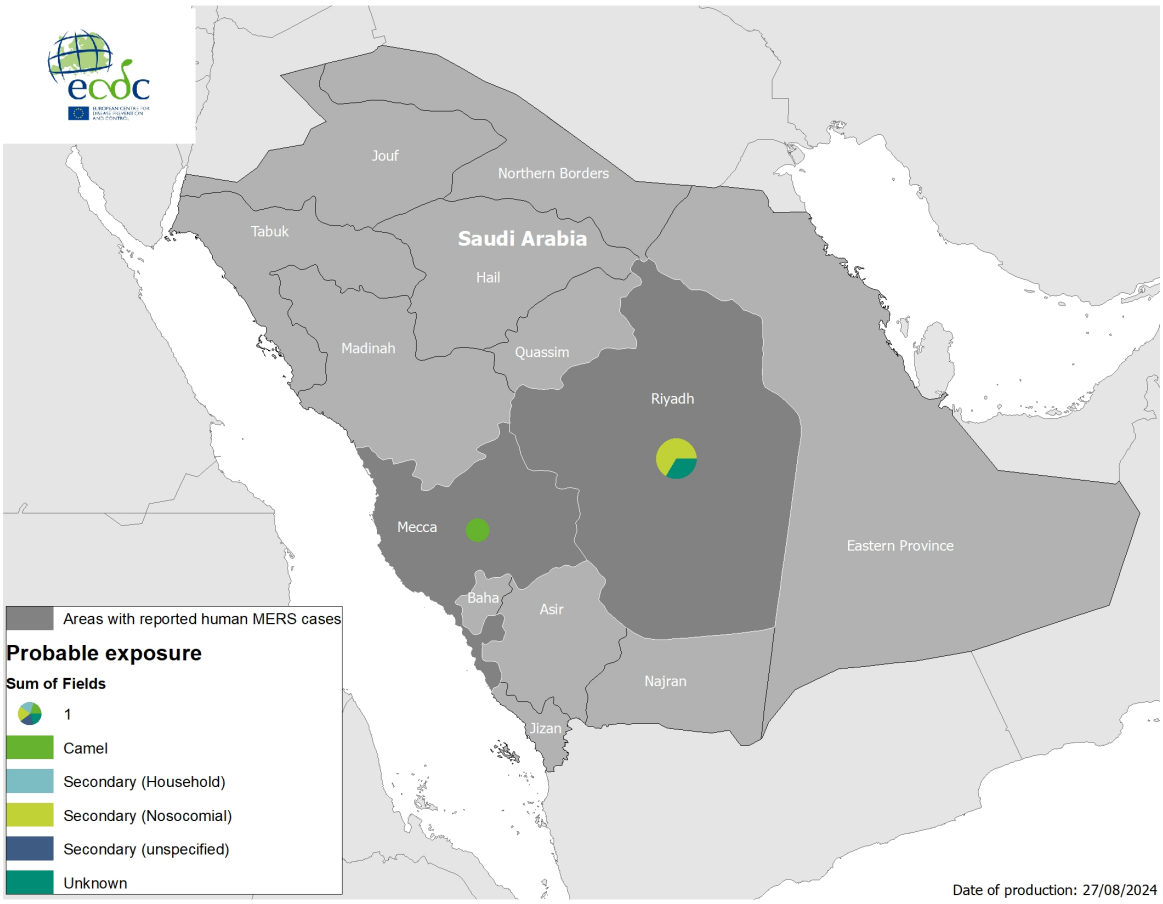
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012– August 2024



Source: ECDC

Figure 2. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from 1 January to 27 August 2024



Source: ECDC

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

Overview:

Update
Due to the downward trends of cholera cases in Mayotte and Comoros, ECDC will discontinue the current weekly updates.

ECDC will continue monitoring the situation through Epidemic Intelligence activities and will provide updates, if any, under the monthly cholera worldwide update.

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

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

Autochthonous cases of cholera continued to be reported in the Union of Comoros and Mayotte until end June and early July, when the outbreak showed a decreasing trend. According to Mayotte's Regional Health Agency, no further cases of cholera have been reported in Mayotte since 12 July. In the Union of Comoros, no additional cholera cases have been reported since 27 July.

Since the first autochthonous cholera case was detected in Mayotte on 18 March 2024, and until 30 July 2024, French health authorities reported 221 confirmed cases, five probable cases and two possible deaths. Of the 221 confirmed cases, 199 were acquired locally and 22 were imported. A total of 1 243 contacts received antibiotic chemoprophylaxis and 23 721 contacts were vaccinated.

Since the cholera outbreak was declared in the Union of Comoros on 2 February 2024, and until 12 August 2024, the Ministry of Health of the Union of Comoros reported 10 342 confirmed cholera cases and 149 deaths.

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

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

ECDC assessment:

Given the absence of autochthonous cases of cholera in Mayotte since mid-July, and the decline in the number of new cases in neighbouring Comoros, ECDC assesses the likelihood of further community transmission of cholera in Mayotte as very low to low. Importation of cases to Mayotte remains possible. The impact of the cholera outbreak in Mayotte is estimated to be very low, considering the measures taken in recent months. The overall risk of cholera for the population in Mayotte is therefore assessed as very low to low.

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

Actions:

ECDC is in contact with France's authorities and relevant partners. ECDC will continue monitoring the situation through Epidemic Intelligence activities and will provide updates, if any, under the monthly cholera worldwide update.

Last time this event was included in the Weekly CDTR: 16 August 2024

10. Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update

Overview:

Data presented in this report originate from several sources, both official public health authorities and non-official sources, such as the media. Case definitions, testing strategies, and surveillance systems vary between countries. In addition, data completeness and levels of under-reporting vary between countries. All data should therefore be interpreted with caution. For details on the epidemiological situation and more information regarding the case definitions in use, refer to the original sources.

Summary
Since 30 June 2024 and as of 31 July 2024, 63 372 new cholera cases, including 187 new deaths, have been reported worldwide.

The five countries reporting most cases are Afghanistan (24 951), Yemen (12 825), Pakistan (12 503), Ethiopia (3 491) and Haiti (2 715).

The five countries reporting most new deaths are Yemen (47), Ethiopia (46), Nigeria (28), Haiti (22) and United Republic of Tanzania (11).

In addition, 46 016 new cases were reported or collected retrospectively from before 1 June 2024.

New cases have been reported from Afghanistan, Bangladesh, Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Mozambique, Myanmar, Nepal, Nigeria, Pakistan, Somalia, Thailand, United Republic of Tanzania, Yemen, Zambia, and Zimbabwe.

Since 1 Janary 2024 and as of 31 July 2024, 312 135 cholera cases, including 2 284 deaths, have been reported worldwide.

Since the last update, new cases and new deaths have been reported from:

Africa
Burundi: Since 30 June 2024 and as of 28 July 2024, 118 new cases have been reported. Since 01 January 2024 and as of 28 July 2024, 646 cases, including 1 death has been reported. In comparison, in 2023 and as of 09 July 2023, 574 cases, including 9 deaths were reported.

Cameroon: Since 30 June 2024 and as of 28 July 2024, 28 new cases have been reported. Since 01 January 2024 and as of 28 July 2024, 439 cases have been reported. In comparison, in 2023 and as of 02 July 2023, 3 787 cases, including 138 deaths were reported.

Comoros: Since 30 June 2024 and as of 28 July 2024, 458 new cases, including 3 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 10 329 cases, including 149 deaths have been reported. In comparison, in 2023 and as of 01 August 2023, no cases were reported.

Democratic Republic of the Congo: Since 30 June 2024 and as of 28 July 2024, 1 621 new cases, including 9 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 21 764 cases, including 307 deaths have been reported. In comparison, in 2023 and as of 15 July 2023, 23 926 cases, including 178 deaths were reported.

Ethiopia: Since 16 June 2024 and as of 28 July 2024, 3 491 new cases, including 46 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 21 287 cases, including 182 deaths have been reported. In comparison, in 2023 and as of 02 July 2023, 11 425 cases, including 142 deaths were reported.

Kenya: Since 16 June 2024 and as of 28 July 2024, 30 new cases, including 2 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 295 cases, including 3 deaths have been reported. In comparison, in 2023 and as of 29 June 2023, 8 735 cases, including 137 deaths were reported.

Mozambique: Since 30 June 2024 and as of 28 July 2024, 62 new cases have been reported. Since 01 January 2024 and as of 28 July 2024, 8 171 cases, including 17 deaths have been reported. In comparison, in 2023 and as of 16 July 2023, 32 983 cases, including 137 deaths were reported.

Nigeria: Since 30 June 2024 and as of 19 July 2024, 1 230 new cases, including 28 new deaths have been reported. Since 01 January 2024 and as of 19 July 2024, 2 809 cases, including 82 deaths have been reported. In comparison, in 2023 and as of 30 July 2023, 2 309 cases, including 57 deaths were reported.

Somalia: Since 30 June 2024 and as of 28 July 2024, 1 660 new cases, including 7 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 16 569 cases, including 134 deaths have been reported. In comparison, in 2023 and as of 02 July 2023, 10 686 cases, including 30 deaths were reported.

United Republic of Tanzania: Since 30 June 2024 and as of 28 July 2024, 418 new cases, including 11 new deaths have been reported. Since 01 January 2024 and as of 28 July 2024, 3 719 cases, including 63 deaths have been reported. In comparison, in 2023 and as of 30 July 2023, 87 cases, including 3 deaths were reported.

Zambia: Since 22 June 2024 and as of 19 July 2024, 4 new cases have been reported. Since 01 January 2024 and as of 19 July 2024, 20 063 cases, including 612
deaths have been reported. In comparison, in 2023 and as of 22 June 2023, 757 cases, including 14 deaths were reported.

Zimbabwe: Since 30 June 2024 and as of 06 July 2024, 3 new cases, including 1 new death has been reported. Since 01 January 2024 and as of 06 July 2024, 19 412 cases, including 386 deaths have been reported. In comparison, in 2023 and as of 09 July 2023, 3 430 cases, including 78 deaths were reported.

Americas

Dominican Republic: Since 15 December 2023 and as of 26 April 2024, 113 new cases, including 1 new death has been reported. Since 01 January 2024 and as of 26 April 2024, 113 cases, including 1 death has been reported. In comparison, in 2023 and as of 15 June 2023, 99 cases were reported.

Haiti: Since 18 May 2024 and as of 27 July 2024, 2 715 new cases, including 22 new deaths have been reported. Since 01 January 2024 and as of 27 July 2024, 9 478 cases, including 141 deaths have been reported. In comparison, in 2023 and as of 10 July 2023, 33 058 cases, including 405 deaths were reported.

Asia

Afghanistan: Since 29 June 2024 and as of 27 July 2024, 24 951 new cases, including 10 new deaths have been reported. Since 01 January 2024 and as of 27 July 2024, 95 301 cases, including 48 deaths have been reported. In comparison, in 2023 and as of 09 July 2023, 91 052 cases, including 43 deaths were reported.

Bangladesh: Since 08 July 2024 and as of 29 July 2024, 29 new cases have been reported. Since 01 January 2024 and as of 29 July 2024, 99 cases have been reported. In comparison, in 2023 and as of 24 May 2023, 34 609 cases were reported.

Myanmar: As of 15 July 2024, 1 141 new cases, including 1 new death has been reported. Since 01 January 2024 and as of 15 July 2024, 1 141 cases, including 1 death has been reported. In comparison, in 2023 and as of 01 August 2023, no cases were reported.

Nepal: Since 05 September 2022 and as of 28 July 2024, 20 new cases have been reported. Since 01 January 2024 and as of 28 July 2024, 20 cases have been reported. In comparison, in 2023 and as of 01 August 2023, no cases were reported.

Pakistan: Since 10 June 2024 and as of 15 July 2024, 12 503 new cases have been reported. Since 01 January 2024 and as of 15 July 2024, 38 636 cases have been reported. In comparison, in 2023 and as of 15 July 2023, 10 998 cases were reported.

Thailand: Since 27 June 2024 and as of 31 July 2024, 4 new cases have been reported. Since 01 January 2024 and as of 31 July 2024, 9 cases have been reported. In comparison, in 2023 and as of 26 March 2023, 1 case were reported.

Yemen: Since 17 June 2024 and as of 22 July 2024, 12 825 new cases, including 47 new deaths have been reported. Since 01 January 2024 and as of 22 July 2024, 24 308 cases, including 140 deaths have been reported. In comparison, in 2023 and as of 11 June 2023, 3 878 cases, including 4 deaths were reported.

ECDC assessment:

Cholera cases have continued to be reported in Africa and Asia in recent months. Cholera outbreaks have also been reported in parts of the Middle East and the Americas.

In this context, although the risk of cholera infection for travellers visiting these countries remains low, sporadic importation of cases to the EU/EEA is possible.

In 2022, 29 cases were reported by nine EU/EEA countries, while two were reported in 2021 and none in 2020. In 2019, 25 cases were reported in EU/EEA countries. All cases had a travel history to cholera-affected areas.

According to the World Health Organization (WHO), vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. Such measures can 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.

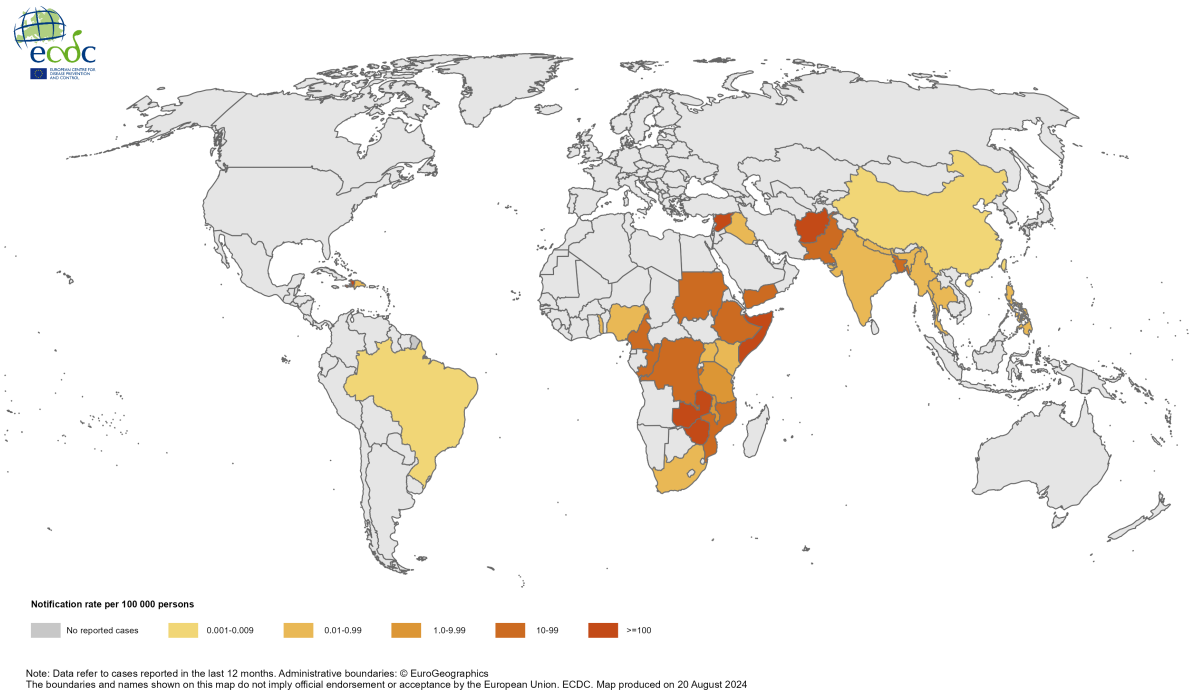
Actions:

ECDC continues to monitor cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and provide timely updates to public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 02 August 2024

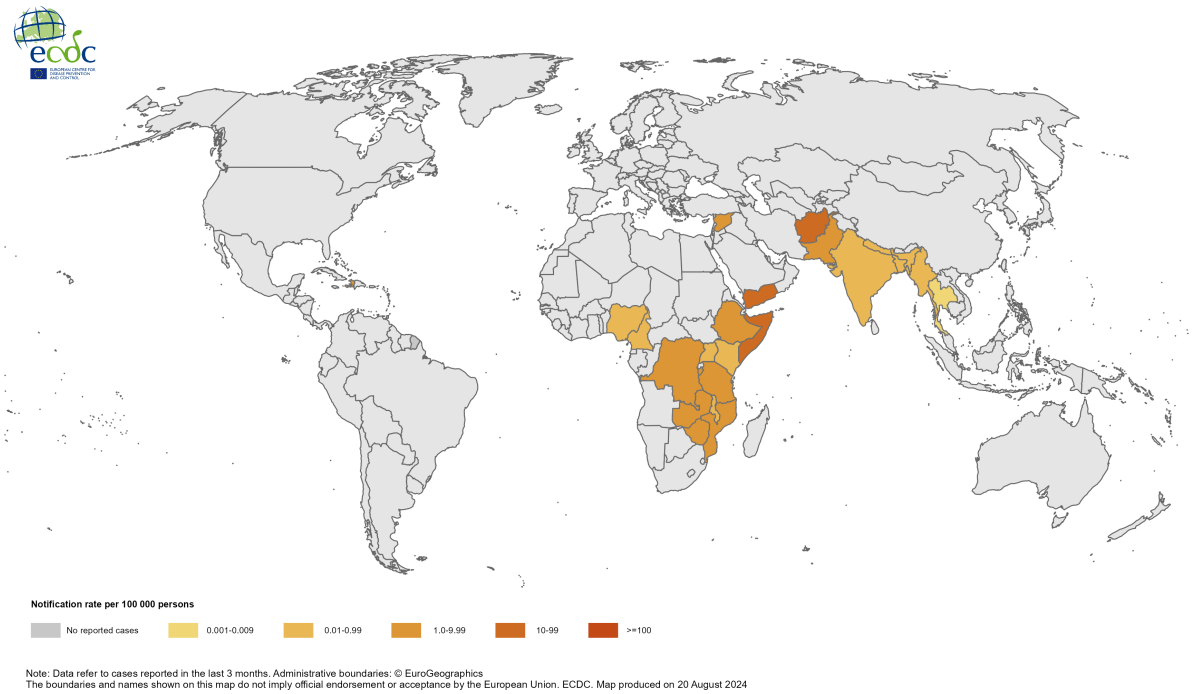
Maps and graphs

Figure 1. Geographical distribution of cholera cases reported worldwide from June 2023 to July 2024



Source: ECDC

Figure 2. Geographical distribution of cholera cases reported worldwide from May to July 2024



Source: ECDC

Events under active monitoring

- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 30 August 2024
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 30 August 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 30 August 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 30 August 2024
- Mass gathering monitoring – Olympic and Paralympic Games – France – 2024 - Weekly Monitoring - last reported on 30 August 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring - last reported on 30 August 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 30 August 2024
- Legionnaires' disease outbreak - Italy - 2024 - last reported on 30 August 2024
- Mpox due to monkeypox virus clade I – Multi-country – 2024 - last reported on 30 August 2024
- Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024 - last reported on 30 August 2024
- Locally acquired dengue in 2024 in mainland France - last reported on 23 August 2024
- Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Palestine* - 2024 - last reported on 23 August 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 23 August 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 23 August 2024
- Human cases of swine influenza A(H3N2) variant virus – Multi-country - last reported on 16 August 2024
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 August 2024
- Chandipura virus disease – India – 2024 - last reported on 16 August 2024
- Risk assessments under production - last reported on 09 August 2024
- Locally acquired chikungunya virus disease in mainland France - last reported on 02 August 2024
- Imported Oropouche virus disease cases in the EU/EEA, 2024 - last reported on 02 August 2024