

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

## EU Threats

### COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 8 July 2022

On 31 December 2019, the Wuhan Municipal 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, tenth and eleventh IHR Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022 and 11 April 2022, respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

As of week 2022-26, 150 366 642 cases and 1 119 568 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 situation update for the EU/EEA is available [here](#).

In week 2022-26, in the EU/EEA overall, the reported weekly cases increased by 20.7% compared to the previous week. Overall, four countries reported a decrease in the weekly cases (Finland, Norway, Portugal, and Cyprus). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (3 205), Luxembourg (1 998), France (1 782), Greece (1 673), and Iceland (1 520).

At the end of week 26, 2022 (week ending 3 July), cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data correspond to a 32% increase compared to the previous week at the EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into increases rates of severe disease.

Of 33 countries with data on hospital or ICU admissions/occupancy up to week 26, 18 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (5.9 deaths per million population, compared with 7.0 deaths the previous week). Increasing trends in the COVID-19 death rate were observed in seven countries.

As of 7 July 2022, ECDC designated SARS-CoV-2 variant BA.2.75 as a variant under monitoring (VUM). BA.2.75 is a newly designated sub-lineage of BA.2, mainly circulating in India (131 sequences) but also detected in Germany (2), Luxembourg (1), the United Kingdom (11), Indonesia (4), the United States (3), Canada (3), Nepal (2), New Zealand (2), Australia (1), and Japan (1). It is characterised by four Spike RBD changes (D339H, G446S, N460K, R493Q), and five changes in the N-terminal domain (K147E, W152R, F157L, I210V, G257S) compared to BA.2. Only one of these changes is also present in BA.4/5 (R493Q). The variant does not carry del69-70 and therefore does not exhibit S-gene target failure. Until the lineage designation takes effect, the variant can be tracked using the mutation proxy NSP3:S403L and NSP8:N118S as not all published sequences cover all of the characteristic S-gene mutations. Due to the high number of RBD changes, the variant may be associated with significant changes in antigenic properties compared to both BA.2 and to BA.4/5.

As of week 26 2022, Omicron sub-lineage BA.4 and BA.5 jointly are dominant in 18 EU/EEA countries: Austria (55.9%), Belgium (70.8%), Cyprus (80.9%), Denmark (75.2%), Finland (100%), France (64.3%), Germany (78.1%), Greece (59.2%), Iceland (63.1%), Ireland (72.1%), Italy (61.8%), Luxembourg (77.4%), the Netherlands (73.7%), Norway (57.5%), Portugal (95.2%), Slovenia (70%), Spain (74%), and Sweden (52.2%).

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

### Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 8 July 2022

Since early May 2022, cases of monkeypox have been reported from countries where the disease is not endemic.

## →Update of the week

Since 5 July 2022, 420 monkeypox cases have been reported from seven EU/EEA countries: Germany (244), Netherlands (84), France (79), Greece (8), Iceland (2), Slovenia (2), and Finland (1).

Four monkeypox cases were reported from one Western Balkan country (Serbia).

Since 5 July 22, 136 monkeypox cases have been reported from 10 non-EU/EEA countries: Canada (80), Switzerland (40), Australia (5), Serbia (4), Israel (2), Dominican Republic (1), Ecuador (1), Ghana (1), Jamaica (1), and Singapore (1). Since 5 July 22, three new countries have reported confirmed cases outside EU/EEA (the Dominican Republic, Ecuador, and Jamaica).

***Disclaimer:** Data presented in this update are compiled from TESSy, official sources, or if unavailable, from public sources quoting national authorities, including media reports. Data were collected on 16 June 2022.*

As of 7 July 2022, ECDC is discontinuing the data collection and publication of the number of monkeypox cases worldwide. Please refer to the [emergency situation reports](#) published by the World Health Organization (WHO) for situation updates regarding the non-EU/EEA countries, except for Turkey and the Western Balkans.

ECDC and the WHO Regional Office for Europe (WHO/Europe) will continue providing weekly updates for all 53 countries of the WHO European Region. Please refer to the [Joint ECDC-WHO Regional Office for Europe Monkeypox Surveillance Bulletin](#).

ECDC will continue providing updates for EU/EEA countries, Turkey and the Western Balkans twice a week (Tuesdays and Fridays), and report on an ad-hoc basis about significant global events related to monkeypox.

## Other news

The United Kingdom's Health Security Agency (UKHSA) [reported](#) on 5 July 2022 that the current outbreak clade of monkeypox is no longer classified as a high consequence infectious disease (HCID) as it does not meet the criteria of a high mortality rate and a lack of available interventions. This decision came after a review of the [Advisory Committee on Dangerous Pathogens](#) on 10 June 2022 and agreement with the UK's public health agencies. It does not alter the response or control measures but is related to the clinical pathways used in the national health system. Imported cases from West Africa and cases caused by the Congo basin clade are still classified as HCIDs.

In an official [tweet](#) on 6 July 2022, the World Health Organization (WHO) Director-General announced that he will reconvene an Emergency Committee by 18 July to reassess whether the current multi-country monkeypox outbreak constitutes a Public Health Emergency of International Concern (PHEIC) according to the International Health Regulations (IHR). A previous Emergency Committee [meeting](#) held on 23 June 2022 concluded that although the current outbreak is unusual and may require collaborative international efforts, it did not meet the IHR criteria for a PHEIC.

On 5 July 2022, the Regional Health Agency of Île-de-France [announced](#) that nine centres for post-exposure vaccination sites will be opened in the region. Post-exposure vaccination is offered to people identified as at-risk contacts, as well as to healthcare professionals exposed to the risk without personal protective equipment. Additional information on the vaccination sites can be found [here](#).

On 6 July 2022, the United States Centers for Disease Control and Prevention ([US CDC](#)) stated in a press release that commercial testing for monkeypox (using CDC's orthopoxvirus test) will take place from 6 July. This will greatly expand the testing capacity in the US. According to an announcement from the [US Department of Health & Human Services](#) published on 22 June 2022, a total of five commercial laboratory companies will conduct testing.

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

Opening date: 2 June 2022

Latest update: 8 July 2022

During the transmission season for West Nile Virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA) and EU neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS 3 (nomenclature of territorial units for statistics 3) level for EU/EEA countries and at the GAUL 1 (global administrative unit layers 1) level for EU neighbouring countries.

## →Update of the week

As of 6 July 2022, European Union (EU), European Economic Area (EEA) and EU neighbouring countries reported no human cases of West Nile Virus (WNV) infection during the 2022 transmission season.

Since the beginning of the 2022 transmission season, no outbreaks have been reported by EU/EEA countries among equids and or birds.

## Non EU Threats

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### New! Mass gatherings - Hajj - Saudi Arabia - 2022

Opening date: 8 July 2022

Latest update: 8 July 2022

The Hajj is an annual Islamic pilgrimage to Mecca in Saudi Arabia, a mandatory religious duty for all adult Muslims that must be carried out at least once in their lifetime. This year, Hajj takes place from 7 to 12 July. Around one million pilgrims are permitted to attend. ECDC is monitoring this event through its epidemic intelligence activities from 4 July to 19 July 2022 and reports on a weekly basis.

→Update of the week

One million pilgrims have arrived in the holy city of Mecca for the celebrations that started on Thursday, 7 July 2022. An [estimated](#) 85% and approximately 850 000 of them have arrived from abroad.

As of 8 July 2022, no events of public health concern have been detected by ECDC through its epidemic intelligence activities.

### Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 8 July 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions occur during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 6 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified overall as very low to low in the Western coasts and medium to high in the Eastern coasts and Stockholm and Southern Swedish coast.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be very high in the Southern Estonian coast and Klaipeda county (Lithuania); medium-to-high in Finland, the rest of the Estonian coast, Latvia, Lithuania, Gdansk and Szczecin (Poland), Meklenburg-Western Pomerania (Germany), and Kalmar and Stockholm (Sweden); and very low to low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium-to-high and it will remain the same for the next five days.

According to [media](#) quoting health authorities, an 81-year-old woman contracted non-cholera *Vibrio* on the Baltic Sea coast in Mecklenburg-Western Pomerania, Germany. The patient had underlying conditions and was taken to a hospital.

On 4 July 2022, Finland's Institute for Health and Welfare (THL) published a [press release](#) to raise awareness about the potential presence of *Vibrio* in the Baltic Sea during hot weather and associated risk for immunocompromised people to swim in these conditions.

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

Opening date: 24 September 2012

Latest update: 8 July 2022

Since the disease was first identified in Saudi Arabia in April 2012, over 2 600 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been detected in 27 countries. In Europe, eight countries have reported confirmed cases, all with direct or indirect connections to the Middle East. The majority of MERS-CoV cases continue to be reported from the Middle East. The source of the virus remains unknown, but the pattern of transmission and virological studies point to dromedary camels in the Middle East as a reservoir from which humans sporadically become infected through zoonotic transmission. Secondary human-to-human transmission has occurred, particularly within households and in healthcare settings.

→Update of the week

Since the previous update published on 10 June 2022, and as of 5 July 2022, no new MERS-CoV cases have been reported by health authorities or the World Health Organization (WHO).

## Ebola virus disease - Democratic Republic of the Congo - 2022

Opening date: 25 April 2022

Latest update: 8 July 2022

On 23 April 2022, the Democratic Republic of the Congo (DRC) declared a new Ebola virus disease (EVD) outbreak in the Equateur province. On 4 July 2022, the outbreak was declared over. This outbreak marked the 14th EVD outbreak in the DRC since records began in 1976 and the sixth outbreak since 2018.

→Update of the week

On 4 July 2022, the World Health Organisation (WHO) [announced](#) that the 14th Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC) was declared over. It was the third outbreak in the Equateur Province since 2018.

## II. Detailed reports

### COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 8 July 2022

#### Epidemiological summary

##### EU/EEA

As of week 2022-26, 152 125 797 cases have been reported in the EU/EEA: France (31 429 089), Germany (28 457 303), Italy (18 825 627), Spain (12 933 846), Netherlands (8 200 175), Poland (6 024 700), Portugal (5 200 871), Austria (4 506 979), Belgium (4 258 625), Czechia (3 932 032), Greece (3 729 189), Denmark (3 071 898), Romania (2 925 753), Slovakia (2 551 653), Sweden (2 520 855), Hungary (1 932 869), Ireland (1 587 389), Norway (1 542 105), Lithuania (1 406 807), Bulgaria (1 173 094), Croatia (1 151 466), Finland (1 145 610), Slovenia (1 041 426), Latvia (834 617), Estonia (566 419), Cyprus (564 276), Luxembourg (295 847), Iceland (199 179), Malta (104 960) and Liechtenstein (17 871).

As of week 2022-26, 1 123 107 deaths have been reported in the EU/EEA: Italy (170 054), France (163 584), Germany (141 394), Poland (116 805), Spain (108 294), Romania (65 727), Hungary (45 444), Czechia (40 262), Bulgaria (37 257), Belgium (31 421), Greece (30 322), Portugal (24 217), the Netherlands (22 388), Slovakia (20 147), Austria (20 070), Sweden (19 126), Croatia (16 079), Lithuania (9 201), Slovenia (7 828), Latvia (6 493), Denmark (6 486), Ireland (6 348), Finland (4 875), Norway (3 337), Estonia (2 473), Luxembourg (1 294), Cyprus (1 239), Malta (748), Iceland (120), and Liechtenstein (82).

In week 2022-26, in the EU/EEA overall, the reported weekly cases increased by 20.7% compared to the previous week. Overall, four countries reported a decrease in the weekly cases (Finland, Norway, Portugal, and Cyprus). The countries with the highest 14-day notification rates per 100 000 population are: Cyprus (3 205), Luxembourg (1 998), France (1 782), Greece (1 673), and Iceland (1 520).

At the end of week 26, 2022 (week ending 3 July), cases rates among people aged 65 years and over increased in 22 of the 24 countries reporting these data correspond to a 32% increase compared to the previous week at the EU/EEA level, reaching 62.8% of the pandemic maximum. These increases have been observed for the past five weeks in the affected countries. The increasing transmission among older age groups is starting to translate into increases rates of severe disease.

Of 33 countries with data on hospital or ICU admissions/occupancy up to week 26, 18 reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (5.9 deaths per million population, compared with 7.0 deaths the previous week). Increasing trends in the COVID-19 death rate were observed in seven countries.

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

##### EU

As of week 2022-26, 150 366 642 cases and 1 119 568 deaths have been reported in the EU.

##### Western Balkans

As of week 2022-26, the following Western Balkan countries reported COVID-19 cases: Serbia (2 031 171), Bosnia and Herzegovina (378 845), Albania (282 141), Montenegro (240 742), and Kosovo\* (229 528).

As of week 2022-26, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 129), Bosnia and Herzegovina (15 806), Albania (3 501), Kosovo\* (3 130), and Montenegro (2 729).

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

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

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

##### Variant update

As of 7 July 2022, ECDC designated SARS-CoV-2 variant BA.2.75 as a variant under monitoring (VUM). BA.2.75 is a newly designated sub-lineage of BA.2, mainly circulating in India (142 sequences reported to GISAID EpiCoV) but also detected in Germany (2), Luxembourg (1), the United Kingdom (11), Indonesia (4), the United States (6), Canada (3), Nepal (2), New Zealand (2), Australia (1), and Japan (1) as of 8 July 2022. It is characterised by four Spike RBD changes (D339H, G446S, N460K, R493Q), and five changes in the N-terminal domain (K147E, W152R, F157L, I210V, G257S) compared to BA.2. Only one of these changes is also present in BA.4/5 (R493Q). The variant does not carry del69-70 and therefore does not exhibit S-gene target failure. Until the lineage designation takes effect, the variant can be tracked using the mutation proxy NSP3:S403L and NSP8:N118S as not all published sequences cover all of the characteristic S-gene mutations. Due to the high number of RBD changes, the variant may be associated with significant changes in antigenic properties compared to both BA.2 and to BA.4/5.

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

As of 20 June 2022, ECDC is discontinuing the data collection and publication of the number of COVID-19 cases and deaths worldwide. Please refer to the World Health Organization (WHO) data on COVID-19 and the WHO Weekly Epidemiological and Weekly Operational Updates page for the non-EU/EEA countries.

### Other news

According to an official press announcement by the [United States Food and Drug Administration \(FDA\)](#), an independent advisory committee organised an open meeting on 28 June and voted in favour of including SARS-CoV-2 Omicron components in the COVID-19 booster vaccines to be used in the United States in autumn 2022. FDA's committee asked producers to manufacture new bivalent vaccines with BA.4/5 spike protein components. This change would only apply to booster doses and not to primary vaccinations.

According to the [Finnish Institute for Health and Welfare](#), Finland has officially lifted the COVID-19 related restrictions at both internal and external borders (non-EU or non-Schengen countries) as of 1 July 2022. Passengers will no longer be required to present certificates of COVID-19 vaccinations or recovery or be tested for COVID-19 when entering the country.

According to the press release of the [European Medicines Agency \(EMA\)](#) on 1 July 2022, the International Coalition of Medicines Regulatory Authorities (ICMRA) acknowledged in a meeting held on 30 June 2022, that adapted mRNA vaccines with incorporated Omicron variant strain 'can increase and extend protection, when used as a booster'. New data suggest that bivalent mRNA vaccines, of which one includes the Omicron strain, 'could be considered initially for use as boosters. Their use for primary vaccination might be supported in the future when further data become available ... Vaccines which include other variants, for example the beta variant, might also be considered for use as boosters if clinical trial data demonstrate an adequate level of neutralisation against Omicron and other variants of concern.' The meeting, chaired by EMA and FDA, focused on identifying key principles to support the adaption of COVID-19 vaccines to better match Omicron variants of concern, and on ensuring global regulatory alignment.

On 27 June 2022, the [Spanish Agency of Medicines and Medical Devices \(AEMPS\)](#) reported a contamination by the bacterium *Pseudomonas aeruginosa* of the extraction solution included in batches 2022012001, 2022011301 and 2022011501 of the Rapid COVID-19 self-diagnosis antigen test (Colloidal Gold)/Saliva, Reference: A606201, manufactured by Anbio (Xiamen) Biotechnology Co., Ltd. (China) with Lotus NL B.V. (Netherlands) as the authorised representative.

An investigation has been initiated by AEMPS to find out the distribution of the affected batches and the situation of the product in the Spanish market. In the meantime, AEMPS has requested the importer Aleu Medical S.L. for a voluntary cessation of marketing of the affected batches, as well as withdrawal of the products from the Spanish market.

According to a press release from the [Australian Ministry for Health and Aged Care](#), from 6 July 2022, Australia is ending the mandatory declaration of COVID-19 vaccination status for travellers. Travellers will still have to observe any specific COVID-19 requirements of airlines and shipping operators, as well as other countries, states and territories.

Media reports quote a press announcement by [Spain's Minister of Health](#) on 1 July 2022, recommending the use of masks and other pertinent measures in public spaces. The recommendation is issued due to an increase of COVID-19 cases and hospitalisations related to the new Omicron lineages BA.4 and BA.5. The Minister also emphasised on the need of getting the third (booster) dose for those who have not received it yet. The Ministry of Health is considering advancing the vaccination campaign, which was initially scheduled for autumn, for the most vulnerable groups and people aged 80 years and above.

In addition, quote a press briefing by the [Hellenic National Public Health Organization \(EOYD\)](#) on 4 July, that a committee of experts in Greece is considering a reintroduction of mandatory mask-wearing measures.

According to a press release from the [Ministry of Health of Cyprus](#) published on 6 July 2022, the Council of Ministers approved a proposal by the Ministry of Health for the reintroduction of the measure for the mandatory use of protective masks indoors for

people over 12 years as of 8 July 2022, given the increase in infections due to BA.4 and BA.5 variants as well as the number of hospitalisations. Non-compliance with the protection measures will incur fines. Exceptions apply.

According to a press release from [Israel's Ministry of Health](#) on 6 July 2022, the Moderna and Pfizer's vaccines have been approved for COVID-19 vaccination of children between the ages of six months to five years. The vaccines are particularly recommended for children at high risk of severe coronary heart disease due to chronic illness or medical treatment that weakens their immune system.

### Public Health Emergency of International Concern (PHEIC):

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

### ECDC assessment

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

### Actions

On 27 January 2022, ECDC published its Rapid Risk Assessment '[Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update](#)'.

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's web page on variants](#).

## Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 8 July 2022

### Epidemiological summary

Since early May 2022, cases of monkeypox have been reported from countries where the disease is not endemic. Since the beginning of the outbreak, and as of 7 July 2022, 7 553 confirmed cases have been reported from 55 countries. Most cases are found in young men, self-identifying as men who have sex with men (MSM). There have been no deaths. The clinical presentation is generally described to be mild, with most cases presenting with lesions on the genitalia or peri-genital area, indicating that transmission probably occurred through close physical contact during sexual activities.

As of 7 July 2022, 4 908 confirmed cases of monkeypox have been reported from 26 EU/EEA countries: Spain (1 477), Germany (1 385), France (577), Portugal (415), the Netherlands (372), Italy (233), Belgium (169), Ireland (44), Austria (37), Sweden (34), Denmark (24), Hungary (22), Norway (19), Slovenia (14), Finland (13), Poland (13), Romania (12), Greece (11), Malta (9), Czechia (8), Iceland (6), Luxembourg (6), Bulgaria (3), Estonia (2), Latvia (2), and Croatia (1).

As of 7 July 2022, 2 645 confirmed cases of monkeypox have been reported from 29 non-EU/EEA countries: the United Kingdom (1 350), the United States (560), Canada (358), Switzerland (131), Brazil (76), Israel (52), Australia (20), Ghana (19), Peru (15), the United Arab Emirates (13), Mexico (11), Chile (8), Argentina (6), Colombia (5), Serbia (5), Singapore (2), South Africa (2), the Bahamas (1), the Dominican Republic (1), Ecuador (1), Georgia (1), Gibraltar (1), Jamaica (1), Lebanon (1), Morocco (1), Puerto Rico (1), South Korea (1), Turkey (1), and Venezuela (1).

A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO regional Office for Europe Surveillance Bulletin](#) published weekly.

### ECDC assessment

Monkeypox (MPX) does not spread easily between people. Human-to-human transmission occurs through close contact with infectious material from skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact, and through fomites. The predominance in the current outbreak of diagnosed human MPX cases among MSM, and the nature of the presenting lesions in some cases, suggest transmission through close physical contact during sexual activities.



Based on ECDC's epidemiological assessment, the likelihood of MPX spreading in persons having multiple sexual partners in the EU/EEA is considered high. Although most cases in the current outbreaks have presented with mild disease symptoms, Monkeypox virus (MPXV) can cause severe disease in certain population groups (young children, pregnant women, immunosuppressed persons). However, the likelihood of cases with severe morbidity cannot yet be accurately estimated. The overall risk is assessed as moderate for persons having multiple sexual partners (including some groups of MSM) and low for the broader population.

EU/EEA countries should focus on prompt identification, management, contact tracing and reporting of new MPX cases. Countries should update their contact tracing mechanisms, their diagnostic capacity for orthopoxviruses, and review the availability of smallpox vaccines, antivirals, and personal protective equipment (PPE) for health professionals.

Risk communication messages should stress that MPXV is spread through close contact between people, for example, in the same household, and during sexual activities. A balance should be kept between informing those most at risk and communicating that the virus does not spread easily between people, indicating that the risk to the broader population is therefore low.

## Actions

ECDC will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad hoc basis. Multi-lateral meetings between affected countries, WHO EURO, and ECDC have taken place to share information and coordinate response. A process in [EpiPulse](#) has been created to allow countries to share information with one another, WHO, and ECDC. Case reporting in TESSy was set up on 2 June 2022. ECDC published a [rapid risk assessment](#) on 23 May 2022, and an [update](#) of this on 8 July 2022. For all the latest updates, visit [ECDC's monkeypox page](#).

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

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

Opening date: 2 June 2022

Latest update: 8 July 2022

### Epidemiological summary

As of 6 July 2022, European Union (EU), European Economic Area (EEA) and EU neighbouring countries reported no human cases of West Nile Virus (WNV) infection during the 2022 transmission season.

Since the beginning of the 2022 transmission season, no outbreaks have been reported by EU/EEA countries among equids or birds.

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

**Sources:** TESSy | Animal Disease Information System

### ECDC assessment

During the current transmission season, no human cases or outbreaks among animals have been notified so far. In accordance with [Commission Directive 2014/110/EU](#), prospective donors should be deferred for 28 days after leaving a risk area for locally acquired WNV infection, unless the result of an individual nucleic acid test is negative.

## Actions

During transmission seasons, ECDC publishes an epidemiological summary every Friday. A set of WNV transmission maps and a dashboard will be published on Fridays once the first WNV infections of the 2022 transmission season are reported.

## New! Mass gatherings - Hajj - Saudi Arabia - 2022

Opening date: 8 July 2022

Latest update: 8 July 2022

### Epidemiological summary

As of 8 July 2022, no events of public health concern have been detected by ECDC through its epidemic intelligence activities.

#### **Epidemiological summary of some communicable diseases:**

**SARS-CoV-2:** from the beginning of the pandemic, and as of 7 July 2022, Saudi Arabia reported 798 474 confirmed COVID-19 cases, including 9 215 deaths.

**MERS-CoV:** since the first report of MERS-CoV cases in 2012, over 2 100 human cases have been reported in Saudi Arabia, of which 17 were reported in 2021; to date, no cases have been reported by Saudi Arabia in 2022. Overall, the most recent case in 2022, was reported from Qatar.

**Malaria:** Urban areas of Jeddah, Mecca, Riyadh, Medina, and Taif are considered low risk for malaria.

**Schistosomiasis:** An infestation of *Schistosoma haematobium* is limited to areas north of Mecca and Medina, Jizan and the Red Sea Coast, but the risk of contracting Schistosomiasis in urban areas is low.

**Leishmaniasis** (cutaneous type): the disease is endemic in the Middle East. Approximately 1 000 cases are detected annually, with a peak between October and December.

**Monkeypox:** No cases of monkeypox have been reported in Saudi Arabia as of 8 July 2022. The risk of monkeypox spread is considered low for the broader population.

**Sources:** Ministry of Health Saudi Arabia [1](#), [2](#) | [WHO](#) | [Joint ECDC-WHO surveillance bulletin](#) |

### ECDC assessment

The risk for EU/EEA citizens to become infected with communicable diseases during the 2022 Hajj is considered low, thanks to the vaccination requirements for travelling to Mecca and the Saudi Arabian preparedness plans that address the management of health hazards before, during and after Hajj. As with other mass gathering events, the risk of communicable disease outbreaks is greatest for respiratory and food- and waterborne diseases. Outbreaks of MERS-CoV continue to be reported from the Arabian Peninsula, which implies that there is a risk of importation of cases to Europe after the Hajj. The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied.

ECDC published a [rapid risk assessment](#) on Hajj on 2 July 2019; the risks and advice to pilgrims attending the Hajj remain valid for this year.

### Actions

ECDC monitors this event through its intelligence for mass gatherings from 4 July to 19 July 2022, and reports weekly in the CDTR.

## Monitoring environmental suitability of Vibrio growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 8 July 2022

### Epidemiological summary

As of 6 July 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified overall as very low to low in the Western coasts and medium to high in the Eastern coasts and Stockholm and Southern Swedish coast.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be very high in the Southern Estonian coast and Klaipeda county (Lithuania); medium-to-high in Finland, the rest of the Estonian coast, Latvia, Lithuania, Gdansk and Szczecin (Poland), Meklenburg-Western Pomerania (Germany), and Kalmar and Stockholm (Sweden); and very low to low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as medium-to-high and it will remain the same for the next five days.

Since May 2022 and as of 1 July 2022, one human case of locally-acquired vibriosis has been reported in [Norway](#).

According to [media](#) quoting health authorities, an 81-year-old woman contracted non-cholera *Vibrio* on the Baltic Sea coast in Mecklenburg-Western Pomerania, Germany. The patient had underlying conditions and was taken to a hospital.

On 4 July 2022, Finland's Institute for Health and Welfare (THL) published a [press release](#) to raise awareness about the potential presence of *Vibrio* in the Baltic Sea during hot weather and associated risk for immunocompromised people to swim in these conditions.

Source: [ECDC Vibrio Map Viewer](#)

## ECDC assessment

Elevated sea surface temperatures (SSTs) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content.

These *Vibrio* species can cause vibriosis (non-cholera), particularly species such as *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. In the past, vibriosis in humans in the Baltic region has occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius).

The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when a cut or skin abrasions have been exposed to contaminated seawater, primary septicemia, and otitis externa.

In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

## Actions

ECDC is monitoring this threat on a weekly basis during the summer of 2022 and reports on increased environmental suitability for the growth of *Vibrio* bacteria.

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

Opening date: 24 September 2012

Latest update: 8 July 2022

### Epidemiological summary

Since the beginning of 2022, and as of 5 July 2022, three MERS-CoV cases have been reported in Qatar (2) and Oman (1), including one death. All three cases were primary cases, having reported contact with camels. The last case reported in Qatar prior to this was in February 2020 and the last case previously reported in Oman was in February 2019.

Since April 2012, and as of 5 July 2022, 2 603 cases of MERS-CoV, including 944 deaths, have been reported by health authorities worldwide.

**Sources:** [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#)

### 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 ECDC's [rapid risk assessment](#) published on 29 August 2018, which also provides details on the last case reported in Europe.

In October 2019, ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), which will be useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#) on 22 January 2020.

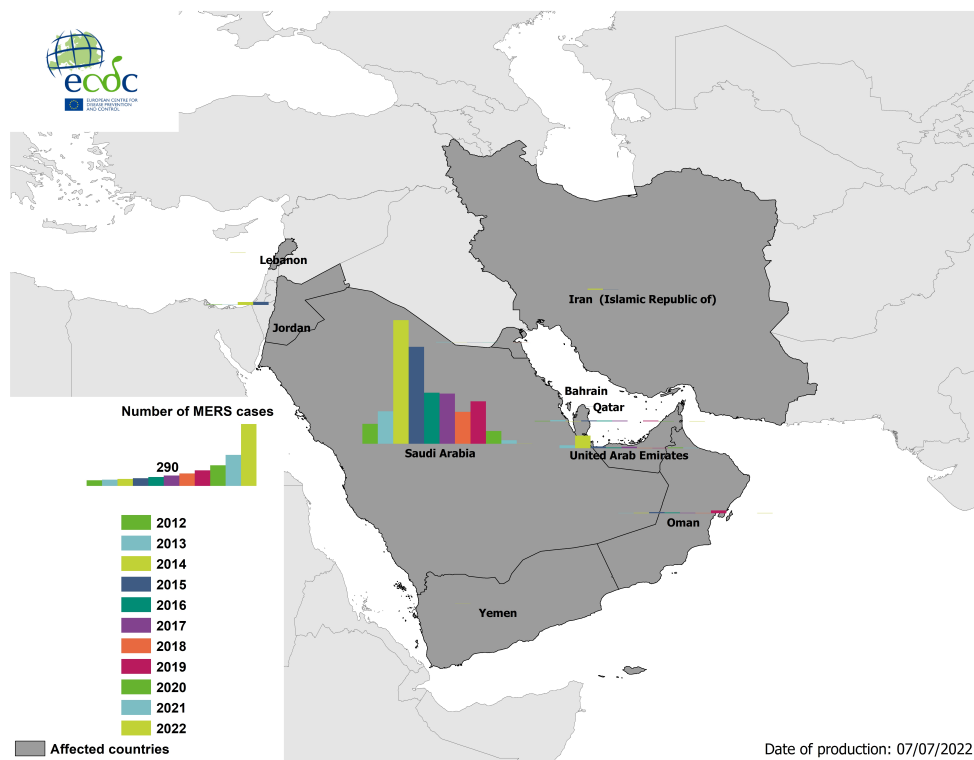
The annual pilgrimage to the city of Mecca in Saudi Arabia, known as Hajj, will take place this year from 7 to 12 July 2022. ECDC published a [rapid risk assessment](#) on Hajj on 2 July 2019; the risks and advice to pilgrims attending Hajj remain valid for this year.

## Actions

ECDC is monitoring this threat through its epidemic intelligence activities and reports on a monthly basis.

## Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to July 2022

Source: ECDC



## Ebola virus disease - Democratic Republic of the Congo - 2022

Opening date: 25 April 2022

Latest update: 8 July 2022

### Epidemiological summary

On 23 April 2022, an EVD outbreak was declared by the health authorities in the DRC, after a case was confirmed in Mbandaka, in the Equateur province of the DRC. Two further cases considered high-risk contacts to the first case were confirmed on 25 April and 4 May 2022, respectively, in Mbandaka. On 19 May and 22 May, one confirmed and one probable case were reported in the neighbouring Health Zone of Wangata, where the index case was treated in an Ebola treatment centre. In total, four confirmed cases and one probable case were reported, all fatal, with two Health Zones affected (Mbandaka and Wangata). All cases are epidemiologically linked.

The index case was a 31-year-old man, who had started experiencing symptoms on 5 April 2022 and was cared for at home for over a week, after which he sought treatment at a local health facility. The patient was admitted to an Ebola treatment centre in Wangata on 21 April for intensive care, and died later that same day. According to Africa CDC, the patient had received an EVD vaccine in 2020.

According to the Institut National de Recherche Biomédicale (INRB) in Kinshasa, it was reported that, based on the genetic sequencing of the Ebola virus collected from the initial case, this outbreak can be considered a new spill-over event and not a resurgence of activity from earlier outbreaks in this part of the DRC. Further epidemiologic investigations are ongoing.

WHO supported the government in contact tracing, testing and implementing community public health measures to break the chain of transmission. Overall, 2 104 people were vaccinated, including 302 contacts and 1 307 frontline workers. The health authorities are maintaining surveillance activities to respond promptly if new cases occur.

On 4 July 2022, the World Health Organization (WHO) announced that the 14th Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC) was declared over.

**Sources:** [WHO News Item](#), [WHO Director Tweet](#), [Africa CDC statement](#), [WHO AFRO news item](#)

### ECDC assessment

Ebola outbreaks in the DRC are recurrent as the virus is enzootic in parts of the country. This is the 14th Ebola virus disease outbreak recorded since 1976 in the DRC and the 6th since 2018. In the Equateur province, it is the third outbreak; the previous outbreaks in this province occurred in 2018 and in 2020 and resulted in 54 and 130 cases, and 33 and 55 deaths, respectively. The DRC has gained much experience over the years given the frequency of outbreaks in the country.

A high level of surveillance and follow-up of survivors is essential to detect and interrupt transmission early on. Vaccination is expected to help reduce transmission and fatal outcomes. However, the immunity due to previous rVSV-Zebov vaccination in the region of Mbandaka is probably negligible as the duration of protection is estimated to last six months.

Although disease in unvaccinated people is severe and most EU/EEA citizens are not commonly vaccinated against the disease, there is a very low likelihood of infection of EU/EEA citizens in the DRC. The current risk for EU/EEA citizens living in or travelling to Equateur province in the DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low.

More information about Ebola virus disease is available in the [ECDC factsheet](#).

### Actions

ECDC will no longer provide updates for this event but will continue to monitor the Ebola situation through its routine epidemic intelligence activities and report relevant news.

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