

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 25, 15 - 21 June 2024

This week's topics

1. Avian influenza A(H5N6) – Multi-country – Monitoring human cases
2. Seasonal surveillance of West Nile virus infections – 2024
3. Cholera – Comoros and Mayotte – 2024 – Weekly monitoring
4. Mass gathering Monitoring - UEFA European Football Championship - 2024 - Weekly monitoring
5. Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring
6. Risk assessments under production

Executive summary

Avian influenza A(H5N6) – Multi-country – Monitoring human cases

- A new case of avian influenza A(H5N6) virus infection in a man in his 40s was reported in Fujian province, China, with date of onset 8 May 2024. The patient died on 14 May 2024. He had exposure to backyard poultry before the onset of symptoms.
- Since 2014, 92 cases have been reported in China (91) and Laos (1), 37 of which were fatal (CFR: 40%).
- To date, no instances of human-to-human transmission have been documented.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains very low.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 19 June 2024, one NUTS 3* region (Seville, Spain) in the EU/EEA has reported a human case of West Nile virus infection.
- ECDC's weekly surveillance report on West Nile virus infections is available online at the dedicated webpage along with a dashboard: [Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#).

*NUTS - Nomenclature of territorial units for statistics. Classification for the collection, development and harmonisation of European regional statistics. NUTS 3: small regions for specific diagnoses.

Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

- Since 18 March, and as of 11 June, 166 cholera cases and two deaths have been reported in Mayotte. No more recent updates have been provided by local authorities.
- Given the identification of several autochthonous cases in Mayotte and the continued importation of cases from the ongoing outbreak in Comoros, the likelihood of further community transmission and the overall risk of cholera for the population in Mayotte remains high.

- In Comoros, since the last available update on 13 June, and as of 19 June, 397 new cholera cases and six new deaths have been reported. As of 19 June 2024, 9 562 confirmed cholera cases and 143 deaths have been reported in the country.

Mass gathering Monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

- Since the previous update, and as of 19 June, no relevant public health events related to communicable diseases have been detected in connection with UEFA EURO 2024.
- ECDC is monitoring this mass gathering event through epidemic intelligence activities between 10 June and 19 July in collaboration with the Robert Koch Institute and the World Health Organization's Regional Office for Europe (WHO/Europe).
- Weekly updates are published in the Communicable Disease Threats Report (CDTR), with daily reporting of relevant events and public health threats.
- The probability of infection for EU/EEA citizens during UEFA EURO 2024 is considered low if requirements and recommendations by public health authorities in Germany are followed. Together with WHO and the German Federal Centre for Health Education, ECDC has produced specific [public health advice for UEFA Euro 2024](#).

Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring

- Since the previous update, and as of 19 June, no relevant public health events related to communicable diseases have been detected in connection with the Hajj.
- ECDC is monitoring this mass gathering event through its epidemic intelligence between 10 and 26 June in collaboration with the Gulf CDC and the World Health Organization's Regional Office for the Eastern Mediterranean (WHO EMRO).
- The probability of infection for EU/EEA citizens during Hajj is considered low if requirements and recommendations provided to the participants are followed. ECDC has published [guidance for public health authorities](#) to reduce the risk of infectious diseases during mass gatherings.

1. Avian influenza A(H5N6) – Multi-country – Monitoring human cases

Overview

Update: A new fatal case of avian influenza A(H5N6) has been reported from Fujian Province in China. The patient was a 41-year-old male from Fujian Province, with onset of symptoms on 8 May 2024. The patient was hospitalised with severe pneumonia and confirmed positive for A(H5N6) on 14 May 2024. He subsequently passed away.

Summary: Since 2014, and as of 19 June 2024, 92 laboratory-confirmed cases, including 37 deaths (CFR: 40.7%) of human infection with influenza A(H5N6) virus have been reported, including six cases reported in 2023 and two cases in 2024 (all from China). The cases were reported from China (91) and Laos (1).

Sources: [WHO Avian influenza weekly update Number 951](#)

ECDC assessment

Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported to date. Sporadic zoonotic transmission cannot be excluded. The implementation of personal protective measures for people directly exposed to poultry and birds potentially infected with avian influenza viruses will minimise the remaining risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions

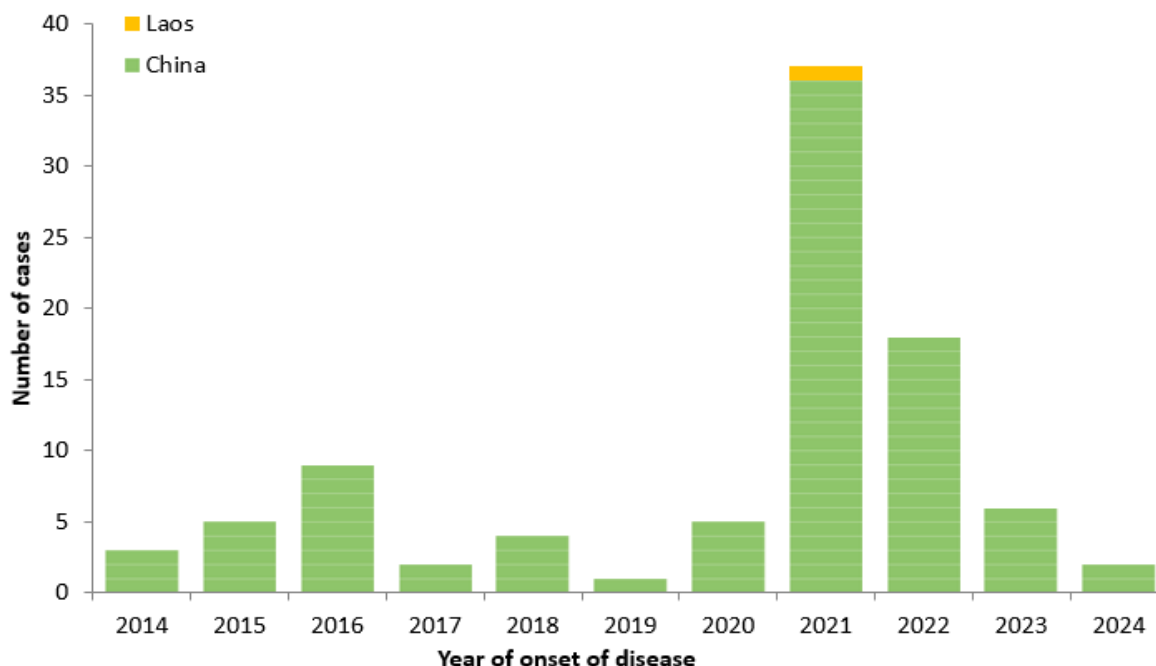
ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with the European Food Safety Authority (EFSA) and the EU reference laboratory for avian influenza to identify significant changes in the epidemiology of the virus. ECDC works with EFSA and the EU reference laboratory to produce a quarterly [report on the avian influenza situation](#). The most recent report was published in March 2024.

Sources: [CHP - HK](#)

Last time this event was included in the Weekly CDTR: 24 May 2024.

Maps and graphs

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014 - 19 June 2024 (n=92)



Source: ECDC

2. Seasonal surveillance of West Nile virus infections – 2024

Overview

Epidemiological summary

Since the beginning of 2024, and as of 19 June 2024, only one country in Europe has reported human cases of West Nile virus infection: Spain.

Background information

According to the Commission Directives 2004/33/EC and 2014/110/EU on blood safety, blood establishments in the EU/EEA, countries should apply temporary deferral criteria for donors of allogeneic blood donation for 28 days having left a risk area for locally-acquired West Nile virus (WNV) unless an individual Nucleic Acid Test (NAT) is negative.

The WNV surveillance activities carried out by ECDC support the competent authorities responsible for blood safety in the implementation of these directives. Therefore, the Emerging and Vector-borne Diseases team at ECDC currently provides weekly and monthly updates with the latest reports on cases of WNV infections in Europe. A map and table are updated every Friday between June and November which is the time of the year when WNV infections are most likely to be reported. In addition, an [interactive dashboard](#) is made available. ECDC provides an enhanced analysis of the current WNV epidemiology on a monthly basis, which includes an assessment of the situation.

EU/EEA notification of West Nile virus infections

West Nile virus infection in humans is a notifiable disease at the EU level and cases should be reported by national public health authorities through the European Surveillance System (TESSy) according to the EU case definition.

Outbreaks of WNV infections in equids and birds should be notified to the Animal Disease Information System (ADIS) of the European Commission. At EU/EEA level, it is mandatory to report equine encephalomyelitis due to WNV infection and West Nile virus infections among birds in accordance with Commission Implementing Regulation (EU) 2018/1882. Data from passive and active surveillance activities, including outbreaks, are collected by the European Food Safety Authority (EFSA). Analyses of animal data are only included in the monthly update.

ECDC's weekly surveillance report on West Nile virus infections is available online ([Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#)).

Actions

ECDC is monitoring WNV through indicator- and event-based surveillance activities.

Last time this event was included in the Weekly CDTR: 14 June 2024.

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

Overview

Update

In Mayotte, since the previous report on 11 June, there have been no further updates. Since 18 March, and as of 11 June, [French health authorities](#) have reported 166 cholera cases and two deaths.

According to the last [bulletin](#) from the Mayotte Regional Health Authority (ARS Mayotte), published on 10 June, a total of 765 contacts have received antibiotic chemoprophylaxis and 5 677 contacts have been vaccinated.

Further information on the case definition and close contacts is available on the [Prefecture of Mayotte's](#) website.

Since the last update on 13 June, and as of 19 June, [Comoros health authorities](#) have reported 397 new cholera cases and six new deaths. Since the outbreak was declared on 2 February 2024 in the Union of the Comoros, and as of 19 June, a total of 9 562 cases and 143 deaths have been reported on the three islands. In all, 9 316 cases have recovered.

Background

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. 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 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.

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 detection of several autochthonous cases of cholera in Mayotte, ECDC assesses the likelihood of further community transmission of cholera in Mayotte as high. The impact of the cholera outbreak in Mayotte is considered to be high. The overall risk of cholera for the population in Mayotte is therefore assessed as high.

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

Actions

ECDC is in contact with French authorities and relevant partners and is monitoring the situation through its epidemic intelligence activities.

Last time this event was included in the Weekly CDTR: 14 June 2024.

4. Mass gathering Monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

Overview

Update

Since the previous update and as of 19 June, no relevant public health events related to communicable diseases have been detected in connection with UEFA EURO 2024.

Background

The UEFA European Football Championship 2024 is taking place in Germany between 14 June and 14 July. Around 2.8 million people are expected to follow the 51 scheduled matches of the 24 qualified national teams, which will take place in 10 stadiums in 10 German cities: Berlin, Dortmund, Düsseldorf, Frankfurt (Main), Gelsenkirchen, Hamburg, Cologne, Leipzig, Munich, Stuttgart.

The stadiums have registered [different capacities for EURO 2024](#) with Berlin, Munich and Dortmund having the largest stadiums and Leipzig and Cologne having the venues with the smallest capacity.

National teams from the following 24 countries, including host country Germany, have qualified for EURO 2024: Albania, Belgium, Denmark, England, France, Georgia, Italy, Croatia, the Netherlands, Austria, Poland, Portugal, Romania, Scotland, Switzerland, Serbia, Slovakia, Slovenia, Spain, Czech Republic, Turkey, Ukraine and Hungary.

In addition to the matches in the stadiums, a large number of [public viewing events](#) are being planned in Germany, such as the transmission of football matches shown on television outside the home environment. These include the screening of matches in the official fan zones that UEFA will operate in each of the ten host cities for each EURO 2024 match. Most visitors are expected in [Berlin](#) and in [Frankfurt](#). Non-commercial and commercial public viewing events can be registered in other German cities by arranging a mandatory UEFA public viewing licence.

ECDC assessment

Mass gathering events involve a large number of visitors in an area at the same time. This may increase the risk of communicable disease outbreaks and non-communicable health risks, including heat stroke, crowd injury and drug- and alcohol-related conditions.

The probability of infection to the EU/EEA citizens with communicable diseases during the UEFA EURO 2024 is considered to be low if preventive measures are applied - e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities or contact with people should symptoms occur, and seeking prompt testing and medical advice as needed. This is particularly important in relation to vaccine-preventable diseases that may be on the increase in the EU/EEA, such as [measles](#) and [whooping cough](#).

In collaboration with the German Federal Centre for Health Education (BZgA) and ECDC, WHO has published a [public health advice for travellers attending the UEFA EURO 2024](#). In addition, given that Europe will be hosting a range of other high-profile events this summer, including the 2024 Summer Olympics and Paralympics in Paris, ECDC has [published recommendations for public health authorities](#) preparing for mass gathering events.

Actions

ECDC will monitor this mass gathering event through epidemic intelligence activities between 10 June and 19 July 2024 in collaboration with the Robert Koch Institute and World Health Organization Regional Office for Europe (WHO/Europe), and including weekly updates in the Communicable Disease Threats Report (CDTR).

Last time this event was included in the Weekly CDTR: 14 June 2024.

5. Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring

Overview

Update

Since the previous update, and as of 19 June, no relevant public health events related to communicable diseases have been detected in connection with the Hajj.

The Hajj ended on 19 June 2024, with an estimated attendance of 1.8 million pilgrims. There have been no reports on communicable diseases among pilgrims during the Hajj. However, [media quoting multiple sources](#) reported that 922 pilgrims had passed away while attending the Hajj. Deaths in the context of the Hajj have been related to the severe climatic conditions, such as heatwaves, during the event.

Summary

In recent weeks, 14 cases of invasive meningococcal disease (IMD) serogroup W have been reported in France (4), the United Kingdom (3), the United States (5), Norway (1), and the Netherlands (1), all among travellers or contacts of travellers returning from Umrah pilgrimage in Saudi Arabia. Travellers eligible for vaccination should be counselled to receive the quadrivalent (ACWY) meningococcal vaccine at least 10 days before departure. Please refer to [ECDC's weekly CDTR w20](#) for further information.

On 29 April 2024, the first MERS-CoV fatality was reported in [Saudi Arabia](#). Since April 2012, overall 2 610 laboratory-confirmed cases of MERS-CoV have been reported, including 940 deaths (CFR: 40%) in 12 countries.

Background

This year, the annual Islamic Hajj pilgrimage took place in the Saudi Arabia between 14 and 19 June. Pilgrims aged 12 years and above were allowed to attend the pilgrimage. Over two million pilgrims were expected to attend from all over the world, including 24 EU/EEA countries.

The [Ministry of Health of Saudi Arabia](#) issued a list of requirements for 2024 Hajj and Umrah pilgrims, which included the requirement to be vaccinated with a quadrivalent meningococcal vaccine (ACYW) polysaccharide vaccine at least 10 days and no more than three years before arrival.

In addition, since it is a densely populated event and there was a heightened risk of respiratory infectious diseases, the Ministry of Health also recommended that pilgrims:

- wear facemasks when in crowded places;
- wash hands frequently, with soap and water or a disinfectant, especially after coughing, sneezing, using toilets, before handling and consuming food, and after touching animals;
- use disposable tissues when coughing or sneezing and dispose of used tissues in wastebaskets;
- avoid contact with those who appear ill and avoid sharing personal belongings;
- avoid contact with camels in farms, markets, or barns;
- avoid drinking unpasteurised milk or eating raw meat or animal products that have not been thoroughly cooked, as well as applying measures to avoid insect bites during the day and night.

Authorities in Saudi Arabia did not permit travellers arriving into the country for Hajj to bring food, unless it was in properly canned or sealed containers. Travellers arriving in areas in the vicinity of Hajj locations for pilgrimage, seasonal work or other purposes were recommended to observe the following:

- wash hands before and after eating and after going to the toilet;
- clean and wash fresh vegetables and fruit;
- cook food thoroughly and store at safe temperatures;
- keep raw and cooked food separated.

Pilgrims were recommended to take necessary measures to avoid mosquito bites during the day and evening, including:

- wearing protective clothing (preferably light-coloured) that covers as much of the body as possible;
- using physical barriers, such as window screens and closed doors;
- applying insect repellent (as per the label instructions on the product) to skin or clothing that contains DEET, IR3535 or Icaridin.

ECDC assessment

ECDC assesses the risk of IMD to the general public in the EU/EEA in connection with these imported cases as very low due to the very low probability of exposure and potential infection. For pilgrims visiting the Hajj and Umrah zones in KSA who are already vaccinated with the quadrivalent meningococcal vaccine, the likelihood of infection is low, as they are protected from the vaccine-induced immunity. For unvaccinated pilgrims, the likelihood of infection is higher, reaching the moderate level of risk.

The probability of infection to the EU/EEA citizens with communicable diseases during the 2024 Hajj is considered to be low, due to the vaccination requirements for travelling to Mecca and Medina and the preparedness plans by Saudi Arabia that address the management of health hazards before, during, and after Hajj. The risk of infection is considered to be moderate for people with underlying conditions, the elderly, and pregnant women, with a moderate probability of infection and moderate impact. As with other mass gathering events, the risk of communicable disease outbreaks is highest for respiratory, food-, waterborne, and vector-borne diseases.

The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied. A risk of infection and importation of cases to Europe after Hajj remains.

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 will monitor this event through its epidemic intelligence for mass gathering activities between 10 and 26 June 2024 in collaboration with the World Health Organization's Regional Office for the Eastern Mediterranean (WHO/EMRO), and include weekly updates in the Communicable Disease Threats Report (CDTR).

Last time this event was included in the Weekly CDTR: 14 June 2024.

6. Risk assessments under production

Overview

On 19 June 2024, ECDC and EFSA published a [Rapid Outbreak Assessment](#) entitled 'Prolonged multi-country outbreak of *Listeria monocytogenes* ST173 linked to consumption of fish products'.

Events under active monitoring

- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 31 May 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 31 May 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 31 May 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring - last reported on 31 May 2024
- Highly pathogenic avian influenza A(H5N1) in cattle and related human cases – United States – 2024 - last reported on 31 May 2024
- Imported invasive meningococcal disease in travellers returning from the Kingdom of Saudi Arabia – Multi-country – 2024 - last reported on 31 May 2024
- Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring - last reported on 31 May 2024
- Avian influenza A(H5N6) – Multi-country – Monitoring human cases - last reported on 24 May 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 24 May 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 24 May 2024
- Mass gathering monitoring - UEFA European Football Championship - 2024 - Weekly Monitoring - last reported on 20 June 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 20 June 2024
- Risk assessments under production - last reported on 20 June 2024
- Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring - last reported on 14 June 2024
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 14 June 2024
- SARS-CoV-2 variant classification - last reported on 7 June 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 7 June 2024
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 7 June 2024
- Seasonal surveillance on West Nile virus infections starts in week 23 - last reported on 7 June 2024
- Out-of-season increase in norovirus (NoV) activity - last reported on 7 June 2024
- Oropouche virus disease - Cuba - 2024 - last reported on 7 June 2024.