

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 37, 7–13 September 2024

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Executive Summary

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

- Since the previous update on 6 September, and as of 13 September, no major public health events related to communicable diseases were detected in the context of the Paris 2024 Paralympic Games.
- ECDC monitored the Paris 2024 Olympic and Paralympic Games from 15 July, finishing the monitoring period on 13 September. This is the last weekly report and the ECDC Epidemic Intelligence Group thanks all partners, people and institutions that supported and contributed to the monitoring operations during this event.
- ECDC monitored 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. Previous weekly updates related to the Paris 2024 Olympic and Paralympic Games are available in the [Communicable Disease Threats Report \(CDTR\)](#).

Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024

- Since August 2024, and as of 6 September 2024, 138 mpox cases have been reported by 15 EU/EEA countries: Spain (43), Germany (26), France (25), the Netherlands (17), Portugal (6), Belgium (3), Czechia (3), Italy (3), Austria (2), Malta (2), Norway (2), Poland (2), Sweden (2), Ireland (1) and Romania (1).
- Since the start of the mpox outbreak in 2022, and as of 6 September 2024, 22 870 confirmed cases of mpox have been reported by 29 EU/EEA countries.
- In 2024 and as of 6 September 2024, a total of 889 mpox cases have been reported in the EU/EEA.
- In August 2024, a 50.6% increase in mpox cases was observed compared with July (128 cases reported in August vs 85 cases reported in July). This is likely due to increased awareness and testing following the declaration of mpox due to MPXV clade I as a Public Health Emergency of International Concern. The number of cases reported in August is similar to the level observed in January and February 2024, and significantly lower than those recorded at the start of the outbreak in 2022. The overall risk of infection remains low for men who have sex with men (MSM) and very low for the broader EU/EEA population.

Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

- This week the epidemiological situation with regards to monkeypox virus (MPXV) clade I and clade II circulation globally has not evolved significantly. Similar to in previous weeks, there is an increasing trend in cases of mpox due to MPXV clade I reported by the Democratic Republic of the Congo and Burundi. However, the epidemiological profile of the cases remains the same. No new countries have reported confirmed mpox cases due to MPXV clade I.
- Overall, more than 24 000 confirmed or suspected mpox cases due to MPXV clade I and clade II, including over 600 deaths, have been reported from 14 African Union Member States in 2024. This total includes over 5 000 confirmed cases, according to the [Africa CDC Epidemic Intelligence Report, issued on 10 September 2024](#).
- Imported mpox cases due to MPXV clade I outside of the African continent have been reported by Sweden (15 August; one case) and Thailand (22 August; one case). No secondary transmission has been reported.
- 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](#)), the [Rapid scientific advice on public health measures](#) and the Epidemiological Updates.
- ECDC is closely monitoring and assessing the epidemiological situation.

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

- Since late spring 2024, increased SARS-CoV-2 activity in primary and secondary care has been observed in several EU/EEA countries. The timing of the epidemic varied between EU/EEA countries, with most countries now observing a stable or declining trend.
- SARS-CoV-2 test positivity in secondary care remains the highest among individuals aged 65 years and above, indicating that vulnerable populations remain at risk of severe disease.
- The SARS-CoV-2 variant BA.2.86 and its subvariants, including KP.3, continue to dominate in EU/EEA countries.
- Vaccination is the most effective measure to protect against more severe forms of COVID-19 and seasonal influenza. Since the protective effect wanes over time, promoting vaccination against respiratory viral diseases before the beginning of the winter season remains important for all EU/EEA countries, particularly to protect individuals at higher risk of severe outcomes.

Avian influenza A(H5N1) human cases – United States – 2024

- On 6 September 2024, the United States Centers for Disease Control and Prevention (US CDC) confirmed a human case of avian influenza A(H5) in the state of Missouri, United States (US), identified through the surveillance system for seasonal influenza. The patient, who had underlying medical conditions, was hospitalised, received antiviral treatment and has since recovered. No known animal exposure has been identified yet. Neuraminidase typing and sequencing are pending.
- In 2024 and as of 9 September 2024, a total of 14 human cases of avian influenza A(H5) have been reported in the US. From these, four cases have been reported in workers exposed to dairy cattle infected or presumed to be infected with A(H5N1) and nine cases have been reported in workers exposed to commercial egg layer farms with outbreaks of HPAI A(H5). One (the most recent case) had no known animal exposure identified.

- To date, there have been no confirmed cases of A(H5N1) infection in humans and no reports of A(H5N1) infection in cattle in the EU/EEA.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-moderate.

Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

- In July 2024, 24 countries reported measles data to The European Surveillance System (TESSy), with 815 cases reported by 18 countries. Six countries reported zero cases.
- Through its epidemic intelligence activities, ECDC has identified 2 026 new measles cases in 16 EU/EEA countries that were not reported before the last monthly update in August.
- In 2024, 19 measles-related deaths have been reported in Romania (18) and Ireland (1).
- Overall in the EU/EEA, over the last 12 months, there has been high measles activity; however, the situation varies by country. Some countries have reported large and/or ongoing outbreaks and others have reported no sustained or very low transmission.
- Relevant updates outside the EU/EEA are available for Switzerland, the United Kingdom (UK), countries in the Western Balkan, and WHO Regions.

Autochthonous dengue cases – Spain – 2024

- On 9 September 2024, the Catalanian Public Health Agency reported five non-travel-associated dengue cases in Tarragona province.
- Non-travel-associated dengue cases have been reported in Spain since 2018.
- As of 2024, 21 non-travel-associated dengue cases have been reported in Spain from the Catalonia region, Murcia region or province of Cadiz, and Ibiza.
- In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is established in a large part of Europe. Currently, the risk of autochthonous dengue transmission in previously affected areas is considered high.

Locally acquired dengue infection in Italy – 2024

- In 2024, as of 13 September, two locally acquired dengue cases have been reported in Italy.
- Cases were detected in the Regions of Reggio Emilia and Lombardy, with onset of symptoms on 13 August and 27 August, respectively.
- Investigations are ongoing and vector control measures have been triggered by the Italian health authorities according to their national response plan.

Oropouche virus disease – Multi-country (Americas) – 2024

- Since the previous update including data until epidemiological week 29 (ending 20 July 2024) and as of epidemiological week 35 (ending 31 August 2024), 1 774 new confirmed Oropouche virus (OROV) disease cases have been reported in the Americas from Brazil (647), Peru (640), Cuba (432) and the Dominican Republic (33).
- In 2024, and as of epidemiological week 35 (ending 31 August), 9 852 cumulative confirmed OROV disease cases have been reported in the Americas from Brazil (7 931), Peru (930), Cuba (506), Bolivia (356), Colombia (74) and the Dominican Republic (33). Of these, two deaths have been reported from Brazil. In addition, 22 imported OROV disease cases have been detected from the United States (US) (21) and Canada (1).
- The risk of OROV disease for EU/EEA citizens travelling to countries in the Americas where transmission is ongoing or has been reported is therefore assessed as moderate. The risk of locally acquired OROV disease in the EU/EEA is low.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 11 September 2024, West Nile virus (WNV) infection cases have been reported to the European Surveillance System (TESSy) by 11 EU/EEA countries (Austria, Bulgaria, Croatia, France, Germany, Greece, Hungary, Italy, Romania, Slovenia and Spain) and five EU neighbouring countries (Albania, Kosovo*, North Macedonia, Serbia and Türkiye).
- The latest monthly epidemiological update on WNV infections covers data up to 4 September 2024, with a total of 715 locally acquired WNV infection cases and 51 deaths reported by European countries to TESSy.

- 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.*

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

Overview:

Update

Since the previous update on 6 September, and as of 13 September, no major public health events related to communicable diseases were detected in the context of the Paris 2024 Paralympic Games.

The Paris 2024 Paralympic Games started on 28 August 2024 and ended on 8 September 2024. No public health events of concern related to communicable diseases were detected during this period.

ECDC monitored the Paris 2024 Olympic and Paralympic Games from 15 July, finishing the monitoring period on 13 September. This is the last weekly report and the ECDC Epidemic Intelligence Group thanks all partners, people, and institutions that supported and contributed to the monitoring operations during this mass gathering event.

Summary of the Paris 2024 Olympic and Paralympic Games

Overall, no major public health events related to communicable diseases were detected during the Paris 2024 Olympic and Paralympic Games (26 July to 8 September 2024).

Nevertheless, events related to infectious diseases were detected among athletes during the Paris 2024 Olympic Games (26 July to 11 August 2024). During this time, 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 (ending 11 August 2024) and 33 (ending 18 August 2024). No single common source of transmission was suspected.

No events related to communicable diseases were detected during the Paris 2024 Paralympic Games (28 August to 8 September 2024).

Other events happening in the hosting country and outside of the Paris 2024 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](#) took place from 28 August to 8 September. Around 15 000 athletes were expected and the event involved up to 50 000 volunteers. It was estimated that [11.2 million people](#) visited the Greater Paris metropolitan area during the Olympics and 3.8 million were projected during the Paralympics.

The Paris 2024 Olympic and Paralympic Games were 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 occurred in the Ile-de-France region. Different activities were organised to celebrate the Games across France. In Paris, the [Club France Paris 2024](#), a special zone with activities for fans, was located at La Villette; up to 700 000 people were expected to visit to attend activities and celebrations during the Paris 2024 Olympic and Paralympic Games.

ECDC assessment:

The Paris 2024 Olympic and Paralympic Games are now over, but please note that the ECDC assessment for it was as follows:

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 people, 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 monitored 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.

Previous weekly updates related to Paris 2024 Olympic and Paralympic Games are available 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 Paris 2024 Olympic and Paralympic Games.

Last time this event was included in the Weekly CDTR: 6 September 2024

2. Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024

Overview:

Since August 2024, and as of 6 September 2024, 138 mpox cases have been reported by 15 EU/EEA countries: Spain (43), Germany (26), France (25), the Netherlands (17), Portugal (6), Belgium (3), Czechia (3), Italy (3), Austria (2), Malta (2), Norway (2), Poland (2), Sweden (2), Ireland (1) and Romania (1). As of 6 September 2024, a total of 889 mpox cases have been reported in the EU/EEA. Notably, there was a 50.6% increase in reported cases in August (128 cases) compared with the 85 cases reported in July.

Since the start of the mpox outbreak in 2022, and as of 6 July 2024, 22 870 confirmed cases of mpox have been reported by 29 EU/EEA countries: Spain (8 218), France (4 307), Germany (3 900), Netherlands (1 327), Portugal (1 202), Italy (1 057), Belgium (814), Austria (350), Sweden (302), Ireland (250), Poland (225), Denmark (203), Norway (109), Greece (99), Hungary (85), Czechia (85), Luxembourg (61), Romania (48), Slovenia (47), Finland (43), Malta (37), Croatia (34), Iceland (17), Slovakia (16), Estonia (11), Bulgaria (7), Latvia (6), Cyprus (5) and Lithuania (5). Deaths have been reported by: Portugal (2), Spain (3), Belgium (2), Austria (1) and Czechia (1). The information from Portugal has been corrected from previous reports, as one case was mistakenly classified as a death.

Since the start of the mpox outbreak in 2022, and as of 6 July 2024, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported by Türkiye.

Only one case of mpox due to MPXV clade Ib has been reported in the EU/EEA, by Sweden in August 2024. This case involved a person with a history of travel to an African country where clade Ib has been reported. All other mpox cases reported in the EU/EEA were due to MPXV clade IIB.

Cases reported in 2024 share the same epidemiological profile as those reported since the beginning of the outbreak in the EU/EEA, with 98.2% involving men aged 29–49 years, and sexual contact among men who have sex with men remaining the primary mode of transmission.

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 outbreak of mpox due to MPXV clade I a Public Health Emergency of International Concern (PHEIC).

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

ECDC assessment:

Although the number of new infections remains relatively low in Europe, a 50.6% increase in reported cases was observed in August compared with July 2024. This rise may be attributed to increased awareness among the MSM community, clinicians and health authorities following the declaration of mpox due to MPXV clade I as a PHEIC, which likely led to more testing and healthcare-seeking behavior. The number of cases reported in August is similar to the levels observed in January and February 2024, and significantly lower than those recorded at the start of the outbreak in 2022. Therefore, the overall risk of MPXV infection is assessed as low for MSM and very low for the broader population in the EU/EEA.

Response options for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; continuing to offer orthopoxvirus testing; implementing vaccination strategies; and maintaining risk communication and community engagement, despite the decreasing number of cases. EU/EEA countries are also encouraged to sequence and report clades and subclades to identify new cases of mpox, particularly those linked to clade Ib.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies should target individuals with the highest risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and other men who have sex with men, and transgender people, who are at higher risk of exposure, as well as individuals at risk of occupational exposure. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance, and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023. ECDC published a [Threat Assessment Brief on MPXV clade I in the Democratic Republic of the Congo \(DRC\) on 5 December 2023](#) and an [epidemiological update on 5 April 2024](#). A [risk assessment](#) for the EU/EEA on the mpox epidemic caused by monkeypox virus clade I in affected African countries was published on 16 August 2024, and [rapid scientific advice on public health measures](#) was released on 9 September 2024.

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of Pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to Pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

Last time this event was included in the Weekly CDTR: 12 July 2024

3. Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

Overview:

Global background

Since the beginning of mpox monitoring in 2022 and up to 31 July 2024, over 100 000 confirmed cases of mpox due to MPXV clade I and clade II, including over 200 deaths, were reported by more than 120 countries globally, according to WHO ([2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends](#)). All cases of mpox due to MPXV clade I were reported by African countries, except for one case reported by Sweden and one by Thailand. No secondary transmission of MPXV clade I has been reported outside of the affected African countries.

Epidemiological situation in Africa

In 2024, over 24 000 confirmed or suspected mpox cases due to MPXV clade I and clade II, including over 600 deaths, have been reported from Africa Union Member States, including over 5 000 confirmed cases, according to the [Africa CDC Epidemic Intelligence Report issued on 10 September 2024](#) and the [WHO AFRO weekly report of 6 September](#). The reporting countries are Burundi, Cameroon, Central African Republic, Congo, Cote d'Ivoire, Democratic Republic of the Congo (DRC), Gabon, Guinea, Liberia, Kenya, Nigeria, Rwanda, South Africa and Uganda. Additionally, a case was [reported](#) by Morocco on 12 September 2024 (no information on the clade).

The epidemiological situation remains similar to the previous week.

The two countries reporting the largest numbers of cases in recent weeks are still the DRC and Burundi:

- DRC has reported over 800 confirmed cases the past four weeks and Burundi over 300, according to the [WHO Global report on mpox \(data as of 8 September\)](#). Deaths have been reported only in DRC among suspected cases (over 100 according to WHO the past four weeks). Clade Ib has been detected in both countries, while clade Ia is co-circulating in DRC.
- The DRC continues to report the highest number of mpox cases in Africa and a continuous increase in the total reported number of cases. The cumulative number of cases in 2024 is over 20 000 (over 5 000 confirmed), including over 600 deaths, while testing rates increased reaching over 40% ([Africa CDC Epidemic Intelligence Report issued on 10 September 2024](#) and [WHO AFRO weekly report of 6 September](#)). The majority of cases and deaths reported are among <15-year-olds (66% of cases and 82% of deaths), while males accounted for 73% of all people with mpox, according to Africa CDC.
- In Burundi, as of 8 September 2024, 385 confirmed cases have been reported according to the WHO report ([2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends](#)). According to the [WHO AFRO weekly report of 6 September](#), cases were reported from 29 of 49 districts and both confirmed and suspected cases keep increasing. Over a third of cases (37.5%) were reported among children under 10 years. There is a slightly higher percentage of males among cases (56%).

No new cases have been reported in the past week from Uganda, Rwanda or Kenya, countries that had previously reported detection of MPXV clade Ib and mpox circulation for the first time in 2024. Overall, 10 cases have been reported in Uganda, four in Rwanda and five in Kenya. In Gabon (two cases), Guinea (one case) and Liberia (nine cases), where cases were also reported recently, information on the clade is not yet available ([2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends as of 8 September 2024](#)).

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 outbreak of mpox due to MPXV clade I a public health emergency of international concern.

Epidemiological situation in the EU/EEA for MPXV clade I

On 15 August 2024, Sweden [reported](#) the first imported case of mpox due to MPXV clade Ib in EU/EEA countries. As of 5 September, no secondary cases have been detected.

ECDC assessment:

The number of people with MPXV clade I infection has increased and there has been geographical expansion to newly affected African countries in recent weeks. In August 2024, Sweden and Thailand detected cases of mpox due to MPXV clade Ib in people with history of travel to areas where the virus is circulating in Africa. More imported mpox cases due to MPXV clade I 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 on a global basis. ECDC recommendations are available [here](#). ECDC has been supporting the mpox outbreak response in DRC through the deployment of experts since 29 July 2024.

Sources: [ECDC rapid risk assessment](#)

Last time this event was included in the Weekly CDTR: 6 September 2024

4. 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 remains at baseline levels in most EU/EEA countries, similar to the levels observed during previous seasons at this time of year.
- **SARS-CoV-2 activity is stable or decreasing in both primary and secondary care in EU/EEA countries:**
 - In summer 2024, SARS-CoV-2 activity started about six weeks earlier than in 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 to 16%. At the country level, all reporting countries observed a stable or decreasing trend in test positivity.
 - In SARI sentinel systems (hospitals), the pooled test positivity continued to decrease to 9%, with test positivity ranging from 4–12% in the five reporting countries (Germany, Greece, Ireland, Malta and Spain). The age group 65 years and above remained the most affected (12% test positivity).
 - Non-sentinel secondary care data showed similar trends, with a decrease in the number of positive test results among hospitalised patients. Stable or decreasing numbers of ICU admissions and deaths related to SARS-CoV-2 were also observed.
 - Despite test positivity in primary and secondary care sentinel systems remaining around or above 10%, sentinel syndromic rates (ARI, ILI and SARI) remained at baseline levels.
- Seasonal influenza activity at the EU/EEA level remained stable at low levels in almost all reporting EU/EEA countries. Only one country (Malta) reported test positivity rates above 15% since week 31, with type A influenza viruses detected (subtype unknown).
- Respiratory syncytial virus (RSV) activity remained low in the reporting EU/EEA countries.

Virus characterisation

Influenza for week 40, 2023 to week 36, 2024

- During the above period, 4 435 A(H1)pdm09, 1 878 A(H3) and 703 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:
 - 4 428 were A(H1)pdm09 – 3 139 (71%) were subclade 5a.2a and 1 289 (29%) were subclade 5a.2a.1.
 - 1 875 were A(H3) – 30 (1.6%) were subclade 2a, 11 (0.6%) were subclade 2a.3a, 1 833 (97.8%) were subclade 2a.3a.1, and one (<0.1%) was subclade 2a.3b.
 - 669 were B/Vic – all were subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 34–35 (19 August to 1 September 2024)

- The estimated distribution (median and IQR of proportions from eight countries submitting at least 10 sequences) of variants of concern (VOCs) or variants of interest (VOIs) was:
 - 60% (54–77%) for KP.3 (328 detections from eight countries).
 - 38% (23–46%) for other variants included in BA.2.86 (191 detections from eight 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, increases in SARS-CoV-2 activity highlight the continued need to monitor the impact of SARS-CoV-2 at national and regional level

Actions:

In order 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 older adults. While COVID-19 vaccination continues to protect 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](https://www.ecdc.europa.eu/en/er viss)). 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: 6 September 2024

Maps and graphs

Figure 1. Overview of key indicators of activity and severity in week 36

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 36	Week 35	Description	Value	
Primary care consultation rates	ARI	9 rates (7 MEM)	9 rates (7 MEM)	Distribution of country MEM categories	7 Baseline	Stable rates continued to be reported at levels comparable to past seasons at the same time of year.
	ILI	12 rates (12 MEM)	13 rates (13 MEM)		12 Baseline	Stable rates continued to be reported at levels comparable to past seasons at the same time of year.
Primary care sentinel positivity	SARS-CoV-2	16	14	Pooled (median; IQR)	16% (12; 5.6–21%)	Pooled test positivity continued to fluctuate from one week to the next, but overall showed a stable or decreasing trend. Two countries reported >20% positivity this week; the remaining countries reported between 0–15% positivity with stable trends.
	Influenza	16	14		2.1% (0; 0–0%)	Stable trend of very low circulation.
	RSV	16	12		0% (0; 0–0%)	Stable trend of very low circulation.
SARI consultation rates	SARI	6	8			Stable rates continued to be reported at levels comparable to past seasons at the same time of year.
SARI positivity	SARS-CoV-2	5	6	Pooled (median; IQR)	9.3% (9.1; 5.1–9.2%)	Stable or slightly decreasing trend observed this week in both pooled test positivity and median test positivity. One country (Belgium), for which reporting is delayed by one week, showed an increasing trend over the past few weeks. In data from non-sentinel sources, the numbers of reported positive tests continued to decrease.
	Influenza	5	6		1.2% (0.7; 0.2–9.1%)	Stable trend with very low circulation. One country continued to report elevated test positivity (Malta, 15% for week 36, with >30 samples being tested).
	RSV	5	6		0.3% (0; 0–0.2%)	Stable trend of very low circulation.
Intensity (country-defined)	Influenza	16	18	Distribution of country qualitative categories	14 Baseline 2 Low	
Geographic spread (country-defined)	Influenza	16	17	Distribution of country qualitative categories	10 No activity 4 Sporadic 2 Regional	

Source: ECDC

Figure 2. Virological distribution for week 36 and the period week 25, 2024 to week 36, 2024

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 36		Period 2024-2025				Week 36		Period 2024-2025				Week 36		Period 2024-2025	
	n	% positivity	n	%	positivity	n	% positivity	n	% positivity	n	% positivity	n	%	n	%	
Influenza	13	100	2.1%	153	100	1.6%	9	100	1.2%	150	100	1.4%	155	100	2 913	100
Influenza A (total)	8	73	1.3%	103	70	1.1%	8	100	1.1%	119	95	1.1%	105	77	1 749	68
A(H1)pdm09	1	17	-	23	26	-	0	0	-	3	27	-	8	47	337	45
A(H3)	5	83	-	64	74	-	0	0	-	8	73	-	9	53	406	55
A (unknown)	2	-	-	16	-	-	8	-	-	108	-	-	88	-	1 006	-
Influenza B (total)	3	27	0.5%	44	30	0.5%	0	0	0%	6	5	0.1%	32	23	822	32
B/Vic	0	0	-	10	100	-	0	0	-	0	0	-	0	0	53	100
B (unknown)	3	-	-	34	-	-	0	-	-	6	-	-	32	-	769	-
Influenza untyped	2	-	0.3%	6	-	0.1%	1	-	0.1%	25	-	0.2%	18	-	342	-
RSV	0	-	0%	15	-	0.2%	2	-	0.3%	18	-	0.2%	10	-	454	-
SARS-CoV-2	91	-	15.8%	2	-	26.6%	70	-	9.3%	1	-	17.9%	27 115	-	340 436	-

Source: ECDC

5. Avian influenza A(H5N1) human cases – United States – 2024

Overview:

On 6 September 2024, the [US CDC](#) confirmed a human case of avian influenza A(H5) in the state of Missouri, US, identified through the surveillance system for seasonal influenza. The Missouri Department of Health and Senior Services (DHSS) reports that the patient, who had underlying medical conditions, was hospitalised, received antiviral treatment, and has since been discharged and recovered. The designation of the influenza virus neuraminidase (the N in the subtype) and further sequencing are pending. No transmission has been identified in close contacts.

No known animal exposure has been identified. Outbreaks with avian influenza A(H5) have been reported in both commercial and backyard poultry in Missouri in 2024 but not in cattle. Avian influenza A(H5N1) has also been previously detected in the state in wild birds.

In 2024 and as of 9 September 2024, a total of 14 human cases of avian influenza A(H5) have been reported in the US. From these, four cases have been reported in workers exposed to dairy cattle infected or presumed to be infected with A(H5N1) and nine cases have been reported in workers exposed to commercial egg layer farms with outbreaks of HPAI A(H5). One (the most recent case) had no known animal exposure identified.

Where genetic analysis has been available, the virus has been characterised as genotype B3.13 clade 2.3.4.4b of highly pathogenic avian influenza (HPAI) A(H5N1) and been closely related to viruses identified in recent poultry outbreaks and infected dairy cattle herds in the US. The virus maintains avian genetic characteristics. However, mutations associated with mammalian adaptation have been observed in viruses from some cases. No markers of antiviral resistance were found in viruses from human cases and they remain antigenically similar to the two existing HPAI A(H5) candidate vaccine viruses.

The US CDC's current assessment of the human health risk of A(H5N1) to the general public in the US does not change and continues to be considered low. Nevertheless, findings from the ongoing investigation will inform if the assessment needs to be updated.

ECDC assessment:

To date, there have been no confirmed cases of A(H5N1) infection in humans and no reports of A(H5N1) infection in cattle in the EU/EEA. The genotype B3.13 identified in cattle and several of the human cases in the US has not been detected in Europe.

ECDC assessed the risk of infection from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those with activities that expose them to infected or dead animals or a contaminated environment (e.g. occupational exposure to infected animals). ECDC will revisit the risk assessment once more information becomes available from the ongoing sequencing and investigations of the most recent human case in the US.

ECDC is monitoring the situation together with partner organisations in Europe and will continue to update its assessment of the risk for humans in the EU/EEA as new information becomes available.

In addition to enhanced surveillance, active monitoring and testing of exposed individuals is recommended for early detection of human cases and to assess the possibility of human-to-human transmission, according to the relevant ECDC guidance documents ([Testing and detection of zoonotic influenza virus infections in humans](#); [Investigation protocol of human cases of avian influenza virus](#); [Enhanced surveillance of severe avian influenza virus infections in hospital settings](#), [Enhanced influenza surveillance to detect avian influenza virus infections in the EU/EEA during the inter-seasonal period](#)). Raising awareness (including enquiring about animal exposure and symptoms compatible with avian influenza infections and testing of symptomatic persons with a history of exposure following a risk-based approach) among all primary care workers and communicating the epidemiological situation is important in order to not miss or delay diagnosis of potential human cases. Given the uncertainties related to mammal-to-mammal transmission and depending on the epidemiological situation, a low threshold can be considered for testing individuals exposed to

potentially infected mammals (for example symptomatic individuals with conjunctivitis or respiratory symptoms). Due to the higher risk of infection for individuals exposed to infected animals and contaminated environments, appropriate personal protective measures and other precautionary measures should always be taken to mitigate the risk.

ECDC relevant publications:

- [Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work](#)
- [Enhanced influenza surveillance to detect avian influenza virus infections in the EU/EEA during the inter-seasonal period](#)
- [Investigation protocol of human cases of avian influenza virus infections in the EU/EEA](#)
- [Joint ECDC-EFSA Drivers for a pandemic due to avian influenza and options for One Health mitigation measures](#)

Actions:

ECDC is in contact with the US CDC for further information and is closely following any updates on the event. ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of the [avian influenza situation](#).

Sources: [FAO](#) | [2024-e000168](#)

Last time this event was included in the Weekly CDTR: 26 July 2024

6. Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

Overview:

In July 2024, 24 countries reported measles data to The European Surveillance System (TESSy), with 815 cases reported by 18 countries. Six countries reported zero cases.

In the most recent 12-month period, from 1 August 2023 to 31 July 2024, 30 EU/EEA Member States reported a total of 17 949 cases of measles, 13 871 (77.3%) of which were laboratory confirmed. During this 12-month period, two countries (Latvia and Liechtenstein) reported zero cases. The highest number of cases were reported by Romania (14 086), Italy (845), Belgium (576), Austria (523) and France (479). The highest notification rates were observed in infants under one year of age (579.1 cases per million) and children aged 1-4 years (342.4 cases per million). Thirteen deaths attributable to measles were reported to ECDC during the 12-month period by Romania (12) and Ireland (1). Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#) and the [Measles and Rubella monthly report](#).

Complementary epidemic intelligence surveillance, with data collection conducted on 11 September 2024 from official public and media sources, detected 2 026 new suspected and/or confirmed measles cases that were not reported before the last monthly update in August. New cases were reported in 16 EU/EEA countries in recent months: Austria (new: 12; total: 502), Belgium (new: 255; total: 530), Denmark (new: 5; total: 25), Finland (new: 2; total: 2), France (new: 86; total: 386), Germany (new: 221; total: 620), Ireland (new: 24; total: 106, including 1 death), Italy (new: 2; total: 809), Luxembourg (new: 1; total: 1), Netherlands (new: 9; total: 156), Norway (new: 1; total: 10), Poland (new: 15; total: 261), Portugal (new: 1; total: 35), Romania (new: 1 382; total: 21 167, including 18 deaths), Slovakia (new: 4; total: 4), Sweden (new: 3; total: 26). Overall, 19 measles-related deaths have been reported in the EU/EEA in 2024, in Romania (18) and Ireland (1).

Relevant updates for outside the EU/EEA are available for Switzerland, the UK, and countries in the Western Balkan and WHO Regions.

Disclaimer: *The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. Sometimes this information is made available retrospectively. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.*

Epidemiological summary for EU/EEA countries with epidemic intelligence updates since last month:

[Austria](#) reported 502 confirmed measles cases in 2024 as of 10 September 2024, an increase of 12 cases since 9 August 2024. Of the 489 cases for which hospitalisation information was available, 105 individuals (21%) were hospitalised, including four in the intensive care unit. All regions reported at least one case of measles in 2024, with most of the cases reported in Lower Austria (117; 23%) and Tyrol (88; 18%).

[Belgium](#) reported 530 confirmed measles cases in TESSy between January and August 2024 and as of 11 September 2024, an increase of 255 cases since 12 August 2024.

[Denmark](#) reported 25 cases in 2024 and as of 11 September 2024, an increase by five cases since the monthly update in August.

[Finland](#) reported two cases of measles in 2024 and as of 11 September 2024.

[France](#) reported 386 measles cases in TESSy between January and July 2024, an increase of 86 cases since the monthly report in August. Of these, 46 cases were reported in July.

[Germany](#) reported 620 confirmed and suspected measles cases in 2024 (data as of 11 September 2024), an increase of 221 cases since 8 August 2024.

[Ireland](#) has reported 106 confirmed measles cases as of 9 September 2024, an increase of 24 cases since the last monthly update on 9 August 2024. In addition, 25 cases are currently under investigation. Outbreaks have been reported across all six Health Service Executive (HSE) regions.

[Italy](#) reported 809 measles cases in TESSy between January and July 2024, two more than last month. Of these, 91 cases were reported in July.

[Luxembourg](#) reported one measles case in TESSy in July 2024.

[Netherlands](#) reported 156 cases of measles in 2024 and as of 21 August 2024, an increase of nine cases since 24 July 2024.

[Norway](#) reported 10 cases as of 11 September 2024, an increase of one since 12 August 2024.

[Poland](#) reported 261 measles cases from January to 31 August 2024, an increase of 15 cases since 31 July 2024.

[Portugal](#) has reported 35 confirmed measles cases from January to 3 September 2024, an increase of one case since 23 July 2024.

[Romania](#) has reported 21 167 cases, including 18 deaths, from January to 1 September 2024, an increase of 1 382 cases since 4 August 2024. This nationwide outbreak started in 2023, and 23 972 confirmed measles cases, including 21 deaths, have been reported from 1 January 2023 to 1 September 2024. The cases have been reported in all 41 counties and the Municipality of Bucharest. Among cases with known vaccination status (21 593), unvaccinated individuals across all age groups accounted for 90%.

[Slovakia](#) reported four measles cases in 2024 and as of 10 September 2024.

[Sweden](#) has reported 26 cases in 2024 as of 11 September, an increase of three cases since 8 August 2024. Recently, [media](#) reported several imported measles cases, including in Stockholm.

Relevant epidemiological summary for countries outside the EU/EEA:

[Switzerland](#) reported 94 cases in 2024 and as of 2 September 2024, an increase of one case since 5 August 2024.

The [United Kingdom](#) has reported several outbreaks of measles in 2024. As of 29 August, 2 387 measles cases have been confirmed in [England](#) in 2024, an increase of 109 cases since 22 July 2024. In [Northern Ireland](#), 18 cases were confirmed between January and 1 September 2024. In [Scotland](#) there have been 17 laboratory-confirmed measles cases in 2024 and as of 4 September 2024. As of 31 July 2024, [Wales](#) confirmed 17 measles cases.

Western Balkans: Several countries continue to report measles cases.

[Bosnia and Herzegovina](#)

The [Republic of Srpska](#) has reported 308 measles cases as of 6 September 2024, an increase of 12 cases since 2 August 2024. As of 11 September 2024, the [Federation of Bosnia and Herzegovina](#) notified [7189 measles cases](#), including one death in 2024, an increase of 129 cases since 3 August 2024. As of 8 August 2024, [Brcko district](#) reported 188 measles cases in 2024. This is an increase of 74 cases since May.

[Serbia](#) reported 348 measles cases as of 31 August 2024, an increase of 93 cases since 7 August.

[Montenegro](#) reported 25 measles cases as of 9 September 2024, an increase of 13 measles cases since 2 August, of which 22 (88%) were in unvaccinated individuals.

Summary for WHO regional offices

At the time of data collection (11 September 2021), the [monthly measles cases report from WHO](#) covered a period up to and including July 2025 (data as of 5 August 2024).

A detailed breakdown was included in our last monthly report. As of 5 August 2024, the following numbers of measles cases were reported in each WHO region:

- WHO Regional Office for Europe (WHO/EUROPE): 84 932*
- WHO Regional Office for Africa (WHO AFRO): 58 551
- WHO Regional Office for the Americas (WHO PAHO): 282
- WHO Regional Office for the Eastern Mediterranean (WHO EMRO): 63 252
- WHO Regional Office for South-East Asia (WHO SEARO): 22 522
- WHO Regional Office for the Western Pacific (WHO WPRO): 8 033

**The numbers provided to WHO for EU/EEA countries are from TESSy data, updated monthly and available on [ECDC Surveillance Atlas of Infectious Diseases](#). Due to differences in reporting time the numbers may not correspond to the data from epidemic intelligence screening.*

ECDC assessment:

The overall number of measles cases in the EU/EEA has been steadily increasing since June 2023. **Measles cases may continue increasing in the EU/EEA in the coming months.** This is due to reported sub-optimal vaccination coverage for measles-containing vaccines (MCV) in a number of EU/EEA countries (<95% in many of these countries), as well as a high probability of importation from areas experiencing high circulation. In addition, the majority of recently reported cases have acquired the disease within the reported country through community/local transmission, indicating a higher probability of being exposed to the virus within the EU/EEA than in previous months.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).

- **Strive towards high-quality surveillance**, and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.
- **Increase the clinical awareness of health professionals.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of sub-optimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with underserved populations.** Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies, to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)' published in February 2024 and the conclusions of that remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles is available in the Threat Assessment Brief, '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)', published on 15 February 2024.

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

7. Autochthonous dengue cases – Spain – 2024

Overview:

Summary

On 9 September 2024, the Catalan Public Health Agency published a [press release](#) about the detection of five non-travel-associated dengue cases in Tarragona province. According to the press release, three cases showed symptoms while the other two didn't. In addition, two of the three symptomatic cases were hospitalised. Investigations to determine further suspected cases are still ongoing.

Background

Non-travel-associated dengue cases have been [reported in Spain since 2018](#). As of 2024, 21 non-travel-associated dengue cases have been reported in Spain from the Catalonia region, Murcia region or province of Cadiz, and Ibiza.

ECDC assessment:

These are the first autochthonous cases detected in Spain in 2024. Non-travel-associated dengue cases have been reported in Spain since 2018, and the *Aedes albopictus* vector is present in the area. Therefore, this outbreak is not unexpected.

In addition to Spain, both France [[2024-EVD-00023](#)] and Italy [[2024-EVD-00033](#)] reported autochthonous dengue cases in 2024.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of the region. Currently, the risk of autochthonous dengue transmission in previously affected areas is considered high.

More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA, and in ECDC's [dengue](#) factsheet.

Actions:

Local health authorities have taken specific measures in the area to prevent the potential spread of the disease in line with the National Plan for the Prevention, Detection, and Control of Vector-Borne Diseases and the Protocol for the Surveillance and Control of mosquito-borne arboviruses in Catalonia. They are actively searching for new cases in the places where the affected individuals may have been exposed to mosquitoes in the last two weeks before the onset of symptoms (home and workplace). Also, mosquito control services are undertaking entomological inspections to identify possible transmission sources. Healthcare providers have been alerted to identify suspected cases among people who live in or visited the affected area.

Public health authorities, together with the local authorities in the municipalities where these people stayed during the viraemic period, are reinforcing mosquito prevention and control measures and raising awareness among the population about protective recommendations against the disease. Measures to prevent disease transmission through blood and its components, organs and tissue donation have been implemented.

ECDC continues monitoring locally acquired dengue cases in the EU/EEA. Countries are asked to report autochthonous cases through EpiPulse.

Last time this event was included in the Weekly CDTR: -

8. Locally acquired dengue infection in Italy – 2024

Overview:**Background**

On 22 August, the Local Health Authority IRCCS of Reggio Emilia [reported](#) the first autochthonous case of dengue in Italy in 2024. The case was diagnosed in the Municipality of Albinea (Reggio Emilia province, Emilia-Romagna region). The case had an onset of symptoms on 13 August 2024. The case has no recent travel history abroad, but was epidemiologically linked to two returning symptomatic travellers from Thailand. According to the Local Health Agency, the patient is in good health. Dengue virus serotype 3 was detected by PCR in the diagnostic specimen from the case. In the wake of the report of the suspected cases, an extraordinary disinfection protocol was immediately activated, in collaboration with the municipality of Albinea, in the areas where the cases stayed.

On 11 September, another (unrelated) autochthonous dengue case was reported by Italian authorities in Brescia province, in the region of Lombardy. Dengue virus 1 (DENV1) infection was diagnosed on 8 September (PCR positive in blood and urine) in a patient with onset of symptoms on 27 August. Vector monitoring and control has been activated around the case's residence and epidemiological investigations are ongoing, according to the Italian response plan.

ECDC assessment:

In addition to Italy, France and Spain also reported autochthonous dengue cases in Europe in 2024.

In 2023, Italy reported 82 human dengue cases, which was the highest number of autochthonous cases in the EU/EEA in this century to date. In 2020, Italy reported 10 cases.

In Europe, the dengue virus is transmitted by the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of Europe.

In the past, local outbreaks of dengue have been reported by France, Italy, Spain and Croatia. More information is available on ECDC's dedicated webpage on autochthonous transmission of [dengue](#) virus in the EU/EEA and in ECDC's [dengue](#) factsheet.

Actions:

Investigations are ongoing and vector control measures have been triggered as per the national arbovirus prevention and control plan.

ECDC continues monitoring locally acquired dengue cases in the EU/EEA. Countries are asked to report autochthonous cases through EpiPulse.

Last time this event was included in the Weekly CDTR: -

9. Oropouche virus disease – Multi-country (Americas) – 2024

Overview:

Update

Since the previous update including data until epidemiological week 29 (ending 20 July 2024) and as of epidemiological week 35 (ending 31 August 2024), 1 774 new confirmed OROV disease cases have been [reported in the Americas](#) from Brazil (647), Peru (640), Cuba (432) and the Dominican Republic (33). In addition, 22 new imported OROV disease cases with travel history to Cuba have been detected from the US (21) and Canada (1).

No new OROV disease-associated deaths have been reported between epidemiological week 29 (ending 20 July 2024) and epidemiological week 35 (ending 31 August 2024).

Confirmed OROV disease cases reported in the Americas continue to show a decreasing trend over the past weeks, which is consistent with the overall trend observed in most of the countries reporting confirmed OROV disease cases in the region.

In 2024, and as of epidemiological week 35 (ending 31 August), 9 852 cumulative confirmed OROV cases have been reported in the Americas from Brazil (7 931), Peru (930), Cuba (506), Bolivia (356), Colombia (74) and the Dominican Republic (33). Of these, two OROV disease-associated deaths have been reported from Brazil. In addition, 22 imported OROV disease cases have been detected from the US (21) and Canada (1).

Summary

In February 2024, the Pan American Health Organization (PAHO) [issued an epidemiological alert](#) due to an unusual increase in the detection of OROV disease cases in the Americas. An unusual frequency of OROV disease cases was recorded between December 2023 and early January 2024 in Brazil, Colombia and Peru. Following this epidemiological alert, further OROV disease cases have been reported in the Americas from Cuba ([May 2024](#)), the Dominican Republic ([August 2024](#)) and Bolivia. Some of these countries reported confirmed OROV disease cases for the first time ever.

Imported cases of OROV disease have been detected in the US, Canada and the [EU/EEA](#).

In July 2024, cases of presumed OROV vertical transmission have been [documented in Brazil](#). These concerned infected pregnant women who experienced miscarriages during the gestational period and births with congenital anomalies. A total of 11 foetal deaths have been [reported from Brazil](#).

Background

Oropouche virus disease is a zoonotic disease caused by the Oropouche virus (*Orthobunyavirus oropoucheense*). Outbreaks of Oropouche virus disease have been [reported in humans](#) in several countries in South America (e.g. Brazil, Peru, Argentina, Bolivia, Colombia) and the Caribbean (e.g. Panama, Trinidad and Tobago). The principal vector of the virus is the *Culicoides paraensis* midge, which is widely distributed in the Americas but absent in Europe. Other possible vectors of OROV include the mosquito spp. *Coquillettidia venezuelensis*, *Mansonia venezuelensis*, *Culex quinquefasciatus* and *Aedes serratus*.

In humans, OROV infection may manifest as an acute febrile illness (with headache, nausea, vomiting, muscle and joint pains), occasionally with more severe symptoms (e.g. haemorrhages and meningitis). Although no direct human-to-human transmission of the virus has been documented, vertical transmission has been suspected with severe outcomes for the foetus. Evidence on the prevalence and severity of pregnancy complications is currently lacking.

Fatalities associated with OROV were [reported](#) from Brazil in 2024.

ECDC assessment:

The likelihood of infection for EU/EEA citizens travelling to or residing in areas where transmission is ongoing or has been reported is currently assessed as moderate, considering the relatively high (though decreasing) number of cases reported in the Americas and the unknown situation in Cuba, where most of the cases have been imported from into the EU since June 2024. This is provided that travellers follow the instructions of public health authorities on the use of personal protection measures against midge and mosquito bites. The likelihood of infection may increase if travellers visit the more affected municipalities in the northern states of Brazil and/or the Amazon region, especially if personal protective measures are not followed. The likelihood of travellers being infected is further influenced by the current epidemiological situation at the location visited (e.g. rural/natural areas versus urban areas) and the seasonality of the disease. The impact is assessed as low for the general population, as complications seem to be rare, although they cannot be ruled out. The risk of OROV disease for EU/EEA citizens travelling to affected countries in the Americas is therefore assessed as moderate.

Recent data indicate the possibility that OROV infection in pregnant women may lead to miscarriage, abortion and/or developmental problems and deformities of the foetus. Other orthobunyaviruses that are closely related genetically (e.g. the Schmallenberg virus, the Akabane disease virus) can cause abortions and foetal deformities in animals. However, these viruses have never been shown to infect humans. Nevertheless, given the experiences in ruminants, it would not be completely unexpected for the fetopathic effects of OROV infections shown in recent data to be confirmed over time. Therefore, the impact of OROV infection for pregnant women, fetuses and newborns could be higher than for the general population, although this is still under investigation.

The likelihood of human exposure to OROV in the EU/EEA is considered very low, despite the expected importation of further travel-associated OROV disease cases, as the competent vectors commonly described in the Americas are absent from continental Europe and, to date, no secondary transmission has been reported.

However, the possibility of the virus being transmitted by other vectors present in Europe cannot be ruled out. The impact of infection is considered low for the general population, as complications are rare. Therefore, the risk of locally acquired OROV disease in the EU/EEA is low.

Actions:

ECDC is monitoring this event through epidemic intelligence activities and will report if new relevant epidemiological information becomes available.

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

10. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Since the start of 2024, and as of 11 September 2024, human cases of WNV infection have been reported to TESSy by 11 EU/EEA countries and five EU-neighbouring countries. In the EU/EEA, Austria, Bulgaria, Croatia, Hungary, Romania, France, Germany, Italy, Greece, Slovenia and Spain reported WNV infections. From EU-neighbouring countries, Albania, Kosovo*, North Macedonia, Serbia and Türkiye reported WNV infections. In total, 142 NUTS3/GAUL1 regions across 16 countries have reported locally acquired WNV cases. For detailed information on places of infection, please refer to ECDC's [weekly update](#) and [dashboard](#).

The latest [monthly epidemiological update](#) on WNV infections, covering data up to 4 September 2024, was published on 13 September 2024. In 2024 so far, 15 countries in Europe have reported 715 locally acquired human cases of WNV infection. The earliest and latest dates of onset were on 1 March and 29 August 2024, respectively. Locally acquired cases were reported by Italy (287), Greece (138), Albania (74), Spain (54), Hungary (43), Romania (42), Serbia (27), Austria (18),

France (15), Türkiye (7), Croatia (3), Bulgaria (2), Germany (2), Kosovo (2) and North Macedonia (1). In Europe, 51 deaths were reported by Greece (17), Albania (13), Italy (10), Spain (4), Romania (3), Bulgaria (2), France (1) and Serbia (1). In addition, Slovenia reported three human cases of WNV infection through EpiPulse in the Pomurska and Podravska regions. These cases had not been reported through TESSy by 4 September and are therefore not included in this monthly WNV report.

Case numbers reported this year are above the mean monthly case count of the past 10 years. For instance, during the same period in 2023, 445 cases had been reported. Numbers are, however, lower than in 2018, when 1 048 cases had been reported by this time of year.

All 15 countries (plus Slovenia) had reported human cases of WNV infections in the past. However, Albania, Kosovo, Slovenia, and Türkiye had not reported any human cases in the past four to five years. In Albania, the current outbreak is the largest outbreak of WNV infections among humans detected in the country.

So far, 126 regions across 15 countries reported locally acquired human cases of WNV infection this year, compared to 103 regions in 2023 and 119 regions in 2018 during the same period. The following regions reported locally acquired human cases of WNV infection for the first time ever: Berat, Elbasan, Kavaje, Kucove, Kurbin, Lushnje, Vlore and Mallakaster in Albania; Gard and Guadeloupe in France; Bautzen in Germany; Thesprotia in Greece; Barletta-Andria-Trani, Benevento and Chieti in Italy; Prizren and Prishtinë in Kosovo; Pološki in North Macedonia; and Bursa in Türkiye. In addition, human cases of WNV infection were reported for the first time in the region of Podravska, Slovenia.

As observed in previous years, most cases are among people aged above 65 years. Severity indicators are comparable to those observed in previous years, with 94% of cases hospitalised, case fatality of 8% and neurological manifestations in 67% of cases. The dominance of neurological cases is expected, as cases with more severe symptoms are more likely to be diagnosed.

In addition, travel-associated cases from outside Europe were reported in travellers arriving from India, Kenya, Morocco, Oman, Tunisia, Uganda, the United Arab Emirates and the United States.

From the veterinary perspective, 114 WNV outbreaks among equids and 198 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Germany (31), Spain (20), Austria (18), Hungary (18), Italy (13), France (12), Greece (1) and Portugal (1). Outbreaks among birds have been reported by Italy (147), Germany (29), Austria (14), Spain (4), Bulgaria (2), France (1) and Poland (1). The earliest and latest dates of start of an outbreak among birds and/or equids were respectively on 2 April and 30 August 2024.

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.*

ECDC assessment:

In 2024, several European countries are experiencing an intense WNV transmission season.

Given the favourable weather conditions for WNV transmission in Europe, additional human cases are expected in the coming weeks. In previous years, the peak of transmission was observed in August and September.

Due to the delay in diagnosis and reporting of WNV infection cases, as well as the fact that a majority of WNV infections remain asymptomatic or pauci-symptomatic, the case numbers provided in this report are below the actual number of cases.

Actions:

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

Last time this event was included in the Weekly CDTR: 6 September 2024

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
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 30 August 2024
- Mass gathering monitoring – Olympic and Paralympic Games – France – 2024 – Weekly Monitoring - last reported on 30 August 2024
- Human cases of swine influenza A(H1N1) virus variant - Multi-country - 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 and II – Global outbreak – 2024 - last reported on 30 August 2024
- Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024 - last reported on 30 August 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 23 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
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 August 2024
- Human cases of swine influenza A(H3N2) variant virus – Multi-country - last reported on 16 August 2024
- Chandipura virus disease – India – 2024 - last reported on 16 August 2024
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 13 September 2024
- Oropouche virus disease – Multi-country (Americas) – 2024 - last reported on 13 September 2024
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024 - last reported on 13 September 2024
- Autochthonous dengue cases – Spain – 2024 - last reported on 13 September 2024
- Locally acquired dengue infection in Italy – 2024 - last reported on 13 September 2024
- Risk assessments under production - last reported on 09 August 2024
- SARS-CoV-2 variant classification - last reported on 06 September 2024

**This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.*