WEEKLY BULLETIN

Communicable Disease Threats Report

Week 16, 16–22 April 2023

Today's disease topics

1. Weekly Summary

Influenza A(H5N1) - Multi-country (World) - Monitoring human cases

- Genomic analysis provided for the case in Chile - the virus was identified as having a clade 2.3.4.4b - similar to one circulating in wild birds in South America.
- No human-to-human transmission reported to date and assessment remains the same.
- Overall, 874 human cases with avian influenza A(H5N1), including 458 deaths (CFR: 52.4%), have been reported in 23 countries since 2004.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be low. The risk to occupationally exposed groups such as cullers has been assessed as low to medium.

Marburg virus disease - Equatorial Guinea - 2023

- On 18 April 2023, according to WHO, one new case of Marburg virus disease (MVD) was reported in a health worker from Bata district, Litoral province.
- As of 18 April 2023, there are 16 laboratory-confirmed and 23 probable Marburg virus disease (MVD) cases reported in Equatorial Guinea.
- Epidemiological surveillance and contact tracing efforts are ongoing. The average follow-up rate of contacts according to WHO is 80-90%.
- WHO and partners are supporting Equatorial Guinea and neighbouring countries.

Marburg virus disease - Tanzania - 2023

- As of 8 April 2023, there have been eight confirmed MVD cases in the country, including five deaths.
- The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are being carried out.

COVID-19 associated with SARS-CoV-2 - Multi-country (EU/EEA) - 2019 - 2023

- In week 15 (ending 16 April 2023), overall there were decreasing or stable trends observed in most of the EU/EEA indicators. Overall, values of reported indicators remain low to moderate relative to the pandemic maximum.
- Cumulative uptake of a first booster was 65.4% (country range: 11.3–87.1%) among adults aged 18 years and older, 84.9% (country range: 13.3–100.0%) among people aged 60 years and older and 54.8% (country range: 9.2–75.8%) in the total population. Cumulative uptake of a second booster was 17.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older and 14.3% (country range: 0.2–33.7%) in the total population.
- The estimated distribution of variants of concern (VOC) or of interest (VOI) was 56.7% (56.5–82.2% from three countries) for XBB.1.5, 20.3% (2.4–32.2% from three countries) for XBB, 10.5% (4.6–19.8% from three countries) for BA.2.75, 3.8% (2.8–5.6% from three countries) for BQ.1, 0.4% (0.2–0.4%, nine detections from three countries) for BA.5 and 0.2% (0.1–0.2%, three detections from two countries) for BA.2.

Influenza – Multi-country – Monitoring 2022/2023 season

- The seasonal epidemic activity threshold of 10% positivity in sentinel specimens was first crossed in week 45/2022.
- Following a peak at week 51/2022 with 39% positivity, influenza activity had been decreasing across the Region until week 4/2023 when it reached 22% positivity before rising again to fluctuate around 25% positivity between weeks 6 and 11/2023 before decreasing again to 10% positivity in week 15/2023.
- Overall this season, influenza A(H3) viruses have dominated in sentinel primary care specimens, however higher circulation of A(H1)pdm09 and type B viruses was observed starting from week 50/2022 and week 2/2023, respectively. A similar prevalence of A(H1)pdm09 and A(H3) viruses was detected in non-sentinel specimens.
- Both influenza type A and type B viruses have been detected in hospitalized patients in ICU and other wards and influenza A(H1)pdm09 viruses have dominated among SARI patients.
- Virus type and subtype prevalence by country and surveillance system has been variable across the season.
- The B/Yamagata viruses sporadically detected and reported by different countries have been further investigated and were proven to be LAIV infections.

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

- On 2 February 2023, the Polio IHR Emergency Committee stated that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern (PHEIC) and recommended the extension of Temporary Recommendations for a further three months.
- Since the last update, in 2023, no new cases of AFP caused by wild poliovirus (WPV1) have been reported.
- In 2023, and as of 18 April 2023, 17 cases of AFP caused by cVDPV1 have been reported from three countries: DRC (9), Madagascar (5), and Mozambique (3).
- Since the last update, two new countries reported cases of AFP caused by cVDPV2 with date of onset of symptoms in 2023: Central African Republic (CAR) (5) and DRC (14).

2. Influenza A(H5N1) - Multi-country (World) - Monitoring human cases

Overview:

Update: On 17 April 2023, the US CDC provided information on the genomic analysis of the samples from the first human infected with avian influenza A(H5N1) in Chile. Identified close contacts tested negative, so no further spread of the virus was observed. No human-to-human transmission is detected to date. The risk assessment remains the same - low risk for infection in humans.

The detected virus was identified as having a clade 2.3.4.4b and was determined to be the same genotype as circulating in wild birds in South America. No reassortment of the viral genes was identified. Mutations in the HA are not expected to change the antigenic properties and it is expected that the proposed A/Astrakhan/3212/2020-like vaccine virus would produce cross-reactive antibodies. Similarly, no mutations affecting the susceptibility to available antiviral compounds have been identified in the virus.

Two markers for mammal adaptation have been detected in the PB2 gene (PB2 D701N and Q591K) which have been described to improve the replication and impact pathogenesis in mammals and are assumed to have been acquired after infection within the human host. The exact source and way of transmission to this case is under investigation.

Summary:

Globally, as of 19 April 2023, there have been 874 human cases*, including 458 deaths (case-fatality rate: 52.4%), of human infection with avian influenza A(H5N1) reported in 23 countries since 2004. To date, no human-to-human transmission has been detected.

***Note:** includes two asymptomatic cases reported in 2022 from Spain with suspected environmental contamination (Eurosurveillance, 2023).*

Sources: ECDC Avian influenza, ECDC Avian influenza overview: Latest situation update of the avian influenza in EU/EEA, the Ministry of Health of Chile, WHO PAHO briefing, the US CDC

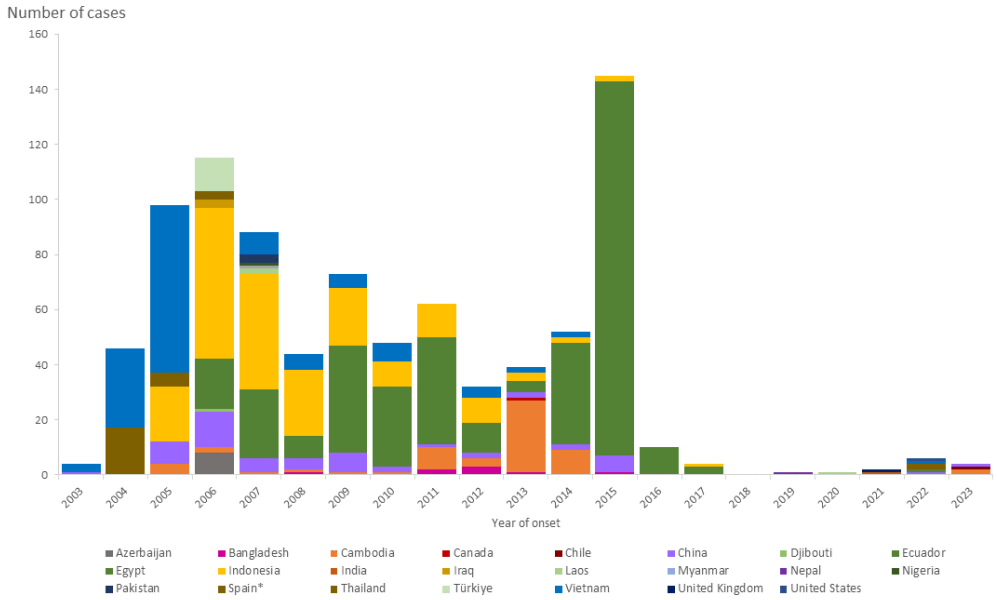
ECDC assessment:
Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be low. The risk to occupationally exposed groups such as cullers has been assessed as low to medium. Direct contact with infected birds or a contaminated environment is the most likely source of infection and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk. The recent severe cases in Asia and South America in children and people exposed to infected sick and dead backyard poultry underline the risk associated with unprotected contacts with infected birds in backyard farm settings and suggests the appropriate use of personal protective equipment.

Actions:
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. ECDC, together with EFSA and the EU reference laboratory for avian influenza, produces a quarterly updated report of the avian influenza situation. The most recent report was published in March 2023.

Maps and graphs

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N1) virus infection by year of onset and country, 2003–2023 (updated on 19 April 2023, n=874)



***Note**: includes two asymptomatic cases reported in 2022 from Spain with suspected environmental contamination (Eurosurveillance, 2023).*

Source: ECDC

3. Marburg virus disease - Equatorial Guinea - 2023

Overview:

Update:
On 18 April 2023, the **World Health Organization (WHO)** reported that one new case of Marburg virus disease (MVD) was detected in a health worker from Bata district, Litoral province who was under monitoring following exposure to a previous MVD case. The health worker is currently receiving treatment. Since the start of the outbreak, there have been 16 laboratory-confirmed cases, and 23 probable cases. Of the 15 laboratory confirmed cases with a known outcome, 11 have died (case fatality rate (CFR) 73%).

Summary: On 8 February 2023, the **Ministry of Health of Equatorial Guinea** published an epidemiological alert regarding an unknown disease-causing haemorrhagic fever in two neighbouring communities in the district Nsok Nsomo, in the province of Kié-Ntem. On 13 February 2023, **Equatorial Guinea** confirmed the first MVD outbreak in the country. The **index case** died in **early January 2023** and the Ministry of Health of Equatorial Guinea was notified on 7 February 2023.

According to the **Ministry of Health of Equatorial Guinea**, as of 18 April 2023, 16 confirmed MVD cases, including 11 deaths, had been reported from four districts in four provinces: Ebibeyin, Kie Ntem province (three cases, including two deaths); Evinayong, Centro Sur province (two cases including two deaths); Nsork, Wele-Nzas province (one case, including one death); Bata, Litoral province (ten cases, including six deaths). Of the **15 confirmed cases** for which information is known, nine are female and six are male, and 40% are between 30-44 years old. Five of the confirmed cases are health workers, two of whom have died. According to the latest **Disease Outbreak News item**, published on 15 April 2023 by WHO, the average follow-up rate of contacts is around 80-90%.

On 14 February 2023, during an **emergency meeting of the Marburg virus vaccine consortium (MARVAC)**, the **World Health Organization** representative for Equatorial Guinea reported that epidemiological surveillance in the country was increasing, including intensified contact tracing. A 30-day response plan was also being developed to assess the needs and impact of the current situation.
The National Technical Committee of Health Emergencies is **working** closely with the Ministry of Health and Social welfare to coordinate and strengthen disease control and prevention. **WHO** and its **partners** are supporting Equatorial Guinea and **neighbouring countries**.

Marburg virus disease is a severe disease in humans caused by *Marburg marburgvirus*, with a case **fatality ratio of up to 88%**. Although MVD is uncommon, the virus has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.
Since 1967, when MVD was first detected, approximately **600 MVD cases** have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania, and Uganda.

Please refer to ECDC's **factsheet** about MVD for additional information.

ECDC assessment:
This is the first MVD outbreak to occur in Equatorial Guinea.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in the affected areas in Equatorial Guinea is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or residing in Equatorial Guinea is currently very low.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low.

Direct contact with blood and other body fluids of infected people or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. Furthermore, habitats that may be populated by bats, such as caves or mines in areas where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat should be avoided.

Actions:
ECDC is in contact with partners and is monitoring this event through its epidemic intelligence activities and will report when relevant information is available.

4. Marburg virus disease - Tanzania - 2023

Overview:
On 17 March 2023, the Ministry of Health of the Republic of Tanzania reported seven people affected by an undiagnosed disease in Kagera, northern Tanzania, including five deaths and two people treated at hospital. The affected individuals presented with symptoms of fever, vomiting, bleeding from various parts of their body, and kidney failure. An investigation was initiated to determine the cause of the outbreak.

On 21 March 2023, according to Africa Centres for Disease Control and Prevention (Africa CDC), the Ministry of Health confirmed an outbreak of Marburg virus disease (MVD) in the Bukoba district in the Kagera region of northwest Tanzania. As of 8 April 2023, according to the WHO AFRO bulleting for week 15 (3-9 April 2023), the cumulative number of MVD cases reported in Tanzania was eight including five deaths (case fatality rate: 62.5%). All cases were reported from Bukoba district in Kagera region. Two of the cases were healthcare workers; one has died and one is still in treatment. Of the three survivors one has been discharged. Overall, 212 contacts including 89 healthcare workers had been identified and 173 of all contacts (81.6%) had completed follow up.

This is the first reported outbreak of MVD in Tanzania. The Kagera region borders Uganda, Rwanda, and Burundi. The population in this region is highly mobile, creating the risk of cross-border spread. MVD outbreaks have been previously reported in Uganda in regions neighbouring the currently affected area in Tanzania, which is remote, not densely populated, and not often frequented by tourists.

The Ministry of Health of Tanzania has sent a rapid response team to the affected area. Contact tracing, case management, and risk communication are occurring. Africa CDC, and WHO are also assisting the Ministry of Health with the deployment of teams of experts. On 21 March 2023, during a press conference, a WHO representative emphasised the internal capacity and preparedness of Tanzania to manage the situation and stated that WHO is committed to supporting the Tanzanian government in their response.

Marburg virus disease is a severe disease in humans caused by Marburg marburgvirus, with a case **fatality ratio of up to 88%**. Although MVD is uncommon, the virus has the potential to cause epidemics with significant case fatality rates. All recorded MVD outbreaks have originated in Africa.

Since 1967, when MVD was first detected, approximately **600 MVD cases** have been reported in outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania and Uganda.

Please refer to the ECDC **factsheet** about MVD for additional information.

ECDC assessment:
This is the first MVD outbreak to occur in Tanzania.

Although the disease is severe with a high fatality rate, the likelihood of exposure and infection by MARV for EU/EEA citizens travelling or residing in the Kagera region of Tanzania is currently very low. As a result, the risk of infection by MARV for EU/EEA citizens travelling or residing in the affected region is currently very low, provided they adhere to the recommended precautionary measures.

The most likely route of introduction of MARV into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, it is currently very unlikely to occur. Should a case be imported nonetheless, the likelihood of the spread of the virus within the EU/EEA is considered to be very low.
Direct contact with blood and other body fluids of infected people, or indirect contact with contaminated surfaces and materials like clothing, bedding, and medical equipment should be avoided. It is advisable to avoid habitats that may be populated by bats, such as caves or mines in areas/countries where MVD has been reported, as well as any form of close contact with wild animals, including monkeys, forest antelopes, rodents, and bats, both alive and dead, and the manipulation or consumption of any type of bushmeat.

Actions:
The ECDC epidemic intelligence team is closely monitoring this event through its epidemic intelligence activities and will update this EpiPulse item as soon relevant information is available.

5. COVID-19 associated with SARS-CoV-2 - Multi-country (EU/EEA) - 2019 - 2023

Overview:

Summary:
At the pooled EU/EEA level, the epidemiological picture over the past 12 months since the initial large Omicron peak has been characterised by periodic waves of infection, approximately every 2–3 months. There has been a general downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions, and deaths in this period.

By the end of week 15 (ending 16 April 2023), decreasing or stable trends were observed in all EU/EEA indicators based on pooled country data. The pooled COVID-19 death rate decreased compared to the previous week, with 654 deaths reported from 24 countries.

There is some variation in country-level trends across the EU/EEA with increasing trends reported by a limited number of countries. Overall, values of reported indicators remain low to moderate relative to the pandemic maximum. The key indicator section provides a detailed overview of country and EU-level indicators and trends.

The cumulative uptake of a first booster was 65.4% (country range: 11.3–87.1%) among adults aged 18 years and older, 84.9% (country range: 13.3–100.0%) among people aged 60 years and older and 54.8% (country range: 9.2–75.8%) in the total population. The cumulative uptake of a second booster was 17.4% (country range: 0.2–42.0%) among adults aged 18 years and older, 35.5% (country range: 0.4–86.8%) among people aged 60 years and older and 14.3% (country range: 0.2–33.7%) in the total population.

Among the three countries with an adequate volume of sequencing or genotyping for weeks 13–14 (27 March to 9 April 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 56.7% (56.5–82.2% from three countries) for XBB.1.5, 20.3% (2.4–32.2% from three countries) for XBB, 10.5% (4.6–19.8% from three countries) for BA.2.75, 3.8% (2.8–5.6% from three countries) for BQ.1, 0.4% (0.2–0.4%, 9 detections from three countries) for BA.5 and 0.2% (0.1–0.2%, 3 detections from two countries) for BA.2.
For the latest COVID-19 country overviews, please see the dedicated web page.

Weekly update on SARS-CoV-2 variants:
Since the last update on 5 April 2023 and as of 20 April 2023, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and De-escalated variants:

- XAY, XBC and BN.1 were removed from the list of variants under monitoring and added to the list of de-escalated variants. This decision was taken due to the very low number of recent detections of these variants and the consistent decreasing trends observed over the last eight weeks, suggesting that these variant are not having a large impact on the EU/EEA SARS-CoV-2 variant landscape.

For the latest information about variants, please see ECDC's webpage on variants.

Public Health Emergency of International Concern (PHEIC):
On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constituted a PHEIC. On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic.
The third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh, twelfth, thirteenth, and fourteenth International Health Regulations (IHR) Emergency Committee meetings for COVID-19 were held in Geneva on 30 April 2020, 31 July 2020, 29 October 2020, 14 January 2021, 15 April 2021, 14 July 2021, 22 October 2021, 13 January 2022, 11 April 2022, 8 July 2022, 13 October 2022, and 27 January 2023 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

For the latest COVID-19 country overviews, please see the dedicated web page.

Please refer to the data reported by the World Health Organization (WHO) on COVID-19 and WHO's Weekly Epidemiological Updates and Monthly Operational Updates page for non-EU/EEA countries.

ECDC assessment:
SARS-CoV-2 continues to circulate in EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every 2-3 months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions, and deaths in this period. Emergence of new variants of concern or waning of population immunity over time may impact the future epidemiological situation.

For the most recent risk assessment, please visit ECDC's dedicated webpage.

Actions:
Detailed country-specific COVID-19 updates are available on ECDC's website. For the latest update on SARS-CoV-2 variants of concern, please see ECDC's webpage on variants.

For EU/EEA and country-specific epidemiological trends and forecasts, visit our Country Overview Report (updated Fridays). In addition to actions described in our latest COVID-19 risk assessments, on 05 April 2023 ECDC published Interim public health considerations for COVID-19 vaccination roll-out during 2023 to support countries with vaccination strategy decision-making. This guidance aims to offer advice on the optimal timing and targeting of vaccination campaigns in order to limit the continued burden of disease experienced by the elderly and those with comorbidities. It complements the Long-term qualitative scenarios guidance published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

6. Influenza – Multi-country – Monitoring 2022/2023 season

Overview:

Week 15/2023 (10 April-16 April 2023)

- The percentage of all sentinel primary care specimens from patients presenting with ILI or ARI symptoms that tested positive for an influenza virus decreased to 10% in week 15/2023 from 15% in the previous week and returning at the epidemic threshold (10%).
- 6 of 38 countries or areas reported medium intensity and 13 of 37 countries across the Region reported widespread activity.
- Of the 28 countries that reported sentinel primary care specimen influenza virus positivity above the 10% epidemic threshold, no countries reported activity above 40%.
- Influenza type A and type B viruses were detected in sentinel and non-sentinel surveillance, with influenza type B predominating in both systems.
- Hospitalized patients with confirmed influenza virus infection were reported from ICU (with higher proportions of type B viruses) and SARI surveillance (with higher proportions of type B viruses). Two countries or areas reported influenza virus positivity rates above 10% in SARI surveillance (Lithuania and North Macedonia).

Source: Flu News Europe

ECDC assessment:
Following a peak at week 51/2022, influenza activity had been decreasing across the Region until week 4/2023 when it reached 22% positivity, before rising again to fluctuate around 25% positivity between weeks 6 and 11/2023 and then falling to 10% positivity in week 15/2023.

Actions:
ECDC and WHO monitor influenza activity in the WHO European Region. Data are available on the **Flu News Europe** website.

7. Poliomyelitis - Multi-country (World) - Monitoring global outbreaks

Overview:
Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops and the world becomes polio-free. On 5 May 2014, polio was declared a public health emergency of international concern (PHEIC) by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. On 2 February 2023, the **34th meeting** of the Polio Emergency Committee under the International Health Regulations (2005) was held to discuss the international spread of poliovirus and it was agreed this remains a PHEIC and they recommended the extension of Temporary Recommendations for a further three months.

In June 2002, the WHO European Region was officially declared polio-free.

Update:
Wild poliovirus (WPV1)
Since 21 March 2023 and as of 18 April 2023, no new cases of AFP caused by wild poliovirus (WPV1) have been reported.

Circulating vaccine-derived poliovirus (cVDPV)
Since the previous update, the following cases of polio due to circulating vaccine-derived poliovirus (cVDPV) have been reported with the date of onset of symptoms in 2022:

- A total of 16 new cases of acute flaccid paralysis (AFP) caused by cVDPV1 have been reported from the Democratic Republic of the Congo (DRC) (15) and Mozambique (1).
- A total of 23 new cases of AFP due to cVDPV2 were reported from DRC.
- No new cases of AFP due to cVDPV3 have been reported.

Since the previous update, the following cases of polio due to cVDPV have been reported with the date of onset of symptoms in 2023:

- Twelve new cases of AFP caused by cVDPV1 have been reported from the DRC (9) and Mozambique (3).
- Two new countries have reported cases of AFP caused by cVDPV2: Central African Republic (CAR) and DRC. Twenty-three new cases of AFP caused by cVDPV2 have been reported from four countries: Benin (1), CAR (5), Chad (3), and DRC (14).
- No new cases of AFP due to cVDPV3 have been reported.

Summary:

Wild poliovirus

In 2022, and as of 18 April 2023, 30 cases of AFP caused by WPV1 have been reported. These have been reported from the two endemic countries, Pakistan (20) and Afghanistan (2), and one non-endemic country, Mozambique (8). One associated death has been reported in Pakistan.
In 2023, and as of 18 April 2023, one case of AFP caused by WPV1 has been reported in Pakistan with date of onset of symptoms in 2023.

Circulating vaccine-derived poliovirus (cVDPV)

With the date of onset of symptoms in 2022:
In 2022, and as of 18 April 2023, 173 cases of AFP caused by cVDPV1 have been reported from five countries: Congo (1), DRC (132), Mozambique (22), Madagascar (14), and Malawi (4).
Overall, in 2022, 657 cases of AFP caused by cVDPV2 have been reported from 20 countries: Algeria (3), Benin (11), Burundi (1), DRC (344), Cameroon (3), Central African Republic (5), Chad (44), Eritrea (1), Ethiopia (1), Ghana (3), Indonesia (1), Mali (2), Mozambique (4), Niger (15), Nigeria (48), Somalia (5), Sudan (1), Togo (2), United States of America (1), Yemen (162).

In 2022, one case of AFP caused by cVDPV3 was reported from Israel.

With the date of onset of symptoms in 2023:
In 2023, and as of 18 April 2023, 17 cases of AFP caused by cVDPV1 have been reported from three countries: DRC (9), Madagascar (5), and Mozambique (3).
In 2023, 32 cases of AFP caused by cVDPV2 have been reported from eight countries: Benin (2), CAR (5), Chad (5), DRC (14), Indonesia (3), Israel (1), Nigeria (1), Somalia (1).

In 2023, no cases of AFP caused by cVDPV3 have been reported.

Sources: Global Polio Eradication Initiative | ECDC | ECDC dashboard | WPV3 eradication certificate

ECDC assessment:
The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. One EU/EEA country (Romania) and three neighbouring countries (Bosnia and Herzegovina, Montenegro, Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity, according to the **European Regional Certification Commission for Poliomyelitis Eradication (RCC) report** published in February 2023, referring to data from 2021. According to the same report, eight EU/EEA countries are at an intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan and detection of WPV1 cases in Mozambique in 2022, genetically linked to a strain from Pakistan, shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the concerning outbreaks of circulating vaccine-derived poliovirus (cVDPV), which emerges and circulates due to lack of polio immunity in the population, illustrate the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of under-immunised populations. EU/EEA countries should review their polio vaccination coverage data and ensure there are no immunity gaps in the population and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors (>4 weeks) to countries categorised by WHO as having the potential risk of the international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions:

ECDC provides updates on the polio situation on a monthly basis. The Agency also monitors polio cases worldwide through its epidemic intelligence activities in order to highlight polio eradication efforts and identify events that increase the risk of wild poliovirus being reintroduced into the EU/EEA.

ECDC maintains a dashboard showing countries that are still endemic for polio and have ongoing outbreaks of cVDPV.