WEEKLY BULLETIN

Communicable Disease Threats Report

Week 23, 5–11 June 2023

Disease topics

1. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country
2. COVID-19 associated with SARS-CoV-2 – Multi-country (EU/EEA) – 2019–2023
3. Mpox Multi-country 2022–2023
4. Marburg virus disease – Equatorial Guinea – 2023
5. Marburg virus disease – Tanzania – 2023
6. West Nile virus One Health seasonal surveillance – 2023

Executive summary

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

- Since the previous update on 3 May 2023, and as of 7 June 2023, no new MERS-CoV cases and no related deaths have been reported by health authorities worldwide or by the World Health Organization (WHO).
- Since the beginning of 2023, and as of 7 June 2023, no MERS-CoV cases have been reported with date of onset in 2023 by health authorities worldwide or by WHO.

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

- By the end of week 22 (ending 4 June 2023), decreasing or stable trends were observed in EU/EEA indicators based on pooled country data in all age groups. This is a continuation of the pattern observed in recent weeks.
- Among the 15 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 20–21 (15 May to 28 May 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 92.9% (45.8–98.2% from 15 countries) for XBB.1.5, 3.9% (1.0–27.3% from 11 countries) for BA.2.75, 1.8% (0.2–5.0% from nine countries) for BQ.1, and 1.8% (1.2–36.9% from seven countries) for XBB.

Mpox Multi-country 2022–2023

- Since the last update on 4 May 2023, and as of 7 June 2023, two mpox cases have been reported from two EU/EEA countries: Belgium (1) and the Netherlands (1).
- Overall, 21 234 confirmed cases of mpox have been reported from 29 EU/EEA countries.

European Centre for Disease Prevention and Control, Solna, Sweden

www.ecdc.europa.eu

Marburg virus disease – Equatorial Guinea – 2023

- On 8 June 2023, the World Health Organization stated that the Marburg virus disease (MVD) outbreak in Equatorial Guinea has been declared over after 42 days passed since the last patient was discharged. On 7 June 2023, the Ministry of Health of Equatorial Guinea held a ceremony for the International Declaration Ceremony of the end of the Marburg virus disease epidemic in the Ngoló Congress Palace, Equatorial Guinea.
- The total number of confirmed MVD cases reported during the outbreak were 17, with 12 deaths, 23 probable cases were also reported.

Marburg virus disease – Tanzania – 2023

- On 2 June 2023, WHO released a Disease Outbreak News Item stating that the Ministry of Health of the United Republic of Tanzania declared the end of the Marburg virus disease (MVD) outbreak.
- Overall, during the outbreak, there were eight confirmed cases and one probable case, including six deaths (case-fatality rate (CFR) 66.7%). All cases were reported from the Kagera region.

West Nile Virus One Health seasonal surveillance – 2023

- This is the second weekly update of the 2023 WNV monitoring season.
- To date, no human cases have been reported.
- One outbreak in birds was reported in Italy.

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

Overview

Update: Since the previous update on 3 May 2023, and as of 7 June 2023, no new MERS-CoV cases and no related deaths have been reported by health authorities worldwide or by the World Health Organization (WHO).

Summary: Since the beginning of 2023, and as of 7 June 2023, no MERS-CoV cases have been reported with date of onset in 2023 by health authorities worldwide or by WHO.

Since April 2012, and asof 7 June 2023, a total of 2 613 cases of MERS-CoV, including 945 deaths, have been reported by health authorities worldwide.

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

ECDC Assessment

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

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

Actions

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

Figure 1. Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to May 2023

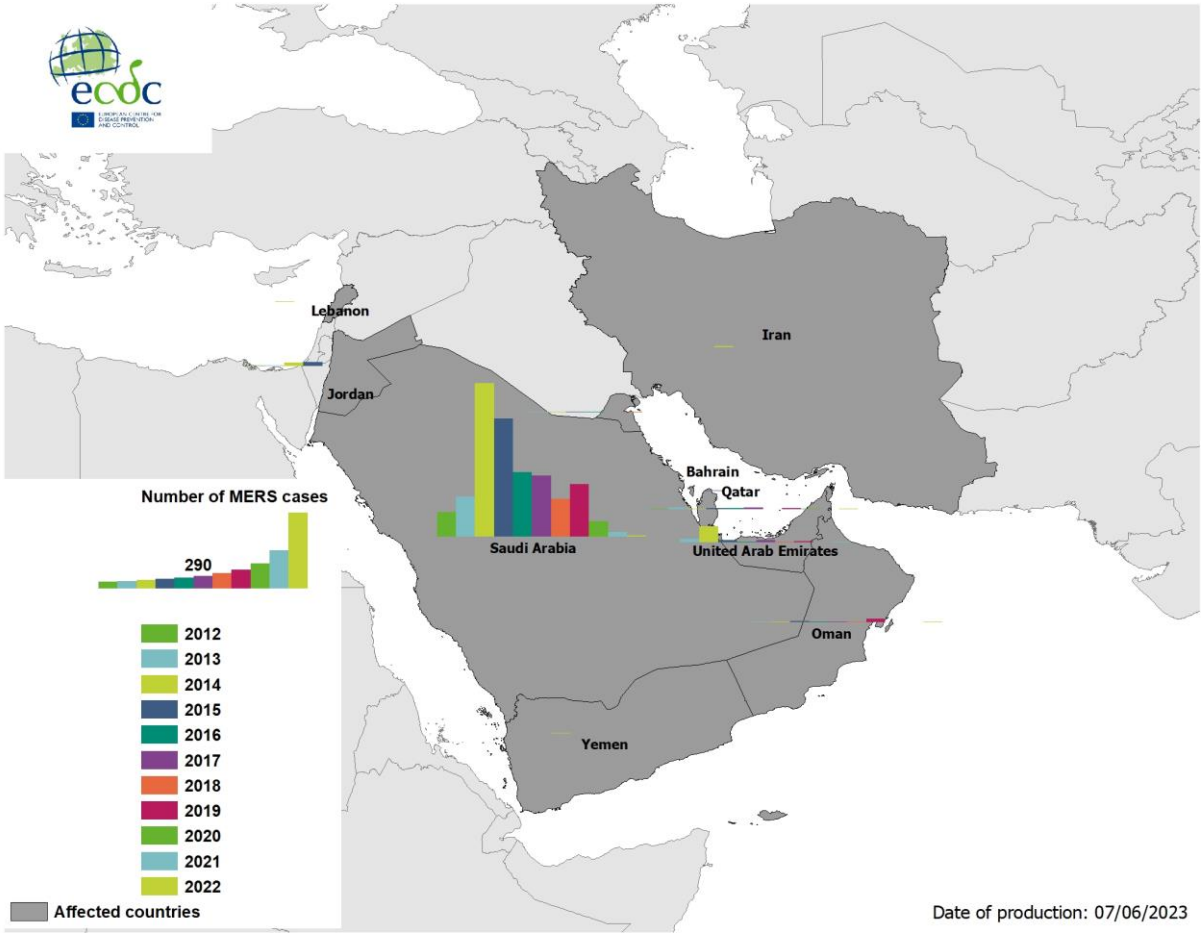
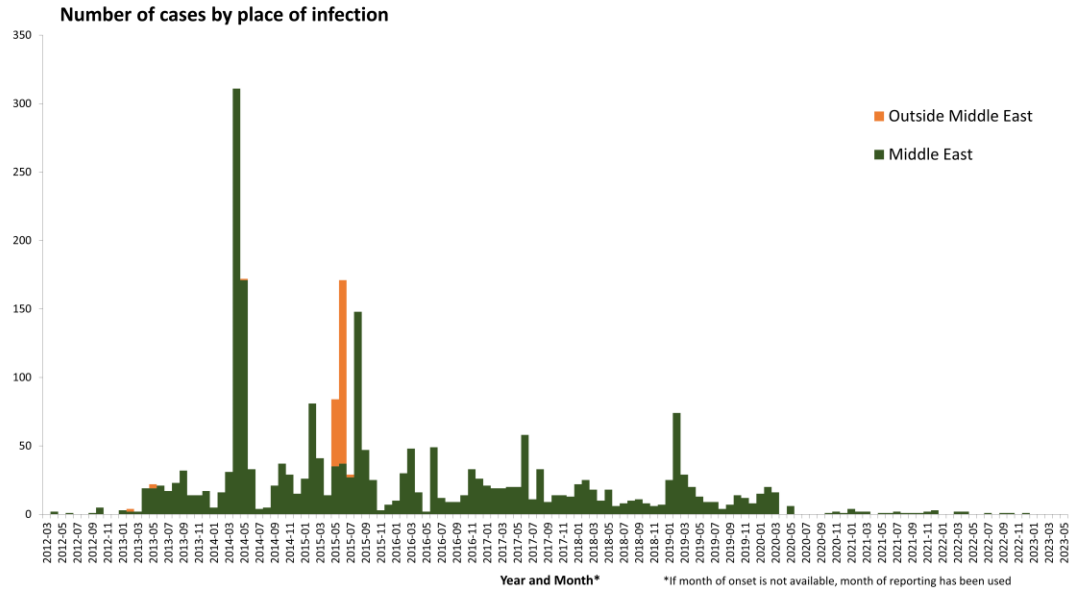


Figure 2. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012 – May 2023



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

Overview

Summary:

By the end of week 22 (ending 4 June 2023), decreasing or stable trends were observed in EU/EEA indicators based on pooled country data in all age groups. This is a continuation of the pattern observed in recent weeks.

There is some variation in country-level trends across the EU/EEA. Recent increasing trends were reported by a small number of countries. Out of 15 countries with data on hospital or ICU admissions/occupancy up to week 22, one reported an increasing trend in at least one of these indicators compared with the previous week. There were 336 deaths reported from 20 countries, out of which one country reported an increasing trend.

No country is predicted to see increases in the number of reported cases, hospital admissions, or deaths in the period up to 18 June, based on ensemble model forecasts.

Among people aged 60 years and above, the cumulative uptake of a first booster was 84.9% (country range: 13.3–100.0%), and of a second booster was 35.6% (country range: 0.4–86.9%).

Among the 15 countries reporting at least 10 results from SARS-CoV-2 sequencing or genotyping for weeks 20–21 (15 May to 28 May 2023), the estimated distribution of variants of concern (VOC) or of interest (VOI) was 92.9% (45.8–98.2% from 15 countries) for XBB.1.5, 3.9% (1.0–27.3% from 11 countries) for BA.2.75, 1.8% (0.2–5.0% from nine countries) for BQ.1, and 1.8% (1.2–36.9% from seven countries) for XBB.

ECDC has made a change to the way it reports information on variant distributions and sequencing volumes, to align with the Operational considerations for respiratory virus surveillance in Europe, better describe the variant detection ability of countries at current levels of sequencing, and include more data for describing variant proportions.

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 1 June 2023, and as of 9 June 2023, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring or deescalated variants.

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, 10th, 11th, 12th, 13th, and 14th 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.

In the 15th IHR Emergency Committee meeting held in Geneva on 4 May 2023, the WHO Director-General agreed with the advice offered by the Committee and determined that COVID-19 is no longer a public health emergency of international concern (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 the 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 two

to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions, and deaths in this period. The emergence of new variants of concern or the population immunity waning over time may impact the epidemiological situation in the future.

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 ECDC's Country Overview Report (updated on Fridays). In addition to actions described in the latest COVID-19 risk assessments, on 5 April 2023 ECDC published a guidance, 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 guidance, Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA published in August 2022 to support country preparedness activities in the post-acute phase of the COVID-19 pandemic.

3. Mpox Multi-country 2022–2023

Overview

Update:

Since the last update on 4 May 2023, and as of 7 June 2023, two mpox cases have been reported from two EU/EEA countries: Belgium (1) and the Netherlands (1).

Summary:

EU/EEA

Since the start of the mpox outbreak, and as of 7 June 2023, 21 234 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (7 559), France (4 146), Germany (3 676), the Netherlands (1 265), Italy (957), Portugal (949), Belgium (795), Austria (328), Sweden (260), Ireland (229), Poland (217), Denmark (196), Norway (95), Greece (88), Hungary (80), Czechia (71), Luxembourg (57), Romania (47), Slovenia (47), Finland (42), Malta (34), Croatia (33), Iceland (16), Slovakia (14), Estonia (11), Bulgaria (6), Latvia (6), Cyprus (5), and Lithuania (5).

Deaths have been reported from: Spain (3), Belgium (2), Czechia (1), and Portugal (1).

Western Balkans and Türkiye:

Since the start of the mpox outbreak, and as of 7 June 2023, 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 from Türkiye.

Disclaimer: data presented in this update are compiled from TESSy.

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** published weekly.

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of the World Health Organization (WHO) **declared** the global mpox outbreak a Public Health Emergency of International Concern (PHEIC). On 1 November 2022, **WHO** advised that the multi-country outbreak of mpox still met the criteria included in the definition of a PHEIC, as set out in Article 1 of the International Health Regulations (2005) (IHR). Following the advice of the International Health Regulations (2005) (IHR) Emergency Committee after their fourth meeting held on 9 February 2023, the PHEIC classification for the mpox outbreak would be maintained.

On 11 May 2023, WHO published a **statement** on the fifth meeting of the IHR Emergency Committee regarding the multi-country mpox outbreak. On the same day the WHO Director-General announced that he accepted the advice of the Committee and **declared** that mpox is no longer a global health emergency.

ECDC Assessment

The weekly number of mpox cases reported in the EU/EEA peaked in July 2022, and since then a steady declining trend has been observed, reaching a plateau with very low numbers since week 52, 2022.

Multiple factors have probably contributed to the decline, including efforts in risk communication and community engagement that have resulted in behavioural changes, increasing immunity in the most affected population groups due to natural immunity and vaccination, and a decrease in the number of large cultural and social events after the summer frequented by the main risk groups for this outbreak.

Based on evidence from the current outbreak and the declining number of new infections in the WHO European Region, the overall risk of mpox infection is assessed as moderate for men who have sex with men (MSM) and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include creating awareness among healthcare professionals and supporting sexual health services to continue case detection, contact tracing, and management of cases; continuing to offer testing for orthopoxvirus; vaccination strategies and continuing risk communication and community engagement, despite the decreasing number of cases.

Given the limitations in vaccine supplies, primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively. PPV strategies should prioritise gay, bisexual and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. 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 and will review the level of risk of mpox infection with the data that will be available in the coming weeks.

A rapid risk assessment, 'Mpox multi-country outbreak', was published on 23 May 2022, the first update 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.

For the latest updates, visit ECDC's mpox page.

ECDC offers laboratory support to Member States and collaborates with stakeholders on risk communication activities, such as targeted messaging for the general public and MSM communities. ECDC also provided guidance to countries hosting events during the summer months. ECDC offers guidance on clinical sample storage and transport, case and contact management and contact tracing, infection prevention and control (IPC) guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

4. Marburg virus disease – Equatorial Guinea – 2023

Overview

On 8 June 2023, the World Health Organization **stated** that the Marburg virus disease (MVD) outbreak in Equatorial Guinea was declared over. The last patient was discharged 42 days before. On 7 June 2023, the **Ministry of Health of Equatorial Guinea** held a ceremony for the International Declaration Ceremony of the end of the Marburg virus disease epidemic in Ngoló Congress Palace, Equatorial Guinea.

During the outbreak, 17 confirmed cases – including 12 deaths, four recoveries, and one case with an unknown outcome – were **reported**. In addition, 23 probable cases were reported, all of whom have died.

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**, and as of 1 May 2023, 17 confirmed MVD cases, including 12 deaths, were reported from four districts in four provinces: Ebibeyin, Kié-Ntem province (three cases, including two deaths); Evinayong, Centro Sur province (two cases, including two deaths); Nsok, Wele-Nzas province (one case, including one death); and Bata, Litoral province (11 cases, including seven deaths). Of the **16 confirmed cases** for which information was available, 10 are female and six are male, and 35% are between 30 and 44 years old. Five of the confirmed cases were healthcare workers, two of whom died. Additionally, 23 probable cases were **reported**, all of whom died.

The last confirmed case was **reported** on 20 April in Bata district, Litoral province. According to the latest **Disease Outbreak News item**, published on 8 May 2023 by WHO, there were no confirmed cases receiving care at the Marburg treatment centre since the last case was discharged on 26 April 2023.

On 7 June 2023, the **Ministry of Health of Equatorial Guinea** announced that, on the same day, the International Declaration Ceremony of the end of the Marburg virus disease epidemic will be held in the Ngoló Congress Palace, Equatorial Guinea. On 8 June 2023, the World Health Organization **published a news item** on the end of the outbreak after no cases were reported for 42 days after the last patient was discharged.

Marburg virus disease is a severe disease in humans caused by *Marburg marburgvirus* (MARV), 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 as a result of 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** on MVD for additional information.

5. Marburg virus disease – Tanzania – 2023

Overview

On 2 June 2023, **WHO** released a Disease Outbreak News Item stating that the Ministry of Health of the United Republic of Tanzania declared the end of the Marburg virus disease (MVD) outbreak after 42 days without any new probable or confirmed MVD case. The last confirmed MVD case was **reported** on 11 April 2023. Overall, from **21 March to 31 May 2023**, nine cases (eight laboratory-confirmed and one probable), including six deaths (five among the **confirmed cases** and one probable case) (case-fatality rate (CFR) 66.7%), were **reported** in this outbreak. All cases were reported from Bukoba district, Kagera region.

Among the 212 contacts **identified**, all concluded their monitoring period. This was the first reported outbreak of **MVD** in Tanzania.

Summary: On 17 March 2023, the **Ministry of Health of Tanzania** reported seven people affected by an undiagnosed disease in Kagera, northern Tanzania, including five deaths and two people treated at hospitals. 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 th**e Africa Centres for Disease Control and Prevention (Africa CDC)**, the Ministry of Health confirmed an outbreak of MVD in the Bukoba rural district of the Kagera region, northwest Tanzania. On 2 June 2023, the Ministry of Health of Tanzania announced on **social media** that a press conference would be held on the same day to declare the MVD outbreak over.

MVD outbreaks were previously reported in Uganda in regions neighbouring the affected area in Tanzania, which is remote, not densely populated, and not often frequented by tourists.

The Ministry of Health of Tanzania deployed a rapid response team to the affected area and implemented contact tracing, case management, and risk communication activities. **Africa CDC** and **WHO** assisted the Ministry of Health with the deployment of teams of experts. During a **press conference** on 21 March 2023, a

WHO representative emphasised the internal capacity and preparedness of Tanzania for managing the situation and stated the commitment of WHO in supporting the Tanzanian government in their response.

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Since 1967, when MVD was first detected, approximately **600 MVD cases** have been reported as a result of 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** on MVD for additional information.

6. West Nile virus One Health seasonal surveillance – 2023

Overview

This is the second weekly update of the 2023 WNV monitoring season.

Since the beginning of the 2023 transmission season, and as of 7 June 2023, EU/EEA countries have reported no human cases of WNV infection. EU-neighbouring countries have also reported no human cases of WNV infection.

Since the beginning of the 2023 transmission season, one outbreak among birds has been reported by Italy (on 12 May 2023, in Varese).

Please refer to the **West Nile virus infection webpage** for maps and a dashboard.

Sources: TESSy, Animal Disease Information System

ECDC Assessment

In accordance with **Commission Directive 2014/110/EU**, prospective blood donors should be deferred for 28 days after leaving a risk area for locally-acquired WNV infection unless the result of an individual nucleic acid test is negative.

Actions

During transmission seasons, ECDC publishes a dashboard and an epidemiological summary every Friday.

Further information

Data on human cases are collected via The European Surveillance System (TESSy) managed by ECDC. Imported cases are not included in this report. The following EU-neighbouring countries report human cases of WNV infection to ECDC: Albania, Kosovo*, Montenegro, North Macedonia, Serbia, and Türkiye.

Animal data (i.e. outbreaks among equids and birds) are collected through the Animal Disease Information System (ADIS) of the European Commission. Reporting of WNV in equids and birds is mandatory at the EU/EEA level.

The distribution of human infections covers EU/EEA and EU-neighbouring countries, whereas the distribution of outbreaks among equids and birds only relates to EU/EEA countries.

** This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.*