

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 3, 14–20 January 2024

## This week's topics

1. Avian influenza A(H5N6) – Multi-country – Monitoring human cases
2. SARS-CoV-2 variant classification
3. Overview of respiratory virus epidemiology in the EU/EEA
4. Mpox – Multi-country 2022–2024
5. Infant formula for medical purposes recalled due to possible contamination with *Cronobacter sakazakii* – Multi-country – 2023/2024
6. Increase in number of measles cases – United Kingdom – 2023/2024

## Executive summary

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

- A new case of avian influenza A(H5N6) virus infection in a 59-year-old woman was reported in Sichuan province, China, with date of onset on 25 November 2023. The patient had been to a live poultry market prior to disease onset.
- Since 2014, 90 cases have been reported in China (89) and Laos (1), of which 35 were fatal (CFR: 38.9%).
- To date, no instances of human-to-human transmission have been documented.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains very low.

### SARS-CoV-2 variant classification

As of 19 January 2024, the following changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring, and de-escalated variants:

- BA.2.75 was reclassified from VOI to de-escalated variant. This decision was taken due to the consistent decreasing trends observed for this group of lineages in the last three months and the very low number of detections observed in recent weeks.

- DV.7.1 was reclassified from VUM to de-escalated variant. This group of lineages accounts for the vast majority of the detections of BA.2.75, so the same trends and rationale for de-escalation described for BA.2.75 applies to DV.7.1.

ECDC classified **BA.2.86** as a variant of interest (VOI) on 24 November 2023. As of 19 January 2024, BA.2.86 is the dominating lineage in EU/EEA countries. The increasing trends consistently observed in the previous months appear to have reached a plateau in December 2023. The current median proportion for BA.2.86 in the EU/EEA for week 52 (25 December 2023 to 31 December 2023) is 88% (range: 68.2–95%).

A large proportion of the BA.2.86 sequences belong to the sub-lineage **JN.1**. As of 19 December 2023, due to its rapid increase in proportion, [WHO classified JN.1](#) as a separate VOI from the parent lineage BA.2.86. The most likely driver of the success of BA.2.86-descendant lineages is immune escape in a population where immunity is increasingly derived from XBB-variants.

**XBB.1.5-like+F456L** lineages are circulating with a median proportion of 10.5% in EU/EEA countries (range: 3.6–26.1%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

**XBB.1.5-like+L455F+F456L** variants show a declining trend in the EU/EEA, with a median proportion of 8.4% (range: 3–21.6%).

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0.5% (range: 0.0–4%).

### Overview of respiratory virus epidemiology in the EU/EEA

- By the end of week 2 (ending 14 January 2024), rates of respiratory illness (influenza-like illness (ILI) and/or acute respiratory infection (ARI)) in the community remain elevated and at above-baseline levels (based on moving epidemic method (MEM) thresholds) in most EU/EEA countries. Rates of severe acute respiratory infection (SARI) cases presenting to sentinel secondary care remain at levels comparable to the same time last year.
- Seasonal influenza is circulating at higher levels than SARS-CoV-2 and respiratory syncytial virus (RSV). All indicators point to continued high influenza activity (all reporting countries were above the 10% sentinel primary care positivity threshold, and the majority of reporting countries observed above-baseline levels of intensity, widespread geographic spread and a third of countries exceeding medium or high ILI MEM thresholds) driven predominantly by A(H1)pdm09. There are indications of peak activity having been reached in some countries, although it is too early to conclude this for certain. Severe disease due to influenza has mainly affected people aged 15 years and above. SARS-CoV-2 and respiratory syncytial virus (RSV) were both declining in most countries.

### Mpox – Multi-country 2022–2024

- Since the beginning of October 2023 (previous update), and as of 12 January 2024, 353 mpox cases have been reported from 14 EU/EEA countries: Spain (128), Portugal (73), Germany (72), Italy (26), France (13), the Netherlands (12), Austria (8), Belgium (6), Ireland (5), Norway (3), Sweden (3), Hungary (2), Greece (1), and Luxembourg (1).
- An increase in the number of mpox cases has been observed since July 2023, with cases primarily observed among men who have sex with men (MSM).
- Since the start of the global mpox outbreak in May 2022, 21 860 confirmed mpox cases have been reported in TESSy from 29 EU/EEA countries. In 2023, 21 EU/EEA countries reported 738 mpox cases and no deaths. 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](#).

### Infant formula for medical purposes recalled due to possible contamination with *Cronobacter sakazakii* – Multi-country – 2023/2024

- *Cronobacter sakazakii* has been detected in hypoallergenic powdered infant formula produced by Reckitt/Mead Johnson Nutrition in the United States. The bacteria can cause life-threatening infections in infants.
- As a precautionary measure, the company is recalling additional batches. Public recalls have been made in all EU/EEA countries known to have received these products so far: Belgium, Ireland, Poland, and Spain.
- No cases linked to this event has been recorded to date.

### Increase in number of measles cases – United Kingdom – 2023/2024

- The UK Health Security Agency (UKHSA) reported 209 confirmed measles cases in England and Wales between 1 January and 30 November 2023.
- In mid-January 2024, reports quoting preliminary UKHSA figures suggested that over 170 measles cases were diagnosed in the West Midlands region of England between December 2023 and mid-January 2024.
- A worldwide increase of measles cases following the COVID-19 pandemic, especially in communities with low vaccination coverage, was expected.

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

### Overview:

**Update:** A new case of avian influenza A(H5N6) has been reported from Ziyang city, Sichuan province, China. The patient was a 59-year-old woman who had exposure to a live poultry market before the onset of symptoms on 25 November 2023. She was admitted to hospital with severe pneumonia on 29 November 2023 and is now recovering. No new cases have been detected among her contacts.

**Summary:** Since 2014, and as of 17 January 2024, 90 laboratory-confirmed cases, including 35 deaths (CFR: 38.9%), of human infection with influenza A(H5N6) virus have been reported, including six cases reported in 2023 (all from China). The cases were reported from China (89) and Laos (1).

**Sources:** [Press release of the Government of the Hong Kong Special Administrative Region, 16 January 2024](#)

### ECDC assessment:

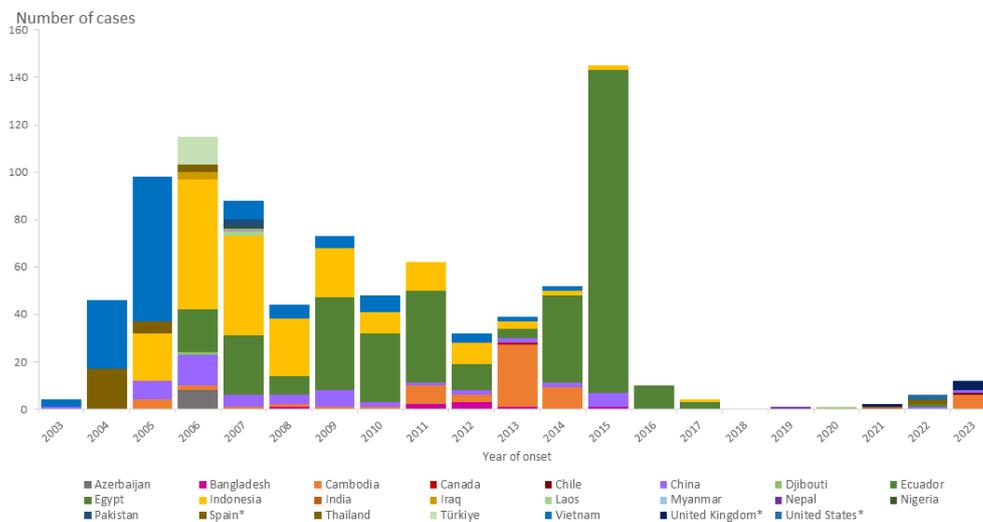
Sporadic human cases of avian influenza A(H5N6) have been previously observed. No human-to-human transmission has been reported to date. Sporadic zoonotic transmission cannot be excluded. The implementation of personal protective measures for people directly exposed to poultry and birds potentially infected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

### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with the European Food Safety Authority (EFSA) and the EU reference laboratory for avian influenza to identify significant changes in the epidemiology of the virus. ECDC works with EFSA and the EU reference laboratory to produce a quarterly [report on the avian influenza situation](#). The most recent report was published in December 2023.

**Last time this event was included in the Weekly CDTR:** 5 January 2024

**Figure 1. Distribution of confirmed human cases of avian influenza A(H5N6) virus infection by year of onset and country, 2014 to 17 January 2024 (n=90)**



Source: ECDC

## 2. SARS-CoV-2 variant classification

### Overview:

#### Weekly update on SARS-CoV-2 variants:

Since the last update on 5 January 2024, and as of 19 January 2024, the following changes have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring and de-escalated variants:

- BA.2.75 was reclassified from VOI to de-escalated variant. This decision was taken due to the consistent decreasing trends observed for this group of lineages in the last three months and the very low number of detections observed in recent weeks.
- DV.7.1 was reclassified from VUM to de-escalated variant. This group of lineages accounts for the vast majority of the detections of BA.2.75, so the same trends and rationale for de-escalation described for BA.2.75 applies to DV.7.1.

The variant proportions listed below are reported for week 52 (25 December 2023 to 31 December 2023) and as of 19 January 2024.

As of 19 January 2024, **BA.2.86** is the dominating lineage in EU/EEA countries. The increasing trends consistently observed in the previous months appear to have reached a plateau in December 2023. The current median proportion for BA.2.86 in the EU/EEA for week 52 (25 December 2023 to 31 December 2023) is 88% (range: 68.2-95%, see also Figure 1). Among the 12 EU/EEA countries reporting at least 20 sequences to GISAID EpiCoV for week 52, the proportions of BA.2.86 lineages were as follows: Austria (84.3%), Belgium (88.6%), Denmark (94.7%), France (88.0%), Germany (100.0%), Ireland (88.1%), Italy (68.2%), the Netherlands (95.5%), Norway (84.0%), Poland (100.0%), Spain (82.2%), Sweden (89.4%).

A large proportion of the BA.2.86 sequences belong to the sub-lineage **JN.1**. As of 19 December 2023, due to its rapid increase in proportion, [WHO classified JN.1](#) as a separate variant of interest from the parent lineage BA.2.86. The most likely driver of the success of BA.2.86-descendant lineages is immune escape in a population where immunity is increasingly derived from XBB-variants.

As of 19 January 2024, and for week 52, **XBB.1.5-like+F456L** lineages are circulating with a median proportion of 10.5% in EU/EEA countries (range: 3.6–26.1%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

**XBB.1.5-like+L455F+F456L** variants are on a declining trend in the EU/EEA, with a median proportion of 8.4% (range: 3–21.6%). Virtually all the lineages are already included in the existing VOIs XBB.1.5-like+F456L, but are being monitored specifically as this VUM.

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0.5% (range: 0–4%).

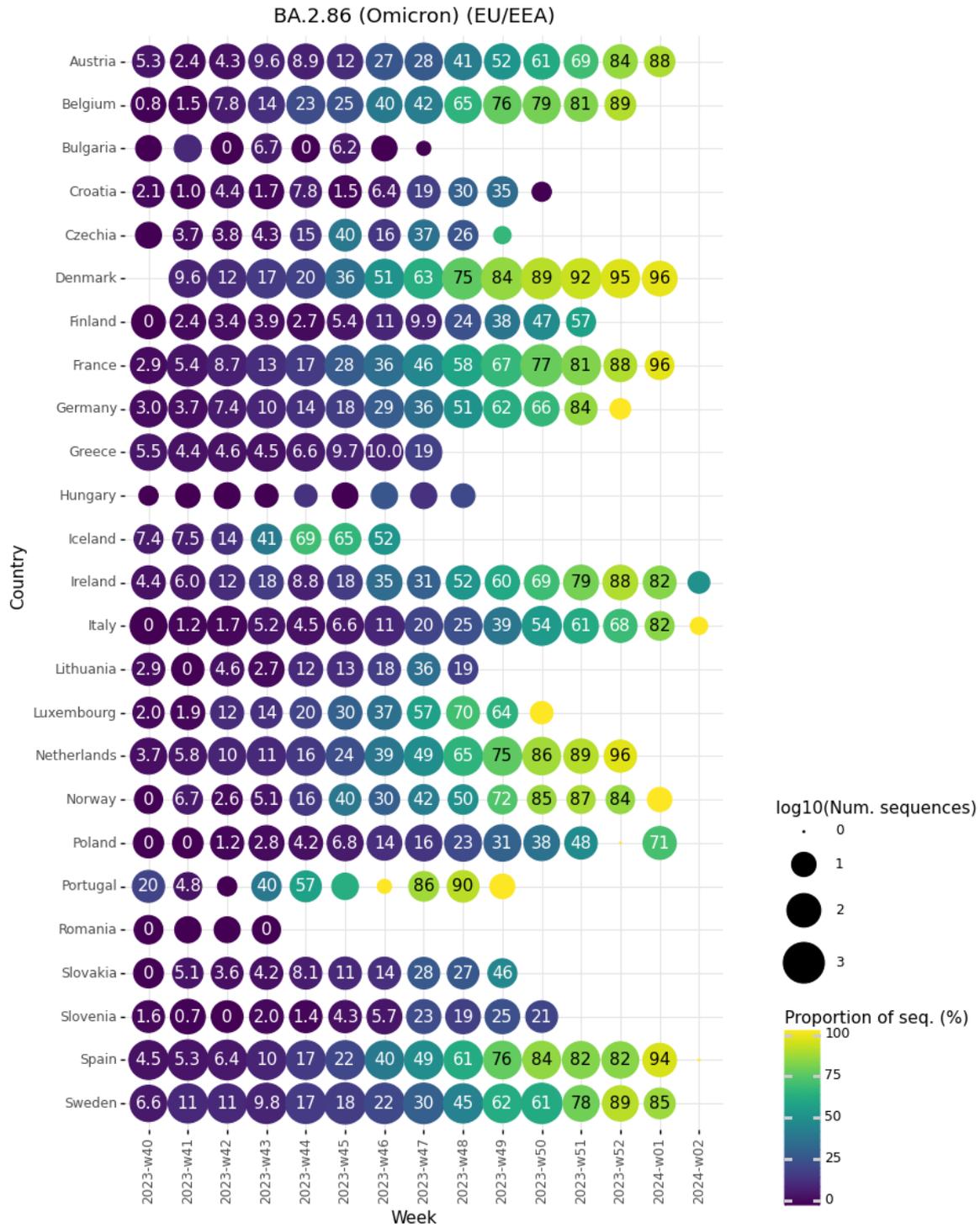
For the latest information on variants, please see ECDC's [webpage on variants](#).

### **Actions:**

For the latest update on SARS-CoV-2 variant classifications, please see [ECDC's webpage on variants](#). Variant surveillance data, including the distribution of VOC and VOI variant proportions in the EU/EEA, and detailed country-specific COVID-19 updates are available as part of the [European Respiratory Virus Surveillance Summary \(ERVISS\)](#).

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

**Figure 2. Proportion of sequences belonging to BA.2.86 lineages per sample collection week, reported by EU/EEA countries to GISAID EpiCoV as of 15 January 2024**



## 3. Overview of respiratory virus epidemiology in the EU/EEA

### Overview:

#### Respiratory virus activity

- Consultation rates of patients presenting to general practitioners with respiratory illness (ILI and/or ARI) were reported by 21 EU/EEA countries up to week 2. Moving epidemic method (MEM) thresholds were available for eight countries for ARI and 18 countries for ILI. Most EU/EEA countries report activity above baseline in at least one indicator: for ARI, two countries reported low activity and two reported medium activity; for ILI, nine countries reported low activity, five medium, and one reported high activity.
- Among 18 countries reporting data on testing in primary care sentinel settings for seasonal influenza, RSV or SARS-CoV-2, the median test positivity at the EU/EEA level was highest for influenza at 22% (pooled country data: 27%; IQR of country values: 18–31%), with a decreasing trend visible for the past two weeks. All countries reported seasonal influenza activity above the 10% positivity threshold in sentinel primary care. Of 23 countries reporting qualitative assessments of seasonal influenza activity, 22 countries reported levels above baseline, including three with high activity. Seventeen of 23 countries reported geographical spread of seasonal influenza as widespread.
- Among the 820 sentinel primary care detections of seasonal influenza, 801 (98%) were typed as influenza virus type A, 18 were typed as influenza virus type B (2%) and 1 (0.1%) influenza virus remained untyped. Of the influenza type A detections, 608 (76%) were further subtyped as either A(H1)pdm09 (n=504, 83%) or A(H3) (n=104, 17%). Eight of the influenza type B detections were further defined as B/Victoria lineage while the remaining 10 were of unknown lineage.
- Seventeen countries reported sentinel primary care data for SARS-CoV-2, with a median test positivity of 8% (pooled country data: 9%; IQR of country values: 4–13%). Following an increase in the pooled SARS-CoV-2 positivity from week 44 to week 49, the trend has been decreasing thereafter. Both primary care sentinel and non-sentinel data at the national level show decreasing or stable trends in most countries.
- RSV detections in sentinel primary care were reported by 16 countries and median test positivity decreased to 4%, while the pooled value has plateaued (pooled: 8%; IQR: 3–11%) in week 2, driven by a mixture of increasing and decreasing country trends. Non-sentinel data from 17 countries suggest an overall decreasing trend.

#### Severe disease

- Based on syndromic sentinel secondary care data, rates of severe acute respiratory infection (SARI) cases in week 2 were similar to those in week 1 in the five countries reporting data. Reported rates remain comparable to the same time last year.
- Median test positivity for seasonal influenza for SARI cases was 29% (pooled test positivity: 36%; IQR of country values: 28–36%) based on data from five countries. The sharpest increases in positivity have been observed in people aged 15 years and above. Increasing trends in seasonal influenza detections in non-sentinel hospital and ICU admissions were observed up to weeks 1 and 52, respectively, with most infections typed as influenza A.
- RSV tests among SARI cases were reported by four of five countries in week 2, with a median test positivity of 14% (pooled test positivity: 16%; IQR of country values: 10–20%). The highest test positivity was observed in the 0–4 years age group (pooled test positivity: 41%) and the second highest test positivity was in the 15–14 years age group (pooled test positivity: 33%). Non-sentinel RSV hospital admissions among 0–4-year-olds continued to show a decreasing trend that began in week 52, 2023.
- Pooled SARS-CoV-2 test positivity in SARI cases continued to decrease in recent weeks (11% for week 2; median positivity: 11%). Overall, rates of non-sentinel hospital admissions, ICU admissions, and deaths have gradually decreased since week 50, with generally comparable trends across countries.
- [EuroMOMO](#) pooled estimates of weekly excess all-cause mortality showed 'substantial elevated level of mortality, overall and in the age groups above 45 years of age'.

## Virus characterisation

### Influenza

WHO recommends that trivalent vaccines for use in 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).

During weeks 40/2023–02/2024, 234 A(H1)pdm09, 106 A(H3) and 12 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the A(H1)pdm09 viruses, 90 were reported as clade 5a.2a and 144 were subclade 5a.2a.1. Of the A(H3) viruses, two were reported as clade 2a.3a and 104 were subclade 2a.3a.1. All of the 12 B/Victoria viruses were reported as subclade V1A.3a.2.

### SARS-CoV-2 variants for weeks 52–1 (1–14 January 2024)

The estimated distribution (median and IQR of proportions from 12 countries) of variants of concern (VOCs) or variants of interest (VOIs) was 87% (85–89%) for BA.2.86 (which includes JN.1 isolates), 9% (7–12%) for XBB.1.5+F456L, 0.9% (0.2–3%) for XBB.1.5-like, and 0% (0–0%) for BA.2.75. The proportion of BA.2.86 continues to grow, with XBB.1.5-like+F456L and XBB.1.5 showing decreasing trends.

### Period overview (week 25, 2023– week 2, 2024)

Following relatively low respiratory illness activity over the summer period, consultation rates increased in primary care settings from September. Transmission of SARS-CoV-2 began increasing in late summer, with clear increases observed at the EU/EEA level up to week 49 and decreases in activity observed thereafter. At the national level, both increasing and decreasing trends were reported for COVID-19 hospitalisations, ICU admissions, and deaths, predominantly impacting individuals aged 65 years and above. Week 50 marked the start of the seasonal influenza epidemic. Activity remains high, with possible indications of peak activity having been reached in some countries. Elevated levels of severe disease due to influenza have mainly affected people aged 15 years and above.

Both influenza type A and type B viruses have been detected, with a dominance of A(H1)pdm09 viruses. RSV activity began increasing around week 41, reaching a peak in week 50 followed by a decreasing trend, although in recent weeks a mixed epidemiological picture with increasing and decreasing trends at the national level has been observed. The highest impact of RSV continues to be among children aged 0–4 years.

### ECDC assessment:

After marking the start of the seasonal influenza epidemic in the EU/EEA in week 50, 2023, seasonal influenza continued to circulate at higher levels than SARS-CoV-2 and RSV in week 2, 2024. With continued co-circulation of all three respiratory viruses, it remains essential to continue to monitor the impact on hospital and ICU admissions closely. The combined effect of co-circulating acute respiratory pathogens is likely to convey an increased burden of severe respiratory disease in the EU/EEA, which may result in continued significant pressure on healthcare systems in the coming weeks.

### Actions:

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](#).

ECDC has published an [epidemiological update](#) that describes the epidemiological situation of acute respiratory infections in EU/EEA countries and provides updated ECDC recommendations for mitigating their impact.

ECDC has published guidance on [vaccination roll-out for autumn/winter 2023](#), which stresses the importance of influenza and COVID-19 vaccination to protect individuals at increased risk of severe disease, e.g. people aged over 60 years and other vulnerable individuals (such as those with underlying comorbidities), irrespective of age.

**Sources:** [ERVISS](#)

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

## 4. Mpox Multi-country 2022–2024

### Overview:

Since the start of the mpox outbreak in May 2022, and as of 12 January 2024, 21 860 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (7 752), France (4 171), Germany (3 774), the Netherlands (1 287), Portugal (1 148), Italy (989), Belgium (800), Austria (338), Sweden (267), Ireland (244), Poland (217), Denmark (198), Norway (104), Greece (89), Hungary (82), Czechia (71), Luxembourg (60), Romania (47), Slovenia (47), Finland (43), Malta (35), Croatia (33), Iceland (17), 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). The outbreak is due to Monkeypox virus (MPXV) clade IIB.

The monthly number of cases of mpox reported in the EU/EEA peaked in July 2022 (over 8 000 cases). After that peak a sharp decrease in number of cases was observed. In 2023, 21 EU/EEA countries reported 738 mpox cases; no deaths were reported. Most cases were reported from Spain, Portugal, and Germany. During the first half of 2023, 152 cases were reported, a relatively low number. An upsurge in the number of cases started in July 2023. Since the beginning of October 2023, and as of 12 January 2024, 353 mpox cases have been reported from 14 EU/EEA countries. The five countries reporting most cases in the past three months are: Spain (128), Portugal (73), Germany (72), Italy (26), and France (13).

The hospitalisation rates (including for isolation, treatment, or other/unknown reasons) were similar in the first and the second semester in 2023, i.e. 8% and 7%, respectively, suggesting no recent change in disease severity.

The upsurge in the number of cases observed in the second semester of 2023 does not seem to be related to travel, as only 18% of the reported cases have been exposed outside their country of residence. During the first semester of 2023, 27% of the cases were associated with travel abroad. This confirms that circulation is ongoing within Europe.

Among the 386 cases with information on sexual orientation reported in 2023, 92% were MSM. Among the 199 cases with information on vaccination status, 61% were not vaccinated, 19% had received two doses of the vaccine, 13% had received one dose, and 8% had received an unknown number of doses.

Since the start of the mpox outbreak in 2022, and as of 12 January 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 from Türkiye.

Globally, since 1 January 2022 and as of 30 November 2023, according to the [World Health Organization \(WHO\) update](#), 92 783 confirmed cases of mpox, including 171 deaths, have been reported from 116 countries.

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](#).

### Other news

In November 2023, WHO [reported](#) that a cluster of sexually transmitted mpox cases and cases among sex workers due to MPXV clade I had been reported in the Democratic Republic of the Congo (DRC). ECDC published a Threat Assessment Brief on the event on 5 December 2023, assessing the risk for the general population and the population of MSM in EU/EEA countries from the epidemic of mpox due to MPXV clade I in DRC as low.

### ECDC assessment:

An upsurge in the number of cases has been observed since July 2023, highlighting that the mpox outbreak in Europe is still ongoing and that response measures should be maintained.

As the number of new infections remains relatively low in Europe, the overall risk of mpox 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 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.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals with the highest 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 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.

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](#).

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 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. ECDC has also provided guidance to countries hosting events during the summer months.

**Last time this event was included in the Weekly CDTR:** 6 October 2023

## 5. Infant formula for medical purposes recalled due to possible contamination with *Cronobacter sakazakii* – Multi-country – 2023/2024

### Overview:

In the beginning of January 2024, several EU countries ([Belgium](#), [Ireland](#), [Poland](#), and [Spain](#)) have issued a recall of several batches of Nutramigen Hypoallergenic Powdered Infant Formula Products, manufactured in the United States (US) by Reckitt/Mead Johnson Nutrition, due to possible contamination with *Cronobacter sakazakii*. The producer voluntarily recalled over 675 030 cans of the powder on 29 December 2023, most of which were sold in the US after *Cronobacter sakazakii* was detected in the powder at the regular border control in Israel ([FDA report](#)). The batches have use-by dates in 2025. Recalls were also issued in the following non-EU/EEA countries: Argentina, Belize, Canada, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Israel, Jamaica, Mexico, Nicaragua, Peru, the United Kingdom, the US, and Venezuela. The product is for special medical purposes for infants, is sold without prescription and is meant for infants allergic to soy and/or cow milk. The product may be sold in other EU/EEA countries, but it is currently unknown if the affected batches are available in other countries. To date, no human cases of infection with *Cronobacter sakazakii* have been reported in relation to this product.

**Background:** *Cronobacter sakazakii* (previously called *Enterobacter sakazakii*) is a bacteria that is naturally found in the environment and which can survive in very dry places. Infections with this bacteria are rare but can be life-threatening in infants, causing sepsis and/or meningitis. Newborns, premature infants, and infants with a weakened immune system are particularly susceptible. For these reasons, there is a requirement in the EU to monitor for presence of *C. sakazakii* in the production of dried infant formula and dried dietary foods for special medical purposes intended for infants below 6 months (Commission Regulation (EC) 2073/2005).

**ECDC assessment:**

The batch that tested positive for *C. sakasakii* and additional batches are currently being recalled, via the usual mechanisms. The intended consumer group is highly sensitive and may risk severe or even life-threatening symptoms if infected. Although no cases have been detected to date, the shelf-life of the product is long. It is therefore important that the recall information reaches not only doctors and nurses but also parents who might have this product at home.

**Actions:**

ECDC is following this event through its epidemic intelligence monitoring and food-and waterborne network.

## 6. Increase in number of measles cases – United Kingdom – 2023/2024

**Overview:**

In mid-January 2024, the UK Health Security Agency ([UKHSA](#)) reported an increase of measles cases in England and Wales, with 209 cases reported between 1 January and 30 November 2023. Almost half of these cases were reported in London (n=109), and 28 cases were reported in the West Midlands region of England.

A [medical journal](#), quoting UKHSA provisional figures, reported that, as of 15 January 2024, 198 confirmed and 104 suspected measles cases were in the West Midlands region alone. This suggests that over 170 confirmed cases were diagnosed in the West Midlands region during the six weeks from December 2023 to mid-January 2024. This is a seven-fold increase in the number of confirmed cases in the West Midlands region compared to the first 11 months of 2023, and represents 80% of all confirmed measles cases in England (including the West Midlands region) and Wales reported during the same period. In [2022](#), of 53 measles cases reported in England and Wales, two were in the West Midlands region.

**Background**

In the past decade, there were several years with an increase of cases reported in the UK, with 882 cases in 2019, 953 cases in 2018, and 1 910 and 1 903 cases reported in 2013 and 2012, respectively ([WHO](#)).

Vaccination coverage with measles-containing-vaccine (MCV) second dose in the UK in the past five years has ranged between 86.5% in 2022 and 88% in 2018 ([WHO](#)).

**ECDC assessment:**

A worldwide increase of measles cases following the COVID-19 pandemic was expected. In the UK, vaccination coverage in 2022 for the first and second dose of MCV was below 95%, posing a risk of increased measles circulation, especially in pockets of unvaccinated communities within otherwise highly vaccinated populations.

Since 1 January 2023, EU/EEA countries have reported either [sporadic cases or outbreaks of measles](#), following a period of unusually low activity during the COVID-19 pandemic. The substantial decline in cases of measles reported by EU/EEA countries between March 2020 and the end of 2022 is in contrast to the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates.

Although in 2023 the majority of EU/EEA countries still only reported sporadic measles cases, some measles outbreaks have been reported (in Austria, France, and Romania). The overall number of measles cases in the EU/EEA has been steadily increasing since June 2023. Considering the suboptimal vaccination coverage for the second dose <95% in the majority of EU/EEA countries, more measles cases are expected in the coming months and in the spring.

Active measles surveillance, prompt response actions, and high vaccination uptake are the cornerstone for measles prevention. In advance of the expected increase of measles, it is key to identify and reach vaccination-eligible individuals, with the aim of their receiving vaccination on time as per national calendars; this includes very young children, who are more at risk of a severe form of the disease.

**Actions:**

ECDC [routinely monitors measles](#) in the EU/EEA and globally through the vaccine-preventable disease group and epidemic intelligence activities.