

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 34, 17–23 August 2024

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## Executive summary

### Mpox due to monkeypox virus clade I – Multi-country – 2024

- Following the [reporting](#) of an imported MPXV clade Ib case in Sweden on 15 August 2024, Thailand [reported](#) a confirmed imported case due to MPXV on 22 August 2024. Both cases had travel history to Africa.
- Overall, 18 837 mpox cases have been reported in Africa during 2024, including 3 101 confirmed cases and 541 deaths (case fatality (CF): 3%) from 12 Africa Union Member States, according to the [Africa CDC Epidemic Intelligence Report issued on 16 August 2024](#). On August 22, 2024, Gabon [reported](#) a suspected case of mpox Clade Ib in a person with a travel history to Uganda.
- 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](#)).
- ECDC is closely monitoring and assessing the epidemiological situation.

### Locally acquired dengue in 2024 in mainland France

- In 2024, as of 21 August, 10 locally acquired dengue cases have been reported in mainland France.
- On 21 August 2024, four autochthonous cases of dengue were reported by the [French Public Health Agency](#) in the region Auvergne-Rhône-Alpes (Drôme department) and the region Provence-Alpes-Côte d'Azur (Var and Vaucluse departments).
- On 8 August, three autochthonous cases of dengue were [reported in the region of Occitania](#), with probable places of infections in the Pyrénées-Orientales, Lozère, and Gard departments.
- In early August 2024, the [Regional Health Agency of Provence-Alpes-Côte d'Azur](#) reported two autochthonous cases of dengue in the Alpes-Maritimes department, in the region of Provence-Alpes-Côte d'Azur.
- On 8 July, France reported an autochthonous case of dengue in Hérault department [in Occitania](#). The case had onset of symptoms on 17 June and this event has now been closed.

### Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 21 August 2024, West Nile virus (WNV) infection cases have been reported to The European Surveillance System (TESSy) by eight EU/EEA countries (Austria, Croatia, France, Greece, Hungary, Italy, Romania, and Spain) and two EU-neighbouring countries (Serbia and Kosovo\*).
- 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.

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

- Indicators of increased SARS-CoV-2 activity in primary and secondary care settings have been observed since late spring 2024. The timing of the epidemic has varied between EU/EEA countries, with many now reporting declining trends, but some continuing to observe increases.
- The overall impact of this SARS-CoV-2 epidemic in hospitals and on mortality has been relatively low since May. The most affected group in hospital settings has been individuals aged 65 years and above, highlighting the fact that vulnerable populations remain at higher risk of severe illness.
- The SARS-CoV-2 variant BA.2.86 and its subvariants, including KP.3, continue to dominate. KP.3 is not expected to be associated with increased infection severity or to significantly reduce vaccine effectiveness.
- Vaccination is the most effective measure for preventing COVID-19 and seasonal influenza infection from progressing to severe disease. It is essential that all Member States actively promote vaccination against respiratory viral diseases, in line with national recommendations.

### Legionnaires' disease outbreak - Italy - 2024

- Italian authorities have reported an outbreak of Legionnaires' disease occurring in the metropolitan area of Milan (Corsico and Buccinasco), Lombardy Region.
- As of 19 August 2024, a total of 53 confirmed cases, including four deaths, have been reported.
- Public health activities in response to the outbreak are ongoing to prevent transmission and emergence of new cases. Risk of infection is limited to persons residing in or visiting the localised geographical outbreak area.

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

- On 20 August 2024, the Ministry of Health of Cambodia announced one fatal human case of A(H5N1) avian influenza virus infection.
- The case was an adolescent from Prey Veng province in Cambodia.
- This is the 10th human case of A(H5N1) avian influenza virus infection and the second fatality reported from Cambodia in 2024.
- Since 2003, 908 human cases of avian influenza A(H5N1), including 464 deaths (case-fatality rate (CFR): 51%), have been reported in 24 countries worldwide.

### **Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Palestine\* - 2024**

- One acute flaccid paralysis (AFP) case due to a variant poliovirus with symptom onset on 25 July 2024 was reported in the Deir al-Balah area of Gaza.
- Previously, on 23 July 2024, the Global Polio Eradication Initiative (GPEI) confirmed the presence of circulating vaccine-derived poliovirus type 2 poliovirus (cVDPV) in the Gaza Strip in environmental (sewage) samples, collected from two different collection sites in two sub-regions within Gaza on 23 June 2024. Genomic sequencing showed a link with polioviruses detected in samples collected in Egypt in 2023.
- The probability of polio spread in the Gaza strip has been assessed as high by WHO.
- The overall polio risk assessment for the EU remains unchanged.

### **Mass gathering monitoring – Olympic and Paralympic Games – France – 2024**

- Since the previous update of 16 August, and as of 22 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic and Paralympic Games.
- The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is considered to be low if general preventive measures are applied.
- ECDC is monitoring this mass gathering event through epidemic intelligence activities until 13 September 2024, in collaboration with Santé Publique France and partners. Weekly updates will be included in the [Communicable Disease Threats Report \(CDTR\)](#).

### **Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks**

- In 2024, as of 20 August, 27 cases of wild poliovirus infection have been reported in Pakistan (14) and Afghanistan (13).
- In 2024, as of 20 August, overall, six cases of acute flaccid paralysis (AFP) caused by circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported by the Democratic Republic of Congo (5) and Mozambique (1), and 155 cases of AFP caused by cVDPV2 were reported in 14 countries. Additionally, one case of AFP due to variant poliovirus with symptom onset on 25 July 2024 was reported in Gaza.

## **1. Mpox due to monkeypox virus clade I – Multi-country – 2024**

### **Overview:**

#### **Update**

One mpox case due to monkeypox virus (MPXV) clade Ib [was confirmed](#) by Thailand's Department of Disease Control on 22 August 2024. [The case](#) is a European man with travel history to the Democratic Republic of the Congo.

Overall, two cases of MPXV clade Ib have been reported outside outbreak-affected areas in Africa, one by Sweden and one by Thailand.

On 22 August 2024, Gabon reported a suspected case of mpox Clade Ib in a person with a travel history to Uganda.

#### **Epidemiological situation in Africa**

Overall in 2024, 18 837 mpox cases have been reported in Africa, including 3 101 confirmed cases and 541 deaths (CFR 2.9%) from 12 Africa Union Member States (MS) according to the [Africa CDC Epidemic Intelligence Report issued on 16 August 2024](#). These Member States are Burundi (399 cases), Cameroon (35 cases; 2 deaths), Central African Republic (CAR) (263 cases), Republic of the Congo (Congo) (169 cases; 1 death), Côte d'Ivoire (2 cases), Democratic Republic of Congo (DRC) (17 794 cases; 535 deaths), Liberia (5 cases), Kenya (1 case), Nigeria (39 cases), Rwanda (4 cases), South

Africa (24 cases; 3 deaths) and Uganda (2 cases). Both MPXV clade I and clade II circulate in different countries on the continent. In 2023, 14 838 confirmed and suspected mpox cases were reported from Cameroon, CAR, Congo, DRC, Ghana, Liberia, and Nigeria.

DRC has been the most affected country, with a large increase of mpox cases due to MPXV clade I being reported since November 2023. In [April 2024](#), sequencing of mpox cases from Kamituga in South Kivu province in eastern DRC, within the context of an observational study, identified a subtype of clade I, clade Ib. In recent weeks, confirmed mpox cases due to MPXV clade Ib have been [reported](#) by countries neighbouring DRC, i.e. Burundi, Rwanda, and Uganda, as well as Kenya. Both MPXV clade Ia and clade Ib have been circulating in DRC, while clade Ia has been [detected](#) in Congo and CAR.

On 22 August 2024, Gabon [published a press release](#) reporting that an mpox case was detected in the country in a male that had travelled from Uganda where Clade Ib cases were reported.

The type of exposure [reported](#) by cases in DRC includes sexual contact, non-sexual direct contact, household contact and healthcare facility contacts. The cases reported in Rwanda had travel history to DRC and Burundi, investigation showed that the cases reported by Uganda took place outside the country, while the case reported in Kenya was detected at a point of entry ([World Health Organisation Disease Outbreak news published on 23 August](#)). Burundi has [reported](#) most cases due to clade Ib outside DRC and community transmission is presumed. For clade Ib (reported in Eastern DRC, Burundi, Rwanda, Uganda and Kenya), sexual transmission has been documented as the predominant mode of transmission, while for clade Ia (in endemic areas of DRC, Congo and CAR) multiple modes of transmission have been [documented](#) including zoonotic 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 clade I monkeypox virus outbreak a public health emergency of international concern.

## Epidemiological situation in the EU/EEA

On 15 August 2024, Sweden [reported](#) the first imported case of mpox due to MPXV clade Ib in EU/EEA countries.

## Global background and EU/EEA

Since the beginning of the monitoring in 2022 and until 31 July 2024, 101 977 confirmed cases of mpox, including 219 deaths, had been reported by 121 countries globally, according to WHO ([2022-24 Mpox \(Monkeypox\) Outbreak: Global Trends \(shinyapps.io\)](#)).

### ECDC assessment:

The number of mpox cases due to MPXV clade I has increased and there has been a geographical expansion to newly affected African countries in recent weeks. In August 2024, Sweden and Thailand detected cases of MPXV clade Ib with travel history to outbreak-affected areas in Africa. More imported mpox clade I cases 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 globally. ECDC recommendations are available [here](#).

### Further information:

**Sources:** [ECDC rapid risk assessment](#)

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

## 2. Locally acquired dengue in 2024 in mainland France

### Overview:

#### Update

Overall, France has now reported 10 locally acquired dengue cases in 2024. All clusters, except for the one in the Hérault department, are marked as ongoing.

On 21 August, the [French Public Health Agency](#) reported four more cases: one case in the region Auvergne-Rhône-Alpes (Drôme department) and three cases in the region Provence-Alpes-Côte d'Azur (one case in the Var department and two cases in the Vaucluse department).

On 8 August, three additional autochthonous cases of dengue were [reported in the region of Occitania](#). Two cases were from the same family, who had recently travelled to two areas in the Occitania region (Baho, Pyrénées-Orientales department, and Florac, Lozère department). According to the French Regional Health Agency, the cases are being treated and their state of health does not give cause for concern. Another case was reported in Occitania (Aimargues, the Gard department). The patient had not recently travelled to an area where the virus is circulating and is being treated in the hospital. Preventive measures are being taken in Baho, Florac, and Aimargues.

On 2 August, the French Regional Health Agency of the Provence-Alpes-Côte d'Azur [reported](#) an autochthonous case of dengue in a person living in La Colle-sur-Loup (Alpes-Maritimes department, region Provence-Alpes-Côte d'Azur). The patient had not travelled to a contaminated area in the 15 days prior to onset of symptoms. Mosquito control to the east of the municipality and door-to-door surveys are carried out in the district. This is the first locally acquired dengue case in the region in 2024. As of 9 August, [the website from the French Health Authority](#) mentions a second case in La Colle-sur-Loup (Alpes-Maritimes department, region Provence-Alpes-Côte d'Azur) without providing further details.

#### Background

On 8 July, the French Regional Health Agency of Occitania [reported](#) the first autochthonous case of dengue in France in 2024 (Montpellier-Pérois, Hérault department, Occitania). The case had onset of symptoms on 17 June, no travel history, and the place of infection was in the region of Occitania. According to the Regional Health Agency, the patient has been treated and the health status does not give cause for concern. Preventive measures were applied in the Port Marianne district of Montpellier and near the Parc des Expositions in Pérois. As no additional cases connected to this local transmission were detected in the subsequent 45 days, the event has been closed.

#### ECDC assessment:

As of 21 August, only France reported autochthonous dengue cases in Europe in 2024. The first case presented with symptoms in June, which is early in the season but not unusual (in 2022, a case was reported with onset of symptoms on 12 June).

In 2023, France reported nine outbreaks involving a total of 45 cases of autochthonous human dengue virus infections. In 2022, France also reported nine outbreaks, with a total of 65 locally acquired cases of dengue, which was the highest number of autochthonous cases and outbreaks in the EU/EEA in this century to date.

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 carried out. Relevant measures were taken by France's public health authorities to prevent transmission through substances of human origin.

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

**Further information:**

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

## 3. Seasonal surveillance of West Nile virus infections – 2024

**Overview:****Epidemiological summary**

Since the start of 2024, and as of 21 August 2024, human cases of West Nile virus (WNV) infection have been reported to TESSy by eight EU/EEA countries and two EU-neighbouring countries. In the EU/EEA, Austria, Croatia, Hungary, Romania, France, Italy, Greece, and Spain reported WNV infections. From EU-neighbouring countries, Serbia and Kosovo\* reported WNV infections. Seventy NUTS3/GAUL1 regions across nine countries reported locally acquired WNV cases. For detailed information on places of infection, please refer to the ECDC [weekly update](#) and [dashboard](#).

The EU candidate country Albania also reported WNV infection cases in the counties of Lezhe (AL014), Berat (AL031), and Fier (AL032).

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 \(europa.eu\)](#).

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**Actions:**

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

**Further information:**

**Last time this event was included in the Weekly CDTR:** 16 August 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 is at baseline levels in all EU/EEA countries, at similar levels to those observed during summer 2023.
- **SARS-CoV-2 activity is stable or decreasing in both primary and secondary care in the EU/EEA, although the country-level picture remains mixed:**
  - SARS-CoV-2 activity started about six weeks earlier than during summer 2023, but 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 was similar to the previous week at 22%. One country (Spain) continues to contribute >50% of all tested samples and reported 23% positivity. The other reporting countries reported stable or decreasing trends, with test positivity ranging from 7–35% in eight countries reporting a sufficient number of tests. Non-sentinel detections showed a stable trend; however, increases were observed in five countries (17 reporting countries).
  - In SARI sentinel systems (hospitals), the pooled test positivity remained stable at 16%, with test positivity ranging from 6–25% in the five reporting countries (Germany, Greece, Ireland, Malta and Spain). The age group 65 years and above remained the most affected (21% positivity).
  - Non-sentinel secondary care notifications are at low levels in general, with EU/EEA countries that report these indicators reporting stable or decreasing trends in the number of positive test results among hospitalised and ICU-admitted patients, and stable or decreasing trends deaths.
  - Despite test positivity in primary and secondary care sentinel systems remaining elevated above 10%, sentinel syndromic rates (ILI/ARI/SARI) showed no increase above baseline levels in all EU/EEA countries.
- Seasonal influenza activity remained stable at low levels overall in reporting EU/EEA countries, however, one country (Malta) has reported an increasing trend in influenza test positivity in secondary care over the past 4 weeks.
- Respiratory syncytial virus (RSV) activity remained low in the reporting EU/EEA countries.

#### Virus characterisation

*Influenza for week 40, 2023 to week 33, 2024*

- In the above period 4 118 A(H1)pdm09, 1 732 A(H3) and 691 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:
  - 4 111 were A(H1)pdm09 - 2 885 (70%) were subclade 5a.2a and 1 226 (30%) were subclade 5a.2a.1.
  - 1 729 were A(H3) - 30 (2%) were subclade 2a, 10 (0.6%) were subclade 2a.3a, 1 688 (98%) were subclade 2a.3a.1 and 1 (0.1%) were subclade 2a.3b.
  - 688 were B/Vic - all were subclade V1A.3a.2.

*SARS-CoV-2 variants for weeks 31–32 (29 July to 11 August 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:
  - 73% (66–80%) for KP.3 (477 detections from eight countries)
  - 27% (20–34%) for BA.2.86 (166 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, the presence of SARS-CoV-2 activity highlights the continued need to monitor the impact of SARS-CoV-2 and other respiratory viruses at national and regional levels.

## Actions:

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 adults aged 65 years and above. While COVID-19 vaccination protects 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.who.int/europe/publications/item/european-respiratory-virus-surveillance-summary)). 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:** 16 August 2024



**Table 1. Overview of key indicators of activity and severity in week 33**

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 33	Week 32	Description	Value	
Primary care consultation rates	ARI	9 rates (7 MEM)	10 rates (8 MEM)	Distribution of country MEM categories	7 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
	ILI	12 rates (12 MEM)	14 rates (14 MEM)		12 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
Primary care sentinel positivity	SARS-CoV-2	12	13	Pooled (median; IQR)	22% (21; 15–30%)	Pooled test positivity stayed at the same level compared to last week. Only one country reported >30% SARS-CoV-2 positivity this week. Of 17 countries reporting non-sentinel detections data, increases in detections were observed in five countries.
	Influenza	12	12		1.7% (0; 0–2.2%)	Stable trend of very low circulation.
	RSV	12	12		0.2% (0; 0–0%)	Stable trend of very low circulation.
SARI consultation rates	SARI	7	8			Stable or decreasing rates continue to be reported at levels comparable to the same time last year.
SARI positivity	SARS-CoV-2	5	6	Pooled (median; IQR)	16% (13; 12–18%)	Stable trend observed this week in both pooled test positivity and median test positivity. In data from non-sentinel sources, decreasing trends in the number of positive test results among hospitalised and ICU-admitted patients, and stable or decreasing trends deaths.
	Influenza	5	6		3.3% (0.5; 0–1.9%)	Stable trend with very low circulation, but one country has been reporting an increased influenza activity trend over the past 4 weeks (46% positivity in week 33; Malta).
	RSV	5	5		0% (0; 0–0%)	Stable trend of very low circulation.
Intensity (country-defined)	Influenza	17	19	Distribution of country qualitative categories	15 Baseline 2 Low	
Geographic spread (country-defined)	Influenza	16	18	Distribution of country qualitative categories	12 No activity 2 Sporadic 2 Regional	

Source: ECDC

**Table 2. Virological distribution for week 33 and the period week 25, 2024 to week 33, 2024**

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 33			Period 2024-2025			Week 33			Period 2024-2025			Week 33		Period 2024-2025	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
<b>Influenza</b>	9	100	1.7%	103	100	1.4%	20	100	3.3%	102	100	1.3%	163	100	2 229	100
Influenza A (total)	8	89	1.5%	70	70	1%	17	100	2.8%	70	92	0.9%	116	77	1 245	64
A(H1)pdm09	1	12	–	21	35	–	0	0	–	1	12	–	6	50	243	49
A(H3)	7	88	–	39	65	–	0	0	–	7	88	–	6	50	254	51
A (unknown)	0	–	–	10	–	–	17	–	–	62	–	–	104	–	748	–
Influenza B (total)	1	11	0.2%	30	30	0.4%	0	0	0%	6	8	0.1%	35	23	700	36
B/Vic	0	0	–	8	100	–	0	0	–	0	0	–	0	0	35	100
B (unknown)	1	–	–	22	–	–	0	–	–	6	–	–	35	–	665	–
Influenza untyped	0	–	–	3	–	0%	3	–	0.5%	26	–	0.3%	12	–	284	–
<b>RSV</b>	1	–	0.2%	13	–	0.2%	0	–	–	14	–	0.2%	12	–	385	–
<b>SARS-CoV-2</b>	109	–	22%	1 872	–	27.6%	100	–	16%	1 529	–	19%	18 958	–	202 450	–

Source: ECDC

## 5. Legionnaires' disease outbreak – Italy – 2024

### Overview:

#### Update

An additional four cases, including one death, have been reported since the last update of 8 August. The most recently reported case had symptom onset on 9 August 2024.

#### Summary

As of 19 August 2024, a total of 53 confirmed cases of Legionnaires' disease (LD), including four deaths, have been reported by the local public health authorities in Milan (Lombardy Region, Italy).

- Most of the 47 cases (89%), were recorded in the municipality of Corsico, with six cases (11%) reported from the municipality of Buccinasco. Both municipalities are located in the metropolitan area of Milan.
- The first case developed symptoms on 11 April 2024.
- The cases are between the ages of 26 and 94 years (mean age: 71.7 years), with 29 females and 24 males involved.
- In all, 48 of 53 cases (91%) had risk factors for Legionnaires' disease, including the four deaths that occurred in older persons (patients aged over 70 years affected by comorbidities).
- Overall, 12 patients are hospitalised, 37 have been discharged, and four cases died.
- No Travel-Associated Legionnaires' Disease (TALD) cases have been reported associated with the outbreak.

Epidemiological, microbiological, and environmental investigations continue. Water samples have been collected from several sampling sites of the municipal water supply system, both from the private residence water systems of patients/control cases and from cooling towers. The collection of respiratory samples from patients and typing of isolated *Legionella* strains is ongoing to assist determination of the outbreak source.

Public health activities continue to be implemented to prevent transmission and emergence of new cases, including a chemical disinfection with chlorine of the municipal water supply system and of private residences. Information on reducing the risk of infection from *Legionella* is available from [Corsico municipality](#), [Buccinasco municipality](#), and [Milano, Lombardy Region](#).

Information on the outbreak is available at <https://www.epicentro.iss.it/legionellosi/focolaio-provincia-milano-2024>.

#### Background

Community outbreaks of Legionnaires' disease are reported annually by countries across the EU/EEA. Italy has previously reported outbreaks, and also in northern Italy. Larger outbreak events were reported in 2018 occurring in Bresso (52 cases) and in Brescia (33 cases). These outbreaks were identified as being caused by other *Legionella pneumophila* serogroups or *Legionella pneumophila* serogroup 1 sequence types.

Legionnaires' disease is caused by inhaling *Legionella* bacteria in an aerosolised form. People aged over 50 years are more at risk of developing Legionnaires' disease than younger people, as are those who are immunocompromised or have underlying illness.

#### ECDC assessment:

The presentation of cases reported to date suggests a community outbreak localised to a limited area of two municipalities in Milan. Preventive control actions are reported to be ongoing. Infection risk is limited to people residing in or visiting the localised geographical area of the outbreak source.

#### Actions:

ECDC is in contact with Italy's authorities through the ELDSNet network and is monitoring the situation through its epidemic intelligence activities.

**Further information:**

**Last time this event was included in the Weekly CDTR:** 9 August 2024

## 6. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

**Overview:**

**Update:** On 20 August 2024, the Ministry of Health of Cambodia reported a human case of A(H5N1) avian influenza virus infection in an adolescent female from Kanhchriech district, Prey Veng province ([Ministry of Health of Cambodia](#)). Her symptoms included fever, cough, sore throat, shortness of breath, and fainting. Despite medical care, the patient passed away on 20 August 2024.

The case was laboratory-confirmed by the National Institute of Public Health and the Pasteur Institute in Cambodia. The virus clade has not yet been announced.

According to an investigation by health authorities, five days prior to the onset of disease dead chickens were reported in the village where the case lived. The case touched and held the dead chickens when preparing a meal.

Since 2003, Cambodia has reported 72 human H5N1 cases, with 43 fatalities, highlighting the ongoing zoonotic transmission risk in the region. National and local health authorities, together with the Ministry of Agriculture, Forestry and Fisheries and the Ministry of Environment, are continuing to search for sources of transmission in both animals and humans, and are conducting contact tracing, administering Tamiflu prophylaxis to close contacts, and emphasising the importance of the proper handling and cooking of poultry to prevent further infections.

A joint [FAO/WHO/WOAH assessment](#) published on 14 August 2024 (and based on data up to 18 July 2024) reports that while the majority of A(H5N1) viruses characterised globally since 2020 belong to the haemagglutinin (HA) H5 clade 2.3.4.4b, regional exceptions exist. These include a novel reassortant influenza A(H5N1) virus detected in poultry and human cases in Cambodia since late 2023 and neighbouring Vietnam in 2024. This reassortant virus has HA and NA genes from clade 2.3.2.1c viruses, while its internal genes belong to clade 2.3.4.4b viruses. Of the 13 human infections reported from Cambodia between February 2023 and July 2024, viruses from 10 of these cases were confirmed to belong to clade 2.3.2.1c. Of these 13 human infections from Cambodia, two had no symptoms and were detected as part of contact tracing, two were mild, and the others had more severe disease or were fatal. All reported cases from Cambodia had exposure to infected/sick poultry and the case reported from Vietnam had exposure to wild birds and there was no person-to-person transmission.

Virus sequences from the human cases have not shown markers for reduced susceptibility to neuraminidase inhibitors (antiviral medicines such as oseltamivir) or endonuclease inhibitors (such as baloxavir marboxil). Some of the virus sequences, as seen in other mammalian infections detailed above, have had genetic markers associated with mammalian adaptation, with PB2 E627K mutations present in sequences from 2.3.2.1c viruses from four cases reported from Cambodia in October and November 2023. Overall, the A(H5N1) viruses currently detected largely retain genomic and biological characteristics of avian influenza viruses and remain well-adapted to spread among birds. Except for in-host obtained amino acid mutations in polymerase proteins, there is still limited evidence for adaptation to mammals and humans. No changes in receptor binding tropism have been consistently observed that would increase binding to receptors in the human upper respiratory tract, which would increase transmission to and among people. Therefore, human-to-human transmission of the currently circulating A(H5N1) viruses is considered unlikely without further genetic changes in the virus.

**Summary:**

Since 2003, and as of 21 August 2024, there have been 908 human cases worldwide\*, including 464 deaths (CFR: 51%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, the United Kingdom, and the United States). To date, no sustained human-to-

human transmission has been detected. In 2024, 26 cases, including three deaths, have been reported in four countries: Cambodia (10 cases, two deaths), the United States (13 cases), Vietnam (two cases, one death), and Australia (one case).

**\*Note:** this includes six detections due to suspected environmental contamination and no evidence of infection that were reported in 2022 by Spain (two detections) and the United States (1), as well as in 2023 by the United Kingdom (3).

### 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 low. The risk to occupationally exposed groups, such as farmers and cullers, is considered 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 or dead backyard poultry underlines the risk of having unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate 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. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of the [avian influenza situation](#).

### Further information:

**Last time this event was included in the Weekly CDTR:** 9 August 2024

## 7. Circulating vaccine-derived poliovirus type 2 (cVDPV2) – Palestine\* – 2024

### Overview:

On 22 August 2024, the weekly [Global Polio Eradication Initiative](#) published an advanced notification on an AFP cases due to variant poliovirus from the Deri al-Balah are of Gaza. The case was in a 10-month-old child with onset of paralysis on 25 July 2024.

On 23 July 2024, the [Global Polio Eradication Initiative \(GPEI\)](#) confirmed the presence of circulating vaccine-derived poliovirus type 2 (cVDPV) in the Gaza Strip. Six wastewater samples collected from two environmental surveillance sites in Khan Younis and Deir al Balah tested positive for poliovirus.

Following genomic sequencing, a link was established between these strains and a poliovirus variant that was circulating in Egypt during the second half of 2023. The last detection of the related variant polioviruses in Egypt was in samples collected in December 2023. Based on the analysis of genetic changes in the isolates, the variant poliovirus could have been introduced in Gaza as early as September 2023.

### ECDC assessment:

These are the first findings of environmental samples positive for poliovirus in Palestine\* since 2022. GPEI reported that routine immunisation rates in Palestine were optimal before the start of the conflict in October 2023. Polio vaccination coverage (POL3), primarily conducted through routine immunisation, was estimated at 99% in 2022. This declined to 89% in 2023, according to the latest WHO-UNICEF routine immunisation estimates ([WUENIC](#)).

Although the situation in the Gaza Strip remains critical, with severe disruption to health services and increased risk of infectious disease outbreaks, the likelihood of poliovirus infection for EU/EEA citizens (e.g. humanitarian workers) in Gaza is very low, assuming that they are up to date with their polio vaccination.

The probability of polio spread in the Gaza Strip has been assessed as high by WHO.

The overall polio risk assessment for the EU remains unchanged.

Further information on monitoring global outbreaks of poliomyelitis can be found here: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

*\*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.*

### Actions:

ECDC is monitoring the event through its epidemic intelligence activities.

### Further information:

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

## 8. Mass gathering monitoring – Olympic and Paralympic Games – France – 2024

### Overview:

#### Update

Since the previous update of 16 August, and as of 22 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic Games.

The Paris 2024 Olympic Games officially closed on 11 August. The Paris 2024 Paralympic Games will be held from 28 August to 8 September. ECDC will continue monitoring until 13 September.

#### Summary

During the Paris 2024 Olympic Games, Covid-19 cases were reported among athletes at 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 diseases in weeks 32 and 33. No single common source of transmission is suspected.

Other events outside of the 2024 Paris 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](#) will take place from 28 August to 8 September. Around 15 000 athletes are expected and the event will involve up to 50 000 volunteers. It was estimated that [11.2 million people](#) visited the Greater Paris Metropolis during the Olympics and 3.8 million are projected during the Paralympics.

During the first phase of ticket sales, there were buyers from 158 different countries, although most were from France.

The Paris 2024 Olympic and Paralympic Games are 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 will occur in the Ile-de-France region. Different activities are organised to celebrate the Games across France, and many gatherings take place. In Paris, the [Club France Paris 2024](#), a special zone with activities for fans, will be held at La Villette; up to 700 000 people are expected to visit to attend activities and celebrations during the Paris 2024 Olympic and Paralympic Games.

### ECDC assessment:

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 persons, risk behaviour, sales 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 considered to be 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 is monitoring 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, and will include weekly updates 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 the Paris 2024 Olympic and Paralympic Games.

Further information on the Paris 2024 Olympic and Paralympic Games is available at [Santé Publique France's website](#) and the [French Ministry of Labour, Health, and Solidarity](#).

### Further information:

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

## 9. Poliomyelitis – Multi-country – Monthly monitoring of 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 8 July 2024, the [39th meeting](#) of the Polio Emergency Committee under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus and it was

agreed that it remains a PHEIC. It was recommended that the temporary recommendations be extended for a further three months.

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

### Summary:

#### **Wild poliovirus (WPV):**

In 2024, 27 cases of AFP due to wild poliovirus infection have been [reported](#), 14 in Pakistan and 13 in Afghanistan.

#### **Circulating vaccine-derived poliovirus (cVDPV):**

With date of symptom onset in 2024 (as of 20 August 2024):

In 2024, 133 cases of AFP caused by cVDPV1 have been [reported](#) from two countries: the Democratic Republic of Congo (DRC) (5), and Mozambique (1).

In 2024, 133 cases of AFP caused by cVDPV2 were reported from 14 countries: Angola (6), Benin (1), Chad (6), DRC (8), Ethiopia (12), Guinea (5), Indonesia (4), Liberia (1), Mali (1), Niger (7), Nigeria (39), Somalia (3), South Sudan (7), and Yemen (33).

Additionally, one case of AFP due to variant poliovirus with symptom onset on 25 July 2024 was reported in the Deir al-Balah area of Gaza, in Palestine\*.

In 2024, no cases of AFP caused by cVDPV3 were reported.

**Sources:** [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC dashboard](#) | [WPV3 eradication certificate](#)

*\*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.*

### 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. Two EU/EEA neighbouring countries (Bosnia and Herzegovina and Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of circulating vaccine-derived poliovirus (cVDPV). This is due to suboptimal vaccination programme performance and low population immunity, according to the [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report published in November 2023, referring to data from 2022. According to the same report, six EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and Afghanistan shows that there is still a risk of the disease being imported into the EU/EEA. The outbreaks of cVDPV that emerge and circulate due to lack of polio immunity in the population also 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 that 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 causing 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. ECDC 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.

## Further information:

**Last time this event was included in the Weekly CDTR:** 31 May 2024

## Events under active monitoring

- Avian influenza A(H5N6) – Multi-country – Monitoring human cases – last reported on 26 July 2024
- SARS-CoV-2 variant classification – last reported on 26 July 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring – last reported on 26 July 2024
- Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Palestine\* – 2024 – last reported on 26 July 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring – last reported on 26 July 2024
- Avian influenza A(H5N1) human cases – United States – 2024 – last reported on 26 July 2024
- Crimean-Congo haemorrhagic fever - Spain - 2024 – last reported on 26 July 2024
- Oropouche virus disease - Multicountry (America) – 2024 – last reported on 26 July 2024
- Seasonal surveillance of West Nile virus infections – 2024 – last reported on 26 July 2024
- Mass gathering monitoring – Olympic and Paralympic Games – France – 2024 – last reported on 26 July 2024
- Nipah virus disease - India - 2024 – last reported on 26 July 2024
- Locally acquired dengue in 2024 in mainland France – last reported on 23 August 2024
- Legionnaires' disease outbreak - Italy – 2024 – last reported on 23 August 2024
- Mpox due to monkeypox virus clade I – Multi-country – 2024 – last reported on 23 August 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks – last reported on 23 August 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases – 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
- Risk assessments under production – last reported on 9 August 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update – last reported on 9 August 2024
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update – last reported on 2 August 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update – last reported on 2 August 2024
- Imported Oropouche virus disease cases in the EU/EEA, 2024 – last reported on 2 August 2024
- Locally acquired chikungunya virus disease in mainland France – last reported on 2 August 2024