

I. Executive summary

EU Threats

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 12 August 2022

During the transmission season for West Nile Virus (WNV), which usually runs from June to November, ECDC monitors the occurrence of infections in the European Union (EU), the European Economic Area (EEA) and EU-neighbouring countries. ECDC publishes weekly epidemiological updates to inform blood safety authorities. Data reported through The European Surveillance System (TESSy) are presented at the NUTS-3 level (nomenclature of territorial units for statistics 3) for EU/EEA countries and at the GAUL-1 level (global administrative unit layers 1) for EU-neighbouring countries.

→Update of the week

Since last week's update, and as of 10 August 2022, European Union (EU) and European Economic Area (EEA) countries reported 67 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Italy (50), Greece (15) and Austria (2). Deaths were reported by Italy (3). EU-neighbouring countries reported 11 human cases of WNV infection in Serbia (11) and deaths (2) related to WNV infections in Serbia.

COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 12 August 2022

On 31 December 2019, the Wuhan Municipal Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common source of exposure at the South China Seafood City market in Wuhan. Further investigations identified a novel coronavirus as the causative agent of respiratory symptoms for these cases. The outbreak rapidly evolved, affecting other parts of China and countries worldwide. On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of coronavirus disease (COVID-19) constituted a Public Health Emergency of International Concern (PHEIC), accepting the Committee's advice and issuing temporary recommendations under the International Health Regulations (IHR). On 11 March 2020, the Director-General of WHO declared the COVID-19 outbreak a pandemic. The third, fourth, fifth, sixth, seventh, eighth, ninth, tenth, eleventh and twelfth 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 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

→Update of the week

As of week 31, 2022, 160 944 584 cases and 1 141 364 deaths have been reported in the EU.

The figures reported worldwide and in the EU/EEA are probably an underestimate of the true number of cases and deaths, due to various degrees of under-ascertainment and under-reporting.

The latest situation update for the EU/EEA is available [here](#).

In week 31, 2022, in the EU/EEA overall, the reported weekly cases decreased by 30.5% compared to the previous week. Overall, 25 countries reported a decrease in weekly cases (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovenia, Slovakia, and Spain), while five countries reported an increase in weekly cases (Estonia, Latvia, Lithuania, Poland, and Sweden). The countries with the highest 14-day notification rates per 100 000 population were: Cyprus (1 860), Greece (1 672), Austria (1 111), Slovenia (1 025), and Germany (1 022).

At the end of week 31, 2022 (week ending 7 August), while overall 14-day case notifications remained high in the EU/EEA (842.5 cases per 100 000 population), transmission has been falling, as shown by both overall case notification rates (22% decrease compared to the previous week) and case rates amongst people aged 65 years and older (16% decrease compared to the previous week). Despite the overall declining trend for the EU/EEA, the epidemiologic situation remains heterogenous, with ten countries reporting increases in the overall notification rate of COVID-19 cases for four weeks or more, mainly in the Eastern region of the EU/EEA. As vaccination coverage varies across the region, it remains important to continue monitoring severity indicators.

Out of 28 countries with data on hospital or ICU admissions/occupancy up to week 31, seven reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (12.0 deaths per million population, compared with 16.5 deaths the previous week). Increasing trends (duration in weeks) in the COVID-19 death rate were observed in five countries – Bulgaria (three), Croatia (six), Czechia (three), Denmark (one) and Romania (two).

Among the 11 countries with an adequate sequencing volume for weeks 29–30 (18 July to 31 July 2022), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 97.3% (88.8–99.9% from 11 countries) for BA.4/BA.5; 1.8% (0.8–3.1% from 10 countries) for BA.2; 1.3% (0.3–1.5% from six countries) for BA.2+L452X; 0.2% (0.0–0.7%, 296 detections from four countries) for BA.1; and 0.0% (0.0–0.1%, 13 detections from two countries) for BA.2.75.

Since the last update on 28 July 2022 and as of 11 August 2022, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants:

- BA.1 was de-escalated from variant of concern (VOC) to de-escalated variant.
- BA.3 was de-escalated from variant under monitoring (VUM) to de-escalated variant.

The reason for these de-escalations is the reduced circulation of these variants in the EU/EEA, with very low proportions of BA.1 being detected in the last few weeks, and no sequences of BA.3 detected since week 25. It is unlikely that these variants will have any further impact on the epidemiological situation in the EU/EEA.

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

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 12 August 2022

Since early May 2022, cases of monkeypox (MPX) have been reported from countries where the disease is not endemic.

→ Update of the week

Since the last update on 5 August 2022, 536 monkeypox cases have been reported from 21 EU/EEA countries: Germany (224), France (97), Spain (90), Austria (32), Denmark (27), Italy (16), Sweden (7), Netherlands (6), Slovenia (6), Belgium (5), Luxembourg (5), Greece (4), Romania (4), Poland (3), Cyprus (2), Lithuania (2), Norway (2), Czechia (1), Estonia (1), Ireland (1) and Slovakia (1).

Two deaths have been reported from Spain.

Disclaimer: Data presented in this update are compiled from TESSy and official sources. Databases with larger number of monkeypox cases reported for each country are selected. In this update, countries for which TESSy data were used are: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Estonia, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Romania, Slovakia, Spain and Sweden. For the rest of the countries, data were included from the epidemic intelligence database.

Other news

On 5 August 2022, the Italian Ministry of Health issued a [circular](#) granting access to monkeypox vaccination as a pre-exposure prophylaxis to two main population groups: a) laboratory personnel with direct exposure to orthopoxviruses; b) men who have sex with men (MSM) with behavioural risk factors for contracting monkeypox. These risk factors include having had multiple sexual partners in the previous three months, engaging in group sex and/or chemsex, attending particular venues where at-risk sexual behaviours are practised, and having been diagnosed with at least one sexually transmitted infection in the previous 12 months.

On 8 August 2022, according to the local [health authorities](#), the first monkeypox vaccines were administered in Italy at Rome's Lazzaro Spallanzani National Institute for Infectious Diseases.

On 8 August 2022, Ecuador's Ministry of Public Health [announced](#) that one of the confirmed monkeypox cases in the country had died the same day. However, authorities ascribed the individual's death to 'a pre-existing health condition'. No other demographic or health-related information about the patient was disclosed.

On 9 August 2022, according to a [press release](#), the Danish Health Authority updated the vaccine strategy against monkeypox in the country. In addition to post-exposure vaccination, monkeypox vaccines will also now be offered as a pre-exposure prophylaxis to people 'at greatest risk of infection'. This includes people who either receive or meet the criteria for pre-exposure prophylaxis against HIV (unprotected intercourse with more than two partners in the last 12 weeks; recent diagnosis of syphilis, gonorrhoea, or chlamydia in the last 12 weeks), and people living with HIV with increased behavioural risk.

On 9 August 2022, German [media](#) quoting local health authorities in the city of Pforzheim (the state of Baden-Württemberg) reported the first monkeypox case in a child in the country. Media reported that the case originated in a household with two infected persons, and the child did not experience symptoms. The case was officially [confirmed](#) by the Robert Koch Institute (RKI) in Germany.

On 9 August 2022, according to a [press release](#), the Latvian government issued a regulation preventing the contacts of monkeypox cases to continue work which brings them in contact with infants, young children, pregnant women and persons with weakened immune systems. However, contacts with monkeypox cases will not be required to undergo quarantine, and their normal daily activities will not be restricted apart from the above rules.

On 9 August 2022, the United States Food and Drug Administration (FDA) [issued](#) an emergency use authorisation for the JYNNEOS smallpox vaccine against monkeypox, to increase vaccine supply in the country. The FDA stated that adults over 18 years of age will be vaccinated with one-fifth of the previously licensed volume, administered intradermally (between skin layers) instead of subcutaneously (beneath the skin). Individuals under 18 years of age will keep on being vaccinated subcutaneously, as per the previously licensed scheme. In both cases, vaccines will be administered in two doses 28 days apart.

On 10 August 2022, the medical journal, 'The Lancet' [described](#) the first documented case of human-to-dog monkeypox transmission. Scientists report that two men living in France who experienced symptomatic monkeypox infection transmitted the virus to their dog by close physical contact (i.e. bed sharing). The dog was also symptomatic with cutaneous lesions. The biological plausibility of the human-to-animal transmission route was confirmed by genomic sequencing.

Measles monitoring – Multi-country (World)

Opening date: 9 February 2011

Latest update: 12 August 2022

A sharp decrease in measles cases has been observed globally during the COVID-19 pandemic. Some measles cases are now being reported in the EU/EEA, including in countries that had previously eliminated or interrupted endemic transmission.

→Update of the week

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 July 2022 and as of 8 August, 12 new cases were reported by four countries in the EU/EEA: Germany (7), Hungary (2), Ireland (2) and Poland (1). Other countries did not report new cases of measles.

No measles-related deaths have been reported in the EU/EEA in 2022 till date.

Relevant updates outside the EU/EEA are available for Ukraine, Republic of the Congo, Democratic Republic of the Congo, WHO Regional Office for Europe (WHO/EUROPE), WHO Regional Office for Africa (WHO/AFRO), WHO Pan American Health Organization (PAHO), WHO Regional Office for South-East Asia (WHO/SEARO), and WHO Western Pacific Regional Office (WPRO). No updates were available for WHO Regional Office for Eastern Mediterranean region (WHO/EMRO).

Non EU Threats

New! Crimean-Congo Haemorrhagic Fever – Spain – 2022

Opening date: 9 August 2022

Latest update: 12 August 2022

On 5 August 2022, the Spanish Ministry of Health published a risk assessment on two Crimean-Congo haemorrhagic fever (CCHF) cases in Bierzo (León province).

→Update of the week

On 5 August 2022, the Spanish Ministry of Health [published](#) a risk assessment on two Crimean-Congo haemorrhagic fever (CCHF) cases in Bierzo (León province). The first case was a 49-year-old hunter with symptom onset on 12 July 2022 who is currently in a stable condition. This case reported a tick bite before onset of symptoms. The second case was a 51-year-old male who was a forestry worker. He passed away on 19 June 2022 and was retrospectively (post mortem) diagnosed with CCHF on 20 July 2022.

New! Infections with Langya henipavirus – China – 2018-2021

Opening date: 11 August 2022

Latest update: 12 August 2022

According to a [letter to the editor](#) of the New England Journal of Medicine, published on 4 August 2022, scientists have detected a previously-unknown, phylogenetically-distinct henipavirus in China, named Langya henipavirus (LayV).

→Update of the week

According to a [letter to the editor](#) of the New England Journal of Medicine, published on 4 August 2022, scientists have detected a previously-unknown, phylogenetically-distinct henipavirus in China, named Langya henipavirus (LayV).

The virus was identified through sentinel surveillance of febrile cases with a history of recent animal exposure in eastern China. Between April 2018 and August 2021, 35 patients with acute LayV infection were detected in the Shandong and Henan provinces of China. The following symptoms/signs were reported: fever, fatigue, cough, anorexia, myalgia, nausea, headache and vomiting.

The majority (85%) of the cases for which information on occupation was available were farmers.

A serosurvey of domestic animals detected seropositivity in goats (in 2% of the tested sera) and dogs (5% of the tested sera.) Samples from wild rodents and shrews were tested for LayV infection. Viral RNA was detected in three rodent and two shrew species, predominantly in *Crocidura lasiura* shrews.

New! Autochthonous dengue – France – 2022

Opening date: 11 August 2022

Latest update: 12 August 2022

In 2022 and as of 10 August 2022, two autochthonous cases of dengue have been reported in France.

→Update of the week

In 2022 and as of 10 August 2022, two autochthonous cases of dengue have been reported in France.

On 28 July 2022, the reference laboratory for arboviruses confirmed an autochthonous dengue case in a resident of [Perpignan, Pyrénées-Orientales, France](#).

On 9 August 2022, the municipality of Fayence in Var, France [reported](#) that vector control activities would take place after an autochthonous dengue case was reported in the city.

Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022

Latest update: 12 August 2022

ECDC's epidemic intelligence team is monitoring the [Birmingham 2022 Commonwealth Games](#) (CWG), taking place from 28 July to 8 August 2022 in England. Over 5 000 athletes from 72 [countries and territories](#), including Malta and Cyprus from the EU/EEA, are participating in the 25 sporting disciplines. Over 1.2 million [tickets](#) have been sold for the event, which is being hosted at 16 venues, with the opening and closing ceremonies being held at the Alexander Stadium. As with other sports events and gatherings, it is expected that crowding, potential risk-prone behaviour and prolonged close contacts, both inside and outside of the hosting venues, may result in outbreaks of communicable disease. Additional [public health preparedness and community engagement efforts](#) are needed for such events, especially in the context of the ongoing monkeypox and COVID-19 outbreaks. In general, during any mass gathering event there is an increased risk of food- and waterborne, airborne and vector borne diseases, as well as diseases transmitted through close contact, such as sexually transmitted diseases, which have a potential for international spread.

→Update of the week

No serious cross-border events have been detected during the period from 5 to 11 August 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

No cases of monkeypox have been reported in relation to the CWG.

Several CWG athletes tested positive for COVID-19 ahead of the Games, either in their own countries or upon arrival in Birmingham, and also over the course of the tournament.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 12 August 2022

Elevated sea surface temperature (SST) in marine environments with low salt content offer ideal growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. ECDC has developed a model to map the environmental suitability for *Vibrio* growth in the Baltic Sea ([ECDC Vibrio Map Viewer](#)). Please note that this model has been calibrated to the Baltic Region in northern Europe and might not apply to other worldwide settings prior to validation.

→Update of the week

As of 9 August 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very low-to-low, except in Northeast Germany, Szczecin (Poland) and Klaipeda (Lithuania) where it was medium-to-high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high in Northeast Germany, majority of Poland, Lithuania, Latvia, West Estonia, South Finland, Stockholm (Sweden) and Kalmar (Sweden); and very low-to-low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low-to-low and is expected to be the same for the next five days.

Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

Opening date: 15 September 2021

Latest update: 12 August 2022

Animal influenza viruses that infect people are considered novel to humans and have the potential to become pandemic threats.

→Update of the week

On the 5 August 2022, the US CDC reported an influenza variant H3N2v virus human infection with a H3N2 virus that usually circulates among the pig population in the US. The first variant influenza virus infection of 2022 was reported by West Virginia and occurred in a male under 18 years who attended an agricultural fair and had direct contact with pigs. The investigation of the case reported on 5 August is still ongoing, but findings to date include the fact that the infected person was not hospitalised and is recovering from the illness. There have been reports of respiratory illness among other people who attended the same agricultural event, and specimens are being forwarded to the US CDC for additional testing. To date, no person-to-person spread of this virus has been confirmed. Recent reports of an increase in swine influenza outbreaks in pigs in the USA suggest the risk of exposure to and infection with these viruses may be higher than usual during the fair season.

Detection of vaccine-derived poliovirus type 2 (VDPV2) in environmental samples – United Kingdom

Opening date: 27 June 2022

Latest update: 12 August 2022

On June 2022, vaccine-derived poliovirus type 2(VDPV2) was detected in environmental samples in the United Kingdom, London.

→Update of the week

Between 8 February and 5 July 2022, a total of 116 poliovirus type 2 (PV2) isolates were identified in 19 sewage samples collected in London, United Kingdom. Following the findings earlier this year of type 2 poliovirus (PV2) collected from the Beckton sewage treatment works, additional sampling has identified at least one positive poliovirus sample, currently present in certain areas of eight additional London boroughs. The sampling has also detected the virus in lower concentrations and frequency in two adjacent areas. However, it is not clear whether the virus has established itself in these areas or if the detections are due to people from the affected area visiting these neighbouring areas. Most of the samples are classified as vaccine-like virus and only a few have sufficient mutations to be classified as vaccine-derived poliovirus (VDPV2). The poliovirus levels and the genetic diversity among the isolates suggests some level of virus transmission both in the areas where positive samples were found and in adjacent ones.

II. Detailed reports

West Nile virus - Multi-country (World) - Monitoring season 2022

Opening date: 2 June 2022

Latest update: 12 August 2022

Epidemiological summary

Since last week's update, and as of 10 August 2022, European Union (EU) and European Economic Area (EEA) countries reported 67 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Italy (50), Greece (15) and Austria (2). Deaths were reported by Italy (3). EU-neighbouring countries reported 11 human cases of WNV infection in Serbia (11) and deaths (2) related to WNV infections in Serbia.

Since the beginning of the 2022 transmission season and as of 10 August 2022, EU/EEA countries have reported 188 human cases of WNV infection in Italy (144), Greece (39), Austria (2), Romania (2) and Slovakia (1) and 10 deaths in Italy. EU-neighbouring countries have reported 34 human cases of WNV infection in Serbia (34) and three deaths in Serbia.

During the current transmission season, within the reporting countries, human cases of WNV infection were reported from 36 different NUTS-3 or GAUL-1 regions.

Since the beginning of the 2022 transmission season, seven outbreaks among equids and 39 outbreaks among birds have been reported by EU/EEA countries. Outbreaks among equids have been reported by Italy (7). Outbreaks among birds have been reported by Italy (38) and Germany (1).

ECDC links: [West Nile virus infection webpage](#)

Sources: TESSy | Animal Disease Information System

ECDC assessment

During the current transmission season and as of 10 August 2022, the human cases of WNV were reported from countries and regions that had reported WNV infections in previous years.

At this stage in the season, the number of cases and deaths in Italy are higher than in the previous three years, and comparable with those observed in the peak epidemic year in 2018.

In accordance with [Commission Directive 2014/110/EU](#), prospective 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 set of WNV transmission maps, a dashboard, and an epidemiological summary every Friday.

Distribution of human West Nile virus infections by affected areas as of 10.08

ECDC

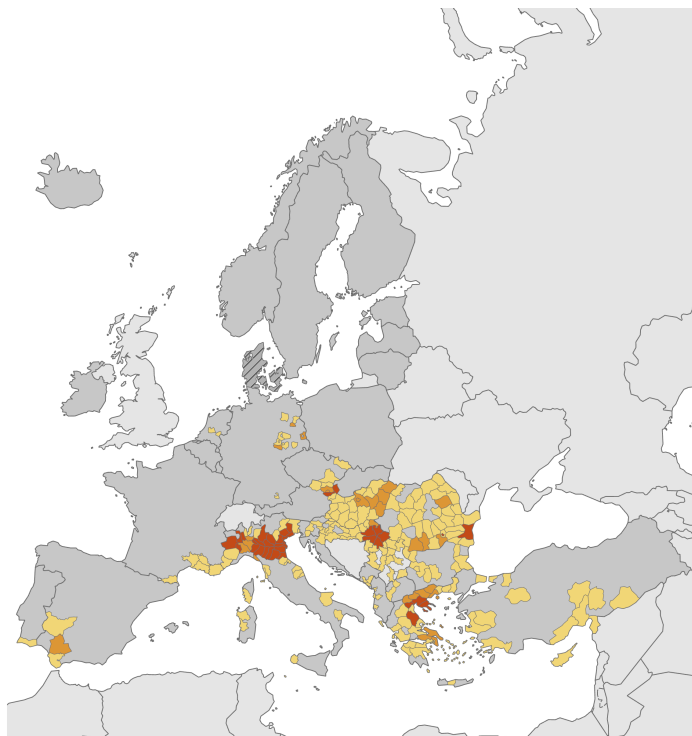


Distribution of human West Nile virus infections in NUTS 3 or GAUL 1 regions in the EU/EEA and neighbouring countries during 2011–2022, as of 10 of August 2022

- Human infections reported, current season (2022)
- Human infections reported, 2021
- Human infections reported, 2011–2019
- No data reported
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics ©
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 11 August 2022

Distribution of West Nile virus infections among humans and outbreaks among equids and/or birds in the EU as of 10.08

ECDC and ADIS



Distribution of human and animal West Nile virus infections in NUTS 3 or GAUL 1 regions of the EU/EEA and neighbouring countries during the 2022 season, as of 10 of August 2022

- Human infections, with or without outbreaks among equids and/or birds
- Outbreaks among equids and/or birds
- No infections reported
- Not included

Countries not visible in the main map extent

- Malta
- Liechtenstein



Administrative boundaries: © EuroGeographics ©
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COVID-19 associated with SARS-CoV-2 – Multi-country EU/EEA – 2019 - 2022

Opening date: 7 January 2020

Latest update: 12 August 2022

Epidemiological summary

EU/EEA

As of week 31, 2022, 163 084 600 cases have been reported in the EU/EEA: France (34 143 815), Germany (31 261 966), Italy (21 394 236), Spain (13 338 992), Netherlands (8 353 400), Poland (6 103 061), Portugal (5 363 138), Austria (4 842 622), Belgium (4 438 153), Greece (4 266 918), Czechia (3 998 330), Romania (3 112 281), Denmark (2 905 622), Sweden (2 548 417), Slovakia (2 334 778), Hungary (2 005 480), Norway (1 912 769), Ireland (1 626 029), Lithuania (1 433 791), Finland (1 225 736), Bulgaria (1 217 157), Croatia (1 193 298), Slovenia (1 094 104), Cyprus (877 193), Latvia (871 350), Estonia (575 607), Luxembourg (318 496), Iceland (208 548), Malta (113 274) and Liechtenstein (18 699).

As of week 31, 2022, 1 145 249 deaths have been reported in the EU/EEA: Italy (174 736), France (166 702), Germany (145 025), Poland (117 052), Spain (111 404), Romania (66 033), Hungary (45 763), Czechia (40 446), Bulgaria (37 431), Belgium (31 785), Greece (31 747), Portugal (24 691), Netherlands (22 532), Austria (20 451), Slovakia (19 506), Sweden (19 463), Croatia (16 401), Lithuania (9 219), Slovenia (7 979), Finland (7 205), Denmark (6 689), Latvia (6 558), Ireland (6 503), Norway (3 623), Estonia (2 507), Cyprus (1 451), Luxembourg (1 308), Malta (795), Iceland (179) and Liechtenstein (83).

In week 31, 2022, in the EU/EEA overall, the reported weekly cases decreased by 30.5% compared to the previous week. Overall, 25 countries reported a decrease in weekly cases (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovenia, Slovakia, and Spain), while five countries reported an increase in weekly cases (Estonia, Latvia, Lithuania, Poland, and Sweden). The countries with the highest 14-day notification rates per 100 000 population were: Cyprus (1 860), Greece (1 672), Austria (1 111), Slovenia (1 025), and Germany (1 022).

At the end of week 31, 2022 (week ending 7 August), while overall 14-day case notifications remained high in the EU/EEA (842.5 cases per 100 000 population), transmission has been falling, as shown by both overall case notification rates (22% decrease compared to previous week) and case rates amongst people aged 65 years and older (16% decrease compared to previous week). Despite the overall declining trend for the EU/EEA, the epidemiologic situation remains heterogenous, with ten countries reporting increases in the overall notification rate of COVID-19 cases for four weeks or more, mainly in the Eastern region of the EU/EEA. As vaccination coverage varies across the region, it remains important to continue monitoring severity indicators.

Out of 28 countries with data on hospital or ICU admissions/occupancy up to week 31, seven reported an increasing trend in at least one of these indicators compared with the previous week. The 14-day COVID-19 death rate has been decreasing for one week (12.0 deaths per million population, compared with 16.5 deaths the previous week). Increasing trends (duration in weeks) in the COVID-19 death rate were observed in five countries – Bulgaria (three), Croatia (six), Czechia (three), Denmark (one) and Romania (two).

Among the 11 countries with an adequate sequencing volume for weeks 29–30 (18 July to 31 July 2022), the estimated distribution of variants of concern (VOC) or variants of interest (VOI) was 97.3% (88.8–99.9% from 11 countries) for BA.4/BA.5; 1.8% (0.8–3.1% from 10 countries) for BA.2; 1.3% (0.3–1.5% from six countries) for BA.2+L452X; 0.2% (0.0–0.7%, 296 detections from four countries) for BA.1; and 0.0% (0.0–0.1%, 13 detections from two countries) for BA.2.75.

The latest situation update for the EU/EEA is available [here](#).

EU

As of week 31, 2022, 160 944 584 cases and 1 141 364 deaths have been reported in the EU.

Western Balkans and Turkey:

As of week 31, 2022, the following Western Balkan countries reported COVID-19 cases: Serbia (2 160 253), Bosnia and Herzegovina (388 158), North Macedonia (330 755), Albania (314 770), Montenegro (264 461) and Kosovo* (260 643).

As of week 31, 2022, the following Western Balkan countries reported COVID-19 deaths: Serbia (16 347), Bosnia and Herzegovina (15 908), North Macedonia (9 388), Albania (3 543), Kosovo* (3 165) and Montenegro (2 753).

Additionally, as of week 31, 2022, 16 295 817 cases and 99 678 deaths have been reported from Turkey.

*This designation is without prejudice to positions on status, and is in line with UN Security Council Resolution 1244/1999 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.

As of week 13, 2022, ECDC discontinued the assessment of each country's epidemiological situation using its composite score, mainly due to changes in testing strategies which affected the reliability of the indicators for all age case rates and test positivity.

For the latest COVID-19 country overviews, please see the [dedicated web page](#).

Variant update

Since the last update on 28 July 2022 and as of 11 August 2022, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring and de-escalated variants:

- BA.1 was de-escalated from variant of concern (VOC) to de-escalated variant.
- BA.3 was de-escalated from variant under monitoring (VUM) to de-escalated variant.

The reason for these de-escalations is the reduced circulation of these variants in the EU/EEA, with very low proportions of BA.1 being detected in the last few weeks, and no sequences of BA.3 detected since week 25. It is unlikely that these variants will have any further impact on the epidemiological situation in the EU/EEA.

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

As of 20 June 2022, ECDC is discontinuing the data collection and publication of the number of COVID-19 cases and deaths worldwide. Please refer to the World Health Organization (WHO) data on COVID-19 and the WHO Weekly Epidemiological and Weekly Operational Updates page for information on the non-EU/EEA countries.

Other news

On 3 August 2022, the [European Medicines Agency \(EMA\) recommended](#) that the Covid-19 vaccine developed by Novavax, 'Nuvaxovid' carry a warning of two inflammatory heart conditions – myocarditis and pericarditis – as new side effects in the product information. This is based on a small number of reported cases. Moreover, the Agency has requested the marketing authorisation holder to provide additional data on the risk of these side effects occurring.

On 9 August 2022, the [European Commission](#) issued a press release stating that the Commission and the biotech company, Moderna have reached an agreement to secure an additional 15 million booster doses of Moderna's COVID-19 vaccine candidates for the Omicron variant. This new agreement will adapt the previously agreed delivery schedules. The doses originally scheduled for delivery in summer will now be delivered during the autumn and winter periods of 2022.

On 9 August 2022, [media](#) reported that the Tibet Autonomous Region of China reported new COVID-19 cases for the first time in more than 900 days. Local authorities reported one symptomatic and 21 asymptomatic cases on 8 August 2022. The region has now re-introduced COVID-19 measures including suspension of large events, closure of entertainment and religious venues in the provincial capital region, mass testing, etc.

On 8 August 2022, [media](#) reported that the incidence of COVID-19 cases in Russia increased by almost 60% in a week and excess incidence rates were reported from 15 regions. Additionally, hospitalisations due to COVID-19 also increased by 27.7% in a week. Russia has lifted all COVID-19 related restrictions since 1 July 2022.

According to [media](#), more than 80 000 tourists are in lockdown in Sanya, a touristic city in the Hainan Island in southern China. The lockdown has been implemented since 6 August 2022, after 263 COVID-19 cases were confirmed. All flights and trains from Sanya have been cancelled and only essential services remain open.

Public Health Emergency of International Concern (PHEIC):

On 30 January 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a PHEIC. On 11 March 2020, the Director-General of [WHO](#) declared the COVID-19 outbreak a pandemic. The [third](#), [fourth](#), [fifth](#), [sixth](#), [seventh](#), [eighth](#), [ninth](#), [tenth](#), [eleventh](#) and [twelfth](#) 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 and 8 July 2022 respectively. The Committee concluded during these meetings that the COVID-19 pandemic continues to constitute a PHEIC.

ECDC assessment

For the most recent risk assessment, please visit [ECDC's dedicated web page](#).

Actions

On 27 January 2022, ECDC published its Rapid Risk Assessment 'Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update'.

A [dashboard](#) with the latest updates is available on ECDC's [website](#). For the latest update on SARS-CoV-2 variants of concern, please see [ECDC's web page on variants](#).

Monkeypox - Multi-country - 2022

Opening date: 3 June 2022

Latest update: 12 August 2022

Epidemiological summary

EU/EEA

Since the start of the monkeypox outbreak and as of 11 August 2022, 14 843 confirmed cases of monkeypox (MPX) have been reported from 29 EU/EEA countries: Spain (5 270), Germany (3 063), France (2 601), Netherlands (1 002), Portugal (710), Italy (599), Belgium (546), Austria (195), Denmark (135), Sweden (123), Ireland (101), Poland (85), Norway (66), Hungary (51), Greece (48), Slovenia (41), Luxembourg (39), Romania (31), Malta (30), Czechia (29), Finland (22), Croatia (12), Iceland (11), Estonia (9), Slovakia (9), Lithuania (5), Bulgaria (4), Cyprus (3) and Latvia (3). Two deaths have been reported from Spain.

Western Balkans and Turkey

Since the start of the monkeypox outbreak and as of 11 August 2022, the following Western Balkan countries have reported confirmed cases of monkeypox: Serbia (23), Bosnia and Herzegovina (1) and Montenegro (1).

In addition, five cases have been reported from Turkey.

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

Public Health Emergency of International Concern (PHEIC): On 23 July 2022, the Director-General of World Health Organization [declared](#) the global monkeypox outbreak a Public Health Emergency of International Concern (PHEIC).

ECDC assessment

Monkeypox (MPX) does not easily spread between people. Human-to-human transmission of MPX occurs through close contact with infectious material from the skin lesions of an infected person, through respiratory droplets in prolonged face-to-face contact and through fomites.

In the current outbreak in non-endemic countries, cases of MPX are still primarily being identified among groups of men who have sex with men (MSM) aged 18–50 years. Particular sexual practices are very likely to have facilitated – and could further facilitate – the transmission of MPX among MSM groups. Despite the current focus of circulation of the MPX virus (MPXV) among groups of MSM with multiple partners, the potential exists for transmission in other population groups as well. As regards the severity of the disease, in this outbreak, cases have mainly presented with mild to-moderate symptoms. Only a few severe cases (including encephalitis) leading to hospitalisations and two deaths have been reported. Severity of MPX may be higher among young children, pregnant women, and immunocompromised individuals.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high, and the likelihood of MPX spreading among the broader population is assessed as very low. Although a few severe cases have been reported (including encephalitis), the impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population. The risk of establishment of an enzootic cycle in the EU/EEA and spillover events to humans is considered to be low.

In endemic areas, the MPX virus has been detected in a broad range of animal species, and the occurrence of zoonotic transmission events cannot be excluded. In the current outbreak, one transmission event from infected persons to a dog was reported in France. However, no documented evidence of animal-to-human transmission in the EU/EEA is available to date.

Early diagnosis, isolation, effective contact tracing, and vaccination-targeted strategies are key to effective control of this outbreak. It is essential to underpin all response measures with strong risk communication and community engagement efforts, as well as awareness and educational activities for healthcare professionals. At this point, mass vaccination for MPX is not required or recommended. Unless contact tracing can successfully identify a high proportion of infected contacts, mathematical modelling results indicate that targeted pre-exposure (PrEP) vaccination of individuals at high risk of exposure would be the most effective strategy in the use of vaccines to control the outbreak. PrEP vaccination would also be the most efficient strategy when

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there is less effective tracing. Therefore, prioritising groups of MSM at higher risk of exposure, as well as front-line staff with risks for occupational exposure, should be considered when developing vaccination strategies. Modelling the efficient use of vaccines indicates that PrEP vaccination would be the most efficient strategy when there is less effective tracing. The modelling also suggests that post-exposure prophylaxis (PEP) vaccination of contacts would offer a marginally more efficient approach if there are both higher uptake levels and more effective tracing (as fewer vaccines would be needed for a relatively large increase in the probability of outbreak control per vaccinated individual), while the absolute probability of outbreak control with PEP vaccination is still lower than with PrEP vaccination. In settings where higher vaccine uptake is expected, PEP vaccination of close contacts of cases should also be considered, or even ring vaccination. Among these, contacts with high risks of developing severe disease, such as children, pregnant women and immunocompromised individuals, should be prioritised. Targeted national vaccination programmes should be implemented within a framework of collaborative research and clinical trial protocols, with standardised data collection tools for clinical and outcome data.

Actions

ECDC will continue to monitor this event through its epidemic intelligence activities and report relevant news on an ad-hoc basis. Multi-lateral meetings between affected countries, WHO/Europe, and ECDC have taken place to share information and coordinate response. A process in [EpiPulse](#) has been created to allow countries to share information with one another, WHO, and ECDC. Case reporting in TESSy was set up on 2 June 2022. ECDC published a [rapid risk assessment](#) on 23 May 2022, and an [update](#) to the assessment on 8 July 2022. For all the latest updates, visit [ECDC's monkeypox page](#).

ECDC is also offering laboratory support to Member States and collaborating with stakeholders on risk communication activities, such as targeted messaging for the general public and for MSM communities, and providing guidance to countries hosting events in the summer. ECDC is also providing guidance on clinical sample storage and transport, case and contact management and contact tracing, IPC guidance, cleaning and disinfection in healthcare settings and households, and vaccination approaches.

Measles monitoring – Multi-country (World)

Opening date: 9 February 2011

Latest update: 12 August 2022

Epidemiological summary

Since the previous monthly measles update in ECDC's Communicable Disease Threats Report (CDTR) on 12 July 2022 and as of 8 August, 12 new cases were reported by four countries in the EU/EEA: Germany (7), Hungary (2), Ireland (2) and Poland (1). Other countries did not report new cases of measles.

So far, in 2022, no measles-related deaths have been reported in the EU/EEA.

Relevant updates outside the EU/EEA are available for Ukraine, Republic of the Congo, Democratic Republic of the Congo, WHO Regional Office for Europe (WHO/EUROPE), WHO Regional Office for Africa (WHO/AFRO), WHO Pan American Health Organization (PAHO), WHO Regional Office for South-East Asia (WHO/SEARO), and WHO Western Pacific Regional Office (WPRO). No updates were available for WHO Regional Office for Eastern Mediterranean region (WHO/EMRO).

Disclaimer: The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks from the publicly available information of national public health authorities or the media. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 29 EU/EEA countries to The European Surveillance System (TESSy). Data presented in the two monthly reports may differ.

Other news

According to the [German Ministry of Health](#), the transitional period for the compulsory vaccination law, which was in force in the country since 1 March 2020, ended on 31 July 2022 after being postponed during the COVID-19 pandemic. Therefore, from 1 August 2022 all German citizens born after 1970 who belong to certain categories, including, but not limited to, children from the age of one attending kindergartens or schools, or health and social care workers must now show proof of vaccination or natural immunity against measles. Immunity can be determined by a blood test, for which the cost is usually covered by the patient themselves. Persons who do not provide sufficient evidence may neither be cared for in those facilities nor be active in the aforementioned institutions. However, this does not apply to persons who are subject to compulsory schooling.

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

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[Germany](#) reported 50 confirmed and suspected cases in weeks 1 to 30 (ending on 31 July 2022), an increase of seven cases since week 27 (ending on 10 July, 2022).

Hungary reported six cases as of week 28 (ending on 17 July 2022), an increase of two cases since week 18 (ending 8 May 2022).

[Ireland](#) reported seven cases in 2022 and as of week 30 (ending 31 July 2022), an increase of two cases since week 26 (ending 2 July 2022).

[Poland](#) reported 17 cases in the period from [January to July 2022](#) (data available as of 8 August 2022), an increase of one case since the previous update.

Relevant epidemiological summary for countries outside the EU/EEA

A global provisional monthly measles and rubella overview by month and country is available from [WHO's website](#).

Ukraine reported five cases of measles from January to June 2022 (according to data available on 8 August 2022), an increase of two cases since the last update.

According to the WHO Regional Office for Europe ([WHO/EUROPE](#)) data for January–May 2022 (data accessed on 8 August 2022), sporadic cases of measles were reported in the following non-EU/EEA countries: Bosnia and Herzegovina (2), Georgia (3), Kyrgyzstan (10), Russia (10), Tajikistan (130), Turkey (23), Ukraine (3), and United Kingdom (1). According to the same report, in the EU/EEA, confirmed cases were reported in Belgium (5), Bulgaria (1), France (8), Germany (7), Greece (1), Ireland (3), Italy (4), Poland (12), and Romania (1). Please note that numbers provided to WHO for EU/EEA countries are from TESSy data.

According to a report from the WHO Regional Office for Africa ([WHO/AFRO](#)), as of 31 July 2022 (week 31), cases and outbreaks of measles in 2022 were reported in the following countries: Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo (DRC), Ethiopia, Guinea, Kenya, Liberia, Mali, Mozambique, Namibia, Niger, Senegal, Sierra Leone, South Sudan, Zambia, and Zimbabwe. Due to varying reporting periods by the countries, please visit the latest weekly bulletin available [here](#).

Congo reported 6 314 confirmed cases of measles, including 132 deaths (CFR: 2%) between 1 January 2022 and 12 June 2022. Confirmed outbreaks have been reported in 23 of 52 districts.

DRC reported 71 327 suspected cases of measles, including 1 001 measles-related deaths (CFR: 1.4%) in the period from 1 January 2022 to 19 June 2022. 63% laboratory-confirmed measles cases are children under five years old, and only 25% with history of vaccination.

According to WHO's Pan American Health Organization ([PAHO](#)) report (Vol. 28, No. 30) in week 30 2022 (ending 30 July 2022), 55 cases were reported in four countries: Brazil (44), the United States of America (6), Argentina (2), and Canada (3).

According to a report from WHO's Western Pacific Region ([WPRO](#)) for June 2022 (Vol 16, Issue 7), overall, there were 622 confirmed and clinically compatible measles cases, including ten deaths (CFR: 1.6%). The cases were reported by seven countries: China (299), the Philippines (198), Malaysia (111), Vietnam (10), Singapore (2), Cambodia (1) and Australia (1).

According to WHO's Regional Office for South-East Asia (WHO/SEARO), from January to May 2022 there were 6 210 cases of measles reported by seven countries: India (5 327), Indonesia (753), Bangladesh (69), Nepal (40), Thailand (13), Myanmar (7), and Timor-Leste (1). The update is provided from the WHO [Provisional monthly measles and rubella data](#) available on 8 August 2022.

ECDC assessment

The substantial decline in measles cases reported by EU/EEA countries after March 2020, and continuing through 2022, contrasts with the usual annual and seasonal patterns for measles, which peak during the spring in temperate climates. A similar decrease has been observed in other countries worldwide during the same period. Under-reporting, under-diagnosis, or a real decrease due to the direct or indirect effects of COVID-19 pandemic measures could explain the observed decline in cases. The lifting of non-pharmaceutical interventions related to the COVID-19 pandemic could lead to measles outbreaks in the EU/EEA. Active measles surveillance and public health measures, including high vaccination uptake, provide the foundation for an effective response to possible increases in the number of cases/outbreaks.

Actions

ECDC monitors the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from The European Surveillance System (TESSy) routinely submitted by 29 EU/EEA countries. ECDC published a [risk assessment](#) entitled 'Who is at risk of measles in the EU/EEA?' on 28 May 2019.

New! Crimean-Congo Haemorrhagic Fever – Spain – 2022

Opening date: 9 August 2022

Latest update: 12 August 2022

Epidemiological summary

On 5 August 2022, the Spanish Ministry of Health [published](#) a risk assessment on two Crimean-Congo haemorrhagic fever (CCHF) cases in Bierzo (León province). The first case was a 49-year-old hunter with symptom onset on 12 July 2022 who is currently in a stable condition. This case reported a tick bite before onset of symptoms. The second case was a 51-year-old male who was a forestry worker. He passed away on 19 June 2022 and was retrospectively (post mortem) diagnosed with CCHF on 20 July 2022.

ECDC assessment

One case of CCHF has previously been reported in the León province in 2021 so the virus is known to be present in this province. Both cases reported in 2022 performed activities that increased their likelihood of exposure to ticks and therefore to the virus. Although the risk of contracting CCHF for the general population in the [areas where the virus is known to be present](#) in Spain is low, this risk drastically increases for people performing activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures against tick bites ([ECDC Protective Measures against ticks](#)).

Ticks from the *Hyalomma* spp. are considered the principal vectors of the CCHF virus. *Hyalomma marginatum* is widely present in [southern and eastern Europe](#). In Spain, the main vector is *Hyalomma lusitanicum*, which is present in some part of [southern Europe](#).

Healthcare providers caring for patients infected with CCHF virus are at risk of human-to-human transmission, as demonstrated in [2016 in Spain](#) when a healthcare worker was infected while attending to a primary case. The risk of further human-to-human transmission in hospital settings can be significantly reduced by applying timely and appropriate infection prevention and control measures.

The Spanish authorities published a situational report and risk assessments related to CCHF in Spain in [July 2019](#) and [August 2020](#).

Additional information on CCHF can be found in [ECDC factsheet](#). Information on the occurrence of CCHF cases in the EU/EEA can be found on [ECDC website](#).

Actions

ECDC is monitoring this event through epidemic intelligence activities.

New! Infections with Langya henipavirus – China – 2018-2021

Opening date: 11 August 2022

Latest update: 12 August 2022

Epidemiological summary

According to a [letter to the editor](#) of the New England Journal of Medicine, published on 4 August 2022, scientists have detected a previously-unknown, phylogenetically-distinct henipavirus in China, named Langya henipavirus (LayV).

The virus was identified through sentinel surveillance of febrile cases with a history of recent animal exposure in eastern China. Between April 2018 and August 2021, 35 patients with acute LayV infection were detected in the Shandong and Henan provinces

of China. The following symptoms/signs were reported: fever, fatigue, cough, anorexia, myalgia, nausea, headache, and vomiting.

The majority (85%) of the cases for which information on occupation was available were farmers.

A serosurvey of domestic animals detected seropositivity in goats (in 2% of the tested sera) and dogs (5% of the tested sera.) Samples from wild rodents and shrews were tested for LayV infection. Viral RNA was detected in three rodent and two shrew species, predominantly in *Crocidura lasiura* shrews.

ECDC assessment

This letter to the editor details the detection of a previously undescribed virus of the Henipavirus genus, thus highlighting the continuous risk of emerging (new) pathogens. These findings are based on a relatively low number of cases and further investigations and research will be required to better understand the epidemiological and microbiological characteristics of the disease/virus. Surveillance for the emergence of pathogens remains a critical tool for the early response to potential pandemic pathogens.

While LayV is part of the Henipavirus genus, like Hendra and Nipah henipaviruses, the preliminary information provided in this letter suggests important epidemiological and microbiological differences (e.g. severity, reservoir) and, therefore, comparisons should be made with caution. Phylogenetic analysis inferred that the closest evolutionary relationship was between LayV and Mojiang henipavirus (MojV). MojV was discovered [in 2012 in China in rats](#). No human infections of MojV have been reported to date. In 2021, other henipaviruses were discovered in shrews [in the Republic of Korea](#), without evidence of transmission to humans and human disease.

No epidemiological link could be identified between the cases in the study, which would support the hypothesis of sporadic zoonotic transmissions. This would also be supported by the fact that a large number of the cases are farmers, and therefore more likely to be in contact with animals than the general population. There is no indication of human-to-human transmission, however the possibility cannot be ruled out. Further research will be required to understand the mode(s) of transmission of LayV.

The authors did not report any deaths among the cases, which could suggest a relatively low disease severity. The symptoms/signs reported are not specific so we cannot exclude the occurrence of human cases before 2018 and a wider geographical distribution of the virus.

Henipaviruses have a wide host range and, although the authors suspect shrews to be a natural reservoir, further investigation will be needed to understand the hosts and reservoir species.

Based on the limited information currently available, the risk for EU citizens visiting or residing in Shandong and Henan provinces of China is considered very low. Similarly, the risk of infection for EU citizens in Europe is considered very low.

Actions

ECDC is monitoring the occurrence of infections in humans by viruses in the Henipavirus genus and will update this assessment as new information become available.

New! Autochthonous dengue – France – 2022

Opening date: 11 August 2022

Latest update: 12 August 2022

Epidemiological summary

In 2022 and as of 10 August 2022, two autochthonous cases of dengue have been reported in France.

On 28 July 2022, the reference laboratory for arboviruses confirmed an autochthonous dengue case in a resident of [Perpignan, Pyrénées-Orientales, France](#).

On 9 August 2022, the municipality of Fayence in Var, France [reported](#) that vector control activities would take place after an autochthonous dengue case was reported in the city

ECDC assessment

This is the second autochthonous case of dengue identified this year in Europe, both having been reported in France.

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In Europe, dengue virus is transmitted via the mosquito vector *Aedes albopictus*, which is [established](#) in a large part of the continent. The current likelihood of the occurrence of local transmission events of dengue virus in mainland EU/EEA is high, as the environmental conditions are favourable for the growth of mosquito populations and virus replication in the vector, which is abundant in the summer and early autumn. To date, all autochthonous outbreaks of [dengue](#) in mainland EU/EEA have occurred between June and November.

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

Actions

ECDC is monitoring the event through epidemic intelligence.

Mass gathering monitoring - Birmingham 2022 Commonwealth Games - 2022

Opening date: 28 July 2022

Latest update: 12 August 2022

Epidemiological summary

No serious cross-border events have been detected during the period from 20 July to 11 August 2022 in the context of the Birmingham 2022 Commonwealth Games (CWG).

Monkeypox:

As of 8 August 2022, no cases of monkeypox attributable to the Birmingham 2022 Commonwealth Games have been reported. Overall, in the West Midlands, England, where most of the Birmingham 2022 Commonwealth Games are taking place, 91 residents have been diagnosed so far. According to the [UK Health Security Agency](#), as of 8 August 2022 there were 2 914 laboratory confirmed cases and 103 highly probable cases (overall 3 017 cases) in the UK. Of these, the vast majority were reported in England (2 780 confirmed and 103 highly probable), followed by Scotland (69 confirmed), Wales (40 confirmed) and Northern Ireland (25 confirmed). The highest proportion of confirmed and highly probable cases has been detected in London residents (71%, 2 047 cases).

In the [EU/EEA countries](#), from the start of the outbreak and as of 8 August 2022, 13 912 confirmed cases of monkeypox (MPX) had been reported from 27 EU/EEA countries, including 30 cases reported from Malta and one from Cyprus (CWG participant countries). For worldwide MPX overview, please refer to the [WHO Emergency Situation Reports](#).

ECDC and WHO have published customisable tools on monkeypox for mass gathering event organisers [Monkeypox outbreak: Resource toolkit for event organisers](#). In addition, a publication by WHO [Public health advice for gatherings during the current Monkeypox outbreak](#) is available in all UN official languages.

According to [media](#) quoting the United Kingdom Health Security Agency (UKHSA), no changes in the planning of the CWG were made in light of the WHO declaration of MPX as a Public Health Emergency of International Concern on 23 July 2022. In the meantime, the UKHSA has provided health recommendations on the prevention and detection of sexually transmitted infections [on social media](#) during the CWG and Pride events. In addition, according to media sources, a total of [150 000 condoms](#) (23 for each person) were distributed to athletes at the CWG.

COVID-19:

In [Birmingham](#), as of 10 August 2022, there were 362 008 COVID-19 cases and 3 718 deaths. Overall, a decrease in COVID-19 cases has been observed in the last two weeks with a seven-day moving average of 80.1 cases/100 000 population (5 August 2022). According to WHO, in the United Kingdom, as of 11 August 2022, there were 23 421 278 confirmed cases of COVID-19 reported, with 186 087 deaths.

According to media reports, several CWG athletes and supporting personnel tested positive for COVID-19 before and during the Games from the following countries and territories: Antigua and Barbuda (3), Australia (4:1;1;1;1), Cayman Islands (1), Guernsey (1), India (9:1;2;1;5), Malaysia (3:1;2), New Zealand (5:1;1;1;1;1), Pakistan (2), Singapore (1), South Africa (3), Sri Lanka (5), and the United Kingdom (3: England (1), Northern Ireland (1), Wales (1)).

According to [media](#) quoting CWG organisers, all athletes and officials were required to take a COVID-19 PCR test before travelling to Birmingham and also upon arrival at the Games. According to [media](#) quoting the CWG chief executive, fewer than three percent of the athletes and officials that arrived in the English city tested positive for COVID-19. In addition, recommendations

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were given to minimise the risk of COVID-19 transmission, including social distancing, increasing ventilation, maintaining personal hygiene, avoiding crowded areas, wearing masks indoors and staying at home if experiencing COVID-19 symptoms. According to [CWG organisers](#), hand sanitiser dispensers, disinfectant products and educational hygiene messages were provided to athletes, spectators and officials at the competition venues during the CWG.

COVID-19 protocols from Commonwealth Games Australia were comparatively stricter than those from other countries. According to [media](#), Australian athletes were banned from supporting their team mates at other CWG events due to the risk of COVID-19 transmission and were obliged to wear face masks when not in their rooms or exercising as part of team health protocols. In addition, according to [media](#), Australia's athletes would only have 48 hours to stay in the UK after finishing their events at the CWG before returning to their country. Furthermore, according to the [COVID-19 vaccination policy](#) for Commonwealth Games Australia, it was mandatory for all Australian athletes to have completed a full COVID-19 vaccination course and to have also received a COVID-19 vaccine booster dose, unless an exemption was granted on individual basis.

While most athletes who tested positive for COVID-19 during the CWG withdrew from the tournament and remained in isolation, [one athlete](#) from Australia who tested positive for COVID-19 and presented mild symptoms was allowed to participate, after assessment by the Commonwealth Games organisers and implementation of protocols to minimise the risk of COVID-19 transmission, according to media.

ECDC assessment

In the countries where mass gathering events take place, in the absence of sufficient mitigation measures, the risk of local and regional transmission of COVID-19, including the spread of variants of concern, is expected to increase. For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

The risk of becoming infected with other communicable diseases in Birmingham during the Commonwealth Games is considered low if preventive measures are applied - e.g. being fully vaccinated in accordance with the national immunisation schedule, following hand and food hygiene regulations, applying respiratory etiquette, refraining from any activities or contact with others if symptoms occur, and seeking prompt testing and medical advice as needed.

Based on ECDC's epidemiological assessment, the likelihood of MPX spreading further in networks of people with multiple sexual partners in the EU/EEA is considered high and the likelihood of spread among the broader population is assessed as very low. The impact of the disease remains low for most cases. The overall risk is therefore assessed as moderate for people having multiple sexual partners (including some groups of MSM) and low for the broader population.

Actions

ECDC is monitoring this event through epidemic intelligence during the period 20 July to 12 August and reporting on a weekly basis in CDTR.

Monitoring environmental suitability of *Vibrio* growth in the Baltic Sea - Summer 2022

Opening date: 30 June 2022

Latest update: 12 August 2022

Epidemiological summary

As of 9 August 2022, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as generally very low-to-low, except in Northeast Germany, Szczecin (Poland) and Klaipeda (Lithuania) where it was medium-to-high.

For the next five days, the environmental suitability for *Vibrio* growth in the Baltic Sea is considered to be medium-to-high in Northeast Germany, majority of Poland, Lithuania, Latvia, West Estonia, South Finland, Stockholm (Sweden) and Kalmar (Sweden); and very low-to-low in the rest.

Outside of EU/EEA countries, the environmental suitability for *Vibrio* growth in the Baltic Sea was identified as very low-to-low and is expected to be the same for the next five days.

Since May 2022 and as of 5 August 2022, three human cases of locally-acquired vibriosis have been reported in [Sweden](#).

Since May 2022 and as of 5 August 2022, two human cases of locally-acquired vibriosis have been reported in [Norway](#).

On 18 July 2022, the [Estonian Health Board](#) reported that there have been two or three cases of vibriosis in Estonia during summer. All of the cases were in children under one year of age.

On 21 July 2022, the [State Office for Health and Social Affairs of Mecklenburg-Western Pomerania](#) (Germany) reported that there have been three cases of vibriosis in the region in 2022.

Source: [ECDC Vibrio Map Viewer](#)

ECDC assessment

Elevated sea surface temperatures (SSTs) in marine environments with low salt content offer ideal environmental growth conditions for certain *Vibrio* species. These conditions can be found during the summer months in estuaries and enclosed water bodies with moderate salinity. Open-ocean environments do not offer appropriate growth conditions for these bacteria due to high salt content, low temperatures and limited nutrient content.

These *Vibrio* species can cause vibriosis (non-cholera), particularly species such as *V. parahaemolyticus*, *V. vulnificus* and non-toxicogenic *V. cholera*. In the past, vibriosis in humans in the Baltic region had occurred during hot summer months, particularly when SSTs were elevated (above 20 degrees Celsius).

The most common clinical manifestations are gastroenteritis with nausea, vomiting, and diarrhoea, wound infections when a cut or skin abrasions have been exposed to contaminated seawater, primary septicemia, and otitis externa.

In addition to contracting vibriosis through contact with natural bodies of water, especially marine or estuarine water, other risk factors for illness include the consumption of shellfish, particularly raw oysters.

Actions

ECDC is monitoring this threat on a weekly basis through the summer of 2022 and reports on increased environmental suitability for the growth of the *Vibrio* bacteria.

Human cases with swine influenza A(H3N2) variant virus – Multi-country – 2021

Opening date: 15 September 2021

Latest update: 12 August 2022

Epidemiological summary

In 2022 and as of 11 August 2022, one influenza variant H3N2v virus human infection with a H3N2 virus that usually circulates among the pig population in the US has been reported by West Virginia. The infection occurred in a male under 18 years who attended an agricultural fair and had direct contact with pigs.

In 2021, three cases of influenza variant H3N2v virus human infection were reported in the US.

Source: [US CDC \(Novel Influenza A Virus Infections\)](#) | [media](#) | [US CDC \(5/8/2022\)](#)

ECDC assessment

In the USA, it is very popular to attend agricultural fairs where animals such as pigs are present and can be touched by the visitors. The fair season in the US can last into the autumn and influenza virus transmission events from pigs to humans during these fairs have been reported earlier.

Sporadic transmission of swine influenza viruses from pigs or contaminated environment to humans has been observed in the US in recent years, often related to exposure to pigs during large public agricultural fairs and/or at farms where pigs are kept, and such cases are therefore not unexpected. Swine influenza virus infection should always be considered in patients with respiratory symptoms reporting prior contact with pigs. This helps to identify transmission events to humans early to initiate

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follow-up investigations. Influenza viruses which cannot be sub-typed should be shared with national influenza centres or reference laboratories and WHO Collaborating Centres for further virus characterisation.

Travellers to the US attending agricultural fairs should be aware of the risk that pigs could be infected with swine influenza viruses. Anyone experiencing respiratory symptoms and having had direct exposure to pigs should refrain from travelling. If returning to the EU/EEA, they should be tested for swine influenza infection and isolate while awaiting their test results.

Actions

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in order to identify significant changes in the epidemiology of the virus. Cases should be reported immediately to EWRS and IHR.

Detection of vaccine-derived poliovirus type 2 (VDPV2) in environmental samples – United Kingdom

Opening date: 27 June 2022

Latest update: 12 August 2022

Epidemiological summary

Vaccine-derived poliovirus type 2 (VDPV2) has been detected in environmental samples in London, United Kingdom. Following the declaration of a national standard incident by the UKHSA, an incident management team was established in June 2022.

Vaccine coverage for childhood vaccines has decreased across the UK over the past few years, and especially in parts of London. Recent immunisation coverage for the primary course of inactivated polio vaccine (IPV) is suggested to be 86.6% in London.

On 10 August 2022, following the discovery of the additional poliovirus samples in north and east London, the Joint Committee on Vaccination and Immunisation (JCVI) advised that a targeted IPV booster dose should be offered to all children between the ages of one and nine years in all London boroughs to ensure a high level of protection against the virus and to limit its further spread. The vaccination roll-out will start in the areas where the poliovirus was detected and vaccination rates are low, and this will be followed by rapid roll-out across all boroughs.

Further sewage sampling has started at additional sites across London and will be followed by sampling in selected areas outside of London.

Sources: [GPEI](#), [UKHSA \[1\]](#) [\[2\]](#) [\[3\]](#)

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. However, while there are non-or under-vaccinated, population groups in European countries and poliomyelitis is not eradicated, the risk of the virus being reintroduced into Europe remains. According to the [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\) report](#) from September 2021 assessment, referring to data for 2020, two EU/EEA countries (Poland and Romania) and one neighbouring country (Ukraine) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of cVDPV, due to sub-optimal programme performance and low population immunity. According to the same report, an additional 11 EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in two countries shows that there is still a risk of the disease being imported into the EU/EEA. Furthermore, the worrying occurrence of outbreaks of circulating vaccine-derived poliovirus (cVDPV), which only emerge and circulate due to lack of polio immunity in the population, shows 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 underimmunised populations. Despite the current COVID-19 challenges, Member States should review their polio vaccination coverage data and ensure there are no vaccination gaps.

ECDC endorses WHO's temporary recommendations with regard to EU/EEA citizens who are resident in or long-term visitors (>4 weeks) to countries with the potential risk of international spread.

ECDC links: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#) | [ECDC factsheet](#)

Actions

ECDC is monitoring this event through epidemic intelligence activities.

The Communicable Disease Threat Report may include unconfirmed information which may later prove to be unsubstantiated.