

## WEEKLY BULLETIN

# Communicable Disease Threats Report

**Week 20, 11 - 17 May 2024**

## This week's topics

1. Imported invasive meningococcal disease in travellers returning from the Kingdom of Saudi Arabia – Multi-country – 2024
2. Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring
3. Cholera – Comoros and Mayotte – 2024 – weekly monitoring
4. Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring

## Executive Summary

### **Imported invasive meningococcal disease in travellers returning from the Kingdom of Saudi Arabia – Multi-country – 2024**

- On 23 April 2024, France reported three cases of invasive meningococcal disease (IMD) associated with travel history to the Kingdom of Saudi Arabia (KSA); one further case was notified on 17 May 2024.
- As of 17 May 2024, 12 cases of IMD have been reported from France (4), the United Kingdom (UK) (3), and the United States (US) (5).
- Whole genome sequences from the event deposited at [pubmlst.org](https://pubmlst.org) show that one sequence from France, four from the UK and one from the US, taken from samples collected in 2024, form a very tight sub cluster, which indicates an epidemiological link.
- International spread of IMD associated with mass gatherings during pilgrimages in the KSA has been reported in the past.
- Vaccination against meningococcus is recommended for those travelling to KSA to perform Umrah and for Hajj pilgrims.

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

Syndromic surveillance in primary and secondary care indicates that respiratory activity continues to decrease and has returned to baseline levels in the majority of EU/EEA countries.

**Seasonal influenza activity at the EU/EEA level remained stable at low levels in almost all EU/EEA countries.**

- For eight consecutive weeks, the primary care pooled test positivity at the EU/EEA level has remained below 10%, with only four countries reporting test positivity above the epidemic threshold. Similarly, the pooled test positivity in secondary care was below 10% and has been so for ten weeks.
- Most countries report baseline or low levels of influenza intensity and only two countries continue to report widespread geographical spread.
- Influenza type B accounted for 92% of the primary care sentinel influenza virus detections, although the detections remain low and continue to decrease overall.

**SARS-CoV-2 activity remained low in all reporting EU/EEA countries, albeit individual countries showed slight increases in detections from very low levels.**

Respiratory syncytial virus (RSV) activity remained low in all reporting EU/EEA countries.

**Cholera – Comoros and Mayotte – 2024 – weekly monitoring**

- Since 18 March and as of 10 May, 65 cholera cases and one death have been reported in Mayotte.
- Given the identification of several autochthonous cases in Mayotte, the ongoing outbreak in Comoros, and the frequent movement of people from Comoros to Mayotte, the likelihood of further community transmission – and therefore the overall risk of cholera for the population in Mayotte – remains high.
- In Comoros, since the last available update on 7 May and as of 16 May, 1 250 new cholera cases and 17 new deaths have been reported. As of 12 May 2024, 6 151 confirmed cholera cases and 115 deaths have been reported in the country.

**Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring**

- In March 2024, 29 countries reported measles data to The European Surveillance System (TESSy), with 695 cases reported by 23 countries. There were six countries that reported zero cases.
- Through its epidemic intelligence activities, ECDC has identified 3 826 new measles cases in 16 EU/EEA countries since the last monthly update, including reports on the ongoing outbreaks among others in Austria, Ireland, France, the Netherlands and Romania.
- Sixteen measles-related deaths have been reported, in Romania (15) and Ireland (1).
- Overall, measles transmission in the EU/EEA has been increasing over the last 12 months, although the situation varies by country, with some countries reporting large outbreaks and others sustaining no or very low transmission.
- Relevant updates for outside the EU/EEA are available for Switzerland, and all WHO Regions.

## 1. Imported invasive meningococcal disease in travellers returning from the Kingdom of Saudi Arabia – Multi-country – 2024

### Overview:

#### Summary

Twelve cases of IMD serogroup W have been reported in France (4), the UK (3), and the US (5) in recent weeks, all among travellers or contacts of travellers returning from the KSA.

France reported the first case on 23 April, with hospitalisation dates between 13 and 19 April and one further case on 17 May 2024.

The UK reported three cases, diagnosed between 16 and 26 April, after their return from the Umrah pilgrimage. The isolates were sensitive to antibiotics. The patients had no record of MenACWY vaccination.

The US identified five cases, three of which were infected by *N. meningitidis* serogroup W and one by serogroup C. For the remaining case, the serotyping results are pending.

Whole genome sequences from the event deposited at pubmlst.org fall into a multi-country cluster with sequences from 2024 reported by France (3), the UK (4), and the US (1), in addition to historical isolates from Germany (one sequence, 2015) and the Russian Federation (two sequences, 2019 and 2020). Of these, one sequence from France, four from the UK and one from the US, all from samples collected in 2024, form a very tight sub cluster, which indicates an epidemiological link.

### Background

International spread of IMD associated with mass gatherings accompanying Hajj/Umrah pilgrimages in the KSA have been documented before. However, since 2001 no outbreaks of IMD have been associated with pilgrimage.

IMD is an acute severe bacterial infection, with high case fatality, presenting with meningitis and/or sepsis, often with a rapid progression, requiring medical support and prompt treatment with antibiotics. The highest incidence occurs in young children, adolescents and young adults.

According to routine surveillance data submitted to ECDC, 1 149 IMD cases were reported in EU/EEA countries in 2022. Among cases with serotype information available, serogroup B was the most frequent (62%), whereas serogroup W accounted for 10% of cases. Overall, between 2018 and 2022, 1 096 cases of serogroup W infections were recorded. Meningococcus serogroup W has been associated with higher disease severity and case fatality.

### ECDC assessment:

ECDC assesses the risk of IMD to the general public in the EU/EEA in connection with these imported cases as very low due to the very low probability of exposure and potential infection. For pilgrims visiting the Hajj and Umrah zones in KSA who are already vaccinated with the quadrivalent meningococcal vaccine, the likelihood of infection is low, as they are protected from the vaccine-induced immunity. For unvaccinated pilgrims, the likelihood of infection is higher, reaching the moderate level of risk.

ECDC recommends public health authorities in the EU/EEA to:

- Ensure that travellers to the Hajj and Umrah zones in KSA eligible for vaccination are counselled to receive the quadrivalent (ACWY) meningococcal vaccine at least 10 days before departure.
- Raise awareness among clinicians of the possibility of meningitis in returning travellers and include travel history in their assessment of IMD cases, particularly as regards travelling to KSA for religious purposes. ECDC has published guidance on meningococcal disease where case management and treatment is described.
- Appropriately manage newly detected cases. Early suspicion and treatment, isolation of meningitis cases, identification of close contacts, provision of chemoprophylaxis, and monitoring of close contacts for clinical symptoms for at least 10 days from the latest possible exposure are essential for the management of cases. Healthcare workers managing suspected or confirmed cases should follow their national infection, prevention and control protocols.
- Continue surveillance, including molecular surveillance, as well as antibiotic susceptibility testing of all IMD cases, to inform prevention and control measures. IMD cases, particularly if linked to travel to the Hajj and Umrah zones, should be promptly reported to the EpiPulse platform (through nominated persons) to allow better risk assessment and the provision of updated recommendations.

Furthermore, meningococcal isolates should be genotyped by whole genome sequencing and reported to pubmlst.org or to the European Meningococcal Epidemiology in Real Time database (EMERT-II) in order to allow for the rapid identification and control of multinational clusters. ECDC can provide sequencing support upon request.

**Actions:**

ECDC will monitor this event through epidemic intelligence activities and is in contact with relevant partners.

In addition, ECDC performs routine genomic surveillance for IMD and encourages real-time submission of isolates from country experts, including when possibly linked to this event.

**Last time this event was included in the Weekly CDTR: -**

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

**Overview:****Virus characterisation**

*Influenza for week 40, 2023 to week 19, 2024*

In the above period 3 291 A(H1)pdm09, 1 257 A(H3) and 289 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:

- 3 284 were A(H1)pdm09 - 2 256 (69%) were subclade 5a.2a and 1 028 (31%) were subclade 5a.2a.1.
- 1 254 were A(H3) - 30 (2%) were subclade 2a, 10 (0.8%) were subclade 2a.3a, 1 213 (97%) were subclade 2a.3a.1 and 1 (0.1%) were subclade 2a.3b.
- 289 were B/Vic - all were subclade V1A.3a.2.SARS-CoV-2 variants for weeks 17–18 (28 April to 5 May 2024)

*SARS-CoV-2 variants for weeks 17–18 (28 April to 5 May 2024)*

The estimated distribution (median and IQR of proportions from two countries submitting at least 10 sequences) of variants of concern (VOCs) or variants of interest (VOIs) was:

- 0.7% (0.4–1%) for XBB.1.5-like (one detection from one country)
- 95% (92–97%) for BA.2.86 (116 detections from two countries)

These estimates should be interpreted with caution as they are based on data from only two countries, a result of the very low number of sequences deposited in recent weeks during a period of low SARS-CoV-2 transmission.

**Period overview (week 25, 2023 to week 19, 2024)**

Following relatively low respiratory illness transmission over the summer period, consultation rates increased in primary care settings from September 2023. Consultation rates were highest at different timepoints in each country during the winter period, with peak rates reached between week 50, 2023 and week 7, 2024. As of week 19, 2024, consultation rates continued to decrease and have returned to baseline levels in the majority of EU/EEA countries. Transmission of SARS-CoV-2 began increasing in late summer, with clear increases observed at the EU/EEA level up to week 49 and decreases in activity thereafter. Activity is currently low in most EU/EEA countries. Similarly, a steady decrease in severe disease has been observed since week 50. COVID-19 has predominantly affected individuals aged 65 years and above. Week 50 marked the start of the seasonal influenza epidemic. A decreasing trend in influenza activity has been observed since week 4, 2024, with a mixed picture at the country level. Compared to trends observed in previous influenza epidemics, seasonal influenza activity decreased earlier this season. Severe disease due to influenza has affected all age groups. Since week 6, 2024, a decrease in the severe disease indicators for seasonal influenza has been observed in most EU/EEA countries. Both influenza type A and type B viruses have been detected, with a dominance of A(H1)pdm09 viruses during the first part of the season. As of week 13, B/Victoria lineage was the most detected virus, although the number of detections was

low. RSV activity began increasing around week 41, reaching a peak in week 50, followed by a decreasing trend. RSV has had the greatest impact among children aged 0–4 years.

### ECDC assessment:

After marking the start of the seasonal influenza epidemic in the EU/EEA in week 50, 2023, seasonal influenza continued to circulate at higher levels than SARS-CoV-2 and RSV in primary care sentinel systems during week 19, 2024. Influenza activity at the EU/EEA level continues to decrease, and pooled positivity in primary care has been below the 10% positivity threshold for eight consecutive weeks. Even if respiratory virus circulation is decreasing, it is still essential to continue closely monitoring the impact of influenza and other respiratory viruses on hospital and ICU admissions.

### Actions:

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary ([ERVISS.org](https://www.erviiss.org)). 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 influenza-like illness (ILI) and acute respiratory infection (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 (VE) 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:** 03 May 2024

## Maps and graphs

**Figure 1. Table 1: Overview of key indicators of activity and severity in week 19**

Table 1: Overview of key indicators of activity and severity in week 19

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 19	Week 18	Description	Value	
Primary care consultation rates	ARI	10 rates (8 MEM)	12 rates (9 MEM)	Country distribution (MEM)	6 Baseline 1 Low 1 Very high*	*Please note that this classification is a result of an erroneous data submission. Please see the footer Country Notes for more details.
	ILI	17 rates (17 MEM)	18 rates (18 MEM)		16 Baseline 1 Very high*	*Please note that this classification is a result of an erroneous data submission. Please see the footer Country Notes for more details.
Primary care sentinel positivity	SARS-CoV-2	14	16	Pooled (median; IQR)	3.4% (0%; 0–3.1%)	Stable trends were observed in the majority of countries, with individual countries showing slight increases in sentinel or non-sentinel detections.
	Influenza	14	14		6.4% (0%; 0–9.6%)	Decreasing or stable trends were reported in the majority EU/EEA countries. Decreasing or stable trends were also observed in non-sentinel detections.
	RSV	13	14		0% (0%; 0–0%)	Decreasing or stable trends continue to be observed at country level.
SARI consultation rates	SARI	6	8			Stable or decreasing rates continue to be reported at levels comparable to the same time last year.
SARI positivity	SARS-CoV-2	5	7	Pooled (median; IQR)	3.4% (3.4%; 2.9–4.8%)	Stable trends in most reporting countries were observed. One country reported a slight increase in positivity in those aged 65+.
	Influenza	5	7		1.8% (0%; 0–2%)	Decreasing or stable trend were observed at a country level.
	RSV	5	6		1.3% (0.7%; 0–6.2%)	Stable trends continue to be observed at a country level.
Intensity	Influenza	21	23	Country distribution	10 Baseline 10 Low 1 Medium	
Geographic spread	Influenza	20	22	Country distribution	2 No activity 9 Sporadic 3 Local 4 Regional 2 Widespread	

Source: ECDC

Figure 2. Table 2: Type and sub-type distribution and positivity, reporting week and period (week 25, 2023 to week 19, 2024)

Table 2: Type and sub-type distribution and positivity, reporting week and period (week 25, 2023 to week 19, 2024)

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 19			Period			Week 19			Period			Week 19		Period	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
<b>Influenza</b>	37	100	6.4%	15085	100	15.6%	10	100	1.8%	7026	100	12.4%	380	100	167240	100
Influenza A (total)	3	8	0.5%	13657	91	14.1%	1	100	0.2%	2694	98	4.8%	165	46	152718	95
A(H1)pdm09	3	(100)		9018	(79)					1272	(72)		12	(36)	24872	(72)
A(H3)				2458	(21)					487	(28)		21	(64)	9736	(28)
A (unknown)				2181			1			935			132		118110	
Influenza B (total)	34	92	5.9%	1357	9	1.4%				69	2	0.1%	197	54	7224	5
B/Vic	24	(100)		750	(100)					3	(100)		20	(100)	1419	(100)
B (unknown)	10			607						66			177		5805	
Influenza untyped				71		0.1%	9		1.6%	4263		7.5%	18		7298	
<b>RSV</b>	0		0%	4055		5.1%	7		1.3%	4986		8.9%	56		64704	
<b>SARS-CoV-2</b>	16		3.4%	10417		11.3%	19		3.4%	7358		12.9%	2081		2048167	

Source: ECDC

### 3. Cholera – Comoros and Mayotte – 2024 – weekly monitoring

#### Overview:

#### Update

On 8 May, [Mayotte health authorities](#) reported the first death on the island. It was a three-year-old child, who lived in the Koungou district. Epidemiological investigations are ongoing and close contacts of the deceased child have been treated. In addition, since the previous update on 6 May and as of 13 May, [French health authorities](#) have reported 20 new cholera cases.

Since 18 March and as of 13 May, 78 cholera cases have been reported in Mayotte, including one death. According to the ARS Mayotte's [bulletin](#), a total of 464 contacts of the cases have received antibiotic chemoprophylaxis and 4 456 contacts have been vaccinated.

Further information on the case definition and close contacts is available on the [Prefect of Mayotte website](#).

In addition, according to [Mayotte media reports](#), on 15 May the mayor of Koungou ordered the closure of primary schools and kindergartens in two villages, following the detection of four suspected cases.

Since the last update on 7 May and as of 16 May, [Comoros health authorities](#) have reported 1 250 new cholera cases and 17 new deaths. Since the outbreak was declared on 2 February in the Union of the Comoros, a total of 6 151 cases and 115 deaths have been reported on the three islands. In all, 5 890 cases have recovered.

### Summary

On 31 January 2024, a boat from Tanzania carrying 25 people [arrived in Moroni](#), the capital of the Comoros archipelago. One person on board died of suspected cholera and several others were symptomatic. The Comoros Ministry of Health [declared](#) a cholera outbreak on 2 February. The first locally transmitted cases in Comoros were reported on 5 February in Moroni. Cholera cases were also detected in Moheli and Anjouan by the end of February and the first week of March.

Following the increase in cholera cases in Comoros during February, the Mayotte Regional Health Agency (ARS Mayotte) [announced](#) that health surveillance capacities would be strengthened on the island, including risk communication for health professionals and passengers. The first [imported cholera](#) case was detected in Mayotte on 18 March.

### Background

There is frequent undocumented population movement between the Comoros archipelago and the French territory of Mayotte. No cholera cases had been reported in Mayotte since 2000.

Cholera is a bacterial disease caused by the bacterium *Vibrio cholerae*. The main risk factors are associated with poor water, sanitation and hygiene practices. Several countries in eastern and southern Africa are currently responding to cholera outbreaks. Response efforts are constrained by global shortages of cholera vaccines.

### ECDC assessment:

Given the detection of several autochthonous cases of cholera in Mayotte, ECDC assesses the likelihood of further community transmission of cholera in Mayotte as high. The impact of the cholera outbreak in Mayotte is considered to be high. The overall risk of cholera for the population in Mayotte is therefore assessed as high.

Early detection and response activities are essential and have been reinforced in the French territory of Mayotte, as well as increasing awareness among healthcare workers and at points of entry.

### Actions:

ECDC is in contact with French authorities and relevant partners and is monitoring the situation through its epidemic intelligence activities.

**Last time this event was included in the Weekly CDTR: 08 May 2024**

## 4. Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring

### Overview:

In March 2024, 29 countries reported measles data to The European Surveillance System (TESSy), with 695 cases reported by 23 countries. Six countries reported zero cases.

In the most recent 12-month period, from 1 April 2023 to 31 March 2024, 30 EU/EEA Member States reported a total of 6 319 cases of measles, 5 300 (83.9%) of which were laboratory-confirmed. During this 12-month period, two countries (Bulgaria and Luxembourg) reported zero cases. The highest number of cases were reported by Romania (4 708), Austria (456), Italy (278),

France (220) and Germany (183). The highest notification rates were observed among infants under one year of age (192.9 cases per million) and children aged 1–4 years (126.6 cases per million). Five deaths attributable to measles were reported to ECDC during the 12-month period, all by Romania. Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#) and the [Measles and Rubella monthly report](#).

Complementary epidemic intelligence surveillance data collected on 14 and 15 May 2024 from official public and media sources detected 3 826 new suspected and/or confirmed cases of measles, including three new deaths, since the last monthly update. New cases were reported in 16 EU/EEA countries in recent months: Austria (new: 45, total: 419), Czechia (new: 13, total: 27), Denmark (new: three, total: 14), Estonia (new: one, total: two), France (new: 17, total: 86), Germany (new: 113, total: 274), Hungary (new: three, total: 15), Ireland (new: 13, total: 26), Lithuania (new: two, total: 22), Netherlands (new: 23, total: 74), Poland (new: 88, total: 128), Romania (new: 3482 cases, three deaths, total: 14 879, including 15 deaths), Portugal (new: nine, total: 27); Spain (new: nine, total: 36), Sweden (new: four, total: 13), Norway (new: one, total: two).

Overall, 16 measles-related deaths have been reported in the EU/EEA in 2024, in Romania (15) and in Ireland (1).

Relevant updates for outside the EU/EEA are available for all WHO Regions.

**Disclaimer:** The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by the 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 30 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.

### **Epidemiological summary for EU/EEA countries with epidemic intelligence updates since last month:**

[Austria](#) reported 419 confirmed measles cases between 1 January 2024 and 10 May, an increase of 45 cases since 9 April 2024. Of the 412 measles patients for which hospitalisation information was available, 78 individuals (18.9%) were hospitalised, including four people being treated in intensive care units. All regions, except Carinthia, reported at least one case of measles in 2024. Most of the cases have been reported in Lower Austria (104), Tyrol (86), Vienna (60), Styria (51) and Upper Austria (50).

[Czechia](#) reported 27 cases in January – April 2024, an increase of 13 cases since March.

[Denmark](#) reported 14 cases in 2024 and as of 14 May, increase of three cases since update on 10 April 2024. Of the reported cases, five were children below 15 years and eight were adults aged 25 to 54 years. Three individuals acquired infection abroad.

[Estonia](#) reported two cases in 2024 as of 14 May, an increase by one case since 10 April 2024.

[France](#) reported 86 cases of measles in 2024 and as of 14 May 2024 in Auvergne-Rhône-Alpes region, increase of 17 cases since 9 April. Outbreaks in 2024 in France have been reported in Rhône (75 cases, increase by 17 cases since 9 April, last case reported 14 May 2024) and Drôme (11 cases, last case reported on 5 March). According to TESSY, France reported 56 cases in January and February 2024.

[Germany](#) has reported 274 suspected and confirmed measles cases in 2024 for weeks 1 to 19 (data as of 14 May 2024), an increase of 113 cases since 2024 week 15 (data available on 10 April 2024).

[Hungary](#) has reported 15 cases in 2024, as of week 18 (ending 5 May 2024), which is an increase of three cases since 2 April 2024.

[Ireland](#) has reported 26 confirmed measles cases as of [13 May 2024](#), an increase of 13 cases since the report on 8 April 2024. Five outbreaks have been reported both in private houses with between two and four confirmed cases, in each outbreak. Ten cases have been reported from Dublin and the North East region, seven cases are reported in each of the West and North West regions and Dublin and Midlands region, two cases have been reported in Dublin and South East region.



[Lithuania](#) has reported 22 cases as of data on 24 April 2024, an increase of two cases since 3 April. Cases are reported from five regions: Kaunas (7), Klaipėda (5), Vilnius (5), Telšiai (3), and Šiauliai (2). Of the cases reported, 68% were unvaccinated, 18% were fully vaccinated and 13.6% had insufficient vaccination; overall, 40.9% of the cases were hospitalised.

[Netherlands](#) reported 74 cases of measles in 2024 and as of 1 May, an increase of 23 cases since 31 March.

[Poland](#) reported 128 cases of measles from January to 30 April 2024, an increase of 88 cases since 31 March 2024.

[Portugal](#) has reported 27 confirmed cases of measles in 2024 and as of 7 May 2024, an increase of nine cases since 2 April 2024. Of these cases 16 (59%) were unvaccinated.

[Romania](#) had reported 14 879 confirmed cases, including 15 deaths from 1 January 2023 to 12 May 2024, an increase of 3 482 cases and three deaths since 7 April 2024. The cases have been reported in all 41 counties and the Municipality of Bucharest. Highest incidences, as in the previous month, were in Braşov (352.30 cases per 100 000 population), Covasna (228.57/100 000 pop) and Mureş counties (226.59/100 000 pop). Children aged 0-9 years account for 58.8% (8 746) of all reported cases, including 2 051 children under one year of age (13.8%). The vast majority of the cases are unvaccinated individuals across all age groups (80.8%). The highest number of cases was reported in week 11, 2024 – with over 850 cases reported that week.

[Spain](#) reported 36 cases of measles from 1 January to 5 May 2024 (weekly bulletin No 19), an increase of nine cases since 7 April, 13 cases were imported, and 13 cases were related to the imported cases.

[Sweden](#) has reported 13 cases in 2024 and as of 14 May, an increase of four cases since 10 April. Of all reported cases, eight were infected abroad.

[Norway](#) reported two cases as of 14 May 2024, an increase of one case since 10 April 2024.

### **Relevant epidemiological summary for countries outside the EU/EEA:**

[Switzerland](#) has reported 72 cases in 2024 and as of 6 May 2024, an increase of 14 cases since 4 March 2024.

According to the WHO Regional Office for Europe ([WHO/EUROPE](#)) data for January–April\* 2024 (data access 14 May 2024) overall 56 908 cases were reported in the region. Based on the provisional monthly measles data the five non-EU/EEA countries reporting most measles cases are: Kazakhstan (21 297), Azerbaijan (15 138), Russia (7 370), Kyrgyzstan (7 100), and United Kingdom (914).

\*data are incomplete

\*\*see the national report

*The numbers provided to WHO for EU/EEA countries are from TESSy data, updated monthly and available on [ECDC Surveillance Atlas of Infectious Diseases](#). Due to differences in reporting time the numbers may not correspond to the data from epidemic intelligence screening.*

According to a report by the WHO Regional Office for Africa ([WHO AFRO](#)) as of 21 April 2024 (week 16, 15-21 April 2024), cases and outbreaks of measles in 2024 were reported in the following countries: Burkina Faso, Burundi, Cameroon, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Ghana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, South Sudan, Togo, Uganda, and Zambia. As reporting periods vary by country, please check the latest available weekly bulletin.

According to WHO Pan American Health Organization ([WHO PAHO](#)) report in weeks 1–18 of 2024 (ending 4 May 2024), 220 confirmed cases were reported by seven countries: Argentina (3), Bolivia (1), Brazil (1), Canada (75), Peru (2) and the United States of America (132), and Mexico (6).

According to the WHO Provisional Monthly Measles data, 29 861 cases of measles have been reported in January–April 2024 in the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) countries: Iraq (20 040), Pakistan (4 826), Afghanistan (2 694), Yemen (1 021), Somalia

(361), United Arab Emirates (306), Libya (175), Iran (110), Saudi Arabia (73), Sudan (67), Syria (60), Oman (47), Qatar (32), Morocco (23), Tunisia (11), Bahrain (6), Jordan (3), Lebanon (3), Kuwait (2), Djibouti (1).

The WHO South-East Asia (WHO SEARO) reported 13 556 cases by the following countries: India (11 164), Indonesia (1 392), Thailand (628), Sri Lanka (158), Nepal (135), Bangladesh (56), Myanmar (19), Maldives (2), Timor-Leste (2).

\*data are incomplete. *Source: WHO provisional monthly measles and rubella data.*

According to a WHO Western Pacific Region ([WHO WPRO](#)) report for January-March 2024 (Vol 18, Issue 4), overall, 2 874 confirmed and clinically compatible cases (including 1 583 laboratory confirmed cases), and no deaths have been reported in the region. From WHO WPRO measles cases have been reported so far from: Australia (29), Hong Kong SAR (1), Japan (1), Singapore (1), Cambodia (4), China (77), Malaysia (1 386), Philippines (116), and Vietnam (15).

## ECDC assessment:

The overall number of measles cases in the EU/EEA has been steadily increasing since June 2023. **Measles cases are expected to continue increasing in the EU/EEA in the coming months** due to reported sub-optimal vaccination coverage for measles-containing vaccines (MCV) in a number of EU/EEA countries (<95% in a many of these countries), the high probability of importation from areas experiencing high circulation and the fact that the coming months represent the seasonal peak for the virus. In addition, the recent report of a majority of cases having acquired the disease within the reported country through community/local transmission, indicates a higher probability of being exposed to the virus within the EU/EEA than in previous months.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local/national authorities).
- **Strive towards high-quality surveillance**, and adequate public health capacity, especially for early detection, diagnosis, response, and control of outbreaks.
- **Increase the clinical awareness of health professionals.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of sub-optimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with underserved populations.** Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies, to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)' published in February 2024 and the conclusions of this Threat Assessment Brief remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

## Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles is available in the Threat Assessment Brief, '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)', published on 15 February 2024.

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