

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 23, 1–7 June 2024

## This week's topics

1. Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring
2. SARS-CoV-2 variant classification
3. Cholera – Comoros and Mayotte – 2024 – Weekly monitoring
4. Out-of-season increase in norovirus (NoV) activity
5. Seasonal surveillance on West Nile virus infections starts in week 23
6. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update
7. Influenza A(H5N2) - Multi-country (World) - Monitoring human cases
8. Oropouche virus disease - Cuba - 2024

## Executive summary

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

The update on respiratory illness presentation and respiratory virus activity in the EU/EEA for week 22, 2024, will be available on Monday 10 June 2024. The update for week 21, 2024 is available at the European Respiratory Virus Surveillance Summary ([ERVISS.org](https://www.eurosurveillance.org/ERVISS)).

### SARS-CoV-2 variant classification

Since the last update on 26 April 2024, and as of 31 May 2024, the **following changes** have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs), and de-escalated variants:

BA.2.86 lineages with additional spike protein mutations R346T and F456L have been classified as variants under monitoring (VUM), due to the potential impact of these mutations on immune evasion. A limited number of BA.2.86 + R346T + F456L sequences have been detected in the EU/EEA over the past 15 weeks (2-95 sequences per week), but with increasing trends. Currently these variants are circulating at a median proportion of 41% [range: 23%-65%].

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant circulation. The EU/EEA population overall has a significant level of hybrid immunity (prior infection + vaccination/boosters), conferring protection against severe disease. BA.2.86 + R346T + F456L variants are unlikely to be associated with any increase in infection severity compared to previously circulating BA.2.86 variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals, those with underlying conditions, and previously uninfected individuals could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Protection of individuals at high risk of severe outcomes (such as older individuals) with vaccination remains important.

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

- In Mayotte, 16 new cholera cases were reported between 27 May and 3 June 2024. Since 18 March and as of 27 May, 138 cholera cases and two deaths were reported.
- Given the identification of several autochthonous cases in Mayotte and the continued importation of cases from the ongoing outbreak in Comoros, the likelihood of further community transmission and the overall risk of cholera for the population in Mayotte remains high.
- In Comoros, since the last available update on 30 May and as of 6 June, 796 new cholera cases and eight new deaths have been reported. As of 6 June 2024, 8 634 confirmed cholera cases and 133 deaths have been reported in the country.

**Out-of-season increase in norovirus (NoV) activity**

- An excess of norovirus infections compared to previous years has been reported during 2024 by Austria, Finland, Germany, Ireland, the Netherlands, and the UK.
- This coincided with a shift in the predominant norovirus genotype from GII.4 to GII.17 or a general increase in genotype GII.17 in these countries.
- The increased circulation of GII.17 in the population suggests a growing relevance of this genotype in future norovirus seasons.

**Seasonal surveillance on West Nile virus infections starts in week 23**

- The seasonal surveillance on West Nile virus (WNV) infections in the EU/EEA begins on week 23, 2024.
- Updates on risk areas of locally acquired WNV infection will be reported weekly during the transmission season.
- Enhanced analysis of the WNV epidemiological situation will be provided monthly.

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

- Since the beginning of 2024, and as of 3 June 2024, four MERS cases, including two fatalities, have been reported in Saudi Arabia. From these, two are primary cases and two are nosocomial infections.
- Since April 2012, and as of 29 April 2024, a total of 2 622 cases of MERS, including 950 deaths, have been reported by health authorities worldwide.

**Influenza A(H5N2) - Multi-country (World) - Monitoring human cases**

- On 23 May 2024, the Mexico IHR National Focal Point reported to PAHO/WHO a confirmed case of human infection with avian influenza A(H5N2). This is the first laboratory-confirmed human infection with avian influenza subtype A(H5N2) reported globally.
- The patient, who was a resident of the state of Mexico, was hospitalised in Mexico City and died on the day of hospitalisation.
- No human-to-human transmission associated with this event has been reported.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low.

**Oropouche virus disease - Cuba - 2024**

- On 27 May 2024, the Cuban Ministry of Public Health reported the detection of an outbreak of Oropouche virus (OROV) for the first time in Cuba.
- No severe, critical or fatal cases have been reported.
- Cases have been confirmed in the provinces of Santiago de Cuba and Cienfuegos.

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

## Overview

The update on respiratory illness presentation and respiratory virus activity in the EU/EEA for week 22, 2024, will be available on Monday 10 June 2024. The update for week 21, 2024 is available at the European Respiratory Virus Surveillance Summary ([ERVISS.org](https://er viss.org)).

## ECDC assessment

While seasonal influenza activity at the EU/EEA level continues to decrease, SARS-CoV-2 activity in both primary and secondary care has increased markedly following a period of very low activity. Taking into account the signs of an increase in SARS-CoV-2 activity, it remains essential to closely monitor the impact of SARS-CoV-2 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://er viss.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: 31 May 2024.

## 2. SARS-CoV-2 variant classification

### Overview

#### Update on SARS-CoV-2 variants:

Since the last update on 26 April 2024, and as of 31 May 2024, the **following changes** have been made to ECDC's variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs), and de-escalated variants:

BA.2.86 lineages with additional spike protein mutations R346T and F456L have been classified as variants under monitoring (VUM), due to the potential impact of these mutations on immune evasion. A limited number of BA.2.86 + R346T + F456L sequences have been detected in the EU/EEA over the past 15 weeks (2-95 sequences per week), but with increasing trends. Currently these variants are circulating at a median proportion of 41% [range: 23%-65%].

### ECDC assessment

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant circulation. The EU/EEA population overall has a significant level of hybrid immunity (prior infection + vaccination/boosters), conferring protection against severe disease. BA.2.86 + R346T + F456L variants are unlikely to be associated with any increase in infection severity compared to previously circulating BA.2.86 variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals, those with underlying conditions, and previously uninfected individuals could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Protection of individuals at high risk for severe outcomes (such as older individuals) with vaccination remains important.

### Actions

Following a long period of low SARS-CoV-2 transmission, there are signals of increased SARS-CoV-2 detection in primary and secondary care in the EU/EEA. In order to assess the impact of emerging SARS-CoV-2 sub-lineages, such as BA.2.86 + R346T + F456L, and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries sequence positive clinical specimens and report to GISAID and/or TESSy.

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

Routine updates on the SARS-CoV-2 variant classification through the Communicable Diseases Threats Report will be provided on a monthly basis as a minimum.

**Last time this event was included in the Weekly CDTR:** 3 May 2024.

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

### Overview

#### Update

Since the previous update on 27 May and as of 3 June, French health authorities have reported 16 new cholera cases.

Since 18 March and as of 3 June, 138 cholera cases have been reported in Mayotte, including two deaths. According to the ARS Mayotte's [bulletin](#), a total of 765 contacts have received antibiotic chemoprophylaxis and 5 677 contacts have been vaccinated.

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

Since the last update on 30 May and as of 6 June, [Comoros health authorities](#) have reported 796 new cholera cases and eight new deaths. Since the outbreak was declared on 2 February 2024 in the Union of the Comoros, and as of 6 June, a total of 8 634 cases and 133 deaths have been reported on the three islands. In all, 8 395 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:** 31 May 2024.

## 4. Out-of-season increase in norovirus (NoV) activity

### Overview

Norovirus is highly transmissible and infections after consumption of raw contaminated bivalve shellfish are commonly reported. Several multi-country outbreaks have also been linked to consumption of raw (frozen) berries ([Rapid Outbreak Assessment 2014](#), [Rapid Outbreak Assessment in 2013](#), [Enkirch et al. 2018](#)).

On the 14 May 2024, the UK reported that norovirus cases were 75% higher than usual for weeks 14 to 17, compared to the average of the past five seasons (excluding the pandemic years). People aged 65 and above were most affected. It was also reported that there was a shift in the most common genotype of norovirus detected by the reference laboratory, with GII.4 decreasing and GII.17 increasing during this four-week period.

Austria, Finland, Germany, Ireland, and the Netherlands also reported higher than usual incidence. Austria reported a 53% increase in incidence in 2024 compared to previous years (excluding pandemic years). Finland reported a general increase in norovirus infections each year, including 2022, 2023, and 2024. Germany reported that weekly confirmed cases have remained higher than in the pre-pandemic seasons of 2015/16 to 2019/20. Ireland reported a decrease of norovirus infections from week 17, although the case reports remained higher than usual for this time of the year compared to the pre-pandemic reference period. The Netherlands reported that there was an increase in norovirus cases during weeks 14 to 17 of 2024 compared to the previous 5 years.

A shift in the predominant norovirus genotype from GII.4 to GII.17 or a general increase in genotype GII.17 was observed in Austria, Finland, France, Germany, the Netherlands, and the UK. Austria reported an increase in genotype GII.17 which was also observed with 30% of all sequenced samples and four (three care homes and one kindergarten) out of 11 registered norovirus outbreaks being caused by GII.17 genotype. Finland reported that the majority of its outbreaks (12) in 2023 were attributed to norovirus [genotypes](#) GI.4[P4] (6) and GII.17[P17] (6). Although, France reported low level reporting of norovirus cases within usual range of acute gastroenteritis (AGE) activity in hospitals and family practice, it was reported that since week 6 of 2024, GII.17 genotype has taken precedence over the GII.4. The increases in norovirus cases in Germany reported to be primarily driven by outbreaks of GII.17[P17] in care homes for the elderly in some federal states. The Netherlands reported that in 2024, there has been a relatively high proportion of norovirus types such as GII.17 compared to what is typically observed.

### ECDC assessment

The number of cases of norovirus infections in Austria, Finland, Germany, Ireland, the Netherlands, and in the UK increased in 2024 compared to the previous years. In the UK and the Netherlands, the cases increased between weeks 14 and 17. In Finland, most cases were reported between weeks 5 and 13. A shift in the predominant norovirus genotype from GII.4 to GII.17 or a general increase in genotype GII.17 was observed in Austria, Finland, France, Germany, the Netherlands and in the UK. An increased circulation of this genotype in the population suggests growing relevance of this genotype in the coming norovirus seasons. As the typical season for norovirus is over, new infections are likely to occur in the future seasons.

### Actions

ECDC continues to monitor norovirus cases through 'EpiPulse' and epidemic intelligence activities in order to identify significant changes in the molecular epidemiology of the virus. ECDC can provide sequencing support in the context of a multi-country event to those countries who have no sequencing capacity.

### Further information:

An updated classification of norovirus genogroups and genotypes has been published by Chhabra et al. in 2019, available [here](#). Kendra et al. (2022) have published a paper on trends in circulation of norovirus genotypes and recombinants in 1995-2019, available [here](#).

## 5. Seasonal surveillance on West Nile virus infections starts in week 23

### Overview

The seasonal surveillance on West Nile virus (WNV) infections in the EU/EEA begins on week 23 in 2024.

WNV infection in humans is a notifiable disease at the EU level and cases should be reported by national public health authorities through the European Surveillance System (TESSy) according to the [EU case definition](#). According to the Commission Directives [2004/33/EC](#) and [2014/110/EU](#) on blood safety, blood establishments in the EU/EEA, countries should apply temporary deferral criteria for donors of allogeneic blood donation for 28 days after leaving a risk area of locally acquired WNV unless an individual Nucleic Acid Test (NAT) is negative. WNV surveillance activities carried out by ECDC support the competent authorities responsible for blood safety in the implementation of these directives. ECDC provides weekly and monthly updates with the latest reports on cases of WNV infections in Europe. A map and table are updated every Friday from June to November which is the time of the year WNV infections are most likely to be reported. In addition, an [interactive dashboard](#) is made available. ECDC provides an enhanced analysis of the current WNV epidemiology on a monthly basis, which includes the numbers of reported locally-acquired human cases, outbreaks of West Nile fever in equids and birds notified to the Animal Disease Information System (ADIS) of the European Commission, and assessment of the situation.

## 6. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

### Overview

**Update:** Since the previous update on 29 April 2024, and as of 3 June 2024, three additional MERS cases, including one fatality, have been reported in [Saudi Arabia](#) with date of onset in 2024.

Two of these cases were hospitalised in the same hospital or room as the previous fatality reported in Saudi Arabia with date of onset in 2024, and were identified through contact tracing. The third case has no epidemiological link to the previous cases and had direct contact with camels.

**Summary:** Since the beginning of 2024, and as of 3 June 2024, four MERS cases, including two fatalities, have been reported in [Saudi Arabia](#) with date of onset in 2024.

Since April 2012 and as of 3 June 2024, a total of 2 625 cases of MERS, including 951 deaths, have been reported by health authorities worldwide.

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

### ECDC assessment

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

ECDC published a technical report, [Health emergency preparedness for imported cases of high-consequence infectious diseases](#), in October 2019, which is still useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS-CoV. ECDC also published [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#) in 22 January 2020.

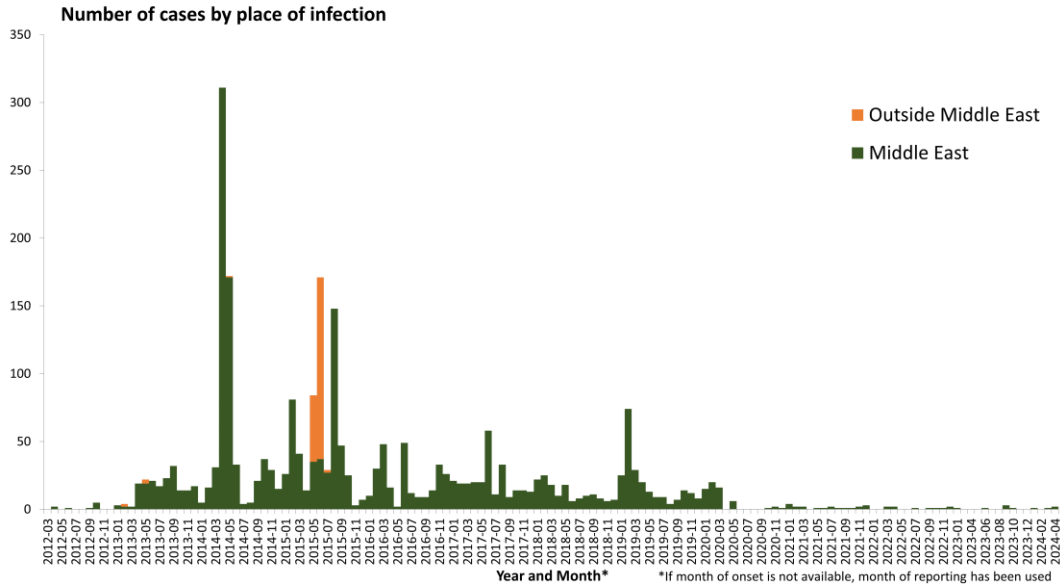
### Actions

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis or when new epidemiological information is available.

**Last time this event was included in the Weekly CDTR:** 3 May 2024.

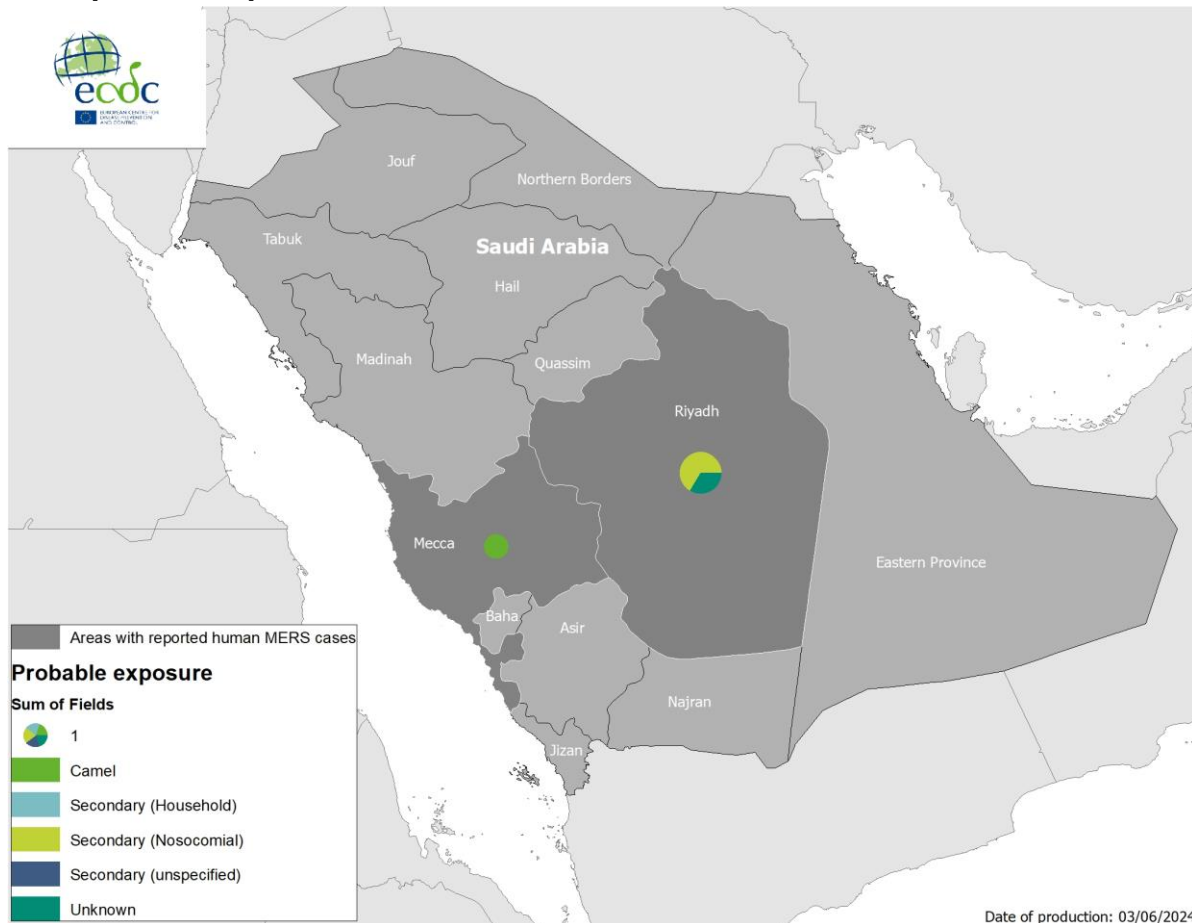
## Maps and graphs

**Figure 1. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012– May 2024**



Source: ECDC

**Figure 2. Geographical distribution of confirmed MERS cases by country of infection and year, from January 2014 to May 2024**



Source: ECDC



## 7. Influenza A(H5N2) - Multi-country (World) - Monitoring human cases

### Overview

On 23 May 2024, Mexican health authorities reported to PAHO/WHO a deceased case of human infection with avian influenza A(H5N2) virus, detected in Mexico.

The patient was a 59-year-old male, with multiple underlying conditions, who developed respiratory infection on 17 April, sought medical attention on 24 April and was hospitalised, but died on the same day. The case had no reported travel in the three weeks prior to symptom onset. An investigation is ongoing to understand the source of infection.

A respiratory sample taken on 24 April was analysed on 8 May at the National Institute of Respiratory Diseases and on 20 May at the Institute of Epidemiological Diagnosis and Reference in Mexico using RT-PCR analysis and sequencing. The subtype was confirmed as A(H5N2) but no further information on sequence deposition, genetic clade or mutational analyses are available at this time.

No additional cases have been detected among close contacts of the case. These included household contacts (no reported illness, no sampling possible), contacts among healthcare workers (all asymptomatic, only sampled on 27 May) and twelve additional contacts from the vicinity of the case's residence (seven with and five without symptoms, test results also as of 28 May).

In March 2024, a high pathogenicity avian influenza A (H5N2) outbreak was detected in a backyard poultry farm in the state of Michoacán. So far it has not been possible to establish a link between the human case and the outbreak in poultry.

**Source:** [WHO DON](#), [WAHIS](#)

### ECDC assessment

This is the first laboratory-confirmed human infection with avian influenza A(H5N2). Sporadic human cases of avian influenza A(H5Nx) have previously been reported globally. Transmission to humans remains a rare event and no sustained transmission between humans has been observed so far. However, sporadic zoonotic transmission cannot be excluded. The implementation of personal protective measures for people directly exposed to poultry and birds potentially infected with avian influenza viruses will reduce the associated risk. The risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be low.

### Actions

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of the [avian influenza situation](#).

## 8. Oropouche virus disease - Cuba - 2024

### Overview

On 27 May 2024, the Cuban Ministry of Public Health (MoPH) reported the detection of an outbreak of Oropouche virus (OROV) for the first time in Cuba. An increase in cases with non-specific febrile illness was detected in the province of Santiago de Cuba which heightened the monitoring and surveillance actions. OROV was identified in samples from patients analysed at the National Reference Laboratory of the Pedro Kouri Institute. In addition, cases have been detected in the province of Cienfuegos.

The most frequent symptoms were fever, lower back pain, headache, loss of appetite, vomiting, weakness, arthromyalgia and eye pain.

No severe, critical or fatal cases have been reported

**Sources:** [Cuban MoPH](#), [Cienfuegos regional government](#)

### ECDC assessment

Oropouche fever is a zoonotic disease caused by the Oropouche virus (*Orthobunyavirus oropoucheense*). Outbreaks of Oropouche fever have been reported in humans in several countries in South America (e.g., Brazil, Peru, Argentina, Bolivia, Colombia) and the Caribbean (e.g., Panama, Trinidad and Tobago). The principal vector of the virus is the *Culicoides paraensis* midge, which is widely distributed in the Americas, but absent in Europe. Other known vectors of OROV include *Culex quinquefasciatus*, *Coquillettidia venezuelensis*, *Mansonia venezuelensis*, and *Aedes serratus*. Wild birds and mammals are considered being the natural hosts of OROV. In humans, OROV infection may manifest as an acute febrile illness (with headache, nausea, vomiting, muscle and joint pains), occasionally with more severe symptoms (e.g., haemorrhages and meningitis). No direct transmission of the virus from human to human has been documented.

This is the first report on Oropouche fever cases in Cuba. The emergence of the virus in Cuba is not unexpected, considering the broad geographic distribution of the principal vector and the similar environmental conditions as in other affected countries. The Pan American Health Organization (PAHO) issued an [Epidemiological Alert on Oropouche in the Region of the Americas](#) on 2 February 2024, emphasizing the increasing risk for the expansion of OROV distribution beyond South America.

The risk of infection for EU/EEA citizens travelling to Cuba is low, providing they follow the instructions of the public health authorities on personal protective measures against bites of midges and mosquitoes. The likelihood of importation of cases in continental Europe is considered to be low. Should a case be imported, the likelihood of observing secondary transmission within continental Europe is considered very low as the competent vectors commonly described in the Americas are absent in continental Europe. However, there is no evidence that European midge or mosquito species cannot transmit the virus. So far, the disease is limited to the American continent and no outbreaks of Oropouche fever have ever been reported in continental Europe.

### Actions

ECDC will monitor this event through epidemic intelligence activities and report if new relevant epidemiological information is available.

## Events under active monitoring

- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 31 May 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 31 May 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring - last reported on 31 May 2024
- Highly pathogenic avian influenza A(H5N1) in cattle and related human cases – United States – 2024 - last reported on 31 May 2024
- Imported invasive meningococcal disease in travellers returning from the Kingdom of Saudi Arabia – Multi-country – 2024 - last reported on 31 May 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 31 May 2024
- Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - last reported on 31 May 2024
- Avian influenza A(H5N6) – Multi-country – Monitoring human cases - last reported on 24 May 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 24 May 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 24 May 2024
- Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring - last reported on 17 May 2024
- Western equine encephalitis – Multi-country – 2023 - last reported on 08 May 2024
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 7 June 2024
- Seasonal surveillance on West Nile virus infections starts in week 23 - last reported on 7 June 2024
- Out-of-season increase in norovirus (NoV) activity - last reported on 7 June 2024
- Oropouche virus disease - Cuba - 2024 - last reported on 07 June 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 7 June 2024
- SARS-CoV-2 variant classification - last reported on 7 June 2024.