

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 24, 8 - 14 June 2024

This week's topics

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Executive Summary

Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

- On 11 June 2024, WHO reported one human infection with avian influenza A(H9N2) virus in India. This is the second detection of A(H9N2) in humans in the country.
- The case had exposure to poultry at home and household surroundings.
- No other cases of respiratory illness have been reported by family members, neighbours, or healthcare workers (HCWs) at health facilities attended by the case at the time of reporting.
- Since 1998, 137 human cases of A(H9N2) have been confirmed globally, including two deaths.
- Most of the cases reported to date have been in China (122 cases). No human cases have been reported in the EU/EEA.
- The risk to human health in the EU/EEA is currently considered very low.

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

Syndromic surveillance in primary and secondary care indicates that respiratory activity is at baseline levels in EU/EEA countries.

Evidence of increased SARS-CoV-2 activity for some reporting EU/EEA countries was observed, with increased activity in both primary and secondary care.

- After a long period of low activity, pooled SARS-CoV-2 test positivity in primary care sentinel systems has increased over a seven-week period to 18.3%.
- Pooled test positivity in SARI sentinel systems has increased over a six-week period to 12.9%, driven primarily by increases in the age group 65 years and above. Test positivity increased to 16.5% for this age group in the current reporting week.
- Despite the increased activity in primary and secondary care sentinel systems, sentinel syndromic surveillance rates show no increases above baseline levels.
- Non-sentinel data mirror the trend seen in the sentinel system, with nine countries reporting increases in non-sentinel test positivity.

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

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

Cholera – Comoros and Mayotte – 2024 – Weekly monitoring

- In Mayotte, 28 new cholera cases were reported between 3 June and 11 June 2024. Since 18 March, and as of 11 June, 166 cholera cases and two deaths have been 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 6 June, and as of 13 June, 531 new cholera cases and four new deaths have been reported. As of 13 June 2024, 9 165 confirmed cholera cases and 137 deaths have been reported in the country.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 12 June 2024, 1 NUTS 3 region (Seville, Spain) reported a human case of West Nile virus infection from EU/EEA countries.
- The ECDC weekly surveillance reported of West Nile virus infections is available online at the dedicated webpage and a dashboard: [Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#).

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

- In April 2024, 22 countries reported measles data to The European Surveillance System (TESSy), with 1 293 cases reported by 17 countries. Five countries reported zero cases.
- Through its epidemic intelligence activities, ECDC has identified 3 876 new measles cases in 23 EU/EEA countries since the last monthly update, including reports on the ongoing outbreaks in Belgium, Ireland, Italy, France, and Poland.
- In 2024, 16 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 outside the EU/EEA are available for Switzerland, the UK, and countries in the Western Balkan and WHO Regions.

Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring

- Since the previous update, and as of 13 June, no relevant public health events associated to Hajj have been detected.
- ECDC is monitoring this mass gathering event through its epidemic intelligence between 10 and 26 June in collaboration with the Gulf CDC and the World Health Organization Regional Office for the Eastern Mediterranean (WHO EMRO).
- The probability of infection for EU/EEA citizens during Hajj is considered low if requirements and recommendations are followed.

Mass gathering Monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

- In 2024, the UEFA European Football Championship 2024 will take place in Germany between 14 June and 14 July.
- ECDC will monitor this mass gathering event through Epidemic Intelligence activities between 10 June and 19 July in collaboration with the Robert Koch Institute and the World Health Organization Regional Office for Europe (WHO/Europe).
- Weekly reporting is foreseen to take place in the Communicable Disease Threats Report (CDTR), and ad hoc reporting in case of a detected event or a public health threat.
- The probability of infection for EU/EEA citizens during UEFA EURO 2024 is considered low if requirements and recommendations are followed.

1. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

Overview:

Update

On 11 June 2024, [WHO reported](#) one human infection with avian influenza A(H9N2) virus in India. This is the second detection of A(H9N2) in humans in the country.

On 22 May 2024, WHO received a notification from the International Health Regulations National Focal Point (IHR NFP) regarding a child affected with avian influenza A(H9N2) in West Bengal state, India.

The case, previously diagnosed with hyperreactive airway disease, initially presented with fever and abdominal pain on 26 January 2024 and was taken to a paediatrician on 28 January. On 29 January, the case developed seizures and was again brought to the same paediatrician. On 1 February, the case was admitted to the paediatric intensive care unit of the local hospital due to the persistence of severe respiratory distress, recurrent high-grade fever and abdominal cramps. The patient was diagnosed with post-infectious bronchiolitis caused by viral pneumonia. On 2 February, the patient tested positive for influenza B and adenovirus at the Virus Research and Diagnostic Laboratory at the local government hospital.

On 3 March, with a recurrence of severe respiratory distress, the patient was referred to another government hospital and was admitted to the pediatric ICU and intubated. On 5 March, a nasopharyngeal swab was sent to the Kolkata Virus Research and Diagnostic Laboratory and tested positive for influenza A (not sub-typed) and rhinovirus. The same sample was sent to the National Influenza Centre at the National Institute of Virology in Pune for subtyping. On 26 April, the sample was sub-typed as influenza A(H9N2) through a real-time polymerase chain reaction. On 1 May, the patient was discharged from the hospital with oxygen support. Information on the vaccination status and details of antiviral treatment were not available at the time of reporting.

The case had exposure to poultry at home and the surroundings, as reported by family members. There is no known history of travel reported among family members living in the same household, or for any other individual visiting their house. There was no known case reporting symptoms of respiratory illness in the family, the neighbourhood, or among healthcare workers (HCWs) at health facilities attended by the case at the time of reporting.

Summary: As of 11 June 2024, and since 1998, a total of 137 laboratory-confirmed cases of human infection with avian influenza A(H9N2) viruses, including two deaths (both in patients with underlying conditions), have been reported in nine countries: China (122), Egypt (4), Bangladesh (3), Cambodia (2), Oman (1), Pakistan (1), India (2), Senegal (1), and Vietnam (1). Most of the cases were children with mild disease.

ECDC assessment:

Sporadic human cases of avian influenza A (H9N2) have been observed outside the EU/EEA, mainly in young children. The source of infection of the current case is unknown. Direct contact with

infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. The risk to human health in the EU/EEA is currently considered very low.

Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities and collaborates with the European Food Safety Authority (EFSA) and the EU reference laboratory for avian influenza to identify significant changes in the epidemiology of the virus. ECDC also works with EFSA and the EU reference laboratory to produce a quarterly [report on the avian influenza situation](#). The [most recent report](#) was published in March 2024.

Last time this event was included in the Weekly CDTR: 07 June 2024

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

Overview:

Virus characterisation

Influenza for week 40, 2023 to week 23, 2024

In the above period, 3 647 A(H1)pdm09, 1 412 A(H3) and 416 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:

- 3 640 were A(H1)pdm09 – 2 481 (68%) were subclade 5a.2a and 1 159 (32%) were subclade 5a.2a.1.
- 1 409 were A(H3) – 30 (2%) were subclade 2a, 10 (0.7%) were subclade 2a.3a, 1 368 (97%) were subclade 2a.3a.1, and 1 (0.1%) were subclade 2a.3b.
- 416 were B/Vic – all were subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 21–22 (26 May to 2 June 2024)

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

- 98% (95–100%) for BA.2.86 (459 detections from six countries)

These estimates should be interpreted with caution as they are based on data from six countries, a result of the very low number of sequences deposited in recent weeks.

ECDC assessment:

Influenza and RSV activity in the EU/EEA remain at low levels.

Following a period of very low activity, there is evidence of increased SARS-CoV-2 activity for some reporting countries in both primary and secondary care, with those aged 65 years and above at greatest risk of experiencing severe disease. Although COVID-19 hospital admissions, ICU admissions and deaths remain low at the EU/EEA level, increases in SARS-CoV-2 activity highlight the continued need to monitor the impact of SARS-CoV-2 at national and regional level.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages, and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries continue to sequence SARS-CoV-2 positive clinical specimens and report to GISAID and/or TESSy.

Vaccination remains critically important to protect individuals at high risk for severe outcomes, such as older adults. While COVID-19 vaccination continues to be protective against severe disease, its protective effect wanes over time and individuals at higher risk should continue to remain up to date with COVID-19 vaccination as per national recommendations.

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary ([ERVISS.org](#)). 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: 07 June 2024

Maps and graphs

Figure 1. Overview of key indicators of activity and severity in week 23

| Indicator | Syndrome or pathogen | Reporting countries | | EU/EEA summary | | Comment |
|-------------------------------------|----------------------|---------------------|-------------------|--|--|--|
| | | Week 23 | Week 22 | Description | Value | |
| Primary care consultation rates | ARI | 9 rates (7 MEM) | 9 rates (7 MEM) | Distribution of country MEM categories | 7 Baseline | ARI rates show no increases above baseline level. |
| | ILI | 13 rates (13 MEM) | 13 rates (13 MEM) | | 13 Baseline | ILI rates show no increases above baseline level. |
| Primary care sentinel positivity | SARS-CoV-2 | 11 | 12 | | 18.3% (5.3; 0.0–11.2%) | Several countries showed an increasing trend in test positivity, with one country reporting 24.5% positivity. |
| | Influenza | 10 | 11 | Pooled (median; IQR) | 1.1% (1.6; 0.1–2.6%) | Decreasing or stable trends were reported in almost all EU/EEA countries. Decreasing or stable trends were also observed in non-sentinel detections. |
| | RSV | 10 | 11 | | 0.2% (0; 0–0%) | Stable trends continue to be observed at country level. |
| SARI consultation rates | SARI | 7 | 10 | | | Stable or decreasing rates continue to be reported at levels comparable to the same time last year. |
| | SARS-CoV-2 | 5 | 6 | | 13% (6.9; 7.9–30.8%) | Three countries showed an increasing trend in secondary care test positivity, with two countries reporting >30% positivity. In non-sentinel systems, one country reported increase in hospitalisations and one country report an increase in deaths in the 65 years and above group. |
| SARI positivity | Influenza | 5 | 6 | Pooled (median; IQR) | 0.6% (0.2; 0–0.8%) | Decreasing or stable trend were observed at a country level. |
| | RSV | 5 | 5 | | 0.5% (0; 0–0%) | Stable trends continue to be observed at a country level. |
| | | | | | | |
| Intensity (country-defined) | Influenza | 18 | 18 | Distribution of country qualitative categories | 14 Baseline 4 Low | |
| Geographic spread (country-defined) | Influenza | 17 | 17 | Distribution of country qualitative categories | 5 No activity 7 Sporadic 1 Local 4 Regional | |

Source: ECDC

Figure 2. Virological distribution for week 23 and the period week 25, 2023 to week 23, 2024

| Pathogen or (sub-)type | Primary care sentinel | | | | | | SARI sentinel | | | | | | Non-sentinel | | | |
|------------------------|-----------------------|-------|------------------|--------|-------|------------|---------------|-----|------------------|-------|-------|------------|--------------|-------|------------------|-------|
| | week 23 | | Period 2023-2024 | | | | week 23 | | Period 2023-2024 | | | | week 21 | | Period 2023-2024 | |
| | n | % | positivity | n | % | positivity | n | % | positivity | n | % | positivity | n | % | n | % |
| Influenza | 11 | 100 | 1.1% | 15 186 | 100 | 14.9% | 5 | 100 | 0.6% | 7 122 | 100 | 11.6% | 205 | 100 | 169 527 | 100 |
| Influenza A (total) | 5 | 45 | 0.5% | 13 679 | 91 | 13.4% | 1 | 25 | 0.1% | 2 745 | 97 | 4.5% | 113 | 58 | 154 018 | 95 |
| A(H1)pdm09 | 1 | (33) | | 9 030 | (78) | | | | | 1 296 | (72) | | 14 | (67) | 25 072 | (72) |
| A(H3) | 2 | (67) | | 2 549 | (22) | | | | | 508 | (28) | | 7 | (33) | 9 827 | (28) |
| A (unknown) | 2 | | | 2 100 | | | 1 | | | 941 | | | 92 | | 119 119 | |
| Influenza B (total) | 6 | 55 | 0.6% | 1 427 | 9 | 1.4% | 3 | 75 | 0.4% | 86 | 3 | 0.1% | 81 | 42 | 8 154 | 5 |
| B/Vic | 4 | (100) | | 784 | (100) | | | | | 3 | (100) | | 2 | (100) | 1 546 | (100) |
| B (unknown) | 2 | | | 643 | | | 3 | | | 83 | | | 79 | | 6 608 | |
| Influenza untyped | | | | 80 | | 0.1% | 1 | | 0.1% | 4 291 | | 7% | 11 | | 7 355 | |
| RSV | 2 | | 0.2% | 4 057 | | 4.8% | 4 | | 0.5% | 5 030 | | 8.3% | 15 | | 64 021 | |
| SARS-CoV-2 | 172 | | 18.3% | 10 957 | | 11.3% | 104 | | 12.9% | 7 796 | | 12.6% | 5 531 | | 2 065 184 | |

Source: ECDC

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

Overview:

Update

Since the previous update on 3 June, and as of 11 June, [French health authorities](#) have reported 28 new cholera cases. Among these, 21 cases (75%) resided in the commune of Mamoudzou and five in the commune of Koungou. Two of the 28 newly reported cases were imported.

Since 18 March and as of 11 June, 166 cholera cases (145 autochthonous and 21 imported) have been reported in Mayotte, including two deaths. Among the total cases reported, 15 were hospitalised.

According to the last ARS Mayotte's [bulletin](#) published on 10 June, 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 [Prefecture of Mayotte's](#) website.

Since the last update on 6 June, and as of 13 June, [Comoros health authorities](#) have reported 531 new cholera cases and four new deaths. Since the outbreak was declared on 2 February 2024 in the Union of the Comoros, and as of 13 June, a total of 9 165 cases and 137 deaths have been reported in the three islands. In all, 8 957 cases have recovered.

Background

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.

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: 07 June 2024

4. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Since the beginning of 2024, and as of 12 June 2024, one country in Europe reported human cases of West Nile virus infection: Spain.

Background information

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 West Nile virus (WNV) unless an individual Nucleic Acid Test (NAT) is negative.

The WNV surveillance activities carried out by ECDC support the competent authorities responsible for blood safety in the implementation of these directives. Therefore, the Emerging and Vector-borne Diseases team at ECDC currently 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 an assessment of the situation.

EU/EEA notification of West Nile virus infections

West Nile virus 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.

Outbreaks of WNV infections in equids and birds should be notified to the Animal Disease Information System (ADIS) of the European Commission. At the EU/EEA level it is mandatory to report equine encephalomyelitis due to WNV infection and West Nile virus infections among birds in accordance with Commission Implementing Regulation (EU) 2018/1882. Data from passive and active surveillance activities including outbreaks are collected by the European Food Safety Authority (EFSA). Analyses of animal data are only included in the monthly update.

The ECDC weekly surveillance reported of West Nile virus infections is available online ([Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#)).

Actions:

ECDC in monitoring WNV through indicator- and event-based surveillance activities.

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

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

Overview:

In April 2024, 22 countries reported measles data to The European Surveillance System (TESSy), with 1 293 cases reported by 17 countries. Five countries reported zero cases.

In the most recent 12-month period, from 1 May 2023 to 30 April 2024, 30 EU/EEA Member States reported 10 887 measles cases, 8 783 (80.7%) of which were laboratory-confirmed. During this 12-month period, two countries (Luxembourg and Bulgaria) reported zero cases. The highest number of cases were reported by Romania (8 947), Austria (485), France (298), Italy (277), and Belgium (206). The highest notification rates were observed among infants under one year of age (349.9 cases per million) and children aged 1-4 years (220.0 cases per million). Seven deaths attributable to measles were reported to ECDC during the 12-month period by Romania (six) and Ireland (one). 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 between 6 and 12 June 2024 from official public and media sources detected 3 876 new suspected and/or confirmed measles cases, including three new deaths, since the last monthly update. New cases were reported in 23 EU/EEA countries in recent months: Austria (new: 27, total: 446), Belgium (new: 51, total: 88), Bulgaria (new: 1, total: 2), Croatia (new: 18, total: 18), Cyprus (new: 4, total: 22), Czechia (new: 1, total: 28), Denmark (new: 4, total: 18), Estonia (new: 1, total: 3), France (new: 109, total: 165), Germany (new: 59, total: 333), Greece (new: 2, total: 23), Hungary (new: 6, total: 21), Iceland (new: 1, total: 2), Ireland (new: 26, total: 52), Italy (new: 186, total: 348), Lithuania (new: 3, total: 25), Netherlands (new: 6, total: 80), Poland (new: 63, total: 191), Portugal (new: 3, total: 30), Romania (new: 3 267 cases, three deaths, total: 15 341, including 15 deaths), Spain (new: 35, total: 71), Sweden (new: 1, total: 14), Norway (new: 1, total: 3).

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 Switzerland, the UK, and countries in the Western Balkan and 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 446 confirmed measles cases in 2024 as of 11 June 2024, an increase of 27 cases since 10 May 2024. Of the 438 cases for which hospitalisation information was available, 87 individuals (20%) were hospitalised, including four in the intensive care unit. All regions reported at

least one case of measles in 2024, with most of the cases reported in Lower Austria (108, 24%) and Tyrol (87, 20%).

[Belgium](#) reported 88 confirmed measles cases in TESSy between January to April 2024 as of 12 June 2024, an increase of 51 cases since 12 April 2024. Recently, the media reported new measles cases detected in [Verviers](#), including an [outbreak in school](#).

[Bulgaria](#) reported one case of measles in week 23, the second case reported in 2024.

[Croatia](#) reported 18 measles cases in 2024 as of 5 June 2024. More than 55% of cases were imported.

[Cyprus](#) reported 22 confirmed measles cases between February and April 2024 (as of 12 June 2024) to ECDC, an increase of four cases since the previous monthly report.

[Czechia](#) reported 28 cases in January to May 2024, including one case since April.

[Denmark](#) reported 18 cases in 2024 and as of 12 June, increase of four cases since the monthly update on 14 May. Among all reported cases, four (22%) were children below 15 years, and 12 (67%) were adults aged 25-54 years.

[Estonia](#) reported three cases between January and April 2024, an increase of one case since the last monthly update.

[France](#) reported 165 confirmed measles cases to TESSy for January-April 2024, an increase of 109 cases since the last monthly report. The [outbreak in Rhône, in Auvergne-Rhône-Alpes region](#) started in January 2024 and is still ongoing. As of 4 June, 95 cases associated with this outbreak were reported, an increase of 20 since the last monthly update.

[Germany](#) reported 333 confirmed and suspected measles cases between January and 9 June 2024 (data as of 10 June 2024), an increase of 59 cases since the last monthly update. Of these, 259 cases were confirmed.

[Greece](#) reported 23 measles cases to TESSy between 1 January and April 2024 as of 12 June, an increase of 2 cases since March.

[Hungary](#) reported 21 cases between 1 January and 2 June 2024, an increase of six cases since 5 May 2024.

[Iceland](#) [confirmed one imported measles case](#) in April 2024. In February 2024, the first measles case in five years was reported, also in a traveller from abroad.

[Ireland](#) has reported 52 confirmed measles cases as of 12 June 2024, an increase of 26 cases since the last update. In addition, 16 cases are currently under investigation. The highest number of reported cases are in the age groups 1-9 years (18 cases; 35%), 10-19 years (16 cases; 31%), and 25-34 years (18 cases; 19%). Outbreaks have been reported across all six Health Service Executive (HSE) regions.

[Italy](#) reported 399 measles cases (348 confirmed) between 1 January and 30 April 2024 and, as of 15 May 2024. This is an increase of 186 since 3 April 2024. Cases have been reported from 16/20 regions, with 69% of cases reported from regions Lazio, Sicily, Emilia-Romagna and Tuscany. The highest incidence was observed in the Abruzzo region (59.1 per million), followed by Lazio (58.9 per million) and Sicily (46.9 per million). At a national level, the incidence in this period was 20.3 cases per million inhabitants. Over half of the cases (51%) are aged between 15 and 39 years, and 25% are over 40. The highest incidence was observed in the 0-4 age group (83.4 cases per million), followed by 15-39-year-olds (39.5 cases per million). Among 363 cases with known vaccination status, 323 cases (89%) were not vaccinated. Half of the cases were hospitalised, and a further 64 cases sought emergency consultation. On 8 June, [media](#) reported an outbreak of measles in a prison in Genoa, with 12 inmates infected.

[Lithuania](#) has reported 25 cases in 2024 as of 6 June 2024, an increase of three cases since 24 April 2024. Of the reported cases, 72% were unvaccinated, 16% were fully vaccinated, and 12% had incomplete vaccination; overall, 40% of cases required hospitalisation.

[Netherlands](#) reported 80 cases of measles in 2024 as of 29 May 2024, an increase of six cases since 1 May 2024.

[Poland](#) reported 191 cases of measles from January to 31 May 2024, an increase of 63 cases since 30 April 2024. From January–April 2024, 94 confirmed cases were reported to TESSy. According to [media reports](#), the largest outbreak occurred in Warsaw, but outbreaks were recorded also in Wrocław and Poznań.

[Portugal](#) has reported 30 confirmed measles cases from January to 2 June 2024, an increase of three cases since 7 May 2024. Of these, 16 (53%) cases were unvaccinated. In addition, four suspected cases of measles have been reported.

[Romania](#) has reported 15 341 cases, including 15 deaths, from January to 9 June 2024, an increase of 3 267 cases and three deaths since 12 May 2024. This nationwide outbreak started in 2023, and 18 146 confirmed measles cases, including 18 deaths, have been reported from 1 January 2023 to 9 June 2024. The cases have been reported in all 41 counties and the Municipality of Bucharest. The highest incidence of measles continues to be reported in Braşov (376.44 cases per 100 000 population), followed by Alba, Mureş and Covasna counties (253.05, 234.90 and 230.07 cases per 100 000 population, respectively). Children aged 0-9 years account for 66.5% (12 064) of all reported cases, including 2 509 children under one year (13.8%). Among cases with known vaccination status (16 036), unvaccinated individuals across all age groups accounted for 90.5%.

[Spain](#) reported 71 measles cases from 1 January to 2 June 2024, an increase of 35 cases since 5 May 2024. Of these, 18 cases were imported.

[Sweden](#) has reported 14 cases in 2024 as of 12 June, an increase of one case since 14 May 2024.

[Norway](#) reported three cases as of 12 June 2024, an increase of one since 14 May 2024.

Relevant epidemiological summary for countries outside the EU/EEA:

[Switzerland](#) has reported 87 cases in 2024 as of 3 June 2024, an increase of 11 cases since 6 May 2024.

[United Kingdom](#) has reported several outbreaks of measles in 2024. Between weeks 1-22 of 2024, 6 052 measles cases were notified in [England and Wales](#). Of these, 1 531 were confirmed in [England](#) as of 6 June 2024. According to [media reports](#), quoting health authorities, 22 measles cases were confirmed in Wales as of 12 May 2024. In [Northern Ireland](#) 11 cases were confirmed in 2024 and as of 2 June 2024. [Scotland](#) reported six laboratory confirmed measles cases between January to March 2024 and as of 22 April 2024.

Western Balkan: Several countries have reported increased measles cases this year.

[Bosnia and Herzegovina](#) has reported the highest number of measles cases. The [Republic of Srpska](#) has reported 194 measles cases as of 7 June 2024, most in the age group 1-4 years (83 cases, 43%). The city of Bijeljina contributed 72% of the confirmed cases. In the weeks 1-22 of 2024, the [Federation of Bosnia and Herzegovina](#) notified [4 533 measles cases](#), an incidence of 211.8 cases per 100 000 population. Of these, 163 cases were confirmed by the laboratory. Most notified cases are in the age group 1-4 years (1 585, 35 %). Of all notified cases, 3 835 (84%) were unvaccinated. In [Brčko District](#), 114 measles cases were reported in 2024 until the end of May 2024, of which 81% were in unvaccinated individuals.

[Serbia](#) reported 114 measles cases as of 2 June 2024, with 76 (67%) cases recorded in the capital city of Belgrade. Outbreaks have been reported throughout the country. The highest number of measles cases was recorded in the age groups of 40-49 years and from 1-4 years (28% and 25%, respectively), while the highest age-specific incidence rate was in the age group of 1 to 4 years (10.7 per 100 000 population).

The [Republic of North Macedonia](#) reported the first confirmed case of measles on 6 June 2024. The case is a six-year-old unvaccinated child who was hospitalised.

Albania has recorded 34 measles cases, according to [media reports](#) from 12 March 2024, citing official sources. Of these, all cases were unvaccinated and 20 (59%) were hospitalised. The highest incidence was reported in age group 2-4 years (13.4 cases per 100 000).

Montenegro has reported the first case of measles on 28 March 2024. As of 4 June 2024, six measles cases have been reported.

Kosovo has reported no cases in 2024, according to the latest [publicly available official announcement](#) on 27 January 2024.

Summary for WHO regional offices

WHO Regional Office for Europe (WHO/EUROPE) reported [70 879 measles cases](#) in 2024 as of 10 June 2024. [The five non-EU/EEA countries reporting the most measles cases](#): Kazakhstan (24 702), Azerbaijan (16 122), Russia (10 051), Kyrgyzstan (9 011), and United Kingdom (914).

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.

WHO Regional Office for Africa (WHO AFRO) has reported [44 366 measles cases](#) in 2024 as of 10 June 2024. As of [29 May 2024*](#), measles cases and outbreaks were reported in the following countries in 2024: Burkina Faso, Burundi, Cameroon, Chad, Congo, 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.*

WHO Regional Office for the Americas (WHO PAHO) has reported [244 confirmed measles cases](#) in 2024 as of 1 June 2024. Cases have been reported from eight countries: Argentina (3), Bolivia (1), Brazil (1), Canada (77), Caribbeans (2), Peru (2), the United States of America (151), and Mexico (7). Most cases (66%) are in unvaccinated individuals.

WHO Regional Office for the Eastern Mediterranean (WHO EMRO) has reported [41 568 measles cases](#) in 2024 as of 10 June 2024. The highest number of cases was reported from Iraq (24 208), Yemen (7 307), Pakistan (4 826), Afghanistan (3 744) and the United Arab Emirates (830).

WHO Regional Office for South-East Asia (WHO SEARO) has reported [16 349 measles cases](#) in 2024 as of 10 June 2024. The highest number of cases was reported from India (13 618), Indonesia (1 392), Thailand (919), Sri Lanka (158), and Nepal (133).

WHO Regional Office for the Western Pacific (WHO WPRO) has reported [5 074 measles cases](#) in 2024 as of 10 June 2024. Nine countries reported cases: the Philippines (2 655), Malaysia (2 008), China (219), Vietnam (90), the Republic of Korea (39), Australia (31), Japan (21), Singapore (7), and Cambodia (4).

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. 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 that 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: 17 May 2024

6. Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring

Overview:

Update

Since the previous update, and as of 13 June, no relevant public health events associated to Hajj have been detected.

On 13 June 2024, the Netherlands reported one case of invasive meningococcal disease (IMD) serogroup W. The case was unvaccinated with onset of symptoms on 16 May. The case is a close contact of travellers to the Kingdom of Saudi Arabia (KSA) who returned to the Netherlands on 8 May. The case itself did not join on the travellers and it is not possible to rule out other potential exposures.

Summary

In recent weeks, 14 cases of invasive meningococcal disease (IMD) serogroup W have been reported in France (4), the United Kingdom (3), the United States (5), Norway (1), and the Netherlands (1), all among travellers or contacts of travellers returning from Umrah pilgrimage in KSA. Travellers eligible for vaccination should be counselled to receive the quadrivalent (ACWY) meningococcal vaccine at least 10 days before departure. Please refer to the [ECDC weekly CDTR w20](#) for further information.

On 29 April 2024, the first MERS-CoV fatality was reported in the Kingdom of [Saudi Arabia](#). Since April 2012, overall 2 610 laboratory-confirmed cases of MERS-CoV have been reported, including 940 deaths (CFR: 40%) in 12 countries.

Background

This year, the annual Islamic Hajj pilgrimage will take place in the Kingdom of Saudi Arabia (KSA) between 14 and 19 June. Pilgrims aged 12 years and above are allowed to attend the pilgrimage.

Over two million pilgrims are expected to attend Hajj from all over the world, including from 24 EU/EEA countries.

The [Ministry of Health of Saudi Arabia](#) issued a list of requirements for 2024 Hajj and Umrah pilgrims, which includes vaccination requirement with quadrivalent meningococcal vaccine (ACYW) polysaccharide vaccine 10 days prior to arrival and should not exceed three years. Quadrivalent (ACYW) conjugated vaccine within the last five years, and at least 10 days prior to arrival).

In addition, since it is a densely populated event and there is a heightened risk of respiratory infectious diseases, KSA MoH recommends to:

- wear facemasks when in crowded places;
- wash hands frequently, with soap and water or a disinfectant, especially after coughing, sneezing, after using toilets, before handling and consuming food, and after touching animals;
- use disposable tissues when coughing or sneezing and dispose of used tissues in wastebaskets;
- avoid contact with those who appear ill and avoid sharing personal belongings;
- avoid visits and contact with camels in farms, markets, or barns;
- avoid drinking unpasteurised milk or eating raw meat or animal products that have not been thoroughly cooked, as well as applying measures to avoid insect bites during the day and night.

Authorities in Saudi Arabia do not permit entry of food with arriving travellers for Hajj except in properly canned or sealed containers. Travellers arriving to Hajj areas for Hajj, seasonal work or other purposes are recommended to observe the following:

- wash hands before and after eating and after going to the toilet;
- clean and wash fresh vegetables and fruit;
- cook food thoroughly and store at safe temperatures;
- keep raw and cooked food separated.

Pilgrims are recommended to take necessary measures to avoid mosquito bites during the day and evening, which include:

- wearing protective clothing (preferably light-coloured) that covers as much of the body as possible;
- using physical barriers such as window screens and closed doors;
- applying insect repellent (as per the label instructions on the product) to skin or clothing that contains DEET, IR3535 or Icaridin.

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.

The probability of infection to the EU/EEA citizens with communicable diseases during the 2024 Hajj is considered to be low, due to the vaccination requirements for travelling to Mecca and Medina and the preparedness plans by Saudi Arabia that address the management of health hazards before, during, and after Hajj. The risk of infection is considered to be moderate for people with underlying conditions, the elderly, and pregnant women, with a moderate probability of infection and moderate impact. As with other mass gathering events, the risk of communicable disease outbreaks is highest for respiratory, food-, waterborne, and vector-borne diseases.

The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied. A risk of infection and importation of cases to Europe after Hajj remains.

ECDC published a rapid [risk assessment on Hajj on 2 July 2019](#). The risks and advice to pilgrims attending Hajj remain valid for this year.

Actions:

ECDC will monitor this event through its epidemic intelligence for mass gathering activities between 10 and 26 June 2024 in collaboration with the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO), and including weekly updates in the Communicable Disease Threats Report (CDTR).

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

7. Mass gathering Monitoring - UEFA European Football Championship - 2024 - Weekly monitoring

Overview:

Summary

Since the start of the monitoring period and as of 13 June, no relevant public health events associated to the UEFA EURO 2024 have been detected.

Background

This year, the UEFA European Football Championship 2024 will take place in Germany between 14 June and 14 July. Around 2.8 million people are expected to follow the 51 scheduled matches of the 24 qualified national teams, which will take place in 10 stadiums in 10 German cities: Berlin, Dortmund, Düsseldorf, Frankfurt (Main), Gelsenkirchen, Hamburg, Cologne, Leipzig, Munich, Stuttgart.

The stadiums have registered [different capacity for EURO 2024](#) with Berlin, Munich and Dortmund as cities with the largest stadiums and Leipzig and Cologne as venues with the smallest capacity.

National teams from the following 24 countries, including host country Germany, have qualified for EURO 2024: Albania, Belgium, Denmark, England, France, Georgia, Italy, Croatia, the Netherlands, Austria, Poland, Portugal, Romania, Scotland, Switzerland, Serbia, Slovakia, Slovenia, Spain, Czech Republic, Turkey, Ukraine and Hungary.

In addition to the matches in the stadiums, a large number of [public viewing events](#), such as the transmission of football matches shown on television outside the home environment, are planned in Germany with a wide variety of sizes. These include, in particular, the official fan zones that UEFA will operate in each of the ten host cities for each EURO 2024 match. Most visitors are expected in [Berlin](#) and in [Frankfurt](#). Furthermore, non-commercial and commercial public viewing events can be registered in other German cities through a mandatory UEFA public viewing license.

ECDC assessment:

Mass gathering events involve a large number of visitors in an area at the same time. This may increase the risk of communicable disease outbreaks and non-communicable health risks, including heat stroke, crowd injury and drug- and alcohol-related conditions.

The probability of infection to the EU/EEA citizens with communicable diseases during the UEFA EURO 2024 is considered to be low if preventive measures are applied, e.g. being fully vaccinated according to the national immunisation schedule, following hand and food hygiene, respiratory etiquette, refraining from any activities and contacts if any symptoms occur, and seeking prompt testing and medical advice as needed. This specially applies to immediate vaccine preventable diseases that might be experiencing a recent increase in the EU/EEA, such as [measles](#) and [whooping cough](#).

WHO, in collaboration with the German Federal Centre for Health Education (BZgA) and the ECDC, has published a [public health advice for travellers attending the UEFA EURO 2024](#). In addition, ECDC has [published recommendations for public health authorities](#) preparing for mass gathering events as Europe prepares to host a range of high-profile events including the UEFA 2024 final tournament across Germany and the 2024 Summer Olympics in Paris.

Actions:

ECDC will monitor this mass gathering event through Epidemic Intelligence activities between 10 June and 19 July 2024 in collaboration with the Robert Koch Institute and World Health Organization

Regional Office for Europe (WHO/Europe), and including weekly updates in the Communicable Disease Threats Report (CDTR).

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

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
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - 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
- Mass gathering - Hajj - Kingdom of Saudi Arabia - 2024 - Weekly monitoring - 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
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 14 June 2024
- Mass gathering monitoring - UEFA European Football Championship - 2024 - Weekly Monitoring - last reported on 14 June 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 14 June 2024
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 07 June 2024
- Seasonal surveillance on West Nile virus infections starts in week 23 - last reported on 07 June 2024
- Out-of-season increase in norovirus (NoV) activity - last reported on 07 June 2024
- Oropouche virus disease - Cuba - 2024 - last reported on 07 June 2024
- SARS-CoV-2 variant classification - last reported on 07 June 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 07 June 2024