

## WEEKLY BULLETIN

# Communicable Disease Threats Report

Week 32, 3–9 August 2024

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## Executive summary

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

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

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

- The Ministry of Health of Cambodia has announced one human case of A(H5N1) avian influenza virus infection.
- The case is an adolescent from Svay Rieng province in Cambodia.
- The patient is in a serious condition and has been admitted to an intensive care unit.
- This is the ninth human case of A(H5N1) avian influenza virus infection reported from Cambodia this year. The country has also reported one fatality in 2024.
- Since 2003, 907 human cases of avian influenza A(H5N1), including 463 deaths (case-fatality rate (CFR): 51%), have been reported in 24 countries worldwide.

**Legionnaires' disease outbreak - Italy - 2024**

- Italian authorities have reported an outbreak of Legionnaires' disease occurring in the metropolitan area of Milan (Corsico and Buccinasco), Lombardy Region.
- As of 8 August 2024, a total of 49 confirmed cases, including three deaths, have been reported.
- Public health activities in response to the outbreak are ongoing to prevent transmission and emergence of new cases. Risk of infection is limited to persons residing in or visiting the localised geographical outbreak area.

**Mass gathering monitoring - Olympic and Paralympic Games - France - 2024**

- Since the previous update on 2 August and as of 8 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic Games.
- The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is considered to be low, if general preventive measures are applied.
- ECDC is monitoring this mass gathering event through epidemic intelligence activities until 13 September 2024, in collaboration with Santé Publique France and partners. Weekly updates will be included in the [Communicable Disease Threats Report \(CDTR\)](#).

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

- Since the beginning of 2024, and as of 7 August 2024, West Nile virus (WNV) infection cases have been reported to The European Surveillance System (TESSy) by eight EU/EEA countries (Austria, Croatia, France, Greece, Hungary, Italy, Romania, and Spain), and by Serbia.
- The latest monthly epidemiological update on WNV infections covers data up to 31 July 2024. A total of 69 locally acquired West Nile virus (WNV) infection cases and eight deaths have been reported to TESSy by seven EU/EEA countries (Austria, France, Greece, Hungary, Italy, Romania, and Spain) and Serbia.
- More information, including maps and a dashboard are available in ECDC's weekly surveillance report on West Nile virus infections: [Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#) and [West Nile virus Dashboard \(europa.eu\)](#). Monthly epidemiological updates are available at: [Monthly updates: 2024 West Nile virus transmission season \(europa.eu\)](#).

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

- Since the previous update on 8 July 2024, and as of 6 August 2024, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2024, and as of 6 August 2024, four MERS fatalities have been reported in Saudi Arabia. Of these, two are primary cases and two are nosocomial infections.
- Since April 2012, and as of 6 August 2024, a total of 2 622 cases of MERS, including 953 deaths, have been reported by health authorities worldwide.

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

- As of 30 July, no further cholera cases have been reported in Mayotte since the last update provided by French authorities on 12 July. Since 18 March, there have been 221 confirmed cases, five probable and two possible deaths.
- In the Union of Comoros, since the previous update on 31 July, and as of 4 August, local authorities have reported no new cholera cases and new deaths. As of 4 August 2024, 10 342 confirmed cholera cases and 149 deaths have been reported in the country.
- Given the decline in the number of autochthonous cholera cases in Mayotte, and in neighbouring Comoros, ECDC has lowered the overall risk from high to moderate.

**Risk assessments under production**

- ECDC has published a Threat Assessment Brief on Oropouche.
- ECDC is preparing a Rapid Risk Assessment on the implications for the EU/EEA of the outbreak of mpox caused by Monkeypox virus clade I in the African continent.

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

## Overview

### Key indicators

All data are provisional. Interpretation of trends, particularly for the most recent weeks, should consider the impact of possible reporting delays, non-reporting by individual countries or overall low testing volumes at primary care sentinel sites. 'Country notes' in the footer explain known issues with reported data.

Syndromic surveillance in primary and secondary care indicates that respiratory activity remains at baseline levels in all but one EU/EEA country (Denmark), at similar levels to those observed during summer 2023.

### **SARS-CoV-2 activity is stable or decreasing in both primary and secondary care in the EU/EEA, although the country-level picture remains mixed.**

- In primary care sentinel systems (general practitioners), pooled test positivity decreased to 23%, with the median test positivity also decreasing to at 8.7%. One country (Spain) continues to contribute to >50% of all tested samples and reported 33% positivity, driving the divergence between pooled and median estimates. While countries reporting primary care sentinel systems reported stable or decreasing trends (10 reporting countries), increases in non-sentinel detections were observed in five countries (17 reporting countries).
- In SARI sentinel systems (hospitals), the pooled test positivity remains stable at 17%, with test positivity ranging from 12 to 31% in the five reporting countries (Germany, Greece, Ireland, Malta and Spain). The age group 65 years and above remained the most affected (23% positivity).
- Non-sentinel secondary care data showed a mixed picture, with four EU/EEA countries reporting a decreasing or stable trend in the number of positive test results among hospitalised patients, and two countries continuing to report increases. No country reported increases in SARS-CoV-2 deaths.
- Despite test positivity in primary and secondary care sentinel systems remaining elevated above 15%, sentinel syndromic rates (ILI/ARI/SARI) showed no increase above baseline levels, apart from in one EU/EEA country (ILI rates in Denmark).

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

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

### Virus characterisation

*Influenza for week 40, 2023 to week 31, 2024*

In the above period 3 901 A(H1)pdm09, 1 574 A(H3) and 582 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the viruses that have been assigned to a clade:

- 3 894 were A(H1)pdm09 - 2 691 (69%) were subclade 5a.2a and 1 203 (31%) were subclade 5a.2a.1.
- 1 571 were A(H3) - 30 (2%) were subclade 2a, 1 (0.1%) were subclade 2a.1b, 11 (0.7%) were subclade 2a.3a, 1 528 (97%) were subclade 2a.3a.1 and 1 (0.1%) were subclade 2a.3b.
- 582 were B/Vic - all were subclade V1A.3a.2.

*SARS-CoV-2 variants for weeks 29–30 (15 July to 28 July 2024)*

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

- 67% (62–69%) for KP.3 (427 detections from eight countries)
- 33% (31–38%) for BA.2.86 (227 detections from nine countries). This category excludes KP.3, which is itself a sub-lineage of BA.2.86.

For information on SARS-CoV-2 variants classified as variants under monitoring (VUM), visit [ECDC's variant page](#).

## ECDC assessment

Influenza and RSV activity in the EU/EEA remain at low levels. Following a period of very low activity, there is evidence of increased SARS-CoV-2 activity for some reporting countries in both primary and secondary care, with those aged 65 years and above at greatest risk of severe disease. Although COVID-19 hospital admissions, ICU admissions and deaths remain low at the EU/EEA level, 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. It is therefore important that testing of symptomatic individuals for SARS-CoV-2 continues during the summer period.

Vaccination remains critically important to protect individuals at high risk of severe outcomes, such as older adults. While COVID-19 vaccination continues to protect against severe disease, its effect wanes over time and individuals at higher risk should stay up-to-date with COVID-19 vaccination, in accordance with national recommendations.

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary [ERVISS.org](https://eriss.org). Updated weekly, ERVISS describes the epidemiological and virologic situation for respiratory virus infections across the EU/EEA and follows the principles of integrated respiratory virus surveillance outlined in '[Operational considerations for respiratory virus surveillance in Europe](#)'

## Further information

- Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's [RespiCast](#).
- [EuroMOMO](#) is a weekly European mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats.
- WHO [recommends](#) that trivalent vaccines for use during the 2023–2024 influenza season in the northern hemisphere contain the following (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Darwin/9/2021 or A/Darwin/6/2021 (H3N2)-like virus (clade 2a); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- Antigenic characterisation data presented in the WHO [2024-2025 northern hemisphere vaccine composition](#) report indicate current northern hemisphere vaccine components are well matched to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. While components also appear well matched for 2a.3a A(H3) clade viruses, 2a.3a.1 clade viruses are less well matched. Based on human post-vaccination serology studies, hemagglutination 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: 2 August 2024

## Maps and graphs

**Table 1. Overview of key indicators of activity and severity in week 31**

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		Comment
		Week 31	Week 30	Description	Value	
Primary care consultation rates	ARI	8 rates (6 MEM)	8 rates (6 MEM)	Distribution of country MEM categories	6 Baseline	Stable rates continue to be reported at levels comparable to the same time last year.
	ILI	12 rates (12 MEM)	13 rates (13 MEM)		11 Baseline 1 Medium	Stable rates continue to be reported at levels comparable to the same time last year, except for one country (Denmark) reporting an increase over the past three weeks.
Primary care sentinel positivity	SARS-CoV-2	10	11	Pooled (median; IQR)	23% (8.7; 1.7–17%)	Decrease in pooled test positivity compared to last week. Only one country reporting >30% positivity this week. Of 17 countries reporting non-sentinel detections data, increases in detections were observed in five countries.
	Influenza	11	11		1.2% (0; 0–1.5%)	Stable trend of very low circulation.
	RSV	11	10		0.2% (0; 0–0%)	Stable trend of very low circulation.
SARI consultation rates	SARI	7	8			Stable or decreasing rates continue to be reported at levels comparable to the same time last year.
SARI positivity	SARS-CoV-2	5	6	Pooled (median; IQR)	17% (17; 12–17%)	Stable trend observed this week in both pooled test positivity and median test positivity. In data from non-sentinel sources, four countries reported a decrease in laboratory-confirmed SARS-CoV-2 hospitalisation, but two countries continued to report an increase; no country reported increases in SARS-CoV-2 deaths.
	Influenza	5	6		1.7% (0.3; 0–0.8%)	Stable trend with very low circulation; but one country has been reporting increased influenza activity over the past weeks (28% positivity in Week 31; Malta)
	RSV	5	5		0.5% (0; 0–0%)	Stable trend with very low circulation.
Intensity (country-defined)	Influenza	17	18	Distribution of country qualitative categories	14 Baseline 2 Low 1 Medium	
Geographic spread (country-defined)	Influenza	16	17	Distribution of country qualitative categories	9 No activity 5 Sporadic 2 Regional	

Source: ECDC

**Table 2. Virological distribution for week 31 and the period week 25, 2024 to week 31, 2024**

Pathogen or (sub-)type	Primary care sentinel						SARI sentinel						Non-sentinel			
	Week 31			Period 2024-2025			Week 31			Period 2024-2025			Week 31		Period 2024-2025	
	n	%	positivity	n	%	positivity	n	%	positivity	n	%	positivity	n	%	n	%
<b>Influenza</b>	6	100	1.2%	77	100	1.3%	10	100	1.7%	61	100	1%	187	100	1 660	100
Influenza A (total)	5	83	1%	49	66	0.8%	8	100	1.4%	35	88	0.6%	138	82	935	61
A(H1)pdm09	1	25		18	44								5	31	194	51
A(H3)	3	75		23	56				2	100			11	69	184	49
A (unknown)	1			8			8			33			122		557	
Influenza B (total)	1	17	0.2%	25	34	0.4%				5	12	0.1%	31	18	586	39
B/Vic	1			8	100								1	100	27	100
B (unknown)				17						5			30		559	
Influenza untyped				3		0.1%	2		0.3%	21		0.3%	18		139	
<b>RSV</b>	1		0.2%	10		0.2%	3		0.5%	13		0.2%	13		245	
<b>SARS-CoV-2</b>	105		22.8%	1 589		28.7%	97		16.6%	1 227		19.1%	24 909		155 530	

Source: ECDC

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

**Update:** On 3 August 2024, the Ministry of Health of Cambodia reported a human case of A(H5N1) avian influenza virus infection in an adolescent girl from Chantrea district, Svay Rieng province ([Ministry of Health in Cambodia](#)). The case presented to hospital with fever, cough, sore throat and difficulty breathing and was admitted to an intensive care unit. The patient remains in a serious condition.

The case was laboratory confirmed by the National Institute of Public Health and the Pasteur Institute in Cambodia on 3 August 2024. Virus clade has not yet been announced.

According to an investigation by local authorities, four days prior to the onset of disease the case had exposure, both at their own house and a neighbour's house, to nine dead chickens, which were later cooked.

Since 2003, Cambodia has reported 71 human H5N1 cases with 42 fatalities, highlighting the ongoing zoonotic transmission risk in the region. National and local health authorities, together with the Ministry of Agriculture, Forestry and Fisheries and the Ministry of Environment, are continuing to search for sources of transmission in both animals and humans, and are conducting contact tracing, administering Tamiflu prophylaxis to close contacts, and emphasising the importance of proper handling and cooking of poultry to prevent further infections.

### Summary

Since 2003, and as of 5 August 2024, there have been 907 human cases worldwide\*, including 463 deaths (CFR: 51%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, United Kingdom and the United States). To date, no sustained human-to-human transmission has been detected. In 2024, 24 cases, including two deaths, have been reported in four countries: Cambodia (nine cases, one death), the United States (13 cases), Vietnam (two cases, one death), and Australia (one case).

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

### ECDC assessment

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

Direct contact with infected birds or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining risk. The recent severe cases in Asia and South America in children and people exposed to infected, sick or dead backyard poultry underlines the risk of having unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

### Actions

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

**Last time this event was included in the Weekly CDTR:** 2 August 2024.

## 3. Legionnaires' disease outbreak - Italy - 2024

### Summary

As of 8 August 2024, a total of 49 confirmed cases of Legionnaires' disease (LD), including three deaths, have been reported by the local public health authorities in Milan (Lombardy Region, Italy).

- Most of the 44 cases (90%), were recorded in the municipality of Corsico, with five cases (10%) reported from the municipality of Buccinasco. Both municipalities are located in the metropolitan area of Milan.
- The first case developed symptoms on 11 April 2024, most cases developed symptoms during the period 10 June to 28 July. The most recently reported case had symptom onset on 28 July.
- The cases are between the ages of 26 and 94 (mean age: 71.7), with 28 females and 21 males involved.
- In all, 45 of 49 cases (92%) had underlying comorbidities, including the three deaths (females aged over 70 years).
- 12 patients are hospitalised, 34 have been discharged and three cases deceased.
- No Travel-Associated Legionnaires' Disease (TALD) cases have been reported associated with the outbreak.

Water samples have been collected from several sampling sites of the municipal water supply system, both from the private residence water systems of patients/control cases and from cooling towers. Only one clinical respiratory sample from broncolavage was available. Investigations are underway to determine the source of the outbreak.

Public health activities in response to the outbreak are ongoing to prevent transmission and emergence of new cases, including a chemical disinfection of the municipal water supply system with chlorine.

Information on reducing the risk of infection from *Legionella* is available from [Corsico municipality](#), [Buccinasco municipality](#), and [Milano, Lombardy Region](#).

### Background

Community outbreaks of Legionnaires' disease are reported annually by countries across the EU/EEA.

Italy has previously reported outbreaks and also in northern Italy. Larger outbreak events were reported in 2018 occurring in Bresso, 52 cases and in Brescia, 33 cases. These outbreaks were identified as being caused by other *Legionella pneumophila* serogroups or *Legionella pneumophila* serogroup 1 sequence types.

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

### ECDC assessment:

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

### Actions

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

## 4. Mass gathering monitoring - Olympic and Paralympic Games - France - 2024

### Update

Since the previous update on 2 August and as of 8 August, no major public health events related to communicable diseases have been detected in the context of the Paris 2024 Olympic Games.

During this week of monitoring, further cases of COVID-19 were reported among the [French Foil Fencers](#) and the [German Women's Football Team](#). In addition, there have been [media reports](#) of athletes with gastrointestinal diseases.

Further autochthonous cases of dengue have been [reported](#) in France since the last update. Of these, two cases have been reported in the region [Provence-Alpes-Côte d'Azur](#). There is an Olympic venue in the Provence- Alpes-Côte d'Azur region.

### Summary

Since week 30, COVID-19 cases have been reported among athletes at the Olympic villa from the [Australian Polo Women's Team](#), the [United States Swimming Team](#), and the [Great Britain Swimming Team](#).

Other events outside of the 2024 Paris Olympic Games included the first autochthonous case of dengue and chikungunya in 2024, which were [reported in week 28 in Occitania](#) and week 31 Ile-de-France region, respectively.

### Background

The Paris [2024 Olympic and Paralympic Games](#) will take place from 26 July to 11 August 2024 and from 28 August to 8 September 2024, respectively. Around 15 000 athletes are expected and the event will involve up to 50 000 volunteers. A total of [11.3 million visitors](#) are projected to attend the Olympics and 3.8 million the Paralympics. During the first phase of the ticket sales, there were buyers from 158 different countries, although most buyers were from France.

The Games will be hosted at [13 sites](#) in Paris, 12 sites outside Paris in the Ile-de-France region, and 10 sites in eight other cities (Saint-Etienne, Marseille, Lyon, Chateauroux, Nice, Bordeaux, Nantes, Villeneuve-d'Ascq), and one overseas territory (Tahiti). Up to 90% of the competitions will occur in the Ile-de-France region. Different activities will be organised to celebrate the Games across France, and many gatherings will take place. In Paris, the [Club France Paris 2024](#), a special zone with activities for fans, will be held at La Villette: up to 700 000 people are expected to visit to attend activities and celebrations.

### ECDC assessment

Mass gathering events involve a large number of visitors in one area at the same time. Multiple factors can lead to the emergence of a public health threat such as an imported disease, increased numbers of susceptible persons, risk behaviour, sales of food and beverages by street vendors, etc. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions should be considered by the organisers and the public health authorities of the hosting country.

The probability of EU/EEA citizens becoming infected with communicable diseases during the Paris 2024 Olympic and Paralympic Games is considered to be low if general preventive measures are applied - e.g. being fully vaccinated according to the national immunisation schedules, following hand and food hygiene and respiratory etiquette, self isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, seeking prompt testing and medical advice as needed, and practising safe sex, as per guidance provided by the French authorities. This is particularly important in relation to vaccine-preventable diseases that may be on the increase in the EU/EEA, such as [measles](#), [whooping cough](#) and COVID-19.

### Actions

ECDC is monitoring this mass gathering event through epidemic intelligence activities between 15 July and 13 September 2024, in collaboration with Santé Publique France and the World Health Organization, and will include weekly updates in the [Communicable Disease Threats Report \(CDTR\)](#).

ECDC has published '[Mass gatherings and infectious diseases, considerations for public health authorities in the EU/EEA](#)', along with additional [public health advice for travellers](#) attending the Paris 2024 Olympic and Paralympic Games.

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

**Last time this event was included in the Weekly CDTR: 2 August 2024.**



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

### Epidemiological summary

Since the start of 2024, and as of 7 August 2024, human cases of West Nile virus (WNV) infection have been reported to TESSy by eight EU/EEA countries and one Western Balkan country. In the EU/EEA, Croatia recently joined Austria, Hungary, Romania, France, Italy, Greece, and Spain in reporting WNV cases. From the Western Balkans, Serbia has also reported human WNV infections. Forty three NUTS3/GAUL1 regions across nine countries reported locally acquired WNV cases. For detailed information on places of infection, please refer to the ECDC [weekly update](#) and [dashboard](#), which includes data up to 7 August 2024.

The latest [monthly epidemiological update](#) on West Nile virus infections, covering data up to 31 July 2024, was published on 7 August 2024. In 2024, eight countries in Europe have reported 69 locally acquired human cases of WNV infection. The earliest and latest dates of onset were on 1 March 2024 and 25 July 2024 respectively. Locally acquired cases with a specified NUTS3/GAUL1 place of infection were reported by Greece (31), Italy (25), Spain (5), Austria (2), Hungary (2), Serbia (2), France (1) and Romania (1). In Europe, eight deaths were reported by Greece (5), Italy (2) and Spain (1). Thesprotia in Greece and Barletta-Andria-Trani in Italy reported cases for the first time ever. Two additional locally-acquired cases were reported by Greece for which the place of infection was still under investigation.

Based on the available data, 59% of the cases this year were in individuals over 65 years old, which is close to the previous decade's average of 54% for the same period. Hospitalisation rates were consistent, with 91% of cases hospitalised this year compared to 94% in the past decade. The case fatality this year was 13% so far, which is comparable to the 11% observed in the previous decade. All deaths reported this year occurred in individuals over 65 years, similar to previous years where most fatalities were also among older adults. Neurological manifestations were reported in 75% of cases this year, up from 65% in the previous decade. The completeness of data for these variables differed across the years.

In addition, travel-associated WNV cases were recorded. Countries outside the EU/EEA associated with travel cases include Albania, India, Kenya, Morocco, Oman, Tunisia, the United Arab Emirates, and the United States.

From the veterinary perspective, eight WNV outbreaks among equids and 10 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Spain (6), France (1) and Italy (1). Outbreaks among birds have been reported by Italy (8) and Germany (2). The earliest and latest date of start of an outbreak among birds and/or equids were respectively on 2 April 2024 and 26 July 2024.

Media [reported](#) on 5 August 2024, that according to official sources 17 WNV cases had been reported in Albania. Media reports [[1](#), [2](#)] on 7 August 2024, citing official sources, detailed the first case of WNV infection in Kosovo. On 5 August 2024, the Greek National Organisation of Public Health published a [press release](#) noting that the country is currently facing increased circulation of WNV.

More background information on the Commission Directives on blood safety and EU/EEA notifications of WNV infections can be found in ECDC's weekly surveillance report on WNV infections which is available online ([Weekly updates: 2024 West Nile virus transmission season \(europa.eu\)](#)) and at the [West Nile virus Dashboard \(europa.eu\)](#). Monthly epidemiological updates are available at: [Monthly updates: 2024 West Nile virus transmission season \(europa.eu\)](#).

### ECDC assessment

In 2024 and as of 31 July 2024, the first confirmed WNV case, which had an onset date in March, was reported in Seville (Sevilla), Spain. This case was considered sporadic as no further cases were reported from the area at the time. Subsequent cases in Europe were reported from June onwards. Monthly case numbers this year are below the average observed from 2014 to 2023. However, Greece reported intense WNV activity in the current season, with the number of cases diagnosed so far reaching the number of 2018 cases for the same time period. The number of reported cases in Spain is above the average for the previous years and all cases so far were reported from the same NUTS3 region. It is important to account for potential delays in reporting for the current year. Clinical and severity indicators for this year are similar to those in previous years. The dominance of neurological cases is not unusual, as cases with more severe symptoms have historically been diagnosed more frequently. All regions affected this year were either previously affected or had neighbouring regions with cases in the past. Given the favourable weather conditions for WNV transmission in EU/EEA, additional human cases are expected in the coming weeks.

### Actions

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

**Last time this event was included in the Weekly CDTR:** 2 August 2024.

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

### Update

Since the previous update on 8 July 2024, and as of 6 August 2024, no new MERS-CoV cases have been reported by the World Health Organization (WHO) or national health authorities.

According to the latest MERS [situation update](#) published by WHO EMRO, all cases reported in 2024 have passed away.

### Summary

Since the beginning of 2024, and as of 8 July 2024, four MERS fatalities have been reported in [Saudi Arabia](#) with date of onset in 2024.

Since April 2012, and as of 6 August 2024, a total of 2 622 cases of MERS, including 953 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.

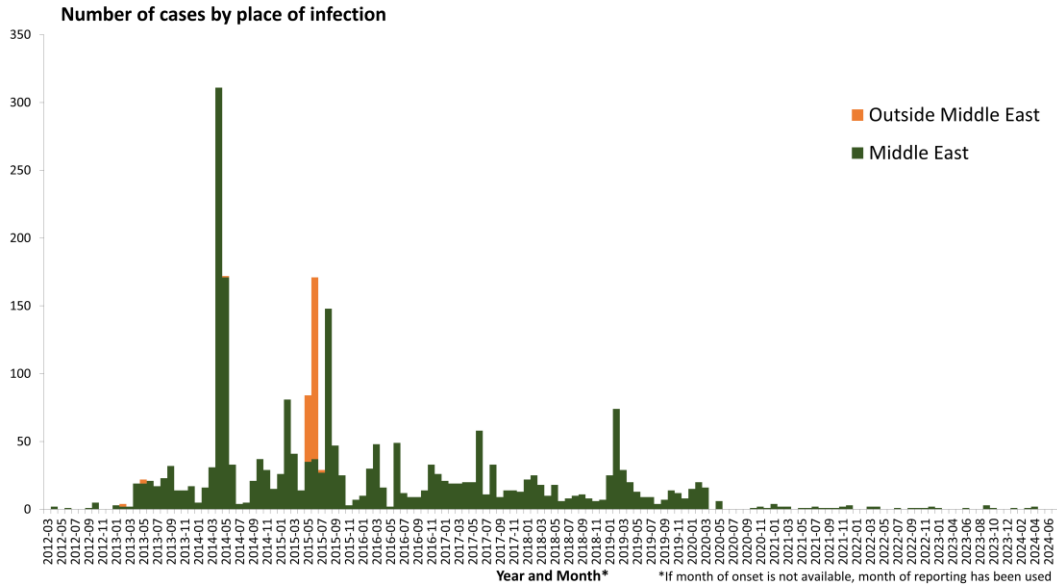
### Actions

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:** 12 July 2024

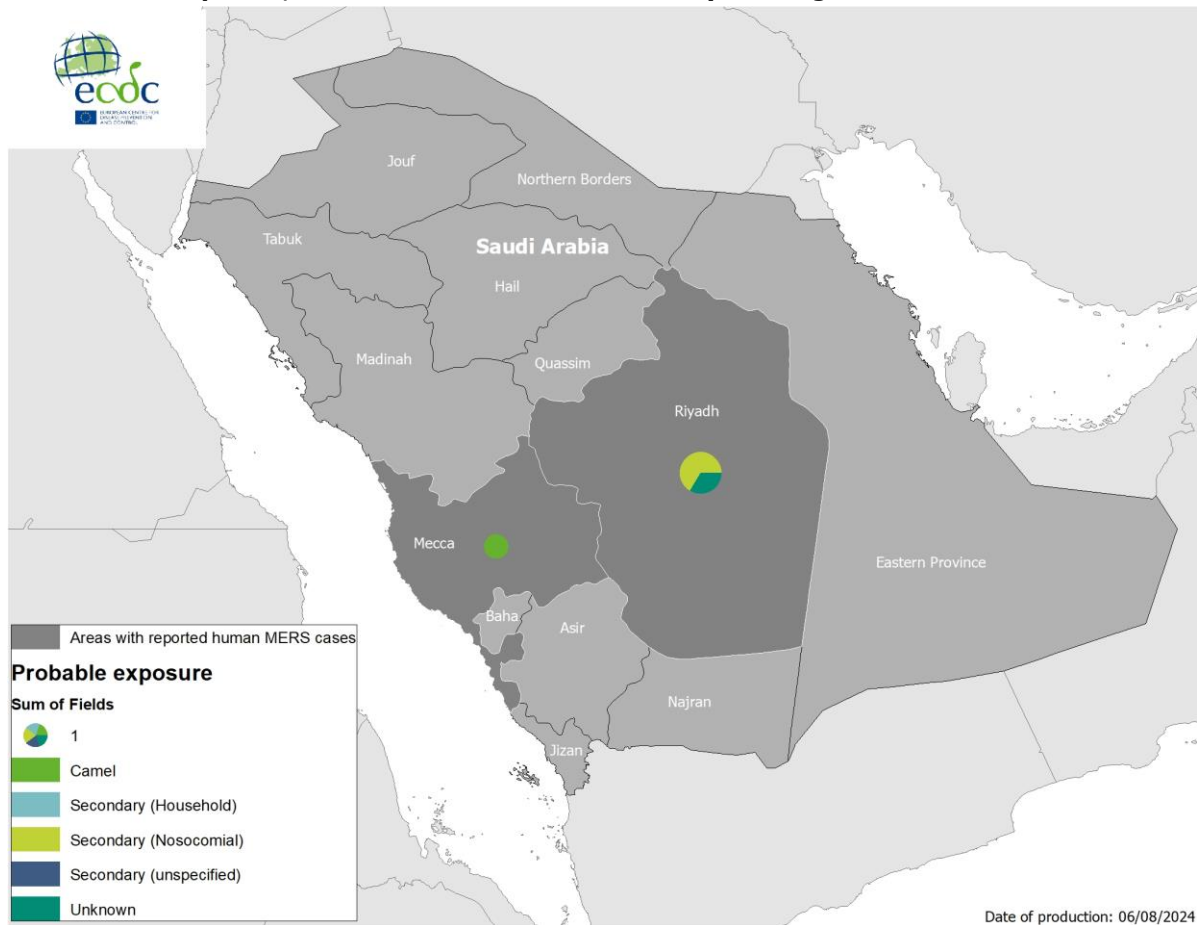
## Maps and graphs

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



Source: ECDC

**Figure 2. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from 1 January to 6 August 2024**



Source: ECDC

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

### Update

In the Union of Comoros, since the previous update on 31 July, and as of 4 August, [local authorities](#) have reported no new cholera cases or deaths. As of 4 August 2024, 10 342 confirmed cholera cases and 149 deaths have been reported in the country. In all, 10 193 cases have recovered since the start of the outbreak.

According to the last bulletin published on 30 July by the [French authorities](#), no further cholera cases have been reported in Mayotte since 12 July 2024.

Since 18 March, and as of the 30 July, [French health authorities](#) have reported 221 confirmed cases, five probable and two possible deaths. Of the 221 confirmed cases, 199 cases were acquired locally and 22 were imported. A total of 1 243 contacts have received antibiotic chemoprophylaxis and 18 766 contacts have been vaccinated.

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

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### 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 during 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 absence of autochthonous cases of cholera in Mayotte since mid-July, and the decline in the number of new cases in neighbouring Comoros, ECDC assesses the likelihood of further community transmission of cholera in Mayotte as very low to low. Importation of cases to Mayotte remains possible. The impact of the cholera outbreak in Mayotte is estimated to be very low, considering the [measures](#) taken in recent months. The overall risk of cholera for the population in Mayotte is therefore assessed as very low to low.

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

### Actions

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

**Last time this event was included in the Weekly CDTR: 2 August 2024.**

## 8. Risk assessments under production

ECDC has [published](#) a Threat Assessment Brief on the imported cases of Oropouche fever to the EU/EEA.

ECDC is preparing a Rapid Risk Assessment on the implications for the EU/EEA of the outbreak of mpox caused by Monkeypox virus clade I in the African continent.

**Last time this event was included in the Weekly CDTR:** 20 June 2024.

### Events under active monitoring

- Avian influenza A(H5N6) – Multi-country – Monitoring human cases - last reported on 26 July 2024
- SARS-CoV-2 variant classification - last reported on 26 July 2024
- Overview of respiratory virus epidemiology in the EU/EEA - weekly monitoring - last reported on 26 July 2024
- Circulating vaccine-derived poliovirus type 2 (cVDPV2) - Palestine\* - 2024 - last reported on 26 July 2024
- Cholera – Comoros and Mayotte – 2024 – Weekly monitoring - last reported on 26 July 2024
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 26 July 2024
- Crimean-Congo haemorrhagic fever - Spain - 2024 - last reported on 26 July 2024
- Oropouche virus disease - Multicountry (America) - 2024 - last reported on 26 July 2024
- Seasonal surveillance of West Nile virus infections – 2024 - last reported on 26 July 2024
- Mass gathering monitoring - Olympic and Paralympic Games - France - 2024 - last reported on 26 July 2024
- Nipah virus disease - India - 2024 - last reported on 26 July 2024
- Imported Oropouche virus disease cases in the EU/EEA, 2024 - last reported on 19 July 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 19 July 2024
- Measles – Multi-country (World) – Monitoring European outbreaks - monthly monitoring - last reported on 19 July 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 12 July 2024
- Mpox Multi-country 2022 - 2024 - last reported on 12 July 2024
- Locally acquired dengue in 2024 in mainland France - last reported on 12 July 2024
- Multi country outbreak of Yersinia enterocolitica linked to raw goat cheese - last reported on 12 July 2024
- Legionnaires' disease outbreak - Italy - 2024 - last reported on 9 August 2024
- Risk assessments under production - last reported on 9 August 2024
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 2 August 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 2 August 2024
- Locally acquired chikungunya virus disease in mainland France - last reported on 2 August 2024.