WEEKLY BULLETIN

Communicable disease threats report

Week 47, 16–22 November 2024

This week's topics

Executive Summary

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the beginning of 2024, approximately 480 000 chikungunya virus disease (CHIKVD) cases and 190 deaths have been reported worldwide. A total of 23 countries have reported CHIKVD cases from the Americas (15), Asia (6), Africa (1) and Europe (1). In mainland Europe, one autochthonous case of CHIKVD has been reported by France in 2024.
- Since the beginning of 2024, over 14 million dengue cases and over 10 000 dengue-related deaths have been reported globally. In mainland Europe, autochthonous dengue cases have been reported by France, Italy and Spain.
- The current likelihood of the occurrence of local transmission events of chikungunya and dengue viruses in areas where the vectors are present in mainland Europe is low. As environmental conditions are becoming unfavourable for vector activity and virus replication in vectors, only sporadic cases and cases reported with delay are expected in the coming weeks.

Overview of respiratory virus epidemiology in the EU/EEA – Weekly monitoring

- The number of patients presenting to primary care and hospitals for respiratory illness remains at expected levels for this time of year.
- The downward trend for SARS-CoV-2 activity in the EU/EEA, following a peak in July, gradually continues in most of the countries that experienced an epidemic wave during the summer.

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People 65 years old and above continue to represent the main age group at risk of hospitalisation and severe outcomes due to COVID-19.
- Influenza viruses continue to circulate at low levels.
- The respiratory syncytial virus (RSV) epidemic has started in the EU/EEA, with a clear increase in test positivity observed in several countries.
- Vaccination is the most effective measure to protect against more severe forms of respiratory viral diseases. Vaccination campaigns have started in many EU/EEA countries. People who are eligible for vaccination, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated.

Avian influenza A(H5N1) human cases – United States – 2024

- Six new cases of zoonotic avian influenza A(H5) have been reported in the United States (US). Five cases detected in California had exposure to cattle and one in Oregon had exposure to infected poultry.
- As of 15 November 2024, a total of 52 human cases of avian influenza A(H5) have been reported from seven states in the US during 2024, including the six most recent cases. Of these, 30 were individuals exposed to dairy cattle that were infected, or presumed to be infected, with A(H5N1) and 21 were workers exposed to outbreaks of HPAI A(H5) at poultry farms. One person had no known animal exposure.
- According to the United States Centers for Disease Control and Prevention (US CDC), the risk to the general population remains low, while people with exposure to infected poultry, cattle or other potentially infected domestic or wild animals have a higher risk of infection.

Seasonal surveillance of West Nile virus infections – 2024

- Since the beginning of 2024, and as of 20 November 2024, cases of West Nile virus (WNV) infection have been reported to The European Surveillance System (TESSy) by 14 EU/EEA countries (Austria, Bulgaria, Croatia, Cyprus, Czechia, Hungary, Romania, France, Germany, Italy, Greece, Slovakia, Slovenia and Spain) and five EU-neighbouring countries (Albania, Kosovo*, North Macedonia, Serbia and Türkiye).
- The latest monthly epidemiological update on WNV infections covers data up to 6 November 2024, with a total of 1 375 locally acquired WNV infection cases and 113 deaths reported by European countries to TESSy.
- 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).

** This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.*

Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

- There have been no significant changes in the epidemiological situation related to the global circulation of monkeypox virus (MPXV) clade I and clade II during the past week.
- Among the countries that had previously reported clade Ib cases in Africa, new cases have been reported this week by the Democratic Republic of Congo (DRC), Burundi, Rwanda and Uganda.
- Outside Africa, one MPXV clade I case has been reported from the United States (US). Among the countries outside Africa that have reported MPXV clade Ib, secondary transmission has only been reported in the United Kingdom (UK), among the household contacts of the first case.
- ECDC is closely monitoring and assessing the epidemiological situation and additional related information can be found in ECDC's rapid risk assessment published on 16 August (Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries) and its Rapid scientific advice on public health measures.

Severe flood in Eastern Spain – 2024

- On 13 November 2024, public health authorities of the Autonomous Community of Valencia reported two confirmed cases of leptospirosis. These were in addition to the probable cases reported on 8 November 2024.

- As of 14 November 2024, the Government of Spain reported 224 confirmed fatalities associated with the flash flooding in the Autonomous Community of Valencia (216), Castilla-La Mancha (7) and Andalusia (1).
- Infectious disease risks following floods do not represent the greatest risks to the health and well-being of the flood-affected communities. Several other health risks, including disruption to healthcare, environmental hazards (e.g. carbon monoxide poisoning, exposure to dangerous chemicals), and psychological stress may cause acute and long-lasting health effects and an increase in all-cause mortality in these areas.

Identification of cVDPV2 in a sewage sample – Poland – 2024

- On 21 November 2024, the Global Polio Eradication Initiative (GPEI) reported that cVDPV2 was isolated from an environmental sample collected from Warsaw, Poland on 22 October 2024.
- On 18 November 2024, the public health authorities in Poland published a press release notifying about the presence of poliovirus type 2 in a municipal wastewater sample taken in Warsaw.

1. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Chikungunya virus disease (CHIKVD)

In 2024 and as of 8 November, approximately 480 000 CHIKVD cases and 190 deaths have been reported worldwide. A total of 23 countries reported CHIKVD cases from the Americas (15), Asia (6), Africa (1) and Europe (1).

The majority of countries reporting high CHIKVD burden are from the Americas, in South and Central America. Countries reporting the highest numbers of cases are Brazil (403 726), Paraguay (2 744), Argentina (768) and Bolivia (418). Additional countries in the Americas reporting CHIKVD cases can be found at PAHO's dedicated website.

Outside of the Americas, CHIKVD cases were reported in Asia from India (69 544), Pakistan (4 964), Thailand (584), Maldives (389), Timor Leste (195) and Malaysia (80). One African country reported CHIKVD cases in 2024: Senegal (9).

In 2024, one locally acquired CHIKVD case has been reported in mainland Europe, from France. In addition, thirteen locally acquired CHIKVD cases have been reported from La Réunion.

CHIKVD-associated deaths were reported from Brazil (190).

Dengue

Since the beginning of 2024, over 14 million dengue cases and over 10 000 dengue-related deaths have been reported globally. Most cases globally have been reported from the WHO PAHO region. This region reported over 12 million cases in 2024, 53% of which were laboratory confirmed, and over 7 000 deaths. Brazil has reported the most cases in 2024 (over 9.8 million) followed by Argentina, Mexico, Colombia and Paraguay, as of November 2024 (Situation Report No 43 - Dengue Epidemiological Situation in the Region of the Americas).

In mainland Europe, autochthonous cases have been reported by France, Italy and Spain.

An increase of dengue cases has been reported in Guadeloupe since mid-September, following decreasing and stable trends over the summer. During week 43, which ended on 27 October, 172 confirmed cases were reported. An additional 157 confirmed cases were reported in week 44 (week ending 3 November 2024). The current situation is classified as an epidemic of phase 4 level 1 (confirmed epidemic) (Dengue Bulletin as of 31 October 2024 and Dengue Bulletin as of 15 November 2024).

The epidemic earlier this year was due to DENV-2 serotype, while recently DENV-3 serotype has been detected (more than 90% of samples analysed). In Martinique, 32 confirmed cases were reported in the week ending 3 November and 25 confirmed cases were reported in the week ending 27 October. Overall, there is an increasing trend in the number of cases reported with clinical symptoms of dengue and the epidemiological situation is characterised as phase 2 (level 2; outbreaks that can evolve or multiple outbreaks with epidemiological links among them). Dengue circulation continues in Saint-Martin, but at lower levels (epidemic phase 1), with only sporadic cases or outbreaks without epidemiological links among them reported.

In French Guyana, over 8 000 confirmed dengue cases have been reported since the beginning of 2024 and as of August 2024. However, case numbers have decreased and show a stable trend at lower levels during recent weeks, after peak in January 2024 (Bimonthly Epidemiological Bulletin published on 26 September 2024, Health surveillance in French Guyana as of 24 October 2024). Increases in consultations with patients with dengue-like symptoms were reported in Cayenne (Health surveillance in French Guyana as of 7 November 2024). Overall, 1 265 dengue cases have been reported in La Reunion since the beginning of the year and as of August 2024. Currently, the circulation of dengue on the island is characterised as moderate. In Mayotte, where autochthonous cases were reported during summer (reaching of total of 64), no new cases have been reported since the beginning of September 2024 (based on data available as of 14 October 2024).

Dengue circulation has also been reported in the Eastern Mediterranean, South-East Asia and Western Pacific WHO Regions according to the reports from the regional offices (EMRO, SEARO and WPRO, respectively), as well as in Africa in October and November 2024. Epidemiological updates and highlights from official reports on dengue circulation in different regions, countries and territories are presented below.

- In the EMRO region, autochthonous cases were reported by Iran in June 2024 for the first time (WHO Disease Outbreak News Item published on 22 July 2024), while dengue has also been reported in Afghanistan, Saudi Arabia and Pakistan.

- According to the SEARO report published on 13 November 2024, in Bangladesh, overall, the total number of dengue cases and deaths in 2024 continues to be at lower levels compared with what was reported for the same period in 2023 (71 393 cases and 355 deaths in 2024 as of 10 November, compared with 291 791 cases and 1 476 deaths in 2023). In Nepal, 28 212 cases were reported through the Early Warning and Alert System in 2024, as of 28 October 2024. An increase was reported in the monthly cases between August and September and a decrease in October 2024. Overall case numbers are lower compared with the same period last year. Dengue has been reported in Kerala and Karnataka, India. In both states, the weekly number of cases shows a decreasing trend in recent weeks, after peaking in summer. In Kerala, 18 807 cases have been reported as of 3 November and in Karnataka, 31 084 cases have been reported for the same period. Both states have seen an increase in the number of dengue cases in 2024 compared with the same period in 2023. The monthly number of cases continued decreasing in Indonesia, after peaking between March and May, and over 0.6 million suspected and confirmed cases were reported (including over 1 200 deaths) as of the beginning of October.

- According to the WPRO Dengue Situation update of 14 November 2024, generally decreasing trends with week-to-week fluctuations were reported by Cambodia and Laos (with 16 327 and 17 867 cases, respectively, as of the week ending 3 November 2024). Similar trends were observed in Malaysia (106 773 cases as of 12 October 2024) and Singapore (12 837 cases as of 2 November 2024). In China, the number of reported cases increased between June and September, with 4 845 cases reported during that month. Overall, 7 604 cases and no deaths have been reported in the country in 2024 as of the end of September. In Vietnam, an increasing number of cases were reported during October (100 048 cases, including 16 deaths, reported in 2024 as of 20 October 2024), but case numbers remain below the levels reported during 2023.

- In Africa, according to the Africa CDC Epidemic Intelligence Report of 18 November 2024 and the WHO bulletin of the African Region reporting data as of 27 October 2024, over 100 000 dengue cases have been reported this year in Africa from Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Cote d Ivoire, Ethiopia, Ghana, Guinea, Kenya, Mali, Mauritius, Niger, Nigeria, Sao Tome and Principe, Senegal, Sudan and Togo.

Note: the data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment:

The Americas are currently facing the largest ever outbreak of dengue. As a result, there has been a substantial increase in the number of cases of dengue imported to the EU/EEA since the beginning of the year.

The likelihood of onward transmission of dengue and chikungunya virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). *Aedes albopictus* is established in a large part of Europe. In Europe and neighbouring areas, *Aedes aegypti* is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

The current likelihood of the occurrence of local transmission events of chikungunya and dengue viruses in areas where the vectors are present in mainland Europe is low. As environmental conditions are becoming unfavourable for vector activity and virus replication in vectors, only sporadic cases and cases reported with delay are expected in the coming weeks. All past autochthonous outbreaks of CHIKVD and dengue in mainland Europe have so far occurred between June and November.

More information on autochthonous transmission of chikungunya and dengue virus in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on dengue and CHIKVD.

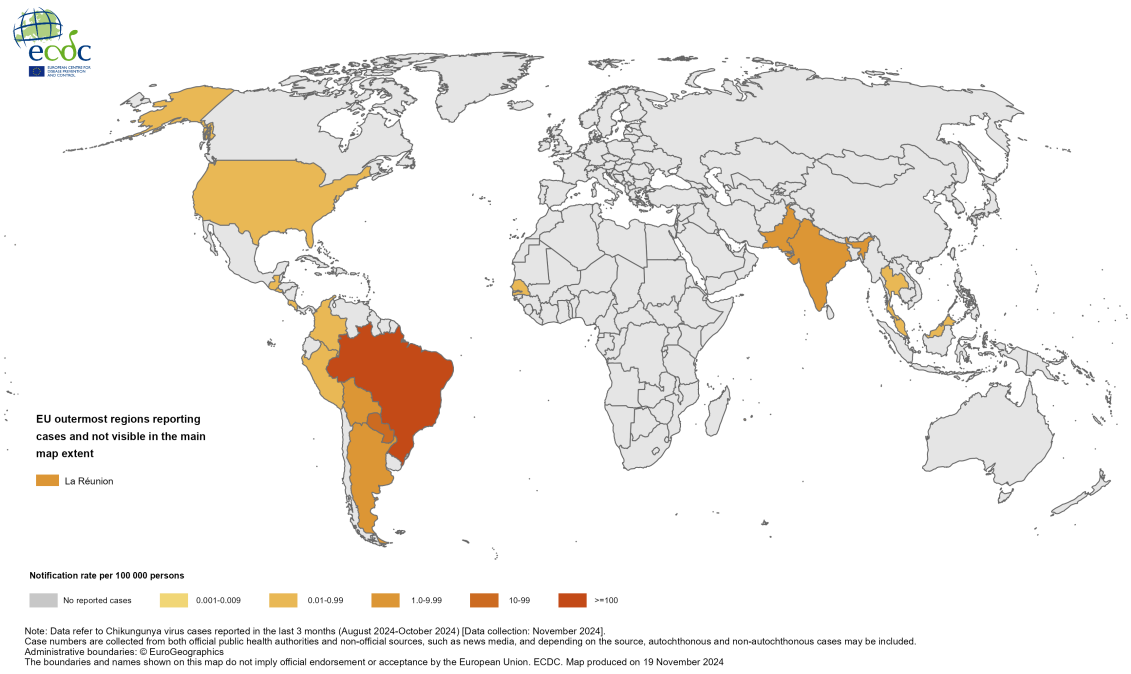
Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of **dengue** and **CHIKVD** is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 04 October 2024

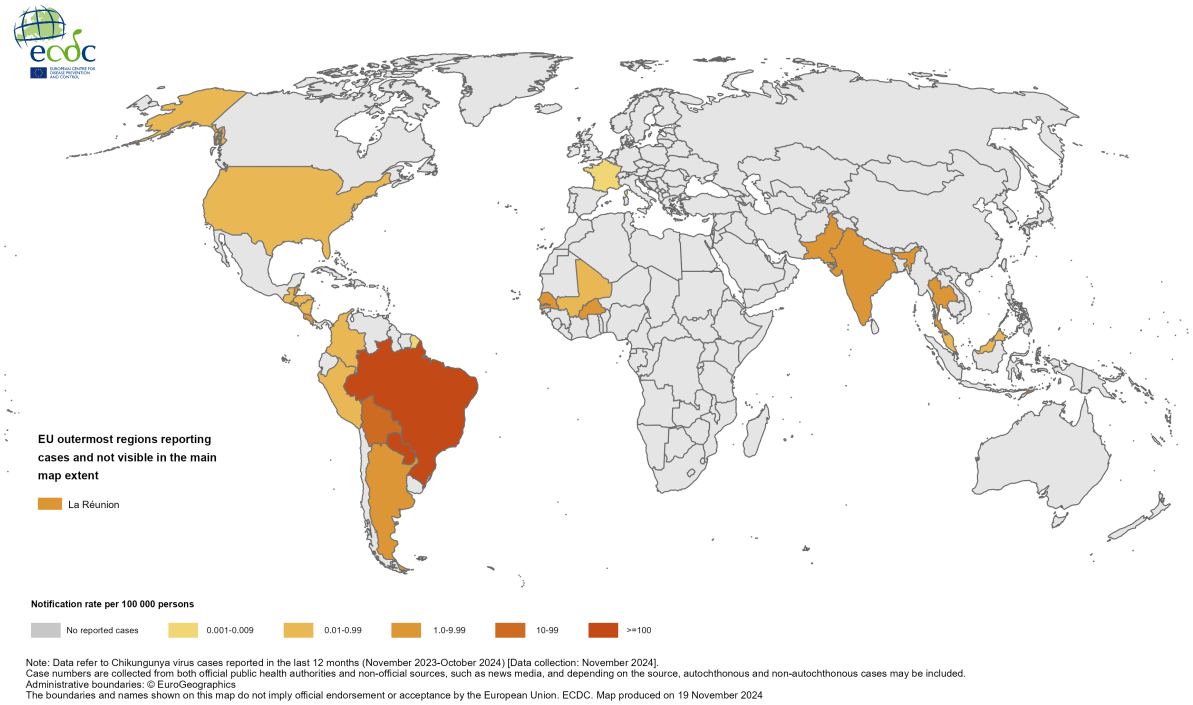
Maps and graphs

Figure 1. Three-month Chikungunya virus disease case notification rate per 100 000 population, August to October 2024



Source: ECDC

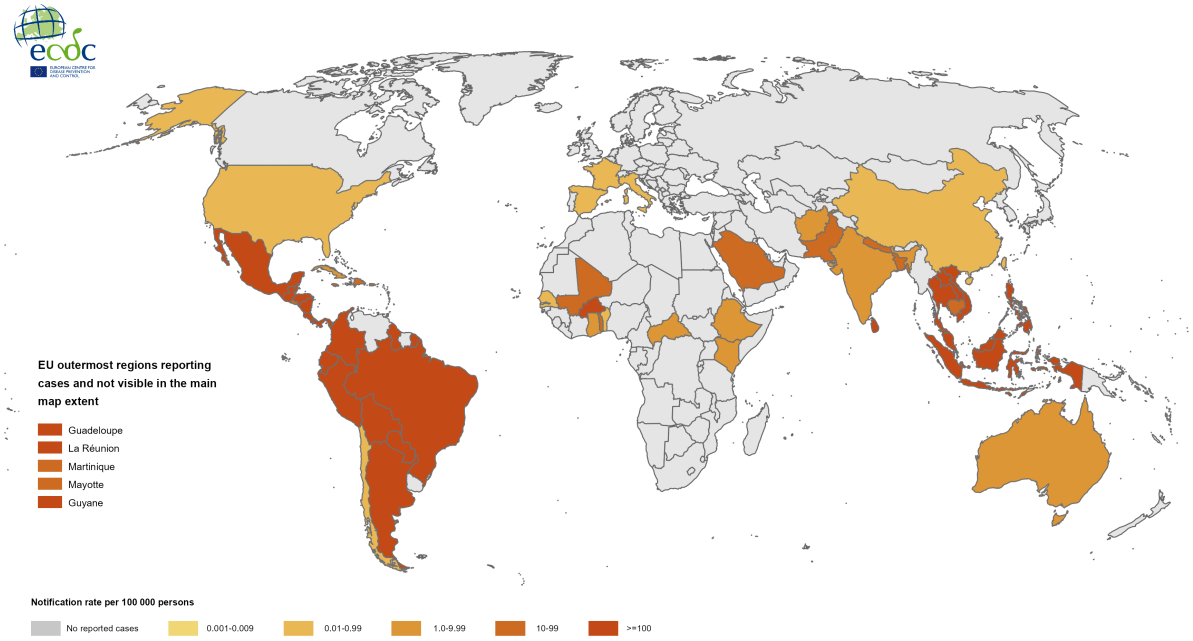
Figure 2. 12-month Chikungunya virus disease case notification rate per 100 000 population, November 2023 to October 2024



Note: Data refer to Chikungunya virus cases reported in the last 12 months (November 2023-October 2024) [Data collection: November 2024].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 19 November 2024

Source: ECDC

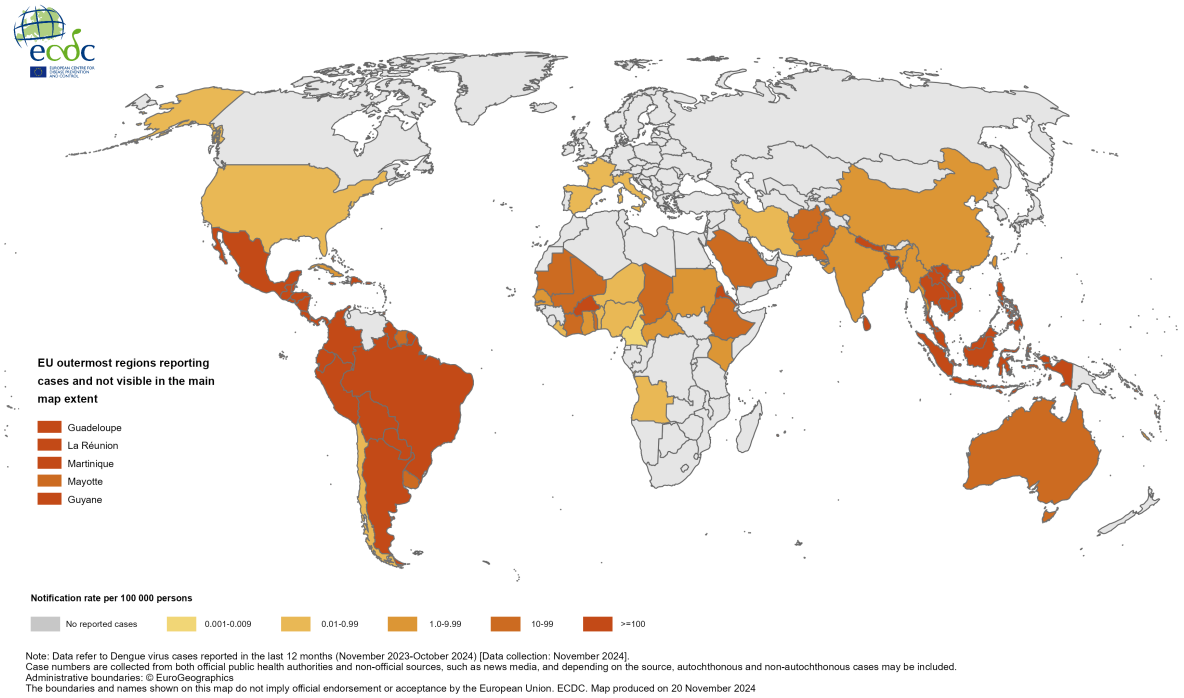
Figure 3. Three-month dengue virus disease case notification rate per 100 000 population, August to October 2024



Note: Data refer to Dengue virus cases reported in the last 3 months (August 2024-October 2024) [Data collection: November 2024].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 20 November 2024

Source: ECDC

Figure 4. 12-month dengue virus disease case notification rate per 100 000 population, November 2023 to October 2024



Source: ECDC

2. Overview of respiratory virus epidemiology in the EU/EEA – Weekly monitoring

Overview:

Key indicators

All data presented in this summary 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.

- Acute respiratory illness (ARI) activity (i.e. primary care consultation rates) has been increasing in several countries over the past weeks, with five countries currently reporting low activity. Consultation rates for influenza-like illness (ILI) in primary care and severe acute respiratory illness (SARI) in hospitals remained at baseline levels in most EU/EEA countries. Overall, all syndromic indicators remained at levels comparable to previous seasons at this time of year.
- SARS-CoV-2 activity in primary care and hospitals continued to decrease at the EU/EEA level, with positivity rates lower than or similar to those observed in 2023 at this time of year. However, the picture remained varied at the country level. People 65 years old and above continued to be the most affected by severe COVID-19 disease.
- Seasonal influenza activity remained stable at a low level in most reporting EU/EEA countries. Three countries in the western part of the EU/EEA have reported increased seasonal influenza activity in primary or secondary care.
-
- RSV activity has clearly increased compared with the previous week, with – as expected – children 0–4 years old the most affected. The seasonal RSV epidemic seems to have started in the EU/EEA and all countries should be prepared to see an increase in RSV activity in the coming weeks.

ECDC assessment:

RSV activity has increased significantly, marking the start of the seasonal epidemic wave. Although very young children usually represent the most affected age group, individuals 65 years old and above are also at risk and can develop severe disease. Influenza activity in the EU/EEA remains at relatively low levels, but an increase is anticipated in the coming weeks, as is typical for this time of year. SARS-CoV-2 activity continues to decrease but remains elevated in some reporting countries, with individuals 65 years old and above at greatest risk of severe disease.

Actions:

It remains important to continue monitoring the impact of SARS-CoV-2 at national and regional levels despite the observed decrease in activity. To continue assessing the impact of emerging SARS-CoV-2 sub-lineages, countries should continue to sequence SARS-CoV-2-positive clinical specimens and report to GISAID and/or TESSy.

As the RSV epidemic has started in the EU/EEA and influenza usually follows shortly afterwards, countries should prepare for an increase in activity in the coming weeks.

Vaccination is the most effective measure to protect against more severe forms of respiratory viral diseases. Vaccination campaigns have started in many EU/EEA countries and vaccinations efforts should continue. 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, following national recommendations.

Similarly, vaccination against influenza viruses contributes to limiting severe disease outcomes for people at high risk. Healthcare workers and individuals at higher risk should stay up-to-date with influenza vaccination, following national recommendations.

Several countries are now also making vaccination against RSV available for pregnant women and older adults, as well as immunisation with monoclonal antibodies for newborns. For more information, consult the national vaccination and immunisation recommendations made by each country's competent authorities.

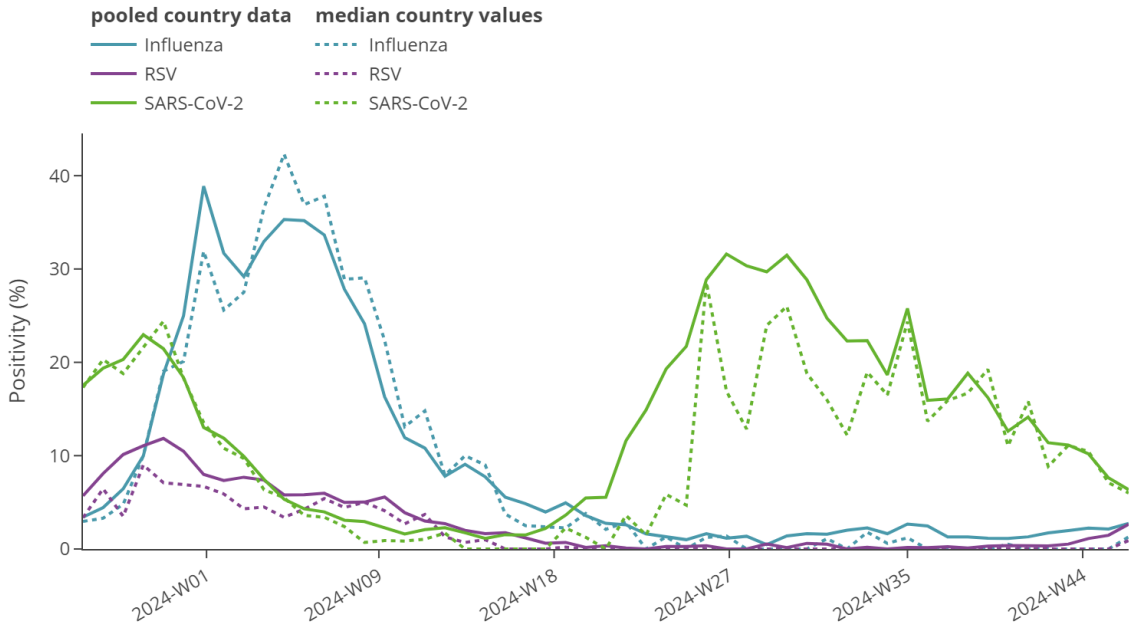
ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary (ERVISS.org). Updated weekly, ERVISS describes the epidemiological and virological situation for respiratory virus infections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

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 15 November 2024

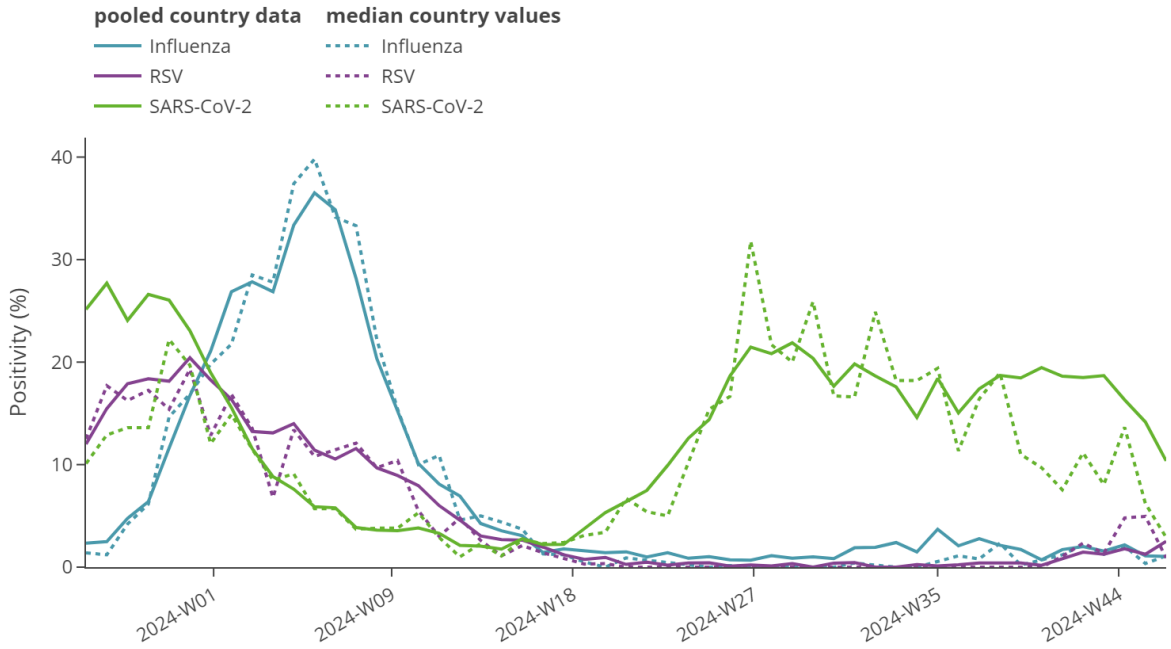
Maps and graphs

Figure 1. ILI/ARI virological surveillance in primary care, weekly test positivity



Source: ECDC

Figure 2. ILI/ARI virological surveillance in hospitals, weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 46, 2024

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 46**	**Week 45**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	14 rates (11 MEM)	15 rates (11 MEM)	Distribution of country MEM categories	6 Baseline 5 Low	ARI activity is increasing in several countries but remained at similar levels to past seasons at this time of year. Five countries still reported ARI activity above the baseline level this week: Bulgaria, Czechia, Estonia, Germany and Lithuania.
	ILI	20 rates (18 MEM)	21 rates (19 MEM)		17 Baseline 1 Low	ILI activity remained at similar levels to past seasons at this time of year. Only one country reported ILI activity above the baseline level this week: Italy (low).
ILI/ARI test positivity in primary care	Influenza	21	20	Pooled (median; IQR)	2.7% (1.3; 0–4.1%)	Influenza activity remains low in most EU/EEA countries, similar to past seasons at this time of year. Three countries reported a test positivity rate above 5% (France: 7.2%, 125 samples tested; Ireland: 6.9%, 102 samples tested; Spain: 5.9%, 467 samples tested).
	RSV	18	18		2.7% (0.9; 0–2%)	The increasing trend in RSV activity was sharper this week at the EU/EEA level, signalling the start of the seasonal RSV epidemic. Two countries (France and Luxembourg) reported test positivity rates above 7%, with each reporting more than 50 samples tested. The situation will continue to be closely monitored in the coming weeks.
	SARS-CoV-2	21	21		6.4% (6; 4.3–9.7%)	The pooled EU/EEA test positivity rate for SARS-CoV-2 continued to decrease slowly, following a peak in July 2024. At the country level, the situation remained more varied. A decreasing trend continued in most countries. This week, four countries still reported test positivity rates above 10% and six others reported test positivity rates between 6% and 9.9%.
SARI rates in hospitals	SARI	8	8	–	–	SARI consultation rates continued to be reported at levels comparable to past seasons at the same time of year.
SARI test positivity in hospitals	Influenza	6	7	Pooled (median; IQR)	1% (1.1; 0.7–4.5%)	A stable trend in influenza test positivity was observed, with very low circulation, similar to past seasons at this time of year. Only Ireland reported a test positivity rate above 5% (5.9%, 34 samples tested).
	RSV	6	7		2.5% (0.9; 0–5.9%)	As observed in primary care, RSV test positivity increased at the EU/EEA level, with children 0–4 years old the most affected. Two countries reported test positivity rates above 5% (Spain and Ireland).
	SARS-CoV-2	6	7		10% (2.9; 1.9–15%)	As observed in primary care, the pooled positivity rate for SARS-CoV-2 continued to decrease. The positivity rates in SARI surveillance were at levels lower than or similar to those observed in 2023 at the same time of year in most countries. Non-sentinel indicators of severe disease remained elevated in some reporting countries (Cyprus, Czechia, Greece and Lithuania).
Intensity (country-defined)	Influenza	23	24	Distribution of country qualitative categories	17 Baseline 6 Low	
Geographic spread (country-defined)	Influenza	22	23	Distribution of country qualitative categories	5 No activity 15 Sporadic 2 Local	

Source: ECDC

Figure 4. ILI/ARI virological surveillance in primary care, pathogen type and subtype distribution

	Week 46, 2024		Week 40, 2024 – week 46, 2024	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**59**	**–**	**291**	**–**
Influenza A	31	65	155	64
A(H1)pdm09	18	86	80	69
A(H3)	3	14	36	31
A (unknown)	10	–	39	–
Influenza B	17	35	87	36
B/Vic	0	–	10	91
B/Yam	0	–	1	9
B (unknown)	17	–	76	–
Influenza untyped	11	–	49	–
RSV	**44**	**–**	**126**	**–**
RSV-A	8	53	18	46
RSV-B	7	47	21	54
RSV untyped	29	–	87	–
SARS-CoV-2	**125**	**–**	**1417**	**–**

Source: ECDC

Figure 5. SARI virological surveillance in hospitals, pathogen type and subtype distribution

◉Figure ○Table

	Week 46, 2024		Week 40, 2024 – week 46, 2024	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**10**	**–**	**123**	**–**
Influenza A	3	60	58	85
A(H1)pdm09	0	–	13	87
A(H3)	0	–	2	13
A (unknown)	3	–	43	–
Influenza B	2	40	10	15
B/Vic	0	–	1	100
B (unknown)	2	–	9	–
Influenza untyped	5	–	55	–
RSV	**24**	**–**	**105**	**–**
RSV-A	2	100	20	74
RSV-B			7	26
RSV untyped	22	–	78	–
SARS-CoV-2	**99**	**–**	**1378**	**–**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, weeks 40–46, 2024

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	55	59	5a.2a	51	93
			5a.2a.1	4	7
A(H3)	30	32	2a.3a.1	30	100
B/Vic	8	9	V1A.3a.2	8	100

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 44–45, 2024

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
KP.3	VOI	8	347	50% (43–60%)
BA.2.86	VOI	6	58	6% (1–13%)

Source: ECDC

3. Avian influenza A(H5N1) human cases – United States – 2024

Overview:

Update: On 15 November 2024, the US CDC reported six new human cases of avian influenza A(H5) (CDC, Bird Flu Response Update). Among the newly reported cases, Oregon reported its first human case of avian influenza A(H5N1), which linked to a previously reported outbreak affecting birds at a commercial poultry operation in Clackamas County. Authorities have been closely monitoring people exposed to the animal outbreak, which is how this case was identified. The case presented with mild symptoms, was treated with oseltamivir and has recovered. The remaining five newly reported cases are from California and all had exposure to infected dairy cattle. According to the US CDC, there is currently no evidence of human-to-human transmission.

On 15 November 2024, the public health authorities in Hawaii reported a recent detection of H5N1 via the National Wastewater Surveillance System that is under investigation by the Hawai'i Department of Health (DOH). Highly pathogenic avian influenza has been detected in a backyard flock within the area served by the relevant wastewater treatment plant. This is the first confirmed detection of the virus in Hawaii. The virus detected here matches the strain that has infected dairy cows and domestic poultry on the US mainland.

Background: In 2024 and as of 15 November 2024, 52 human cases of avian influenza H5N1 have been confirmed by the US CDC from seven states. Thirty of the cases reported exposure to cattle: California (26), Colorado (1), Michigan (2) and Texas (1). Twenty-one cases reported exposure to poultry: Colorado (9), Oregon (1) and Washington (11).

The US CDC has performed genetic analysis of viruses isolated from previously confirmed cases. Genetic sequencing confirmed that six of the cases reported in California were infected with avian influenza virus A(H5N1) from clade 2.3.4.4b. All six sequences are closely related genetically to the virus causing infections in domestic dairy cattle. Whole genome sequencing was performed on viruses isolated from two people in California and both viruses were confirmed to be of B3.13 genotype. No changes associated with mammalian adaptation in other gene segments were identified in the analysed samples. In addition, no mutations associated with reduced susceptibility to antivirals (e.g. neuraminidase inhibitors or polymerase acidic inhibitors) were identified.

The US CDC is performing additional testing, including antigenic characterisation of the isolated viruses. This will reveal if existing candidate vaccine viruses (CVVs) are well-matched to the new reported cases of avian influenza A(H5).

The US CDC has posted in GISAID and submitted to GenBank the haemagglutinin (HA), neuraminidase (NA), and non-structural (NS) gene segments for A/California/134/2024 (GISAID EPI_ISL_19463619; NCBI_PQ435213- PQ435215) and the whole genome sequences for A/California/135/2024 and A/California/147/2024.

The US CDC's current assessment of the human health risk of A(H5N1) to the general public in the US has not changed and continues to be considered low.

ECDC assessment:

To date, there have been no confirmed human cases of influenza A(H5N1) infection and no reports of A(H5N1) infection in cattle in the EU/EEA. The genotype B3.13 identified in cattle and several of the human cases in the US has not been detected in Europe.

ECDC has assessed the risk of infection from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those with activities that expose them to infected or dead animals or a contaminated environments (e.g. occupational exposure to infected animals).

ECDC is monitoring the situation together with partner organisations in Europe and will continue to update its assessment of the risk for humans in the EU/EEA as new information becomes available.

In addition to enhanced surveillance, active monitoring and testing of exposed individuals is recommended for early detection of human cases and to assess the possibility of human-to-human transmission, according to the relevant ECDC guidance documents (Testing and detection of zoonotic influenza virus infections in humans; Investigation protocol of human cases of avian influenza virus; Enhanced surveillance of severe avian influenza virus infections in hospital settings).

Raising awareness – including about the need to enquire about animal exposure and symptoms compatible with avian influenza infections and testing of symptomatic people with a history of exposure, following a risk-based approach – among all primary care workers and communicating on the epidemiological situation is important in order to not miss or delay diagnosis of potential human cases.

Given the uncertainties related to mammal-to-mammal transmission and depending on the epidemiological situation, a low threshold can be considered for testing individuals exposed to potentially infected mammals (e.g. symptomatic individuals with conjunctivitis or respiratory symptoms). Due to the higher risk of infection for individuals exposed to infected animals and contaminated environments, appropriate personal protective measures and other precautionary measures should always be taken to mitigate the risk.

ECDC relevant publications:

- Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work
- Investigation protocol of human cases of avian influenza virus infections in the EU/EEA
- Surveillance and targeted testing for the early detection of zoonotic influenza in humans during the winter period in the EU/EEA
- Joint ECDC-EFSA Drivers for a pandemic due to avian influenza and options for One Health mitigation measures

Actions:

ECDC is in contact with the US CDC for further information and is closely following any updates on the event. 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 on the avian influenza situation.

Sources: FAO | 2024-e000168

Last time this event was included in the Weekly CDTR: 8 November 2024

4. Seasonal surveillance of West Nile virus infections – 2024

Overview:

Epidemiological summary

Weekly WNV report
Since the start of 2024, and as of 20 November 2024, human cases of WNV infection have been reported to TESSy by 14 EU/EEA countries and five EU-neighbouring countries. In the EU/EEA, Austria, Bulgaria, Croatia, Cyprus, Czechia, Hungary, Romania, France, Germany, Italy, Greece, Slovakia, Slovenia and Spain reported WNV infections. From EU-neighbouring countries, Albania, Kosovo*, North Macedonia, Serbia and Türkiye have reported WNV infections. In total, 211 NUTS3/GAUL1 regions across 19 countries have reported locally acquired WNV cases.

National investigations concluded that the person with confirmed WNV infection initially reported with the place of infection as Rome (NUTS3 = ITI43) actually acquired the infection elsewhere. As this is not reflected in the data reported to ECDC, this case is still displayed with place of infection as Rome in ECDC's outputs. For detailed information on places of infection, please refer to ECDC's weekly update and dashboard.

Monthly WNV report
The latest monthly epidemiological update on WNV infections, covering data up to 6 November 2024, was published on 14 November 2024. In 2024, 19 countries in Europe reported 1 375 locally acquired human cases of WNV infection with known place of infection. The earliest and latest dates of onset were on 1 March and 13 October 2024, respectively. Locally acquired cases were reported by Italy (449), Greece (217), Spain (131), Hungary (111), Albania (102), Romania (99), Serbia (63), Türkiye (55), France (37), Austria (34), Germany (24), Croatia (20), Bulgaria (14), Slovakia (5), Slovenia (5), Kosovo* (4), Cyprus (2), North Macedonia (2) and Czechia (1). In Europe, 113 deaths were reported by Greece (34), Romania (20), Italy (18), Albania (13), Spain (10), Serbia (5), Türkiye (5), Bulgaria (3), Hungary (3), France (1) and North Macedonia (1).

Case numbers reported this year are above the mean monthly case count for the past 10 years. During the same period in 2023, 781 cases had been reported. However, numbers are lower than in 2018, when 2 038 cases had been reported by this time of year.

All 19 countries had reported human cases of WNV infections in the past. However, Albania, Czechia, Kosovo*, Slovenia and Türkiye have not reported any human cases in the past four to five years. In Albania, the current outbreak is the largest outbreak of WNV infections among humans that has been detected in the country.

So far, 204 regions across 19 countries have reported locally acquired human cases of WNV infection this year, compared to 136 regions in 2023 and 165 regions in 2018 during the same period. This is the largest geographical distribution of WNV ever reported in a year. The following regions have reported locally acquired human cases of WNV infection for the first time ever: Berat, Elbasan, Kavaje, Kucove, Kurbin, Lushnje, Vlore, Mallakaster and Kruje in Albania; Kardzhali in Bulgaria; Bjelovarsko-bilogorska županija in Croatia; Hérault, Pyrénées-Atlantiques, Guadeloupe and Gard in

France; Bautzen, Diepholz, Oder-Spree, Jena Kreisfreie Stadt, Dithmarschen, Segeberg, Havelland, Jerichower Land and Börde in Germany; Thesprotia in Greece; Benevento, Chieti, Roma, Firenze, Napoli, Caserta and Barletta-Andria-Trani in Italy; Prishtinë, Prizren and Mitrovicë in Kosovo*; Položki in North Macedonia; Trnavský kraj and Nitriansky kraj in Slovakia; Podravska in Slovenia; Jaén and Málaga in Spain; and Edirne, Bursa and Osmaniye, and Tekirdağ in Türkiye.

As observed in previous years, most cases are among men over 65 years old. Severity indicators are comparable to those observed in previous years, with 91% of cases hospitalised, a case fatality rate of 9% and neurological manifestations in 69% of cases. The dominance of neurological cases is expected, as cases with more severe symptoms are more likely to be diagnosed.

In addition, travel-associated cases from outside the EU/EEA have been reported in travellers arriving from Albania, Bosnia and Herzegovina, India, Kenya, Morocco, Oman, Tunisia, Uganda, the United Arab Emirates and the United States.

From the veterinary perspective, 483 WNV outbreaks among equids and 435 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Germany (174), France (79), Spain (67), Austria (54), Hungary (41), Italy (34), Portugal (17), Croatia (8), Poland (6) and Greece (3). Outbreaks among birds have been reported by Italy (307), Germany (76), Austria (20), Spain (14), France (4), Slovenia (4), Hungary (3), Bulgaria (2), Croatia (2), Poland (2) and Latvia (1). The earliest and latest start dates of outbreaks among birds and/or equids were on 2 April 2024 and 21 October 2024, respectively.

More information
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 West Nile virus Dashboard (europa.eu)). Monthly epidemiological updates are available at: Monthly updates: 2024 West Nile virus transmission season (europa.eu).

** This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence.*

ECDC assessment:

As in previous years, the peak of WNV transmission was observed in August and September. As environmental conditions have become unfavourable for vector activity and virus replication in vectors, only sporadic cases and cases reported with a delay are expected in the coming weeks.

As of 20 November 2024, the most recent onset date reported was 25 October 2024.

Due to the delay in diagnosis and reporting of cases of WNV infection, and also that a majority of the WNV infections remain asymptomatic or pauci-symptomatic, the case numbers provided in this report are not a true representation of the actual number of cases.

Actions:

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

Last time this event was included in the Weekly CDTR: 15 November 2024

5. Mpox due to monkeypox virus clade I and II – Global outbreak – 2024

Overview:

Global update

There have been no major changes to the global epidemiological trends in mpox during the past week. Globally, MPXV clade I and clade II are circulating in different countries. Global epidemiological data are updated weekly by the World Health Organization (WHO), with the most recent updates from Africa highlighting the recent expansion of clade I cases (2022–24 Mpox (Monkeypox) Outbreak: Global Trends).

One case of Mpox clade I has been reported in California. Based on the available information, the case had travel history to Eastern Africa and is linked to the ongoing outbreak in Central and Eastern Africa. As of 21 November 2024, information on the subclade were not available; however, the clade was confirmed as clade I (California confirms first clade I mpox case | CDC Newsroom).

Mpox due to MPXV clade Ib outside Africa has been reported by Sweden and Thailand (August 2024), India (September 2024), Germany and the UK (October 2024), and more recently the US (November 2024). The cases reported by Sweden, Thailand, Germany, the UK and the US have had travel history to Africa, while the case reported by India had travel history to the United Arab Emirates. Outside Africa, secondary transmission of mpox due to MPXV clade Ib has only been reported by the UK.

Overall, since monitoring began in 2022 and as of 31 October 2024, 115 101 confirmed mpox cases (MPXV clade I and clade II), including 255 deaths, have been reported from 126 countries (2022–24 Mpox (Monkeypox) Outbreak: Global Trends).

Epidemiological situation in Africa

In 2024, over 50 000 confirmed and suspected mpox cases due to MPXV clade I and clade II, including over 1 100 deaths, have been reported from Africa. This includes over 12 100 confirmed cases, according to the Africa CDC (Africa CDC Epidemic Intelligence Weekly Report, 17 November 2024). On 17 November 2024, Angola reported one Mpox case, though the clade has not yet been determined. Additionally, mpox has been reported by Burundi, Cameroon, the Central African Republic, the Republic of the Congo (Congo), Cote d'Ivoire, the DRC, Gabon, Ghana, Guinea, Kenya, Liberia, Mauritius, Morocco, Nigeria, Rwanda, South Africa, Uganda, Zambia and Zimbabwe.

The epidemiological situation regarding mpox due to MPXV clade Ib and clade Ia remains similar to the previous week.

With regards to clade Ib, DRC, Burundi, Rwanda and Uganda have reported mpox due to MPXV clade Ib in the past week, while there are no updates from Kenya (17 cases in 2024), Zambia (one case in 2024) and Zimbabwe (two cases in 2024).

In the past six weeks, the DRC has reported 1 249 confirmed cases and 5 deaths and Burundi 1 063 confirmed cases and one death, according to the WHO Global report on mpox (data as of 17 November). The DRC continues to report the highest number of mpox cases in Africa and clade Ia and Ib co-circulate. Overall, according to the data presented by WHO, there is a decreasing trend in the total number of cases reported by DRC the last few weeks. The cumulative number of cases in 2024 is 43 862 (9 513 confirmed), including over 1 138 deaths (WHO Global report on mpox (data as of 17 November)). In Burundi, as of 17 November 2024, 2 050 confirmed cases and one death have been reported according to the WHO Global report on mpox (data as of 17 November). According to the WHO Mpox Multi-country external situation report n. 42, published on 9 November 2024, mpox cases in Burundi were reported from 43 of 49 districts and the positivity rate among suspected cases is approximately 45%.

Rwanda has reported 11 more cases since the last update. A total of 37 cases have been reported in the country (WHO Global report on mpox (data as of 17 November)).

In Uganda, where clade Ib has been detected, 88 cases and one death have been reported since 13 November and as of 19 November 2024 (Mpox Daily Situation Report, Uganda, 19 November 2024). Overall, 582 cases and two deaths have been reported in the country from 45 districts since July 2024. Most cases have been reported in the age group 19–30 years old and from Kampala (257 cases in total).

With regards to clade Ia, Congo – where 22 cases have been reported in 2024 – did not report any confirmed cases in recent weeks, while CAR has reported 22 cases in the past six weeks and one death (79 cases and two deaths in total in 2024) (WHO Global report on mpox (data as of 17 November)).

Based on an analysis of the patterns of MPXV transmission observed at the national level, and given the limitations and uncertainties, ECDC has used official epidemiological information to classify countries according to whether MPXV clade I is endemic or has been reported for the first time in 2024. The categories are as follows:

- Countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: Germany, India, Sweden, Thailand, the UK, the US, Zambia, Zimbabwe;
- Countries reporting clusters of cases: Congo, Kenya;
- Countries reporting community transmission: Burundi, Central African Republic, the DRC, Rwanda, Uganda.

The classification was last updated on 21 November 2024.

On 13 August 2024, Africa CDC declared Mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO convened a meeting of the IHR Emergency Committee to discuss the Mpox upsurge and declared the current outbreak of Mpox due to MPXV clade I a public health emergency of international concern.

Epidemiological situation in the EU/EEA for MPXV clade I

Two MPXV clade Ib cases have been reported in the EU/EEA. One case was reported by Sweden in August 2024 and one by Germany in October 2024. Both cases reported having travel history to affected countries. No secondary transmission of clade Ib has been reported in the EU/EEA.

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade Ib remains similar to the previous week. Germany, Sweden, Thailand, the UK and the US have detected cases of mpox due to MPXV clade Ib in people with history of travel to Africa and India has detected MPXV in a person with history of travel to the United Arab Emirates.

The risk for EU/EEA citizens travelling to or living in the affected areas and having close contact with affected communities is considered moderate and low when contact with affected communities is avoided. The overall risk for the EU/EEA general population is currently assessed as low. However, more imported mpox cases due to MPXV clade I are likely to be reported by the EU/EEA and other countries. Please see the latest ECDC Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries.

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation of mpox on a global basis. The Centre's recommendations are available here. ECDC has been supporting the mpox outbreak response in DRC through the deployment of experts since 29 July 2024.

Sources: ECDC rapid risk assessment

Last time this event was included in the Weekly CDTR: 15 November 2024

6. Severe flood in Eastern Spain – 2024

Overview:

Update
On 13 November 2024, public health authorities of the Autonomous Community of Valencia reported two confirmed cases of leptospirosis. These were in addition to the probable cases reported on 8 November 2024.

Summary
Flash flooding caused substantial damage and harm across eastern Spain following heavy rainfall between 29 and 30 October 2024. Floods resulted in casualties and major disruptions in the most affected areas, the Autonomous Community of Valencia and Castilla La-Mancha. Other provinces from the Autonomous Communities of Murcia and Andalusia were also affected. Disruptions in infrastructure were also reported.

Since the flash flooding event took place on 29 and 30 October 2024, four cases of leptospirosis have been reported. Of these, two are probable cases detected among volunteers and are awaiting confirmatory results.

Media reported cases of carbon monoxide intoxications among volunteers participating in recovery activities. In addition, media also reported cases of gastroenteritis cases in Paiporta and Benetússer.

As of 14 November 2024, the Government of Spain reported 224 confirmed fatalities associated with the flash flooding from the Autonomous Community of Valencia (216), Castilla-La Mancha (7) and Andalusia (1).

Spanish health authorities issued public health recommendations for the population affected by the flash flooding, as well as for volunteers participating in response activities. In addition, Spanish health authorities have established a surveillance protocol for timely identification of outbreaks in the context of the flash flooding event.

ECDC assessment:

Floods are the most common type of natural disaster in Europe. Flash floods are significant emergencies that are challenging to predict and result in considerable destruction. Such events have become more common in recent years and are expected to occur more frequently due to climate change. Affected areas in Spain are facing the immediate response needs of rescue operations, evacuations and disruption of services.

Affected regions may consider setting up syndromic and event-based surveillance systems to rapidly detect and respond to possible outbreaks. Mechanisms to achieve early detection and awareness of disease clusters should be enhanced. Literature suggests that gastrointestinal infections (campylobacteriosis, cryptosporidiosis, *E. coli* infection), leptospirosis, legionellosis, and hantavirus infection occurrences have been connected to flooding events.

As regards measures to prevent outbreaks in the flood-affected communities, these may include the following:

- Hand and respiratory hygiene and the wearing of face masks are important, particularly for displaced people housed in shelters.
- Use of appropriate protective equipment for cleaning flooded buildings and other areas.
- Water management plans to minimise the risk of *Legionella* growth.
- Flooded areas in some of the affected regions may need to be monitored and potentially treated to prevent increases in mosquito populations, depending on the average temperatures experienced, as Spain is entering colder months.
- Risk communication to the affected communities is a critical part of the response to the flood crisis. Key communication areas include hygiene measures, access to safe drinking water, food safety, guidance for safe cleaning of flooded areas and prevention of zoonotic and other diseases. Key principles of successful risk communication include the identification of a trusted spokesperson and the delivery of clear and actionable advice, with messaging tailored to the needs of the affected communities.

Infectious disease risks following floods do not represent the greatest risks to the health and well-being of the flood-affected communities. Several other health risks, including disruption to healthcare, environmental hazards (e.g. carbon monoxide poisoning, exposure to dangerous chemicals), and psychological stress may cause acute and long-lasting health effects and an increase in all-cause mortality in these areas.

The assessment and options for response included in ECDC's 'Rapid Risk Assessment: Extreme rainfall and catastrophic floods in western Europe' from July 2021 remain valid.

Actions:

ECDC is following this event through its epidemic intelligence activities and will report when relevant communicable disease events occur. ECDC has reached out to national health authorities in Spain to better understand the situation, including surveillance and response activities, and to offer assistance.

Last time this event was included in the Weekly CDTR: 6 November 2024

7. Identification of cVDPV2 in a sewage sample – Poland – 2024

Overview:

On 21 November 2024, the GPEI reported that cVDPV2 was isolated from an environmental sample collected from Warsaw on 22 October 2024. According to the GPEI, there is no evidence of local circulation. Initial analysis suggests it is linked to the cVDPV2 emergence originating in Zamfara, northern Nigeria, which has been detected internationally this year, including recently in Barcelona, Spain.

On 18 November 2024, the public health authorities in Poland published a press release notifying about the presence of poliovirus type 2 in a municipal wastewater sample taken in Warsaw.

In response to the recent incident, the State Sanitary Inspectorate has taken several actions. Wastewater testing in Warsaw has been extended and there is increased surveillance over the occurrence of acute flaccid paralysis in children up to 15 years old.

The number of children who are not vaccinated against poliomyelitis in Warsaw has been estimated, and poliomyelitis vaccine inventories have been updated. Information has been provided to medical entities in Warsaw about the need to supplement polio vaccination in unvaccinated children and the obligation to report infectious diseases and cases of flaccid paralysis.

Information on poliomyelitis has also been posted on the website and social media of the District Sanitary and Epidemiological Station in Warsaw. Schools have actively joined the information campaign, providing parents with information about poliomyelitis and the need to complete vaccinations through electronic registers.

ECDC assessment:

This is the first environmental detection of cVDPV2 in Poland. No cases of paralysis have been reported by the AFP monitoring system in the country. The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The **polio vaccination schedule in Poland** currently consists of four doses of inactivated polio vaccine (IPV), and **vaccination coverage in 2023** was 85% for the third dose of IPV.

As long as there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. Two EU/EEA neighbouring countries (Ukraine and Bosnia and Herzegovina) remain at high risk of a sustained polio outbreak following wild poliovirus importation or the emergence of circulating vaccine-derived poliovirus (cVDPV). This is due to suboptimal vaccination programme performance and low population immunity, according to the **European Regional Certification Commission for Poliomyelitis Eradication (RCC)** report published in November 2023, referring to data from 2022. According to the same report, six EU/EEA countries are at intermediate risk of sustained polio outbreaks. The continuing circulation of wild poliovirus type 1 (WPV1) in Pakistan and

Afghanistan shows that there is still a risk of the disease being imported into the EU/EEA. The outbreaks of cVDPV that emerge and circulate due to lack of polio immunity in the population also illustrate the potential risk for further international spread.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of under-immunised populations. EU/EEA countries should review their polio vaccination coverage data and ensure that there are no immunity gaps in the population and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors (>4 weeks) to countries categorised by WHO as having the potential risk of causing international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national schedules.

ECDC links: ECDC comment on risk of polio in Europe | ECDC risk assessment

Actions:

ECDC contacted WHO and the authorities in Poland to gather addtional information.

Last time this event was included in the Weekly CDTR: 15 November 2024

Events under active monitoring

- SARS-CoV-2 variant classification – last reported on 31 October 2024
- Avian influenza A(H5N1) human cases – United States – 2024 – last reported on 31 October 2024
- Oropouche virus disease – Multi-country (Americas) – 2024 – last reported on 31 October 2024
- Seasonal surveillance of West Nile virus infections – 2024 – last reported on 31 October 2024
- Locally acquired dengue in 2024 in mainland France – last reported on 31 October 2024
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024 – last reported on 31 October 2024
- Marburg virus disease (MVD) – Rwanda – 2024 – last reported on 31 October 2024
- Severe flood in Eastern Spain – 2024 – last reported on 31 October 2024
- Mpox clade Ib, Germany – last reported on 25 October 2024
- Overview of respiratory virus epidemiology in the EU/EEA – Weekly monitoring – last reported on 25 October 2024
- Locally-acquired dengue infection in Italy – 2024 – last reported on 25 October 2024
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update – last reported on 25 October 2024
- Identification of cVDPV2 in a sewage sample – Poland – 2024 – last reported on 22 November 2024
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update – last reported on 22 November 2024
- Avian influenza A(H5N1) human case – Canada – 2024 – last reported on 15 November 2024
- Multistate outbreak with Salmonella Strathcona in Germany - last reported on 15 November 2024
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring – last reported on 15 November 2024
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024 – last reported on 15 November 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update – last reported on 8 November 2024
- Mpox due to monkeypox virus clade Ib – United Kingdom – 2024 – last reported on 8 November 2024