WEEKLY BULLETIN

Communicable Disease Threats Report

Week 6, 4 - 10 February 2024

This week's topics

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Executive summary

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

Summary:

- In January, the Cambodian Ministry of Health reported two human cases of avian influenza A(H5N1) infection detected in 2024. No human-to-human transmission associated with these events has been reported. The virus clade was identified as 2.3.2.1c for both cases.
- Clade 2.3.2.1c viruses have been circulating in Cambodia and caused human cases in 2023.
- Worldwide, 884 human cases of avian influenza A(H5N1), including 461 deaths (case-fatality rate (CFR): 52%), have been reported in 23 countries since 2004.
- The risk of zoonotic influenza transmission to the general public in the EU/EEA countries is considered low. The risk to occupationally exposed groups, such as cullers, is considered low-to-medium.

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

- In December 2023, 124 cases of measles were reported by nine countries in The European Surveillance System (TESSy). Between January and December 2023, 2 361 cases of measles were reported in TESSy by 23 countries.
- Through epidemic intelligence, we identified 954 new measles cases in six EU/EEA countries since the last monthly update, including reports on the ongoing outbreak in Romania.

- Seven measles-related deaths have been reported in Romania and Ireland; in Romania four deaths were in children below one year of age, and two in adults with underlying medical conditions and one adult died in Ireland.
- Overall, measles transmission currently remains low in the EU/EEA.
- Relevant updates for outside the EU/EEA are available for Switzerland, the United Kingdom, Ukraine, and all the WHO Regions.

Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

- Since the previous update on 12 January 2024, no new MERS-CoV cases have been reported by WHO or national health authorities.
- Since the beginning of 2024, and as of 5 February 2024, no MERS-CoV cases have been reported by WHO or national health authorities. The last reported case was in Saudi Arabia with date of onset on 5 January 2023.

SARS-CoV-2 variant classification

Since the last update on 19 January 2024 and as of 2 February 2024, **the following changes** have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) and de-escalated variants:

- The newly designated SARS-CoV-2 lineage **BA.2.87.1** was classified as a VUM. Currently, a small number of sequences of this lineage (9) were identified in South Africa, with collection dates ranging from 20 September to 12 December 2023. This lineage has been circulating at low levels since September 2023, without any clear signs of an increase in proportions or an impact on epidemiological indicators. BA.2.87.1 is genetically distinct from currently circulating variants, carrying around 100 mutations compared with the parental lineage BA.2. It also has a distinct N-terminal domain in the spike protein, including several large deletions, and could therefore potentially be associated with a significant shift in antigenic properties. However, so far there are no virus neutralisation data available for BA.2.87.1 and further studies are needed to elucidate the properties of this variant. BA.2.87.1 is unlikely to have an impact on the epidemiological situation in the EU/EEA in the near future.

The variant landscape in the EU/EEA is clearly dominated by high proportions of **BA.2.86**, which was classified as a VOI on 24 November 2023. As of 5 February 2024, the median proportion for BA.2.86 in the EU/EEA for week 3 (17 January 2024 to 23 January 2024) is 93.8% (range: 82.8–97.5%).

XBB.1.5-like+F456L lineages are circulating with a median proportion of 6.0% in EU/EEA countries (range: 2.5–12.1%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

XBB.1.5-like+L455F+F456L variants show a declining trend in the EU/EEA, with a median proportion of 4.3% (range: 1.4–9.8%).

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0.0% (range: 0.0–1.7%).

Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024

- One human case of influenza A(H1N1) variant virus of swine origin with disease onset on 12 December 2023, has been retrospectively identified in Parana state, Brazil.
- There was no known exposure to pigs nor to symptomatic people.
- Although the retrospective identification affects the reliability and usefulness of contact-tracing, no secondary cases among close contacts have been identified.
- A(H1N1)v was confirmed by sequencing analysis and had high identity (99%) with the haemagglutinin (HA) of other influenza A(H1N1)v viruses previously detected in the municipality of Toledo state of Paraná in 2022, as well as 95% identity with the HA of viruses collected from pigs in Brazil in 2015.

Overview of respiratory virus epidemiology in the EU/EEA

- At the end of week 5 (ending 4 February 2024), rates of respiratory illness (influenza-like illness (ILI) and/or acute respiratory infection (ARI)) in the community remained elevated and at levels above the baseline (based on moving epidemic method (MEM) thresholds) in most EU/EEA countries. Rates of severe acute respiratory infection (SARI) cases presenting to sentinel secondary care were higher than at the same time last year in one of the seven countries reporting data up to week 5.

- All indicators pointed to continued high influenza activity in the EU/EEA. All reporting countries were above the 10% sentinel primary care positivity threshold for influenza, with a mixture of increasing, stable and decreasing trends observed at the country level. The majority of reporting countries observed medium or high levels of influenza intensity (widespread geographical spread and above-baseline ILI MEM threshold), driven predominantly by A(H1)pdm09. RSV activity was decreasing overall at the EU/EEA level, although the country-level picture was mixed. SARS-CoV-2 activity was decreasing or low in all countries.

Western equine encephalitis – Multicountry – 2023

- On 30 January 2024, Uruguay reported their first human Western Equine Encephalitis (WEE) case since 2009. As of 6 February, two human WEE confirmed cases and 15 suspected case have been reported in Uruguay.
- Since 25 January and as of 2 February 2024, 38 new human WEE cases (either confirmed, probable, and suspected) and two new deaths have been reported in Argentina. Among these new cases, 17 of them have been confirmed. Since November 2023 and as of 2 February 2024, 279 cases (confirmed, probable, and suspected) have been reported in Argentina (including seven deaths).
- WEE is a mosquito-borne disease caused by the WEE virus. Birds are the main reservoir, while equines and humans are dead-end hosts. Outbreaks in equines have been reported in Argentina and Uruguay.
- The risk for the EU/EEA is very low because humans and horses are dead-end hosts, there is no direct migration of birds from South America to Europe, and conditions in Europe are currently unfavourable for vector-borne transmission.

Hepatitis E virus infections in the EU/EEA, January 2024

- Hepatitis E virus (HEV) infections have been noted in the EU/EEA with 520 cases reported in ten countries in January 2024 (Table 1). An unusual increase is reported in Belgium, Czechia and Finland, when compared to the respective time period in 2023.
- Among cases with available information in Belgium, sub-genotype 3c was most frequently identified.
- In Finland, 21/24 interviewed cases reported consuming mettwurst or salami of various brands during the incubation period, thus raising a hypothesis of these type of meat products as possible vehicles of infection.
- Cases of hepatitis E are likely to continue to be reported in the EU/EEA.

Chinese New Year 2024

- The Chinese New Year falls on 10 February 2024. Large-scale population movement will accompany Chinese New Year and Lunar New Year celebrations across and to/from the Asian region.
- Mass gatherings and the movement of people increases the occurence of respiratory, foodborne and vaccine preventable infections.
- Since human cases of avian influenza A(H9N2), A(H5N6), A(H5N1), A(H1N1)v and A(H10N5) have been recently reported from China and Cambodia, EU/EEA travellers to the Asian region and/or attending Chinese New Year festivities are advised to follow good hygiene practices and minimise exposure to live birds or poultry.

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

Overview:

Update:
On 8 February 2024 WHO published a Disease Outbreak News (DON) item reporting on the two avian influenza A(H5N1) cases reported previously in Cambodia in 2024 (ECDC CDTR week 5 2024). According to the DON, no additional cases were identified among the contacts of the 69- and the three-year-old, and the HA genes of A/H5 isolates from both confirmed cases belong to clade 2.3.2.1c.

Summary:
In January 2024, Cambodian Ministry of Health reported two human cases with avian influenza A(H5N1) infection in an adult and a child less than five years of age from Kampong Trabek district, Prey Veng province, and Puok district, Siem Reap province. The two cases were not epidemiologically linked and had exposure to infected poultry. Both cases recovered, even though the adult received intensive care. No new cases were detected among contacts of both cases, the closest contacts have received prophylactic treatment with antivirals (Oseltamivir).

These are the two first cases that have been reported in Cambodia in 2024. Overall, six cases, including three deaths, due to A(H5N1) were reported in Cambodia in 2023: two cases reported in February, two in October and two in November. Since 2005, Cambodia has reported 64 cases of avian influenza A(H5N1) infection, including 40 deaths (CFR: 64%). In cases detected in 2023 in Cambodia, virus clade 2.3.2.1c was identified (GISAID EPI_ISL_18540514).

As of 8 February 2024, there have been 884 human cases* worldwide, including 461 deaths (CFR: 52%), from infection with avian influenza A(H5N1) reported in 23 countries since 2004. To date, no human-to-human transmission has been detected.

***Note:** this includes six detections due to suspected environmental contamination and no evidence of infection that were reported in 2022 by Spain (2 detections) and the United States (1), as well as in 2023 by the United Kingdom (3).*

Sources: WHO DON, report on Facebook account of the MoH of Cambodia (second case), media report (second case), media report (first case), report on Facebook account of the MoH of Cambodia (first case), ECDC Avian influenza, ECDC Avian influenza overview: Latest situation update of the avian influenza in the EU/EEA

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 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 unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

Actions:

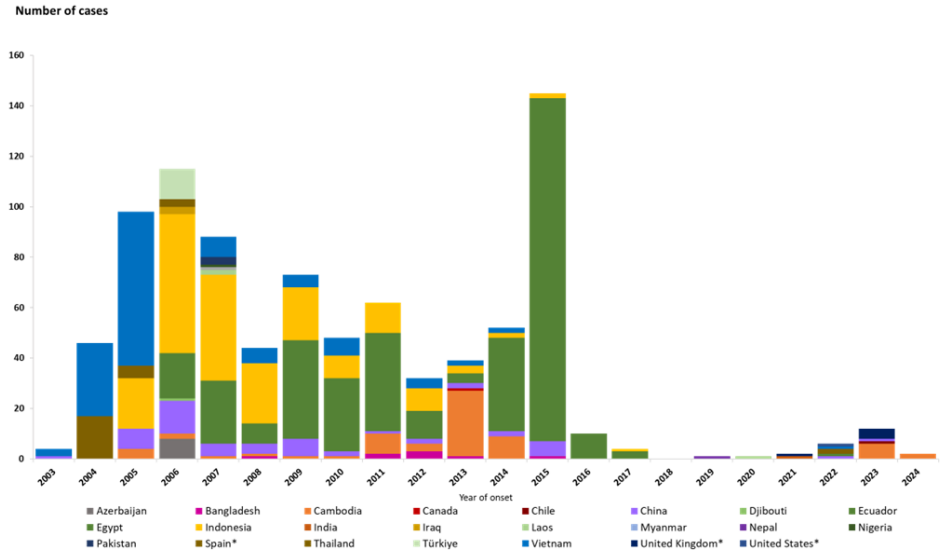
ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics 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.

Sources: 42877 | 2023-E000065

Last time this event was included in the Weekly CDTR: 2 February 2024

Maps and graphs

Figure 1. Distribution of confirmed human cases of avian influenza A(H5N1) virus infection by year of onset and country, 2003– 29 January 2024 (n=884)



*includes six detections due to suspected environmental contamination and no evidence of infection reported in 2022 from Spain (2) and the United States (1) and in 2023 from the United Kingdom (3).

Source: ECDC

2. Measles – Multi-country (World) – Monitoring European outbreaks

Overview:

From 1 January to 31 December 2023, a total of 2 361 measles cases have been reported by 23 countries to The European Surveillance System (TESSy), with the majority of cases being reported by Romania (1 755), Austria (186), France (118), Germany (82), Belgium (69), Italy (44), Poland (37), Spain (13) and Sweden (11). The remaining countries with reported cases (Croatia, Czechia, Denmark, Estonia, Finland, Hungary, Ireland, Latvia, Liechtenstein, Lithuania, the Netherlands, Norway, Portugal, and Slovakia) have reported fewer than 10 cases in 2023. Detailed data are available in **ECDC's Surveillance Atlas of Infectious Diseases**.

Complementary epidemic intelligence surveillance data collected between 5 and 6 February 2024 from official public and media sources detected 1 861 new suspected and/or confirmed cases, including three new deaths, of measles since the last monthly update. Cases were reported in nine EU/EEA countries over the past months: Austria (27), Estonia (1), Germany (18), Greece (3), Hungary (6), Iceland (1), Ireland (1, including one death), Italy (59, of which 32 in 2023 and 27 in 2024), Portugal (6), and Romania (1 737 cases, including three new deaths) and Spain (2). Romania reported an update on the ongoing outbreak.

In addition, four measles-related deaths have been reported in the EU/EEA in 2024 (three in Romania and one in Ireland).

Relevant updates for countries outside the EU/EEA are available for Switzerland, the United Kingdom, Ukraine, and all the WHO Regions.

Disclaimer: *The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to TESSy. Data presented in the two monthly reports may differ.*

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

Austria reported 216 confirmed cases of measles from 1 January 2023 till 2 February 2024, an increase of 27 cases since 1 January 2024. Of the overall 216 reported cases, 30 cases were during weeks 1 to 5, 2024, with 22 cases being reported in weeks 4 and 5 (11 cases each week). Recent cases have been reported from Vienna (14), Lower Austria (5), Burgenland (3), Upper Austria (2), Tyrol (2), and Styria (1).

Estonia reported one case of measles in an adult with no travel history.

Germany reported 22 suspected and confirmed cases of measles as of week 5, 2024, an increase of 18 cases over the numbers reported in week 1 (data accessed 05 February 2024).

Greece: media have reported on three confirmed cases in adults with travel history to Russia and Romania on 5 February 2024.

Hungary reported six cases in 2024 as of 28 January. Of the six, at least two cases were in unvaccinated children (one of whom was not eligible for vaccination due to their age) with travel history to Romania. In 2023, Hungary reported five cases of measles.

Iceland reported a first measles case in five years on 3 February 2024, in an adult who had travelled abroad.

Ireland reported confirmed measles in an adult person who died in a hospital. This is the first measles case in 2024 in Ireland. In 2023 there were four measles cases reported, two cases reported in 2022, no cases were reported in 2021 and five cases were reported in 2020.

Italy: reported 43 cases in 2023, most of which – 32 cases were reported between September and December 2023, according to the national report published on 8 February 2024. Of the total cases, 42% were imported cases, 93% were unvaccinated individuals,
and 26% of the measles cases developed complications. In 2024, 27 cases (median age 35 years) have been reported from seven regions in Italy, over a half of which were from three regions Lombardy, Tuscany and Lazio. Nine of 27 cases (27%) were imported cases.

Poland reported nine measles cases between 1 and 31 January 2024. In 2023, Poland reported 36 cases.

Portugal reported six cases of measles between 11 and 31 January 2024. Two cases were reported in Lisbon and Vale do Tejo and four in the North Region. Of the six cases, three were imported cases among non-residents of Portugal - an unvaccinated toddler, a child below10 years of age (a contact of the toddler) and an adult in their 50's not epidemiologically related to the other cases. Three cases were among adults aged 18–25 years.

Romania has reported 4 679 cases of confirmed measles, including six deaths as of 6 February 2024, an increase of 1 737 cases and three deaths since 7 January 2024. Of the six deaths, four were in children not eligible for vaccination, two of whom had underlying conditions, other two deaths were in adults 20–35 years-old with underlying conditions. The cases have been reported in 40 counties and the Municipality of Bucharest. The highest incidence is reported in Braşov (173.15 cases per 100 000 pop) and Mureş counties (167.87 cases per 100 000 pop). The vast majority of cases are in unvaccinated individuals (85.6%). Children below 9 years of age account for 71.4% of the total cases, including 615 children under one year of age (13.1%). Overall, 315 (6.7%) cases received one dose; two-dose vaccination was reported in 115 cases (2.5%). Vaccination status was unknown for 243 (5.2%) cases. The highest number of cases was reported in week 2, 2024 with 350 cases.

The Ministry of Health in Romania declared a national measles epidemic on 5 December 2023, aiming to facilitate vaccination of children from 9 to 11 months of age and individuals with incomplete vaccination. The Ministry of Health is carrying out an information campaign for parents, together with family doctors, to increase adherence to the vaccination program. According to the Ministry of Health, vaccination coverage with the first dose of the MMR vaccine is 78% at the national level, and 62% for the second dose. The vaccination coverage has been decreasing for the past ten years in Romania.

Spain reported two cases between 1 and 28 January 2024, both imported. In 2023, Spain reported 11 cases of measles.

Relevant epidemiological summary for countries outside the EU/EEA:

Switzerland reported two cases in 2024 as of 29 January 2024. In addition, media reported an outbreak with six confirmed measles cases in an international school, the Ecole hôtelière de Lausanne on 5 February 2024. The campus has been closed for a period of two weeks until 19 February 2024 as part of the outbreak control

measures. The campus in Lausanne hosts 532 students with around 3 000 enrolled students from 120 nationalities. In 2023, Switzerland reported 39 cases of measles.

England, United Kingdom, reported 368 laboratory confirmed measles cases in 2023 (from 1 January to 31 December). Most cases were reported in the West Midlands (160, 44%) and in London (122, 33%), however all regions have reported cases. Of the reported cases in 2023, 63%(232) were in children under 10 years of age and 19% (71) in teenagers and young people aged 15 to 34 years.

The initial rise in cases was seen in April and May 2023 and was mainly driven by activity in London. Cases decreased to very low levels over the summer period, however since October 2023 there has been a rapid escalation of cases in the West Midlands. From 1 October 2023, there have been 347 laboratory confirmed measles cases reported in England, with an increasing trend (October: 18 cases, November: 45 cases, December: 157 cases, January 2024: 127 cases). Of these, 75% (260 of 347) have been reported in the West Midlands, 13% (46 of 347) in London and 7% (24 of 347) in Yorkshire and The Humber. The majority (233 of 347, 67%) of cases are in children under the age of 10, and 24% (85 of 347) in young people and adults over the age of 15 years.

Ukraine has reported 65 cases in 2023 as of December 2023 based on the most recent report.

According to the WHO Regional Office for Europe (WHO/EURO) data for January – December* 2023 (data accessed on 6 February 2024), there were 42 065 cases overall reported in the region, of these 40 299 were in the following non-EU/EEA countries: Kazakhstan (13 662), Russia (10 954), Kyrgyzstan (5 486), Türkiye (4 559), Azerbaijan (3 316), Uzbekistan (1 026), Armenia (518), Tajikistan (294), United Kingdom (182), Serbia (52), Ukraine (55), Belarus (104), Switzerland (39), Georgia (29), Israel (13), Albania (3), Bosnia and Herzegovina (3), Republic of Moldova (3), and North Macedonia (1).

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

According to the World Health Organization Regional Office for Africa (WHO AFRO), as of week 2 (14 January 2024), cases and outbreaks of measles in 2023 were reported in the following countries: Cameroon, Central African Republic, Chad, Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Liberia, Malawi, Mali, Mauritania, Niger, Senegal, South Africa, South Sudan, Uganda, and Zambia. Due to varying reporting periods by the countries please visit the latest available weekly bulletin.

According to the WHO Pan American Health Organization (WHO PAHO) report in week 1–4 2024 (ending 27 January 2024), 12 cases were reported by three countries: Brazil (n=1), and the United States of America (9). In addition, WHO PAHO has published Epidemiological Alert – Measles in the Region of the Americas, describing cases and outbreaks in 2024 in Argentina, Brazil, Costa Rica, US and Peru in more detail.

According to a WHO Western Pacific Region (WPRO) report for November 2023 (Vol 17, Issue 12), overall, 4 420 confirmed and clinically compatible cases (including 2 098 laboratory confirmed cases), and no deaths have been reported by: Australia (26), Hong Kong SAR (2), Japan (26), New Zealand (14), Republic of Korea (5), Singapore (8), Cambodia (10), China (585), Laos (2), Malaysia (1 200), Papua New Guinea (12), Philippines (2 442), and Vietnam (88).

In the WHO Eastern Mediterranean region (**EMRO**) from January to December* 2023, the overall number of cases in the region is 79 688, reported in all 21 countries. Most of the cases were reported in the following five countries: Yemen (47 767), Pakistan (14 758), Iraq (4 406), Sudan (4 211), and Afghanistan (2 529). The update is provided from the WHO Provisional monthly measles and rubella data as of 5 December 2023 (access on 06 February 2024).
*data are incomplete

In WHO South-East Asia region (**SEARO**), from January to December 2023, there were 82 667 cases of measles reported by ten countries: India (69 486), Indonesia (11 037), Nepal (989), Sri Lanka (750), Bangladesh (263), Timor-Leste (75), Thailand (41), Myanmar (14), Bhutan (6), Maldives (6). The update is provided from the WHO Provisional monthly measles and rubella data as of 5 December 2023 (access on 06 February 2024).
*data are incomplete

ECDC assessment:

Since 1 January 2023, EU/EEA countries have reported either sporadic cases or outbreaks of measles, following a period of unusually low activity during the COVID-19 pandemic. The substantial decline in cases of measles reported by EU/EEA countries from March 2020 until the end of 2022 is in contrast to the usual annual and seasonal pattern for measles, which peaks during the spring in temperate climates.

Although in 2023 and so far in 2024, the majority of EU/EEA countries are mostly reporting sporadic measles cases, some measles outbreaks have been reported (in Austria, France, Romania). The overall number of measles cases in the EU/EEA is steadily increasing since June 2023. Considering the suboptimal vaccination coverage for the second dose (<95% in the majority of the EU/EEA countries) more measles cases are expected in the coming months and especially in the Spring months.

Active measles surveillance, prompt response actions and high vaccination uptake are the cornerstone for measles prevention. In advance of an expected increase in measles cases, it is key to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local/national authorities).

Actions:

ECDC is preparing a Threat Assessment Brief titled "Measles on the rise in the EU/EEA: Considerations for a public health response", with an expected publication date of 15 February 2024.

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles, **'Who is at risk of measles in the EU/EEA?'**, was published on 28 May 2019.

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

3. Middle East respiratory syndrome coronavirus (MERS-CoV) - Multi-country

Overview:

Update: Since the previous update on 12 January 2024, no new MERS-CoV cases have been reported by WHO or national health authorities.

Summary: Since the beginning of 2024, and as of 5 February 2024, no MERS-CoV cases have been reported by WHO or national health authorities. The last reported case was in Saudi Arabia with date of onset on 5 January 2023.

Since April 2012, and as of 5 February 2024, a total of 2 617 cases of MERS-CoV, including 947 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

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 European Union (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.

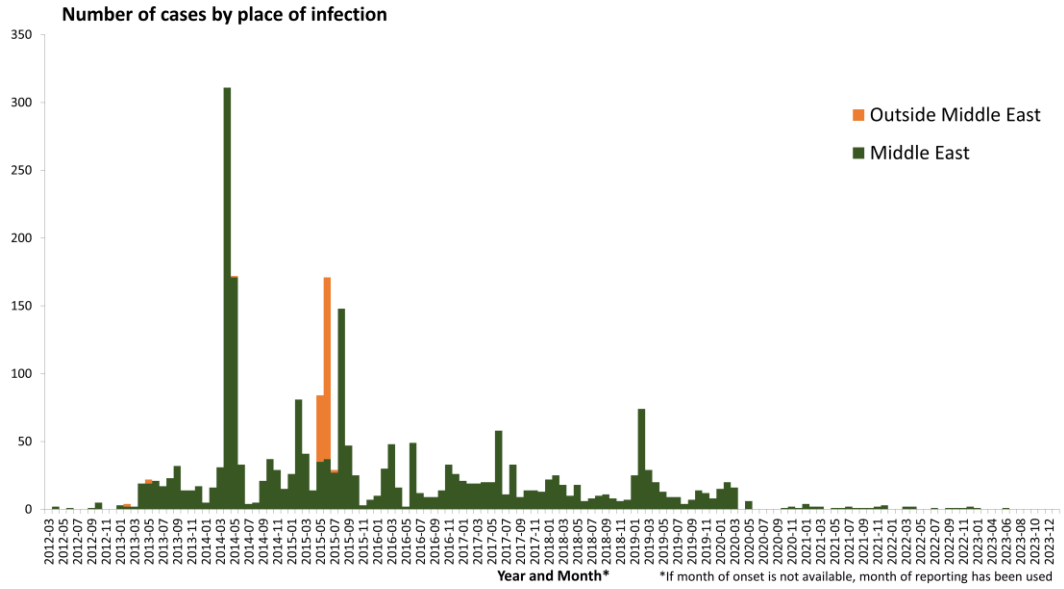
Actions:

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis.

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

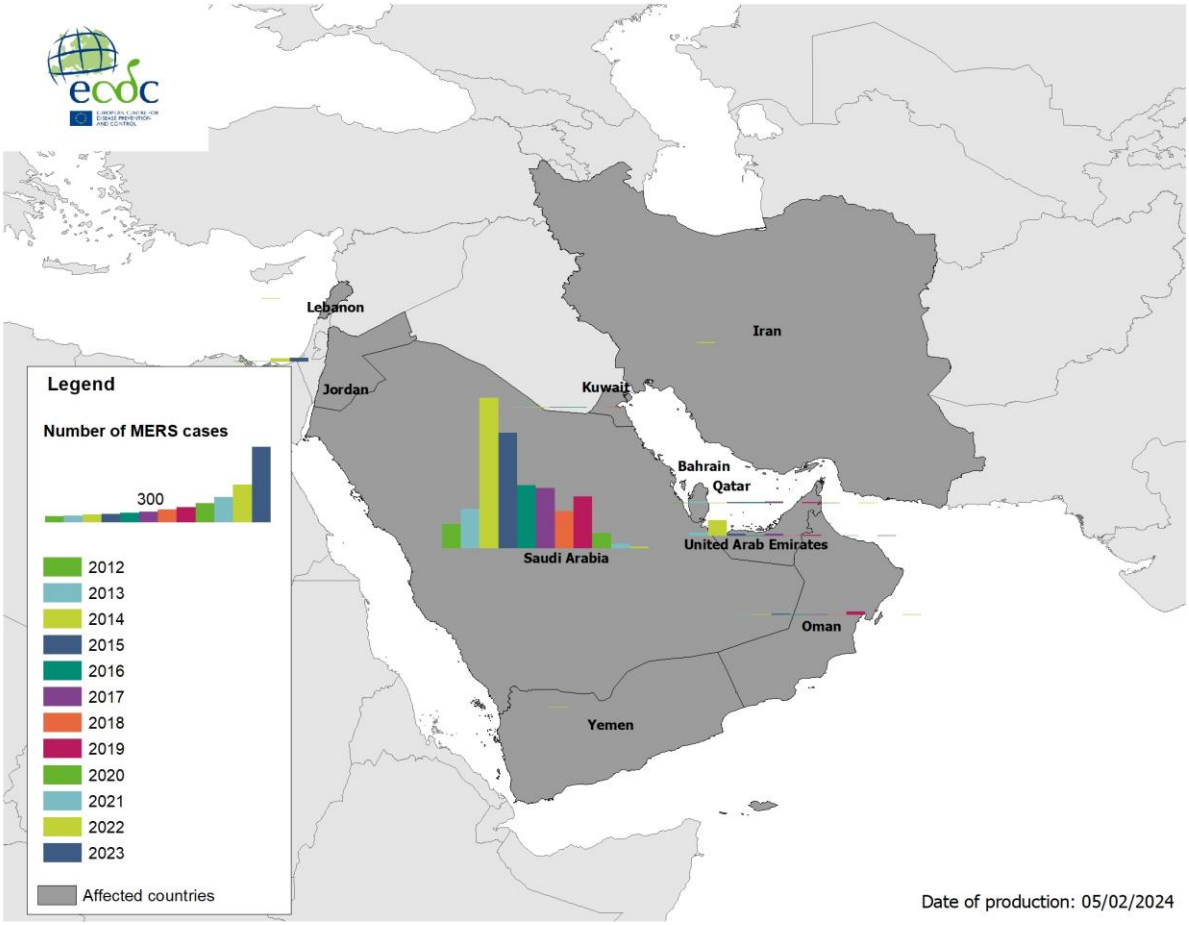
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS-CoV by place of infection and month of onset, March 2012– January 2024



Source: ECDC

Figure 2. Geographical distribution of confirmed MERS-CoV cases by country of infection and year, from April 2012 to January 2024



Source: ECDC

4. SARS-CoV-2 variant classification

Overview:

Weekly update on SARS-CoV-2 variants:

Since the last update on 19 January 2024 and as of 2 February 2024, **the following changes** have been made to ECDC variant classifications for variants of concern (VOCs), variants of interest (VOIs), variants under monitoring (VUMs) and de-escalated variants:

- The newly designated SARS-CoV-2 lineage **BA.2.87.1** was classified as a VUM. Currently, a small number of sequences of this lineage (9) were identified in South Africa, with collection dates ranging from 20 September to 12 December 2023. This lineage has been circulating at low levels since September 2023 without any clear signs of an increase in proportions or an impact on epidemiological indicators. BA.2.87.1 is genetically distinct from currently circulating variants, carrying around 100 mutations compared to the parental lineage BA.2. It also has a distinct N-terminal domain in the spike protein, including several large deletions, and could therefore potentially be associated with a significant shift in antigenic properties. However, so far there are no virus neutralisation data available for BA.2.87.1 and further studies are needed to elucidate the properties of this variant. BA.2.87.1 is unlikely to have an impact on the epidemiological situation in the EU/EEA in the near future.

The variant landscape in the EU/EEA is clearly dominated by high proportions of **BA.2.86**, which was classified as a VOI on 24 November 2023.

As of 5 February 2024, the median proportion for BA.2.86 in the EU/EEA for week 3 (17 January 2024 to 23 January 2024) is 93.8% (range: 82.8–97.5%). Among the eight EU/EEA countries reporting at least 20 sequences to GISAID EpiCoV for week 3, the proportions of BA.2.86 lineages were as follows: Austria (92.6%), Denmark (96.2%), Finland (82.9%), France (95.1%), Ireland (95.8%), Italy (85.0%), Spain (97.5%) and Sweden (82.8%)

A large proportion of the BA.2.86 sequences belong to the sub-lineage **JN.1**. As of 19 December 2023, due to its rapid increase in proportion, WHO classified JN.1 as a separate VOI from the parent lineage BA.2.86. The most probable driver of the success of BA.2.86-descendant lineages is immune escape in a population where immunity is increasingly derived from XBB-variants.

As of 5 February 2024, and for week 3 2024 **XBB.1.5-like+F456L** lineages are circulating with a median proportion of 6.0% in EU/EEA countries (range: 2.5–12.1%). The overall proportion of XBB.1.5-like+F456L variants is declining in the EU/EEA.

XBB.1.5-like+L455F+F456L variants show a declining trend in the EU/EEA, with a median proportion of 4.3% (range: 1.4–9.8%). Virtually all the lineages are already included in the existing VOIs XBB.1.5-like+F456L, but those carrying L455F are being monitored specifically as this VUM.

Other **XBB.1.5-like** lineages are circulating in very low proportions and are declining in the EU/EEA, with a median proportion of 0.0% (range: 0.0–1.7%).

For the latest information on variants, please see ECDC's **webpage on variants**.

Actions:

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

Last time this event was included in the Weekly CDTR: 2 February 2024

5. Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024

Overview:

On 7 February 2024 WHO published a Disease Outbreak News Item (DON), according to which a case of influenza A(H1N1) variant virus of swine origin was reported in Toledo, in the State of Paraná, Brasil. The case is an adult man with underlying conditions, who developed symptoms on 12 December 2023 and was hospitalised on 16 December 2023. He fully recovered and was discharged on 18 December 2023. The person lives alone, and did not have exposure to pigs or ill people. No close contacts of the case were identified during the epidemiological investigation.

To date, no person-to-person transmission associated with this case has been identified.

According to the DON, subtyping of the nasopharyngeal swab samples from the case showed an influenza A/H1 virus by RT-PCR. On 15 January 2024, it was confirmed by the National Influenza Center (NIC), as influenza A(H1N1)v. Sequencing showed 99% similarity with the A/Paraná/ virus 20675/2022 (A/H1N1 pdm09) which has been detected in the city of Toledo-Paraná in October 2022. Additionally, the segments PB2, PB1, PA, NA, and MP corresponded to the virus A/Paraná/10835/2021 (A/H1N1 pdm09) also reported Toledo and the NP and NS segments corresponded to the virus A/Paraná/44706/2022 (A/H3N2v) reported in Santa Helena, also in the state of Paraná. On 1 February 2024, samples were sent for further characterisation to the US Centers for Disease Control and Prevention (US CDC) Influenza Division – a WHO Collaborating Centre (CC) for Surveillance, Epidemiology, and Control of Influenza.

Previously in the state of Paraná, eight human infections with swine variant viruses have been reported, comprising influenza A(H1N1)v (one case each in 2021, 2022 and 2023), influenza A(H1N2)v (one case in 2015, and two cases in 2020) and influenza A(H3N2)v (two cases in 2021). All cases lived in rural areas with pig farms, one lived close to a pig farm, and one worked in a pig slaughterhouse. Among these previous eight cases, one death was recorded.

Background: Since 2011, 75 cases of A(H1N1)v infection have been reported globally, from Brazil (4), Canada (1), China (42), Denmark (2), Germany (5), Italy (1), the Netherlands (6), Spain (2), Switzerland (3) and the United States (9). In 2023 (by year of diagnosis or onset), seven cases of A(H1N1)v were reported, including two cases detected in EU/EEA countries: Spain (1) and the Netherlands (1).

Source: WHO DON

ECDC assessment:

Sporadic transmission of influenza variant viruses of swine origin to humans causing mild to severe infections have been reported from several countries, including in the EU/EEA. Swine influenza viruses circulate widely in the pig population and direct human exposure to pigs represents the most common risk factor for infection. Cases have also occurred among otherwise healthy people and sporadic infections cannot be excluded when people have unprotected direct contact with infected animals.

When a human infection is detected, it is necessary to rapidly perform contact tracing to exclude onward transmission to contacts and to implement control measures to prevent human-to-human spread. Zoonotic influenza viruses isolated from patients should be further sequenced and characterised, as well as shared with the national influenza reference laboratories and WHO Collaborating Centres.

Sporadic cases of swine influenza in humans can occur and usually pose a very low risk for the general population and a low risk for occupationally exposed individuals due to the high prevalence of swine influenza viruses in the pig population. ECDC will assess the risk from this specific variant virus when more information on the case investigation becomes available.

ECDC published a 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 in October 2022 and Threat Assessment Brief on Eurasian avian-like A(H1N1) swine influenza viruses in July 2020.

Actions:

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities in collaboration with disease experts to identify potential significant changes in the epidemiology of the virus. Human cases of zoonotic influenza should be reported immediately to EWRS and IHR.

Sources: 2022-E000398

Last time this event was included in the Weekly CDTR: 22 June 2023

6. Overview of respiratory virus epidemiology in the EU/EEA

Overview:

Respiratory virus activity

- Consultation rates of patients presenting to general practitioners with respiratory illness (ILI and/or ARI) were reported by 22 EU/EEA countries up to week 5. MEM thresholds were available for 20 of these countries (nine for ARI, 19 for ILI), with 16 countries reporting consultation rates above baseline levels in at least one indicator. ARI rates were medium in three countries and high in two. ILI rates were low in three countries, medium in 10, high in one and very high in one. Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's RespiCast.
- Among countries that reported data on testing in primary care sentinel settings for seasonal influenza, RSV and/or SARS-CoV-2, the median test positivity at the EU/EEA level was highest for influenza at 34% (pooled country data: 32%; interquartile range (IQR) of country values: 26–51%), with a slight decrease compared with week 4. All 20 countries reporting at least 10 tests observed seasonal influenza activity above the 10% positivity threshold in sentinel primary care. Of 23 countries reporting qualitative assessments of seasonal influenza activity, all reported levels above baseline, including three with high and one with very high activity. Nineteen of 23 countries reported widespread geographical spread of seasonal influenza. Influenza detections from non-sentinel sources remained elevated in the EU/EEA, with a mixture of increasing, stable and decreasing trends observed at the country level, mirroring the trend observed in sentinel reporting.

- Among the 1 035 sentinel primary care detections of seasonal influenza, 993 (96%) were typed as influenza virus type A and 38 (4%) were typed as influenza virus type B. Of the influenza type A detections that were further subtyped, 562 (76%) were A(H1)pdm09 and 179 (24%) were A(H3). Seventeen of the influenza type B detections were further defined as B/Victoria lineage, while the remaining 21 were of unknown lineage.
- The median sentinel primary care positivity for SARS-CoV-2 was 4% (pooled: 5%; IQR: 1–5%). This indicator has been decreasing since week 49, 2023. Both primary care sentinel and non-sentinel data at the country level show decreasing or stable trends in all countries reporting data to week 5.
- The median sentinel primary care RSV positivity was 4% (pooled: 5%; IQR: 1–7%), showing a decrease compared with week 4. Country-level variation was present, with some countries continuing to report elevated sentinel positivity and/or increasing or elevated counts of non-sentinel detections.

Severe disease

- Rates of severe acute respiratory infection (SARI) from sentinel secondary sites were higher than at the same time last year in one of the seven countries reporting data up to week 5. These countries all reported testing data for all three pathogens.
- The median SARI test positivity for seasonal influenza was 29% (pooled: 30%; IQR: 17–41%), with a slightly decreasing trend driven by a mixed picture in country-level data. The highest pooled test positivity (40%) was observed in people aged 5–14 years, but was over 20% in all age groups.
- The median SARI test positivity for RSV decreased to 10% (pooled: 11%; IQR: 3–13%). The highest pooled test positivity (41%) continued to be observed in children aged 0–4 years; it was below 8% in all other age groups.
- The median SARI test positivity for SARS-CoV-2 test positivity decreased to 6% (pooled: 5%; IQR: 2–11%). The highest pooled test positivity (9%) continued to be observed in people aged 65 years and above. Overall, rates for non-sentinel hospital admissions, ICU admissions and deaths have gradually decreased since week 50, with decreasing or stable trends in all reporting countries.
- EuroMOMO pooled estimates of weekly excess all-cause mortality showed a 'substantial elevated level of mortality, overall and in the age groups above 45 years of age'.

Virus characterisation

Influenza

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).

From week 40, 2023 to week 5, 2024, 1 165 A(H1)pdm09, 456 A(H3) and 46 B/Victoria viruses from sentinel and non-sentinel sources were genetically characterised. Of the A(H1)pdm09 viruses that have been assigned to a clade, 619 were reported as clade 5a.2a and 539 were subclade 5a.2a.1. Of the A(H3) viruses that have been assigned to a clade, eight were reported as clade 2a.3a, 443 were subclade 2a.3a.1 and one was subclade 2a.3b. All of the B/Victoria viruses were reported as subclade V1A.3a.2.

SARS-CoV-2 variants for weeks 3-4 (15-28 January 2024)

The estimated distribution (median and IQR of proportions from 11 countries) of variants of concern (VOCs) or variants of interest (VOIs) was 95% (84–97%) for BA.2.86 (which includes JN.1 isolates), 5% (1–9%) for XBB.1.5+F456L and 0% (0–1%) for XBB.1.5-like. The proportion of BA.2.86 continues to grow, with XBB.1.5-like+F456L and XBB.1.5 showing decreasing trends.

Period overview (week 25, 2023 to week 5, 2024)

Following relatively low respiratory illness activity over the summer period, consultation rates increased in primary care settings from September. Transmission of SARS-CoV-2 began increasing in late summer, with clear increases observed at the EU/EEA level up to week 49 and decreases in activity thereafter. Currently, activity is decreasing or low in all countries. In terms of severe disease, COVID-19 predominantly had an impact on individuals aged 65 years and above. Week 50 marked the start of the seasonal influenza epidemic. Activity remains high, with a mixed picture in trends for sentinel weekly test positivity at the country level. Severe disease due to influenza has had an impact on all age groups, but the most severe outcomes were observed in older adults. Both influenza type A and type B viruses have been detected, with a dominance of A(H1)pdm09 viruses in most countries and A(H3) dominant or co-dominant in a few countries. RSV activity began increasing around week 41, reaching a peak in

week 50 followed by a decreasing trend. In recent weeks, a mixed epidemiological picture has been observed, with increasing and decreasing trends at the country level. RSV continues to have the greatest impact among children aged 0–4 years.

ECDC assessment:

After marking the start of the seasonal influenza epidemic in the EU/EEA in week 50, 2023, seasonal influenza continued to circulate at higher levels than SARS-CoV-2 and RSV in week 4, 2024. With continued co-circulation of all three respiratory viruses, it remains essential to continue to monitor the impact on hospital and ICU admissions closely. The combined effect of co-circulating acute respiratory pathogens is likely to convey an increased burden of severe respiratory disease in the EU/EEA, which may result in further significant pressure on healthcare systems in the coming weeks.

Actions:

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

ECDC has published an epidemiological update that describes the epidemiological situation of acute respiratory infections in EU/EEA countries and provides updated ECDC recommendations for mitigating their impact.

ECDC has published guidance on vaccination roll-out for autumn/winter 2023, which stresses the importance of influenza and COVID-19 vaccination to protect individuals at increased risk of severe disease, e.g. people aged over 60 years and other vulnerable individuals (such as those with underlying comorbidities), irrespective of age.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 02 February 2024

7. Western equine encephalitis – Multicountry – 2023

Overview:

Update
Since 25 January and as of 2 February 2024, 38 new human WEE cases (confirmed, probable, and suspected) have been reported. Among these, 17 are new confirmed human cases. In addition, two new deaths have been reported. The highest number of new human cases continue to be reported in the Central region of Argentina.

Detected cases among equids nationwide reached the peak during week 49 2023, showing a downward trend since then. However, human cases continue to be detected at national level.

Since 28 November 2023 and as of 2 February 2024, a total of 164 WEE human cases (confirmed, probable, and suspected) have been reported in nine provinces. Among these, 56 are confirmed cases that have been reported in Buenos Aires (31), Santa Fe (13), Entre Ríos (5), Córdoba (4), CABA - Buenos Aires Autonomous City (2), and Santiago del Estero (1) provinces. In addition, seven deaths have been reported in Buenos Aires (3), Córdoba (1), Entre Ríos (1), and Santa Fe (2). Most of the human cases are reported in the Central region of Argentina, where the highest number of outbreaks among equids have been notified.

In addition, on 30 January 2024 the Uruguayan Ministry of Health reported one case of WEE. According to Uruguayan health authorities, this case is not unexpected given the current WEE circulation among animals within various regions of the country. This is the first human case reported in Uruguay since 2009. As of 6 February 2024, two human WEE confirmed cases and 15 suspected cases have been reported in Uruguay.

Summary
Epidemiological surveillance of WEE in humans in Argentina was initiated on 28 November 2023, after the initial alert at the national level. On 20 December 2023, the Ministry of Health of Argentina reported that a case of Western equine encephalitis (WEE) was detected in Santa Fe. The report was followed by a Disease News Item (DON) published by WHO on 28 December 2023. According to the DON, the patient developed symptoms in

November and was working in an area where WEE cases were reported in equines. Human WEE cases were reported previously in Argentina in 1983 and 1996.

Background
WEE is a mosquito-borne disease caused by the Western equine encephalitis virus (WEEV; genus *Alphavirus*, family *Togaviridae*). The main reservoir for WEEV is birds, while humans and equines are dead-end hosts. Up to 18 January 2024, 47 and 1 171 outbreaks in equines have been reported to WAHIS in Uruguay and Argentina, respectively. Prior to this event, the last outbreaks in equines were reported in Mexico in 2019, after which the situation was resolved. The most recent human case was in Uruguay in 2009.

Detailed laboratory guidelines for the detection of WEEV infection in humans were published by WHO PAHO on 20 December 2023. The European Union reference laboratories for equine diseases provide a Standard Operating Procedure for the detection of WEE in equine animals (WOAH, accessed on 23/01/2024), and the requirements for diagnostics techniques and vaccines for WEE are described in Chapter 3.6.5 of the diagnostic manual of the WOAH.

ECDC assessment:

WEE used to be widespread in the Americas, from Canada to Argentina, with epidemics with thousands of cases in the 1940s. Since then, case numbers have decreased, with no human cases since 2009. There is no clear explanation for the decline that was observed in the last decade. More specifically, lack of evidence for a decline in virulence of WEEV has been reported, but ecological factors have been hypothesised to play a role (Forrester et al., 2008). Serological studies provide only patchy evidence of potential virus circulation in South America. For instance, there is some serological evidence of WEEV circulation in horses in 2007, both in Central-West Brazil (Pauvolid-Correa et al, 2010) and Uruguay (Burgueno et al., 2018). A study in Argentina, carried out from 2013 to 2016, did not collect any serological evidence of WEEV circulation in horses (Albrieu-Llinas et al., 2021). Other studies investigating seroprevalence in 182 humans in the S. Paulo State in 2000 delivered only negative test results (Romano Lieber et al, 2000) and this was the same for 298 young men tested in 2021 in the Amazonas State in Brazil (Salgado et al, 2021). Also, studies carried out in Trinidad did not find any serological evidence of virus circulation in humans (Thompson et al., 2012).

There is not much information yet about the current prevalence of WEEV in mosquitoes and wild birds, but knowing that equines and humans (which are dead-end hosts) are being affected, it can be assumed that it is circulating among mosquitoes and wild birds. Therefore, to reduce the potential exposure to humans, personal protective measures against mosquito bites should be applied in affected areas. These include the use of repellents, protective clothing, door and window screens, and mosquito nets.

The risk for the EU/EEA is very low because humans and horses are dead-end hosts, there is no direct migration of birds from South America to Europe, and conditions in Europe are currently unfavourable for vector-borne transmission.

Actions:

ECDC is monitoring the event through epidemic intelligence activities.

Further information:

- Equine encephalomyelitis (Western) - WOAH - World Organisation for Animal Health
- Epidemiological alert - Risk to human health associated with Western Equine Encephalitis Virus infection in Equines - 19 December 2023 - PAHO/WHO | Pan American Health Organization
- Ministerio de Salud Argentina - Encefalitis Equina del Oeste: Circular para la vigilancia epidemiológica y laboratorial, la prevención y el control (08/12/2023)

Last time this event was included in the Weekly CDTR: 02 February 2024

8. Hepatitis E virus infections in the EU/EEA, January 2024

Overview:

In January 2024, 520 cases of hepatitis E virus (HEV) infection were reported in the EU/EEA . Cases were reported in Belgium (36), Czechia (63), Denmark (6), Estonia (1), Finland (38), Germany (353), Ireland (6), Netherlands (9), Portugal (1), Spain (6), and Sweden (1).

An unusual increase of cases was reported in Belgium, Czechia, and Finland in January 2024, when compared to the same time period in 2023. Cases in these countries had a median age of 59, 62 and 64 years, respectively. Most cases (66%) were male. In Belgium, among cases with available genotyping information genotype 3c is the most frequently identified genotype. However, the sequenced fragments among these isolates are considered heterogeneous. Genotyping of the virus is ongoing in Finland and Spain. Hepatitis E is not currently under EU-wide surveillance, but a ten-fold increase of HEV cases was noted between 2005 and 2015, with over 21 000 cases reported in 22 EU/EEA countries (ECDC survey report 2017).

Among 24 interviewed cases in Finland in January 2024, 21 reported consuming mettwurst or salami of various brands during the incubation period, thus raising a hypothesis of this type of meat product as possible vehicle of infection. The mean incubation period for HEV is five to six weeks (range two to nine weeks) and most infections cause a self-limiting hepatitis. However, infection can become chronic in immuno-compromised persons with a risk of developing severe liver cirrhosis.

More information about hepatitis E can be found on web sites of ECDC and CDC.

Public news has been issued in Finland: **https://thl.fi/-/tammikuussa-on-todettu-tavanomaista-enemman-hepatiitti-e-tartuntoja-thl-selvittaa-lisaantymisen-syyta**.

ECDC assessment:

Ten countries reported a total of 520 cases of hepatitis E virus (HEV) infection in January 2024. An unusual increase was reported in Belgium, Czechia and Finland, when compared to the respective time period in 2023. As HEV is not currently under EU-wide surveillance, it is not possible to assess whether the increase is unexpected at EU level. However, a ten-fold increase of HEV cases was noted between 2005 and 2015, with over 21 000 cases reported in 22 EU/EEA countries (ECDC survey report 2017).

In Finland, 21/24 interviewed cases reported consuming mettwurst or salami of various brands during the incubation period, thus raising a hypothesis of this type of meat product as possible vehicle of infection. Among cases with available information in Belgium, sub-genotype 3c was most frequently identified. According to an EFSA scientific opinion on public health risks associated with HEV virus as a food-borne pathogen, most infections of HEV in Europe have been related to the consumption of undercooked or raw pork meat or meat products, with genotype 3 being the dominant genotype identified.

Cases of hepatitis E are likely to continue to be reported in the EU/EEA. Further investigations including patient interviews of exposures and sequencing analyses are recommended to better assess the epidemiological situation, transmission routes, and potential cross-border threat.

Actions:

ECDC monitors the event in EpiPulse and prepares updates when new information is available.

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

Maps and graphs

Table 1. Demographic characteristics of hepatitis E cases in EU/EEA countries in January 2024, as of 8 February 2024

Country	Total number of cases	Age range, years (median)	Male	Female	Unusual increase in January 2024	Comment
Belgium	36	27-85 (59)	30	11	Yes	Confirmed cases: positive HEV-RNA and/or a combination of positive HEV-IgM and -IgG serology. Identification by Sanger sequencing: 1*3a, 28*3c, 1*3i, 1*3j, 1*3m; 1*3f (7 samples had a too low viral load for genotyping; 1 samples is pending for genotyping). Five chronic cases (i.e. persistent viraemia for ≥ 3 months). For the same period, 10, 25, 58, 19, 18 and 28 cases were confirmed by the National Reference Center (NRC) for 2018, 2019, 2020, 2021 and 2022, respectively.
Czechia	63	9-85 (62)	38	25	Yes	For the same period, we had 18, 15, 29, 12, 15 and 40 cases in 2018, 2019, 2020, 2021, 2022 and 2023, respectively.
Denmark	6	51-88 (66)	2	4	No	20-30 cases notified annually.
Estonia	1	-	-	1	No	Travel-related case.
Finland	38	24 – 87 (64)	26	12	Yes	21/24 cases consumed mettwurst or salami of various brands.
Germany	353	14-95 (57)	191	162	No	No comments.
Ireland	6	39-72 (53)	4	2	No	There have been 6 cases of HEV infection notified in Ireland to date in 2024. In the previous six years, between 2 and 5 cases were notified during the same time period (median: 3 cases). Exposure data and genotyping data are not currently available for these cases. All 6 cases in 2024 were identified through blood donation screening.
Netherlands	9	-	-	-	No	For the same period, we had 17, 13, 12, 10, 6 and 10 cases in 2018, 2019, 2020, 2021, 2022, and 2023, respectively.
Portugal	1	-	1	0	No	An average of 14 cases annually are reported between 2016 and 2023.
Spain	6	-	-	-	Undetermined	Data from January activity of Spanish Microbiology Reference Center.
Sweden	1	-	-	-	No	20-30 cases are notified annually.
Total	**520**					

9. Chinese New Year 2024

Overview:

This year, the Chinese New Year falls on 10 February. It is **the biggest travel period in China**, and Lunar New Year is widely celebrated across Asia. Millions of people are expected to travel to celebrate with their families. Most of this travel will be within the Asian region, but also to and from Asia.

The winter season and increased indoor crowding during the celebration period poses an increased risk for infections such as influenza, COVID-19, tuberculosis, meningococcal infection, measles, diphtheria, mumps, and other vaccine-preventable diseases. In addition, an increased risk of gastrointestinal infections has been observed during large events when a large number of people eat from commercial outlets, many of which may have been set up temporarily and some may not meet food safety standards.

In the past years, several outbreaks of highly pathogenic avian influenza have been detected in birds and poultry in China. A global rise in highly pathogenic avian influenza infections has been observed in mammals. In addition, within the past year, human cases of avian influenza **A(H9N2), A(H5N6), A(H5N1), A(H1N1)v and A(H10N5)** have been reported from China and Cambodia.

Before travel to China, EU citizens are advised to consult their healthcare provider to ensure they are fully vaccinated according to their national vaccination program. Seasonal influenza and COVID-19 vaccination should also be considered. Travellers should refrain from visiting live poultry and/or seafood markets and/or backyard farms, avoid direct contact with any person presenting with fever and/or respiratory symptoms (e.g. cough, sneezing, coryza) and avoid exposure to live birds or poultry. Travellers should also follow good hygiene practices to avoid food- and waterborne diseases and minimise the risk of respiratory diseases by washing hands often with water and soap or using hand sanitisers and practising cough etiquette.

If respiratory symptoms and fever occur, the person should consult a physician to enable early diagnosis and treatment. If the consultation happens after returning from travel, the physician should be informed about the travel to China.

For more information about infectious diseases and healthcare management during the Chinese New Year visit the **China CDC website**. For information on current disease outbreaks impacting Europe, please see the **ECDC weekly communicable disease threat report**.

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