

## WEEKLY BULLETIN

# Communicable disease threats report

**Week 50, 7 - 13 December 2024**

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## Executive summary

### **Circulating vaccine-derived poliovirus type 2 (cVDPV2) - multi-country - 2024**

- The United Kingdom, Finland, Germany, Spain and Poland have reported detections of circulating vaccine derived polioviruses type 2 (cVDPV2) in wastewater samples.
- No cases of AFP have been reported.
- Public health authorities in these countries have intensified surveillance and efforts to provide recommended vaccinations against poliovirus in accordance with national schedules.
- Given the presence of non-vaccinated or under-vaccinated population groups in European countries and the fact that poliomyelitis has not been eradicated globally, the risk of the virus being reintroduced into Europe remains.

### **Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024**

- Since the last update on 8 November 2024, and as of 12 December 2024, 150 mpox cases have been reported from 14 EU/EEA countries: Germany (51), Spain (43), Netherlands (20), Austria (7), France (5), Greece (5), Ireland (4), Italy (4), Belgium (3), Norway (3), Czechia (2), Bulgaria (1), Croatia (1) and Slovakia (1). Since 8 November 2024, no new countries have reported confirmed cases.
- Since the start of the mpox outbreak and as of 12 December 2024, 23 478 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries.
- In November 2024, a 2.7% increase in mpox cases was observed compared with October (150 cases reported in October vs 146 cases reported in September).
- The overall risk of infection remains low for men who have sex with men and very low for the broader EU/EEA population.

### **Overview of respiratory virus epidemiology in the EU/EEA**

- While the number of patients presenting to primary care and hospitals for respiratory illness remains at expected levels for this time of year, sharp increases in influenza virus and respiratory syncytial virus (RSV) activity are observed in the EU/EEA.
- Influenza virus activity has been increasing for four weeks, with the aggregate test positivity rate in primary care at 10% in EU/EEA countries, indicating the start of the winter influenza epidemic. The increase in aggregate test positivity occurred at a similar time last year and follows a comparable trajectory. While hospital admissions due to influenza have been observed in all age groups, individuals aged 65 years and older have the highest risk of hospitalisation and severe outcomes.
- RSV activity has been rising for six weeks, with the aggregate test positivity rate in primary care at 8% in EU/EEA countries. When compared to last year, the increase in aggregate test positivity follows a similar trajectory, although activity started two weeks later than last year. Since week 40, 83% of individuals hospitalised with RSV are children aged under five years, with 11% aged 65 years and older.
- Following a peak in July, SARS-CoV-2 activity has gradually decreased in the majority of EU/EEA countries that experienced an epidemic wave during the summer. Amongst those that experience SARS-CoV-2 infection, individuals aged 65 years and older remain the age group at highest risk of hospitalisation and severe outcomes due to COVID-19.
- Countries should be prepared for continued increases in influenza and RSV activity during 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. People who are eligible for vaccination, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated.

### **Hepatitis A - multi-country - 2024**

- Spain reports an increase in Hepatitis A cases during 2024 with 720 locally-acquired cases.
- Earlier in the year Portugal reported an Hepatitis A outbreak of 71 cases, mostly associated with sexual transmission among men who have sex with men.
- The same strain, VRD\_521\_2016, that was connected to the large 2016-2017 European outbreak among men who have sex with men was reported both from Portugal and Spain.
- Male to male sex may be driving some of the transmission of HAV in Spain. Men who have sex with men are at risk of HAV infection when engaging in sexual practices that facilitate the faecal-oral transmission of the virus. Hepatitis A vaccination, which is safe and highly effective, is the main option for response in the context of the current circulation of HAV genotype IA among MSM.

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

- In October 2024, 181 cases reported by 13 countries. Fourteen countries reported zero cases.
- Through its epidemic intelligence activities, ECDC identified additional 199 new cases from six EU countries.
- In 2024, 19 measles-related deaths have been reported in Romania (18) and Ireland (1).
- There has been high measles activity overall in the EU/EEA over the last 12 months; however, the situation varies by country. Some countries have reported large and/or ongoing outbreaks while others have reported no sustained or very low transmission.
- Updates are available for WHO Regions.

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

- In 2024, and as of 4 December 2024, 19 countries in Europe have reported 1 436 locally acquired human cases of West Nile virus (WNV) infection with known place of infection.
- Locally acquired cases were reported by Italy (455), Greece (217), Spain (138), Hungary (111), Albania (106), Romania (99), Türkiye (90), Serbia (63), France (39), Austria (34), Germany (27), Croatia (20), Bulgaria (16), Slovakia (6), Slovenia (5), Kosovo\* (4), Cyprus (2), Czechia (2) and North Macedonia (2). In Europe, 125 deaths were reported, by Greece (34), Italy (21), Romania (20), Spain (15), Albania (13), Türkiye (7), Hungary (5), Serbia (5), Bulgaria (3), France (1) and North Macedonia (1).
- In Europe, 125 deaths were reported, by Greece (34), Italy (21), Romania (20), Spain (15), Albania (13), Türkiye (7), Hungary (5), Serbia (5), Bulgaria (3), France (1) and North Macedonia (1).
- This is the last WNV report for 2024. The next report is expected to be published upon occurrence of the first human cases in 2025, expected in June/July.
- 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.

### Unknown disease - Democratic Republic of the Congo - 2024

- On 12 December 2024, Africa CDC reported that the total number of cases of unknown disease reported in the Democratic Republic of Congo (DRC) is 527 (including 32 deaths). The affected area is Panzi health zone in Kwango Province.
- Experts have arrived in the area and they are supporting the initially deployed team. Epidemiological investigations are ongoing and additional samples have been collected for testing.
- According to the World Health Organisation Disease Outbreak News Item published on 8 December 2024, most cases presented with fever, headache, cough, runny nose and body ache. All severe cases occurred among malnourished children.
- The most likely diagnoses that can explain these symptoms include influenza, measles, malaria, COVID-19, and other bacterial pathogens known to cause pneumonia. These, as well as other pathogens, are currently being tested.
- All cases have been reported in a very remote region of the country (48 hours road trip from Kinshasa), with limited diagnostic and health care infrastructures, and a high prevalence of population risk factors such as malnutrition.
- ECDC is monitoring the event through its epidemic intelligence activities and is in contact with Africa CDC, DG ECHO and the ECDC staff deployed to Kinshasa for the Mpox response to gather additional information for the assessment.

### Suspected viral haemorrhagic fever - Sierra Leone - 2024

- On 1 December 2024, the Government of Sierra Leone, through the National Public Health Agency, issued an update stating that the test results for the suspected case returned as 'indeterminate'.
- On 10 December 2024, the National Public Health Agency of Sierra Leone reported that contacts of the case in Kono areas had completed a 21 observation period without developing symptoms and contacts in the Western Area completed 11 days without developing symptoms but they are still followed up.
- Assessment is not possible until the aetiology of the case is confirmed.

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

- Two human cases of avian influenza A(H9N2) virus were reported in the Avian Influenza Report published by Hong Kong's Centre for Health Protection on 10 December 2024.
- The first case was in Guizhou Province and the second case in Guangxi Province.
- Both cases were in one-year-old children.
- In 2024, China reported 18 human cases of H9N2 to WHO. Since 2015, a total of 110 cases of human avian influenza A(H9N2) infection, including two deaths, have been reported from China to WHO.
- The risk to human health in the EU/EEA is currently considered very low.

## 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, Kenya, Rwanda and Uganda.
- With regards to clade Ia in Africa, new cases have been reported this week by Congo. CAR reported one new death this week.
- Outside the affected African countries, MPXV clade I cases have been reported from Canada, Germany, India, Sweden, Thailand, the United Kingdom (UK) and the United States (US). Among these countries, MPXV clade Ib, secondary transmission has only been reported in the UK in October, 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 2024 ([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](#).

## 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 over 200 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 environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are currently unfavourable for mosquito activity and virus replication in mosquitoes. Therefore it is unlikely that locally-acquired chikungunya and dengue virus transmission will occur until conditions become favourable in early summer.

# 1. Circulating vaccine-derived poliovirus type 2 (cVDPV2) - multi-country - 2024

## Overview:

Finland, Germany, Poland, Spain and the United Kingdom have reported detection of vaccine derived poliovirus type 2 in wastewater samples in recently.

- Spain reported the detection of vaccine derived poliovirus type 2 in [Catalonia](#) in wastewater samples collected on mid-September from the Barcelona Metropolitan area.
- Polish public health authorities published a [press release](#) on 18 November reporting on the presence of poliovirus type 2 in a municipal wastewater sample, taken in Warsaw.
- On 28 November 2024, the public health authorities in Germany had reported detections of vaccine-derived poliovirus type 2 in wastewater samples from four different cities (Munich, Bonn, Cologne and Hamburg). In the [epidemiological bulletin of 5 December 2024](#) published by the Robert Koch Institute, it is reported that circulating vaccine derived poliovirus type 2 has been detected in three more sites (Dresden, Dusseldorf and Mainz).
- On 9 December 2024, [Finnish public health authorities reported](#) that vaccine-derived poliovirus type 2 was detected in wastewater samples in Tampere.
- On 10 December 2024, the [United Kingdom reported](#) that vaccine derived poliovirus type 2 was detected in Leeds, London and West Essex.

## ECDC assessment:

While the public health impact and significance of wastewater sample findings is yet to be determined, the priority actions remain the same: effective surveillance and high vaccination coverage across all communities. Europe continues to have a high capacity to achieve both these goals.

No cases of paralysis have been reported in any of the countries with environmental cVDPV2 detections.

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

While there are non-vaccinated or under-vaccinated population groups in European countries and poliomyelitis has not been eradicated globally, the risk of the virus being reintroduced into Europe remains. Two EU/EEA neighbouring countries (Bosnia and Herzegovina and Ukraine) 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.

## Recommendations

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.

Specific focus should be given to ensure the protection of children including the timely administration of polio containing vaccine included in the primary vaccination, which is given in EU/EEA countries as part of the routine vaccination programmes.

In addition, as part of immunisation efforts and in order to protect the most vulnerable, children and individuals of all ages that enter the EU/EEA should be evaluated on their vaccination status, and vaccination offered if they are assessed to be under immunised.

EU/EEA countries should review their polio vaccination coverage data, including at subnational level, 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.

Acute flaccid paralysis (AFP) surveillance is the gold standard for detecting polio cases and essential for global polio eradication. This includes case finding, sample collection, laboratory analysis and mapping of the virus to determine the origin of the virus strain. The examination of composite human faecal samples through environmental surveillance links poliovirus isolates from unknown individuals to populations served by the wastewater system. Testing for wild polio virus (WPV) and vaccine-derived poliovirus (VDPV) in sewage water can provide valuable supplementary information, particularly in urban populations where AFP surveillance is absent or questionable, persistent virus circulation is suspected, or frequent virus re-introduction has been identified ([see WHO guidelines](#)).

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 is in contact with the affected Member States and WHO. ECDC has posted a [news item](#) regarding the recent wastewater detections

**Last time this event was included in the Weekly CDTR:** 29 November 2024



## 2. Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024

### Overview:

Since the last update on 8 November 2024, and as of 12 December 2024, 150 mpox cases have been reported from 14 EU/EEA countries: Germany (51), Spain (43), Netherlands (20), Austria (7), France (5), Greece (5), Ireland (4), Italy (4), Belgium (3), Norway (3), Czechia (2), Bulgaria (1), Croatia (1) and Slovakia (1). Since 8 November 2024, no new countries have reported confirmed cases.

In 2024 and as of 12 December 2024, a total of 1 496 mpox cases have been reported in the EU/EEA.

There was a 2.7% increase in reported cases in November (150 cases) compared with the 146 cases reported in October.

Since the start of the mpox outbreak and as of 12 December 2024, 23 478 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (8 429), France (4 371), Germany (4 023), Netherlands (1 412), Portugal (1 205), Italy (1 079), Belgium (845), Austria (363), Sweden (305), Ireland (265), Poland (225), Denmark (209), Norway (119), Greece (107), Czechia (92), Hungary (85), Luxembourg (62), Romania (48), Slovenia (47), Finland (43), Malta (38), Croatia (35), Slovakia (18), Iceland (17), Estonia (11), Bulgaria (8), Latvia (6), Lithuania (6) and Cyprus (5). Deaths have been reported from: Spain (3), Belgium (2), Portugal (2), Austria (1) and Czechia (1)..

Since the start of the mpox outbreak in 2022, and as of 12 December 2024, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), and Montenegro (2). In addition, 12 cases have been reported by Türkiye.

Two MPXV clade Ib cases have been reported in EU/EEA. One case was reported by Sweden in August 2024 and one from Germany in October 2024. Both cases reported having travel history to affected countries. No secondary transmission of clade Ib has been reported in EU/EEA. All other mpox cases with available information on clade reported in the EU/EEA were due to MPXV clade IIb.

Cases reported in 2024 share the same epidemiological profile as those reported since the beginning of the outbreak in the EU/EEA, with the majority of cases being men, and sexual contact among men who have sex with men remaining the primary mode of transmission.

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 (PHEIC).

For more information on the global update regarding MPXV clade Ib, please refer to [the weekly Communicable Diseases Threats Report](#).

A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin](#).

### ECDC assessment:

The number of new infections remains relatively low in the EU/EEA, although a slight increase was observed in November compared to October. This increase continues the upward trend seen in previous months, albeit with very few reported cases. The changes in case numbers reflect normal month-to-month variations in reporting, given the overall small total number of cases reported.

The overall risk of MPXV infection is assessed as low for MSM and very low for the broader population in the EU/EEA.

Response options for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; continuing to offer orthopoxvirus testing; implementing vaccination strategies; and maintaining risk communication and community engagement,

despite the decreasing number of cases. EU/EEA countries are also encouraged to sequence and report clades and subclades to identify new cases of mpox, particularly those linked to clade Ib.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively, particularly in the event of limited vaccine supply. PPV strategies should prioritise gay, bisexual, and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

## Actions:

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023. ECDC published a [Threat Assessment Brief on MPXV clade I in the Democratic Republic of the Congo \(DRC\) on 5 December 2023](#) and an [epidemiological update on 5 April 2024](#). A [risk assessment](#) for the EU/EEA on the mpox epidemic caused by mpox virus clade I in affected African countries was published on 16 August 2024, and [rapid scientific advice on public health measures](#) was released on 9 September 2024.

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of Pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to Pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

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

## 3. Overview of respiratory virus epidemiology in the EU/EEA

### 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. In the footer, known issues with reported data can be found under 'Country notes', with supporting information also available under 'Additional resources'.

- Overall, syndromic indicators in primary and secondary care remain at levels comparable to this period in previous years. Primary care consultation rates for acute respiratory illness (ARI) have been increasing in several countries in recent weeks, with four countries currently reporting activity above baseline. Primary care consultation rates for influenza-like illness (ILI) have also been increasing in several countries in recent weeks, with five countries currently reporting activity above baseline. In secondary care, rates of severe acute respiratory illness (SARI) are similar to, or lower than, levels observed at this time during previous years.
- Influenza activity is increasing, with eight countries reporting primary care test positivity rates at or above 10%. The aggregate test positivity rate in primary care at the EU/EEA level is 10%, indicating the start of the winter influenza epidemic in the region.
- RSV activity is increasing, with three countries reporting primary care test positivity rates at or above 10%. The aggregate test positivity rate in primary care at the EU/EEA level is 8%.

- SARS-CoV-2 activity in primary care and hospitals continues to decrease or remain stable at the EU/EEA level, with lower rates of aggregate test positivity than those observed in 2023 at this time of year. However, the picture remains varied at the country level.

## ECDC assessment:

While the number of patients presenting to primary care and hospitals for respiratory illness remains at expected levels for this time of year, sharp increases in influenza virus and respiratory syncytial virus (RSV) activity are observed in the EU/EEA. Although most reported RSV cases are among very young children, individuals aged 65 years and above are also at risk and can develop severe disease. While hospital admissions due to influenza have been observed in all age groups, individuals aged 65 years and older have the highest risk of hospitalisation and severe outcomes. SARS-CoV-2 activity continues to decrease but remains elevated in some reporting countries, with individuals aged 65 years and above at greatest risk of severe disease.

## Actions:

Countries should be prepared for continued increases in influenza and RSV activity during the coming weeks and take into consideration [infection prevention and control practices in healthcare settings](#).

Despite the observed decrease in SARS-CoV-2 activity, it remains important to continue monitoring the impact of SARS-CoV-2 at national and regional levels. 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.

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, in accordance with national recommendations.

Similarly, vaccination against influenza viruses help to limit severe disease outcomes for people at high risk. Healthcare workers and individuals at higher risk should therefore stay up-to-date with influenza vaccination, in accordance with 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](#)'.

## Further information:

- Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's [RespiCast](#).
- [EuroMOMO](#) is a weekly European all-cause mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats, based on weekly national mortality statistics from up to 27 reporting European countries or subnational regions.
- WHO [recommends](#) that trivalent vaccines for use during the 2024–2025 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/Thailand/8/2022 or A/Massachusetts/18/2022 (H3N2)-like virus (clade 2a.3a.1 (J)); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- Antigenic characterisation data presented in the WHO [2025 southern hemisphere vaccine composition meeting](#) report indicate that current northern hemisphere vaccine components are well matched to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. The components also appear well matched for the A(H3N2) 2a.3a.1 (J) clade viruses, but less well matched for some of the more recent subclade 2a.3a.1 (J2) viruses characterised by S145N, N158K or K189R HA substitutions (alone or in



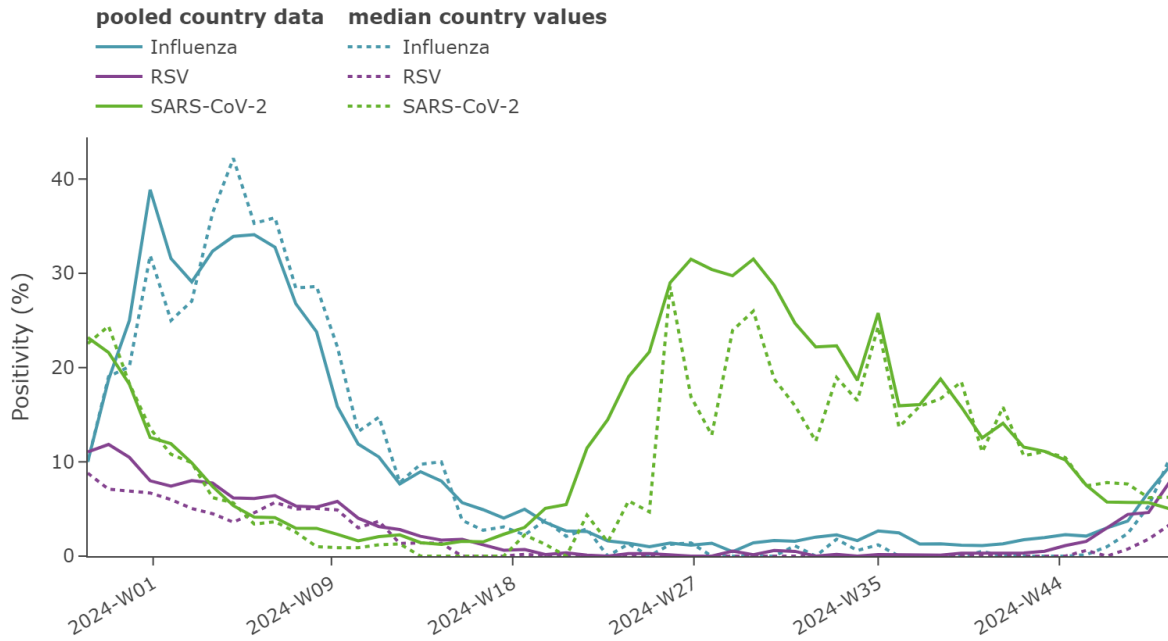
combination). The majority of the A(H3N2) viruses identified worldwide since February 2024 belong to the subclade 2a.3a.1 (J2).

Sources: [ERVISS](#)

Last time this event was included in the Weekly CDTR: 06 December 2024

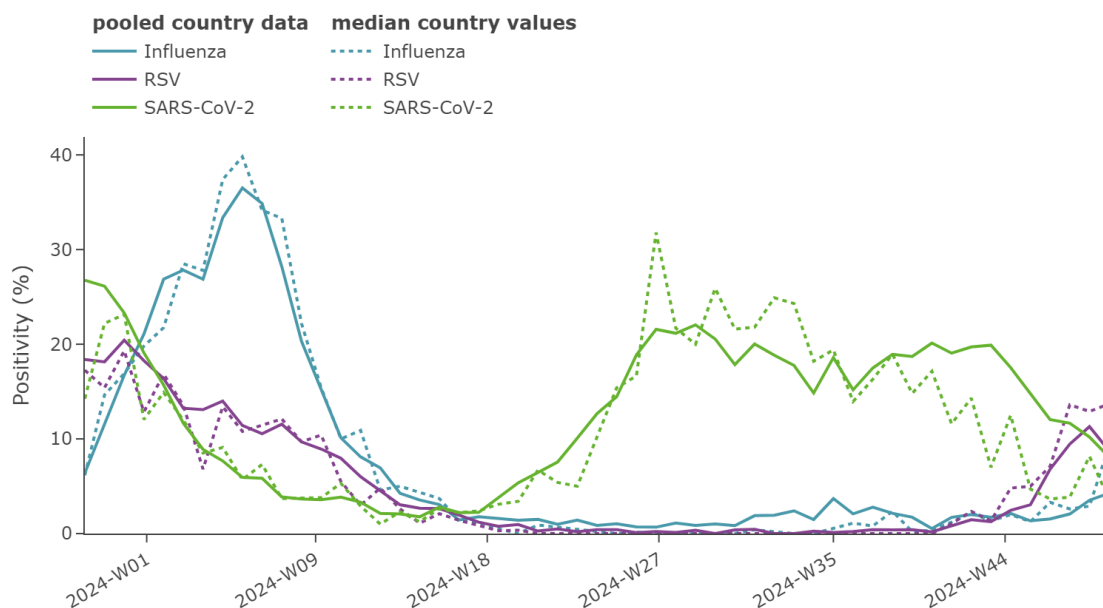
## Maps and graphs

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 49, 2024

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		
		Week 49	Week 48	Description	Value	Comment
ILI/ARI consultation rates in primary care	ARI	10 rates (7 MEM)	15 rates (11 MEM)	Distribution of country MEM categories	3 Baseline 4 Low	Overall, ARI activity remains at levels comparable to the same period in previous years. Four countries report ARI activity above the baseline level: Belgium, Bulgaria, Estonia, and Germany.
	ILI	16 rates (15 MEM)	21 rates (19 MEM)		10 Baseline 4 Low 1 Medium	Overall, ILI activity remains at levels comparable to the same period in previous years. Five countries report ILI activity above the baseline level: Denmark, France, Hungary, Italy, and Poland.
ILI/ARI test positivity in primary care	Influenza	14	21	Pooled (median; IQR)	9.5% (10; 5.4–15%)	The pooled EU/EEA test positivity rate increased from 7% in W48 to 10% in W49, with eight countries reporting test positivity rates ≥10%: Portugal (29%), Ireland (26%), France (25%), Luxembourg (16%), Poland (13%), Greece (12%), the Netherlands (11%), and Germany (10%).
	RSV	13	20		7.8% (3.3; 0–8.4%)	The pooled EU/EEA test positivity rate increased from 5% in W48 to 8% in W49, with three countries reporting test positivity rates ≥10%: Luxembourg (20%), France (16%), and Spain (10%).
	SARS-CoV-2	12	21		5% (6.2; 3.7–8.1%)	Following a peak in July 2024, the pooled EU/EEA test positivity rate continues to slowly decrease. At national level, the decreasing trend continued in most countries, with two countries reporting test positivity rates ≥10%: Poland (28%) and Slovenia (10%).
SARI rates in hospitals	SARI	7	9	–	–	SARI consultation rates continue to be reported at levels comparable to, or lower than, the same period in previous years.
SARI test positivity in hospitals	Influenza	6	8	Pooled (median; IQR)	4.3% (9.3; 4–18%)	The pooled EU/EEA test positivity rate remained stable at 4% from W48 to W49. Overall, an increasing trend has been observed since W45. Three countries reported test positivity rates ≥10%: Romania (20%), Ireland (20%) and Greece (11%). Since W40, 43% of individuals hospitalised with influenza are aged 65 years and older, 30% aged 15–64 years and 27% aged 0–14 years.
	RSV	6	8		8.7% (14; 2.8–20%)	The pooled EU/EEA test positivity rate decreased from 11% in W48 to 9% in W49. Overall, an increasing trend has been observed since W43. Three countries reported test positivity rates ≥5%: Romania (10%), Ireland (14%), and Spain (18%). Since W40, 83% of individuals hospitalised with RSV are children aged under five years, with 11% aged 65 years and older.
	SARS-CoV-2	6	8		8.1% (3.6; 1.6–4%)	The pooled EU/EEA test positivity rate decreased from 10% in W48 to 8% in W49. Since W40, 84% of individuals hospitalised with COVID-19 are aged 65 years and older. Non-sentinel indicators of severe disease (hospital admissions, ICU admissions, and deaths) remain low at the EU/EEA level.
Intensity (country-defined)	Influenza	19	24	Distribution of country qualitative categories	10 Baseline 8 Low 1 Medium	
Geographic spread (country-defined)	Influenza	18	23	Distribution of country qualitative categories	1 No activity 14 Sporadic 2 Regional 1 Widespread	

Source: ECDC

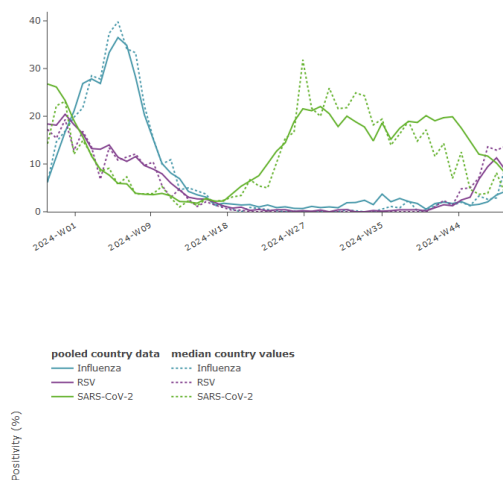
**Figure 4. ILI/ARI virological surveillance in primary care - pathogen type and subtype distribution**

Pathogen	Week 49, 2024		Week 40, 2024 – week 49, 2024	
	N	% <sup>a</sup>	N	% <sup>a</sup>
<b>Influenza</b>	<b>208</b>	<b>–</b>	<b>841</b>	<b>–</b>
Influenza A	147	71	499	65
A(H1)pdm09	86	69	282	69
A(H3)	39	31	125	31
A (unknown)	22	–	92	–
Influenza B	61	29	265	35
B/Vic	22	100	72	99
B/Yam	0	0.0	1	1
B (unknown)	39	–	192	–
Influenza untyped	0	–	77	–
<b>RSV</b>	<b>121</b>	<b>–</b>	<b>484</b>	<b>–</b>
RSV-A	26	57	108	50
RSV-B	20	43	110	50
RSV untyped	75	–	266	–
<b>SARS-CoV-2</b>	<b>83</b>	<b>–</b>	<b>1800</b>	<b>–</b>

Source: ECDC

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

Figure Table



Source: ECDC

**Figure 6. Genetically characterised influenza virus distribution, weeks 40–49, 2024**

Subtype	Subtype distribution		Subclade distribution		
	N	%	Subclade	N	%
A(H1)pdm09	55	60	5a.2a(C.1)	51	93
			5a.2a.1(D)	4	7
A(H3)	30	33	2a.3a.1(J)	30	100
B/Vic	6	7	V1A.3a.2(C.5.1)	6	100

Source: ECDC

**Figure 7. SARS-CoV-2 variant distribution, weeks 47–48, 2024**

Variant	Classification <sup>a</sup>	Reporting countries	Detections	Distribution (median and IQR)
KP.3	VOI	7	150	37% (35–46%)
BA.2.86	VOI	7	53	17% (10–20%)

Source: ECDC

## 4. Hepatitis A - multi-country - 2024

### Overview:

Spain reported an increase in Hepatitis A cases during 2024. As of 27 November 2024, 720 locally-acquired hepatitis A cases and 133 imported cases have been reported to the Spanish National Surveillance Network (RENAVE) during 2024. In 2023, 255 locally-acquired and 73 imported cases were reported. The increase is notable in 10 regions of Spain. There is an increase observed in the cumulative incidence both in male and female in different age groups, the highest increase is among men in the age group between 15 and 44 years.

Epidemiological investigations have been carried out and identified that 88 cases belong to 26 small clusters with a median of 2 persons each (min 2 – max 13 cases). Two outbreaks at kindergartens accounted for 11 and 13 cases. These 88 cases only constitute around 10% of all cases and among these there is no clear epidemiological link to transmission among men who have sex with men. However, there is an increase in the male to female ratio compared to earlier years (2.09 vs 1.3 and 1.4) among the reported cases, and it is assumed that sex between men is driving some of this transmission. In this outbreak, 70 isolates have been sequenced and 20 isolates belong to the same strain, VRD\_521\_2016, that was connected to the large 2016-2017 European outbreak among men who have sex with men. However, there is no epidemiological information available such as mode of transmission for the sequenced isolates.

In late February 2024, Portugal reported about an outbreak of Hepatitis A mostly associated with sexual transmission among men who have sex with men published in [CDTR Week 12 2024](#) and in [Eurosurveillance](#). Since August 2024, the epidemiological situation has stabilised, with the incidence of new cases showing a downward trend following the peak observed earlier in the year. During 2024 and until the 1st of December 2024, 267 total confirmed cases of Hepatitis A were reported in Portugal, 98 of which confirmed cases with the most likely form of transmission being sexual, mostly in males, aged between 20 and 49 years; 100 sequenced strains cluster to strain VRD\_521\_2016. Reported cases among men who have sex with men constitutes an increase in comparison with previous years 2018 (82), 2019 (42), 2020 (20), 2021 (13), 2022 (30), 2023 (39).

### ECDC assessment:

Sex between men may be driving some of the transmission of HAV in Spain. Men who have sex with men are at risk of HAV infection when engaging in sexual practices that facilitate the faecal-oral transmission of the virus. Hepatitis A vaccination, which is safe and highly effective, is the main option for response in the context of the current circulation of HAV genotype IA among men who have sex with men. The World Health Organisation and most EU/EEA countries recommend hepatitis A vaccination for men who have sex with men. ECDC guidance recommends that hepatitis A vaccination be delivered and promoted to men who have sex with men. This is particularly important for men who have sex with men living in or travelling to areas reporting outbreaks, men who have sex with men travelling to endemic areas, attending mass gatherings or at risk of severe outcomes - e.g. due to underlying chronic disease.

### Actions:

Spain reported that there are plans to work together with men who have sex with men civil society organisations to increase awareness and promote HAV vaccination (which are free of charge) among men who have sex with men as an assessment is carried out.

ECDC is monitoring the situation and keeping in contact with Member States.

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

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

### Overview:

In October 2024, 181 measles cases have been reported by 13 countries and zero cases by fourteen countries.

In the most recent 12-month period, from 1 November 2023 to 31 October 2024, 30 EU/EEA Member States reported a total of 18 044 cases of measles. Between 1 November 2023 and 31 October 2024, of the 18 044 cases with known age, 7 978 (44.2%) were in children below five years, and 5 165 (28.6%) cases were aged 15 years or older. The highest notification rates were observed in infants under one year of age (579.3 cases per million) and children aged 1-4 years (337.9 cases per million). Of 15 163 cases (100.0% of all cases) with a known age and vaccination status, 13 228 (87.2%) were unvaccinated, 1 256 (8.3%) were vaccinated with one dose of a measles-containing vaccine, 634 (4.2%) were vaccinated with two or more doses, and 25 (0.2%) were vaccinated with an unknown number of doses. Thirteen deaths (case fatality rate (CFR): 0.1) attributable to measles were reported to ECDC during the 12-month period, by Romania (12) and Ireland (one). Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#).

Complementary epidemic intelligence surveillance, with data collection conducted on 9 December 2024 from official public and media sources, detected 199 suspected and/or confirmed measles cases not reported in [ECDC's monthly measles and rubella monitoring report](#) and 68 new measles cases reported since the last monthly update. New cases were reported in six EU countries: Austria (new: 3; total: 509), Czechia (new: 1, total: 34), Germany (new: 220; total: 636), Hungary (new: 1, total: 31), Ireland (new: 40, total: 18), Lithuania (new: 2, total: 30). No measles-related deaths have been reported in recent months. Overall, 19 measles-related deaths have been reported in the EU/EEA in 2024, in Romania (18) and in Ireland (1).

**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. Sometimes this information is made available retrospectively. 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 and EpiPulse Cases. Data presented in the two monthly reports may differ.

### Epidemiological summary for EU/EEA countries with relevant epidemic intelligence updates:

[Austria](#) reported 509 confirmed measles cases in 2024 and as of 3 December 2024, an increase of three cases since 12 November 2024.

[Czechia](#) reported no measles cases in September and October 2024. One measles case was reported in November 2024 and as of 1 December 2024, 34 measles cases have been reported in 2024.

[Germany](#) reported 199 cases in September and October 2024 (weeks 33-44). Overall, 636 measles cases have been reported in 2024 (data as of 9 December 2024), with 21 cases reported in weeks 45-49.

[Hungary](#) reported 31 measles cases in 2024 and as of 1 December 2024, an increase by one case since 3 November 2024.

[Ireland](#) reported 187 measles cases in 2024 (data as of 30 November 2024), an increase of 40 cases since 6 November 2024.

[Latvia](#) reported no measles cases in 2024 and as of 26 November 2024.



[Lithuania](#) reported 30 cases in 2024 (data as of 9 December 2024), an increase by two cases since 6 November 2024.

### Summary of measles cases reported by WHO regional offices (as of [11 December 2024](#))

WHO Regional Office for Europe (WHO/EUROPE) reported 104 849 measles cases in 2024. The five non-EU/EEA countries reporting the most measles cases were: Kazakhstan (27 967), Russian Federation (21 249), Azerbaijan (16 685), Kyrgyzstan (13 050), and the United Kingdom (2 756).

The numbers provided to WHO for EU/EEA countries are from TESSy data, which are updated monthly and available on the [ECDC Surveillance Atlas of Infectious Diseases](#). Due to differences in reporting times, the numbers may not correspond to the data from epidemic intelligence screening.

WHO Regional Office for Africa (WHO AFRO) has reported 80 769 measles cases in 2024. The highest numbers of cases were reported from Ethiopia (28 139), Nigeria (10 237), Burkina Faso (7 147), Cote d'Ivoire (6 464) and the Democratic Republic of the Congo (4 489).

WHO Regional Office for the Americas (WHO PAHO) has reported 436 measles cases in 2024. Most cases (280) were reported from the United States.

WHO Regional Office for the Eastern Mediterranean (WHO EMRO) has reported 88 751 measles cases in 2024. The highest numbers of cases were reported from Iraq (32 179), Pakistan (23 596), Yemen (19 988), Afghanistan (8 816) and Somalia (1 306).

WHO Regional Office for South-East Asia (WHO SEARO) has reported 32 838 measles cases in 2024. The highest numbers of cases were reported from India (19 852), Thailand (7 507), Indonesia (4 718), Sri Lanka (296), and Nepal (222).

WHO Regional Office for the Western Pacific (WHO WPRO) has reported 9 207 measles cases in 2024. The following five countries reported the most cases: the Philippines (3 686), Malaysia (3 574), China (939), Viet Nam (852), and Republic of Korea (47).

### ECDC assessment:

The overall number of measles cases in the EU/EEA has been steadily increasing since June 2023. However, for the month of October 2024, there was a decrease in the number of cases reported. **Measles cases may continue to increase in the EU/EEA in the coming months.** This is due to reported sub-optimal vaccination coverage for measles-containing vaccines (MCV) in a number of EU/EEA countries (<95% in many of these countries), as well as a high probability of importation from areas experiencing high circulation. In addition, the majority of recently reported cases have acquired the disease within the reported country through community/local transmission, indicating a higher probability of being exposed to the virus within the EU/EEA than in previous months.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).
- **Strive towards high-quality surveillance**, and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.
- **Increase the clinical awareness of health professionals.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of sub-optimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with underserved populations.** Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies in order to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)' published in February 2024 and the conclusions of that remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

## Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles is available in the Threat Assessment Brief, '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)', published on 15 February 2024.

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

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

## Overview:

### Epidemiological summary

#### Monthly WNV report

The latest [monthly epidemiological update](#) on WNV infections, covering data up to 4 December 2024, was published on 10 December 2024.

In 2024, and as of 4 December 2024, 19 countries in Europe have reported 1 436 locally acquired human cases of WNV infection with known place of infection. The earliest and latest date of onset were respectively on 1 March 2024 and 25 October 2024. Locally acquired cases were reported by Italy (455), Greece (217), Spain (138), Hungary (111), Albania (106), Romania (99), Türkiye (90), Serbia (63), France (39), Austria (34), Germany (27), Croatia (20), Bulgaria (16), Slovakia (6), Slovenia (5), Kosovo\* (4), Cyprus (2), Czechia (2) and North Macedonia (2). In Europe, 125 deaths were reported by Greece (34), Italy (21), Romania (20), Spain (15), Albania (13), Türkiye (7), Hungary (5), Serbia (5), Bulgaria (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, 802 cases were reported. However, numbers are lower than in 2018, when 2 115 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 outbreak in 2024 was the largest outbreak of WNV infections among humans ever detected in the country.

In 2024, 212 regions across 19 countries have reported locally acquired human cases of WNV infection this year, compared to 137 regions in 2023 and 173 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, Kruje and Pogradec in Albania, Kardzhali in Bulgaria, Bjelovarsko-bilogorska županija in Croatia, Gard, Hérault, Pyrénées-Atlantiques and Guadeloupe in France, Diepholz, Oder-Spree, Jena Kreisfreie Stadt, Dithmarschen, Segeberg, Havelland, Jerichower Land, Börde and Bautzen in Germany, Thesprotia in Greece, Barletta-Andria-Trani, Benevento, Chieti, Roma, Firenze, Napoli and Caserta in Italy, Prishtinë, Prizren and Mitrovicë in Kosovo\*, Pološki in North Macedonia, Trnavský kraj and Nitriansky kraj in Slovakia, Podravska in Slovenia, Málaga and Jaén in Spain, Edirne, Bursa, Osmaniye and Kirklareli and Tekirdag in Türkiye.

As observed in previous years, most cases are among men aged over 65 years. 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 68% of the 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 of the EU/EEA have been reported in travellers arriving from Albania, Angola, Bosnia and Herzegovina, Egypt, India, Kenya, Morocco, Oman, Tunisia, Türkiye, Uganda, the United Arab Emirates and the United States.

From the veterinary perspective, 494 WNV outbreaks among equids and 447 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Germany (177), France (83), Spain (68), Austria (55), Hungary (41), Italy (36), Portugal (17), Croatia (8), Poland (6) and Greece (3). Outbreaks among birds have been reported by Italy (312), Germany (80), Austria (20), Spain (14), Slovenia (6), France (5), Hungary (3), Bulgaria (2), Croatia (2), Poland (2) and Latvia (1). The earliest and latest date of start of an outbreak among birds and/or equids were respectively on 2 April 2024 and 25 November 2024.

#### 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:

Due to the delay in diagnosis and reporting of cases of WNV infection, and 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. As in previous years, the peak of transmission was observed in August–September. As environmental conditions are no longer favourable for vector activity and virus replication in vectors, no more locally acquired WNV infections are expected in 2024.

This report is the last monthly report for 2024. The next monthly report is expected to be published upon occurrence of the first human cases in 2025, expected in June/July.

#### Actions:

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

**Last time this event was included in the Weekly CDTR:** 22 November 2024

## 7. Unknown disease - Democratic Republic of the Congo - 2024

#### Overview:

##### Update

On 12 December 2024, [Africa CDC](#) reported that the total number of cases of unknown disease reported in Kwango province in the Democratic Republic of the Congo is 527 including 32 deaths. The team of experts that arrived is supporting the epidemiological investigation and more samples have been collected for testing. Previously, on 10 December 2024, [the World Health Organisation reported](#) that during initial tests 10 of 12 samples collected tested positive for malaria.

Further testing of the collected samples is needed to confirm any causative agent(s) and diagnosis.

## Background

On 4 December 2024, the public health authorities in the Democratic Republic of the Congo issued a [press release](#) about a reported outbreak of unknown origin in the Panzi health zone, Kwango province.

On 8 December 2024, [the World Health Organisation published a Disease Outbreak News \(DON\) item](#) summarising the available information on the undiagnosed disease reported at the Democratic Republic of the Congo (DRC). According to the DON:

- 406 cases were reported including 31 deaths in Panzi health zone in Kwango Province between 24 October and 5 December 2024. The peak of reported cases was on the week ending 9 November 2024 and the outbreak is ongoing.
- There were deaths outside healthcare facilities that are still being investigated.
- The majority of cases are children 0-14 years-old (64.3%), and 0-59 month-old (53%); 59.9% females. Overall, 71% of the deaths were in <15 year-olds with 54.8% in <5 year-olds. With all severe cases reported to have been malnourished.
- Symptoms reported by the patients included: fever (96.5%), cough (87.9%), fatigue (60.9%) and a running nose (57.8%). Difficulty in breathing, anaemia, and signs of acute malnutrition were the symptoms associated with death.

On [12 December at the Africa CDC Special Briefing](#) it was reported that the total number of cases reached 527 including 32 deaths. The epidemiological and symptoms profile of the cases remains similar to what was previously reported i.e. mostly children and females are affected and with the most frequently reported symptoms being fever, cough and asthenia.

With regards to the context, the DON reports that in the area food security deteriorated in recent months, there is low vaccination coverage, limited access to diagnostics and quality case management. Moreover, there is lack of supplies and transportation means, shortage of health stuff and malaria control measures are very limited.

According to WHO, given the context and the symptoms reported the diseases that need to be ruled out include but are not limited to measles, influenza, acute pneumonia (respiratory tract infection), hemolytic uremic syndrome from E. coli, COVID-19, and malaria.

On the public health response some of the activities include:

- Meetings were convened with partners and coordination meetings are held at national level with the participation of provincial teams.
- A case definition has been developed which includes the clinical symptoms observed. Active case finding is conducted and registers are reviewed. Case finding in the community is being organised while data collection and investigation of the community deaths is ongoing.
- A provincial rapid response team was deployed on 30 November and a multidisciplinary team from national level with WHO experts was deployed on 7 December and [arrived](#) in the area on 10 December 2024.
- Laboratory equipment for sample collection and testing at INRB in Kinshasa was transported. RDTs for malaria and COVID-19 have been provided.

## ECDC assessment:

Although the cause of this cluster of cases has not yet been defined and investigations are ongoing, we know that it is causing severe illness only in individuals with malnutrition. We also know that the likely reason why the causative agent was not determined promptly was the lack of local diagnostic capacity. Considering these elements and pending the results of the laboratory investigations, ECDC assesses that the risk posed by this event to EU/EEA countries is low. ECDC will reassess the risk once the results of the ongoing microbiological investigations become available.

## Actions:

ECDC is monitoring the event through its epidemic intelligence activities and is in contact with Africa CDC, DG ECHO and the ECDC staff deployed to Kinshasa for the Mpox response to gather additional information and inform the assessment.

**Last time this event was included in the Weekly CDTR:** 06 December 2024

## 8. Suspected viral haemorrhagic fever - Sierra Leone - 2024

### Overview:

On 30 November 2024, the National Public Health Agency (NPHA) and the Ministry of Health of Sierra Leone [reported](#) a suspected case of viral haemorrhagic fever in Kono District. A rapid response team was deployed and samples were sent to the 34th Military Hospital Infectious Disease Laboratory.

On 1 December 2024, the Government of Sierra Leone, through the National Public Health Agency (NPHA), issued an [update](#) stating that the test results for the suspected case were 'indeterminate'. The inconclusive outcome is attributed to the use of formalin for preserving the body prior to sample collection, which can interfere with accurate testing.

The NPHA confirmed that all identified contacts of the probable case remain asymptomatic. These individuals are being closely monitored during a 21-day observation period, with further testing scheduled at the end of the monitoring timeline to ensure that no signs of infection emerge. On 10 December 2024, the National Public Health Agency of Sierra Leone [reported](#) that contacts of the case in Kono areas had completed a 21 observation period without developing symptoms and contacts in the Western Area completed 11 days without developing symptoms but they are still followed up.

The NPHA and the Ministry of Health have reassured the public of their preparedness to manage any potential disease outbreak. They emphasised the importance of remaining calm and obtaining information only from official channels to avoid misinformation.

The government continues to prioritize health security and urges the public to cooperate with health authorities during this monitoring phase. Further updates will be shared as new information becomes available.

### ECDC assessment:

Assessment is not possible until the aetiology of the case is confirmed.

### Actions:

ECDC is monitoring the event via epidemic intelligence activities.

**Last time this event was included in the Weekly CDTR:** 06 December 2024

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

### Overview:

Two human cases of avian influenza A(H9N2) virus were reported in the Avian Influenza Report published by Hong Kong's Centre for Health Protection on 10 December 2024 ([Avian Influenza Report](#)).

The first case was a one-year-old child from Guizhou Province, who had symptom onset on 28 October 2024. The second case was also a one-year-old child, a resident of Guangxi Province, who had symptoms onset on 18



November 2024. No information about symptoms, disease progress, treatment, exposure or public health response measures was provided.

**Background:** In 2024, China reported 18 human cases of H9N2 to WHO. Since 2015, a total of 110 cases of human avian influenza A(H9N2) infection, including two deaths, have been reported from China to WHO.

### ECDC assessment:

Sporadic human cases of avian influenza A (H9N2) have been observed outside the EU/EEA, mainly in young children. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. Influenza A(H9N2) in most cases leads to mild clinical illness. To date, no clusters of human A(H9N2) infections have been reported. According to WHO, the likelihood of human-to-human transmission of A(H9N2) is low, as there is no evidence that the virus has acquired the ability for sustained transmission among humans.

To date, there have been no human cases of avian influenza A(H9N2) reported in the EU/EEA, and the risk to human health in the region is currently considered very low.

### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities. Together with the European Food Safety Authority and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly [report on the avian influenza situation](#). The [most recent report](#) was published in October 2024.

**Sources:** [Event Information Site for IHR National Focal Points](#)

**Last time this event was included in the Weekly CDTR:** 22 November 2024

## 10. 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).

Mpox due to MPXV clade I outside the African continent has been reported by Sweden and Thailand (August 2024), India (September 2024), Germany (October 2024), the UK (October 2024 and November 2024), and more recently the United States and Canada (November 2024). The travel-associated cases reported by Sweden, Thailand, Germany, the UK, the US and Canada had a travel history to Africa. The case reported by India had a travel history to the United Arab Emirates. Outside the African continent, 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

Mpox has been reported by Angola, 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.

Among the countries that reported clade II, Liberia has seen an increase in the number of mpox cases in the last weeks ([WHO Global report on mpox \(data as of 8 December\)](#)).

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

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

In the past six weeks, the DRC has reported 497 confirmed cases and Burundi 1 014, according to the [WHO Global report on mpox \(data as of 8 December\)](#). The DRC continues to report the highest number of cumulative mpox cases in Africa and clade Ia and Ib are co-circulating. Overall, according to the data presented by WHO, the decreasing trend in the total number of cases reported by DRC over the last few weeks is continuing ([WHO Global report on mpox \(data as of 8 December\)](#)).

In Burundi, as of 8 December 2024, the cumulative number of confirmed cases is 2 523 and one death has also been reported, according to the [WHO Global report on mpox \(data as of 8 December\)](#). According to the [WHO Mpox Multi-country external situation report n. 43](#), published on 9 December 2024, mpox cases in Burundi were reported from 45 of 49 districts and the positivity rate among suspected cases is approximately 49%. Moreover, the 20-29 years age group is the most affected age group in the country, replacing the under 5 years age group, that was the most common in previous weeks. The reported modes of transmission are: household transmission, community transmission, and sexual contact transmission. However, the relative contribution of each to mpox spread is unclear.

According to the [WHO Global report on mpox \(data as of 8 December\)](#), five new confirmed mpox cases were reported in Kenya since the previous update on 30 November. A total of 28 confirmed mpox clade Ib cases and one death have been reported in the country.

Rwanda has reported seven more cases since the last update on 1 December. A total of 59 confirmed cases have been reported in the country ([WHO Global report on mpox \(data as of 8 December\)](#)).

In Uganda, where clade Ib has been detected, 169 cases and two deaths have been reported since 1 December and as of 10 December 2024 ([Mpox Daily Situation Report, Uganda, 10 December 2024](#)). Overall, 953 cases and six deaths have been reported in the country from 56 districts since July 2024. Most cases have been reported in the age group 19–39 years and from Kampala (461 cases in total).

With regards to clade Ia, CAR reported one new death since the previous update, bringing the total to 85 cases and three deaths reported in 2024, while Congo has reported one case since the previous update (23 cases in total in 2024) ([WHO Global report on mpox \(data as of 8 December\)](#)).

In addition, the following countries have reported Mpox cases since the declaration of the PHEIC on 14 August and for which the clade has not been determined based on the [WHO update reported on data as of 8 December](#) and [Special Briefing on Mpox & other Health Emergencies || Dec. 12, 2024 - YouTube](#):

- Gabon: two confirmed cases have been reported as of 1 September 2024;
- Mauritius: one case reported on 27 October 2024;
- Angola: three confirmed cases reported in total, the first on 17 November 2024.

Based on an analysis of the patterns of MPXV transmission observed at 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: Canada, 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 and Uganda.

The classification was last updated on 12 December 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. Canada, Germany, Sweden, Thailand, the UK and the US have detected cases of mpox due to MPXV clade Ib in people with a history of travel to Africa and India has detected MPXV in a person with a 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 if 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:** 06 December 2024

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

## Overview:

### Chikungunya virus disease (CHIKVD)

In 2024 and as of 30 of November, approximately 480 000 CHIKVD cases and over 200 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 highest number of cases are Brazil (407 250), Paraguay (3 104), Argentina (768), and Bolivia (451). 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](#) (5 726), [Thailand](#) (661), [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, by [France](#). In addition, 44 locally-acquired CHIKVD cases have been [reported](#) from La Réunion. These are the first locally-acquired cases to be detected on the island since more than 10 years.

CHIKVD associated deaths were reported from Brazil (203).

## 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 12.5 million cases in 2024, 53% of which were laboratory confirmed, and over 7 000 deaths. Brazil has reported the most cases in 2024 (over 10 million) followed by Argentina, Mexico, Colombia and Paraguay, as of November 2024 ([Situation Report No 44 - Dengue Epidemiological Situation in the Region of the Americas](#)).

In mainland Europe, autochthonous cases have been [reported](#) by France, Italy and Spain.

The increase of dengue cases that was previously reported in Guadeloupe continues. In the week ending 10 November 175 confirmed cases were reported and 170 confirmed cases were reported ending 17 November 2024. The current situation is classified epidemic of phase 4 level 1 (confirmed epidemic) ([Epidemiological Bulletin, 28 November 2024](#)). The epidemic earlier this year was due to DENV-2 serotype while recently there are increases in the proportion of DENV-3 serotype (100% of the samples tested between 2 and 19 November 2024 were DENV-3 serotype).

In [Martinique](#), 14 confirmed cases were reported on the week ending 10 November and 19 the week ending 17 November. Overall, there is an decrease in the number of cases reported with clinical symptoms of dengue in end of October and beginning of November and the epidemiological situation is characterised as phase 2 (level 2; outbreaks that can evolve or multiple outbreaks with epidemiological links among them). In Saint-Martin dengue circulation continues, 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 the past weeks after a 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 of patients with dengue-like symptoms were reported in Cayenne and the trends are monitored ([Health surveillance in French Guiana. Bulletin of December 5, 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 continues at low levels (moderate circulation).

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 27 November 2024](#), in Bangladesh, the total number of dengue cases and deaths in 2024 continue to be at lower levels compared to what had been reported for the same period in 2023 (97 159 cases and 532 deaths in 2024 as of 10 December compared to 317 956 cases and 1 667 deaths as of 12 December 2023). Dengue has been reported in Kerala and Karnataka, India. In both areas the weekly number of cases shows a decreasing trend the last weeks after peaking in the summer. In Kerala, 19 507 cases have been reported until 24 November and in Karnataka, 31 721 cases have been reported for the same period. In both areas the dengue cases reported in 2024 so far are higher compared to the cases reported for the same period in 2023. According to [Indian health authorities](#), as of 31 October 2024, India reported 186 567 cases and 160 deaths. The monthly number of cases continued decreasing in Indonesia after peaking in March-May and over 0.6 million suspected and confirmed cases were reported including over 1 200 deaths reported until the beginning of October. According to the [Epidemiology and Disease Control Division](#), in Nepal, 34 385 cases were reported until 3 December 2024. An increase was reported in the monthly cases from August to September and a decrease in October and November 2024. Overall cases are lower compared to the total number of cases reported in the same period last year.

- According to the [WPRO Dengue Situation update of 28 November 2024](#), generally decreasing trends with week-to-week fluctuations in dengue cases were reported by Cambodia and Laos with 17 088 and 18 488 cases respectively until the week ending 17 November 2024. Similar trends are observed in Malaysia (total 106 773 cases until 12 October 2024) and Singapore (13 058 cases as 16 November 2024). In China, increases in the monthly number of cases continued being reported until September with 11 083 cases reported this month. Overall, 18 687 cases and no deaths were reported in the country in 2024 and until end of October. In Vietnam a decreasing number of cases that is below the 2023 levels, was reported during November (total of 119 824 cases including 20 deaths has been reported in 2024, until 17 November).
- In Africa, according to the [Africa CDC Epidemic Intelligence Report of 25 November 2024](#) over 150 000 dengue case have been reported this year in Africa from Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Cote d Ivoire, Ethiopia, Ghana, Kenya, Mali, Mauritius, 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 environmental conditions in the areas of the EU/EEA where [Ae. albopictus](#) or [Ae. aegypti](#) are established are currently unfavourable for mosquito activity and virus replication in mosquitoes; therefore, it is unlikely that locally acquired chikungunya and dengue virus transmissions will occur until conditions become favourable in early summer. 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:

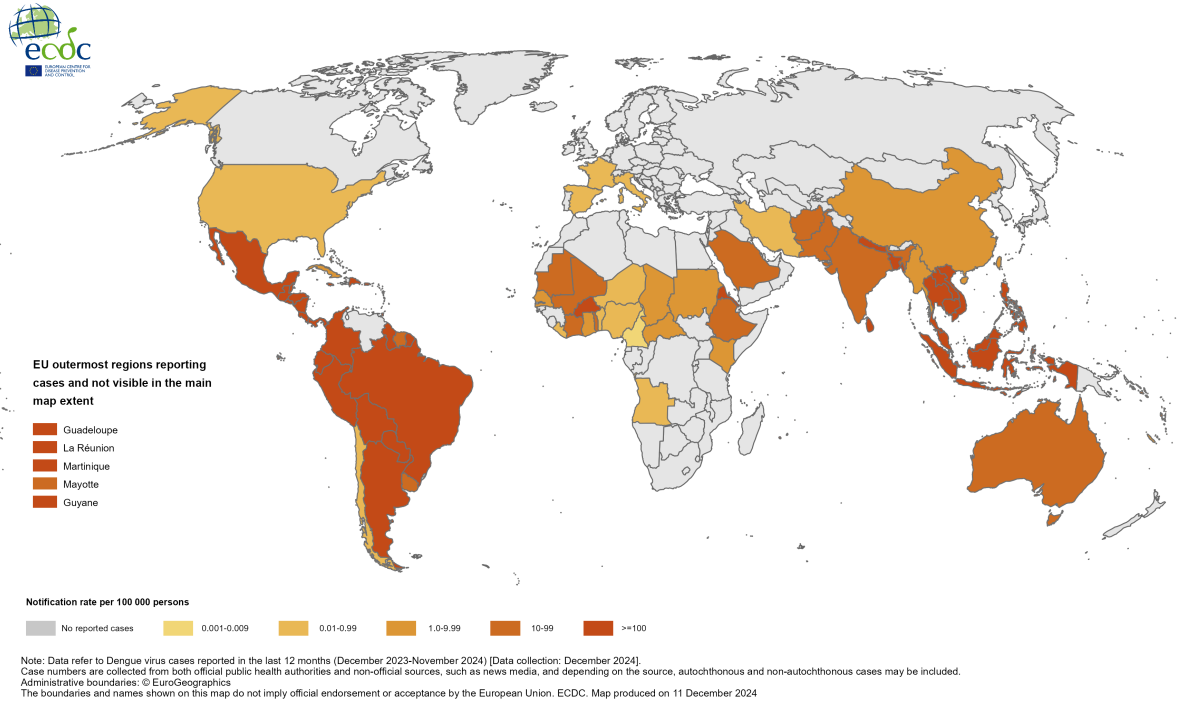
ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of [dengue](#) and [CHIKVD](#) is available on ECDC's website.

**Last time this event was included in the Weekly CDTR:** 22 November 2024



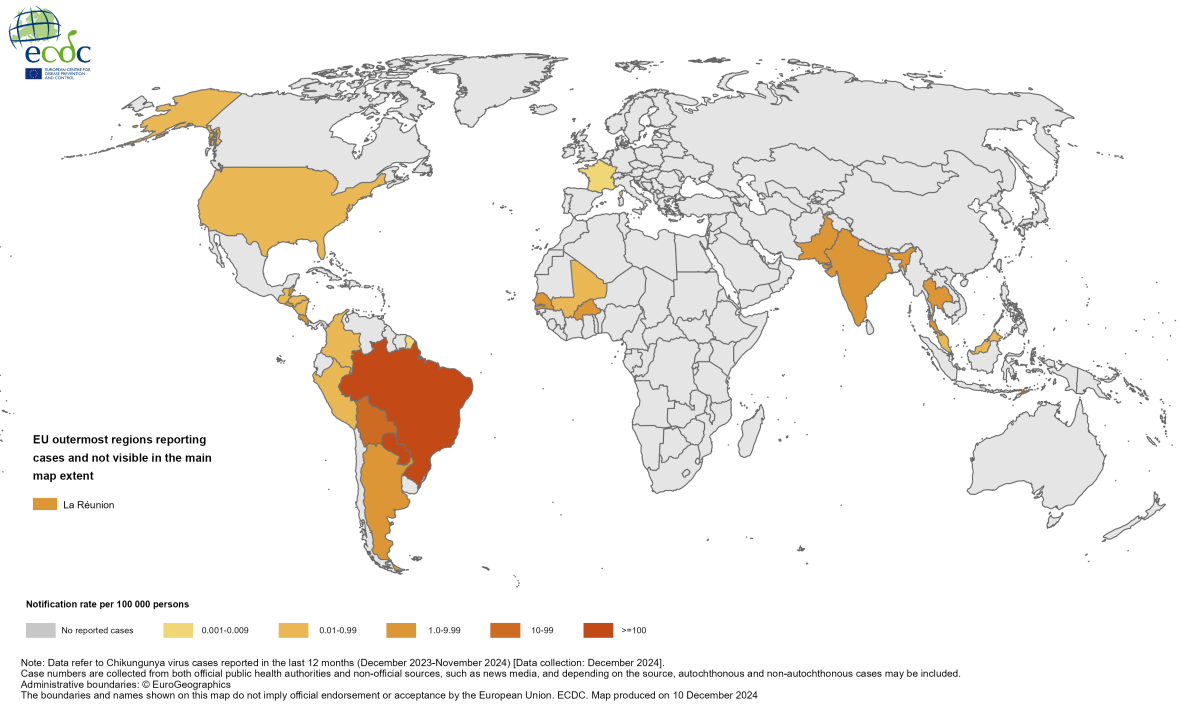
## Maps and graphs

**Figure 1. 12-month dengue virus disease case notification rate per 100 000 population, December 2023-November 2024**



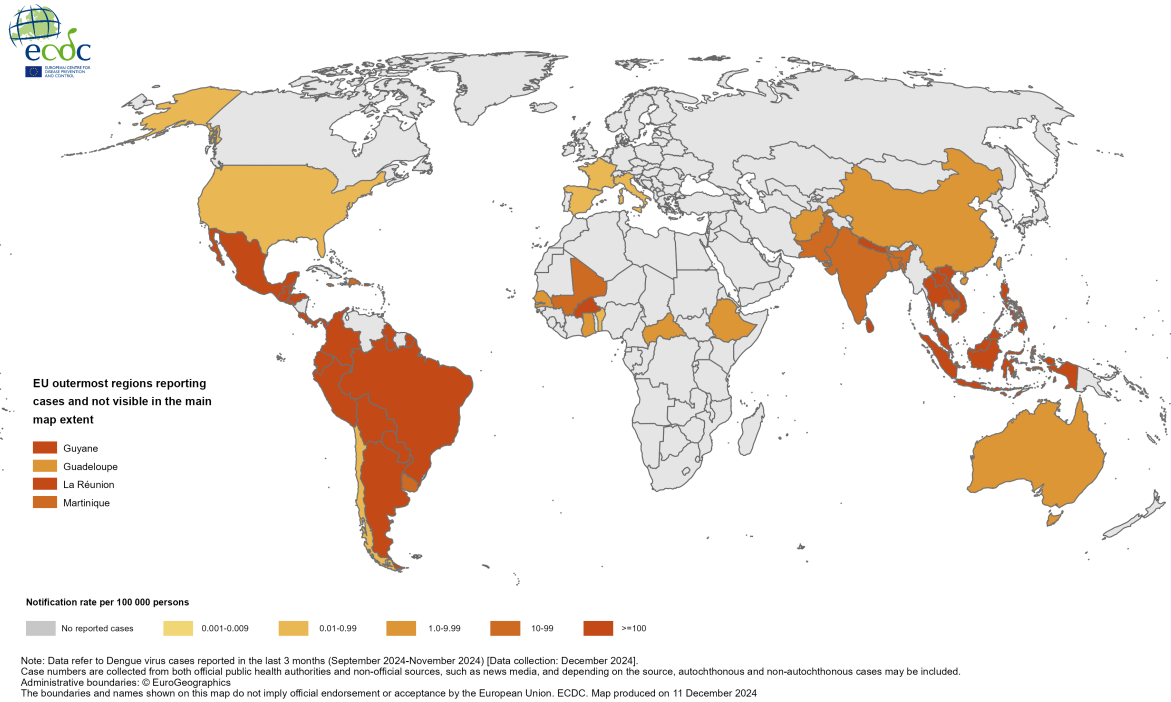
Source: ECDC

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



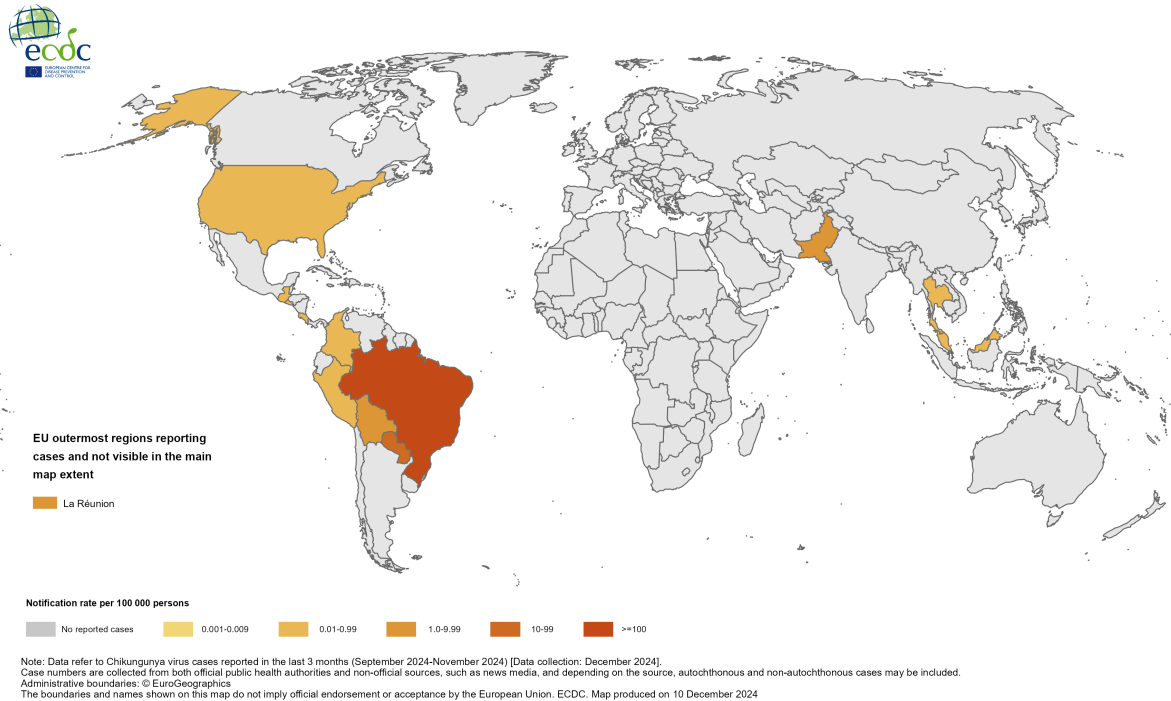
Source: ECDC

**Figure 3. Three-month dengue virus disease case notification rate per 100 000 population, September–November 2024**



Source: ECDC

**Figure 4. Three-month Chikungunya virus disease case notification rate per 100 000 population, September–December 2024**



Source: ECDC

## Events under active monitoring

- Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update - last reported on 29 November 2024
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 29 November 2024
- HIV/AIDS surveillance 2024 - 2023 data - last reported on 29 November 2024
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 29 November 2024
- Detection of avian influenza virus fragments in retail milk - United States - 2024 - last reported on 29 November 2024
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024 - last reported on 29 November 2024
- Severe flood in Eastern Spain – 2024 - last reported on 29 November 2024
- Circulating vaccine-derived poliovirus type 2 (cVDPV2) - multi-country - 2024 - last reported on 29 November 2024
- Avian influenza A(H5N1) human case – Canada – 2024 - last reported on 29 November 2024
- Identification of cVDPV2 in a sewage sample – Poland – 2024 - last reported on 22 November 2024
- Seasonal surveillance of West Nile virus infections – 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(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 22 November 2024
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 15 November 2024
- Multistate outbreak with Salmonella Strathcona in Germany - last reported on 15 November 2024
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2024 - last reported on 15 November 2024
- Marburg virus disease (MVD) – Rwanda – 2024 - last reported on 15 November 2024
- Unknown disease - Democratic Republic of the Congo - 2024 - last reported on 13 December 2024
- Hepatitis A - multi-country - 2024 - last reported on 13 December 2024
- Suspected viral haemorrhagic fever - Sierra Leone - 2024 - last reported on 13 December 2024
- Mpox due to monkeypox virus clade Ib - United Kingdom - 2024 - last reported on 08 November 2024
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 November 2024
- SARS-CoV-2 variant classification - last reported on 06 December 2024
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 06 December 2024
- Increase in respiratory infections due to Mycoplasma pneumoniae in the EU/EEA during the season 2024/2025 - last reported on 06 December 2024