WEEKLY BULLETIN

Communicable Disease Threats Report

Week 13, 24 - 30 March 2024

This week's topics

1. Cholera – Comoros and Mayotte – 2024 - Weekly monitoring
2. Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update
3. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Executive summary

Cholera – Comoros and Mayotte – 2024 - Weekly monitoring

- The latest weekly report from Comoros public health authorities included 137 new Cholera infections.
- As of 22 March 2024, a total of 456 confirmed cholera cases have been reported in Comoros, including 12 deaths.
- There have been no additional cholera cases reported in Mayotte, following the case reported on 21 March 2024.
- In light of the information available, the risk of community transmission in Mayotte remains high.

Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update

- In February 2024, 27 184 new cholera cases, including 248 new deaths, have been reported worldwide.
- New cases have been reported from Afghanistan, Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Pakistan, Somalia, South Africa, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.
- In recent months, cholera cases have continued to be reported in western, eastern and southern Africa, some parts of the Middle East, Asia, and the Americas. The risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA remains possible.

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

Summary:

- On 25 March 2024, the Vietnam Ministry of Health reported one new fatal human case of avian influenza A(H5N1) infection in Khanh Hoa province.
- No human-to-human transmission associated with this event has been reported.
- Worldwide, 888 human cases of avian influenza A(H5N1), including 463 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 EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

1. Cholera – Comoros and Mayotte – 2024 - Weekly monitoring

Overview:

Update
On 19 March 2024, the prefect of Mayotte reported the first imported confirmed case of cholera in the island. The patient is a woman who arrived from Anjouan by kwassa in the north of the island of Mayotte on 17 March. She called the Samu (Emergency Medical Aid Service) after vomiting on 18 March. She was hospitalised at the Mayotte Central Hospital and isolated. According to media reports, she was living in Passamainty (a village in the commune of Mamoudzou, the capital city of Mayotte) when the symptoms arose.

Following the detection of the imported cholera case in Mayotte, the prefecture of the French Territory released a public statement listing the public health measures taken. An initial medical and paramedical investigation team went to the patient's home to identify contact and co-exposed cases and provide them with initial treatment. On 19 March, a second team was deployed to disinfect the site, carry out environmental analyses and provide health recommendations to people in the neighbourhood. These teams will remain on site to monitor the appearance of any symptoms.

In Comoros, since 17 March and as of 22 March, Comoros health authorities reported 137 new cholera cases, bringing the cumulative total to 456 cholera cases reported in the three islands since the beginning of the outbreak.

Since the outbreak was declared on 2 February in the Union of the Comoros*, a total of 456 cases and 12 deaths have been reported in the three islands. 415 cases have recovered, and 29 cases are active.

*Note that the report from other sources is irregular and data on the date of symptom onset is not available.

Summary
On 31 January 2024, a boat from Tanzania carrying 25 people arrived in Moroni, the capital of the Comoros archipelago. One person on board died of suspected cholera and several others were symptomatic. The Comoros Ministry of Health declared a cholera outbreak on 2 February. The first locally transmitted cases in Comoros were reported on 5 February in Moroni. Cholera cases were also detected in Moheli and Anjouan by the end of February and the first week of March. On 18 March 2024, Mayotte reported the detection of the first confirmed case on the Island.

Following the increase in cholera cases in Comoros during February, the Mayotte Regional Health Agency (ARS Mayotte) announced that health surveillance capacities would be strengthened on the island, including risk communication for health professionals and passengers. The first imported cholera case was detected in Mayotte on 19 March.

Background
There is frequent undocumented population movement between the Comoros archipelago and the French territory of Mayotte. No cholera cases have been recorded in Mayotte since 2000.

Cholera is a bacterial disease caused by the bacterium Vibrio cholerae. The main risk factors are associated with poor water, sanitation and hygiene practices. Several countries in eastern and southern Africa are currently responding to cholera outbreaks. Response efforts are constrained by global shortages of cholera vaccines.

ECDC assessment:

Following the importation of a first confirmed case of cholera to Mayotte, ECDC assesses the likelihood of cholera community transmission in Mayotte as high. The impact of a cholera outbreak in Mayotte is considered to be moderate. The overall risk of cholera for the Mayotte population is therefore assessed to be high.
The case imported was isolated early, although the number of contacts and possible exposed people remain uncertain. Early detection and response activities are essential and have been reinforced in the French territory of Mayotte, as well as increasing awareness among healthcare workers and at points of entry.

Actions:

ECDC is in contact with French authorities and relevant partners and is monitoring the situation through epidemic intelligence activities.

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

2. Cholera – Multi-country (World) – Monitoring global outbreaks - Monthly update

Overview:

Data presented in this report originate from several sources, both official public health authorities and non-official sources, such as the media. Case definitions, testing strategies, and surveillance systems vary between countries. In addition, data completeness and levels of under-reporting vary between countries. All data should therefore be interpreted with caution. Refer to the original sources for more information regarding the case definitions in use and for details on the epidemiological situation.

Summary
Since 1 February 2024 and as of 29 February 2024, 27 184 new cholera cases, including 248 new deaths, have been reported worldwide. In addition, 39 462 new cases were reported or collected retrospectively from before 31 January 2024.

The five countries reporting most cases are Afghanistan (7 164), Democratic Republic of the Congo (4 830), Zimbabwe (3 992), Zambia (3 842) and Somalia (1 537).

The five countries reporting most new deaths are Democratic Republic of the Congo (116), Zambia (66), Zimbabwe (33), Somalia (8) and Ethiopia (6).

New cases have been reported from Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Malawi, Mozambique, Nigeria, Somalia, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe.

Since 1 January 2024 and as of 29 February 2024, 66 530 cholera cases, including 946 deaths, have been reported worldwide. In comparison, since 1 January 2023 and as of 24 March 2023, 167 741 cholera cases, including 1 502 deaths, were reported worldwide.

Since the last update, new cases and new deaths have been reported from:

Asia:
Afghanistan: Since 01 January 2024 and as of 27 January 2024, 8 402 cases, including eight deaths have been reported. In comparison, in 2023 and as of 20 March 2023, 22 848 cases, including 7 deaths were reported.

Pakistan: Since 01 January 2024 and as of 30 January 2024, 2 405 cases have been reported. In comparison, in 2023 and as of 24 March 2023, no cases were reported.

In 2024, no updates have been reported by: Bangladesh, China, India, and Thailand.

Africa:
Burundi: Since 31 January 2024 and as of 29 February 2024, 25 new cases have been reported. Since 1 January 2024 and as of 29 February 2024, 58 cases have been reported. In comparison, in 2023 and as of 13 March 2023, 176 cases, including one death was reported.

Cameroon: Since 1 January 2024 and as of 31 January 2024, 138 cases, including 27 deaths have been reported. In comparison, in 2023 and as of 05 March 2023, 163 cases, including 10 deaths were reported.

Comoros: On 2 February 2024, Comoros declared a cholera outbreak linked to an imported cholera case from Tanzania. Cholera cases have been reported in Grande Comore, Moheli, and Anjouna. Since 2 February 2024 and as of 29 February 2024, 132 cases, including 6 deaths have been reported. In comparison, in 2023 and as of 24 March 2023, no cases were reported.

Democratic Republic of the Congo: Since 29 January 2024 and as of 29 February 2024, 4 830 new cases, including 116 new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 5 613 cases, including 129 deaths have been reported. In comparison, in 2023 and as of 19 March 2023, 7 243 cases, including 47 deaths were reported.

Ethiopia: Since 31 January 2024 and as of 29 February 2024, 1 509 new cases, including six new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 2 288 cases, including 18 deaths have been reported. In comparison, in 2023 and as of 12 March 2023, 955 cases, including 12 deaths were reported.

Kenya: Since 31 January 2024 and as of 29 February 2024, 37 new cases have been reported. Since 1 January 2024 and as of 29 February 2024, 165 cases have been reported. In comparison, in 2023 and as of 6 March 2023, 2 721 cases, including 32 deaths were reported.

Malawi: Since 31 January 2024 and as of 29 February 2024, 176 new cases, including three new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 187 cases, including three deaths have been reported. In comparison, in 2023 and as of 24 March 2023, 38 051 cases, including 1 124 deaths were reported.

Mozambique: Since 31 January 2024 and as of 29 February 2024, 1 472 new cases, including one new death has been reported. Since 1 January 2024 and as of 29 February 2024, 4 035 cases, including seven deaths have been reported. In comparison, in 2023 and as of 12 March 2023, 8 259 cases, including 47 deaths were reported.

Nigeria: Since 28 October 2023 and as of 29 February 2024, 169 new cases, including two new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 169 cases, including two deaths have been reported. In comparison, in 2023 and as of 28 February 2023, 672 cases, including 25 deaths were reported.

Somalia: Since 31 January 2024 and as of 29 February 2024, 1 537 new cases, including eight new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 2 943 cases, including 26 deaths have been reported. In comparison, in 2023 and as of 12 February 2023, 1 307 cases, including one death was reported.

South Africa: Since 1 January 2024 and as of 20 January 2024, two cases have been reported. In comparison, in 2023 and as of 04 March 2023, four cases, including one death was reported.

Uganda: Since 29 January 2024 and as of 29 February 2024, 25 new cases, including one new death has been reported. Since 1 January 2024 and as of 29 February 2024, 38 cases, including one death has been reported. In comparison, in 2023 and as of 24 March 2023, no cases were reported.

United Republic of Tanzania: Since 20 January 2024 and as of 29 February 2024, 1 110 new cases, including five new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 1 274 cases, including six deaths have been reported. In comparison, in 2023 and as of 13 March 2023, 72 cases, including three deaths were reported.

Zambia: Since 31 January 2024 and as of 29 February 2024, 3 842 new cases, including 66 new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 16 857 cases, including 554 deaths have been reported. In comparison, in 2023 and as of 12 March 2023, 225 cases, including five deaths were reported.

Zimbabwe: Since 31 January 2024 and as of 29 February 2024, 3 992 new cases, including 33 new deaths have been reported. Since 1 January 2024 and as of 29 February 2024, 11 211 cases, including 157 deaths have been reported. In comparison, in 2023 and as of 05 March 2023, 58 cases were reported.

America:
Haiti: Since 1 January 2024 and as of 31 January 2024, 2 279 cases have been reported. In comparison, in 2023 and as of 9 March 2023, 14 897 cases, including 212 deaths were reported.

ECDC assessment:

Cholera cases have continued to be reported on the African continent and in Asia in recent months. Cholera outbreaks have also been reported in parts of the Middle East and in the Americas. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among travellers returning to the EU/EEA.

In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases to the EU/EEA remains possible.

In 2022, 29 cases were reported by nine EU/EEA countries, while two were reported in 2021 and none in 2020. In 2019, 25 cases were reported in EU/EEA countries. All cases had a travel history to cholera-affected areas.

According to the World Health Organization (WHO), vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers. Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. Such measures can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food, and avoiding consumption of raw seafood products.

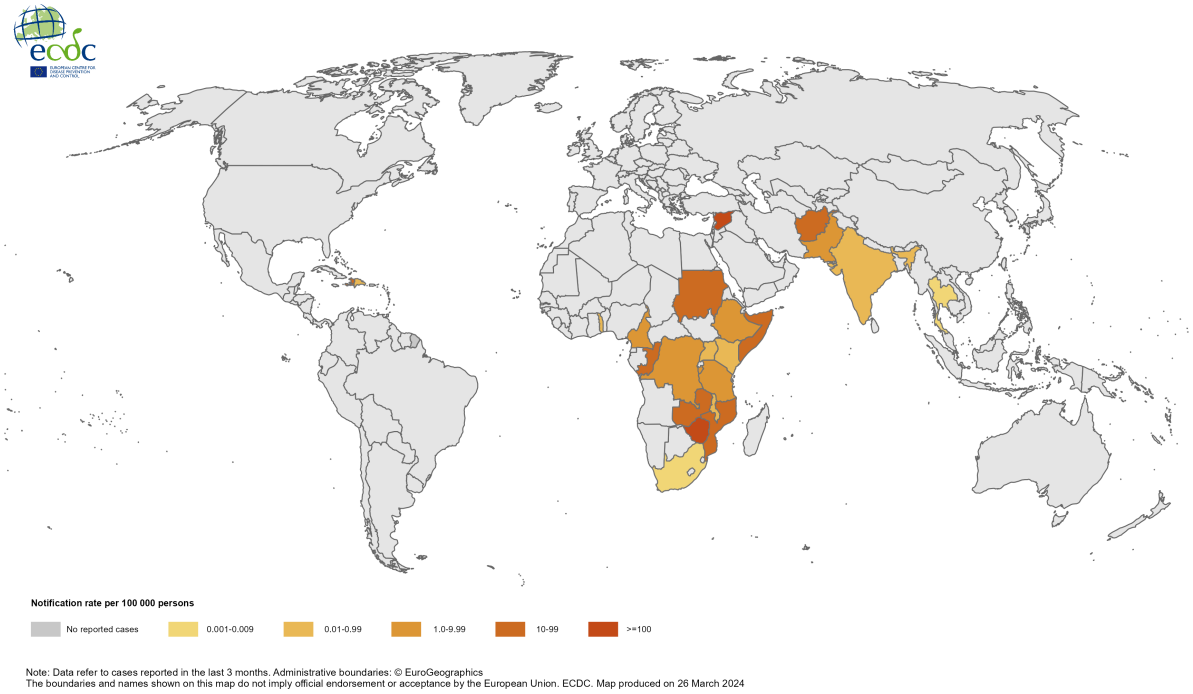
Actions:

ECDC continues to monitor cholera outbreaks globally through its epidemic intelligence activities in order to identify significant changes in epidemiology and provide timely updates to public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 1 March 2024

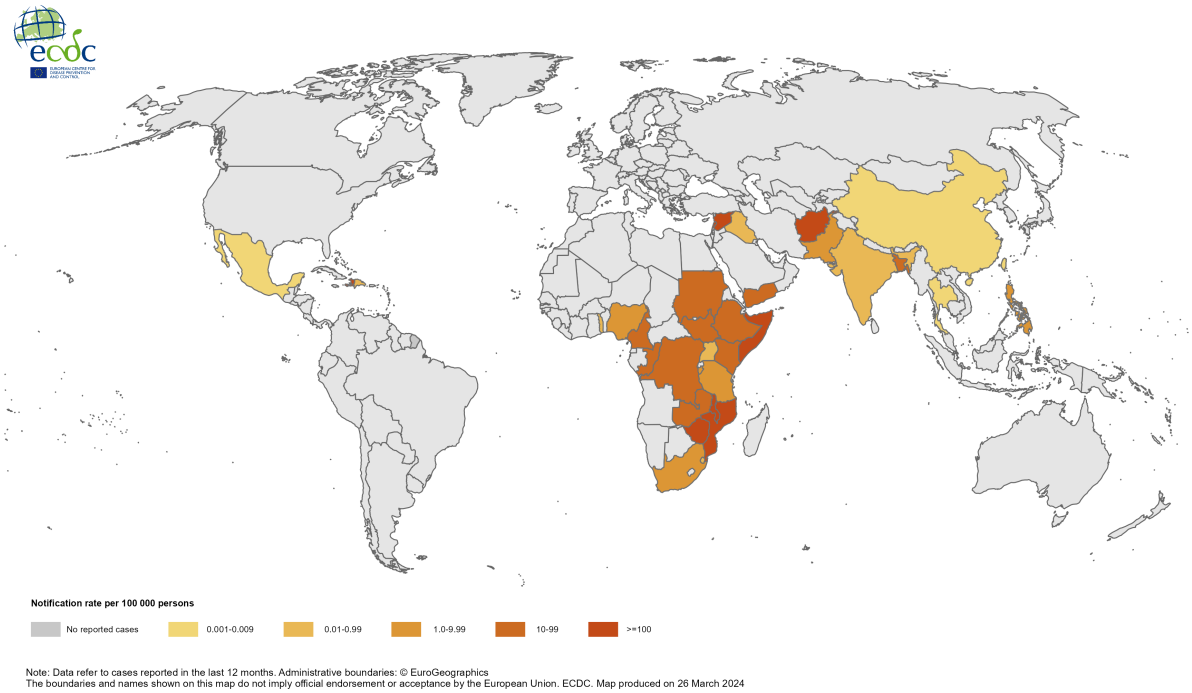
Maps and graphs

Figure 1. Geographical distribution of cholera cases reported worldwide from December 2023 to February 2024



Source: ECDC

Figure 2. Geographical distribution of cholera cases reported worldwide from March 2023 to February 2024



Source: ECDC

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

Overview:

Update:
On 25 March 2024, media reports quoting health authorities in Vietnam reported a fatal case of human infection with avian influenza A(H5N1) - the first case in Vietnam since 2022. A man in his early twenties from Ninh Hoa town, Khanh Hoa province developed symptoms (fever and cough) on 11 March 2024, after unsuccessful self-treatment he sought healthcare on 16 March and was hospitalised on 17 March with severe condition (media quoting health authorities). A sample form the patient was taken on 19 March, and tested positive for A(H5) the next day and it was confirmed as A(H5N1) on 22 March by Nha Trang Pasteur Institute (media quoting health authorities). The patient died on 23 March 2024.

According to the same media report, the patient went to trap wild birds near his living area. There were no sick or dead birds or poultry detected near this area.

According to another media source, 83 contacts have been followed up, including three family members, 60 fellow students, four medical staff at the provincial general hospital and six medical staff at the Hospital for Tropical Diseases. The premises the patient has stayed or visited have been sprayed with disinfectants. Investigation is ongoing.

In addition, the Ministry of Health in Vietnam, following avian influenza detections in human in Cambodia, has urged in mid-December 2023, enhanced prevention of avian influenza in Vietnam that includes strengthened surveillance of cases of acute respiratory infections, severe viral pneumonia and influenza to promptly detect cases of influenza A(H5N1); strengthened strict supervision of travellers and immigrants into the country for early detection of suspected cases of the disease, especially those who slaughter, trade poultry and live poultry products, and people with a history of coming from areas with epidemics including epidemics in poultry and humans; and advised health workers to take samples and send them to the Institute of Hygiene and Epidemiology or the Pasteur Institute for timely tests as well as isolation to prevent the disease from spreading to the community.

To date, no information is available about virus clade.

Summary:
This is a first human infection with avian influenza A(H5N1) reported in Vietnam since 2022 and the second since 2014. Overall, Vietnam reported 129 cases, including 65 deaths from 2003. Globally, since 2004 and as of 26 March 2024, there have been 888 human cases*, including 463 deaths (CFR: 52%), from infection with avian influenza A(H5N1) reported in 23 countries. To date, no sustained human-to-human transmission has been detected. In 2024, six cases, including two deaths, have been reported in two countries, Cambodia (5, 1 death) and Vietnam (1,1 death).

***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: media quoting health authorities 1, media quoting health authorities 2, media source 3, media report quoting MoH for prevention measures, 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 farmers and cullers, is considered low-to-medium.

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

Actions:

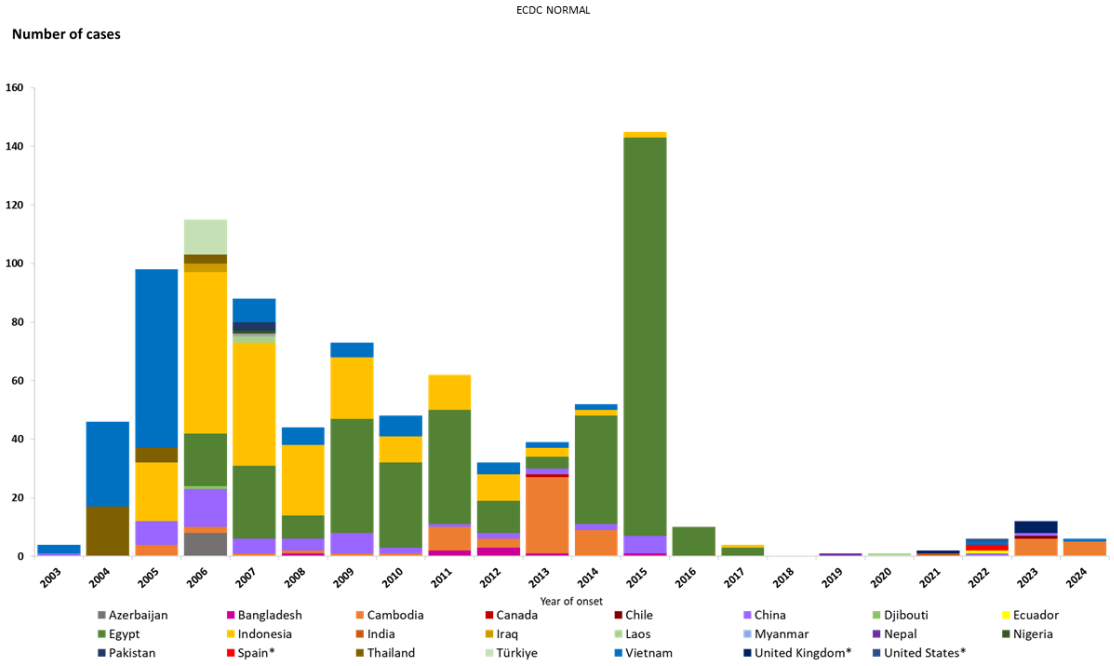
ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics 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 | 2023-E000065

Last time this event was included in the Weekly CDTR: 23 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– 26 March 2024 (n=888)



Source: ECDC