



GLOBAL
↘
566 429 226
confirmed cases
544 800 000
recovered
6 379 048 deaths

BRN
7-days incidence
2 275,0
↗

SPM
7-days incidence
1 950,0
↗

NZL
7-days incidence
1 432,0
↘

News:

- **WHO and UNICEF** sound the alarm as [new data shows global vaccination coverage](#) continued to decline in 2021, with 25 million infants missing out on lifesaving vaccines.
- **WHO:** released the [first-ever report](#) on the pipeline of the vaccines currently in development to prevent infections caused by antimicrobial-resistant (AMR) bacterial pathogens. The analysis points to the need to accelerate trials for AMR related vaccines in late-stage development and maximise the use of existing vaccines.
- **WHO:** published the [Report of the twelfth meeting of the International Health Regulations \(2005\) \(IHR\) Emergency Committee regarding the coronavirus disease \(COVID-19\) pandemic](#), the report determines that the event continues to constitute a Public Health Emergency of International Concern (PHEIC).
- **WHO/UN:** The number of people affected by hunger globally rose to as many as **828 million** in 2021, an increase of about **46 million** since 2020 and **150 million** since the outbreak of the COVID-19 pandemic (1), according to a [United Nations report](#) that provides fresh evidence that the world is moving further away from its goal of ending hunger, food insecurity and malnutrition in all its forms by 2030.
- **ECDC** releases publications on [COVID-19 vaccination strategies](#) and joint ECDC-WHO report on considerations for respiratory diseases as guidance for the second half of the year.
- **CDC:** released a [statement on new COVID-19 Vaccine Effectiveness Data](#) Showcase Protection Gained by 3rd and 4th Doses.
- **WHO/ECDC:** agree on the urgent need to [develop and sustain resilient population-based integrated surveillance systems](#) for influenza, COVID-19, and potentially other respiratory virus infections (such as RSV or new viral diseases of public health concern) in Europe.

• **Topics:**

- Multi-country monkeypox outbreak (slide 2)
- Global situation: COVID-19 (slide 3 – 5)
- Severe acute hepatitis of unknown aetiology in children - Multi-country (slide 6 - 7)
- Other infectious diseases (slide 8 - 9)
- Ukraine Situation Report (slide 10)

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Vaccinate children with previous dengue infection living in areas where dengue is endemic

EDUCATE ABOUT DENGUE

- Spread by mosquitoes
- Second infection can be more severe than first
- Frequent outbreaks in U.S. territories and freely associated states

VERIFY VACCINE ELIGIBILITY

- Children aged 9–16 years
- Living in U.S. areas where dengue is endemic
- Previous dengue infection confirmed

Dengue Test Result
 POSITIVE
 NEGATIVE

VACCINATE

Protect children from dengue illness, hospitalization, and severe disease

3 shots required for full protection

bit.ly/r7006a1 **MMWR**

#VaccinesWork **World Health Organization**

VACCINES PROTECT AGAINST MORE THAN 20 DISEASES

DIPHTHERIA	EBOLA	HEPATITIS B	INFLUENZA	JAPANESE ENCEPHALITIS	MEASLES
MENINGITIS	MUMPS	PERTUSSIS	PNEUMONIA	POLIO	RABIES
ROTAVIRUS	RUBELLA	TETANUS	TYPHOID	VARICELLA	YELLOW FEVER

TALK TO YOUR HEALTH WORKER TO ENSURE VACCINATION IS UP TO DATE FOR YOU AND YOUR FAMILY.

EUROPE
↗
229 441 767
confirmed cases
220 400 000
recovered
1 972 473 deaths

CYP
7-days incidence
1 274,0
↗

SMR
7-days incidence
1 529,0
↗

GRC
7-days incidence
3 527,0
↗

Multi-country monkeypox outbreak

Source: [20220706_monkeypox_external_sitrep_final.pdf \(who.int\)](https://cdn.who.int/media/docs/librariesprovider2/monkeypox/monkeypox_euro_ecdc_final_jointreport_2022-07-13.pdf?sfvrsn=1a2ea5d2_3&download=true)

https://cdn.who.int/media/docs/librariesprovider2/monkeypox/monkeypox_euro_ecdc_final_jointreport_2022-07-13.pdf?sfvrsn=1a2ea5d2_3&download=true

Martinique- On July 15, 2022, the Martinique regional health agency confirmed the first case of monkeypox in Martinique, a Caribbean island, apart of the French territory. There is limited information about the individual's demographics, but reports indicate that the affected has a recent history of travel to an unspecified location where there is confirmed community transmission of Monkeypox. Health officials have placed the individual under isolation at home and investigations are being carried out to notify all close contacts. Source: [NewsMedia](#)

India - The first case of monkeypox has been confirmed in the southern state of Kerala, India. The affected individual from the Kollam district is a 35-year-old man with recent travel history to the United Arab Emirates where they were in close contact with another individual who has tested positive. The Ministry of Health has identified over 11 close contacts, including flight passengers, family members, and transportation staff. According to news media, the individual is in good condition and is receiving medical care at a local facility. Additionally, the family members who were close contacts are under medical observation and isolating. Source: [NewsMedia](#)

Saudi Arabia - The Ministry of Health of Saudi Arabia has confirmed the first case of monkeypox in the country in the capital of Riyadh. While limited information is available regarding the patient's demographics, it is known that the individual has recent travel history from an unknown location and is currently receiving medical care. According to news media, all close contacts have been tested and so far, none have reported any symptoms. At this time, it is unclear whether this individual was a pilgrim who attended the Hajj (international mass gathering event of nearly 900,000 pilgrims) from July 7-12 in Saudi Arabia. Source: [NewsMedia](#)

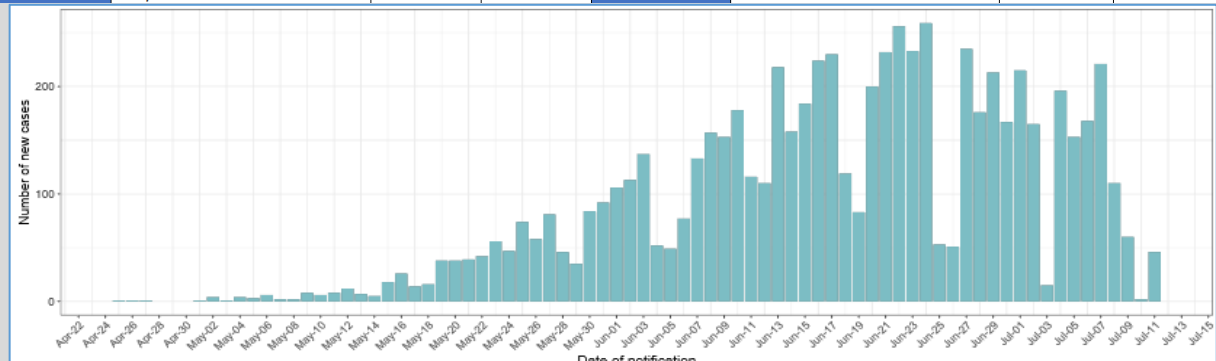
Bosnia and Herzegovina - The Clinical Center of the University of Sarajevo (KCUS) have confirmed the first monkeypox case in Bosnia and Herzegovina. The affected individual reported to KCUS on July 12 with symptoms consistent with the disease and samples were taken and sent for further laboratory testing. On July 13, results of testing confirmed the case as monkeypox. Further details regarding the case, including demographics, exposures, travel history, and the symptoms experienced have not been reported. Source: [NewsMedia](#)

Slovakia - The Public Health Authority of the Slovak Republic (Slovakia) has confirmed the first case of monkeypox in the country. Limited details are available regarding the patient's demographic information and current health status. According to the report, the affected individual is in the 20–59-year age group and is currently in hospital isolation. Additionally, health officials mention that the case was likely acquired abroad; however, the individual's travel history is not specified. [NewsMedia](#)

Confirmed cases of monkeypox by WHO region and country from 1 January 2022 to 4 July 2022, 17:00 CEST*

WHO Region	Country/territory/area	Confirmed cases	Deaths	WHO Region	Country/territory/area	Confirmed cases	Deaths
African Region	Benin	3		Region of the Americas	Argentina	6	
	Cameroon	4			Bahamas	1	
	Central African Republic	3	2		Brazil	78	
	Congo	2			Canada	300	
	Democratic Republic of the Congo	78			Chile	8	
	Ghana	19			Colombia	5	
	Nigeria	62	1		Mexico	27	
	South Africa	2			Peru	15	
					Puerto Rico	1	
					United States of America	460	
			Venezuela (Bolivarian Republic of)	1			

WHO Region	Country/territory/area	Confirmed cases	Deaths	WHO Region	Country/territory/area	Confirmed cases	Deaths
Eastern Mediterranean Region	Lebanon	1		European Region	Latvia	2	
	Morocco	1			Luxembourg	5	
	United Arab Emirates	13			Malta	6	
European Region	Austria	37			Netherlands	257	
	Belgium	117			Norway	15	
	Bulgaria	3			Poland	12	
	Croatia	1			Portugal	402	
European Region	Czechia	8			Romania	11	
	Denmark	20			Serbia	1	
	Estonia	1			Slovenia	9	
	Finland	4		Spain	802		
	France	498		Sweden	28		
	Georgia	1		Switzerland	91		
	Germany	1054		The United Kingdom	1235		
	Gibraltar	1		Türkiye	1		
	Greece	6		Western Pacific Region	Australia	14	
	Hungary	19			China	1	
	Iceland	4			Republic of Korea	1	
	Ireland	39			Singapore	1	
	Israel	38		Cumulative	59 countries/territories/areas	6027	3
	Italy	192					



Overall number of cases of monkeypox, per date of notification, European Region, TESSy, 2022

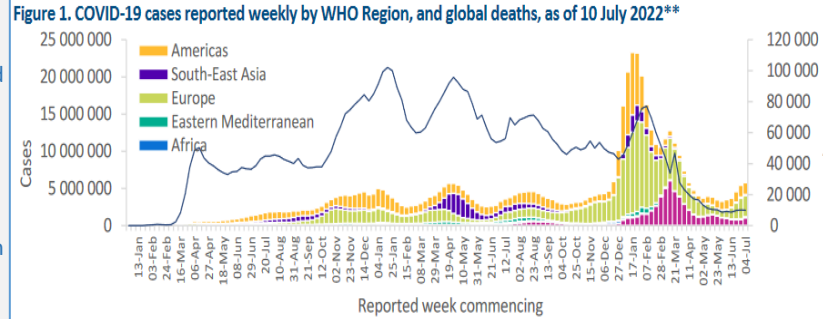
COVID-19 Situation by WHO Region, as of 13 July

Global epidemiological situation overview; WHO as of 13 July 2022

Globally, the number of weekly cases has increased for the fifth consecutive week, after a declining trend since the last peak in March 2022. During the week of 4 to 10 July 2022, over 5.7 million new cases were reported, a 6% increase as compared to the previous week (Figure 1). The number of new weekly deaths was similar to the figure reported during the previous week, with over 9800 fatalities reported to WHO.

At the regional level, the number of new weekly cases increased in the Western Pacific Region (+28%), the Eastern Mediterranean Region (+25%), the South-East Asia Region (+5%), while it decreased in the African Region (-33%) and remained similar to last week's numbers in the European Region (+4%) and the Region of the Americas (-1%). The number of weekly deaths increased in the Eastern Mediterranean Region (+78%) and the South-East Asia Region (+23%), while it decreased in the African Region (-17%) and the Western Pacific Region (-10%).

The Region of the Americas and the European Region both reported similar figures as compared to the previous week. As of 10 July 2022, just under 553 million confirmed cases and over 6.3 million deaths have been reported globally. These trends should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently, lower numbers of cases detected.



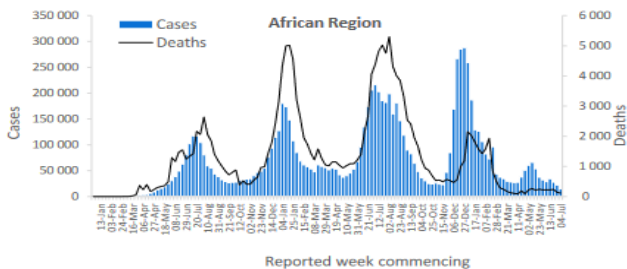
WHO regional overviews:

Epidemiological week 4 - 10 July 2022**

African Region

The African Region reported a decline in the number of new weekly cases, with over 14 000 new cases reported, a 33% decrease as compared to the previous week. Fifteen (31%) countries reported an increase in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Equatorial Guinea (269 vs 119 new cases; +126%), Mayotte (181 vs 81 new cases; +123%), and Gabon (218 vs 115 new cases; +90%). The countries that reported the highest numbers of new cases were Réunion (2869 new cases; 320.4 new cases per 100 000 population; +91%), South Africa (1978 new cases; 3.3 new cases per 100 000; -30%), and Kenya (1524 new cases; 2.8 new cases per 100 000; -33%).

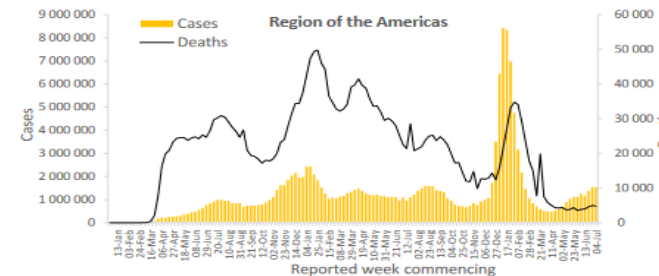
The number of new weekly deaths in the Region decreased by 17% as compared to the previous week, with over 100 new deaths reported. The highest numbers of new deaths were reported from South Africa (64 new deaths; <1 new death per 100 000 population; -21%), Ethiopia (13 new deaths; <1 new death per 100 000; +63%), and Kenya (eight new deaths; <1 new death per 100 000; +100%).



Region of the Americas

The Region of the Americas reported over 1.5 million new cases, a figure similar to that of the previous week. Eighteen of 56 (32%) countries for which data are available reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Saint Pierre and Miquelon (78 vs 12 new cases; +550%), Honduras (2130 vs 839 new cases; +154%), and Paraguay (12 988 vs 5309 new cases; +145%). The highest numbers of new cases were reported from the United States of America (722 924 new cases; 218.4 new cases per 100 000; -6%), Brazil (396 781 new cases; 186.7 new cases per 100 000; similar to the previous week's figures), and Mexico (137 426 new cases; 106.6 new cases per 100 000; similar to the previous week's figures).

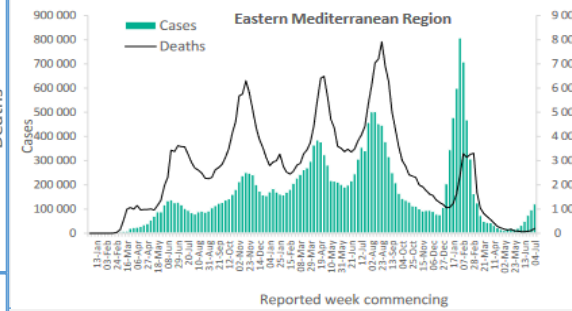
The number of new weekly deaths reported in the Region was similar to that of the previous week, with over 4700 new deaths reported. The highest numbers of new deaths were reported from the United States of America (1987 new deaths; <1 new death per 100 000; -19%), Brazil (1639 new deaths; <1 new death per 100 000; +11%), and Chile (224 new deaths; 1.2 new deaths per 100 000; +26%).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 121 000 new weekly cases, representing a 25% increase as compared to the previous week. Ten (45%) countries reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Iran (Islamic Republic of) (8761 vs 2776 new cases; +216%), Tunisia (13 947 vs 5477 new cases; +155%), and the occupied Palestinian territory (2735 vs 1350 new cases; +103%). The highest numbers of new cases were reported from Iraq (29 194 new cases; 72.6 new cases per 100 000; +85%), Morocco (17 262 new cases; 46.8 new cases per 100 000; -18%), and Tunisia (13 947 new cases; 118.0 new cases per 100 000; +155%).

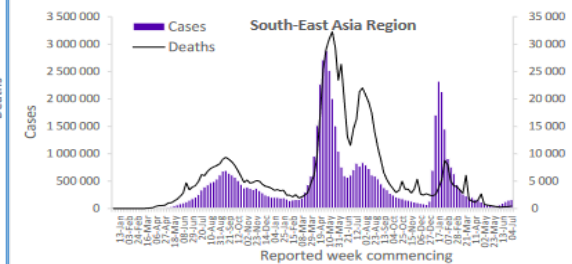
The number of new weekly deaths in the Region increased by 78% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from Tunisia (57 new deaths; <1 new death per 100 000; +171%), the Islamic Republic of Iran (39 new deaths; <1 new death per 100 000; +457% increase), and Morocco (35 new deaths; <1 new death per 100 000; +94%).



South-East Asia Region

The South-East Asia Region has been reporting an increasing trend in cases since early June, with over 164 000 new cases reported, a 5% increase as compared to the previous week. Four of 10 countries (40%) for which data were available showed increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Nepal (516 vs 268 new cases; +93%) and Sri Lanka (106 vs 87 new cases; +22%). The highest numbers of new cases were reported from India (120 222 new cases; 8.7 new cases per 100 000; +7%), Indonesia (17 388 new cases; 6.4 new cases per 100 000; +29%), and Thailand (14 938 new cases; 21.4 new cases per 100 000; -6%).

The number of new weekly deaths in the Region increased by 23% as compared to the previous week, with over 400 new deaths reported. The highest numbers of new deaths were reported from India (229 new deaths; <1 new death per 100 000; +15%), Thailand (135 new deaths; <1 new death per 100 000; +25%), and Indonesia (42 new deaths; <1 new death per 100 000; +31%).

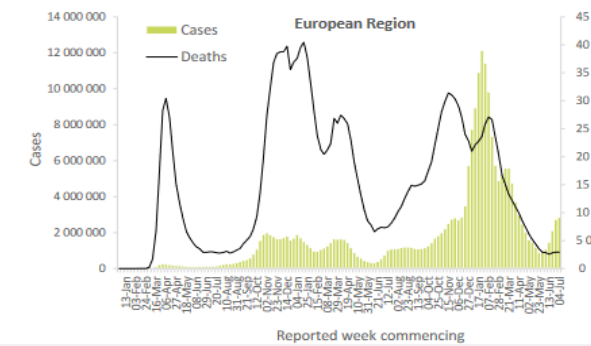


Updates from the South-East Asia Region

European Region

The number of new weekly cases reported in the European Region was similar to that of the previous week, with over 2.8 million new cases reported. Twenty-one (34%) countries in the Region reported increases in new cases of 20% or greater, with some of the greatest proportional increases observed in Kazakhstan (2293 vs 959 new cases; +139%), Kosovo¹¹ (1886 vs 849 new cases; +122%), and the Republic of Moldova (1014 vs 465 new cases; +118%). The highest numbers of new cases were reported from France (771 260 new cases; 1185.8 new cases per 100 000; +6%), Italy (661 984 new cases; 1109.9 new cases per 100 000; +30%), and Germany (561 136 new cases; 674.7 new cases per 100 000; -9%).

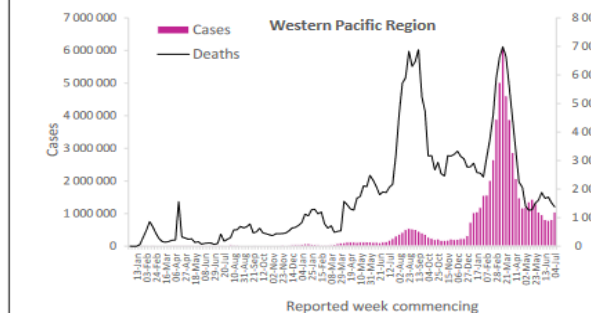
Over 2900 new weekly deaths were reported in the Region, similar to the previous week's figure. The highest numbers of new deaths were reported from Spain (619 new deaths; 1.3 new deaths per 100 000; +98%), Italy (574 new deaths; 1.0 new deaths per 100 000; +33%), and France (382 new deaths; <1 new death per 100 000; +52%).



Western Pacific Region

The Western Pacific Region reported over 1 million new cases, a 28% increase as compared to the previous week. Fifteen (45%) countries reported increases in new cases of 20% or greater, with some of the largest proportional increases observed in Vanuatu (315 vs 100 new cases; +215%), French Polynesia (302 vs 118 new cases; +156%), and the Republic of Korea (122 234 vs 63 592 new cases; +92%). The highest numbers of new cases were reported from Japan (269 760 new cases; 213.3 new cases per 100 000; +98%), Australia (257 002 new cases; 1007.9 new cases per 100 000; +22%), and China (223 915 new cases; 15.2 new cases per 100 000; +17%).

The Region reported over 1300 new weekly deaths, representing a 10% decrease as compared to the previous week. The highest numbers of new deaths were reported from China (692 new deaths; <1 new death per 100 000; -8%), Australia (295 new deaths; 1.2 new deaths per 100 000; -11%), and Japan (108 new deaths; <1 new death per 100 000; -44%).



Source: Weekly epidemiological update on COVID-19 - 6 July 2022 (who.int)



COVID-19 situation updates I

Omicron BA.2.75 Global Update as of 15 July

Update COVID-19 Canada

The Omicron variant continues to be the dominant variant circulating globally. The World Health Organization (WHO) reports that there has been a **6% increase** in new COVID-19 cases during the week of July 4 to July 10, 2022, when compared to the previous week. Additionally, of the sequences sent to GISAID in the past 30 days, **84% were found to be Omicron**. Addressing the Omicron subvariants, the WHO reports that when comparing the sequences submitted to GISAID between the week of June 19 to the week of June 26, 2022, there have been **declining trends with lineages BA.2 and BA.2.12.1** and **increasing trends with BA.4 and BA.5**. Notably, during this time period the proportion of **BA.5 sequences** sent to GISAID has **increased from 42% to 50%**. [1] Overall, these trends show that despite the dominance of the Omicron variant, **the subvariant landscape is continuously changing**. With the elimination of most public health measures and waning of vaccine efficacy, an increase in cases and subsequent hospitalizations is expected.

India, which has predominantly been affected by the BA.2 variant and BA.2.38 subvariant since the start of 2022, has **recently experienced a large increase in COVID-19 cases**. [2] The seven-day rolling average of new cases **increased more than two-fold** from **7,378 new cases on June 14, 2022, to 17,607 new cases on July 14, 2022**. Unlike many other regions of the world, India has not experienced a BA.4 or BA.5 wave. Instead, this new wave is believed to be caused by a new subvariant, **BA.2.75** (unofficially referred to as “Centaurus” by the news and social media) which is a derivative of the BA.2 variant. [3] As of July 9, 2022, news media reported that India had detected over 70 cases of BA.2.75 out of an unspecified amount sequenced. [4]

Although the BA.2.75 subvariant may appear to represent a small proportion of the new COVID-19 cases reported, **BA.2.75 has caused concern due to its increased number of mutations when compared to BA.2 and other Omicron variants**. The mutations found in BA.2.75 are contained within the spike protein and are believed to allow the virus to bind to human cells more efficiently. [5] **BA.2.75 appears to be rapidly displacing BA.2 in India**, and this increased transmissibility has led researchers to speculate that it may hold a growth advantage over the current global dominant variant, BA.5. Given this advantage, there is a **possibility it may displace BA.5 when introduced to other parts of the world**. [6] Of note, because India has not experienced a BA.4 or BA.5 wave, we caution making comparisons to countries currently experiencing such waves given the limited evidence available at this time.

The WHO currently lists BA.2.75 as a variant under monitoring, and the European Centre for Disease Prevention and Control (ECDC) classifies it as a variant of interest. Both health agencies recognize that BA.2.75 was first detected in India in May 2022; however, due to the limited evidence, **it is unknown if BA.2.75 causes increased disease severity or to what extent it may be able to evade the immune system**. [7, 8] News media reports that the sub-lineage has already been detected in 14 countries including Australia, Canada, Japan, Germany, New Zealand, the United Kingdom and the United States, and the detection of cases continues to increase over time. [9] As it is the nature of coronaviruses to continually evolve and spread, **it is imperative that surveillance and genomic sequencing are continuously maintained and that new mutations are closely monitored**. [10]

Canada Experiencing a Seventh COVID-19 Wave

Many provinces across Canada are experiencing the beginning of a seventh COVID-19 wave, likely attributed to the increasingly transmissible **Omicron BA.5 variant**. Globally, the weekly number of new cases has been increasing for five consecutive weeks. [11] The **BA.5 variant has been reported in at least 89 countries** as of July 10, 2022, and the proportion of BA.5 sequences submitted to GISAID continues to increase. In Canada, **BA.2** was the dominant strain as of June 19 (the most recently available public data), accounting for **52% of the sequenced samples; BA.5 followed with 38% of sequenced samples** attributed to it. [12] Aligning with global trends, BA.5 is likely the current dominant variant in Canada given that the contributing proportion was increasing weekly.

The majority of provinces in Canada are observing increases in reported COVID-19 cases and deaths; however, the frequency of reports and limited testing requirements mean that the true values for cases and deaths could be significantly higher. This is supported by several other key indicators which have also been increasing in recent weeks. [13, 14]

For reference, during peak disease activity in the sixth wave (Mid-April) the 14-day test positivity rate was 19% with 1,917 tests performed per 100,000 in the last 14 days. At this time point, 252 new cases per million were reported (seven-day rolling average).

Outcome

The majority of provinces have lifted most COVID-19 restrictions, and there are no current plans to reinstate them. However, Prince Edward Island has decided to halt the removal of the mandatory isolation protocols, which were set to end on June 30, 2022. [15] Given the lack of preventative measures including limited masking, reduced protection from vaccination, and risk for re-infection [see [June 24 COVID-19 MailChimp Email](#)], **provinces are likely to experience additional increases in hospitalizations**. Provinces like Ontario are currently reporting increases in outbreaks in high-risk settings such as long-term care homes. [16] **Older individuals are at risk for more severe outcomes**.

As of late June, the country has a third dose coverage of 49% for the total population and 56% for those 12 years and older. [17] The imminent summer/fall waves have provinces considering expanding second booster eligibility. Currently, Yukon, Nunavut, Ontario, Quebec, and New Brunswick have/will expand eligibility to individuals 18 years and older, while Prince Edward Island has opened fourth doses to those 12 years and older. [18] **Given the increased immune evasion found in recent variants and decreasing population level immunity, it is important that populations increase third dose coverages and fourth doses among at-risk populations to prevent significant numbers of severe outcomes.**

Date → Indicator ↓	Week ending July 1 Two weeks prior	Week ending July 15 Current Week	Change in trends
Seven-day rolling average number of new cases	76 new cases per million	92 new cases per million	+21% change from two weeks prior <i>Limited by reporting and testing requirements</i>
Daily percent positivity in the last seven days	11.8%	14.8%	<i>7-day average daily tests performed per 100,000 has increased slightly (59 tests to 73 tests) but remains moderate. Increases in percent positivity despite low testing suggest a potentially higher level of community transmission</i>
Hospitalization	3,552 hospital beds, 179 ICU beds as of July 4	4,105 hospital beds (+16% increase); 209 ICU beds (+17% increase) as of July 11	<i>The total number of beds occupied and those with severe conditions have been steadily increasing.</i>
Wastewater signals		18% of wastewater surveillance sites are observing decreases in detected viral loads	<i>Data as of July 7 indicates a majority of surveillance sites reporting increases or no changes in the level of viral loads suggesting a degree of transmission within the population.</i>

Preliminary public health considerations for COVID-19 vaccination strategies in the second half of 2022; ECDC

The document offers an overview of the available scientific and epidemiological evidence and provides public health considerations to support decisions on the implementation of additional booster doses of COVID-19 vaccine.

Key messages

- In the current post-acute phase of the pandemic, the introduction and emergence of new SARS-CoV-2 variants with increased transmissibility and/or immune escape capacity, together with waning protection against infection and severe disease from natural or vaccine-induced immunity, can result in new waves of virus transmission and surges of COVID-19 cases with a subsequent rise in hospitalisations, ICU admissions and deaths.
- As of 10 July 2022, the overall notification rates of COVID-19 cases in the EU/EEA remain high and have been increasing for the past five weeks. Case rates among people aged 65 years and over increased in 23 of the 27 reporting countries. These increases are still relatively recent, and they signal the start of a widespread wave driven by the BA.4 and BA.5 variants of concern.
- As of 3 July 2022, based on GISAID or the European Surveillance System (TESSy) data, **Omicron BA.4 or BA.5 are the dominant circulating SARS-CoV-2 variants** (>50%) in 18 EU/EEA countries, and, based on projections, the proportion of all COVID-19 cases due to infection with BA.4 or BA.5 will exceed 95% in most EU/EEA countries by end-July 2022.
- The increasing transmission among older age groups is starting to **translate into severe disease**, and, as of 10 July 2022, 12 countries reported an **increasing trend in either hospital or ICU admissions/occupancy** compared with the previous week. At the same time, even though the EU/EEA **death rate has remained stable** for the last five weeks, the forecast for the period up to 31 July indicates that both case notification rates and death rates will increase.
- As of 10 July 2022, the cumulative uptake of the **primary COVID-19 vaccination** course in the total population in the EU/EEA reached **72.8%**, and 52.9% for the first booster dose. Among individuals aged 60 years and older, vaccine uptake is higher, 90.8% and 83.1% for the primary course and the first booster respectively, but still with significant disparities across EU/EEA countries.
- Currently, **20 countries recommend the administration of a second booster dose**, mostly for age groups from 60+ to 80+ years and for long-term care facility (LTCF) residents, with a time interval after the first booster dose varying between three to five months. Approximately 16.5 million second booster doses have been administered so far (data reported to TESSy by 21 countries), the majority among those 60+ (88%), and with a median uptake of 11.6% among 60+ (range: <0.1-59.5%) and 20% among 80+ (range: 0.1-80.1%).
- Published literature indicates that vaccine effectiveness (VE) against severe outcomes caused by Omicron remains high, including among older age groups, with continued strong protection generally around 80–90% around two to three months after receiving the first booster, albeit with the balance of evidence indicating gradual waning after three to six months (VE estimates in the range 53-100%). A second mRNA booster dose restores VE against severe disease, which remains stable for up to 10 weeks, but longer follow-up times are not yet available. Only limited data are available on VE against Omicron sub-lineages BA.4 and BA.5. A preliminary analysis from Portugal suggests that the VE may be reduced against infection with BA.5 as compared to infection with BA.2, while data from South Africa indicate that high VE against severe disease has been maintained during the BA.4/BA.5 dominant period.
- The **analysis of severe outcomes** of disease among COVID-19 cases having received a **first booster dose** (TESSy data) shows that **hospitalisation and death are rare** in this group (0.6% and 0.1% respectively); nevertheless, the adjusted risk of hospitalisation and death is higher in those who received the first booster dose more than three months previously, older age groups (80+ and 60 to 79) and males.
- Mathematical modelling shows that for countries with an uptake of >40% for the first booster in the whole population, a second booster rollout among 60+ can have a substantial impact on restoring vaccine-induced protection against hospitalisation in this population from mid-July to the end of 2022, with an expected median absolute increase of 17% (95%

UI 6-34%) on 1 November 2022. For countries with an uptake of <40% for the first booster in the whole population, closing the vaccination coverage gaps of the primary series and the first booster has a larger overall effect than a second booster rollout, with an expected median absolute increase of population-level vaccine-induced protection against hospitalisation of 16% (95% UI 10-41%) and 5% (95% UI 1-24%) on 1 November 2022, respectively. Furthermore, **an earlier second booster rollout among 60+ in mid-July 2022 results in a larger vaccine-induced protection against hospitalisation** for the rest of 2022 compared to a later second booster rollout. **The benefit in terms of vaccine-induced protection against hospitalisation in the population 60+ decreases the more the starting date of the second booster rollout is moved later (we evaluate a starting date in July, August, September, or October).**

CDC statement:

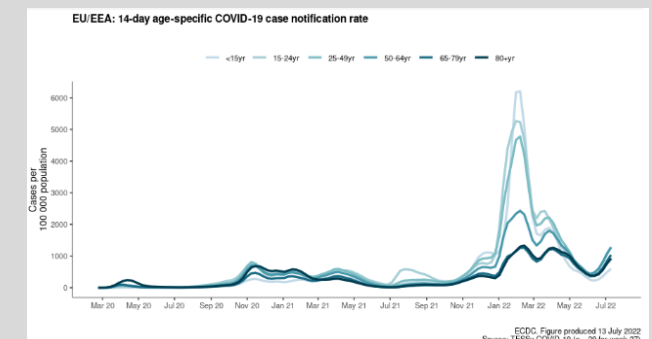
COVID-19 vaccines remain the single most important tool to protect people against serious illness, hospitalization, and death. Getting vaccinated now will not prevent from getting an authorized variant-specific vaccine in the fall or winter when they are recommended. Given recent increases in deaths and hospitalizations associated with the BA.5 variant, everyone should stay up to date with recommended COVID-19 vaccinations, including additional booster doses for those who are moderately to severely immunocompromised and adults over 50.

Table 2. Current trends in epidemiological indicators for EU/EEA; reporting week 27, 2022 (up to 10 July)

Indicator	Previous week	Reporting week	Change compared to previous week (%)	Number of countries with increasing trend	Percentage of pandemic maximum
Tests per 100 000 people	2 036	2 260	11	9	22.1
14-day case notification rate per 100 000	967	1 109	15	24	29
Test positivity (%)	25.1	24.2	-3.5	12	20.9
14-day case rate per 100 000 (65+ years)	816	1 002	23	23	78.2
Hospital admissions per 100 000	8.8	9.4	6.3	4	39
Hospital occupancy per 100 000	12.6	14.6	16	10	32.8
ICU admissions per 100 000	0.6	0.7	17	2	14.6
ICU occupancy per 100 000	0.8	0.9	12	6	15.5
14-day death rate per million	8.5	8.3	-2.2	7	6.8

Table 1. EU/EEA SARS-CoV-2 variant proportions as reported to GISAID or TESSy

Country	Date of data	Source	Booster of cases	Sequencing volume		Total variant proportion		BA.4/BA.5		BA.2+BA.1		BA.1		Other				
				seq	cat	BA.4	BA.5	BA.2	BA.1	BA.1	BA.1	BA.1	BA.1					
Austria	25-26	TESSy	13184	4362	33.1	L16	43652	34353	78.6	0.76	20.1	152	0.3	2	0	426	1	
Belgium	25-26	TESSy	68481	2139	3.1	L16	2139	1748	81.7	25.1	11.7	1	0	0	0	139	6.5	
Bulgaria	25	TESSy	3123	88	2.8	L2	88	7	6	81	92							
Croatia	25	TESSy	6547	0	0	No data	0	0	0	0	0	0	0	0	0	0	0	
Cyprus	25	TESSy	24735	78	0.3	L2	78	70	89.7	8	10.3							
Czechia	25-26	GISAID	10133	12	0.1	L2	12	7	58.3	2	16.7	3	20					
Denmark	25-26	TESSy	19375	8514	43.9	L16	8514	7258	85.2	1256	14.7					1	0	
Estonia	25-26	TESSy	2143	521	24.3	L16	521	195	37.4	319	61.2	2	0.4	5	5	1	0	
Finland	25	TESSy	10145	4666	46	L16	4666	4066	86.9	100								
France	25-26	TESSy	121013	7531	6.6	L16	7531	5687	75.5	1160	15.4	601	8.8	0	0.1	17	0.2	
Germany	25-26	TESSy	1188593	10636	0.9	L16	10636	8210	88.6	1426	13.4							
Greece	25-26	TESSy	178941	351	0.2	L2	351	239	68.1	111	31.6	1	0.3					
Hungary	25	TESSy	3042	137	4.5	L2	137	7	5.1			124	90.6	6	4.4			
Iceland	25	TESSy	5495	0	0	No data	0	0	0	0	0	0	0	0	0	0	0	
Ireland	25-26	TESSy	27171	336	1.2	L2	336	300	89.3	27	8	0	9	2.7				
Italy	25-26	GISAID	899633	213	0	L2	213	159	74.6	35	16.4	10	8.0	1	0.6			
Lithuania	25-26	TESSy	4932	773	15.7	L16	773	119	15.4	652	84.3					2	0.3	
Luxembourg	25-26	GISAID	287	0	0	No data	0	0	0	0	0							
Lithuania	25-26	GISAID	3857	0	0	No data	0	0	0	0	0							
Luxembourg	25-26	TESSy	12711	495	3.9	L2	495	414	83.6	89	13.9	12	2.4					
Malta	25-26	TESSy	7920	0	0	No data	0	0	0	0	0							
Netherlands	25	TESSy	32548	719	2.2	L16	719	604	84	63	8.6	52	7.2					
Norway	25-26	TESSy	23485	1546	6.1	L16	1546	106	6.8	276	21.7	3	0.2				114	9.2
Poland	25-26	TESSy	5241	63	1.2	L2	63	36	57.1	22	34.9							
Portugal	25-26	TESSy	142728	881	0.6	L16	881	681	77.3	16	1.8	13	1.5					
Romania	25-26	TESSy	11274	232	2.1	L2	232	58	25	15.3	6.9	2	0.9					
Slovakia	25-26	TESSy	6224	0	0	No data	0	0	0	0	0							
Slovenia	25	TESSy	4744	64	1.3	L2	64	2	3.1									
Spain	25-26	TESSy	263981	347	0.1	L2	347	146	42.1	47	13.5							
Sweden	25-26	TESSy	7295	1175	16.3	L16	1175	905	83.9	100	16.2							



<https://www.ecdc.europa.eu/en/sites/default/files/documents/Preliminary-public-health-considerations-%20COVID-19-vaccination-2022.pdf>

<https://www.cdc.gov/media/releases/2022/s0715-COVID-VE.html>

Severe acute hepatitis of unknown aetiology in children - Multi-country

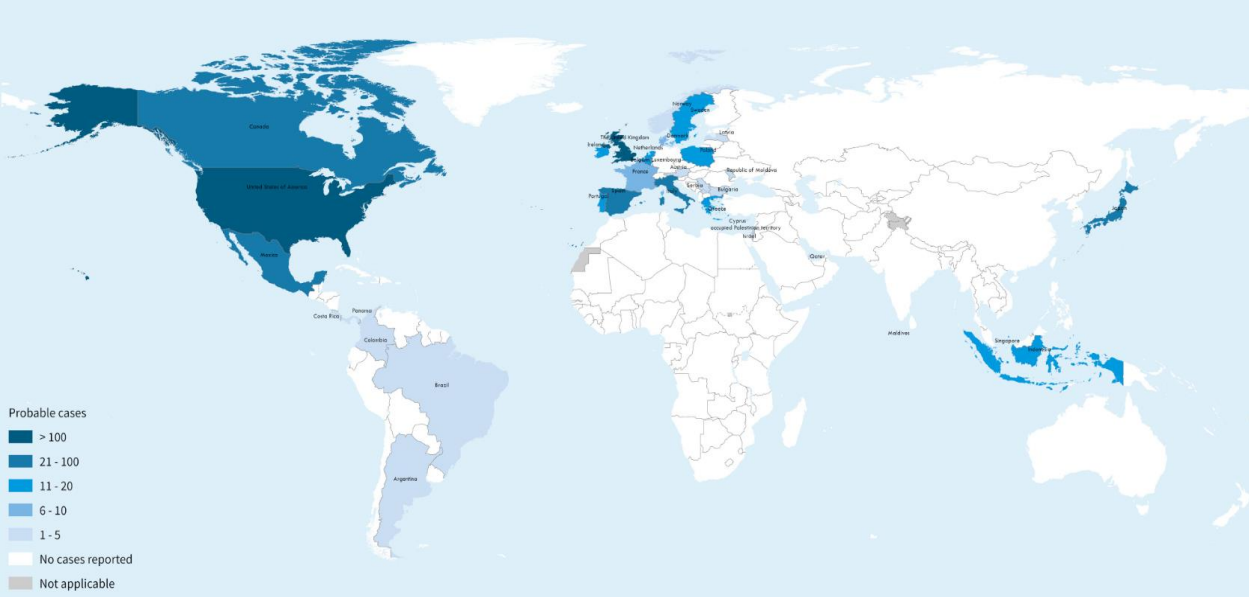
Update as of 8 July 2022 I

As of 8 July 2022, 35 countries in five WHO Regions have reported 1010 probable cases of severe acute hepatitis of unknown aetiology in children, which fulfill the WHO case definition, including 22 deaths. Since the previous [Disease Outbreak News published on 24 June 2022](#), 90 new probable cases and four additional deaths have been reported to WHO. Additionally, two new countries, Luxembourg and Costa Rica, have reported probable cases. WHO has launched a global survey with an aim to estimate the incidence of severe acute hepatitis of unknown aetiology in 2022 compared to the previous five years, to understand where cases and liver transplants are occurring at higher-than-expected rates. This Disease Outbreak News provides updates on the epidemiology of the outbreak, as well as updates on the response to this event, including the launch of the clinical case report form on the WHO Global Clinical Platform, and updates on Infection Prevention and Control (IPC) and risk communication and community engagement (RCCE).

Description of the outbreak

Between 5 April (when the outbreak was initially detected) and 8 July 2022, 35 countries in five WHO Regions have reported 1010 probable cases (Figure 1) and 22 deaths. These include new and retrospectively identified cases since 1 October 2021, which fit the WHO case definition as stated below

Distribution of probable cases of severe acute hepatitis of unknown aetiology in children by country, as of 8 July 2022 (n=1010), 5 PM CEST



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 12 July 2022



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There are three additional countries that have reported cases which are pending classification and are not included in the cumulative probable case count. Of the probable cases, 46 (5%) children have required transplants, and 22 (2%) deaths have been reported to WHO.

Almost half (48%) of the probable cases have been reported from the WHO European Region (21 countries reporting 484 cases), including 272 cases (27% of global cases) from the United Kingdom of Great Britain and Northern Ireland (the UK) (Table 1, Figure 2). The second highest number of probable cases have been reported from the Region of the Americas (n=435, including 334 cases (33% of global cases) from the United States of America), followed by the Western Pacific Region (n=70), the South-East Asia Region (n=19) and Eastern Mediterranean Region (n=2). Seventeen countries are reporting more than five probable cases. The actual number of cases may be underestimated, in part due to the limited enhanced surveillance systems in place. The case count is expected to change as more information and verified data become available.

Distribution of probable cases of severe acute hepatitis of unknown aetiology in children by WHO Region since 1 October 2021, as of 8 July 2022, 5 PM CEST

WHO Region	Probable cases	Cases requiring liver transplants	SARS-CoV-2 positive by PCR (Number of positive cases)	Adenovirus positive by PCR [‡] (Number of positive cases)	Adenovirus type 41 (Number of positive cases)	Deaths
Americas	435	24	18	9	1	13
Eastern Mediterranean	2	0	Not available	1	Not available	1
Europe	484	22	54	193	30	2
Southeast-Asia	19	0	Not available	Not available	Not available	6
Western Pacific	70	0	6	6	0	0
Cumulative*	1010	46	78	209	31	22

Laboratory testing of cases

Based on the working case definition for probable cases (Box 1), laboratory testing has excluded hepatitis A-E viruses in these children. Pathogens like adenovirus and SARS-CoV-2 were detected by PCR in a number of the cases, although the data reported to WHO are incomplete.

Adenovirus continues to be the most frequently detected pathogen among cases with available data. In the European region, adenovirus was detected by PCR in 52% of cases (193/368) with available results (see Annex). In Japan, adenovirus was detected in 9% of cases (5/58) with known results. Due to limited adenovirus surveillance in most countries, it is challenging to assess whether these rates are higher than the expected rates in the population.

Severe acute hepatitis of unknown aetiology in children - Multi-country

Update as of 8 July 2022 II

Source: [Severe acute hepatitis of unknown aetiology in children - Multi-country \(who.int\)](#)

SARS-CoV-2 has been detected in a number of cases, however, data on serology results are limited. In the European region, SARS-CoV-2 was detected by PCR in 16% of cases (54/335) with available results (see Annex). Preliminary reports from the United States of America indicate that SARS-CoV-2 was detected in 8% of cases (15/197) with available results. In Japan, SARS-CoV-2 was also detected in 8% of cases (5/59) with available results. These figures may change as new data becomes available. For further details, please refer to the [EURO/ECDC Joint surveillance report](#), [Japanese National Institute of Infectious Diseases report](#), [UKHSA Case Update](#), [UKHSA Third Technical Briefing](#), and the [USCDC Technical Report](#). Most reported cases did not appear to be epidemiologically linked; however, epidemiologically linked cases have been reported in Scotland, and the Netherlands

Of all global cases with available data, a total of 167 cases (16% of all probable cases) had both date of symptom onset and date of hospitalization available. Among these, the median number of days between date of symptom onset and date of hospitalization was four days [interquartile range (IQR) 7].

WHO risk assessment

The risk at the global level is currently assessed as moderate considering the following factors:

1. The aetiology of this severe acute hepatitis remains unknown and is being investigated.
2. Limited epidemiological, laboratory, histopathological and clinical information are currently available to WHO.
3. The actual number of cases and the geographical distribution may be underestimated, in part due to the limited enhanced surveillance systems in place.
4. The possible mode of transmission of the aetiologic agent(s) has not been determined.
5. Although there are still no available reports of healthcare-associated infections, human-to-human transmission cannot be ruled out following a few early reports of epidemiologically linked cases.

WHO advice

Laboratory testing

WHO has developed interim guidance for Member States on testing considerations and strategies for suspect cases of severe acute hepatitis of unknown aetiology in children. The guidance includes advice to support Member States with diagnostic prioritization and can be modified for regional considerations of endemic diseases. The guidance also considers assessments for other aetiological factors of severe acute hepatitis in children, including other infectious agents, environmental exposures (toxins, medications), metabolic hereditary conditions, or autoimmune disorders, which should be considered in consultation with a paediatric hepatologist. Prioritization should be given to routine collection of various specimens from as early after symptom onset as possible, to allow for later testing as required and to identify aetiology(ies). If laboratory capacity is limited, storage and referral to regional or global laboratories should be considered for the suggested investigative diagnostics. Any positive specimens should also be stored for further testing and/or investigation. To further support Member States with laboratory testing, WHO is establishing a network of regional and global referral laboratories.

For more information, please see the [Interim guidance on Laboratory testing for severe acute hepatitis of unknown aetiology in children](#).

Infection Prevention and Control

Until more is known about the aetiology of these cases, WHO advises implementation of general infection prevention and control (IPC) practices including:

- Performing frequent hand hygiene, using soap and water or an alcohol-based hand-gel
- Avoiding crowded spaces and maintaining a distance from others
- Ensuring good ventilation when indoors
- Wearing a well-fitted mask covering your mouth and nose when appropriate
- Covering coughs and sneezes
- Using safe water for drinking
- Following the [Five Keys to Safer Food](#): (1) keep clean; (2) separate raw and cooked; (3) cook thoroughly; (4) keep food at safe temperatures; and (5) use safe water and raw materials. Regular cleaning of frequently touched surfaces
- Staying home when unwell and seeking medical attention

Health facilities should adhere to standard precautions and implement contact and droplet precautions for suspected or probable case.

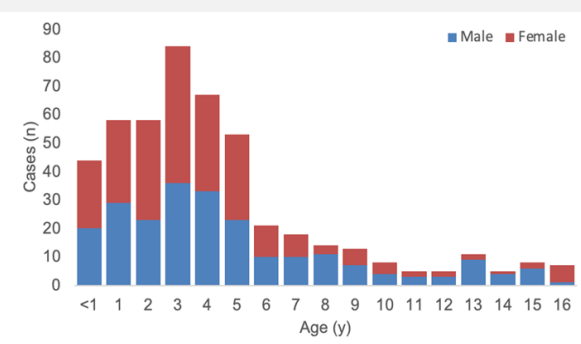
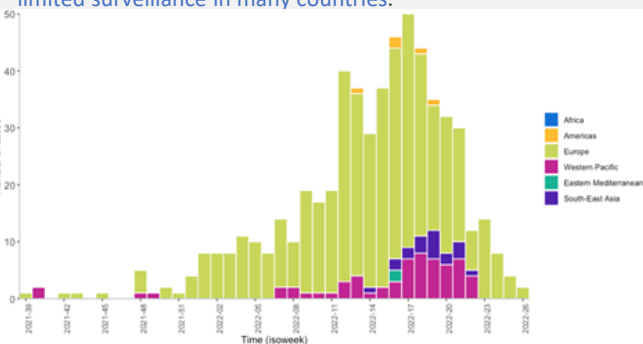
WHO working case definition

- **Confirmed case:** Not available at present
- **Probable case:** A person presenting with an acute hepatitis (non hepatitis A-E¹) with serum transaminase >500 IU/L (AST or ALT), who is 16 years and younger, since 1 October 2021
- **Epidemiologically linked:** A person presenting with an acute hepatitis (non hepatitis A-E¹) of any age who is a close contact of a probable case, since 1 October 2021

¹ If hepatitis A-E serology results are pending, but other criteria are met, these can be reported and will be classified as “pending classification”. Cases with other explanations for their clinical presentation are discarded. Delta testing is not required, as it is only undertaken in persons who are HBsAg positive to establish presence of co-infection.

Epidemiological characteristics of cases

Of 571 probable cases (57% of all probable cases) for which data are available, there has been a decreasing trend in cases over the last month (Figure 2). However, this trend should be interpreted carefully as there are reporting delays and limited surveillance in many countries.



Epidemiological curve of probable cases of severe acute hepatitis of unknown aetiology with available data, by week, by WHO region, as of 8 July 2022 (n=571), 5 PM CEST

Age and gender distribution of reported probable cases of severe acute hepatitis of unknown aetiology with available data, as of 8 July 2022 (n=479) 5 PM CEST

Out of 100 probable cases with available clinical data, the most commonly reported symptoms on presentation were nausea or vomiting (60% of cases), jaundice (53% of cases), general weakness (52% of cases) and abdominal pain (50% of cases).



Other Infectious Disease Outbreaks/ Conflicts



Marburg Virus Disease

Ghana - Ghana has officially declared its first Marburg virus disease outbreak after a WHO Collaborating Centre laboratory confirmed the results of the samples taken from two individuals on July 7. According to the report, the two patients from the southern Ashanti region of Ghana, who showed symptoms including diarrhea, fever, nausea and vomiting, are both deceased and unrelated. Several measures have been implemented by health officials with the help of the WHO to provide coordination, risk assessment, and infection prevention measures. However, both, the WHO's regional health office for Africa and the local government, have expressed concern about the situation and have begun responding immediately as the outbreak could evolve quickly becoming hard to contain if proper measures are not implemented. So far, more than 90 contacts, including health workers and community members, have been identified and are being monitored. No more cases have been reported since the only two infected individuals died on June 27 and June 28.

Source: [Reliefweb](#)

Cutaneous Anthrax

Croatia - A suspected case of cutaneous anthrax has been reported in Croatia in 2022. According to media reports, the individual was hospitalized with signs of changes to the skin of his fingers but is currently in good condition. The individual had possible exposure to anthrax through contact with cattle carcasses. Notably, several domestic livestock on the individual's estate had died off in previous weeks. Further testing indicated the presence of an anthrax bacterium. Additionally, in a neighbouring region in the Lonjsko Polje Nature Park, 58 deaths of cattle have been identified, and authorities suspect these livestock deaths were also due to anthrax. There are no mentions of quarantine measures in the affected areas; however, health authorities will provide prophylaxis to individuals in close contact with livestock.

Source: [NewsMedia](#)

Uzbekistan - A case of anthrax has been reported in the central region of Sirdaryo, Uzbekistan, in a village near Sardoba. Limited information is available through media reports. It is known that the affected individual is a man of unspecified age. The source of infection is unknown; however, the large and small cattle within the Sardoba region will quarantine for ten days as directed by regional health authorities. Health authorities have also vaccinated the cattle within the surrounding region as they are commonly a source of infection while butchering meat.

Source: [NewsMedia](#)

Lyme

Slovakia - Cases of Lyme disease have been reported in 2022 in the western region of Bratislava, Slovakia, which borders Austria and Hungary. News media reports an increase in cases in the Bratislava region compared to a similar period last year. Additionally, the majority of cases have been reported by the region's Fourth and Fifth districts. In Slovakia, risk of disease occurs across all regions with tick activity usually peaking between July and August. Health authorities continue to raise awareness among the population to protect against tick bites.

Source: [NewsMedia](#)

Leptospirosis

Israel - Cases of leptospirosis continue to be reported in Israel in 2022. The Israeli Ministry of Health (MOH) has reported on an epidemiological investigation conducted after the confirmation of two human cases of leptospirosis in early June 2022. Health officials state that it was discovered that both affected individuals had visited swimming sites in the north of the country (Nahal Zaki and Gan Hashlosha National Park). On July 5, 2022, the MOH and the Ministry of Environmental Protection released an alert informing hikers and local authorities about the dangers of entering swimming sites in the north of the country due to pollution. Water quality testing indicated the presence of bacterial contamination, however, the source of pollution in the streams is currently unknown. The MOH states that water quality sampling in the north is conducted every two weeks and they will continue to monitor and update the public as necessary.

Source: [ProMed](#)

Crimean-Congo-Hemorrhagic Fever

Bulgaria - More information is known about the case of Crimean-Congo Hemorrhagic Fever (CCHF) that has been reported in 2022 in Kardzhali, a southern province in Bulgaria bordering Greece. According to media reports, the affected 19-year-old male was admitted to a university hospital in a neighbouring region and later discharged. There is currently limited information regarding the case severity or additional close contacts. CCHF is endemic to the southern region of the country with sporadic reports of disease activity. Health authorities remind populations to take precautions against tick bites, as ticks are a vector for this disease.

Source: [NewsMedia](#)

Severe acute hepatitis of unknown aetiology in children

Multi-country - As of 8 July 2022, 35 countries in five WHO Regions have reported 1010 probable cases of severe acute hepatitis of unknown aetiology in children, which fulfill the WHO case definition, including 22 deaths. As of 8 July 2022, 35 countries in five WHO Regions have reported 1010 probable cases of severe acute hepatitis of unknown aetiology in children, which fulfill the WHO case definition, including 22 deaths. Out of 100 probable cases with available clinical data, the most commonly reported symptoms on presentation were nausea or vomiting (60% of cases), jaundice (53% of cases), general weakness (52% of cases) and abdominal pain (50% of cases). The risk at the global level is currently assessed as moderate.

Source: [WHO](#)

Unknown Illness - Cholera

Afghanistan - In a follow-up on the unknown illness in Afghanistan first reported on July 5, 2022, it has been determined that the disease affecting individuals is cholera. Media reports continue to raise increasing upward trends of cases and deaths of the cholera outbreak in the provinces of Helmand and Kandahar.

Source: Insights by BlueDot - [NewsMedia](#)

Brucellosis

Syria - Human cases of brucellosis continue to be reported in Syria in 2022. According to official data gathered through the World Health Organization's Regional Office for the Eastern Mediterranean, from the beginning of 2022 until June 11, 2022, there has been a 6.2% decrease in new cases reported when compared to the same period of time last year in 2021. Brucellosis is considered endemic in Syria, and Syria is reported to have one of the highest incidence rates of brucellosis in the world. Health officials from the As-Suwayda governorate report that factors which increase the spread of disease include the failure to boil/pasteurize dairy products, and a lack of appropriate affordable medicines available to the population. The highest number of infections is expected during the months of March to June, when milk production reaches its peak for the year.

Source: Insights by BlueDot - [ProMed](#)

Varicella

Ukraine - An outbreak of varicella (chicken pox) has been reported among 20 residents of a regional children's crisis centre in the Chernivtsi region of Ukraine in 2022. The affected individuals were evacuated from the Mykolaiv regional children's home in Mykolaiv, Ukraine, to a crisis centre in Chernivtsi in March 2022. The affected individuals are children between the ages of two and four years of age and all are reported to have experienced symptoms characteristic of the disease; however, specific symptoms were not reported. While 19 of the 20 affected children are receiving outpatient treatment, one child has been hospitalized. During their stay at the crisis centre in Chernivtsi, the affected children were in contact with other internally displaced persons from other regions of Ukraine. In response to the outbreak, officials have recommended that the crisis centre temporarily suspend the reception of new internally displaced persons. While a vaccine is available to protect against the virus that causes the disease (varicella zoster virus), it is not included in the Ukrainian basic immunization recommendations and children in the country are therefore unlikely to be immunized.

Source: Insights by BlueDot - [News Media](#)

Operation Barkhane

Niger - French officials [are visiting](#) Niger late last week to refine future plans for their [much-criticised](#) Sahelian anti-jihadist mission. The meeting comes as [Operation Barkhane](#) withdraws thousands of troops from [extremist-hit Mali](#) - where they first deployed in 2013 - following a collapse in relations with the ruling junta. Niger is set to become Barkhane's new hub, though French [commanders](#) are promising to take a more discreet approach going forward. [Instead of big bases](#) and large troop deployments, Paris says it will follow the lead and needs of regional armies. The new strategy may also see France increase support to coastal West African states, where militant attacks [have increased](#) in recent years. However, more military solutions won't address the local grievances that insurgents are seeking to appropriate. [See our latest Sahel reporting for alternative conflict mitigation strategies.](#)

Source: The New Humanitarian



Other BlueDot detected Significant Events during June 2022



Type of report	Date of	Disease	Location of event	Species	Description of event	Level of	Description of Concern	Level of Data Confidence	Description of Data
Initial assessment	17-Jun-22	Borna-Virus disease	Mühldorf am Inn district, in Upper Bavaria, Germany.	Humans	On June 14, 2022 health authorities confirmed a fatal human case of Borna disease virus (BoDV-1) in the Mühldorf am Inn district, in Upper Bavaria, Germany. There are limited details on the fatal human case, however, the disease is very rare and has appeared sporadically in Germany. Official reports indicate that two more Borna virus human infections had been confirmed in the district in the past three years. Furthermore, according to the Bavarian State Office for Health and Food Safety, seven infections were reported across Germany in 2021, five of them in Bavaria. Official reports indicate that on average, there may be two reported infections in Germany year-round. However, scientists assume that the number of unreported cases is actually higher – with up to six cases per year. BoDV-1, which has long been known as the causative agent of Borna disease in horses, sheep and other mammals, was first identified as the cause of severe human encephalitis in 2018.	HIGH	This event is noteworthy, as BoDV-1 is a zoonotic emerging pathogen for which there is limited information on the routes of transmission, reservoirs, the geographical distribution of the disease, and prevalence. However, scientific publication from Bavaria indicates that BoDV-1 is a virus with a very high death rate and infection has been considered as a potentially lethal zoonosis in endemic regions, with reported spillover infections in horses and sheep. BoDV-1 infection can result in fatal encephalitis in immunocompromised and apparently healthy people. This highlights that severe encephalitis cases of unclear cause should be tested for bornaviruses, especially in endemic regions.	HIGH	Official sources support reporting on this event.
Initial assessment	16-Jun-22	Unknown GI Disease	North Korea	Humans	On June 16, 2022, an outbreak of unspecified gastroenteritis has been observed in the agricultural region of North Korea. However, reports do not specify the exact number of affected individuals but there are concerns of further spread that could place additional strain on an already overwhelmed healthcare system due to COVID-19 disease activity and chronic food shortages. Last month, health authorities in North Korea declared a state of emergency over concerns about vaccine shortages and medical supplies.	MEDIUM	This event is noteworthy as is believed that the current ongoing outbreak could be secondary to cholera or typhus, however, investigations are still underway. Since it is a GI pathogen, most of these are self-resolved. Although there is a lack of symptoms to associate with a specific one, these outbreaks are common without major repercussions. Most of the concerns rely on the importance of identifying pathogens, an already stretched healthcare system and lack of capacity for laboratory testing and appropriate timely treatment.	MEDIUM	There is no official report, all the information comes from various media sources
Follow up assessment	19-Jun-22	Unknown GI Disease	North Korea	Humans	In a follow-up to the outbreak of unspecified gastroenteritis in North Korea, media reports suggest at least 800 families are affected. The exact number remains unknown; however, the number of affected individuals is likely larger due to historical underreporting and previous outbreaks involving water-borne diseases. While investigations into the cause of the outbreak are underway, no additional information has been determined. Disease management activities are being implemented including quarantine measures, and water and sewage sanitation	MEDIUM	With an updated number for the affected individuals available, it is important to take note of this event. It is believed that the current ongoing outbreak could be secondary to cholera or typhus, however, investigations are still underway. Since it is a GI pathogen, most of these are self-resolved. Although there is a lack of symptoms to associate with a specific one, these outbreaks are common without major repercussions. Most of the concerns rely on the importance of identifying pathogens, an already stretched healthcare system and lack of capacity for laboratory testing and appropriate timely treatment.	MEDIUM	There is no official report, all the information comes from various media sources . New information on scale of event is available.
Initial assessment	08-Jun-22	Monkeypox	Ghana (Eastern, Western, and Greater Accra region)	Humans	The first five cases of monkeypox have been confirmed in Ghana. The cases have been reported from the Eastern, Western, and Greater Accra regions of southern Ghana and no deaths have been reported. One of the cases is among a citizen of Ghana who had recently travelled to an unknown location in the United States, which is reporting recent cases as part of the multinational outbreak. However, it is unknown whether the individual may have been exposed during travel or after arrival to Ghana. According to officials, the confirmed cases were identified through the testing of 12 suspected cases that had been identified since May 24, 2022.	LOW	This event is noteworthy as it is the first known outbreak of monkeypox in humans in Ghana, where the West African clade of monkeypox virus is present. It is unclear at this time whether there may be a connection to the large multinational outbreak occurring in non-endemic countries. The risk to the general population remains low, however, the risk to vulnerable populations, and among the population with case descriptions of men who have sex with men are medium to high.	HIGH	Official sources and multiple media
Initial assessment	22-Jun-22	Poliovirus	North and East London, England, UK	Environmental Sampling (Wastewater testing)	Public health officials have declared a national incident after routine surveillance of wastewater in London found evidence of community transmission of vaccine-derived poliovirus for the first time since being declared polio-free in 2003. The virus detected has now been classified as vaccine-derived poliovirus type 2 (VDPV2) which has the potential to spread in communities where immunization coverage is low. This event is believed to have originated from an individual returning to the UK after receiving the oral polio vaccine in another country and potentially spreading the weakened live virus locally.	LOW	The samples detected since February have raised concerns because they are related to one another and contain mutations that suggest community transmission of the virus. No cases of the disease or related paralysis have been reported among individuals and the risk to the general public is considered low. However, public health officials are urging people to ensure their families are up to date with polio vaccinations.	HIGH	Multiple reports from different media sources and officials sources.
Initial assessment	24-Jun-22	Meningococcal Meningitis	Florida, U.S	Human	The CDC has reported an outbreak of meningococcal meningitis that has primarily been reported among gay and bisexual men in Florida. As of June 24, 2022, at least 26 cases and seven deaths have been linked to the outbreak which the CDC has stated is "one of the worst outbreaks of meningococcal disease among gay and bisexual men in U.S. history". The CDC, in collaboration with the FDOH, continue to investigated the outbreak as it is considered ongoing.	LOW	This event is notable given that the outbreak reported among gay and bisexual men (which accounts for at least 26 of the 44 cases reported this year in the state of Florida) represents a substantial number of the total cases reported, as typically only 2-3% of cases are related to outbreaks. While case numbers remain fairly low (~26) the mortality rate for the disease is high (>10%) and the greatest risk will be among gay and bisexual men in the state, especially during the upcoming weeks when multiple Pride events will be occurring.	HIGH	Reports are from the CDC, Florida Department of Health, and multiple media outlets.

Ukraine

Situation Report Last updated: 8 Jul 2022

The war in Ukraine continued to shatter the lives of millions of people across the country, as reports of new attacks emerge, and the fighting escalates in the east. Nearly 2,000 people have been directly affected by one strike alone, which hit a residential area of the town of Serhiivka near Odesa in the early hours of 1 July. Damages to civilian infrastructure are alarmingly impacting people's access to essential services, particularly water, electricity and health services in the Donbas region. Humanitarians have reached more people than initially targeted, yet far from covering the needs of 16 million Ukrainians who require humanitarian assistance.

ANALYSIS

The escalation of hostilities and fighting in the east continue to heavily impact millions of Ukrainians. Thousands of civilians who had remained in affected areas and along the front line remain forced to get by without regular water, electricity or gas supplies. The utility infrastructure is severely damaged and impossible to properly repair due to ongoing fighting, making access to essential services insufficient or non-existent. This also affects the water-dependent centralized heating system, which, if unrepaired by the start of the heating season in October, would further deteriorate living conditions for the remaining residents amid plummeting temperatures.

Humanitarian conditions are reportedly deteriorating in the neighbouring Luhanska oblast, which is no longer controlled by the Government of Ukraine. Unverified reports shared by Ukrainian authorities informed about a severe lack of access to water and health services in Sievierodonetsk and Lysychansk. Humanitarian workers have not had access to cities since early June.

According to humanitarian reports, people in Mykolaiv are also facing growing challenges in accessing water for drinking or cooking due to the destruction of the town's desalinization and purification facilities. Newly drilled wells serve only about 5 per cent of the population, and the quality of extracted water is often below standard. Access to water distribution centres is limited, especially for older people and people with disabilities. Overall, access to clean water remains challenging for the civilian population in areas ravaged by hostilities due to the large-scale destruction of water and electricity infrastructure, which will further increase the population's reliance on accessing water from alternative, often unsafe, sources, as well as water distribution.

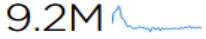
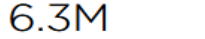
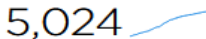
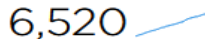

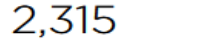
Health-care concerns also remain on the rise, including maternal and newborn health, mental health and chronic disease management, especially for vulnerable groups such as people with disabilities, children and youth, women and girls, health-care workers and internally displaced people, according to analysis shared by DirectRelief. The NGO People in Need informed that mental health support is increasing countrywide, especially for children, with mental health services feared to be in high demand for at least five years after the war ends. Restrictions of access and delivery of medical supplies have a heavy impact on the provision of health services and a spiking risk of infectious and water-borne diseases in the affected areas, as well as the limited ability of medical personnel to perform their duties in light of the war. As of 10 July, the World Health Organization (WHO) had verified 369 attacks on health-care facilities, medical transport, warehouses, supplies, medical personnel and patients since 24 February, resulting in 79 deaths and 64 injuries, specifying that 314 health-care facilities, 31 staff and 14 patients were directly affected.

Human rights violations, including civilian casualties

The war continues to claim multiple lives and affect the lives of many more residents of Ukraine. In the first 11 days of this month alone, at least 135 civilians, including 6 children, were killed and 280 injured by such weapons in Government-controlled territory, and at least 24 civilians were killed, 4 of them children, and another 86 injured in non-Government-controlled areas, according to the data verified by the UN Human Rights Monitoring Mission in Ukraine. The total number of verified civilian casualties since the start of the war on 24 February has now surpassed the 11,500 mark. Over 5,020 civilians have been killed, including 300 children, and 6,520 injured, almost 400 of them children. The actual number of civilian casualties is likely much higher as the ongoing hostilities make many areas of Ukraine inaccessible and only continue to add to the total number.

Impact of the war on farmers

The war has caused significant damage to Ukraine's agricultural sector, which accounted for 11 per cent of Ukraine's gross domestic product prior to the war. With the harvest season around the corner, thousands of hectares of fertile land have been destroyed or affected. Unverified reports alerted of the artillery causing fire to agricultural facilities and wheat fields, with some 12 hectares of wheat field damaged in Stepanivka, Zaporizka oblast, on 8 July alone. Heavy fires impacting agricultural facilities were also reported in central Dnipropetrovska oblast, according to the oblast authorities. The escalation of attacks is likely to cause a significant harvest disruption and directly impact food security. These estimates come along as the UN-brokered negotiations between the Russian Federation and Ukraine on resuming grain exports via the Black Sea ports are happening in Türkiye, where no formal agreement has yet been signed between the two countries, but a "critical step forward" has already been made, according to the UN Secretary-General.

Refugee Arrivals from Ukraine (total)	Internally Displaced People (estimated)
9.2M 	6.3M 
Jul 20, 2022 UNHCR DATA	Jun 23, 2022 IOM DATA
Civilian Casualties - Killed	Civilian Casualties - Injured
5,024 	6,520 
Jul 20, 2022 OHCHR DATA	Jul 20, 2022 OHCHR DATA
Attacks on Health Care	Attacks on Education Facilities
390 	2,315 
Jul 19, 2022 WHO DATA	Jul 08, 2022 Multiple Sources DATA

