



GLOBAL

534 213 657
confirmed cases
520 400 000
recovered
6 306 893 deaths

FRA (Martinique)

7-days incidence
2 857,0

TWN

7-days incidence
2 132,0

FRA (Guadeloupe)

7-days incidence
1 081,0

News:

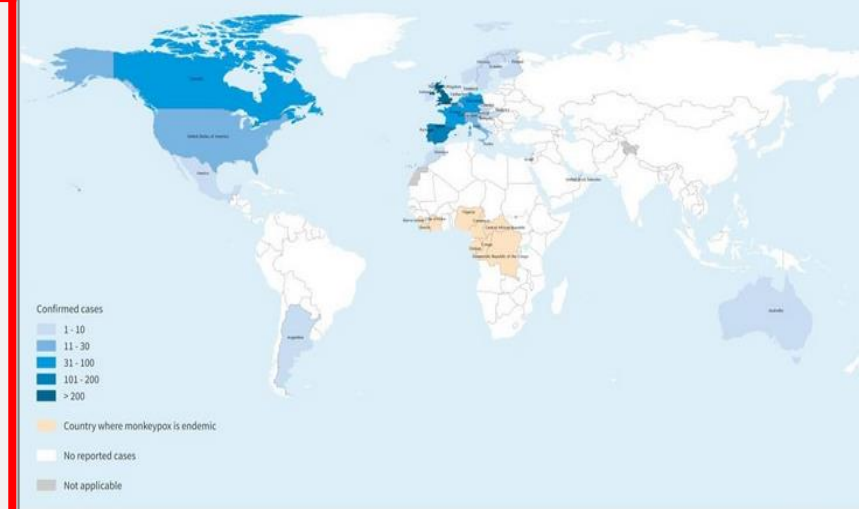
- **WHO:** updated the [interim recommendations for the use of the Janssen Ad26.COVID.19 vaccine](#) on 6 June.
- **WHO:** updated its [recommendations for 3 key malaria prevention strategies](#): seasonal malaria chemoprevention (SMC), perennial malaria chemoprevention (PMC – previously known as intermittent preventive treatment in infants, or IPTi) and intermittent preventive treatment of malaria in pregnancy (IPTp).
- **WHO:** A global research consultation gathered over 500 experts and more than 2000 participants to discuss knowledge gaps and research priorities for monkeypox. Find more information [here](#).
- **ECDC:** published a [technical guidance for laboratories, microbiology experts and relevant stakeholders](#) in making decisions on establishing or scaling up capability and capacity to isolate and antigenically characterise circulating SARS-CoV-2 variants, and in making decisions on which methods to use.
- **ECDC:** published an [interim advice on Risk Communication and Community Engagement](#) during the monkeypox outbreak in Europe.
- **ECDC:** launched a new online modelling hub, the [European COVID-19 Scenario Hub](#), which will present modelling projections on how the COVID-19 pandemic may evolve in terms of cases, hospitalisations and deaths.
- **WHO:** [The Influenza working group issues an updated of the existing influenza vaccines position paper](#) (2012). Based on this review, the working group proposed a set of recommendations for SAGE to consider.

• **Topics:**

- Information on Monkeypox (slide 2 – 4)
- Information on Acute hepatitis of unknown aetiology (slide 5)
- Global situation: COVID-19 (slide 6 – 8)
- Other infectious diseases (slide 9)
- War in Ukraine (slide 10 -11)

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Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
Map Date: 3 June 2022
World Health Organization
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What you need to know:

An outbreak of a disease called **monkeypox** is happening in some countries where the virus is not typically found. Some of these cases are being found in communities of gay, bisexual and other men who have sex with men. Transgender people and gender-diverse people may also be more vulnerable in the context of the current outbreak.

Symptoms include:

- Rash with blisters on face, hands, feet, eyes, mouth and/or genitals
- Fever
- Swollen lymph nodes
- Headaches
- Muscle aches
- Low energy

You can catch monkeypox if you have **close physical contact** with someone who is showing symptoms. This includes touching and being face-to-face.

Monkeypox can spread through close skin-to-skin contact during sex, including kissing, touching, oral and penetrative sex with someone who has symptoms. Avoid having close contact with anyone who has symptoms.

Protect yourself and others by:

- Isolating at home and talking to a health worker if you have symptoms
- Avoid skin-to-skin or face-to-face contact, including sexual contact with anyone who has symptoms
- Clean hands, objects, and surfaces that have been touched regularly
- Wear a mask if you are in close contact with someone with symptoms



EUROPE

214 745 294
confirmed cases
210 600 000
recovered
1 946 798 deaths

POR

7-days incidence
1 601,0

LUX

7-days incidence
821,0

GBR (Gibraltar)

7-days incidence
419,0

International Spread of Monkeypox – Update 1



BlueDot's Assessment

- BlueDot is inferring that there are three concurrent monkeypox outbreaks underway
 - two in West Africa (at least one of which is most likely occurring in Nigeria) where monkeypox is endemic (hereinafter referred to "Outbreak(s) in endemic countries"); and
 - a multinational outbreak driven through intimate contact predominantly among men who have sex with men (MSM) that we are currently observing among non-endemic countries.
- The outbreak in Nigeria is estimated to be substantially larger than reported. There may be two concurrent outbreaks occurring in Nigeria, or potentially a distinct outbreak occurring elsewhere in the endemic region. **BlueDot's estimate of the true outbreak size between April – May 2022 based on the assumption of 3 exported cases is 3,959 cases (95 percent CI: 816 – 11,570), and 1,320 (95 percent CI: 33 - 7,353) based on the assumption of a single exported case.**
- The contribution of respiratory transmission is not well understood although a recent retrospective analysis in the UK has revealed significant upper respiratory tract viral shedding. This information indicates that respiratory precautions are an important consideration for containment. Furthermore, the role of respiratory transmission in the current context and potential for sexual transmission are not fully understood at this time.

Situation overview (03 June 2022)

Multinational outbreak in non-endemic countries

- Since the last update there has been a rapid expansion of the outbreak size from 105 to 648 confirmed cases, and geographic extent from 12 to 28 non-endemic countries as of May 31, 2022. The majority of these cases are in Europe, specifically in the UK (196 cases), Spain (136 cases), and Portugal (119 cases).
- Available clinical descriptions of cases suggest efficient transmission through intimate physical contact. Further study is required to understand whether there is a potential role for sexual transmission through seminal fluid. The contribution of respiratory transmission is not well understood.
- Similarity of genomic sequencing indicates most cases among the non-endemic country international outbreak may link to a single case introduction⁶. However, 2 cases in the United States (Virginia, Florida) are genomically similar to one another, yet distinct from the large multi-national cluster⁵. This indicates there may be two concurrent outbreaks occurring that have led to importation events in non-endemic countries.

Outbreaks in endemic regions

Since BlueDot's Brief Intelligence Report on May 20, 2022, 2 additional cases with travel history to an endemic region have been reported in the United Arab Emirates (UAE) and United States (US). In total since May 7, 3 cases in non-endemic countries have been confirmed among travellers from either Nigeria or an unspecified endemic country (Table 1). These cases reported in close temporal proximity among 3 different countries strongly suggest a larger outbreak is occurring in the endemic region. The most likely origin location is considered to be Nigeria due to genomic sequencing information, air travel connectivity, and at least one case with consistent travel history. However, there is likely more than one outbreak responsible for all exported cases reported in May, 2022. It is unclear whether the origin of both outbreaks are within Nigeria.

Known details about the 3 exported cases from endemic countries

	Date of Confirmation/Released Information	Location	Travel History	Gender (M/F), Age
1	7-May-22	England, UK	Lagos and Delta State, Nigeria Dates of travel: April 20 - May 3	M, Age: undisclosed
2	24-May-22	UAE	West Africa (unspecified country) Dates of travel: undisclosed	F, Age: 29 yrs
3	26-May-22	State of Virginia, USA	Africa (unspecified country) Dates of travel: undisclosed	F, Age: undisclosed

Additional details on the cases

Exported Case 1 - On May 6, the individual was admitted to the hospital in London and was diagnosed by PCR with monkeypox (West African clade). While in Nigeria, the case did not report being in contact with anyone with symptoms of monkeypox or other illness with rash.

Exported Case 2 - Does not appear to be directly linked to the multinational outbreak in non-endemic countries.

Exported Case 3 - The case, described only as a woman living in Northern Virginia, was not infectious when traveling and is currently isolated at home.

Outlook

- Countries with high connectivity to Nigeria are at risk of further importation.
- It is also worth noting that the Congo basin (Central Africa) clade MPV is found in several Central African countries (particularly the Democratic Republic of Congo which had the largest proportion of cases and deaths documented in 2022, to date), which also pose as an importation risk. However, at this time, only the West Africa clade MPV has been implicated in the ongoing multinational outbreak among non-endemic countries.
- There is risk of further expansion within non-endemic countries during summer celebrations, mass gatherings including Hajj pilgrimage, summer festivals and events.
- There is limited understanding of the degree of respiratory involvement in transmission at the moment. The three separate exported cases is highly unusual and the extent of spread among social network in non-endemic countries raises questions about transmissibility and the degree to which intimate close contact is driving transmission.
- Precautionary approaches to prevent transmission and contain outbreaks would include timely risk communication and coordination within affected communities, robust contact tracing, isolation support, ring vaccination for close contacts, respiratory droplet and aerosol precautions for those in contact with confirmed/ potential cases and when handling fomites such as clothing and bedding, isolation of household companion animals (particularly pocket pets/rodents), and covering exposed lesions until fully healed.

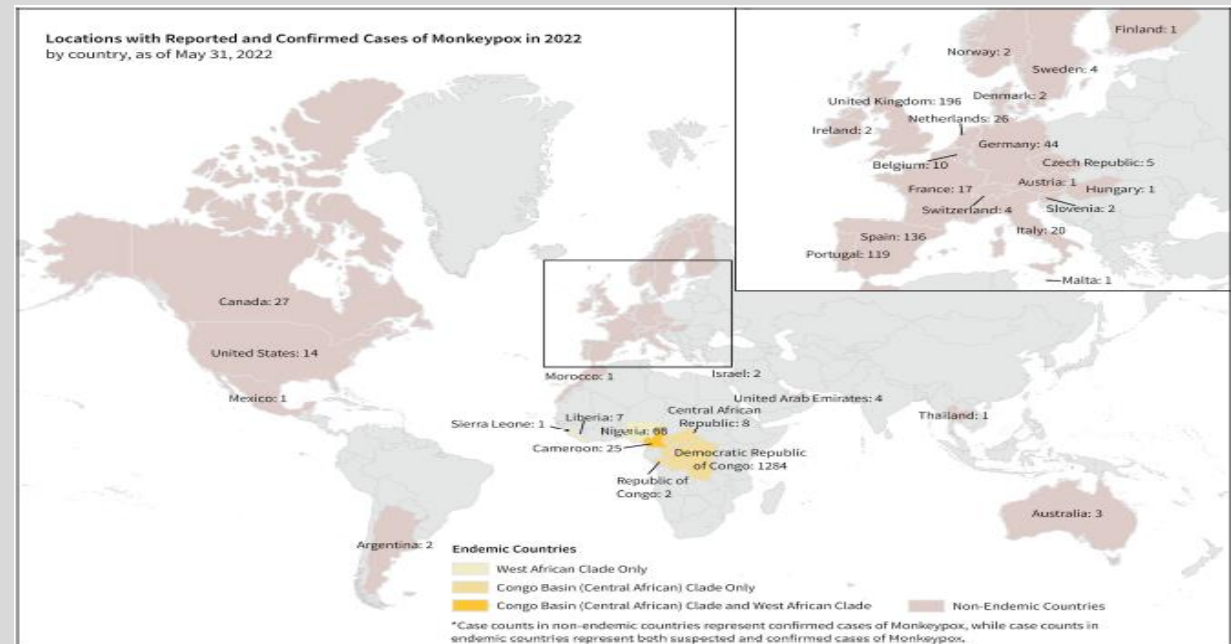


Fig 1. Confirmed cases of monkeypox in non-endemic countries and reported cases (i.e., confirmed and suspected) of monkeypox in endemic countries for 2022, as of May 31.

Multi-country monkeypox outbreak: situation update by WHO as of 2 June

The situation is evolving and WHO expects that there will be more cases of monkeypox identified as the outbreak progresses and as surveillance expands in both endemic and non-endemic countries.

Public health response

WHO continues to support sharing of information about this outbreak of monkeypox. Clinical and public health incident response has been activated at WHO and in many Member States to coordinate comprehensive case finding, contact tracing, laboratory investigation, clinical management, isolation, and implementation of infection and prevention and control measures.

Genomic sequencing of viral deoxyribonucleic acid (DNA) of the monkeypox virus, where available, is being undertaken. Several European countries (Belgium, France, Germany, Israel, Italy, the Netherlands, Portugal, Slovenia, Spain, Switzerland and the United States of America) have published full-length or partial genome sequences of the monkeypox virus found in the current outbreak. While investigations are ongoing, preliminary data from PCR assays indicate that the monkeypox virus genes detected belong to the West African clade.

ACAM-2000 and MVA-BN vaccines are being deployed by some Member States to manage close contacts. Others may hold supplies of LC16 vaccines.

Interim guidance is being developed to support Member States with surveillance, laboratory diagnostics and testing, case investigation and contact tracing, clinical management, vaccines and immunization, and risk communication and community engagement.

WHO has updated its guidance on monkeypox outbreak response and published the following documents:

- [Monkeypox minimum dataset case reporting form \(CRF\)](#) (4 June 2022)
- [Surveillance, case investigation and contact tracing for monkeypox: Interim guidance](#) (22 May 2022)
- [Laboratory testing for the monkeypox virus: Interim guidance](#) (23 May 2022)
- [Monkeypox: public health advice for men who have sex with men \(MSM\)](#) (25 May 2022)
- [WHO Monkeypox outbreak: update and advice for health workers](#) (26 May 2022)
- [Technical brief \(Interim\) and priority actions: Enhancing readiness for monkeypox in WHO South-East Asia Region](#) (28 May 2022)
- [Interim advice on Risk Communication and Community Engagement during the monkeypox outbreak in Europe, 2022](#) (2 June 2022)

WHO interim guidance on the clinical management and infection prevention and control for monkeypox, and on vaccines and immunization for monkeypox, will be published shortly.

Table 2. Cases of monkeypox in the WHO African Region reported to WHO from 1 January 2022 to 1 June 2022

Country	Confirmed cases	Suspected cases	Deaths
Cameroon	3	28	2
Central African Republic	8	17	2
Republic of Congo	2	7	3
Democratic Republic of the Congo	10	1 284	58
Liberia	0	4	0
Nigeria	21	66	1
Sierra Leone	0	2	0
Cumulative	44	1 408	66

Region	Country	Confirmed
AMRO	Argentina	2
	Canada	58
	Mexico	1
	United States of America	19
EMRO	Morocco	1
	United Arab Emirates	8
EURO	Austria	1
	Belgium	12
	Czechia	6
	Denmark	2
	Finland	2
	France	33
	Germany	57
	Hungary	1
	Ireland	4
	Israel	2
	Italy	20
	Malta	1
	Netherlands	31
	Norway	1
	Portugal	138
	Slovenia	6
	Spain	156
Sweden	4	
Switzerland	4	
United Kingdom of Great Britain and Northern Ireland	207	
WPRO	Australia	3
Cumulative	27 countries	780

WHO risk assessment

- Currently, the public health risk at the global level is assessed as moderate considering this is the first time that many monkeypox cases and clusters are reported concurrently in non-endemic and endemic countries in widely disparate WHO geographical areas.
- Cases were initially and mainly identified amongst men self-identified as part of extended sexual networks. The sudden appearance and wide geographic scope of many cases that initially appeared to be sporadic cases indicate that extended human-to-human transmission was facilitated by frequent encounters between persons in close proximity and/or with physical contact. Some countries are reporting that new generations of cases are no longer appearing only among known contacts of previously confirmed cases, suggesting that chains of transmission are being missed through undetected circulation of the virus.
- Additionally, as epidemiological and laboratory information are still limited, the actual number of cases is likely an underestimate. This may in part be due to the lack of early clinical recognition of an infection previously known to occur mostly in West and Central Africa, limited surveillance, and a lack of widely available diagnostics in some countries.
- Although the current risk to human health and for the general public remains low, the public health risk could become high if this virus exploits the opportunity to establish itself in non-endemic countries as a widespread human pathogen.
- To date, all cases identified in non-endemic countries whose samples were confirmed by PCR have been identified as being infected with the West African clade. There are two known clades of monkeypox, one endemic to West Africa (WA) and one to the Congo Basin (CB) region. The WA clade has in the past been associated with an overall lower mortality rate of <3% while the CB clade appears to more frequently cause severe disease with a case fatality ratio (CFR) previously reported from 1-10%; both estimates are based on infections among a generally younger population in the African setting.
- Vaccination against smallpox was shown in the past to be cross-protective against monkeypox.

WHO advice

Vaccines and immunization

- There is a vaccine for monkeypox recently approved by some countries for which supplies are limited
- Regardless of vaccine supply, mass vaccination of the population is not required nor recommended for monkeypox.
- Post-exposure prophylaxis (PEP) is recommended for contacts of cases with an appropriate second- or third-generation smallpox or monkeypox vaccine, ideally within four days (and up to 14 days) of first exposure to prevent onset of disease.
- Pre-exposure prophylaxis (PrEP) is recommended for health workers at high risk of exposure, laboratory personnel working with orthopoxviruses, clinical laboratory personnel performing diagnostic testing for monkeypox, and response team members as may be designated by public health authorities.
- All decisions around immunization with smallpox or monkeypox vaccines should be based on an assessment of risks and benefits on a case-by-case basis, using shared clinical decision-making.

Large gatherings

- Large gatherings may represent a conducive environment for the transmission of monkeypox virus if they entail close, prolonged and frequent interactions among people.
- While postponing or cancelling gatherings in areas where monkeypox cases have been detected is not required as a default measure, precautionary measures should be implemented.

International travel

Based on available information at this time, WHO does not recommend that States Parties adopt any international travel-related measure for either incoming or outgoing travellers.

Latest country reports

-Monkeypox New Activity-



Latvia - The first case of monkeypox has been confirmed in Latvia. According to available information, the affected individual is a 50-year-old man with a recent history of travel to an unspecified location. The government's Center for Disease Prevention and Control has indicated that contact tracing is underway and preventive measures have been taken to avoid the spread of the virus in accordance with national and international standards. Monkeypox is a neglected tropical disease endemic to west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries but also some cases in the current outbreak have been associated with travel to non-endemic countries reporting cases.

Source: [NEWS MEDIA](#)

Hungary - The first case of monkeypox has been confirmed in Hungary. Officially available information indicated that the affected individual is a 38-year-old man; however, there is limited information regarding the case severity, travel history, or connection to the ongoing outbreaks in non-endemic countries. Monkeypox is a neglected tropical disease endemic to the west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries but also because some cases in the current outbreak have been associated with travel to non-endemic countries reporting cases.

Source: [NEWS MEDIA](#)

Morocco - The first case of monkeypox has been confirmed in Morocco. There is limited available information, however, media reports indicate that health officials reported that the affected individual has a recent history of travel to an unspecified location in Europe where cases without a recent history of travel to endemic countries have also been reported. Additionally, health authorities have indicated that contact tracing is underway and preventive measures have been taken to avoid the spread of the virus in accordance with national and international standards. Monkeypox is a neglected tropical disease endemic to the west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries but also because some cases in the current outbreak have been associated with travel to non-endemic countries reporting cases.

Source: [NEWS MEDIA](#)

Gibraltar - The first case of monkeypox has been confirmed in Gibraltar. There is limited information available on the demographics of the affected individual. The Gibraltar Health Agency (GHA) indicated in a statement that the case is a resident of Spain who works in Gibraltar and presented at St Bernard's Hospital, where they were immediately isolated as per GHA's monkeypox procedure. According to the GHA, the individual's only known close contact is a Spanish national who works in Gibraltar. Monkeypox is a neglected tropical disease endemic to west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries but also some cases in the current outbreak have been associated with travel to non-endemic countries reporting cases.

Source: [NEWS MEDIA](#)

Sierra Leone - According to the World Health Organization (WHO), seven countries in the African continent, including Sierra Leone, have reported monkeypox cases in 2022. While the number of confirmed cases is unknown, monkeypox is endemic in the country with sporadic human cases reported historically. The identified cases are likely not associated with the ongoing global outbreak in non-endemic countries. One confirmed case per year has been identified in both 2014 and 2017 with

WHO highlights the countries effective response measure in past monkeypox outbreaks garnered through key learnings through their health system recovery post-Ebola. In response to the ongoing outbreaks in both non-endemic and endemic countries, WHO will support African countries in the implementation of laboratory diagnosis, surveillance, and response plans to contain the spread of disease.

Source: [WHO](#)

Malta - The first case of monkeypox has been confirmed in Malta. Information released from the Ministry of Health indicates that the affected individual is a 38-year-old male Maltese resident, with a recent history of travel to an undisclosed location where there is an outbreak of monkeypox. It is unclear if the travel history is related to endemic or non-endemic countries. In addition, official information indicates that the affected is in good general condition and has been mandated to self-isolate at home for 21 days. Monkeypox is a neglected tropical disease endemic to West and Central African countries. This event is noteworthy not only due to the number of cases reported in a short timeframe across multiple countries but also because some cases in the current outbreak have been associated with travel to non-endemic countries also reporting cases of monkeypox.

Source: [NewsMedia](#)

Mexico - The first case of monkeypox has been confirmed in Mexico. Officially available information indicates that the affected individual is a 50-year-old man in Mexico City, who is a permanent resident in New York, USA but who has a recent travel history to the Netherlands. However, there are limited details about dates of travel to either Netherlands or New York City. In both locations, there are at least one confirmed case and several others under investigation. Monkeypox is a neglected tropical disease endemic to the west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in a short timeframe across multiple countries but also because some cases in the current outbreak have been associated with travel to non-endemic countries reporting cases.

Source: [NewsMedia](#)

Finland - The Ministry of Health and Community Protection in the United Arab Emirates (UAE) has confirmed the country's first case of monkeypox. The Ministry reports that the case is a woman visiting the UAE from a country in West Africa and is currently receiving treatment. News media quotes the Ministry stating that necessary measures are being implemented to investigate and monitor all close contacts of the case. Monkeypox is a neglected tropical disease endemic to west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy as it appears to have been acquired in an endemic region, and suggests a larger outbreak is taking place in the (unspecified) origin location. This case does not appear to be directly linked to the ongoing global outbreak in non-endemic countries.

Source: [NEWS MEDIA](#)

Ireland - The Helsinki hospital district has identified the first probable case of monkeypox in Finland. According to preliminary information, a man who had recently returned from a trip to an undisclosed European country presented signs of infection by a virus from the orthopox genus, which includes monkeypox and smallpox viruses. Health authorities are conducting further testing to confirm whether it is monkeypox, and results are expected by the end of the week. The affected individual is currently receiving homecare and is exhibiting mild symptoms of blisters and fever. Monkeypox is a neglected tropical disease endemic to west and central African countries. It is considered to spread primarily through animal contact in endemic regions but can also spread between people through direct contact with skin lesions and/or exposure to infectious respiratory droplets. This event is noteworthy not only because of the number of cases reported in

WHO-Report

Acute hepatitis of unknown aetiology in children - Multi-country

Source: <https://www.who.int/emergencies/disease-outbreak-news/item/DON-389>

Outbreak at a glance

Six hundred and fifty probable cases of acute hepatitis of unknown aetiology in children have been reported to WHO from 33 countries in five WHO Regions between 5 April and 26 May 2022. The aetiology of this severe acute hepatitis remains unknown and under investigation; the cases are more clinically severe and a higher proportion develops acute liver failure compared with previous reports of acute hepatitis of unknown aetiology in children. It remains to be established whether and where the detected cases are above-expected baseline levels. WHO assesses the risk at the global level as moderate.

Out of the 650 probable cases, at least 38 (6%) children have required transplants, and nine (1%) deaths have been reported to WHO.

According to the latest [Joint Surveillance Report by the WHO Regional Office for Europe \(EURO\) and the European Centre for Disease Prevention and Control \(ECDC\)](#) on cases from EU/EEA countries which have been reported through the European Surveillance System (TESSy), as of 20 May 2022:

- Three quarters (75.4%) of cases are <5 years of age.
- Of 156 cases with information on hospital admission, 22 (14.1%) were admitted to an intensive care unit. Of the 117 cases for which this information was available, 14 (12%) have received a liver transplant.
- Overall, 181 cases were tested for adenovirus by any specimen type, of which 110 (60.8%) tested positive. The positivity rate was the highest in whole blood specimens (69.5%).
- Of the 188 cases PCR tested for SARS-CoV-2, 23 (12.2%) tested positive. Serology results for SARS-CoV-2 were only available for 26 cases, of which 19 (73.1%) had a positive finding.
- Of the 63 cases with data on COVID-19 vaccination, 53 (84.1%) were unvaccinated.

Most of the reported cases appear to be unrelated and extensive epidemiological investigations are underway to identify common exposures, risk factors or links between cases. Two pairs of cases have been reported as epidemiologically linked in Scotland, and linked cases have also been reported in the Netherlands.

Based on the working case definition for probable cases, laboratory testing has excluded hepatitis A-E viruses in these children. SARS-CoV-2 and/or adenovirus have been detected in a number of the cases, although the data reported to WHO are incomplete. The United Kingdom has recently observed an increase in adenovirus activity, which is co-circulating with SARS-CoV-2, though the role of these viruses in the pathogenesis is not yet clear.

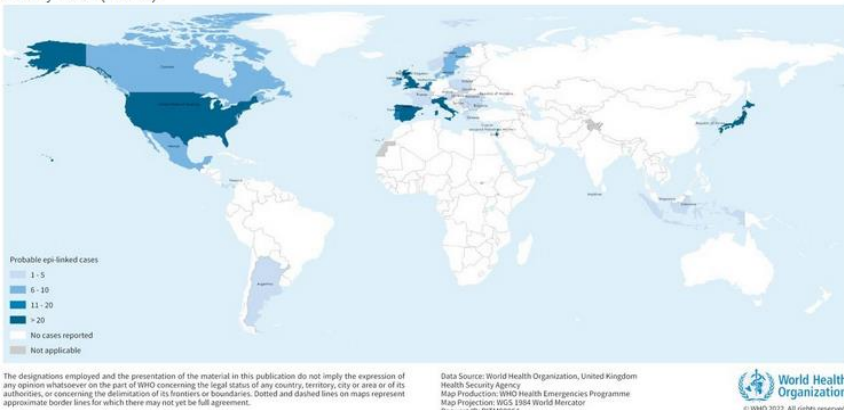
Further detailed epidemiological, clinical, laboratory, histopathological and toxicological investigations of the possible cause(s) of these cases are underway by several national authorities, research networks and across different working groups in WHO and with partners. Additional investigations are also planned to ascertain whether and where the detected cases are above-expected baseline levels.

WHO risk assessment

WHO assesses the risk at the global level as moderate considering that:

1. The aetiology of this severe acute hepatitis remains unknown and under investigation; the cases are more clinically severe and a higher proportion develops acute liver failure compared with previous reports of acute hepatitis of unknown aetiology in children;
2. Limited epidemiological, laboratory, histopathological and clinical information is currently available to WHO;
3. The actual number of cases may be underestimated in some settings, in part due to the limited surveillance capacity in place;
4. The source and mode of transmission of the potential aetiologic agent(s) has not yet been determined, and so the likelihood of further spread cannot be fully assessed;
5. Although there are no available reports of healthcare-associated infections, human-to-human transmission cannot be ruled out as there have been a few reports of epidemiologically linked cases.

Figure 1. Distribution of probable cases of acute severe hepatitis of unknown aetiology in children by country, as of 26 May 2022 (n=650).



WHO working case definition:

Confirmed: N/A at present

Probable: A person presenting with an acute hepatitis (non hep A-E*) with serum transaminase >500 IU/L (AST or ALT), who is 16 years and younger, since 1 October 2021

Epi-linked: A person presenting with an acute hepatitis (non hep A-E*) of any age who is a close contact of a probable case, since 1 October 2021

*If hepatitis A-E serology results are awaited, but other criteria 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.

Table 1. Classification of reported probable cases per country since 1 October 2021, as of 26 May 2022

Country	Probable/epi-linked cases (total = 650)	Cases requiring liver transplants (total = 38)	SARS-CoV-2 positive*	Adenovirus positive*	Adenovirus type 41*
Argentina	<5	<5	0	<5	<5
Austria	<5	0	<5		
Belgium	14	0	<5	<5	
Bulgaria	<5				
Canada	10	<5	<5	<5	
Cyprus	<5	0		<5	<5
Denmark	7	0	<5		
France	<5	0	0	<5	
Greece	<5	0	<5		
Indonesia	<5	0			
Ireland	7	<5	0	0	
Israel	12	<5			
Italy	27	<5	<5	<5	
Japan	31	0	<5	<5	0
Maldives	<5	0			
Mexico	10	0			
Republic of Moldova	<5	0			
Netherlands	14	<5	<5	<5	
Norway	<5	0	<5	<5	
Occupied Palestinian Territories	<5	0			
Panama	<5	0			
Poland	<5	0			
Portugal	11	0		<5	
Republic of Korea	<5	0	<5	<5	
Romania	<5	<5		0	
Serbia	<5	<5			
Singapore	<5	0	<5	<5	
Slovakia	<5	0			
Slovenia	<5	0			
Spain	29	<5	<5	<5	
Sweden	9	0			
United Kingdom (the)	222	11	25	116	27
United States of America	216	15	<5	75	6

* Number of cases tested unknown

Situation by WHO Region, as of 29 May

Global epidemiological situation overview; WHO as of 29 May 2022

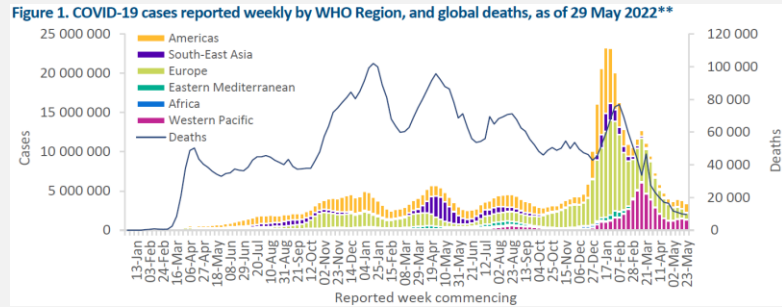
Globally, the number of new weekly cases has continued to decline since a peak in January 2022. During the week of 23 until 29 May 2022, over 3.3 million cases were reported, an 11% decrease as compared to the previous week (figure 1). The number of new weekly deaths also continues to decline, with over 9 600 fatalities reported, representing a 3% decrease as compared to the previous week.

At the regional level, the number of new weekly cases increased in the American Region (+9%) and in the Eastern Mediterranean Region (+1%), while it decreased in the remaining four WHO regions.

The number of new weekly deaths increased in the Western Pacific Region (+18%), in the African Region (+15%), and in the Region of the Americas (+13%), while decreasing trends were observed in the remaining three regions.

As of 29 May 2022, over 526 million confirmed cases and over six 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.

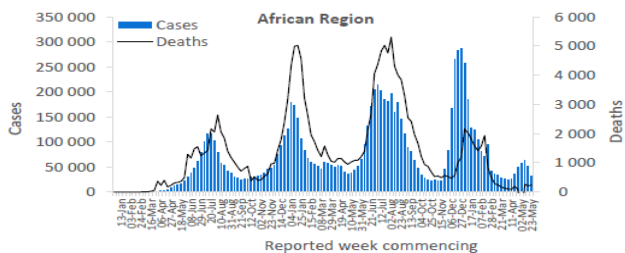


WHO regional overviews: Epidemiological week 23-29 May 2022**

African Region

After reporting increasing trends for a month, the African Region reported a decline in the number of new weekly cases for the second consecutive week, with over 34 000 new cases, a 36% decrease as compared to the previous week. However, eleven (22%) countries reported an increase in the number of new cases of over 20%, with the greatest proportional increases observed in Angola (234 vs 46 new cases; +409% and included batch reporting), Kenya (464 vs 211 new cases; +120%) and Ethiopia (889 vs 406 new cases; +119%). The highest numbers of new cases were reported from South Africa (25 541 new cases; 43.1 new cases per 100 000 population; -35%), Réunion (3252 new cases; 363.2 new cases per 100 000; -40%), and Ethiopia (889 new cases; <1 new case per 100 000; +119%).

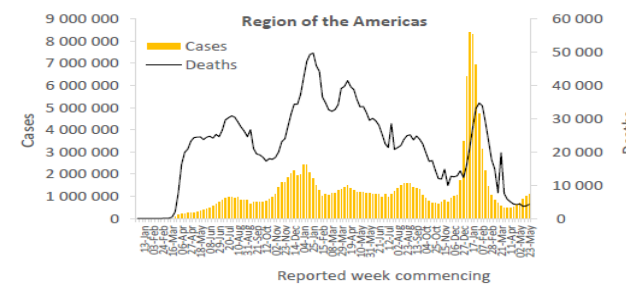
The number of new weekly deaths increased by 15% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from South Africa (211 new deaths; <1 new death per 100 000 population; +19%), Réunion (seven new deaths; <1 new death per 100 000; -13%), and Zimbabwe (six new deaths; <1 new deaths per 100 000; -50%).



Region of the Americas

The Region of the Americas has continued to report an increasing trend in case incidence since mid-April 2022, with over 1.1 million new weekly cases, a 9% increase as compared to the previous week. Ten (18%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Saba (18 vs 4 new cases; +350%), Dominican Republic (1909 vs 838 new cases; +128%) and Brazil (158 732 vs 97 674 new cases; +63%). The highest number of new cases were reported from the United States of America (736 298 new cases; 222.4 new cases per 100 000; +3%), Brazil (158 732 new cases; 74.7 new cases per 100 000; +63%), and Argentina (51 778 new cases; 114.6 new cases per 100 000; +19%).

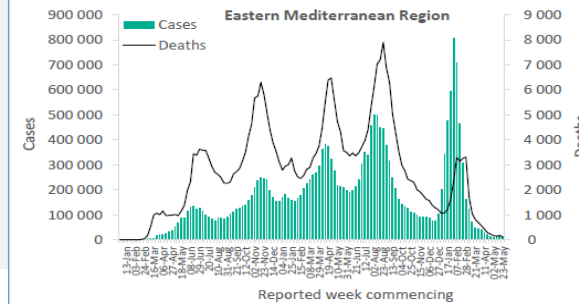
The number of new weekly deaths in the Region increased by 13% as compared to the previous week, with over 4200 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2461 new deaths; <1 new death per 100 000; +25%), Brazil (826 new deaths; <1 new death per 100 000; +16%), and Canada (303 new deaths; <1 new death per 100 000; -32%).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 17 000 new weekly cases, representing a 1% increase as compared to the previous week. Seven (32%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases observed in Kuwait (751 vs 105 new cases; +615% and included batch reporting), Sudan (92 vs 34 new cases; +171%) and Morocco (1202 vs 824 new cases; +46%). The highest numbers of new cases were reported from Saudi Arabia (3621 new cases; 10.4 new cases per 100 000; -4%), Bahrain (3187 new cases; 187.3 new cases per 100 000; -16%), and the United Arab Emirates (2603 new cases; 26.3 new cases per 100 000; +13%).

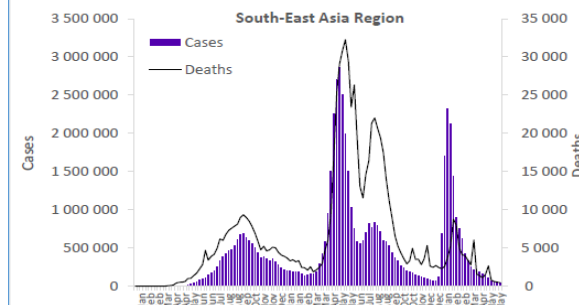
The number of new weekly deaths in the Region decreased by 45% as compared to the previous week, with 96 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (35 new deaths; <1 new death per 100 000; -36%), Saudi Arabia (15 new deaths; <1 new death per 100 000; +7%), and Egypt (14 new deaths; <1 new death per 100 000; -33%).



South-East Asia Region

The South-East Asia Region has continued to report decreasing trends in the incidence of weekly cases and deaths since mid-January 2022, with over 50 000 new cases and over 400 new deaths reported this week, decreases of 8% and 15% respectively as compared to the previous week. Two countries showed increases in the number of new cases of 20% or greater: Bhutan (40 vs 4 new cases; +900% but due to batch reporting) and Timor-Leste (17 vs 6 new cases; +183%). The highest numbers of new cases were reported from Thailand (31 154 new cases; 44.6 new cases per 100 000; -17%), India (16 672 new cases; 1.2 new cases per 100 000; +13%), and Indonesia (1825 new cases; <1 new case per 100 000; similar to the previous week's figures).

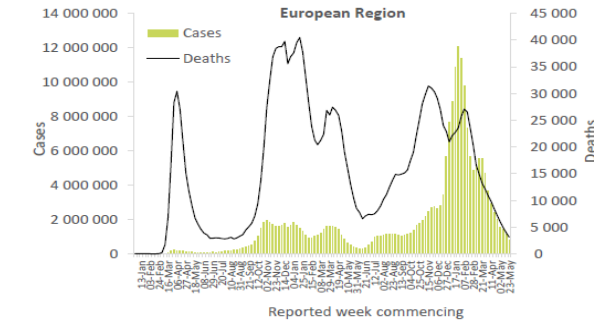
The highest numbers of new deaths in the Region were reported from Thailand (226 new deaths; <1 new death per 100 000; -18%), India (173 new deaths; <1 new death per 100 000; -13%), and Indonesia (52 new deaths; <1 new death per 100 000; -19%).



European Region

In the European Region, the number of new cases has continued to decline since mid-March 2022, with over 842 000 new weekly cases, a 30% decrease as compared to the previous week. Three (5%) countries in the Region reported increases in new cases of 20% or greater: Armenia (25 vs 18 new cases; +39%), Denmark (4426 vs 3269 new cases; +35%) and Azerbaijan (49 vs 40 new cases; +23%). The highest numbers of new cases were reported from Germany (183 844 new cases; 221.1 new cases per 100 000; -38%), Portugal (176 910 new cases; 1718.3 new cases per 100 000; -8%), and Italy (144 478 new cases; 242.2 new cases per 100 000; -27%).

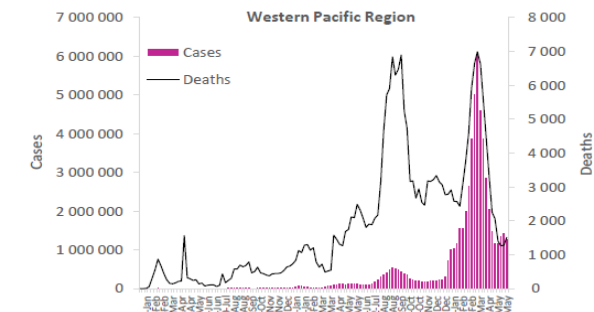
Over 3100 new weekly deaths were reported, a 22% decrease as compared to the previous week. The highest numbers of new deaths were reported from Italy (624 new deaths; 1.0 new death per 100 000; -15%), the Russian Federation (605 new deaths; <1 new death per 100 000; -11%), and the United Kingdom (314 new deaths; <1 new death per 100 000; -43%).



Western Pacific Region

After an increasing trend in the number of new weekly cases observed during the last three weeks, the Western Pacific Region reported just under 1.3 million new cases this week, a 10% decrease as compared to the previous week. Two countries reported increases in new cases of 20% or greater: Northern Mariana Islands (Commonwealth of the) (18 vs 10 new cases; +80%) and French Polynesia (53 vs 37 new cases; +43%). The highest numbers of new cases were reported from China (576 367 new cases; 39.2 new cases per 100 000; +6%), Australia (294 128 new cases; 1153.4 new cases per 100 000; -18%), and Japan (203 365 new cases; 160.8 new cases per 100 000; -18%).

The Region reported over 1500 new weekly deaths, representing an 18% increase as compared to the previous week. The highest numbers of new deaths were reported from China (578 new deaths; <1 new death per 100 000; +82%), Australia (347 new deaths; 1.4 new deaths per 100 000; +13%), and Japan (244 new deaths; <1 new death per 100 000; -4%).



Global Situation

COVID-19 Country Spotlight and Global Update



Overview of COVID-19 in Taiwan

Disease activity

- According to BlueDot's COVID-19 Data Suite, as of June 2, 2022, the incidence rate of COVID-19 cases in Taiwan is **moderate** (140.1 - 350) **to high** (> 350), **with a decreasing trend**. This indicates that Taiwan has experienced > 140 cases per 100,000 over the past 14 days and has a rate of change in new cases over the past seven days that is statistically significant and decreasing.
- Although a decreasing trend is reported, **daily cases remain very high when compared to early 2022**.
- The seven-day rolling average number of daily new cases is **79,699 as of June 2**, which is a **0.3% decrease** from the 81,387 seven-day rolling average number of daily new cases recorded a week prior on May 26, 2022. Two months prior, on **April 2, 2022**, the seven-day rolling average of daily new cases was **210**.
- The seven-day rolling average number of new deaths has roughly **doubled** from 60 new deaths on May 26, 2022, to **123 new deaths on June 2, 2022**.
- News media reports that the current surge in cases is attributed to Taiwan's **move away from its "Zero COVID-19" policy**, whereby COVID-19 restrictions have been eased as the country reopens to the international community. [1]
- According to news media, **most cases are due to the Omicron variant (unspecified sub-lineage)**. It is unclear if the sub-lineages BA.4 and BA.5, which have been attributed to sudden case increases in other parts of the world, are present in Taiwan. [1]
- News media has reported that **99.7%** of Taiwan's new cases between January 1, 2022, and June 2, 2022, were **either asymptomatic or presented with mild symptoms**. [2]

Test eligibility

- As of June 1, 2022, Taiwan's Central Epidemic Command Center (CECC) has mandated that **all passengers arriving in Taiwan from abroad are required to have their saliva samples collected for COVID-19 PCR Testing**. [3]
- On June 3, 2022, Taiwan's Ministry of Education announced that **each student will be allowed to pick up four free at-home test kits** as distance learning ends and students return to school in-person. The home-testing kits will be made available to students in elementary, junior high school, senior high school, and the first three years of five-year junior colleges. [4]
- Individuals residing or working in care institutions, as well those living in disadvantaged situations, are eligible for five free rapid test kits**. [5] For the general public, Taiwan utilizes a name-based distribution system, whereby individuals who need test kits can purchase them using their National Health Insurance card at pre-specified pharmacies and district public health centers. [6]

Public measures

- Since early 2020, Taiwan implemented a "Zero-COVID" strategy which included isolating positive cases in hospitals and stringent contact tracing. However, in February 2022, **Taiwan made the decision to move to a "living with COVID" strategy, which has included the gradual easing of restrictions**. Currently, the isolation of positive cases in hospitals is no longer required and the CECC is discussing reducing the seven-day mandatory quarantine of overseas passengers to a "3+4" day quarantine depending on their test results. [7,8]
- In April 2022, the **CECC advised residents to download the "Taiwan Social Distancing" app**. This phone application has replaced the previously used text message-based contact tracing system. The app requires users to keep their phone with them in order for Bluetooth signals to record the duration of distance from other app users. Personal information is not required to use the app, however, it does require individuals to report travel history, COVID-positive contacts, and rapid test results. After doing so other app users are alerted if they have been in contact with COVID-positive app users. [9]

- The CECC has **extended the current mask mandate until June 30, 2022**. Individuals are required to wear a face mask that covers their nose and mouth while in outdoor public areas, commercial business venues, supermarkets, markets, and when on public transportation. Physical distancing and proper hand hygiene continue to be highly encouraged. [10]

Vaccination coverage

- According to news media [2], of the country's approximately 24 million population: **88.77%** (21,215,397) have received **at least one dose of a COVID-19 vaccination** **81.87%** (19,566,346) have received **at least two doses** **65.67%** (15,694,662) have received a **booster dose**
- In mid-May 2022, **Taiwan began offering a fourth dose of vaccine to residents over the age of 65 and immunocompromised individuals over the age of 60**. Similar to when the first round of boosters was offered, those receiving a fourth dose have the choice of half a standard dose of the Moderna COVID-19 vaccine, a full dose of the Pfizer-BioNTech COVID-19 vaccine or Medigen vaccine. [11]
- As schools start to reopen, on May 30, 2022, the CECC received a second batch of 331,200 doses of Pfizer-BioNTech COVID-19 vaccine. These vaccines are intended for children aged five to 11 years of age to receive their primary series of vaccination. [12] According to news media as of May 28, health authorities stated that approximately **30% (455,000) of children aged five to 11 in Taiwan had been vaccinated**. [13]

Global update

534.3 Million Cases
-22% (+ 3.5 Million New Cases)

6.3 Million Deaths
-17% (+ 8,000 New Deaths)

67.3% (of Top 10 Countries)
Cumulative Vaccine Doses Administered Globally

The 5 Countries with the Highest 7-day Rolling Avg. of Daily Cases

- North Korea
- United States
- Taiwan
- Germany
- Australia

The 5 Countries/Territories with the Highest 7-day Avg. of Daily Cases Per Million Population

- North Korea
- Taiwan
- Martinique
- Falkland Islands
- New Zealand

Incidence Rates of Continents with Largest Proportion of Countries

High (>350 per 100,000) Incidence Rate (Past 14 days)
Stable or increasing trend Past 7 days
29% of **North & Central America** (12 of 41 countries)

Low to Moderate (<=140 - 350) Incidence Rate (Past 14 days)
Stable or increasing trend Past 7 days
25% of **Oceania** (4 of 16 countries)

Low (<=140) Incidence Rate (Past 14 days)
Stable or decreasing trend Past 7 days
50% of **South America** (7 of 14 countries)

The 5 high income countries/territories with the HIGHEST DECREASE in the rate of new people fully vaccinated per 100,000 population compared to the previous week

1 Bahrain	59%
2 Northern Mariana Islands	53%
3 Guam	48%
4 Macao	48%
5 Canada	42%

The 5 low and middle income countries with the HIGHEST DECREASE in the rate of new people fully vaccinated per 100,000 population compared to the previous week

1 Zimbabwe	84%
2 Armenia	80%
3 Uganda	76%
4 Honduras	74%
5 Burkina Faso	67%

The 5 low and middle income countries with the HIGHEST DECREASE in the rate of new people fully vaccinated per 100,000 population compared to the previous week

1 Zimbabwe	84%
2 Armenia	80%
3 Uganda	76%
4 Honduras	74%
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1 Bahrain	59%
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Global Situation

Omicron BA.4 and BA.5 Sublineage Follow-up

Geographic spread and prevalence of VOCs

There continues to be a decline in the number of SARS-CoV-2 sequences submitted to GISAID, with 152 476 submitted within the last 30 days. The Omicron VOC remains the dominant variant circulating globally, accounting for nearly all sequences reported. Among the Omicron sublineages, BA.2 is the dominant sublineage, despite declining from 78% to 75% of Omicron sequences submitted in the last 30 days. The BA.1 sublineage has also declined in prevalence from 7% to 4%. Three Omicron sublineages have shown an increasing trend among Omicron sequences submitted in the last 30 days: BA.2.12.1 has risen from 11% to 16%; BA.4 has risen from 2% to 3%; and BA.5 has risen from 1% to 2%. During the same period, the prevalence of BA.3 has declined to <1%.

(These trends should be interpreted with due consideration of the limitations of surveillance systems, including differences in sequencing capacity and sampling strategies between countries, as well as changes in sampling and sequencing strategies in multiple countries.)

Latest VOCs have largely replaced other co-circulating SARS-CoV-2 variants. Delta reached almost 90% of all viral sequences submitted on GISAID by October 2021, and Omicron is currently the dominant variant circulating globally, accounting for >98% of viral sequences shared on GISAID after February 2022. As transmission of these VOCs has been sustained, this has led to significant intra-VOC evolution. Since its designation as a VOC by WHO on 26 November 2021, viruses part of the Omicron complex have continued to evolve, leading to descendent lineages with different genetic constellations of mutations. Each constellation may or may not differ in the public health risk it poses, and each lineage that includes substitutions in key sites may need further investigation to assess whether its characteristics diverge or not from those that define the variant of concern they stem from.

In light of the widespread transmission of the Omicron VOC across the globe and the subsequent expected increased viral diversity, WHO has added a new category to its variant tracking system, termed “VOC lineages under monitoring” (VOC-LUM) to signal to public health authorities globally, which VOC lineages may require prioritized attention and monitoring. The main objective of this category is to investigate if these lineages may pose an additional threat to global public health as compared to other circulating viruses. If any of these lineages is proven to have distinct characteristics as compared to the original VOC it belongs to, the TAG-VE will convene and may advise WHO to give it a separate WHO label.

Currently circulating variants of concern (VOCs):

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Additional amino acid changes monitored*	Earliest documented samples	Date of designation
Omicron*	B.1.1.529	GR/484A	21K, 21L, 21M, , 22A, 22B, 22C	+S:R346K +S:L452X +S:F486V	Multiple countries, Nov-2021	VUM: 24-Nov-2021 VOC: 26-Nov-2021

Previously circulating VOCs:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Alpha	B.1.1.7	GRY	20I (V1)	United Kingdom, Sep-2020	VOC: 18-Dec-2020 Previous VOC: 09-Mar-2022
Beta	B.1.351	GH/501Y.V2	20H (V2)	South Africa, May-2020	VOC: 18-Dec-2020 Previous VOC: 09-Mar-2022
Gamma	P.1	GR/501Y.V3	20J (V3)	Brazil, Nov-2020	VOC: 11-Jan-2021 Previous VOC: 09-Mar-2022
Delta	B.1.617.2	G/478K.V1	21A, 21I, 21J	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021 Previous VOC: 7-Jun-2022

VOC-LUMs*:

Pango lineage	GISAID clade	Nextstrain clade	Relationship to circulating VOC lineages	Genetic features	Earliest documented samples
BA.4#	GRA22A	22A	BA.1 and BA.2 sister lineage	BA.2-like constellation in the spike protein + S:del69/70, S:L452R, S:F486V, S:Q493 reversion	South Africa, Jan-2022
BA.5#	GRA	22B	BA.1 and BA.2 sister lineage	BA.2-like constellation in the spike protein + S:del69/70, S:L452R, S:F486V, S:Q493 reversion	South Africa, Jan-2022
BA.2.12.1	GRA	22C	BA.2 sublineage	BA.2 + S:L452Q, S:S704F	United States of America, Dec-2021
BA.2.9.1§	GRA	-	BA.2 sublineage	BA.2 + S:L452M	Multiple countries, Feb-2022
BA.2.11**	GRA	-	BA.2 sublineage	BA.2 + S:L452R	Multiple countries, Mar-2022
BA.2.13§	GRA	-	BA.2 sublineage	BA.2 + S:L452M	Multiple countries, Feb-2022

Other Infectious Disease Outbreaks/ Conflicts



Unknown Hepatitis

Colombia - The first case of hepatitis of unknown etiology among children in the multicountry outbreak that was first observed in the United Kingdom in April 2022 has been reported in Colombia. According to available information, the affected is a two-year-old child who presented to a local hospital in mid-April. Similar to protocols of ongoing worldwide investigations, laboratory testing of samples were performed, and were confirmed positive for both adenovirus and SARS-CoV-2. This is similar to previously reported cases, but a common cause has not been confirmed across all cases globally. The hepatitis of unknown cause among children has been detected across at least 33 countries and according to the World Health Organization (WHO), there are roughly 650 cases worldwide that are currently under investigation

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

Ebola

Democratic Republic of the Congo - In a follow-up on the ongoing Ebola outbreak in the Democratic Republic of the Congo, news media has reported on suspected deaths potentially as the result of factors including a more virulent strain of Ebola, low adherence to isolation protocols, and low vaccination uptake. News media has reported that as of May 15, 2022, six of the 22 contacts identified as suspected Ebola cases had died before they could be tested. These deaths have not been confirmed or reported officially. Additionally, 16 of those suspected Ebola cases refused isolation and are still within the community. Based on the deaths of all five cases reported in the current outbreak (case fatality ratio (CFR) = 100 %), there is suspicion that this Ebola strain may be less transmissible but more virulent than the previous strains responsible for the 2018 and 2020 outbreaks in the Equateur Province. The WHO reports that 1,311 individuals have been vaccinated as of May 25, 2022. News media reports that the regional population includes 340,000 individuals and that there is strong distrust between the community and isolation centers. The National Institute of Biomedical Research (INRB-Kinshasa) has completed full genome sequencing based on samples acquired from the index case. Results indicated that this outbreak represents a new spillover event from an animal reservoir and is not directly related to the 2018 and 2020 Equateur outbreaks. Additional investigation is required to understand what mutations may exist within this new strain and how this will affect the efficacy of currently available vaccines, the transmissibility/virulence of the pathogen, and what clinical impacts this may have on patients.

Source: Insights by BlueDot – [Reliefweb](#)

Mumps

United Kingdom - According to an annual report from the UK Health Security Agency (UKHSA), cases of mumps have been confirmed in England, United Kingdom in 2022. As of March 2022, 70% of reported cases occurred in adults 18 years and older. The number of confirmed cases in England has significantly declined since 2021 after observing a dramatic surge in case during the beginning of 2020. Over a similar time period, there were over 2,000 cases reported in 2020, compared to no cases in 2021 and 10 cases in 2022. Preventative measures implemented during the COVID-19 pandemic and changes to healthcare seeking behaviours may have impacted the number of cases reported. However, the UKSHA noted a decline in measles, mumps, and rubella vaccination for 2021 with a second dose coverage of 85.5% in children at 5 years. Disruptions in immunization campaigns can cause a resurgence of vaccine-preventable diseases. It is encouraged that the population ensure their regular vaccinations are complete and up to date.

Measles

Malta - A case of measles has been confirmed in Malta. Officially available information indicates that the affected individual is a 38-year-old man who has a recent history of travel to an undisclosed location where there is an active measles outbreak. The affected individual is in general good condition and has been placed under self-isolation at home. Maltese health authorities are urging citizens to ensure their immunizations are up-to-date.

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

Varicella

Kyrgyzstan - Cases of varicella (also known as chickenpox) have been reported in Kyrgyzstan. According to the Disease Prevention, Sanitary and Epidemiological Control Department there is a 7.7-fold increase between January to April 2022 as compared to the same period in 2021. Health authorities are reminding the population to ensure that their vaccinations are up-to-date.

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

Dengue

France - Cases of dengue fever continue to be reported in France in 2022. According to media sources, 13 cases have been reported between May 1-20, 2022. No details have been released regarding whether these cases were autochthonous or travel related. A vector for dengue, the Aedes albopictus mosquito (also referred to as the tiger mosquito) is established in several regions in France and has been spreading throughout the country since 2004. By the end of 2021, it was reported that 67 of the 96 metropolitan departments of France were colonized with the A. albopictus mosquito. As a result, each year between May and November, Public Health France coordinates seasonal enhanced surveillance of dengue fever in the metropolitan region and urges its residents to take precautions against mosquito bites.

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

Ehrlichioses/Anaplasmosis

Canada - Upward trends of anaplasmosis have been observed across at least two provinces (Ontario and Quebec) in Canada since 2021. According to a situation assessment from the Public Health Agency of Canada in July 2021, the local health department in Quebec (Estrie Public Health Department) had posted a Public Health Alert regarding an increase in the incidence of anaplasmosis in the region. Between June and July 2021, 10 human cases of anaplasmosis were confirmed in Quebec compared to 4 cases of anaplasmosis reported in the entire province in 2020. The number of cases for Ontario and more recent data for Quebec are not available yet. However, media reports are also raising concerns that these upward trends are likely secondary to global warming which facilitates the geographic expansion of vectors (i.e., ticks). Furthermore, they also indicate that these provinces are hotspots for the emergence of the black-legged tick (Ixodes scapularis) which has been well established for almost ten years north of the Canadian border due to progressively milder winters. Health authorities continue to warn the population to protect themselves against tick bites.

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

Tick borne encephalitis

Czechia - Cases of tick-borne encephalitis (TBE) have been reported in the Czech Republic since the beginning of the season in 2022. According to officially available information from the State Institute of Public Health (SZÚ), there is a two-fold increase in disease activity so far in 2022 when compared to the same time period in 2021. Historically, the Czech Republic, along with the Baltic States, has the largest number of cumulative TBE cases across Europe. Tick activity in the country usually starts in April and runs until late November, and therefore health officials are encouraging the population to protect against tick-bites as new cases are expected.

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

Lyme Disease

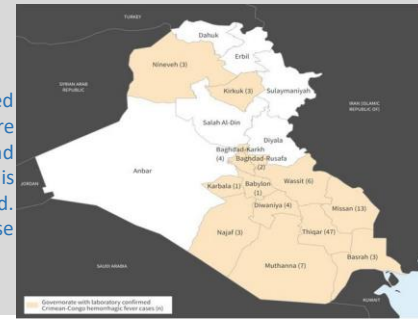
Canada - A human case of Lyme disease has been confirmed in Ontario, Canada. The case is reported to likely have been acquired in the Manitoulin District of Northeastern Ontario. No further details regarding the case have been reported. Previously, an adult from Manitoulin also tested positive for the same disease in August 2021. Blacklegged ticks infected with the bacteria that causes Lyme disease have been found in the Sudbury and Manitoulin districts over recent years but are commonly found in rural areas around the north shores of Lake Erie, Lake Ontario, Lake Superior, and the St. Lawrence River, as well as in the Rainy River area of northwestern Ontario. Officials have stated that while locally acquired cases remain uncommon, people should check for ticks immediately after outdoor activity, such as gardening, hiking or doing activities in wooded areas with tall grass.

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

Crimean-Congo Hemorrhagic Fever

Iraq - Between 1 January to 22 May 2022, the health authorities of the Republic of Iraq notified WHO of 212 cases of Crimean-Congo Hemorrhagic Fever (CCHF), of which 115 (54%) were suspected and 97 (46%) laboratory-confirmed; there were 27 deaths, 14 in suspected cases and 13 in laboratory confirmed cases. The number of cases reported in the first five months of 2022 is much higher than that reported in 2021, when 33 laboratory confirmed cases were recorded. Cases have been reported in several areas (governorates) in Iraq and the outbreak may pose additional pressure to an already over-stretched health care system.

Source: [WHO](#)



War in Ukraine

The 3 June marks 100 days since Russia began its full-scale invasion of Ukraine on 24 February. In that time, over one third of the country's pre-war population has been displaced – including almost two out of every three children – and nearly seven million people have fled to neighbouring countries. Fighting in Ukraine is now concentrated in the east and south of the country, after Russia's initial attempt to topple the government became bogged down outside the capital, Kyiv. The UN has recorded more than 9,000 civilian casualties, including over 4,000 deaths. However, the true toll is likely significantly higher: As many as 20,000 people were potentially killed in the southeastern port city of Mariupol alone, before it fell to Russian troops last month, and local and international investigators are probing thousands of allegations of alleged war crimes. Ukrainian civil society and volunteers have mobilised to respond to the staggering humanitarian needs caused by the invasion as the international aid effort has started to get off the ground. But the international response has also raised pressing questions about why some crises receive more attention (and funding) than others, and why some refugees are welcomed with open arms while others are violently turned away. (1)

HIGHLIGHTS as of 03 June

- Fighting only continues to escalate in eastern Ukraine, particularly in Luhanska and Donetsk oblasts, but with daily reports of attacks elsewhere in the country.
- Humanitarian conditions worsen as civilians shelter without basics, including water and, in some cases, cannot be reached with aid and cannot be evacuated safely.
- Potentially dangerous incidents for both civilians and the environment include a reported airstrike and explosion of nitric acid at a chemical plant in Sievierodonetsk.
- IOM reports that the number of internally displaced persons decreased by 11 per cent: from 8 million as of 3 May to 7.1 million as of 23 May.
- As of 26 May, the UN and humanitarian partners have reached nearly 7.6 million people in need across Ukraine.

Situation Overview as of 12 p.m. on 1 June

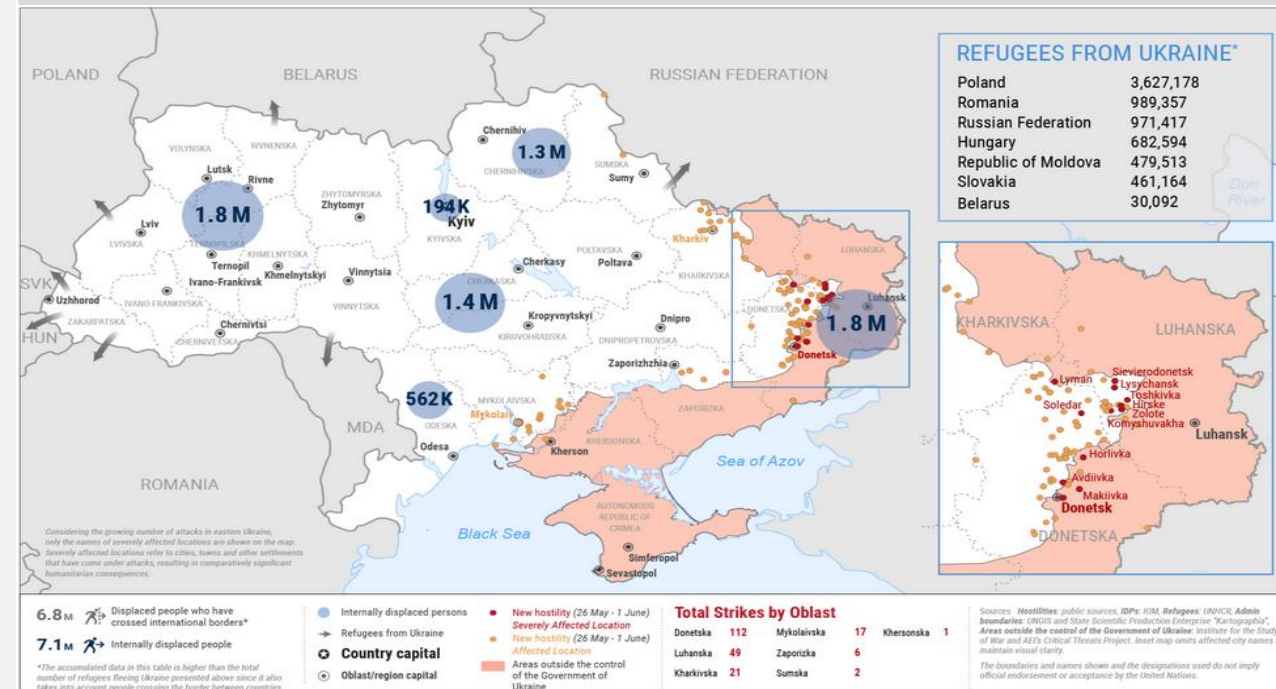
General security and humanitarian situation. Fighting during the reporting period remained especially devastating in eastern Ukraine, particularly in Luhanska oblast followed by Donetsk and Kharkivska oblasts, and with more civilians being caught in the middle – civilians having to shelter, being killed and injured and often having to evacuate or trying unsuccessfully to do so. In Luhanska oblast, much of the fighting was focused on the Government-controlled areas (GCA) of Ukraine and the road links to the GCA of Donetsk oblast, such as between Lysychansk (Luhanska oblast) and Bakhmut (Donetska oblast). And by 31 May the hostilities reportedly moved into Sievierodonetsk, the administrative centre of the GCA of Luhanska oblast. Also, on 31 May, Luhanska Governor Serhii Haidai reported that, currently, it was possible to deliver aid only to the Lysychansk and Hirske communities – and then by 1 June, it was reported that even these deliveries were impossible. Moreover, a missile attack was reported in Dnipropetrovska oblast (centre) on 27 May, shelling was reported in Chernihivska oblast (north) on 29 May, an airstrike was recorded in Sumyska oblast (north-east), heavy shelling was reported in Zaporizka oblast (south-east) on 31 May, and shelling was reported in Mykolaiivska oblast (south) on 1 June.

Civilian casualties. There have been daily reports of civilian casualties in eastern Ukraine and beyond. On 27-29 May, 10 civilians were reported to have been killed and 12 injured, and more than 80 civilian houses and structures were damaged in the GCA of Donetsk oblast. And then, on 29 and 30 May, there were reports of multiple districts of central Donetsk city, in non-Government-controlled areas (NGCA) of the oblast, having been shelled by rockets and mortars – resulting in at least eight people being killed and 26 injured as well as houses and a kindergarten having been damaged. There have also been reports of other communities in the NGCA of Donetsk having been shelled, resulting in more civilian casualties and damage to civilian buildings. Through to the end of the reporting period, 1 June, there continued to be reports of the shelling of civilian areas and civilian casualties in the GCA of Donetsk oblast and similar reports in NGCA. Elsewhere, Kharkiv (Kharkivska oblast) was

reportedly shelled again on 26 May, with at least three people having been killed and five injured.

The Office of the United Nations High Commissioner for Human Rights (OHCHR) has verified more than 9,000 civilian casualties in Ukraine since 24 February. According to OHCHR, as of 1 June, the number of civilian casualties stands at 9,094 in the country: 4,149 killed and 4,945 injured, according to OHCHR. More than half (5,196) of all casualties so far verified have been recorded in GCA and NGCA of Donetsk and Luhanska oblasts. The actual number of civilian casualties across Ukraine is likely considerably higher, as the receipt of information from some locations where intense hostilities have been going on has been delayed, and many reports are still pending corroboration.

Impacts on health care. Ukraine's Chief State Sanitary Doctor Ihor Kuzin reported on 29 May that, while inoculations against COVID-19 continue in all of Ukraine's oblasts except Donetsk and Luhanska, the war has also drastically impacted the operation of many other vaccination centres and mobile vaccination teams. He said that while some 100,000 people could be vaccinated daily before the start of the war, currently, the rate is 50,000-60,000 people weekly, a more-than-ten-fold decrease. Dr. Kuzin added, however, that additional teams are working to vaccinate internally displaced persons (IDPs) and people living in remote areas in western Ukraine. Further, according to the World Health Organization (WHO), as of 29 May, the average seven-day number of polymerase chain reaction (PCR) tests performed decreased from 42,460 (pre-war) to 796, while the average number of new COVID-19 cases was 271 per day during the last seven days, compared to 24,629 as of 24 February. Meanwhile, according to WHO's regional signal monitoring between 26 and 29 May, a 30 per cent increase in COVID-19 cases was reported in Dnipro (Dnipropetrovska oblast) week-over-week. Source: [Reliefweb](#); [WHO](#); [WHO](#)



War Impact on the Health Service in Ukraine

Source: [Reliefweb](#)

Needs

- Some 12.1 million people in Ukraine are estimated to need health assistance between March and August 2022.
- As of 1 June, WHO [verified](#) 269 attacks on health-care facilities, medical transport, warehouses, supplies, as well as medical personnel and patients, resulting in 76 deaths and 59 injuries. Further, according to [WHO](#), as of 30 May, 223 verified attacks impacted 133 health facilities that treated some 271,000 patients monthly. Most health-care facilities affected or destroyed are located in Kyivska (54), Kharkivska (47), Donetska (29) and Luhanska (23) oblasts.
- According to a Premise assessment cited in the [WHO's Situation Report](#), 7 per cent of 1,631 households interviewed across the country informed having a member with a mental health condition. Twenty-four (24) per cent of respondents reported having difficulties accessing mental health services. This percentage reaches 33 per cent in the areas of active hostilities and in NGCA. A higher proportion of households noted mental health issues among those reported to have members aged 60 or older (24 per cent), members with disabilities (25 per cent), single parents (25 per cent), and pregnant and breastfeeding members (26 per cent).
- The Ministry of Health [reports](#) a significant shortage of medicines in areas with changed control. Over 230 hospitals continue to operate in areas with changed control.

Response

- As of 26 May, Health Cluster partners [have reached](#) over 2.6 million people, 30 per cent more compared with 19 May.
- As of 24 May, UNICEF's medical e-voucher project in Donetsk was completed, reaching a total of over 2,000 people with medical consultations and free medicine.

Health services

- Between 17 and 24 May, UNICEF's mobile teams reached 215 new aid recipients, mostly children and mothers. Through a mobile health team programme, UNICEF has trained 55 medical psychologists, family doctors, and paediatricians to address post-traumatic syndrome in war-affected children.
- As of 24 May, UNICEF has supported the vaccination of over 26,800 children with inactivated poliovirus vaccines (IPV). Over 110 vaccination points have received informational materials on polio for parents and caregivers.
- As of 30 May, IOM's mobile clinics continue to provide primary health-care services and mental health and psychosocial support (MHPSS) consultations in Lvivska oblast. More than 3,100 people have been reached so far across 67 locations.
- UNFPA partner, the Ukrainian Medical Mission, provided services to 26 survivors of sexual violence. The women were referred to psychological support services (PSS) and specialized medical services.
- As of 25 May, Médicos del Mundo (MdM) [has provided](#) nearly 200 remote SRH consultations to people in need. In Chernivetska oblast (west), since 14 April, MdM outreach team has conducted daily visits to carry out consultations and provide essential medical services. The outreach team consisting of a family doctor, a midwife, a psychologist, and a pharmacist have already provided services for over 750 IDPs.
- As of 25 May, MdM has conducted over 360 remote MHPSS consultations in Donetska and Luhanska oblasts. Since 15 April, MdM has provided MHPSS services for 575 people.

Emergency medical services (EMS)

- Mass casualty webinars were published on WHO and Ministry of Health [webpages](#).
- As of 1 June, WHO conducted seven trauma and mass casualty EMS training sessions for more than 80 emergency care doctors in Kyiv and Kyivska oblast. Eight on-site training sessions are expected to take place on 23-27 June for more than 90 participants in Kyiv and Chernihivska oblast.
- On-site training on chemical preparedness and response was conducted in Kyiv on 26-27 May for 16 referral hospitals and 20 EMS first responders. Two chemical preparedness and response training sessions will be conducted in Dnipropetrovska, Donetska and Luhanska oblasts over the coming days.

Health supplies
















- As of 24 May, UNICEF, either directly or through partners, [distributed](#) health supplies that will benefit over 2 million people.
- Between 17 and 24 May, midwifery, obstetrics, surgical, medical and first aid kits, and diagnostic and treatment equipment were delivered by UNICEF to hubs in Dnipro, Kyiv and Odesa. These supplies are being distributed to 141 health-care facilities and shelters, including 13 maternity houses (perinatal centres) and nine children's hospitals in Dnipropetrovska, Kirovohradska, Kyivska, Odeska, Rivnenska (north-west), Ternopilska (west), Vinnytska and Zaporizka oblasts. UNICEF has also delivered over 3,400 newborn kits, consisting of all the necessary items a baby needs in the first month of life (diapers, clothes, hygiene supplies), to maternity houses and perinatal centres.
- UNFPA reported on 31 May that, in the past week, 46 tons of critical SRH supplies, medicines and equipment were delivered to 19 maternal health facilities in 11 cities from Chernihiv to Odesa, Uzhhorod (Zakarpatska oblast) and Zaporizhzhia. The kits support the treatment of sexually transmitted diseases, clinical management of rape, and complicated deliveries, among others. UNFPA said that, to date, it had delivered 59 tons to 26 health facilities across Ukraine.
- As of 25 May, MdM [has assisted](#) more than 266,000 people through donations of life-saving medicines to health facilities across Ukraine.

Gaps

- According to WHO, [access to health care](#) is severely impacted due to security concerns, restricted mobility, broken supply chains and mass displacement. Reaching some of the hardest-hit areas in the east, where health systems have been severely disrupted, remains a challenge. Fuel shortages and access problems continue to pose challenges to the delivery and distribution of medical supplies.
- The [risk of disease outbreaks](#), such as cholera, measles, diphtheria or COVID-19, has been exacerbated due to the lack of access to water, sanitation and hygiene, crowded conditions in bomb shelters and collective centres, and suboptimal coverage for routine and childhood immunizations.
















Summary of information on the individual national Corona restrictions

The icons are linked to the respective information. Please click on the icons for information.

NATO Member State (click on country for official COVID-19 information)		Approved vaccines											
		Comirnaty	Spikevax	Janssen	Vaxzevria	Nuvaxovid	Sputnik V	CoronaVac	Covishield	Convidecia	Covilo	Turkovac	
	Albania	X			X		X	X					
	Belgium	X	X	X	X	X							
	Bulgaria	X	X	X	X	X							
	Canada	X	X	X	X				X				
	Croatia	X	X	X	X	X							
	Czech Republic	X	X	X	X	X							
	Denmark	X	X	X		X							
	Estonia	X	X	X	X	X							
	France	X	X	X	X	X							
	Germany	X	X	X	X	X							
	Great Britain	X	X	X	X								
	Greece	X	X	X	X	X							
	Hungary	X	X	X	X	X	X		X	X	X		EMA Authorized
	Italy	X	X	X	X	X							
	Iceland	X	X	X	X	X							EMA & FDA Authorized

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		Comirnaty	Spikevax	Janssen	Vaxzevria	Nuvaxovid	Sputnik V	CoronaVac	Covishield	Convidecia	Covilo	Turkovac
	Latvia	X	X	X	X	X						
	Lithuania	X	X	X	X	X						
	Luxembourg	X	X	X	X	X						
	Montenegro				X		X			X		
	Netherlands	X	X	X	X	X						
	North Macedonia	X			X		X			X		
	Norway	X	X	X		X						
	Poland	X	X	X	X	X						
	Portugal	X	X	X	X	X						
	Romania	X	X	X	X	X						
	Slovakia	X	X	X	X	X						
	Slovenia	X	X	X	X	X						
	Spain	X	X	X	X	X						
	Turkey	X					X	X				X
	USA	X	X	X								

EMA
Authorized

EMA & FDA
Authorized