WEEKLY BULLETIN

Communicable Disease Threats Report

Week 13, 22–28 March 2025

This week's topics

Executive summary

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

- On 23 March 2025, a fatal case of human infection with avian influenza A(H5N1) was reported from Cambodia.
- The case was a child from Kratie province in north-eastern Cambodia.
- The case had exposure to sick and dead poultry raised in the family's household.
- Since 2003, Cambodia has reported 75 human cases of A(H5N1) avian influenza virus infection, including 46 deaths (case fatality among reported cases: 61%).

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

- Since the beginning of 2025, and as of March, approximately 80 000 CHIKVD cases and 46 CHIKVD-related deaths have been reported in 14 countries/territories. Cases have been reported in the Americas, Africa and Asia and, while no cases have been reported in mainland Europe, in Reunion (an overseas department of France and outermost region of the European Union (EU)) a CHIKVD outbreak is ongoing and a case has also been reported in Mayotte (an overseas department and region of France).
- Since the beginning of 2025, and as of March, over 1.4 million dengue cases and over 400 dengue-related deaths have been reported from 53 countries/territories worldwide. In mainland Europe, no autochthonous cases have been reported in 2025. However, cases have been reported from the EU outermost regions.
- The environmental conditions in the areas of the European Union/European Economic Area (EU/EEA) where Ae. albopictus or Ae. aegypti are established are currently unfavourable for mosquito activity and virus replication in mosquitoes. It is therefore unlikely that locally-acquired chikungunya and dengue virus transmission will occur until conditions become favourable in early summer.

Overview of respiratory virus epidemiology in the EU/EEA

Respiratory virus activity remains elevated in the European Union/European Economic Area (EU/EEA). High but decreasing seasonal influenza activity continues, together with ongoing elevated respiratory syncytial virus (RSV) activity. Pooled data suggest that the peak in influenza activity has passed while co-circulation of influenza A and B viruses continues. The greatest impact in secondary care has been seen in adults 65 years old and above for influenza and in children under five years old for RSV. Excess mortality has been observed since week 51, 2024, primarily affecting adults aged 45 years and above, with levels now beginning to decrease. SARS-CoV-2 activity has been steadily declining since summer 2024, with no winter epidemic observed to date, and remains at a very low level.

Autochthonous chikungunya virus disease - Réunion and Mayotte, France, 2024-2025

- In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August.
- Since then and up to 16 March 2025, 13 594 autochthonous cases of chikungunya virus disease have been confirmed in Réunion.
- On 21 March 2025, two deaths were reported in older individuals with comorbidities.
- The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate groups who are at a higher risk of severe disease and vector control professionals. The regional health agency is preparing to provide vaccine access to prioritised individuals from the beginning of April.
- On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte.

Ebola disease – Uganda – 2025

- Since the last update and as of 27 March, no new cases have been reported. All cases have been discharged and there are no active contacts under follow-up.
- The countdown for declaring the outbreak over was initiated following the discharge of the last patient who was on treatment.
- Since the beginning of the outbreak and as of 27 March, 12 confirmed and two probable cases have been reported, including four deaths (two confirmed and two probable cases). The total number of individuals who have recovered is 10 (83%).
- EU/EEA citizens working in healthcare settings in Uganda should be aware of the ongoing outbreak and take appropriate personal protective measures.
- In light of evidence from previous larger outbreaks, the importation of the disease to the EU/EEA through someone with the infection is very unlikely and, should that happen, the likelihood of further transmission is considered very low.

World Tuberculosis Day - 2025

- The most recent data in the report 'Tuberculosis Surveillance and Monitoring in Europe 2025' indicate that, although the Region is recovering from the impact of the COVID-19 crisis, the effects of the pandemic continue to be felt in tuberculosis (TB) testing, prevention, diagnosis and care.
- In 2023, the number of people diagnosed and treated for TB began to increase again, following an unprecedented drop in 2020 due to COVID-19-related disruptions.
- Children under 15 years of age accounted for 4.3% of those with new and relapsed TB in the World Health Organization (WHO) European Region, representing a worrying 10% surge in paediatric TB for 2023, compared to the previous year. Similar numbers were observed in the European Union/European Economic Area (EU/EEA).
- European Centre for Disease Prevention and Control (ECDC) and WHO's Regional Office for Europe published the Tuberculosis Surveillance and Monitoring Report, including data up to 2023, on 24 March 2025.

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

Overview

Update

On 23 March 2025, the Cambodian Ministry of Health reported a fatal case of human infection with avian influenza A(H5N1). The case involved a three-year-old child from Kratie province in north-eastern Cambodia, who passed away on 23 March 2025 despite receiving intensive medical care.

According to an earlier press release from the Ministry, the child was admitted to the hospital in severe condition, presenting with a high fever, extreme fatigue, and difficulty breathing. The family raises backyard chickens and approximately five had died, while others appeared ill. The dead chickens were reportedly used for cooking.

The case was confirmed positive for avian influenza A(H5N1) by the National Institute of Public Health on 22 March 2025.

In cooperation with the provincial Department of Agriculture and the local authorities, the Ministry of Health's emergency response team have responded to the incident in accordance with technical methods and protocols. This includes continuing to search for sources of infection in humans and animals, identifying suspected cases and contacts, distributing Tamiflu to close contacts of the case, and conducting a health education campaign in the village where the incident occurred.

Summary

This is the third human case of avian influenza A(H5N1) infection in Cambodia in 2025. Since 2003, Cambodia has reported 75 cases of A(H5N1). Since 2003, and as of 24 March 2025, there have been 970 human cases worldwide*, including 468 deaths (case fatality among reported cases: 48%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, the United Kingdom and the United States). To date, no sustained human-to-human transmission has been detected.

***Note:** this includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 by Spain (two detections), the United States (1) and the United Kingdom (5). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

ECDC assessment

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

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

Actions

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of the avian influenza situation.

Last time this event was included in the Weekly CDTR: 28 February 2025.

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

Overview

Chikungunya virus disease (CHIKVD)

Since the beginning of 2025, and as of March, approximately 80 000 CHIKVD cases and 46 CHIKVD-related deaths have been reported in 14 countries/territories. Cases have been reported in the Americas, Africa and Asia, and while no cases have been reported in mainland Europe, in Reunion (an overseas department of France and outermost region of the European Union (EU)) a CHIKVD outbreak is ongoing and a case has also been reported in Mayotte (an overseas department and region of France).

In 2025 to date, the Americas accounts for the highest number of CHIKVD cases reported worldwide. As of March 2025 (data collected on 26 March 2025), the countries reporting the highest number of CHIKVD cases are Brazil (71 578), Argentina (1 550), Bolivia (77) and Peru (32). A complete list of the countries of the Americas reporting CHIKVD cases can be found on PAHO's dedicated website.

As of mid-March 2025, 393 CHIKVD cases were reported in Asia from Pakistan.

One African country has reported CHIKVD cases in 2025: Senegal (2).

To date, no autochthonous cases of CHIKVD have been reported in mainland Europe in 2025. However, over 13 000 CHIKVD cases have been reported from the French outermost region Reunion as of 16 March 2025. Cases have been reported in all of the island's municipalities. Due to the increase in the number of cases and the spread of outbreaks, Level 4 of the ORSEC 'Arboviruses' system has been activated, which corresponds to the circulation of a medium-intensity epidemic. One autochthonous cases of CHIKVD has also been reported in Mayotte (on 26 March 2025).

CHIKVD associated deaths have been reported from Brazil (44) and Reunion (2).

Dengue

Since the beginning of 2025, and as of March, over 1.4 million dengue cases and over 400 dengue-related deaths have been reported from 53 countries/territories in the WHO Regions of the Americas (PAHO), South-East Asia and West Pacific Regions (SEARO and WPRO, respectively), in the Eastern Mediterranean WHO Region (EMRO) and in Africa.

In mainland Europe, no autochthonous cases have been reported in 2025. However, cases have been reported from the EU outermost regions.

In Madeira, two locally acquired cases were reported on 18 February, with symptom onset in January 2025. In the third week of January, entomological investigations confirmed the presence of dengue virus in mosquitoes captured on Madeira.

In Guadeloupe, the current situation is classified as a Phase 4, Level 1 epidemic (confirmed epidemic) (Epidemiological Bulletin of French Antilles, 20 March 2025). Since week 11, an increase in the number of medical consultations has been reported, while emergency room visits for suspected dengue remained stable. The most prevalent serotype, according to the recent Epidemiological Bulletin of French Antilles (20 March 2025) continues to be DENV-3. In Martinique, the epidemiological situation is characterised as Phase 2 (Level 2; outbreaks that can evolve or multiple outbreaks with epidemiological links among them). In Saint Martin and Saint Barthelemy dengue circulation continues, but at lower levels (epidemic Phase 1), with only sporadic cases or outbreaks and no epidemiological links reported among them (Epidemiological Bulletin of French Antilles, 20 March 2025).

In French Guiana, case numbers have decreased in recent months and show a stable trend at lower levels. The circulating serotype is DENV-2 (Health surveillance in French Guiana, Bulletin of 13 March, 2025).

In Reunion, 33 dengue cases have been reported since the beginning of the year and as of 16 March 2025. Circulation is currently continuing at low levels.

A summary of recent epidemiological trends of dengue outside of the EU/EEA during the first months of 2025 is presented below. The summary is based on available information from official sources and reports from different countries/territories.

In the PAHO Region, over one million cases have been reported, 34% of which have been laboratory confirmed. The number of cases reported to date is 65% less than that reported for the same period in 2024, and 4% above the average for the last five years, according to the WHO PAHO report published on 20 March 2025 (including data

until end of February 2025). While all serotypes have been reported as of end of February 2025, their distribution differs among countries (Report on the epidemiological situation of dengue in the Americas).

In Bangladesh, according to the SEARO report published on 12 March 2025, the total number of dengue cases in 2025 is higher than for the same period in 2024, while the number of deaths in 2025 is lower (1 493 cases and 14 deaths in the first six weeks of 2025 compared to 1 224 cases and 18 deaths during the first six weeks of 2024). Overall, there has been a declining trend in dengue cases in Bangladesh in recent weeks. In Nepal, 252 cases were reported in January 2025, which represents a decrease compared to December 2024.

Cases of dengue have also been reported in India. However, at least in Karnataka and Kerala, the numbers are less than for the same period during 2024 (SEARO report published on 12 March 2025). In Karnataka a total of 707 cases had been reported up to week 9 (end of February) and in Kerala, 62 cases were reported in week 9 (26% less than the week before). Similar trends (i.e. lower levels compared to the same period for 2024) are also noted in Sri Lanka (total cases: 9 187 in weeks 1-9 of 2025; SEARO report published on 12 March 2025).

In Laos, Viet Nam and Singapore, so far in 2025 dengue cases have been lower than those reported in 2024 (Laos: 378 cases as 22 February 2025; Vietnam: 6 945 cases as of 26 January 2025; Singapore: 785 cases as of 22 February 2025 WPRO Dengue Situation update of 6 March 2025). In China, 49 cases and no deaths were reported in January 2025.

In Afghanistan (EMRO), in 2025, the number of suspected dengue cases has stabilised at low levels since the beginning of the year, with 98 cases reported as of 8 March 2025.

In 2025, in Africa, over 3 600 cases and one death have been reported from Burkina Faso, Cabo Verde, Ghana, Mali, Senegal and Sudan (Africa CDC Epidemic Intelligence Report of 12 March 2025).

Note: the data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment

The likelihood of onward transmission of dengue and chikungunya virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). Aedes albopictus is established in a large part of Europe. In Europe and neighbouring areas, Aedes aegypti is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

The environmental conditions in the areas of mainland Europe where Ae. albopictus or Ae. aegypti are established are currently unfavourable for mosquito activity and virus replication in mosquitoes. It is therefore unlikely that locally acquired chikungunya and dengue virus transmissions will occur until conditions become favourable in early summer. All past autochthonous outbreaks of CHIKVD and dengue in mainland Europe to date have occurred between June and November.

More information on autochthonous transmission of chikungunya and dengue virus in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on dengue and CHIKVD.

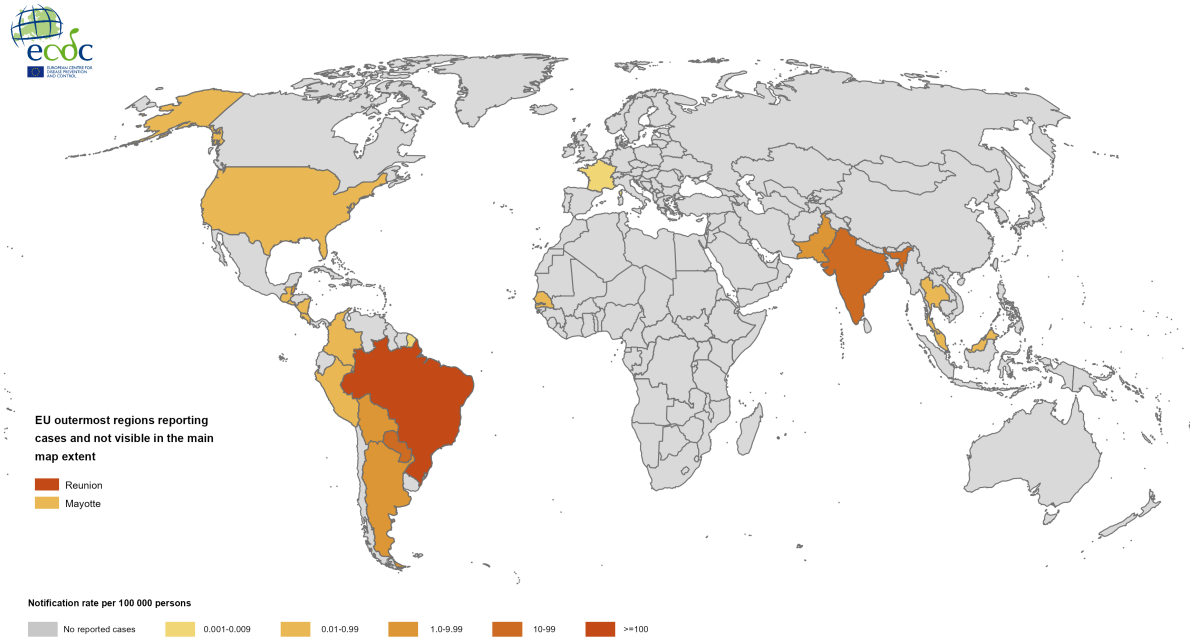
Actions

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

Last time this event was included in the Weekly CDTR: 28 February 2025.

Maps and graphs

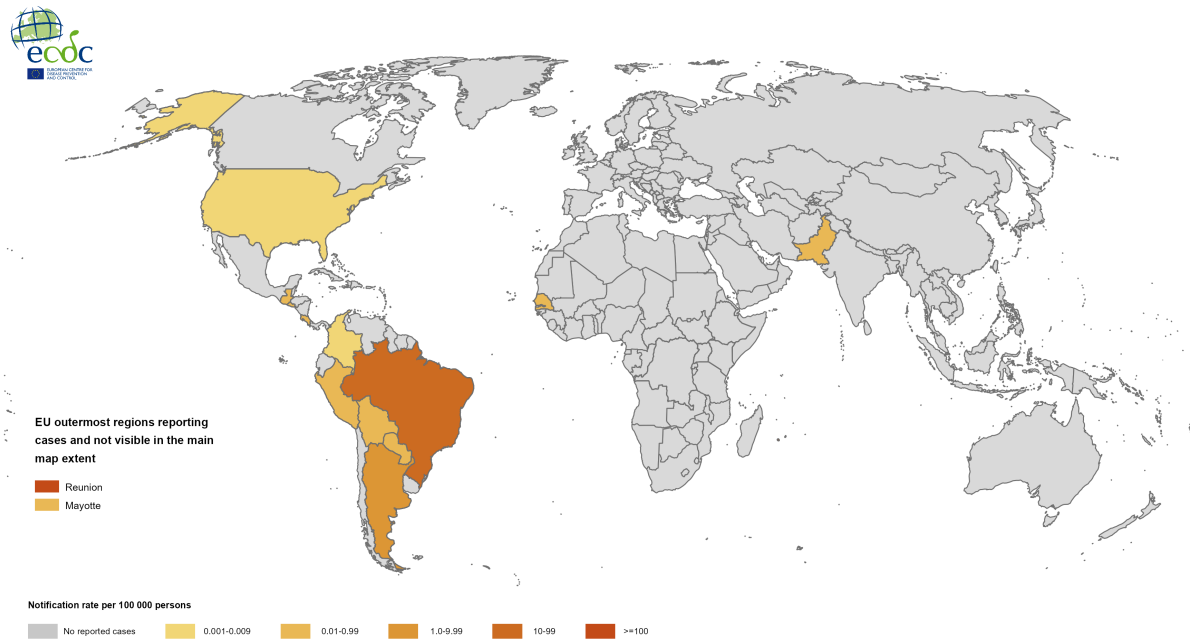
Figure 1. Twelve-month Chikungunya virus disease case notification rate per 100 000 population, March 2024–February 2025



Note: Data refer to Chikungunya virus disease cases reported in the last 12 months (April 2024-March 2025) [Data collection: March 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 27 March 2025

Source: ECDC

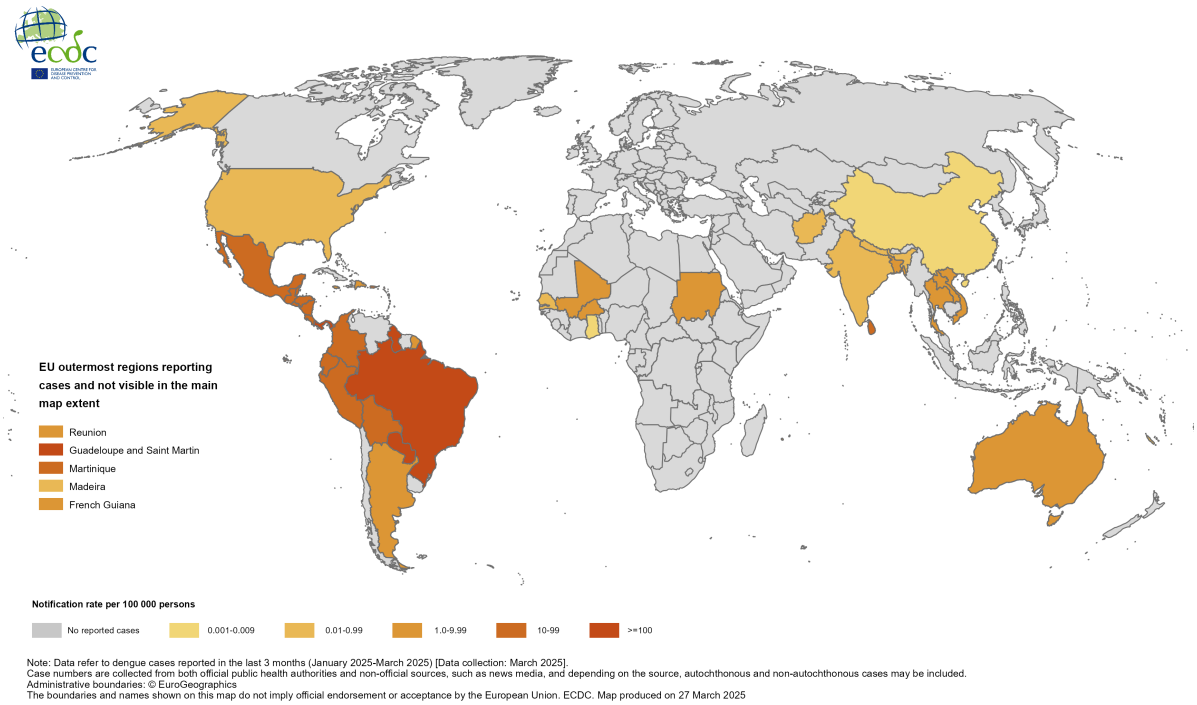
Figure 2. Three-month Chikungunya virus disease case notification rate per 100 000 population, January-March 2025



Note: Data refer to Chikungunya virus disease cases reported in the last 3 months (January 2025-March 2025) [Data collection: March 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 27 March 2025

Source: ECDC

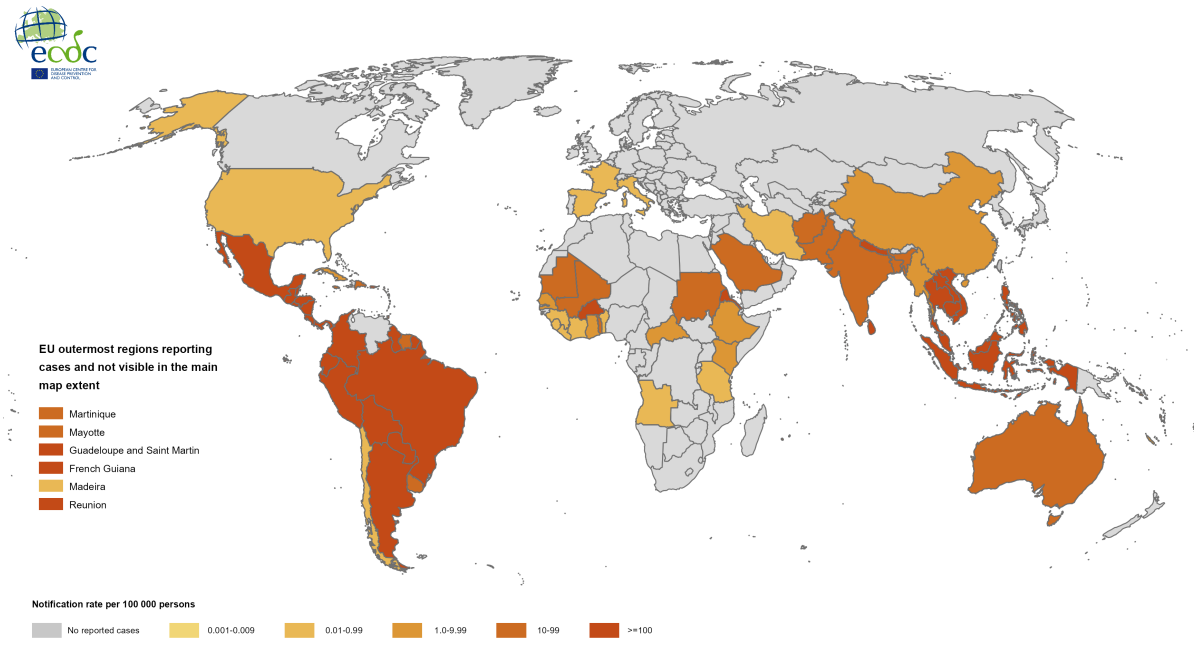
Figure 3. Three-month dengue case notification rate per 100 000 population, January–March 2025



Note: Data refer to dengue cases reported in the last 3 months (January 2025-March 2025) [Data collection: March 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 27 March 2025

Source: ECDC12 pt

Figure 4. Twelve-month dengue case notification rate per 100 000 population, April 2024-March 2025



Note: Data refer to dengue cases reported in the last 12 months (April 2024-March 2025) [Data collection: March 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 27 March 2025

Source: ECDC

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

Overview

Based on data reported up to week 11, 2025, primary and secondary care consultation rates reported by countries indicate elevated levels of respiratory virus activity in the EU/EEA. High but decreasing seasonal influenza activity continues, together with ongoing elevated RSV activity, while SARS-CoV-2 activity remains at low levels in all countries.

Pooled data from the EU/EEA suggest that the peak in influenza activity has passed, with decreases observed in most countries. Co-circulation of influenza A(H1)pdm09, A(H3) and B/Vic viruses continues to be observed in the EU/EEA, with influenza A and B viruses reported in nearly equal proportions in week 11.

RSV activity in the EU/EEA remains elevated, with little change in recent weeks. There is nonetheless considerable variation between countries in the timing of the RSV season, with some countries still observing an elevated and increasing circulation of RSV.

ECDC assessment

Since week 40, 2024, the winter season in the EU/EEA has been characterised by an intense influenza season and a concurrent RSV epidemic. Influenza activity peaked in week 6, 2025 and most countries moved from an influenza A-dominated early season to A/B co-dominance or B dominance. However, some countries observed the opposite, with an early season marked by influenza B dominance. In week 52, 2024, RSV activity peaked and has since decreased but remained elevated, with a mixture of increasing and decreasing trends at the country level. The greatest impact in secondary care has been seen in adults 65 years old and above for influenza and in children under five years old for RSV. EuroMOMO reported all-cause mortality above expected levels since week 51, 2024, primarily affecting adults aged 45 years and above, with levels now beginning to decrease. SARS-CoV-2 activity has been steadily declining since summer 2024, with no winter epidemic observed to date.

The levels of respiratory virus activity currently observed in the EU/EEA are expected to continue to place pressure on healthcare systems and hospital capacity, particularly where these are already limited.

Actions

- ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.
- ECDC has published recommended public health actions to mitigate against the impact of respiratory virus circulation during winter 2024/2025 in an epidemiological update. Countries should be prepared for continued pressure on healthcare systems, ensuring that infection prevention and control practices in healthcare settings are implemented.
- Vaccination is the most effective measure to protect against more severe forms of viral respiratory diseases. Those eligible for vaccination, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated in line with national recommendations.
- Based on interim influenza vaccine effectiveness estimates available for the 2024/2025 season, analysis of data submitted from multi-country primary care and hospital study sites 'indicated that influenza vaccination prevented from one-third to more than three-quarters of [the expected number of] influenza infections medically attended in the primary care or hospital settings among the vaccinated, although protection varied by age group and study'.
- Clinicians should be reminded that, when indicated, the early use of antivirals against influenza may reduce symptom duration and prevent disease progression in groups at high risk of severe outcomes. Frequent handwashing, physical distancing, avoiding large gatherings and wearing masks in healthcare settings can all help to reduce transmission and protect groups at high risk of severe disease.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 21 March 2025.

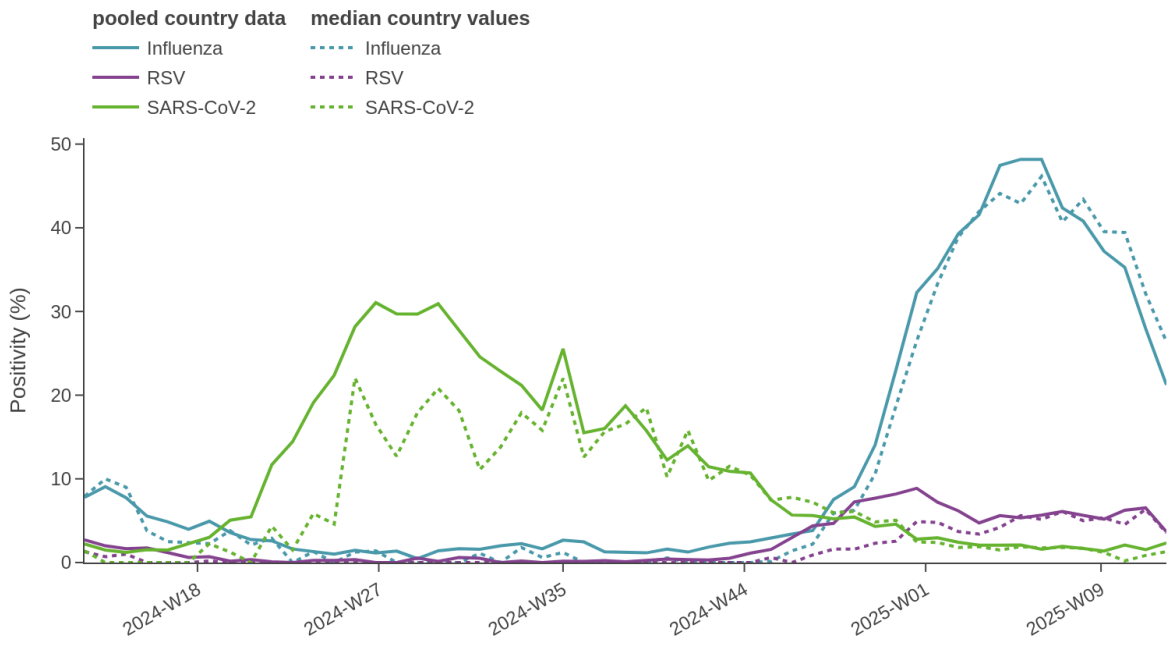
Maps and graphs

Figure 1. Overview of key indicators

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 12**	**Week 11**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	14 rates (11 MEM)	15 rates (11 MEM)	Distribution of country MEM categories	6 Baseline 4 Low 1 Medium	
	ILI	20 rates (18 MEM)	20 rates (18 MEM)		5 Baseline 6 Low 7 Medium	
ILI/ARI test positivity in primary care	Influenza	17	21	Pooled (median; IQR)	21% (26; 19–34%)	At the EU/EEA level, the overall pooled influenza positivity remains elevated but continues to decrease in all age groups.
	RSV	14	19		3.7% (3.5; 2.7–6.8%)	At EU/EEA level, RSV positivity continues to level offplateau after reaching a peak in week 52, 2024 (9%). The country picture remains mixed due to considerable variation in the timing of the epidemic between countries.
	SARS-CoV-2	15	19		2.3% (1.3; 0–3.2%)	Activity is low in all countries. A small number of countries reported recent increases in test positivity, but it is too early to assess the significance of this as it appears to be within the range of expected fluctuations in the data. Non-sentinel laboratory-based data also indicate continued low levels of activity.
SARI rates in hospitals	SARI	9	11	–	–	
SARI test positivity in hospitals	Influenza	7	10	Pooled (median; IQR)	14% (17; 5.5–17%)	At the EU/EEA level, the overall pooled influenza positivity remains elevated but continues to decrease in all age groups.
	RSV	7	10		7.4% (9.1; 6.7–13%)	At EU/EEA level, RSV positivity continues to plateau.
	SARS-CoV-2	7	9		1.3% (0; 0–0.3%)	Activity is low in all countries across all indicators of severity.
Intensity (country-defined)	Influenza	22	23	Distribution of country qualitative categories	3 Baseline 8 Low 8 Medium 2 High 1 Very high	Norway reported that they assessed overall intensity as medium, despite their ILI rate being low according to MEM.
Geographic spread (country-defined)	Influenza	21	22	Distribution of country qualitative categories	1 No activity 1 Sporadic 1 Local 2 Regional 16 Widespread	

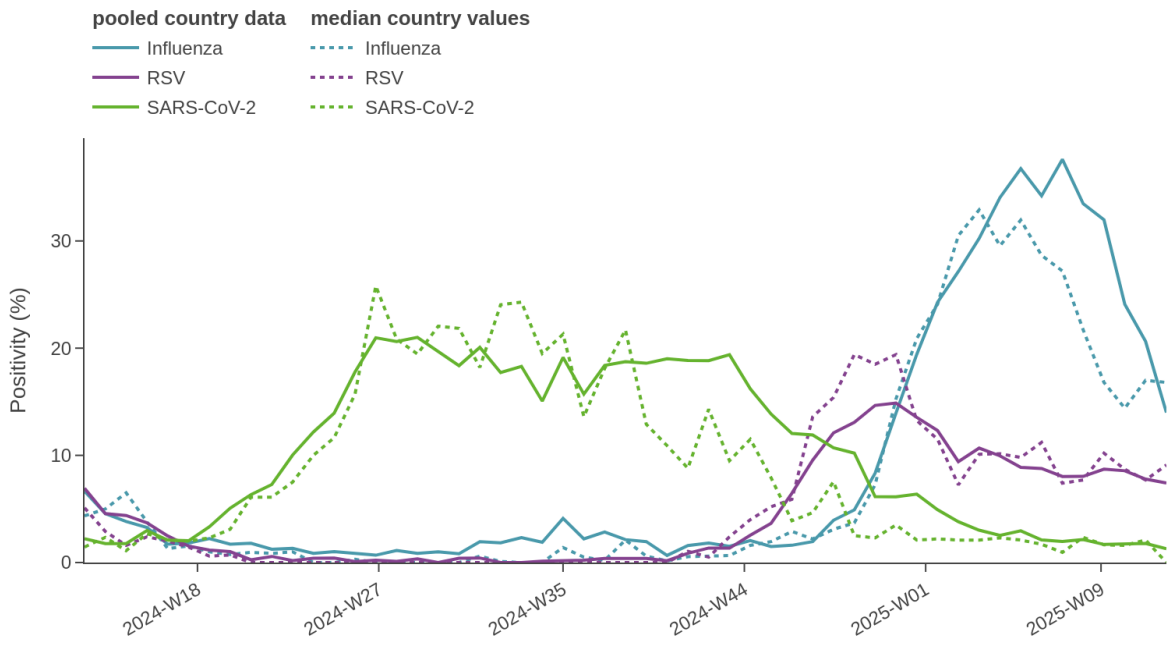
Source: ECDC

Figure 2. ILI/ARI virological surveillance in primary care - weekly test positivity



Source: ECDC

Figure 3. SARI virological surveillance in hospitals – weekly test positivity



Source: ECDC

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

		Week 12, 2025	Week 40, 2024 - week 12, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**528**	**-**	**22972**	**-**
Influenza A	238	46	13726	60
A(H1)pdm09	51	28	6703	58
A(H3)	132	72	4815	42
A (unknown)	55	-	2208	-
Influenza B	279	54	8994	40
B/Vic	106	100	3818	100
B/Yam	0	0.0	1	0.0
B (unknown)	173	-	5175	-
Influenza untyped	11	-	252	-
RSV	**62**	**-**	**3262**	**-**
RSV-A	7	33	532	40
RSV-B	14	67	811	60
RSV untyped	41	-	1919	-
SARS-CoV-2	**39**	**-**	**2930**	**-**

Source: ECDC

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

	Week 12, 2025		Week 40, 2024 - week 12, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**196**	**-**	**10964**	**-**
Influenza A	53	78	4260	86
A(H1)pdm09	3	18	1402	61
A(H3)	14	82	879	39
A (unknown)	36	-	1979	-
Influenza B	15	22	707	14
B/Vic	0	-	117	100
B (unknown)	15	-	590	-
Influenza untyped	128	-	5997	-
RSV	**101**	**-**	**4256**	**-**
RSV-A	5	71	643	49
RSV-B	2	29	677	51
RSV untyped	94	-	2936	-
SARS-CoV-2	**18**	**-**	**3440**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 12, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	2393	47	5a.2a(C.1.9)	2125	89
			5a.2a.1(D)	211	9
			5a.2a(C.1)	57	2
A(H3)	1306	25	2a.3a.1(J.2)	954	74
			2a.3a.1(J.2.2)	181	14
			2a.3a.1(J.2.1)	133	10
			2a.3a.1(J.1)	11	0.9
			2a.3a.1(J)	10	0.8
			2a.3a.1(J.4)	2	0.2
			Not assigned	15	-
B/Vic	1443	28	V1A.3a.2(C.5.1)	968	68
			V1A.3a.2(C.5.6)	219	15
			V1A.3a.2(C.5.7)	216	15
			V1A.3a.2(C)	22	2
			V1A.3a.2(C.5)	3	0.2
			Not assigned	15	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 10–11, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	1	11	20% (20-20%)
KP.3	VOI	1	8	14% (14-14%)
LP.8.1	VUM	1	19	34% (34-34%)
XEC	VUM	1	16	29% (29-29%)

Source: ECDC

4. Autochthonous chikungunya virus disease - Réunion and Mayotte, France, 2024-2025

Overview

Update

According to the French National Health Authority, up to 16 March 2025, 13 594 autochthonous cases (13 455 in 2025) of chikungunya virus disease have been reported in Réunion. In week 11, 4 156 new confirmed cases were reported, representing a 16% increase compared with the previous week. This slowdown in the increase of confirmed cases is potentially linked to the cessation of systematic laboratory confirmation for each suspected case, particularly in areas where the disease is circulating most.

Cases have now been reported in all municipalities.

The municipalities reporting the most cases since the start of the epidemic are those in the south, particularly Le Tampon.

So far, 82 people with the disease have been hospitalised for more than 24 hours. For 72 of them, chikungunya virus disease was the reason for admission (for the other 10 cases, the diagnosis was confirmed during hospitalisation). Among these 72 cases, the median age was 73 years, ranging from 0 days to 95 years. More than 60% of them (n=45) had one or more comorbidities. Among those without comorbidities, 11 were pregnant women hospitalised for chikungunya virus disease monitoring during pregnancy, or infants under one year of age (n=13) hospitalised for short-term monitoring (two to three days).

To date, 15 severe cases (i.e. those with at least one organ failure) have been reported, involving eight adults and seven new-born infants. Among the adults, seven presented with organ failure (respiratory, cardiac or renal) due to an existing chronic condition. Encephalitis was also reported. Among the new-borns, two perinatal transmissions were reported, with a severe clinical picture requiring intensive care. Among the other five cases, there were reports of respiratory failure, sometimes with associated septic shock.

On 21 March 2025, two deaths were reported in older individuals with comorbidities.

The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate people over 65 years of age, those over 18 years with comorbidities, and vector control professionals with the IXCHIQ vaccine, as a reactive short-term measure to prevent severe disease. The regional health agency is preparing to provide vaccine access to prioritised individuals from the beginning of April.

On 26 March 2025, an autochthonous cases of chikungunya virus disease was also reported in Mayotte.

Background

In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August. In recent weeks, the number of cases has increased sharply, as well as the geographical spread.

ECDC assessment

The last major chikungunya virus disease epidemic in Réunion was in 2005–2006. The mosquito Aedes albopictus, which is a known vector of chikungunya virus (CHIKV), is established in Réunion.

The probability of infection for residents and travellers to Réunion is currently moderate; the current period of austral summer is very favourable for the spread of arboviruses. Given the current dynamics of the epidemic, the likelihood of further dissemination of CHIKV across the entire island is high for the coming weeks. The impact is anticipated to be moderate, as a significant number of people are expected to be affected.

At present, environmental conditions in the areas of mainland Europe where Ae. albopictus or Ae. aegypti are established are unfavourable for vector activity and virus replication in vectors.

Actions

To avoid virus spread, reinforced prevention and control measures have been implemented by the local authorities. The population is being encouraged to remove objects around homes that could contain water and serve as potential mosquito propagation sites, to protect themselves against mosquito bites, and to consult a doctor if symptoms occur.

Pregnant women, especially in the third trimester, are strongly advised to protect themselves from mosquito bites by using effective, pregnancy-safe repellents and to sleep under a mosquito net. This precautionary measure is useful throughout pregnancy, given that fever during pregnancy can also lead to miscarriages. New-borns and infants should also be protected from mosquito bites by using mosquito nets and repellents (from three months of age) that are effective and age-appropriate.

ECDC is monitoring the situation through its epidemic intelligence activities.

Further information

Travellers to Réunion are advised to apply personal protective measures to avoid the risk of being bitten by mosquitoes.

Aedes mosquitoes have diurnal biting activities both in indoor and outdoor environments. Personal protective measures should therefore be applied all day long and especially during the hours of highest mosquito activity (mid-morning and late afternoon to twilight). Personal protective measures to reduce the risk of mosquito bites include wearing long sleeves and trousers impregnated with insect repellent, the use of repellent sprays applied in accordance with the instructions indicated on the product label and limiting activities that increase mosquito exposure. In addition, it is recommended to sleep or rest in screened or air-conditioned rooms and to use mosquito bed nets (preferably insecticide-treated nets).

In the context of the outbreak, following the recommendations of the French health authorities, the national blood services have put the following measures in place for blood safety:

- CHIKV NAT for all donors in the overseas department of La Réunion;
- CHIKV-NAT, or 28-day temporary deferral period, for travellers who have stayed at least one night in Réunion 28 days prior to their donations.

Last time this event was included in the Weekly CDTR: 21 March 2025.

5. Ebola disease – Uganda – 2025

Overview

According to the Africa CDC press briefing on 27 March, and since the last update, no new Ebola cases have been reported. As of 27 March, of the 340 contacts that were being followed-up, none are active. The last case was discharged on 15 March and therefore the countdown for declaring the outbreak over has been initiated. As of 27 March, 13 of the 42 days in the countdown period have been completed.

Since the beginning of the outbreak and as of 27 March, 12 confirmed and two probable cases have been reported, including four deaths (two confirmed and two probable). According to WHO, there were six regions affected (Jinja, Kampala, Kyegegwe, Mbale, Ntoroko and Wakiso).

Summary

On 30 January 2025, public health authorities in Uganda declared an outbreak of Ebola Sudan virus disease (SVD) in Kampala, Uganda. This follows laboratory confirmation from three national reference laboratories: the Central Public Health Laboratory in Kampala, the Uganda Virus Research Institute in Entebbe, and Makerere University. According to the Ministry of Health's press release, the index case was a 32-year-old male nurse at the Mulago National Referral Hospital. The patient presented with symptoms on 19 January 2025 and passed away on 29 January 2025. The patient sought treatment at multiple health facilities in the Central district, as well as in Mbale City and from a traditional healer.

All eight of the initial secondary cases belonged to the same transmission chain and were divided into two sub-clusters. One included five family members of the index case and the other involved three healthcare workers who had treated the patient who was the index case. They had symptom onset between 29 January and 6 February. On 18 February, WHO reported that they were all discharged.

On 1 March, WHO reported a new case (Case 10) with no epidemiological links to the previous cluster, although they are genetically linked. The case was a child who died on 25 February 2025 in Mulago Hospital (Kampala). On 6 March 2025, Africa CDC reported two new confirmed cases and two probable deaths linked to Case 10. The age range of the individuals involved in the confirmed cases is 1.5 years to 55 years, the mean age is 27 years and males account for 55% of the total cases.

The last case was discharged on 15 March when the countdown period began.

Event background and additional information

The phylogenetic analysis of samples taken from the index case showed them to be genetically close to sequences from the 2012 SVD outbreak in Luwero District (Uganda).

In the context of the current outbreak, WHO has announced that the first ever vaccination trial of a vaccine against SVD is taking place in Uganda. This is the first time that a clinical trial has been conducted to measure the efficacy of a vaccine against SVD.

The response in Uganda is being led by the Ministry of Health, with support from partners.

This is the eighth Ebola outbreak in the country, with the most recent having occurred in 2022. For more information on the disease and its epidemiology, please read the ECDC Factsheet about Ebola disease.

ECDC assessment

During the previous SVD outbreak in Uganda, ECDC produced a Rapid risk assessment assessing the risk to citizens in the EU/EEA as very low. The assessment, including ECDC's options for response, remains valid.

The current outbreak started in Kampala, the densely populated capital of Uganda, so there is a greater probability of local transmission, despite the low number of cases currently being reported.

Since the index case and several subsequent cases involved healthcare workers in hospital, EU/EEA citizens working in healthcare settings in Uganda should be aware of the ongoing outbreak and take appropriate personal protective measures.

Given the above, and in light of evidence from previous larger outbreaks, the importation of a case to the EU/EEA is very unlikely and, should that happen, the likelihood of further transmission is considered very low.

Actions

ECDC is monitoring the event and is in contact with the EU bodies in Kampala, as well as Africa CDC.

Sources: WCO-Uganda

Last time this event was included in the Weekly CDTR: 21 March 2025.

6. World Tuberculosis Day - 2025

Overview

In 2023, 38 993 cases of TB were reported in 29 EU/EEA countries, resulting in a notification rate of 8.6 per 100 000 population in the EU/EEA. This represented a continuation of the slight increase observed in most countries for 2022, while the overall trend has continued to decrease over the last five years.

According to the report, adults aged between 25 and 64 years accounted for 64.1% of all new and relapse TB cases, while children under 15 years accounted for 4.5% of all new and relapse TB cases (4.3% of all TB cases). New and relapse TB cases were more frequently reported in males than females, with a male-to-female ratio of 2.2:1. Just over one-third (36.0%) of TB cases reported in the EU/EEA in 2023 were of foreign origin (citizens of a country different to the reporting country).

More details on the TB patterns observed can be found in the Surveillance and Monitoring report which includes data up to 2023. The report was published jointly by the WHO Regional Office for Europe and ECDC on 24 March 2025.

The results of further investigation into the increase in TB among children in the EU/EEA are presented in the article 'Increase in tuberculosis among children and young adolescents, European Union/European Economic Area, 2015 to 2023'. In addition, information on drug resistance patterns among people of foreign origin in the EU/EEA is presented in the article 'Shifting tuberculosis dynamics in the EU/EEA: geographical and drug resistance trends among people of foreign origin, 2019 to 2023'. More information on TB drug susceptibility can be found in the molecular surveillance status report 'Tuberculosis molecular surveillance status report, focusing on rifampicin and multi-drug resistance in the EU/EEA'.

Additional information on ECDC publications for World Tuberculosis Day can be found on the webpage: World Tuberculosis Day 2025.

Events under active monitoring

- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 28 March 2025
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 28 March 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 28 March 2025
- Autochthonous chikungunya virus disease – Department of La Réunion, France – 2024–2025 - last reported on 28 March 2025
- Ebola disease – Uganda – 2025 - last reported on 28 March 2025
- World Tuberculosis Day - 2025 - last reported on 28 March 2025
- Unknown disease - DRC - 2025 - last reported on 28 February 2025
- Legionnaires' disease outbreak - Vorarlberg, Austria - 2025 - last reported on 28 February 2025
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 28 February 2025
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 28 February 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 21 March 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 21 March 2025
- Risk of severe infections, carriage and cross-border transfer of carbapenem-resistant bacteria in victims of the fire at Pulse nightclub (Kocani) – North Macedonia - last reported on 21 March 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 14 March 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 14 March 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 7 March 2025
- SARS-CoV-2 variant classification - last reported on 7 March 2025
- Avian flu detected in cats - Belgium - 2025 - last reported on 7 March 2025
- Cholera associated with holy well water from Ethiopia - last reported on 7 March 2025.