WEEKLY BULLETIN

Communicable disease threats report

Week 13, 21–27 March 2026

This week's topics

Executive summary

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

- Since the beginning of 2026, and as of 23 March 2026, over 500 000 cases of dengue and over 100 dengue-related deaths had been reported globally, according to information from publicly available sources. This is a decrease compared to the same period in 2025.
- In 2026, no cases have been reported in the EU/EEA excluding the outermost regions. Cases have been reported by Martinique, Guadeloupe, Reunion, and by French Guiana (French outermost regions).

Overview of respiratory virus epidemiology in the EU/EEA

Summary

Primary care consultations for respiratory illness are at baseline levels in most reporting countries, indicating low respiratory virus circulation across much of the EU/EEA.

Influenza virus circulation and hospitalisations continue to decrease across all age groups. Influenza subtypes A(H1)pdm09 and A(H3) are now co-dominant.

Respiratory syncytial virus (RSV) activity and hospitalisations remain elevated, with children under five years accounting for most admissions.

SARS-CoV-2 circulation remains low in all age groups, with few hospitalisations.

All data are provisional and may be affected by reporting delays, incomplete country data or low testing volumes. A few countries with high testing rates can disproportionately influence pooled data. Further information is available under 'Country notes' and 'Additional resources'.

Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the start of 2026, and as of 28 February 2026 (data collection period 2–13 March, data available until 28 February), 32 758 chikungunya virus disease (CHIKVD) cases and nine associated deaths have been detected from 18 countries (not including EU/EEA countries and territories).
- Cases reported in February have increased compared to January, when 4 361 cases were reported. Deaths have increased in February compared to the previous month, when two deaths were reported.

Invasive meningococcal disease - England - 2026

- As of 26 March 2026, an outbreak of invasive meningococcal disease (IMD) has been reported in Kent, England. The outbreak involves a total of 23 cases, 22 cases (including two deaths) in the UK and one case in France. In the UK, the earliest known case became unwell on Monday 9 March, and the latest on 16 March 2026. According to the French authorities, the one confirmed case in France was an individual who attended the University of Kent prior to travelling back to France.
- The onset of the last reported case was 16 March 2026.
- The UK Health Security Agency (UKHSA) investigations have confirmed that 20 (of 20) laboratory-confirmed cases are meningococcal serogroup B.
- UKHSA are responding to the outbreak and implementing public health response measures to prevent further cases and transmission.
- The outbreak is linked to a nightclub in Canterbury (Club Chemistry) with exposure during the period 5-7 March, as well as the University of Kent campus.

Dengue virus detection in mosquitoes - Switzerland - 2024

- A pool of *Aedes* mosquitoes collected in the canton of Basel-City, Switzerland, in 2024 tested positive for dengue virus.
- This detection represents the first *published* identification of dengue virus in mosquitoes north of the Alps, although autochthonous dengue transmission has been documented further north in the Paris region in 2023.
- During the specified period, no dengue cases were reported in Basel-City in 2024.

Aedes aegypti detection – Luxembourg – 2025

- In July 2025, *Aedes aegypti* DNA was detected in four mosquito eggs collected at a highway station in Berchem, Luxembourg. In 2023, *Aedes aegypti* environmental DNA was detected at a nearby cargo station in Bettembourg.
- No adult mosquitoes have been found to date. The evidence indicates that the species was transported into Luxembourg via road traffic; the likelihood of establishment is considered low due to the species' limited cold tolerance.

Measles outbreak in Latvia 2026

- Latvia reported its first measles outbreak since 2018. As of 26 March 2026, 28 epidemiologically linked cases have been identified, with transmission concentrated in the index case's school and over 1,000 contacts traced across multiple settings.
- Most confirmed paediatric cases are unvaccinated school contacts of the index case
- Latvian authorities are implementing isolation, extensive contact tracing, follow-up of exposed individuals, risk communication and are giving healthcare guidance to reduce spread.
- The national risk is assessed as moderate to high, especially among non-immune people.

- Measles risk in Europe remains unchanged, with moderate risk for infants <12 months, young children, and immunocompromised individuals, low–moderate risk for older unvaccinated persons and very low for immunized people.
- ECDC recommends closing immunity gaps, strengthening surveillance, improving clinical awareness, ensuring healthcare worker vaccination, enhancing vaccine acceptance, and preparing travellers ahead of the spring holiday movement.

Human case of avian influenza A(H9N2) - Italy (imported) - 2026

- A human case of avian influenza A(H9N2) infection has been reported in the Lombardy region of Italy in a traveller returning from a non-European country where the virus has previously been identified in birds. This is the first human case of avian influenza A(H9N2) reported in the EU/EEA.
- Based on information shared by Italy's public health authorities and knowledge of the virus epidemiology, ECDC currently assesses the risk for the general population in the EU/EEA of influenza A(H9N2) related to this event as very low.
- ECDC is in contact with authorities in Italy, is monitoring the situation closely, and will reassess the risk as more information becomes available.

1. Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Since the beginning of 2026, and as of 23 March 2026, over 500 000 cases of dengue and over 100 dengue-related deaths had been reported globally, according to information from publicly available sources.

Epidemiological overview

Overall, 78 countries/territories reported dengue cases between January and March 2026. An overview based on publicly available information from official sources and reports from different regions highlighting trends in different countries/territories is presented below.

Americas

In the Americas region, as of week 7 of 2026 (15 February 2026), 299 210 cases have been reported, of which 22% were laboratory-confirmed. According to the WHO PAHO report published on 16 March 2026, the current number of reported cases is 64% fewer than during the same period in 2025 and 57% below the five-year average. While all four serotypes have been reported in the region so far in 2026, their distribution varies across the different countries of PAHO (Report on the epidemiological situation of dengue in the Americas).

South-East Asia

According to the WHO SEARO epidemiological bulletins published on 25 February 2026 and 8 March 2026, Sri Lanka, India, Thailand, Bangladesh, Timor-Leste, and Nepal reported dengue cases in February 2026.

- Sri Lanka, Bangladesh, India, and Thailand reported cases at levels comparable to previous years. Sri Lanka reported 13 760 cases as of 1 March 2026, with a slight decrease in the week 23 February-1 March (1 265 cases) compared to the week 16-22 February (1 487 cases). Bangladesh has reported 1 870 cases in 2026 and as of 8 March. India has reported 6 563 cases and Thailand 3 191 in 2026 and as of 28 February.
- In Timor-Leste, the increasing trend observed in January 2026, with 1 281 cases, continued in February (2 105 cases). This is a 10-fold increase compared to the number reported in February 2025.
- Maldives continued reporting increasing case numbers in January 2026 (646 cases) following the trends observed since the end of 2025 (411 cases reported in December and 382 cases reported in November 2025).

Western Pacific Region

In the WHO Western Pacific Region, dengue cases have been reported by several countries in the reports of 5 and 19 March 2026 (WHO WPRO Dengue Situation Update #741: 5 March 2026, WHO WPRO Dengue SItuatioon Update #742: 19 March 2026). The following trends were highlighted by country:

- Cambodia: A decreasing trend and week to week fluctuations are observed until the beginning of March with 254 cases reported for the week 2-8 March 2026. Since the beginning of 2026, 4 338 cases have reported compared to 1 392 cases reported for the same period in 2025.
- China: 94 cases were reported in February 2026, and 93 cases were reported in January 2026. Although there has been a decrease in the monthly cases since December 2025, when 151 cases were reported, the cases reported in January 2026 are 84.3% higher compared to the cases reported in January 2025.
- Indonesia: the decreasing trend since October 2025 continued in 2026, with 4 383 cases reported in January as of 4 March 2026, and 2 489 cases reported in February, as of 10 March 2026.
- Laos: Week-to-week fluctuations in case numbers are reported (39 cases were reported the week 16-22 February, 33 the week 23 February-1 March and 39 the week 2-8 March). The 703 cases reported in 2026 as of 8 March represent a 56.9% increase compared to the same period in 2025.
- Malaysia: 1 116 cases were reported the week 1-7 March and a total of 11 340 cases in 2026 with case trends similar to the ones reported in 2025.
- Singapore: Cases remain at lower levels compared to previous years with 43 cases reported the week 1-7 March. Overall, 322 cases were reported as of 7 March 2026.
- Vietnam: 1 856 cases were reported in 28 February-6 March and 27 365 cases have been reported since the start of 2026. The decreasing trends reported in February continue but overall there is a two-fold increase compared with 2025. Most cases in 2026 have been reported from the Southern region (86.6%).

Africa

According to the Africa CDC Epidemic Intelligence Report published on 23 March 2026, a total of 658 cases has been reported in the region as of 20 March 2026 from Mali (589), Mauritania (33), Senegal (35) and the Central African Republic (1)

EU/EEA

No cases have been reported in the EU/EEA, excluding the outermost regions. With regards to EU/EEA outermost regions, cases have been reported by Martinique, Guadeloupe, Réunion and by French Guiana, and an increase in consultations in Mayotte.

In Martinique, transmission of dengue continues at high levels with week-to-week fluctuations. Twenty-nine confirmed cases were reported the week 15-21 February and 53 confirmed cases the week 22-28 February, according to the Dengue Surveillance Report published on 6 March 2026. In Guadeloupe, according to the same report dengue circulates at low levels since mid-January. In Saint Martin no cases were reported since mid-January 2026 (Dengue aux Antilles. Bulletin du 6 mars 2026).

In Réunion, 24 cases of dengue have been reported since the beginning of 2026 and as of 1 March 2026, with ten of them reported 9-15 March 2026 and one case had been reported the week before (2-8 March). A cluster of cases has been reported in Saint Leu and had led to an increase in the reported cases the week 9-15 March (Surveillance sanitaire à La Réunion. Bulletin du 20 mars 2026.).

In French Guiana, dengue activity remains low, with three cases reported between 9 and 22 February 2026 and one case between 23 February and 8 March 2026 (Surveillance sanitaire en Guyane. Bulletin du 26 février 2026 and Surveillance sanitaire en Guyane. Bulletin du 12 mars 2026.).

In Mayotte, there is an increase of 7.7% in week of 9-15 March 2026 in consultations for dengue-like syndromes, which should be interpreted with caution given the concurrent circulation of Chikungunya virus disease and leptospirosis (Surveillance sanitaire à Mayotte. Bulletin du 20 mars 2026.).

Global overview
Since the beginning of 2026, and as of 23 March 2026, over 500 000 cases of dengue and over 100 dengue-related deaths had been reported globally, according to information from publicly available sources. This is a decrease compared to the same period in 2025 (Communicable disease threats report, 22-28 March 2025, week 13).

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:

There are currently no cases of dengue reported in EU/EEA countries in 2026, excluding some of the outermost regions. The likelihood of onward transmission of dengue virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent mosquito vectors (e.g. *Aedes albopictus* and *Aedes aegypti*). *Aedes albopictus* mosquito is established in a large part of Europe. In Europe and neighbouring areas, *Aedes aegypti* mosquito is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

For the risk related to dengue in mainland EU/EEA, please see ECDC's Dengue risk assessment for mainland EU/EEA.

More information on autochthonous transmission of dengue virus in 2025 in the EU/EEA is available on ECDC's website, and in ECDC's factsheets on dengue.

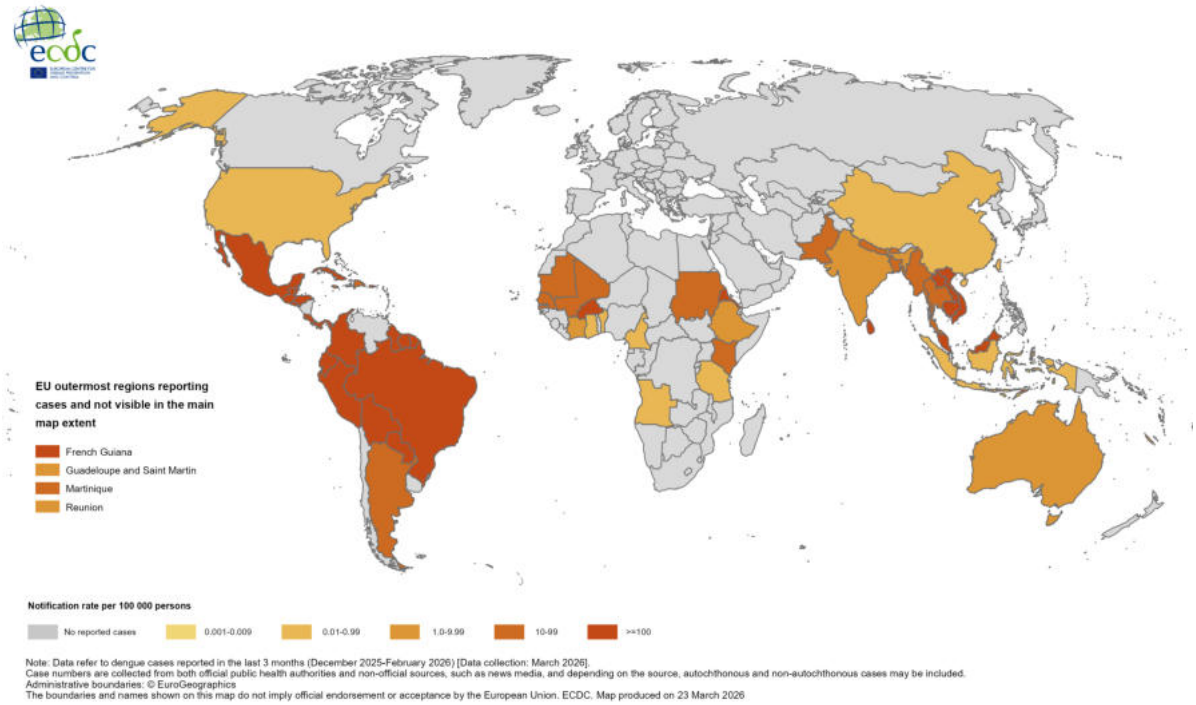
Mosquito-bite prevention is strongly recommended for travellers to countries with reported cases of dengue. Travel health advice is advised for travellers to areas with active outbreaks or elevated risk. Pregnant travellers, older adults and people with chronic conditions may be at higher risk of complications associated to these diseases.

Actions:

ECDC monitors this threat through its epidemic intelligence activities and reports on it on a monthly basis. A summary of the worldwide overview of dengue is available on ECDC's website.

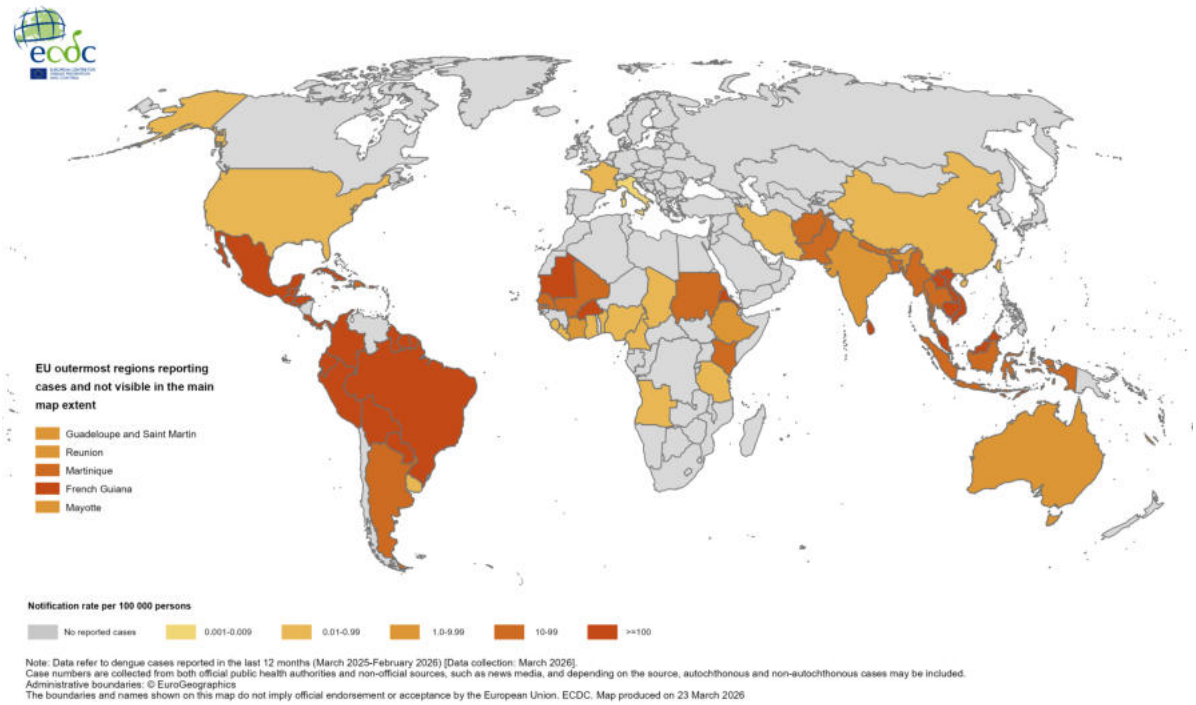
Last time this event was included in the Weekly CDTR: 13 February 2026

Figure 1. Three-month dengue virus disease case notification rate per 100 000 population, December 2025-February 2026



Source: ECDC

Figure 2. Twelve-month dengue virus disease case notification rate per 100 000 population, March 2025-February 2026



Source: ECDC

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

Overview:

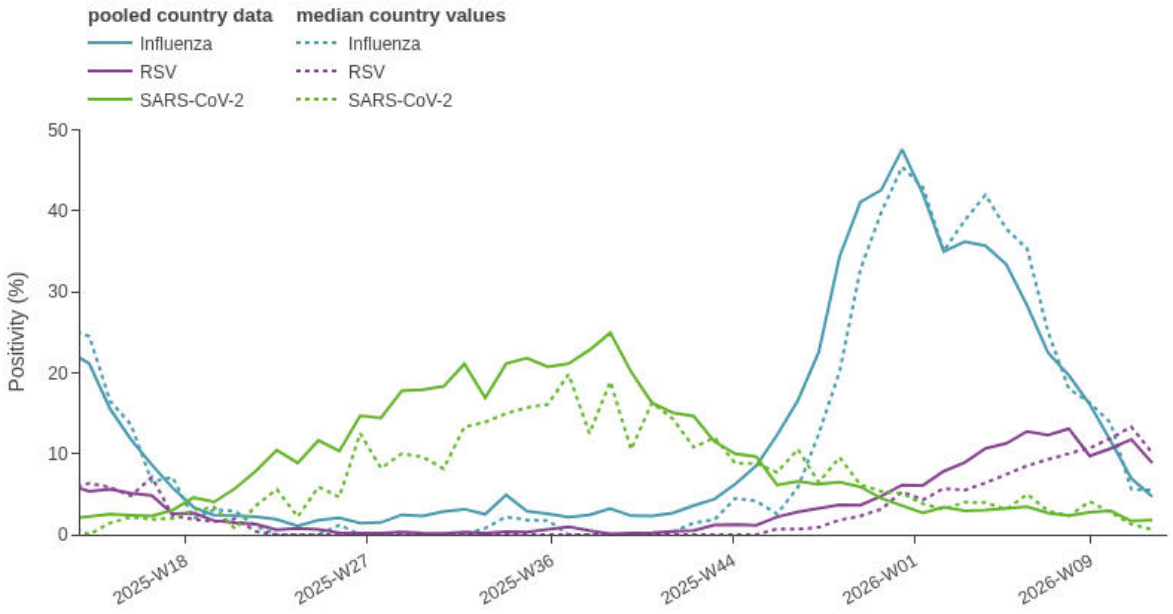
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.

Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

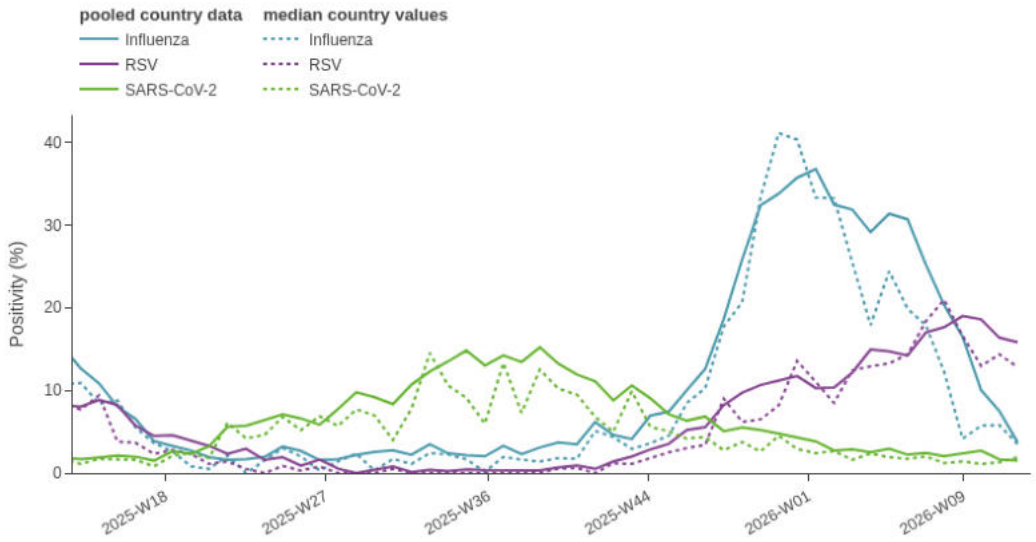
Last time this event was included in the Weekly CDTR: 20 March 2026

Figure 3. ILI/ARI virological surveillance in primary care – weekly test positivity



Source: ECDC

Figure 4. SARI virological surveillance in hospitals – weekly test positivity



Source: ECDC

Figure 5. Key indicators

		Reporting countries		EU/EEA summary	
Indicator	**Syndrome or pathogen**	**Week 12**	**Week 11**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	11 rates (6 MEM)	17 rates (9 MEM)	Distribution of country MEM categories	5 Baseline 1 Low
	ILI	15 rates (13 MEM)	21 rates (19 MEM)		12 Baseline 1 Low
ILI/ARI test positivity in primary care	Influenza	16	21	Pooled (median; IQR)	4.7% (5.5; 1.4–9.1%)
	RSV	15	19		8.9% (10; 7–13%)
	SARS-CoV-2	15	19		1.8% (0.7; 0–2%)
SARI rates in hospitals	SARI	10 rates (5 MEM)	12 rates (6 MEM)	Distribution of country MEM categories	4 Baseline 1 Low
SARI test positivity in hospitals	Influenza	9	10	Pooled (median; IQR)	3.7% (3.5; 2.9–5%)
	RSV	9	10		16% (13; 7.2–23%)
	SARS-CoV-2	9	10		1.5% (1.9; 0.2–2.1%)
Intensity (country-defined)	Influenza	17	23	Distribution of country qualitative categories	7 Baseline 8 Low 2 Medium
Geographic spread (country-defined)	Influenza	15	21	Distribution of country qualitative categories	1 No activity 5 Sporadic 3 Regional 6 Widespread

Source: ECDC

Figure 6. ILI/ARI virological surveillance in primary care – pathogen type and subtype distribution

	Week 12, 2026		Week 40, 2025 – week 12, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**65**	**–**	**18460**	**–**
Influenza A	62	95	17891	99
A(H1)pdm09	20	48	4085	28
A(H3)	22	52	10609	72
A (unknown)	20	–	3197	–
Influenza B	3	5	98	0.5
B/Vic	0	–	31	100
B (unknown)	3	–	67	–
Influenza untyped	0	–	471	–
RSV	**109**	**–**	**4515**	**–**
RSV-A	17	40	782	48
RSV-B	25	60	855	52
RSV untyped	67	–	2878	–
SARS-CoV-2	**22**	**–**	**3903**	**–**

Source: ECDC

Figure 7. SARI virological surveillance in hospitals – pathogen type and subtype distribution

	Week 12, 2026		Week 40, 2025 – week 12, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**60**	**–**	**14563**	**–**
Influenza A	36	92	8575	99
A(H1)pdm09	0	0.0	1240	35
A(H3)	1	100	2321	65
A (unknown)	35	–	5014	–
Influenza B	3	8	62	0.7
B/Vic	0	–	6	100
B (unknown)	3	–	56	–
Influenza untyped	21	–	5926	–
RSV	**195**	**–**	**5975**	**–**
RSV-A	5	56	1182	55
RSV-B	4	44	977	45
RSV untyped	186	–	3816	–
SARS-CoV-2	**24**	**–**	**2783**	**–**

Source: ECDC

Figure 8. Genetically characterised influenza virus distribution, week 40, 2025 – week 12, 2026

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	2938	39	5a.2a.1(D.3.1)	2835	96
			5a.2a.1(D)	97	3
			5a.2a(C.1.9.3)	6	0.2
A(H3)	4489	60	2a.3a.1(K)	4030	90
			2a.3a.1(J.2)	293	7
			2a.3a.1(J.2.4)	111	2
			2a.3a.1(J.2.2)	29	0.6
			2a.3a.1(J)	25	0.6
			2a.3a.1(J.2.5)	1	0
B/Vic	54	0.7	V1A.3a.2(C.5.6)	21	39
			V1A.3a.2(C.5.1)	14	26
			V1A.3a.2(C.5.6.1)	11	20
			V1A.3a.2(C.5.7)	4	7
			V1A.3a.2(C.3.1)	2	4
			V1A.3a.2(C.5)	2	4

Source: ECDC

Figure 9. SARS-CoV-2 variant distribution, week 10, 2026 – week 11, 2026

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	0	0	0%
BA.3.2	VUM	1	3	30% (30–30%)
XFG	VUM	1	1	10% (10–10%)
NB.1.8.1	VUM	1	1	10% (10–10%)

Source: ECDC

3. Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Monthly update overview

Since the start of 2026, and as of 28 February 2026 (data collection period 2–13 March, data available until 28 February), 32 758 chikungunya virus disease (CHIKVD) cases and nine associated deaths have been detected from 18 countries (not including EU/EEA countries and territories). Cases reported in February have increased compared to January, when 4 361 cases were reported. Deaths have increased in February compared to the previous month, when two deaths were reported.

New outbreaks

Colombia, Cuba, Guatemala, Guyana, Mauritius, Peru, and Saint Lucia have reported CHIKVD cases for the first time in 2026.

Epidemiological overview

In 2026, 18 countries have ongoing CHIKVD outbreaks. Of these, the majority are in the Americas. Below is a description of ongoing outbreaks:

Americas

In 2026, there have been 32 529 CHIKVD cases and nine associated deaths reported in the region. The most affected subcontinental region is South America, with Brazil reporting the highest number of cases in 2026.

- *Argentina*: *CHIKVD cases* are reported through the year in the country. Since the start of the year and as of epidemiological week 8 (22–28 February), two local outbreaks have been confirmed in the country, from the Salta and Tucuman provinces. The current outbreak in Salta has registered 36 cases, with 29 being confirmed. The highest number of cases are from the General Jose de San Martin department.

- *Bolivia*: *CHIKVD cases* have been extensively reported in the country since the start of 2026, being the most affected departments Santa Cruz, Cochabamba, Tarija and La Paz. Santa Cruz continues to be the most affected department, reporting most of CHIKVD cases in Bolivia. According to Bolivian health authorities, cases have been decreasing at national level in the last weeks.

- *Brazil*: *CHIKVD cases continue* to be reported in all regions (Centro-Oeste, Nordeste, Norte, Sudeste, and Sul) and in most federal units of the country. The Centro-Oeste, Sudeste, and Nordeste regions account for the highest number of cases in the last four epidemiological weeks (5-8), where Goias, Mato Grosso Do Sul, Minas Gerais, and Sao Paulo are the most affected federal units. Since the start of 2026, CHIKVD cases have continuously increased in Brazil until epidemiological week 08. This year, most of the cases have been reported among females (58%), being the 20 to 29 years age group the most affected one.

- *Colombia*: *CHIKVD cases* have been sporadically reported during the year. Confirmed CHIKVD cases have been reported from Antioquia, Huila, and Santander departments. According to Colombian health authorities, in 2026 frequency of reported cases has increased when compared to the same period of 2025.

- *Costa Rica*: In 2026, two CHIKVD cases have been reported from Puntarenas city, Esparza region. Epidemiological investigations suggest that both cases might be epidemiologically linked, and infected in the same time period. No further CHIKVD cases have been reported in other regions of Costa Rica in 2026.

- *Cuba:* CHIKV continues to circulate in the country, and has affected all 14 provinces of the island. Known provinces reporting high number of cases are Matanzas, La Habana, Camaguey, Cienfuegos, Artemia, and Villa Clara. These provinces have accounted for most of the reported cases in Cuba in previous months. During November 2025, the first CHIKVD associated deaths have been reported this year in the country.

- *El Salvador*: In 2026, one suspected CHIKVD case has been reported in the country. No further cases have been reported in the country.

- *Guatemala:* In 2026, one confirmed CHIKVD case has been reported in the country. The case was reported from San Marcos department, bordering with the Mexican Chiapas State, where CHIKVD cases have also been reported in 2026. In 2025, no confirmed CHIKVD cases were reported in Guatemala.

- *Guyana:* In 2026, two CHIKVD have been reported in the country. Cases of CHIKVD are sporadically reported in Guyana, reaching a total of six cases in 2025.

- *Honduras*: In 2026, one CHIKVD case has been reported in the country. Cases are sporadically reported in the country, and in 2025 there were a total of 12 cases reported in the country.

- *Mexico*: In 2026 and as of epidemiological week 7, locally acquired CHIKVD cases have been reported in the country from Chiapas and Quintana Roo. No new affected areas have been reported since the previous update. In 2025, CHIKVD cases were reported from Chiapas, Quintana Roo, and Yucatan. No deaths have been reported in 2025. In 2024, no CHIKVD cases were reported, while in 2023 two cases were reported from Bahia California Sur and Chiapas.

- *Paraguay:* In 2026, there have been two confirmed cases and one probable case reported in the country. In the same time period in 2024, two probable cases were reported.

- *Peru:* In 2026, until epidemiological week 6, one confirmed CHIKVD case has been reported in the country. The case has been reported from Cusco department, in a male under 18 years old.

- *Saint Lucia:* In 2026, Saint Lucia reported a locally acquired CHIKVD case. This is the first autochthonous case since 2021. The person was hospitalized and later discharged.

- *Suriname*: *CHIKVD cases* continue to be reported in the country. Currently, cases have been reported in seven out of ten districts of the country (Paramaribo, Wanica, Nickerie, Coronie, Commewijne, Marowijne, and Para). No cases have been reported in Brokopondo, Sipaliwini, and Saramacca

Asia

In 2026, 16 CHIKVD cases and no associated deaths have been reported in the region. The most affected subcontinental region is Southeast Asia, with Pakistan being the only country reporting cases in 2026.

- *Pakistan:* A total of 16 CHIKVD case has been reported in the country in 2026. All cases have been reported from Sindh region. CHIKVD cases are reported throughout the year in Pakistan, concentrated in Baluchistan, Khyber Pakhtunkhwa, and Sindh provinces. These provinces are located in the Southwest of the country.

Africa

In 2026, approximately 213 CHIKVD cases and no associated deaths have been reported in the region. The most affected subcontinental region is East Africa.

- *Madagascar:* In 2026, until epidemiological week 6, 29 confirmed CHIKVD cases have been reported in the country. Cases have been reported from Mahajanga, Toamasina, and Antsirabe. Of there, Mahajanga accounts for the highest number of reported cases.

- *Mauritius:* CHIKVD cases has been reported in the country since January 2026. The current outbreak seems to have an increasing trend, with more cases reported in February when compared to January.

- *Seychelles*: In 2026, CHIKVD cases have been reported in the archipelago. According to local health authorities, CHIKV has become more prevalent in the country, when compared to other arboviruses.

Europe

This week, no new cases of chikungunya virus disease have been reported to ECDC. All clusters reported in France and Italy are now closed. For CHIKVD cases reported in mainland EU/EEA, please refer to the dedicated ECDC website.

CHIKVD cases have been reported from the French outermost regions of French Guiana, Mayotte and Réunion.
In French Guiana, these are the first autochthonous cases reported since 2015. In Mayotte, a recent increase in case numbers has been reported since week 3 of 2026.

Global overview

In 2026, there have been 32 729 CHIKVD cases and nine associated deaths reported worldwide. Cases have decreased when compared to the same period in 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:

This week, no new cases of chikungunya virus disease have been reported to ECDC. All clusters reported in France and Italy are now closed. The likelihood of onward transmission of chikungunya virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent mosquito vectors (e.g. *Aedes albopictus* and *Aedes aegypti*). *Aedes albopictus* mosquito is established in a large part of Europe. In Europe and neighbouring areas, *Aedes aegypti* mosquito is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

For the risk related to CHIKVD in mainland EU/EEA, please see the dedicated webpage: Chikungunya virus disease risk assessment for mainland EU/EEA.

More information on autochthonous transmission of chikungunya virus in 2025 in the EU/EEA is available on ECDC's website, and in ECDC's factsheets on CHIKVD.

Mosquito bite prevention is strongly recommended for travellers to countries with reported cases of dengue and chikungunya. Travel health advice is advised for travellers to areas with active outbreaks or elevated risk. Pregnant travellers, older adults and people with chronic conditions may be at higher risk of complications associated with these diseases.

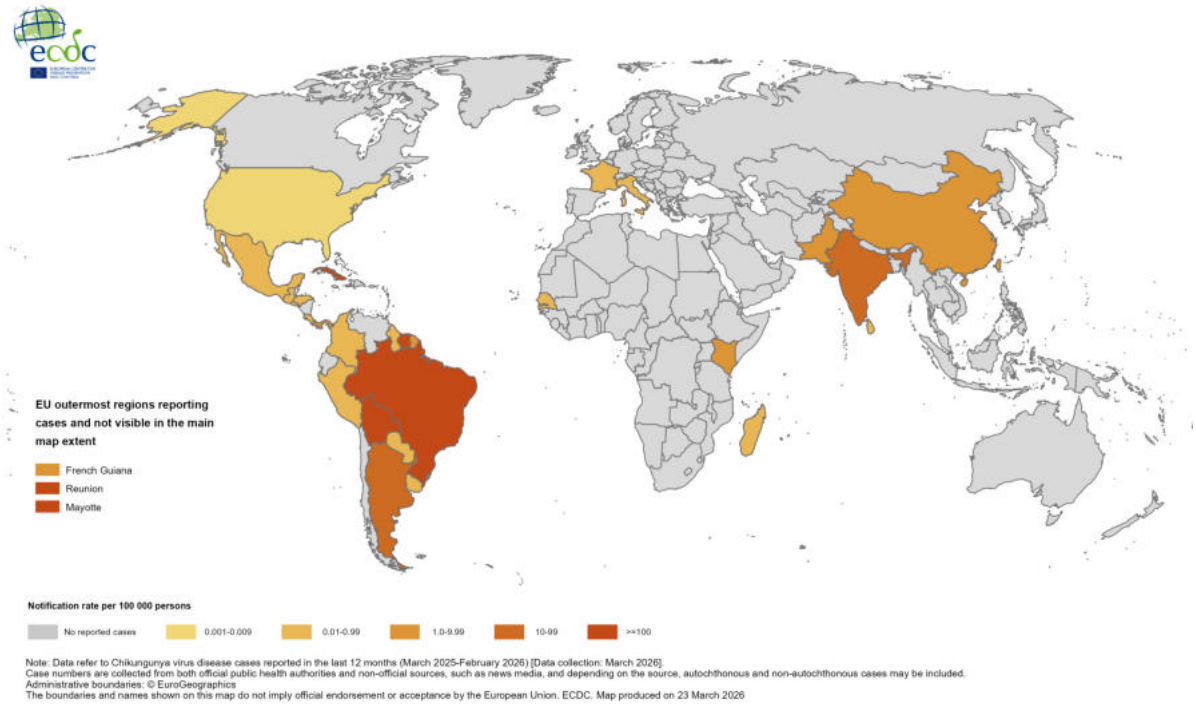
Actions:

ECDC monitors this threat through its epidemic intelligence activities and reports on it on a monthly basis. A summary of the worldwide overview of CHIKVD is available on ECDC's website.

Sources: Epidemiological alert Chikungunya

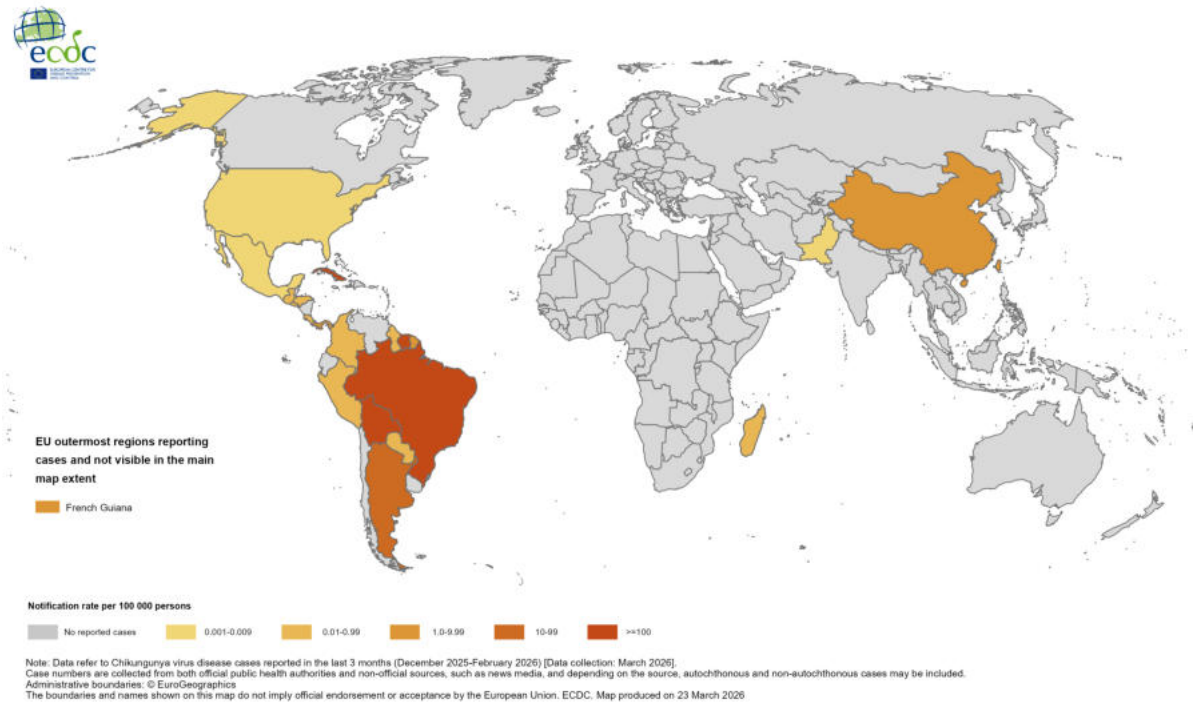
Last time this event was included in the Weekly CDTR: 24 March 2026

Figure 10. Twelve-month Chikungunya virus disease case notification rate per 100 000 population, March 2025 to February 2026



Source: ECDC

Figure 11. Three-month Chikungunya virus disease case notification rate per 100 000 population, December 2025 to February 2026



Source: ECDC

4. Invasive meningococcal disease - England - 2026

Overview:

Summary

As of 26 March 2026, the UK Health Security Agency (UKHSA) has reported an outbreak of invasive meningococcal disease in Kent, England and published a technical briefing. The outbreak involves at total of 23 cases: 22 cases (20 laboratory-confirmed), including two deaths, in the UK, and one laboratory confirmed case in France. Among UK cases, the earliest known onset of symptoms was Monday 9 March, and the latest had onset of symptoms on 16 March 2026. The one confirmed case in France was an individual who had attended the University of Kent, prior to travelling back to France. One incubation period (10 days) has now passed since the last case onset.

According to the UKHSA, all cases are young adults with a median age of 19 years. The majority of outbreak cases (20) have been found to have an epidemiological link with a club in Canterbury. Of the 3 cases who did not report attending the club, all are University of Kent students in university halls accommodation and one has a link to those who attended the club. UKHSA have confirmed that all the 20 laboratory-confirmed cases are meningococcal serogroup B, of which 17 are subtyped as P1.12-1,16-183. Isolates from a few cases have been characterised by whole genome sequencing showing sequence type 485 belonging to clonal complex ST-41/44. The clonal complex 41/44 is the predominant lineage in the UK, contributing about 40% of invasive disease.

ECDC has performed a molecular analysis to assess whether this genetic lineage is present in other countries and if there is any spread within the EU/EEA. There is no sequence available from the reported French case, and thereby not included in the analysis. Based on the analysis, the outbreak isolates cluster closely together but not with any other isolates from PubMLST or EMERTII. The closest related isolates are from UK within 30-34 AD from 2022 and 2023. The genome sequence can aid us to assess the vaccine antigen peptides and according to the Meningococcal Deduced Vaccine Antigen Reactivity (MenDeVAR index) the isolate is covered by both MenB vaccines licenced in UK and EU. In addition, the data suggest the strain is susceptible to common antibiotics.

UKHSA reports that public health response activities are ongoing, with investigations that have identified a nightclub in Canterbury (Club Chemistry) as a probable exposure site during the period 5-7 March. UKHSA have been working with the nightclub and the University of Kent to provide advice, identify close contacts, and arrange prophylactic antibiotics. A targeted vaccination programme was initiated and as of 24 March, 10 969 vaccinations and over 13 514 doses of antibiotics have been administered.

Background

IMD is a rare and severe bacterial infection, with high case fatality. Cases present with meningitis and/or sepsis, often with a rapid progression, requiring medical support and prompt treatment with antibiotics. The highest incidence occurs in young children, adolescents and young adults.

In 2023, EU/EEA countries reported 1 895 IMD cases, including 200 deaths, to ECDC. For 2024, the number of reported cases was 2 263, of which 202 were fatalities. Serogroup B accounted for 57% of cases in 2023 and for 55% in 2024.

Invasive meningococcal disease can be prevented through vaccination. A MenB vaccine, specifically targeting meningococcal serogroup B is available and included as part of national immunisation programmes in 15 EU countries. Other vaccines for invasive meningococcal disease, including the MenC (for serogroup C) and/or the MenACWY (for serogroups A, C, W and Y) are also included in some national immunisation programmes, however these vaccines do not provide protection against meningococcal serogroup B.

ECDC assessment:

UKHSA are responding to the outbreak and implementing public health response measures to prevent further cases and transmission. ECDC continues to monitor the epidemiological situation and will update if necessary. Given the current epidemiological situation there are no specific recommendations for the EU/EEA countries related to this event.

Actions:

ECDC will continue to monitor this event through epidemic intelligence activities, enhanced integrated genomic and epidemiological surveillance, and is in contact with the relevant partners.

Last time this event was included in the Weekly CDTR: 24 March 2026

5. Dengue virus detection in mosquitoes - Switzerland - 2024

Overview:

A pool of *Aedes* mosquitoes collected in the canton of Basel-City, Switzerland, in 2024 tested positive for dengue virus serotype 4. The pool consisted of 11 female mosquitoes sampled from three locations and across four weeks (weeks 34, 35, 36, and 43). According to the Basel monitoring report, it is likely that only one mosquito in the pool was positive. This represents the first published detection of dengue virus in mosquitoes north of the Alps.

During the specified period, no dengue cases were reported in Basel-City in 2024, but mild or asymptomatic dengue virus infections may go undetected by the surveillance system.

ECDC assessment:

This detection represents the first published identification of dengue virus in mosquitoes north of the Alps. However, autochthonous dengue transmission has previously been documented in 2023 in the Paris region, which lies slightly further north.

Aedes albopictus, a competent dengue vector, is established in the canton of Basel-City. It is therefore likely that the positive mosquito was a local specimen that had bitten an infected traveller returning from a dengue-endemic area. Although no dengue cases were reported in Basel-Stadt during the catch period in 2024, mild or asymptomatic infections may go undetected by surveillance.

With a warming climate and the continued northward expansion of *Aedes albopictus*, the likelihood of dengue virus transmission events occurring at higher latitudes is increasing. While autochthonous dengue virus transmission cannot be excluded, it remains less likely than chikungunya transmission (confirmed in Alsace in 2025), as dengue virus requires higher temperatures for efficient replication and transmission. As a result, the period during which infected mosquitoes can acquire and transmit dengue virus is restricted to the warmest summer months. To date, all confirmed dengue cases in Switzerland have been travel-associated, with most occurring during the winter season.

Actions:

No further action from ECDC.

6. Aedes aegypti detection – Luxembourg – 2025

Overview:

Four mosquito eggs collected in an ovitrap on 17 July 2025 at a highway station in Berchem, Luxembourg, were analysed by the Luxembourg Institute of Science and Technology for DNA of *Aedes aegypti*, *Aedes albopictus*, *Aedes japonicus*, *Aedes koreicus* and *Culex pipiens*.

The five species-specific assays for this sample were negative. Subsequent testing using optimised probes detected *Aedes aegypti* DNA. In 2023, environmental DNA of *Aedes aegypti* was also detected at the nearby cargo station in Bettembourg (approximately five kilometres away) in five traps showing varying DNA concentrations during the trapping period from 22 June to 9 October

2023. Berchem is the largest petrol station in Europe, offering fuel and resting places for hundreds of trucks heading northwards daily.

ECDC assessment:

No adult *Aedes aegypti* specimens have been collected so far. The available evidence indicates that this species was transported into Luxembourg via road. The origin is unknown and could range from tropical regions to areas in or near Europe where *Aedes aegypti* is already established (see *Aedes aegypti* – current known distribution).

The probability of *Aedes aegypti* becoming established in Luxembourg is lower than for *Aedes albopictus*, because *Aedes aegypti* eggs cannot survive cold conditions by entering a dormant state, while *Aedes albopictus* tolerates lower temperatures. Overwintering of *Aedes aegypti* has, however, been documented in small sheltered microclimates in parts of the United States that are colder than its typical winter limit.

In Luxembourg, to date *Aedes albopictus* (eggs and DNA) has only been detected sporadically during the warm season in the same Berchem area and very sporadically in two other ports of entry. There is no evidence to date that *Aedes albopictus* has been established in Luxembourg.

Actions:

Luxembourg will upload this finding to the VectorNet data portal. Public health authorities will increase surveillance around Berchem in the 2026 season adding adult traps and extending the surveillance zone around Berchem to monitor whether establishment occurred.

ECDC and EFSA will update their invasive mosquito maps to reflect that *Aedes aegypti* is now considered introduced in Luxembourg.

7. Measles outbreak in Latvia 2026

Overview:

Latvia reported its first measles outbreak since 2018. The index case of infection is in a 11-year old girl who developed rash on 6 March 2026 after attending an international public event in Riga on 21–22 February 2026, where exposure to a symptomatic traveller from abroad is reported. The case then travelled on 5 March from Riga to the United States via Istanbul.

As of 26 March 2026, a total of 28 measles cases have been identified in Latvia, including 27 laboratory-confirmed cases. In one case, the individual's parents refused to proceed with diagnostic testing. Of these, 19 are children and 9 are adults (7 vaccinated based on self-reported information, 1 fully vaccinated according to documentation, and 1 partially vaccinated according to documentation). Most confirmed paediatric cases are unvaccinated school contacts of the index case, with a few secondary household cases among their families. More than 100 children are reported by the school to be unvaccinated.

A large number of contacts (>1000 individuals) have been identified in the country and are under follow-up. Self-collection of specimens (saliva or urine) from suspected cases has been organised, and patients are encouraged to use this approach to avoid visits to healthcare facilities or laboratories, thereby reducing the risk of further transmission.

Genotyping results from the first 10 samples identified measles virus genotype D8, supporting the hypothesis of an imported source of infection and providing evidence of a single transmission chain.

Assessment:

National authorities in Latvia assess the risk of further spread as moderate to high, particularly among non-immune persons and due to challenges identifying all contacts.

ECDC assessment:
Measles cases are expected to continue increasing in the EU/EEA in the coming months due to sub-optimal vaccination coverage for measles containing vaccines (MCV) in a number of EU/EEA

countries, the high probability of importation from areas experiencing high circulation and the fact that the coming months represent the seasonal peak of the virus.

The risk from measles on the rest of the Europe remains as it was indicated in the Threat assessment brief: Measles on the rise in the EU/EEA: considerations for public health response, published on 14 February 2026.

The risk from measles is assessed for four different population groups by the probability of infection and its impact:
For the population that is immune to measles, the risk is very low due to the high protection conferred by the two-dose vaccination scheme or the lifelong protection from natural disease.There is moderate risk for infants <12 months, young children, and immunocompromised individuals, and low–moderate risk for older unvaccinated persons.

ECDC recommends closing immunity gaps, strengthening surveillance, improving clinical awareness, ensuring healthcare worker vaccination, enhancing vaccine acceptance, and preparing travellers ahead of the holiday season.

Actions:

ECDC is closely monitoring the situation and is in close contact with the national authorities in Latvia.

8. Human case of avian influenza A(H9N2) - Italy (imported) - 2026

Overview:

A human case of avian influenza A(H9N2) infection has been reported in the Lombardy region of Italy in a traveller returning from a non-European country where the virus has previously been identified in birds. This is the first human case of avian influenza A(H9N2) reported in the EU/EEA.

The patient has co-existing medical conditions and is currently in hospital isolation, receiving medical treatment. Italian public health authorities performed contact tracing to identify and control any possible onward transmission. Several epidemiological and microbiological investigations have been initiated.

Since 1998, and as of 27 February 2026, 195 human cases of A(H9N2) had been reported worldwide by 10 countries in Asia and Africa. Only two infections were fatal. No clusters of human influenza A(H9N2) infections, nor documented instances of person-to-person transmission, have ever been reported. Direct contact with infected birds or contaminated environments has been the most likely source of human infection for avian influenza viruses. Sporadic human cases of avian influenza are not unexpected in areas where the virus is circulating in birds.

ECDC assessment:

This is the first human case of avian influenza A(H9N2) reported in the EU/EEA. The case was imported from a country where A(H9N2) cases have been identified in birds. Sporadic human cases of avian influenza subtype A(H9N2) have been reported in other countries outside the EU/EEA.

Based on information shared by Italy's public health authorities and knowledge of the virus epidemiology, ECDC currently assesses the risk for the general population in the EU/EEA of influenza A(H9N2) related to this event as very low. ECDC is in contact with authorities in Italy, is monitoring the situation closely, and will reassess the risk as more information becomes available.

Actions:

ECDC monitors the epidemiology of zoonotic influenza and the circulation of avian influenza strains through epidemic intelligence activities and sharing information among international partners worldwide. Together with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly report on the avian influenza situation in

the EU/EEA. The most recent report was published in March 2026. ECDC has also published a protocol for the investigation and management of human infections in the EU/EEA as well as a pre-pandemic influenza scenario framework with suggested public health actions when human cases in the EU/EEA are detected.

Further information:

ECDC published a news item on 25 March 2026 on this event First human case of influenza A(H9N2) infection imported in the EU

Events under active monitoring

- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update
- Invasive meningococcal disease - England - 2026
- Dengue virus detection in mosquitoes - Switzerland - 2024
- Aedes aegypti detection – Luxembourg – 2025
- Measles outbreak in Latvia 2026
- Human case of avian influenza A(H9N2) - Italy (imported) - 2026
- Overview of respiratory virus epidemiology in the EU/EEA
- Mass gathering monitoring – Winter Olympic and Paralympic Games in Milan – 2026
- Dengue cases – EU/EEA ex. Maldives – 2025-2026
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring
- Travel-associated chikungunya virus disease in EU/EEA countries imported from Seychelles
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2026
- Mpox in the EU/EEA, Western Balkans and Türkiye – 2022–2026
- Chikungunya virus disease – Mayotte, France – 2026
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update
- SARS-CoV-2 variant classification