WEEKLY BULLETIN

Communicable Disease Threats Report

Week 15, 4–10 April 2026

This week's topics

1. Overview of respiratory virus epidemiology in the EU/EEA
2. Human case of avian influenza A(H7N7) - Taiwan - 2026
3. Dengue epidemic in New Caledonia

Executive summary

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 remain low and continue to decline across all age groups. Influenza subtypes A(H1)pdm09 and A(H3) continue to be co-dominant.

Respiratory syncytial virus (RSV) activity and hospitalisations remain elevated, although recent trends suggest that overall levels are decreasing. Children under five years continue to account for most hospital admissions.

SARS-CoV-2 circulation remains low across 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'.

Human case of avian influenza A(H7N7) - Taiwan - 2026

- On 3 April 2026, Taiwan CDC reported a case of influenza A(H7N7) virus in an elderly man who had had exposure to poultry and has now been discharged from hospital.
- This is the first avian influenza A(H7N7) case reported since 2013. Cases have previously been reported in Italy in 2013 and in the Netherlands in 2003.
- Overall, the risk related to zoonotic influenza, including avian influenza A(H7N7), for the general population in the EU/EEA is considered low.

Dengue epidemic in New Caledonia

- New Caledonia has reported its first dengue outbreak since 2019.
- No increase in disease severity has been reported. The current likelihood of dengue virus transmission in mainland Europe remains very low; the likelihood of infection for travellers to New Caledonia is moderate.
- In Europe, healthcare providers, including travel medicine clinics, should raise awareness among travellers visiting New Caledonia. Clinicians should consider dengue in patients returning from New Caledonia with compatible symptoms.

1. 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.

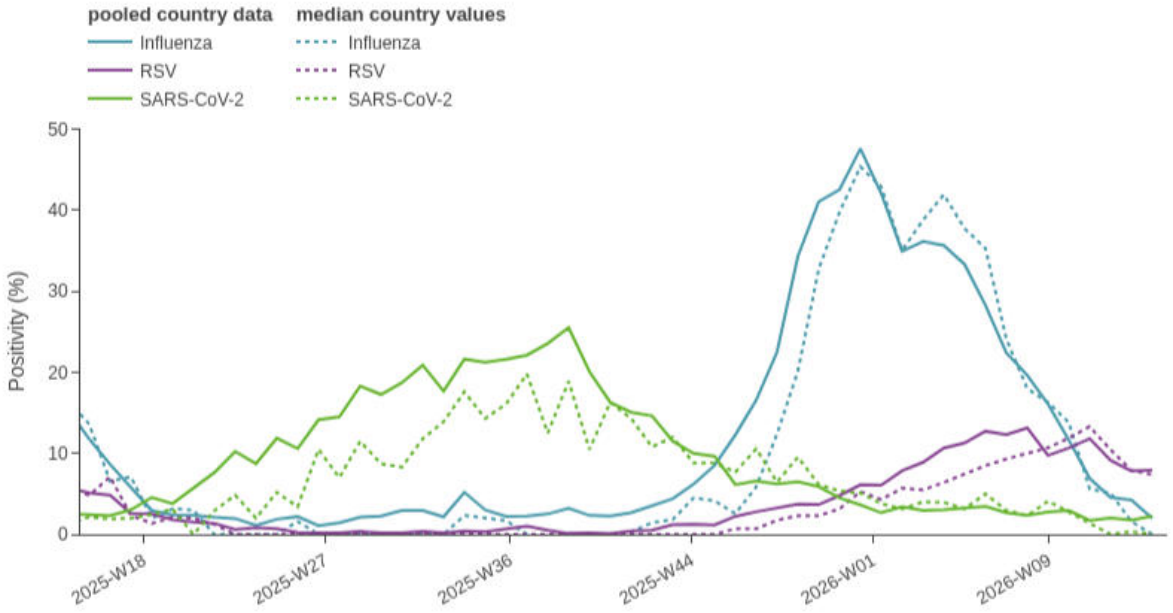
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 27 March 2026.

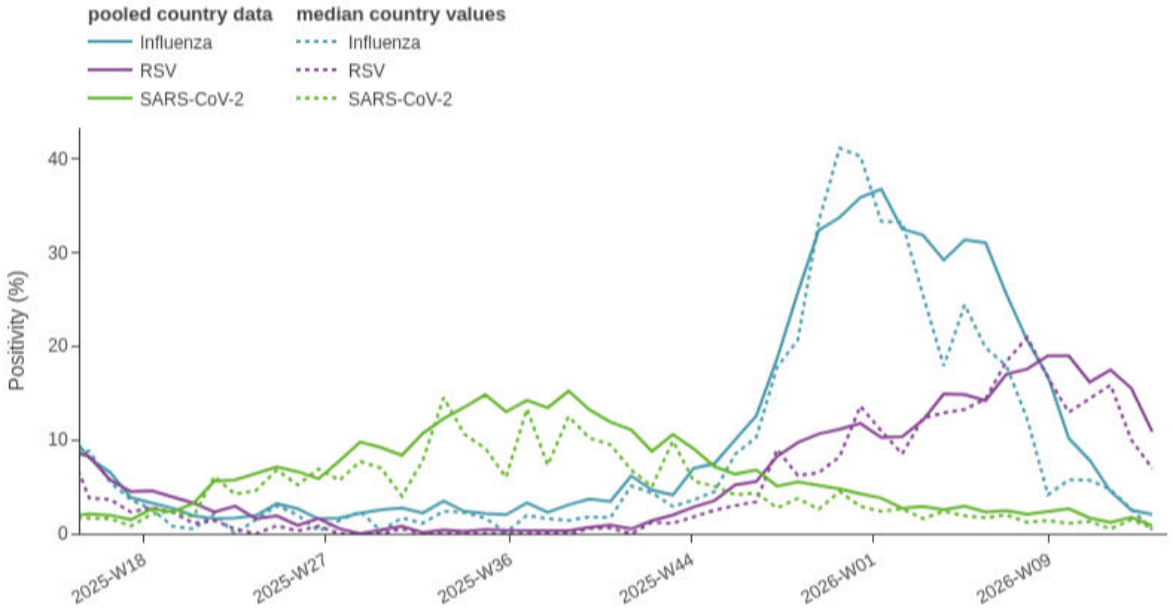
Maps and graphs

Figure 1. ILI/ARI virological surveillance in primary care - weekly test positivity



Source: ECDC

Figure 2. SARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Key indicators

		Reporting countries		EU/EEA summary	
Indicator	Syndrome or pathogen	Week 14	Week 13	Description	Value
ILI/ARI consultation rates in primary care	ARI	13 rates (9 MEM)	18 rates (10 MEM)	Distribution of country MEM categories	9 Baseline
	ILI	15 rates (14 MEM)	22 rates (20 MEM)		13 Baseline 1 Low
ILI/ARI test positivity in primary care	Influenza	13	20	Pooled (median; IQR)	2% (0; 0–2.8%)
	RSV	13	19		7.9% (7.4; 4.8–11%)
	SARS-CoV-2	13	18		2.3% (0; 0–2.3%)
SARI rates in hospitals	SARI	6 rates (4 MEM)	11 rates (5 MEM)	Distribution of country MEM categories	4 Baseline
SARI test positivity in hospitals	Influenza	8	9	Pooled (median; IQR)	2.1% (0.4; 0–2.1%)
	RSV	8	9		11% (7; 5.9–13%)
	SARS-CoV-2	7	8		0.9% (0.6; 0–1.7%)
Intensity (country-defined)	Influenza	17	24	Distribution of country qualitative categories	11 Baseline 5 Low 1 Medium
Geographic spread (country-defined)	Influenza	16	22	Distribution of country qualitative categories	1 No activity 8 Sporadic 2 Local 3 Regional 2 Widespread

Source: ECDC

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

	Week 14, 2026		Week 40, 2025 – week 14, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**14**	**–**	**18549**	**–**
Influenza A	14	100	17977	99
A(H1)pdm09	0	0.0	4126	28
A(H3)	4	100	10656	72
A (unknown)	10	–	3195	–
Influenza B	0	0.0	100	0.6
B/Vic	0	–	31	100
B (unknown)	0	–	69	–
Influenza untyped	0	–	472	–
RSV	**56**	**–**	**4724**	**–**
RSV-A	2	8	845	47
RSV-B	23	92	962	53
RSV untyped	31	–	2917	–
SARS-CoV-2	**16**	**–**	**3948**	**–**

Source: ECDC

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

	Week 14, 2026		Week 40, 2025 – week 14, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**19**	**–**	**14686**	**–**
Influenza A	4	100	8612	99
A(H1)pdm09	1	100	1252	35
A(H3)	0	0.0	2322	65
A (unknown)	3	–	5038	–
Influenza B	0	0.0	64	0.7
B/Vic	0	–	6	100
B (unknown)	0	–	58	–
Influenza untyped	15	–	6010	–
RSV	**99**	**–**	**6480**	**–**
RSV-A	2	33	1221	55
RSV-B	4	67	1017	45
RSV untyped	93	–	4242	–
SARS-CoV-2	**8**	**–**	**2832**	**–**

Source: ECDC

Figure 6. **Genetically characterised influenza virus distribution, week 40, 2025 – week 14, 2026**

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	3148	40	5a.2a.1(D.3.1)	3045	97
			5a.2a.1(D)	97	3
			5a.2a(C.1.9.3)	6	0.2
A(H3)	4677	59	2a.3a.1(K)	4212	90
			2a.3a.1(J.2)	296	6
			2a.3a.1(J.2.4)	113	2
			2a.3a.1(J.2.2)	30	0.6
			2a.3a.1(J)	25	0.5
			2a.3a.1(J.2.5)	1	0
B/Vic	72	0.9	V1A.3a.2(C.5.6)	27	38
			V1A.3a.2(C.5.1)	20	28
			V1A.3a.2(C.5.6.1)	12	17
			V1A.3a.2(C.3.1)	7	10
			V1A.3a.2(C.5.7)	4	6
			V1A.3a.2(C.5)	2	3

Source: ECDC

Figure 7. **SARS-CoV-2 variant distribution, week 43, 2024 - week 44, 2024**

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	0	0	0%
XFG	VUM	2	24	54% (35–73%)
BA.3.2	VUM	1	6	17% (8–25%)
NB.1.8.1	VUM	1	1	3% (1–4%)

Source: ECDC

2. Human case of avian influenza A(H7N7) – Taiwan – 2026

Overview

On 3 April 2026, Taiwan CDC reported a human case of avian influenza A(H7N7) virus infection in a man in his 70s in Taiwan (Press Release: Influenza A(H7) detection update, Taiwan CDC, 3 April 2026). The patient, who has chronic diseases, developed symptoms on 20 March 2026 (rhinorrhea, myalgia, cough). On 22 March, due to worsening symptoms and fever, he was admitted to hospital and diagnosed with pneumonia. The patient had had exposure to domestic birds prior to the onset of symptoms. The patient received antiviral treatment and, following clinical improvement, was discharged on 3 April 2026.

Avian influenza A(H7N7) was confirmed through gene sequencing from the patient's sputum samples taken on 27 March 2026. There were no detections of mutations related to enhanced avian-to-human transmission. No drug-resistant mutations were found, and the virus remains sensitive to antiviral drugs. According to Taiwan CDC, the genomic analysis showed that the influenza A(H7) belongs to the Eurasian lineage, similar to those strains circulating in Taiwan in wild animals (mainly geese and ducks).

As of 2 April 2026, 33 contacts of the case had been identified and were being monitored (Press Release: Influenza A(H7), Taiwan CDC, 2 April 2026), three of whom had received prophylactic treatment; tests taken from six family members were negative for avian influenza.

Environmental samples from the affected farm tested negative. Environmental sampling from neighbouring farms and wild birds is being organised by the authorities. The health and agricultural authorities have strengthened the monitoring of humans and animals, including the monitoring of respiratory viruses and influenza/new influenza A pneumonia at medical institutions. Poultry at farms and migratory birds are being actively monitored. The authorities are cooperating with farmers to promote personal protective measures and public health education for livestock operators.

This is the first case of A(H7N7) reported in Taiwan. In the EU/EEA, 92 human cases with A(H7N7) infection were reported in the Netherlands in 2003 (n=89) and in Italy in 2013 (n=3) and no cases have been reported since (Epidemiological update: Highly pathogenic influenza A(H7N7) in poultry and transmission to three human poultry workers in Emilia-Romagna, Italy, September 2013). In both events, most patients had had occupational exposure to poultry. Most cases had mild symptoms, including influenza-like symptoms and/or conjunctivitis. One fatal case was reported in a patient with pneumonia in combination with acute respiratory distress syndrome (ECDC-EFSA Scientific Opinion Preparedness, prevention and control related to zoonotic avian influenza, 2024).

ECDC assessment

Sporadic human cases of avian influenza virus have been reported globally, including subtype A(H7N7). The most recent human cases of H7N7 were reported by Italy in 2013, involving three mild cases presenting with conjunctivitis. Although no human cases have been detected since then, H7 viruses continue to circulate in animal populations.

For the reported case, genetic analysis did not identify any mutations associated with enhanced avian-to-human transmission or antiviral resistance. All close contacts are being monitored and all contacts that have been swabbed have tested negative.

Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low. Transmission to humans with avian influenza remains infrequent and no sustained transmission between humans has been observed. Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk.

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 avian influenza overview. The most recent report was published in March 2026.

3. Dengue epidemic in New Caledonia

Overview

New Caledonia is currently facing its first outbreak of dengue since 2019, with over 640 cases (probable and confirmed) reported since the beginning of the year. The main vector of transmission is Aedes aegypti. In New Caledonia, dengue virus transmission is typically higher during the warm and wet months, with peaks often observed in late austral summer to early autumn (around March–April). With the rainy season, pools of water can support high mosquito population density, favouring transmission of the virus.

In addition, the ongoing school holidays (4-19 April) may favour movement of people and the spreading of the virus.

In 2019, New Caledonia launched a project with the release of Wolbachia carrying mosquitoes, and by 2024, 86% of the mosquitoes tested in the Greater Nouméa region were carrying the bacteria.

According to the authorities and the media, the zones where Wolbachia-bacteria-carrying mosquitoes were released are currently experiencing less intense transmission than in other areas of New Caledonia.

ECDC assessment

The current likelihood of dengue virus infection for travellers to New Caledonia is moderate, especially when travelling outside of the Greater Nouméa region, where virus circulation is more intense.

The likelihood of transmission of dengue virus in mainland Europe following introduction by a viraemic traveller is currently considered very low, as environmental conditions are not favourable for Aedes mosquito activity at this time of year.

In Europe, healthcare providers, including travel medicine clinics, should raise awareness among travellers visiting New Caledonia of the risk of dengue infection, measures to prevent mosquito bites and, where relevant, vaccination options.

Clinicians should consider dengue in patients returning from New Caledonia with compatible symptoms to support timely diagnosis, testing and appropriate case management.

Actions

ECDC is monitoring the situation through its epidemic intelligence activities.

Events under active monitoring

- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update
- Overview of respiratory virus epidemiology in the EU/EEA
- 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
- 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
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2026
- Travel-associated chikungunya virus disease in EU/EEA countries imported from Seychelles
- Mpox in the EU/EEA, Western Balkans and Türkiye – 2022–2026
- Human case of avian influenza A(H7N7) - Taiwan – 2026
- Dengue epidemic in New Caledonia – 2026
- Transmission of integrase inhibitor-resistant HIV-1 – Multi country – 2026
- SARS-CoV-2 variant classification
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update.