

## WEEKLY BULLETIN

# Communicable disease threats report

Week 16, 12–18 April 2025

## This week's topics

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## Executive summary

### Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

- In February 2025, 821 measles cases were reported by 14 countries. sixteen countries reported zero cases.
- Through its epidemic intelligence activities, ECDC has identified an additional 3 012 new cases from 15 EU/EEA countries.
- Overall, four measles-related deaths have been reported in the EU/EEA in 2025, all of them in Romania.
- There has been high measles activity overall in the EU/EEA over the last 12 months; however, the situation varies by country. Some countries have reported large and/or ongoing outbreaks, while others have reported either no sustained transmission or very low transmission.
- Outbreaks associated with imported measles cases have been reported by EU countries.
- Relevant epidemiological updates are available for WHO regions, United States and Canada.

### Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

- Since the last update on 13 March 2025, and as of 14 April 2025, 142 mpox cases have been reported from 13 EU/EEA countries: Germany (57), Spain (22), Sweden (15), France (12), Netherlands (10), Denmark (6), Ireland (6), Italy (4), Poland (4), Portugal (3), Austria (1), Greece (1), and Hungary (1). Since 13 March 2025, no new countries have reported confirmed cases.
- Since the start of the mpox outbreak and as of 14 April 2025, 24 284 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries
- Seventeen MPXV clade I cases have been reported in the EU/EEA since August 2024 from Sweden, Germany, Belgium, Ireland and France. All were clade Ib, except Ireland which was clade Ia.
- The overall risk of infection remains low for men who have sex with men and low for the broader EU/EEA population.

## Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025

- Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries, with the epidemiological trends remaining largely unchanged.
- Most cases of mpox clade I in Africa are still reported by the Democratic Republic of the Congo (DRC), Burundi, and Uganda. Uganda continues to show an increasing trend in reported cases.
- Sporadic mpox clade I cases have also been reported outside Africa the past month without any indication of wider community transmission outside the continent.
- The classification of transmission patterns has been updated (details are provided in the overview).
- ECDC is closely monitoring and assessing the epidemiological situation, and additional related information can be found in the Centre's rapid risk assessment published on 16 August 2024 ('[Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#)') and its '[Rapid scientific advice on public health measures](#)'.

# 1. Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

## Overview:

In February 2025, 821 measles cases were reported by 14 countries. Sixteen countries reported zero cases. In the most recent 12-month period, from 1 March 2024 to 28 February 2025, 30 EU/EEA Member States reported a total of 28 791 cases of measles. Between 1 March 2024 and 28 February 2025, of the 28 791 cases with known age, 12 816 (44.5%) were in children under five years of age; and 7 880 (27.4%) cases were aged 15 years or older.

The highest notification rates were observed in infants under one year of age (928.4 cases per million) and children aged 1-4 years (542.6 cases per million). Of 26 669 cases (100.0% of all cases) with a known age and vaccination status, 22 992 (86.2%) were unvaccinated, 2 378 (8.9%) were vaccinated with one dose of a measles-containing vaccine, 1 213 (4.5%) were vaccinated with two or more doses, and 50 (0.2%) were vaccinated with an unknown number of doses.

Fourteen deaths (case fatality rate (CFR): 0.0) attributable to measles were reported to ECDC during the 12-month period by Romania (14) (Figure 4). Detailed data are available in [ECDC's Surveillance Atlas of Infectious Diseases](#).

Complementary epidemic intelligence surveillance, with data collection conducted on 15 April 2025 from official and unofficial public sources, identified 3 012 measles cases reported since the last monthly update on 6 March 2025. Cases were reported in 15 EU/EEA countries: Austria, Bulgaria, Cyprus, Czechia, France, Germany, Hungary, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Spain, and Sweden.

**Disclaimer:** *The [monthly measles report published in the CDTR](#) provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. Sometimes this information is made available retrospectively. This report is a supplement to [ECDC's monthly measles and rubella monitoring report](#), based on data routinely submitted by 30 EU/EEA countries to TESSy and EpiPulse. Data presented in the two monthly reports may differ.*

## Epidemiological summary for EU/EEA countries with relevant epidemic intelligence updates:

[Austria](#) reported 78 confirmed measles cases in 2025 and as of 9 April 2025, an increase of 27 cases since 5 March 2025.

[Bulgaria](#) reported one measles case in 2025 and as of 15 April 2025.

[Cyprus](#) media, citing official sources, report a measles outbreak following a cluster of that was identified at a nursery in March. As of 20 March 2025, a total of nine cases (eight children and one teacher) were reported.

[Czechia](#) reported nine cases in 2025 and as of 1 April 2025.

[France](#) reported 180 measles cases in 2025 and as of 14 March 2025. Of these, 82 (46%) were hospitalised (6 in intensive care) and 35 (20%) had complications. Most cases (71%) were unvaccinated.

Since the beginning of the year, there has been a notable increase in the number of imported cases of measles, particularly from Morocco: 41 imported cases or cases linked to an importation from Morocco have been reported since the beginning of the year in several regions in France compared to 26 cases in 2024.

[Germany](#) reported 85 measles cases in 2025 and as of 15 April 2025, an increase of 44 cases since 5 March 2025.

[Hungary](#) reported two cases of measles in 2025 and as of 6 April 2025.

[Lithuania](#) reported two cases in 2025 and as of 26 March 2025.

[Netherlands](#) reported 251 measles cases in 2025 and as of 9 April 2025, an increase by 188 cases since 5 March 2025. There is no indication of a national outbreak. Clusters of measles cases have been detected among children linked to primary schools, with additional cases reported within households. In 2025, 26 cases were reported to have contracted measles in Morocco and three in Romania.

[Norway](#) reported two cases of measles in 2025 and as of 15 April 2025, one in January and one in March.

[Poland](#) reported 34 measles cases in 2025 and as of 31 March, an increase of 19 cases since 28 February 2025.

[Portugal](#) reported, according to media citing official sources, 11 measles cases in 2025 and as of 8 April 2025. All cases were imported or linked to an imported case.

[Romania](#) reported 5 104 measles cases and four deaths in 2025 and as of 31 March, an increase of 2 459 cases since 28 February 2025.

[Spain](#) reported 179 measles cases in 2025 and as of 6 April 2025, an increase by 56 cases since 2 March 2025. Of reported cases, 57 (32%) were imported and 50 (39%) were linked to an imported case. Outbreaks have been reported in several parts of Spain. Measles outbreaks are reported

[Sweden](#) reported three measles cases in 2025 and as of 15 April 2025.

### **Epidemiological summary for select countries outside of EU/EEA with relevant epidemic intelligence updates:**

#### **United States**

As of 10 April 2025, the [US CDC](#) reported 712 confirmed measles cases in 2025, including two confirmed deaths (both in Texas) and one death under investigation in New Mexico.

Of the reported cases 97% are unvaccinated or have unknown vaccination status; 70% are children 0–19 years (32% under 5 years). Hospitalisation was reported for 11% of the cases (79 of 712), most of hospitalised people were children 0–19 years (65 cases, of which 45 children under 5 years of age). There have been seven outbreaks (defined as 3 or more cases) reported in 2025 in US and 93% of the confirmed cases are outbreak associated. The cases have been reported from 25 jurisdictions.

WHO issued Disease Outbreak News ([DON](#)) on 27 March 2025. Following declaration of elimination in 2000, the current measles outbreak in the US is considered an unusual event with a potential significant public health impact. WHO assesses the risk of measles in the Americas as high.

## Canada

According to the most recent update on 11 April 2025, [Canada](#) has reported 731 measles cases (confirmed and probable) by 6 jurisdictions. Majority of the cases are reported in Ontario (656) and nearly all reported cases are (722) are related to a multijurisdictional outbreak, which started in October 2024 in New Brunswick, then spread to Ontario with related cases detected in Alberta, Manitoba and Quebec.

### Summary of measles cases reported by WHO regional offices

Increased measles activity has been reported globally. A total of 39 281 measles cases have been reported to the WHO Regional Offices in 2025 and as of [10 April 2025](#).

The WHO Regional Office for Europe (WHO/EUROPE) reported 6 841 measles cases in 2025. Most cases outside of EU/EEA were reported from Kyrgyzstan (2 970), Kazakhstan (397) and the Russian Federation (373).

*The numbers provided to WHO for EU/EEA countries are from TESSy data, which are updated monthly and available on the [ECDC Surveillance Atlas of Infectious Diseases](#). Due to differences in reporting times, the numbers may not correspond to the data from epidemic intelligence screening.*

The WHO Regional Office for Africa (WHO AFRO) reported 10 623 measles cases in 2025. The highest numbers of cases were reported from Ethiopia (2 579), Nigeria (1 228), Niger (920) and Rwanda (817).

On 5 April 2025 the [WHO Regional Office for the Americas \(WHO PAHO\)](#) reported 1 589 confirmed cases of measles, including two deaths, by five countries: Canada (730), United States (712, including two deaths), Mexico (126), Argentina (18) and Brazil (3). This marks a substantial increase from 268 cases, including one death reported in February 2025, due to increasing numbers of cases in Canada and US.

Additionally, [media](#), quoting Ministry of Health, reported two cases of measles in Belize. Both cases are unvaccinated teenagers with travel history to Mexico.

The WHO Regional Office for South-East Asia (WHO SEARO) reported 5 498 measles cases. The highest numbers of cases were reported by India (4 388), Indonesia (666), Thailand (336), Nepal (101) and Bangladesh (5).

The WHO Regional Office for the Eastern Mediterranean (WHO EMRO) reported 12 897 measles cases in 2025. The highest number of cases were reported from Yemen (4 569), Afghanistan (4 182), Pakistan (2 799), Sudan (408) and Morocco (299).

The WHO Regional Office for the Western Pacific (WHO WPRO) reported 2 185 measles cases in 2025. The highest number of cases were reported from Philippines (766), China (577), Cambodia (544), Viet Nam (151), and Malaysia (104).

### ECDC assessment:

The overall number of measles cases in the EU/EEA increased steadily between June 2023 and March 2024 before decreasing between April 2024 and February 2025. **Measles cases may continue to increase in the EU/EEA in the coming months, in line with measles observed seasonality.** This is due to reported suboptimal vaccination coverage for measles-containing vaccines (MCV) in a number of EU/EEA countries, as well as a high probability of importation from areas experiencing high circulation. The majority of recently reported cases have acquired the disease within the reported country through community/local transmission, however cases related to international travel have been reported.

### Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).
- **Strive towards high-quality surveillance** and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.
- **Increase the clinical awareness of health professionals, including reminding them of the importance of checking individuals' vaccination status ahead of travel.**
- **Healthcare professionals should be fully vaccinated.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of suboptimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with under-served populations.** Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies in order to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)', published in February 2024 and the conclusions remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

**Last time this event was included in the Weekly CDTR:** 7 March 2025

## 2. Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

### Overview:

Since the last update on 13 March 2025, and as of 14 April 2025, 142 mpox cases have been reported from 13 EU/EEA countries to The European Surveillance System (TESSy): Germany (57), Spain (22), Sweden (15), France (12), Netherlands (10), Denmark (6), Ireland (6), Italy (4), Poland (4), Portugal (3), Austria (1), Greece (1) and Hungary (1). Since 13 March 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 14 April 2025, 24 284 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (8 627), France (4 430), Germany (4 230), Netherlands (1 464), Portugal (1 221), Italy (1 148), Belgium (859), Austria (371), Sweden (356), Ireland (290), Poland (242), Denmark (222), Greece (155), Norway (121), Czechia (101), Hungary (88), Luxembourg (62), Romania (49), Slovenia (47), Malta (45), Finland (43), Croatia (37), Slovakia (19), Iceland (17), Bulgaria (11), Estonia (11), Cyprus (6), Latvia (6), and Lithuania (6). Deaths have been reported from: Spain (3), Belgium (2), Portugal (2), Austria (1), and Czechia (1).

Since the start of the mpox outbreak and as of 12 February 2025, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), Kosovo\* (1) Montenegro (2). In addition, 32 cases have been reported from Türkiye.

The 142 cases reported since the last update on 13 March 2025, and as of 14 April 2025 represents an increase compared to the 63 cases reported in the previous period (12 February 2025 to 12 March). Increases were mainly reported from Germany (57 cases compared to 19 in the last report), Spain (22 cases compared to 8 in the last report) and Sweden (15 compared to 5 cases in the last report). Of note, the current number of reported cases at EU/EEA level is similar to case numbers reported in the second half of 2024 (138 cases in August and 146 cases in October).

A total of 17 MPXV clade I cases have been reported in the EU/EEA since August 2024. On 15 August 2024, Sweden reported the first imported case of mpox due to MPXV clade Ib in EU/EEA countries. Eight cases have been reported by Germany (one in October, five in December 2024, one in January 2025 and one in February 2025), five cases by Belgium (two in December 2024, one in January 2025 and two in February 2025), two cases by France (one in December 2024 and one in February 2025), and one case by Ireland in February 2025. All were clade Ib, except Ireland which was clade Ia. All individuals had mild disease. Confirmed secondary transmission events were reported by Germany and Belgium among household contacts.

All other mpox cases with available information on clade reported in the EU/EEA were MPXV clade IIb.

Cases reported in 2024 share the same epidemiological profile as those reported since the beginning of the outbreak in the EU/EEA, with the majority of cases being men, and sexual contact among men who have sex with men remaining the primary mode of transmission.

On 13 August 2024, Africa CDC [declared](#) mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO [convened](#) a meeting of the IHR Emergency Committee to discuss the mpox upsurge and [declared](#) the current outbreak of mpox due to MPXV clade I a Public Health Emergency of International Concern (PHEIC).

For more information on the global update regarding MPXV clade Ib, please refer to [the weekly Communicable Diseases Threats Report](#).

A detailed summary and analysis of data reported to TESSy can be found in the [Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin](#).

*\*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the International Court of Justice (ICJ) Opinion on the Kosovo declaration of independence.*

### **ECDC assessment:**

The number of new infections reported to the to The European Surveillance System (TESSy) has increased compared to the last reporting period, although similar levels were seen in the autumn of 2024 and the overall number remains relatively low in the EU/EEA.

It is likely that mpox cases due to MPXV clade I will continue to be introduced into the EU/EEA and it is important to raise awareness concerning the possible importation of cases, both among returning travellers from affected African countries and among healthcare professionals who may see such patients. Furthermore, it is important for public health authorities to be prepared to carry out contact tracing and infection prevention and control measures if cases are diagnosed. An ECDC [epidemiological update](#) and [news item](#), published on 14 January, highlighted the options for response.

The overall risk of MPXV infection is assessed as low for men who have sex with men and low for the broader population in the EU/EEA. As the spring season arrives and events such as Pride take place where MSM gather, it is important to raise awareness of mpox - please see resources under Actions.

### **Actions:**

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

Response options for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; continuing to offer orthopoxvirus testing; implementing vaccination strategies and maintaining risk communication and community engagement, despite the decreasing number of cases. EU/EEA countries are also encouraged to sequence and report clades and subclades to identify new cases of mpox, particularly those linked to clade Ib or Ia.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively, particularly in the event of limited vaccine supply. PPV strategies should prioritise gay, bisexual, and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on

epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

A [rapid risk assessment](#), 'Mpox multi-country outbreak', was published on 23 May 2022. The [first update](#) to the rapid risk assessment was published on 8 July 2022, and a [second update](#) was published on 18 October 2022. ECDC published a [report](#) on public health considerations for mpox in EU/EEA countries on 14 April 2023. ECDC published a [Threat Assessment Brief on MPXV clade I in the Democratic Republic of the Congo \(DRC\) on 5 December 2023](#), an [epidemiological update on 5 April 2024](#) and [another on 14 January 2025](#) together with a [news item](#). A [risk assessment](#) for the EU/EEA on the mpox epidemic caused by mpox virus clade I in affected African countries was published on 16 August 2024, and [rapid scientific advice on public health measures](#) was released on 9 September 2024 and updated on 14 January 2025.

A [resource toolkit for event organisers](#) and [social media materials](#) on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of Pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to Pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit [ECDC's mpox page](#).

**Last time this event was included in the Weekly CDTR:** 14 March 2025

## 3. Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025

### Overview:

Globally, monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries. Since 2022, MPXV clade II has mainly been circulating outside of the African continent among men who have sex with men. In 2024, an increase in MPXV clade Ia and Ib was reported in the Democratic Republic of the Congo (DRC), while clade Ia cases continued to be reported by the Central African Republic and the Republic of the Congo (Congo), where it is endemic.

In 2025, cases continue to be reported in DRC and other countries in Africa where clade I was first detected the previous year. Additionally, sporadic cases have been reported outside Africa, mostly linked to travel and with limited onward transmission.

The countries in Africa that have reported clade I detection (Ia and/or Ib) in 2025, are: DRC, Uganda, Burundi, Kenya, Zambia, Tanzania, Congo, South Sudan, Central African Republic, South Africa and Angola. Zimbabwe reported cases of clade Ib in 2024 and Gabon reported mpox cases for which clade information is not available ([Global Mpox Trends](#)).

Overall, in Africa, until the beginning of April 2025, most confirmed and suspected clade I cases have been reported from the DRC, Uganda and Burundi ([Mpox: multi-country external situation report no. 50, 11 April 2025](#), [WHO Global Report with data until 6 April 2025](#)). However different trends have been observed recently in each country.

In DRC, clade Ia and Ib co-circulate to different degrees. The number of confirmed cases has plateaued over the last four weeks. Testing coverage remained low during the same period ([Africa CDC Special Briefing on Mpox and other Health Emergencies, 10 April 2025](#), [Mpox: multi-country external situation report no. 50, 11 April 2025](#)). In Kinshasa, both clades Ia and Ib co-circulate. Epidemiological data and sequencing suggest there is human-to-human transmission of clade Ia with high rates of APOBEC3-driven mutations. Similar signals have not been reported in provinces outside Kinshasa where clade Ia is circulating in DRC. However, the number of samples sequenced and analysed varies across provinces in DRC ([Mpox: multi-country external situation report no. 48, 10 March 2025](#)). APOBEC3 mutations have also been noted in clade Ib. Based on the available

information on clade Ia circulation in Kinshasa there is currently no evidence that the strain is inherently more transmissible than other clade Ia strains or clade Ib according to WHO ([Mpox: multi-country external situation report no. 48, 10 March 2025](#)).

Uganda is currently the African country reporting most mpox clade Ib cases after DRC. Over 1 400 cases have been reported in the past six weeks, including 15 deaths ([WHO data as of 6 April 2025](#)). The number of cases has been showing an increasing trend with a total of 5 538 cases and 37 deaths reported overall as of end of March 2025 ([Africa CDC Special Briefing on Mpox and other Health Emergencies, 10 April 2025](#)). According to WHO, Uganda is the country reporting the highest number of cases in recent weeks. The age group mainly affected in Uganda is 20-39 year-olds. Transmission is reported in sexual networks and the highest incidence is reported in and around Kampala ([Africa CDC Special Briefing on Mpox and other Health Emergencies, 10 April 2025](#); [Mpox: multi-country external situation report no. 48, 10 March 2025](#)).

In Burundi, the decreasing trend observed in the last weeks in the number of reported mpox cases continues and only clade Ib has been detected ([Mpox: multi-country external situation report no. 50, 11 April 2025](#)). In the past six weeks, 199 cases have been reported and no deaths, according to WHO ([WHO data as of 6 April 2025](#)).

Detailed information on the mpox clade I case numbers can be found in the [WHO Global Report \(as of 14 April the report included data until 6 April 2025\)](#). In general, and as of 14 April 2025, no major changes were noted in the epidemiological trends of mpox clade I in Africa.

Outside Africa, travel-associated cases or sporadic cases reporting epidemiological links with travel-associated cases of MPXV clade I have been reported in the EU/EEA by: Sweden (in 2024), [Germany](#) (in 2024 and 2025), [Belgium](#) (in 2024 and 2025), France and Ireland (in 2025).

[In addition to Africa and the EU/EEA](#), since August 2024, clade I cases have been reported by Thailand, India, the UK, the United States (US), Canada, Pakistan, Oman, [China](#), the United Arab Emirates, Qatar and [Brazil](#). On 4 April, [China](#) reported the first case mpox clade Ia in the country, with travel history to DRC. On 8 April 2025, [Switzerland](#) also reported the first case of mpox clade Ib. The person had recently travelled to Uganda at the beginning of April.

Most travel-associated cases who reported travel to non-African countries had links to affected countries in Africa. However, China, India, Oman, Pakistan and Thailand have reported at least one case each with travel links to the United Arab Emirates ([WHO external situation reports](#)).

Confirmed secondary transmission of mpox due to MPXV clade Ib outside of Africa was reported for the first time in 2024 in the EU/EEA by Germany and Belgium, and outside of the EU/EEA by the UK and China. The number of secondary cases reported in these events outside of Africa has been low. Based on the available information, all transmission events were due to close contact, secondary cases presented with mild symptoms and no deaths have been reported.

On 13 August 2024, Africa CDC [declared](#) mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO [convened](#) a meeting of the IHR Emergency Committee to discuss the mpox upsurge and [declared](#) the current outbreak of mpox due to MPXV clade I as a public health emergency of international concern.

### **Transmission patterns of mpox due to monkeypox virus clade I – update 14 April 2025**

Since September 2024, following an analysis of the patterns of MPXV transmission observed at the national level and given the limitations and uncertainties, ECDC has used official epidemiological information to classify countries according to whether MPXV clade I is endemic or was reported for the first time since 2024.

The categories are as follows:

- Countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: Angola, Belgium, Brazil, Canada, China, Germany, France, India, Ireland, Oman, Pakistan, Qatar, South Africa, South Sudan, Sweden, Switzerland, Thailand, United Kingdom, the US, and Zimbabwe;
- Clusters of cases or limited transmission: Tanzania, the United Arab Emirates, and Zambia;
- Community transmission: Burundi, Central African Republic, Congo, the DRC, Kenya, Rwanda, and Uganda.

The categorisation was last updated on 14 April 2025 to include Switzerland (category of countries with travel associated cases or cases with links to travel-associated cases).

Below you can find some notes on the interpretation of the different trends reported in countries included:

- On 25 March 2025, the UK reported the eleventh mpox clade Ib case. This case reported no travel history and no contact with any known mpox case or with anyone who had travelled to any affected country ([Mpox: multi-country external situation report no. 50, 11 April 2024, Latest update on Clade Ib mpox - GOV.UK](#)). No secondary cases had been identified linked to this case, as of 14 April 2025. Given that this is a sporadic case, the UK is still included in the first category of the classification. In case more information becomes available, the classification may be modified.
- The United Arab Emirates have reported a single case with travel history to Uganda, however a number of other countries have reported cases with travel history to the United Arab Emirates. Although there is no evidence of wider community transmission in the United Arab Emirates, it is presumed that undetected transmission is ongoing ([Mpox: multi-country external situation report no. 50, 11 April 2024](#)). The United Arab Emirates are therefore classified as having 'clusters of cases or limited transmission'.
- Congo has reported clade Ib detection (Congo is endemic for clade Ia) ([Africa CDC Press Briefing of 20 February 2025](#)). A total of 26 confirmed cases have been reported in 2025 (until week ending 30 March 2025) according to the National Situation Report published of 10 April 2025 ([Epidémie de Mpox : Rapport de Situation \(SITREP\) N°48 du 10 avril 2025 | OMS | Bureau régional pour l'Afrique](#)). The total number of confirmed cases reported in 2024 was 24. Most cases have been reported close to the border with DRC. Based on the national report, there is a large number of suspected cases in different areas of the country.
- South Sudan and South Africa are currently in the first category given the small number of confirmed cases (five and three cases respectively reported the past six weeks [according to WHO, and as of 6 April](#)). No additional information on suspected cases are available and there are no indications of wider community transmission.

The epidemiological situation is continuously monitored and the classification is reviewed and adjusted depending on a qualitative assessment of reported trends.

### ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade Ib remains similar to previous weeks. The sporadic cases of mpox clade I that have been reported outside Africa, including secondary transmission, are not unexpected.

The risk for EU/EEA citizens travelling to or living in the affected areas is considered to be moderate if they have close contact with affected persons, or low if they do not have contact with affected individuals. The overall risk to the general population in the EU/EEA is currently assessed as low. However, more imported mpox cases due to MPXV clade I are likely to be reported by the EU/EEA and other countries.

EU/EEA countries may consider raising awareness in travellers to/from areas with ongoing MPXV transmission and among primary and other healthcare providers who may be consulted by such patients. If mpox is detected, contact tracing, partner notification and post-exposure preventive vaccination of eligible contacts are the main public health response measures.

Please see the latest ECDC '[Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#)'.

### Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation related to mpox on a global basis. The Centre's recommendations are available [here](#).

Reporting through the Communicable Disease Threats Report is monthly. As the global epidemiological situation is monitored continuously, ad hoc epidemiological updates may be published.

**Sources:** [ECDC rapid risk assessment](#)

**Last time this event was included in the Weekly CDTR:** 14 March 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 - Réunion and Mayotte, 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
- 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
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 21 March 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 21 March 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 April 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 16 April 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 16 April 2025
- Expert deployment - last reported on 11 April 2025
- SARS-CoV-2 variant classification - last reported on 04 April 2025