

# Communicable disease threats report

Week 17, 18–24 April 2026

## This week's topics

- [1. Influenza A\(H5N1\) – Multi-country \(World\) – Monitoring human cases](#)
- [2. Avian influenza A\(H9N2\) – Multi-country \(World\) – Monitoring human cases](#)
- [3. Overview of respiratory virus epidemiology in the EU/EEA](#)
- [4. Outbreak of Salmonella Bovismorficians - Multi-country - 2026](#)

## Executive summary

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

- On 21 April 2026, Cambodia's Ministry of Health reported a new human case of avian influenza A(H5N1) virus infection in an adult woman from Romduol district, Svay Rieng province.
- The patient is being isolated and receiving medical treatment in hospital.
- The patient had exposure to sick and dead poultry before disease onset.
- Since 2003, a total of 998 confirmed human cases of A(H5N1) have been reported worldwide, including 477 deaths (case fatality rate (CFR): 48%).
- ECDC's risk assessment for A(H5N1) remains unchanged. Overall, the risk related to zoonotic influenza for the general population in the EU/EEA is considered low.

### Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

- As of 22 April 2026, five new human cases of avian influenza A(H9N2) virus infection were reported in China, with symptom onset in January, February and March 2026.
- Four cases were in children five years old or younger from different provinces and one adult in his 60s.
- Exposure information is not provided in the public domain.
- Overall, 201 human cases of avian influenza A(H9N2), including two deaths, have been reported globally since 1998 by 11 countries.
- The risk to human health in the EU/EEA is currently considered very low.

## Overview of respiratory virus epidemiology in the EU/EEA

### Summary

In week 16, 2026, the number of people reporting symptoms of respiratory illness is at baseline to low levels and continues to decrease across the EU/EEA.

**Respiratory syncytial virus (RSV)** appears to be the main contributor to respiratory virus activity. Circulation is moderate but decreasing, and the seasonal peak has passed. Activity remains highest among children aged 0 to 4 years and adults aged 60 years and above, although trends suggest a general decline across all age groups.

**Influenza virus** activity has returned to inter-seasonal levels in almost all countries, with low levels of detections and hospitalisations reported in all age groups.

**SARS-CoV-2** activity remains at very low levels in all countries and all age groups, with no evidence of increased transmission at this time.

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'.

## Outbreak of *Salmonella* Bovismorbificans – Multi-country – 2026

- A multicountry outbreak of *Salmonella* Bovismorbificans has been detected with about 50 confirmed cases in January to April 2026.
- All cases are adults, predominantly female. At least five cases have been hospitalised.
- Sprouted seeds/microgreens are identified as common source of infection in Ireland, Finland and the UK.
- Five additional countries have identified closely related isolates in cases from the same period, or observed an increase in this serotype, but without further information on food consumption or travel history.

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

## Overview:

On 21 April 2026, [Cambodia's Ministry of Health](#) reported a new human case of avian influenza A(H5N1) virus infection in a woman in her 60's from Romduol district, Svay Rieng province.

The patient is currently isolated in hospital and is receiving treatment. Epidemiological investigations revealed that the patient had contact with poultry and that there had been sick and dead poultry both in the household and in the village between 2 and 13 April 2026. On 21 April 2026, the National Institute of Public Health confirmed infection with avian influenza A(H5N1). No additional information is available at this time.

National and local authorities are actively investigating the event and implementing response measures. As part of the response, close contacts of the case have received antiviral prophylaxis (oseltamivir), and health education campaigns are ongoing in the affected villages.

This is the fourth human case reported in Cambodia this year. The most recent, previous case (in a child) was reported on 31 March 2026. Information about the virus clade has not been reported for the recent cases. Clade 2.3.2.1e has been circulating among birds in Cambodia and has been detected in infected humans in the recent past. Overall, since 2003, Cambodia has reported 93 cases, including 52 deaths (CFR: 56%).

## Summary:

Since 2003, there have been 998 human cases of avian influenza A(H5N1) infection worldwide\*, including 477 deaths (CFR: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti,

Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom (UK), and the United States (US)). To date, no sustained human-to-human transmission has been detected.

\* This includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 and 2023 by Spain (two detections), the US (one), and the UK (four, one of which was inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the US are included in the reported number of cases of A(H5N1).

*Acknowledgements: we gratefully acknowledge all data contributors, i.e. the authors and their originating laboratories responsible for obtaining the specimens, and the submitting laboratories for generating the genetic sequences and metadata and sharing via the GISAID Initiative.*

### **ECDC assessment:**

Sporadic human cases of different avian influenza A(H5) subtypes have previously been reported around the world. Current virological evidence suggests that circulating A(H5N1) viruses retain genetic characteristics consistent with avian-adapted influenza viruses. Despite the widespread transmission of avian influenza viruses in animals, transmission to humans remains infrequent and no sustained transmission between humans has been observed.

Based on the currently available information, the overall risk related to zoonotic influenza for the general population in the EU/EEA is considered low.

Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection. Application of personal protective measures in people exposed to infected animals or their environment can reduce the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underline the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

### **Actions:**

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated [avian influenza overview](#). The most recent report was published in March 2026.

**Last time this event was included in the Weekly CDTR:** 1 April 2026

## 2. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

### Overview:

The Hong Kong Centre for Health Protection reported five human infections with avian influenza A(H9N2) in China. Two cases were reported on [13 April 2026](#) with date of onset in January and February, and three cases were reported on [20 April 2026](#) with date of onset in February and March. Four of the cases were children five years of age or younger and one case was an adult. The information provided in the reports is limited to age, place and date of disease onset.

The first case is a three-year-old boy from Guangdong Province with onset of symptoms on 20 January 2026.

The second case is a 63-year-old man from Guangxi Zhuang Autonomous Region with onset on 5 February 2026.

The third case is a five-year-old boy from Guangdong Province with onset of symptoms on 23 February 2026.

The fourth case is a two-year-old boy from Jiangxi Province with onset of symptoms on 20 March 2026.

The fifth case is a two-year-old girl from Yunnan Province with onset of Symptoms on 3 March 2026.

### Background:

Overall, 201 human cases of avian influenza A(H9N2), including two deaths, have been reported since 1998 by 11 countries. Since 2015, China has reported 159 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (case fatality rate (CFR): 1%).

### ECDC assessment:

Sporadic human infections with avian influenza A (H9N2) have been observed outside the EU/EEA. One case with travel history has also been reported in the EU/EEA. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. In most cases, influenza A(H9N2) leads to mild clinical illness. To date, no clusters of human A(H9N2) infections have been reported. There is no evidence that the virus has acquired the ability for sustained transmission among humans. The risk to human health in the EU/EEA is currently considered very low.

### Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities. 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](#). The most recent report was published in March 2026.

**Sources:** [Event Information Site for IHR National Focal Points](#)

**Last time this event was included in the Weekly CDTR:** 17 April 2026

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

#### Overview:

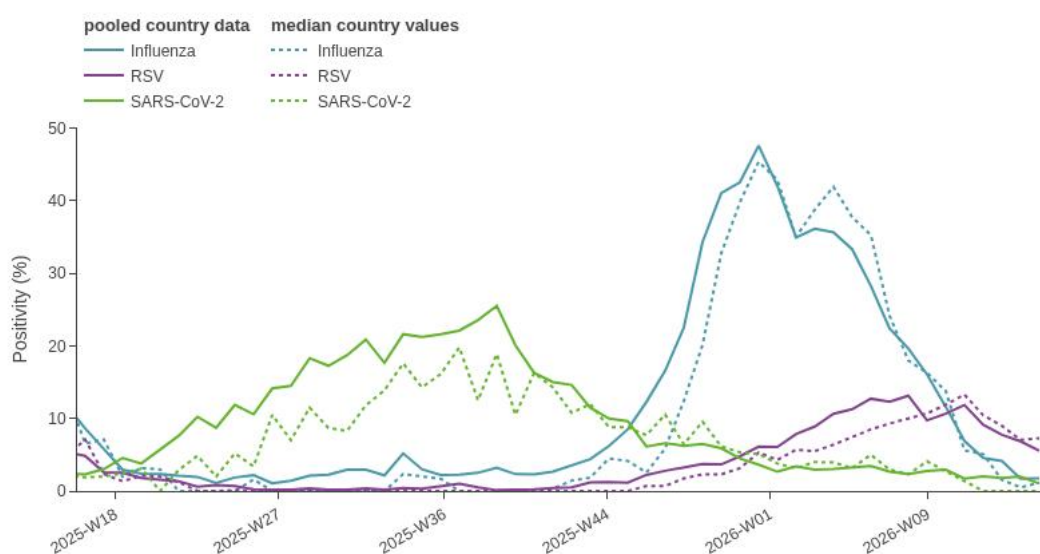
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary ([ERVISS.org](https://eriviss.org)), which is updated weekly.

Key visualisation from the weekly bulletin are included below.

Sources: [ERVISS](https://eriviss.org)

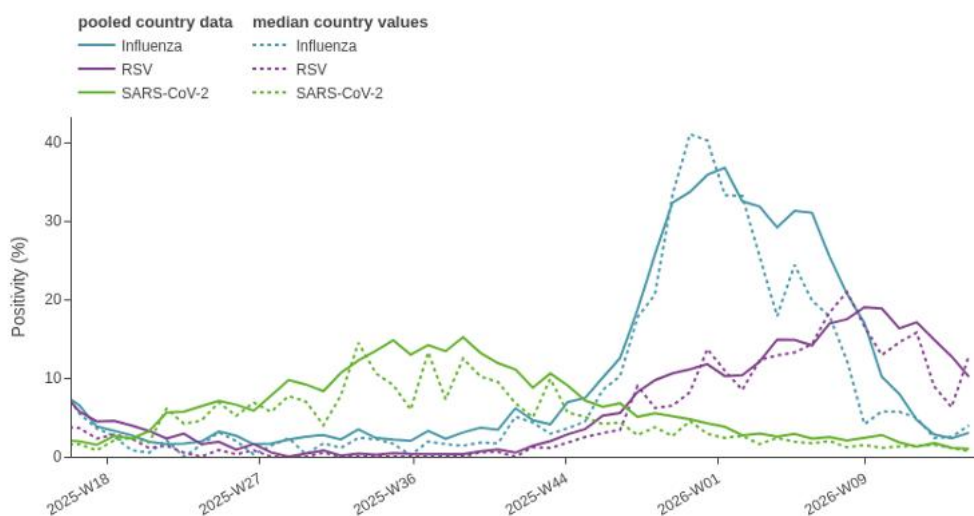
Last time this event was included in the Weekly CDTR: 17 April 2026

**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**

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary	
		Week 15	Week 14	Description	Value
ILI/ARI consultation rates in primary care	ARI	16 rates (10 MEM)	16 rates (10 MEM)	Distribution of country MEM categories	10 Baseline
	ILI	19 rates (18 MEM)	21 rates (19 MEM)		17 Baseline 1 Low
ILI/ARI test positivity in primary care	Influenza	15	17	Pooled (median; IQR)	1.8% (1.1; 0–5%)
	RSV	14	16		5.5% (7.3; 2.6–11%)
	SARS-CoV-2	14	16		1% (0; 0–1.4%)
SARI rates in hospitals	SARI	10 rates (5 MEM)	11 rates (6 MEM)	Distribution of country MEM categories	5 Baseline
SARI test positivity in hospitals	Influenza	9	10	Pooled (median; IQR)	3% (4; 1.8–5.7%)
	RSV	9	10		10% (13; 5–17%)
	SARS-CoV-2	9	10		1% (0.7; 0–1%)
Intensity (country-defined)	Influenza	21	23	Distribution of country qualitative categories	15 Baseline 5 Low 1 Medium
Geographic spread (country-defined)	Influenza	21	22	Distribution of country qualitative categories	4 No activity 8 Sporadic 4 Local 5 Regional

Source: ECDC

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

Pathogen	Week 15, 2026		Week 40, 2025 – week 15, 2026	
	N	% <sup>a</sup>	N	% <sup>a</sup>
<b>Influenza</b>	<b>15</b>	–	<b>18570</b>	–
Influenza A	15	100	17997	99
A(H1)pdm09	5	38	4135	28
A(H3)	8	62	10667	72
A (unknown)	2	–	3195	–
Influenza B	0	0.0	101	0.6
B/Vic	0	–	31	100
B (unknown)	0	–	70	–
Influenza untyped	0	–	472	–
<b>RSV</b>	<b>42</b>	–	<b>4785</b>	–
RSV-A	6	32	856	46
RSV-B	13	68	988	54
RSV untyped	23	–	2941	–
<b>SARS-CoV-2</b>	<b>8</b>	–	<b>3964</b>	–

Source: ECDC

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

Pathogen	Week 15, 2026		Week 40, 2025 – week 15, 2026	
	N	% <sup>a</sup>	N	% <sup>a</sup>
<b>Influenza</b>	<b>44</b>	–	<b>14809</b>	–
Influenza A	30	88	8699	99
A(H1)pdm09	2	100	1263	35
A(H3)	0	0.0	2326	65
A (unknown)	28	–	5110	–
Influenza B	4	12	68	0.8
B/Vic	0	–	6	100
B (unknown)	4	–	62	–
Influenza untyped	10	–	6042	–
<b>RSV</b>	<b>110</b>	–	<b>6726</b>	–
RSV-A	1	33	1249	54
RSV-B	2	67	1044	46
RSV untyped	107	–	4433	–
<b>SARS-CoV-2</b>	<b>14</b>	–	<b>2877</b>	–

Source: ECDC

**Figure 6. Genetically characterised influenza virus distribution, week 40, 2025 – week 15, 2026**

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	3284	40	5a.2a.1(D.3.1)	3181	97
			5a.2a.1(D)	97	3
			5a.2a(C.1.9.3)	6	0.2
A(H3)	4946	60	2a.3a.1(K)	4467	90
			2a.3a.1(J.2)	306	6
			2a.3a.1(J.2.4)	116	2
			2a.3a.1(J.2.2)	31	0.6
			2a.3a.1(J)	25	0.5
			2a.3a.1(J.2.5)	1	0
B/Vic	77	0.9	V1A.3a.2(C.5.6 )	28	36
			V1A.3a.2(C.5.1 )	20	26
			V1A.3a.2(C.5.6 .1)	13	17
			V1A.3a.2(C.3.1 )	10	13
			V1A.3a.2(C.5.7 )	4	5
			V1A.3a.2(C.5)	2	3

Source: ECDC

**Figure 7. SARS-CoV-2 variant distribution, week 50, 2025 – week 51, 2025**


---

No data available

Source: ECDC

## 4. Outbreak of *Salmonella* Bovismorbificans – Multi-country – 2026

### Overview:

Ireland, [Finland](#) and the UK together report 48 cases infected with genetically very closely related bacterial isolates of *S. Bovismorbificans* from January to April 2026. The cases are adults and 71% are female. At least five cases have been hospitalised. The cases have no recorded travel history and outbreak investigations in all three countries point to consumption of sprouted seeds of different sorts as the common food history. Food investigations are ongoing in the affected countries and a dedicated RASFF notification was issued (RASFF notification [2026.3378](#)).

In addition, four countries have identified ten cases with closely related isolates of *S. Bovismorbificans* in the same period and another country observed a slight increase in cases with this *Salmonella* serotype. Food and travel exposures are however not available from these cases. Further investigations are ongoing.

### ECDC assessment:

A multicountry outbreak of *S. Bovismorbificans* has been identified, affecting at least six EU/EEA countries and the UK. Based on interviews in three countries, the suspected source is sprouted seeds/microgreens.

### Actions:

ECDC is monitoring the event via EpiPulse and collaborating closely with EFSA and with the European Commission. Countries are encouraged to share epidemiological and microbiological information in the event if linked cases are observed.

### Further information:

RASFF notification 2026.3378

## Events under active monitoring

- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 24 April 2026
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 24 April 2026
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 24 April 2026
- Outbreak of *Salmonella* Bovismorbificans - Multi-country - 2026 - last reported on 24 April 2026
- Travel-associated Zika virus disease - France (ex Indonesia) - 2026 - last reported on 17 April 2026
- Chikungunya virus disease – French Guiana, France – 2026 - last reported on 17 April 2026
- Chikungunya virus diseases – Suriname – 2026 - last reported on 17 April 2026
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 April 2026
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 16 April 2026
- Dengue epidemic in New Caledonia - last reported on 10 April 2026
- Human case of avian influenza A(H7N7) - Taiwan - 2026 - last reported on 10 April 2026
- Transmission of integrase inhibitor-resistant HIV-1 – Multi country – 2026 - last reported on 1 April 2026
- SARS-CoV-2 variant classification - last reported on 1 April 2026
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 1 April 2026
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 1 April 2026