WEEKLY BULLETIN

Communicable disease threats report

Week 19, 3–9 May 2025

This week's topics

Executive summary

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

- In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August.
- Since the beginning of the year, and as of 4 May 2025, more than 47 500 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion.
- Since the beginning of the outbreak, 12 deaths in individuals over the age of 70 with comorbidities were classified as chikungunya virus disease related.
- The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate groups who are at higher risk of severe disease and vector control professionals. The regional health agency initiated a vaccination campaign for prioritised individuals from 7 April.
- On 26 April 2025, the **French Ministry of Health and Access to Care reported** reported three serious adverse events (SAE) following vaccination against chikungunya with the IXCHIQ vaccine in Reunion, including one death. As result, the health authorities suspended the vaccination of people aged 65 and over, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18 to 64 with comorbidities.
- On 7 May 2025, the European Medicine Agency (EMA) stated that the agency's safety committee (PRAC) has started a review of the Ixchiq vaccine, following the reports of SAEs in older people. EMA informs that many of the people affected also had other illnesses and the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. The Committee is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above. More information can be found in 2025-EVD-00005.
- On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 2 May 2025, 28 autochthonous cases of the disease have been reported on the island.

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Serious adverse events to IXCHIQ chikungunya virus disease vaccine

In a **news item** published on 7 May 2025, the European Medicines Agency (EMA) informed of 17 serious adverse events (SAEs) that had been reported worldwide in people aged between 62 and 89 years who had received the live attenuated chikungunya vaccine Ixchiq, including two cases resulting in death. This corresponds to an increase of two cases from the previous information published by EMA as of 30 April 2025.

EMA also reported in a **news item** on 7 May 2025 that the agency's Pharmacovigilance Risk Assessment Committee (PRAC) had started a review of the Ixchiq vaccine, following the reports of SAEs in older people. EMA reported that many of the people affected also had other illnesses and that the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. PRAC is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

- Since the previous update on 7 April 2025, and as of 5 May 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2025, and as of 5 May 2025, one MERS case has been reported with date of onset in 2025 in Saudi Arabia.
- The risk of sustained human-to-human transmission in Europe remains very low, and the current MERS-CoV situation poses a low risk to the EU/EEA.

1. Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025

Overview

Update:
According to the French National Health Authority, since the beginning of the year and as of 4 May 2025, more than 47 500 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. In week 17, 3 079 new confirmed cases were reported. The decrease in confirmed cases is linked to the cessation of systematic laboratory confirmation since week 13 for each suspected case and the 1 May holiday.

Cases have been reported in all municipalities. The municipalities reporting the most cases since the start of the epidemic are those in the south, particularly Le Tampon.

So far, 340 people with the disease have been hospitalised for more than 24 hours, including 298 for which chikungunya virus disease was the reason for admission. For the other cases, the diagnosis was confirmed incidentally during hospitalisation. Among hospitalised cases, a quarter (23%) were under six months old and nearly half (43%) were over 65 years old. Most of the hospitalised patients (95%) had at least one risk factor for severe disease (e.g. comorbidity-like chronic pathology, obesity, chronic renal failure or type II diabetes, age or pregnancy).

To date, 66 severe cases (i.e. those with at least one organ failure) have been reported. These cases were in 36 adults over 65 years old with comorbidities, seven people under 65 years (including six with co-morbidities) and 23 infants under three months old.

Since the beginning of the year, 12 deaths occurring between weeks 11 and 17 have been classified as chikungunya-related (10 directly and two indirectly related). These deaths occurred in people over 70 years of age (min-max: 71–95 years) with co-morbidities (mainly chronic pathologies). Twenty-eight other deaths (elderly and comorbid) are currently being investigated for chikungunya-related chronic pathologies), including one neonatal death.

The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate people over 65 years old, those over 18 years old with comorbidities, and vector control professionals with Ixchiq® vaccine, as a reactive short-term measure to prevent severe disease. The regional health agency initiated a vaccination campaign for prioritised individuals from 7 April and extended the group of prioritised individuals on 17 April. On 26 April 2025, the **French Ministry of Health and Access to Care reported** that it was informed on 23 April 2025 by the French National Agency for the Safety of Medicines (ANSM) of the occurrence of two serious adverse events (SAE) following vaccination against chikungunya with the IXCHIQ vaccine in Reunion, including one death, and a third serious adverse event on 25 April. The three SAE occurred in people over 80 years of age with comorbidities. Two of them experienced symptoms similar to those of a severe form of chikungunya a few days after vaccination and one of them died. The third person was discharged from hospital. On 25 April, the French National Authority for Health (HAS) advised a revision of the vaccination recommendations. As result, the health authorities suspended the vaccination of individuals aged 65 years and above, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18 to 64 years with comorbidities. In this context, travellers aged 65 years and above should also not be vaccinated with the IXCHIQ vaccine.

On 7 May 2025, the European Medicine Agency (EMA) stated that the agency's safety committee (PRAC) has started a review of the Ixchiq vaccine, following the reports of SAEs in older people. EMA informs that many of the people affected also had other illnesses and the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. The Committee is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above.

On 26 March 2025, an autochthonous case of chikungunya virus disease was also reported in Mayotte. As of 2 May 2025, 28 autochthonous cases of the disease were reported on the island.

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

ECDC assessment

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

The probability of infection for residents and travellers to Réunion is currently high; the current period of austral summer is very favourable for the spread of arboviruses. The epidemic is active throughout the island. The decrease in laboratory-confirmed cases is partly linked to data that is not yet consolidated and the possible cessation of routine laboratory confirmation for each suspected case.

The impact of hospitalisation is observed among vulnerable individuals, infants, older adults, people with chronic illnesses and pregnant women, in whom the disease can be serious.

The environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are currently becoming favourable for mosquito activity and virus replication in mosquitoes; therefore, locally acquired transmissions might occur when conditions become favourable in early summer.

Actions

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

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

ECDC is monitoring the situation through its epidemic intelligence activities.

Further information

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

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

In the context of the outbreak, following the recommendations of the French health authorities, the national blood services have put the following measures in place for blood safety:
- CHIKV NAT for all donors in the overseas department of La Réunion;
- CHIKV-NAT, or a 28-day temporary deferral period, for travellers who have stayed at least one night in Réunion 28 days prior to donation.

Last time this event was included in the Weekly CDTR: 2 May 2025

2. Serious adverse events to IXCHIQ chikungunya virus disease vaccine

Overview

Update

In a **news item** published on 7 May, EMA informed of 17 serious adverse events (SAEs) that had been reported worldwide in people aged between 62 and 89 years who had received Ixchiq (a live attenuated chikungunya vaccine), including two cases resulting in death. This corresponds to an increase of two cases from the previous information published by EMA as of 30 April 2025. Of the fatal cases, one of them concerned an 84-year-old man who developed encephalitis. The second concerned a 77-year-old man with Parkinson's disease whose difficulty with swallowing worsened and may have caused aspiration pneumonia. The two fatal cases occurred in the French overseas department of La Réunion, where a vaccination campaign is underway following a recent chikungunya outbreak.

Further to the information that EMA published on 2 May 2025 on considerations on the use of Ixchiq, the **news item** published on 7 May 2025 announced that the EMA's safety committee (PRAC) had started a review of Ixchiq, following the reports of SAEs in older people. EMA reported that many of the people affected also had other illnesses and that the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. Given that studies on Ixchiq mainly involved people below 65 years of age and the vast majority of serious cases concerned people 65 years of age and above, PRAC is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above. Ixchiq vaccination can continue in people under 65 years of age, in accordance with official recommendations.

In addition to the new restriction, PRAC is also reminding healthcare professionals that Ixchiq must not be given to people whose immune system is weakened because of disease or medical treatment. People with a weakened immune system are at greater risk of having complications from vaccines containing live attenuated viruses, regardless of age.

The PRAC will review all available data to assess the benefits and risks of the vaccine and make a recommendation on whether to change the terms of its marketing authorisation.

Background

As of 30 April 2025, according to EMA, 15 cases of SAEs were reported following vaccination with Ixchiq, including nine from the European Union (eight from France, including La Réunion) and six

from the United States. Of the nine SAEs reported from the EU, four occurred in people older than 80 years with multiple underlying comorbidities and who required hospitalisation. One of the cases died.

On 2 May 2025, the European Medicine Agency's (EMA) safety committee, PRAC, and EMA's Emergency Task Force (ETF) issued '**PRAC-ETF considerations on the use of Ixchiq live attenuated virus vaccine against chikungunya**', informing that they are aware of the serious adverse events (SAEs) reported with Ixchiq vaccination. PRAC is reviewing the available data, and will consider regulatory actions during its plenary meeting that opens on 5 May 2025. Until PRAC communicates further, caution should be used when considering vaccination with Ixchiq in frail older adults, especially those with comorbidities potentially affecting immune responses to the vaccine.

On 26 April 2025, the **French Ministry of Health and Access to Care reported** that it was informed on 23 April 2025 by the French National Agency for the Safety of Medicines (ANSM) of the occurrence of two serious adverse events (SAE) following vaccination against chikungunya with the IXCHIQ vaccine in Reunion, including one death, and a third serious adverse event on 25 April. The three SAE occurred in people over 80 years of age with comorbidities. Two of them experienced symptoms similar to those of a severe form of chikungunya a few days after vaccination and one of them died. The third person was discharged from hospital.

These cases were detected as part of the reinforced pharmacovigilance system set up for this vaccine by the health authorities. According to the analysis carried out by the Bordeaux Regional Pharmacovigilance Centre (CRPV), in charge of pharmacovigilance in the Overseas Territories in conjunction with the ANSM for these three SAE, the **causal link** with the vaccine seems very likely considering the symptoms and their onset after vaccination, as well as the detection of the vaccine virus by PCR in the patients' biological samples. Given the seriousness of these events, the Directorate-General for Health (DGS) urgently referred the matter to the HAS on 24 April to reassess the indications for vaccination against chikungunya with the IXCHIQ vaccine. On 25 April, the French National Authority for Health (HAS) advised a revision of the vaccination recommendations. As a result, the health authorities suspended the vaccination of individuals aged 65 and over, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18 to 64 with comorbidities. In this context, travellers aged 65 and over should also not be vaccinated with the IXCHIQ vaccine.

Investigations are also underway for two other cases in Réunion, who have been discharged from hospital and whose link to vaccination has yet to be assessed, and a case on mainland France as part of a traveller's vaccination, with plausible causality.

During its 16 April 2025 session, the United States' CDC Advisory Committee on Immunization Practices (ACIP) had reported six serious adverse events (SAEs) following administration of the IXCHIQ vaccine in people aged 65 and older. Five of these cases required hospitalisation for cardiac and/or neurological symptoms. The cases are currently under investigation by the US CDC and results are expected to be discussed at an upcoming ACIP meeting. In the meantime, the CDC advises healthcare providers to discuss the risks and benefits of vaccination with individual travellers based on age, destination, trip duration, and planned activities.

Actions

ECDC is in contact with French National Authorities and with the European Medicines Agency (EMA) to gather more information.

Last time this event was included in the Weekly CDTR: -

3. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

Overview

Update: Since the previous update on 7 April 2025, and as of 5 May 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.

Summary: Since the beginning of 2025, and as of 5 May 2025, one MERS case has been reported with date of onset in 2025 in Saudi Arabia.

Since April 2012, and as of 5 May 2025, a total of 2 629 cases of MERS, including 955 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | WHO updated global summary and assessment of risk (November 2022) | Qatar MoPH Case #1 | Qatar MoPH Case #2 | FAO MERS-CoV situation update | WHO DON Oman | WHO DON Saudi Arabia | WHO DON UAE | WHO DON Saudi Arabia 1 | WHO IHR | WHO EMRO MERS Situation report | WHO DON Saudi Arabia 2 | WHO DON Saudi Arabia 3 | WHO DON Saudi Arabia 4

ECDC assessment

Human cases of MERS continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU/EEA, as stated in the Rapid Risk Assessment published by ECDC on 29 August 2018, which also provides details on the last person reported with the disease in Europe.

ECDC published a technical report, 'Health emergency preparedness for imported cases of high-consequence infectious diseases', in October 2019 that is still useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published 'Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Middle East respiratory syndrome coronavirus (MERS-CoV)' on 22 January 2020.

Actions

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis or when new epidemiological information is available.

Last time this event was included in the Weekly CDTR: 11 April 2025

Events under active monitoring

- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 25 April 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 25 April 2025
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 25 April 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 25 April 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 25 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
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 April 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 11 April 2025
- Ebola disease – Uganda – 2025 - last reported on 11 April 2025
- Serious adverse events to IXCHIQ chikungunya virus disease vaccine - last reported on 08 May 2025
- Yellow fever – South America – 2024–2025 - last reported on 02 May 2025
- Outbreak of C. diphtheriae ST-574 among migrants, persons living in homelessness, elderly and unvaccinated persons – Germany – 2025 - last reported on 02 May 2025
- SARS-CoV-2 variant classification - last reported on 02 May 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 02 May 2025