WEEKLY BULLETIN

Communicable disease threats report

Week 31, 26 July - 1 August 2025

This week's topics

Executive summary

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

- Since the last update on 19 June 2025, and as of 28 July 2025, 94 mpox cases have been reported from 12 EU/EEA countries: Germany (56), Spain (14), France (6), Netherlands (5), Belgium (3), Czechia (2), Portugal (2), Sweden (2), Ireland (1), Italy (1), Romania (1) and Slovenia (1). Since 19 June 2025, no new countries have reported confirmed cases.
- Since the start of the mpox outbreak and as of 28 July 2025, 24 995 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries.
- Twenty-three MPXV clade I cases have been reported in the EU/EEA since August 2024, from Sweden, Germany, Belgium, Ireland, Italy and France. All were clade Ib, except for the case in Ireland, which was clade Ia. A previously unreported case of clade Ia from October 2024 was uploaded by Türkiye.
- The overall risk remains low for men who have sex with men and low for other populations. However, as summer travel and Pride season are ongoing, transmission could increase and it is important to raise awareness among men who have sex with men in the context of general messaging on sexually transmitted infections.

European Centre for Disease Prevention and Control, Solna, Sweden
www.ecdc.europa.eu

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.
- On the African continent, most mpox clade I cases have been reported by the Democratic Republic of the Congo (DRC), Uganda and Burundi. Trends are levelling off or decreasing in DRC and Uganda.
- Sporadic mpox clade I cases have also been reported outside of the African continent during the past month. There is no indication of wider community transmission in any country outside Africa.
- The classification of transmission patterns has been updated as of 31 July 2025 (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'.

Seasonal surveillance of dengue – 2025

- Three countries in Europe have reported locally-acquired cases of dengue in 2025 so far: France (6), Italy (3), and Portugal (two in the outermost region of Madeira).
- France has reported two new cases since last week.

Seasonal surveillance of chikungunya virus disease – 2025

- France has reported 49 locally-acquired cases of chikungunya virus disease in 14 local administrative units in 2025.
- Italy has reported two locally-acquired case of chikungunya virus disease so far during 2025.

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 30 July 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Greece (2) and Spain (2).
- The second case reported by Greece is a healthcare professional who provided care to the primary case.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 30 July 2025, five countries in Europe have reported human cases of West Nile virus infection: **Bulgaria, France, Greece**, **Italy** and **Romania**

Suspected cholera - Poland - 2025

- The Polish National Public Health Authority communicated the laboratory results of the previously suspected case of cholera in the West Pomeranian Voivodeship showing that the pathogen is non-O1 and non O-139 V. cholerae, lacking the enterotoxin. An unrelated individual residing in Lublin Voivodeship, was reported as a mild case of vibriosis. Preventive home quarantine for five days was implemented for close contacts pending microbiological confirmation.
- In Poland, the occurrence of non-toxin-causing vibrio in water reservoirs has been observed periodically for many years. When the route of infection is via food or water the symptomatology is usually mild, therefore the impact for the general population is considered low.
- Every summer, ECDC monitors environmental conditions that favour Vibrio growth in the Baltic Sea and publishes regular updates through its Communicable Disease Threat Report and the Vibrio Map Viewer.

Iatrogenic botulism associated with cosmetic procedurs in England

- England reports 43 clinically diagnosed cases of iatrogenic botulism following cosmetic procedures involving several injectable botulinum toxin products.
- The majority of cases are female (n=38, 88%) with ages ranging from 25 - 82 years (median 41 years).
- Cases have been reported between 4 June and 28 July 2025.
- Where known, most cases were injected with products manufactured in South Korea and unlicensed in the UK.

Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates for respiratory illness are at expected levels for the summer period, with influenza and RSV activity returning to low levels following winter epidemics.
- Following a winter period with no SARS-CoV-2 epidemic, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than the same period in 2024.

SARS-CoV-2 variant classification

- Since the last update on 27 June 2025, and as of 25 July 2025, no changes were made to the ECDC list of variants of interest or variants under monitoring.
- Note that for this update, sufficient data for estimating variant proportions during the reporting weeks is only available from two EU/EEA countries. The statistics below therefore only represent a limited part of the EU/EEA.
- The VOI and VUM median proportions in the EU/EEA for weeks 27–28 which are based on two reporting countries, are currently:
  - BA.2.86 (VOI): 9.2% (range: 8.4%-10.0%)
  - LP.8.1 (VUM): 13.4% (range: 10.0%-16.8%)
  - NB.1.8.1 (VUM): 10.0% (range: 9.9%-10.0%)
  - XFG (VUM): 64.2% (range: 63.4%-65.0%)

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

- On 29 July 2025, the Cambodian Ministry of Health reported one human case of avian influenza A(H5N1) virus infection in a male aged <30 years from Siem Reap Province, Cambodia.
- The case had known exposure to dead poultry prior to the onset of symptoms. The patient is currently receiving intensive medical care and outbreak investigation is ongoing.
- The ECDC risk assessment for A(H5N1) remains unchanged. Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.
- Since 2003, and as of 29 July 2025, there have been 989 confirmed human cases of A(H5N1) worldwide, including 474 deaths.

Mass gathering monitoring – Jubilee of 2025 in Italy

- On the occasion of the Jubilee of the Youth between 21 July and 8 August 2025, ECDC is conducting enhanced monitoring through its epidemic intelligence activities.
- Since the beginning of the surveillance, and as of 31 July 2025, the Italian National Institute of Health has reported 89 confirmed cases of West Nile virus infection, including eight fatalities. Lazio Region accounted for 58 of the cases and two of the fatalities.
- The probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee 2025 is low if general preventive measures are applied.
- ECDC will keep monitoring this mass gathering event through epidemic intelligence and will be reporting relevant updates in collaboration with the Italian National Institute of Health (Istituto Superiore di Sanita' - ISS), the Italian Ministry of Health, SERESMI (National Institute for Infectious Diseases 'L.Spallanzani' – Lazio Region), and other partners.

Mass gathering monitoring - UEFA Women's EURO 2025 - Switzerland - 2025

- Since the previous update and as of 31 July, no relevant public health events associated with infectious diseases have been detected in the context of the UEFA Women's Football EURO 2025.
- UEFA Women´s Football EURO 2025 ended on 27 July 2025. Since the start of the monitoring period on 7 July 2025, no relevant events associated to infectious diseases were detected. This is the last update ECDC will provide regarding the UEFA Women´s Football EURO 2025.

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

Overview:

Since the last update on 19 June 2025, and as of 28 July 2025, 94 mpox cases have been reported from 12 EU/EEA countries: Germany (56), Spain (14), France (6), Netherlands (5), Belgium (3), Czechia (2), Portugal (2), Sweden (2), Ireland (1), Italy (1), Romania (1) and Slovenia (1). Since 19 June 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 28 July 2025, 24 995 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (8 834), France (4 508), Germany (4 441), Netherlands (1 524), Portugal (1 237), Italy (1 179), Belgium (895), Austria (377), Sweden (368), Ireland (308), Poland (248), Denmark (228), Greece (158), Norway (127), Czechia (108), Hungary (88), Luxembourg (63), Romania (50), Malta (49), Slovenia (48), Finland (43), Croatia (38), Slovakia (19), Iceland (17), Bulgaria (11), Estonia (11), Cyprus (6), Latvia (6) and Lithuania (6). Deaths have been reported from: Spain (4), Belgium (2), Portugal (2), Austria (1) and Czechia (1).

Since the start of the mpox outbreak, and as of 19 June 2025, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), North Macedonia (2), Montenegro (2), Albania (1), Kosovo (1). In addition, 60 cases have been reported from Türkiye. A previously unreported case of clade Ia from October 2024 was uploaded by Türkiye.

A total of 23 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 the EU/EEA. Eleven cases have been reported by Germany (one in October, five in December 2024, one in January 2025, one in February 2025, two in April 2025 and one in July 2025), six cases by Belgium (two in December 2024, one in January 2025, two in February 2025 and one in April 2025), three cases by France (one in December 2024, one in February 2025 and one in April 2025), one case by Italy in June 2025, one case by Ireland in February 2025. All were clade Ib except the cases in 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 2025 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 I and II, please refer to the weekly Communicable Diseases Threats Report and the ECDC webpage: Mpox worldwide overview.

A detailed summary and analysis of data reported to ECDC 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 Internati onal Court of Justice (ICJ) Opinion on the Kosovo declaration of independence.

ECDC assessment:

The number of new infections reported to ECDC is similar to previous months 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 mpox is assessed as low for men who have sex with men and other populations in the EU/EEA. As the summer travel season is ongoing and events such as Pride take place where men who have sex with men 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 orthopox virus 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: 19 June 2025

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

Overview:

Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries across the globe. Since 2022, MPXV clade II has been circulating outside the African continent among men who have sex with men. The epidemiological profile of cases reported outside Africa since 2022 remains largely unchanged.

In 2024, an increase in MPXV clade Ia and Ib was reported in the Democratic Republic of the Congo (DRC). Clade Ia cases continued to be reported by the Central African Republic and the Republic of the Congo (Congo), where it is endemic.

Since August 2024, a number of countries outside Africa have reported mostly travel-related cases of mpox clade I, 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, Rwanda, Congo, South Sudan, the Central African Republic, South Africa, Malawi, Angola and Ethiopia (Global Mpox Trends published 30 July 2025, data as of 6 July 2025). Mozambique has reported cases of mpox clade Ib most recently. The first confirmed cases were reported in early July 2025. Previously, Mozambique had reported clade II cases in 2022 (WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 2025). In 2024, Zimbabwe reported cases of clade Ib and Gabon reported mpox cases for which clade information was not available (Global Mpox Trends published 11 July 2025, data as of 6 July 2025).

As of 31 July 2025, no major changes have been noted in the epidemiological trends of mpox clade I in Africa.

Mpox clade II cases have continued to be reported in west Africa, with notable increases around the end of May in Sierra Leone. A summary of epidemiological trends in countries that have detected clade II can be found below.

Mpox clade I summary and transmission patterns classification

Overall, in Africa, as of the beginning of July 2025, most confirmed and suspected clade I cases were reported from the DRC, Uganda and Burundi.

- In DRC, clade Ia and Ib are co-circulating. In recent weeks and as of week 29 (ending 20 July), a decreasing trend in confirmed cases has been noted, according to Africa CDC (Special Briefing on Mpox and other Health Emergencies, 31 July 2025). However, this trend should be interpreted with caution.
- Uganda is currently the African country reporting most mpox clade Ib cases after DRC (Global Mpox Trends published 31 July 2025, data as of 27 July 2025; WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 2025). Over 7 400 cases have been reported since 2024, including 48 deaths. The decline in the confirmed number of cases continues (WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 2025). On week 29 (ending 20 July 2025), 70 confirmed cases had been reported. The areas that have reported most cases are Kampala, Wakiso and Mbarara City (Africa CDC Special Briefing on Mpox & other Health Emergencies, 31 July 2025).
- In Burundi, a slight increase in the number of confirmed cases was reported since end of June. However the total number of weekly cases remains at low levels (<50 confirmed cases per week) (Global Mpox Trends published 31 July 2025, data as of 27 July 2025;)

Kenya and Zambia have reported 118 and 89 confirmed cases, respectively, during the past six weeks as of 27 July, according to WHO. Additional countries reporting cases during the same time period include Malawi (29 cases), Ethiopia (eight cases), South Africa (two cases), Rwanda (two cases) and South Sudan (one case) (Global Mpox Trends published 31 July 2025, data as of 27 July 2025).

Outside of the African continent, 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, Ireland and Italy (in 2025).

Türkiye recently reported a clade Ia case that had been detected in October 2024 (Global Mpox Trends published 31 July 2025, data as of 31 July 2025). In addition to Africa and the EU/EEA, since August 2024, clade I cases have been reported by Thailand, India, the United Kingdom, the United States, Canada, Pakistan, Oman, China, the United Arab Emirates, Qatar, Brazil, Switzerland and Australia. In the United States, in 2025, positive MPXV clade I wastewater samples have now also been reported from Iowa, North Carolina and California (ECDC Communicable disease threats report, 17-23 May 2025).

Most travel-associated cases reported outside African countries had links to affected countries in Africa. However, the United Kingdom, China, India, Oman, Pakistan and Thailand have reported at least one case each with travel links to the United Arab Emirates. One mpox clade I case reported from India had a travel history to Oman, one case reported by Australia had a travel history to Thailand, and one case reported by China had travel history to Nepal (Nepal has not reported clade I mpox cases) (Global Mpox Trends published 31 July 2025, data as of 27 July 2025).

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, China and recently Australia. The number of secondary cases reported in these events outside of Africa has been low.

Based on the information available, all transmission events were due to close contact, secondary cases presented with mild symptoms and no deaths have been reported.

Transmission patterns of mpox due to monkeypox virus clade I – update 31 July 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, Australia, Belgium, Brazil, Canada, Germany, France, India, Ireland, Italy, Oman, Pakistan, Qatar, South Africa, South Sudan, Sweden, Switzerland, Thailand, Türkiye, the United Kingdom, the United States, and Zimbabwe;
- Clusters of cases or limited transmission: China, Mozambique the United Arab Emirates;
- Community transmission: Burundi, Central African Republic, Congo, the DRC, Ethiopia, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zambia.

The categorisation was last updated on 31 July 2025 to include Mozambique in the category of countries with clusters of cases or limited transmission.

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

- Mozambique reported the first cases of mpox clade Ib in July 2025. As of 20 July 2025, and according to WHO, 13 confirmed cases had been reported and an outbreak was declared in Niassa Province (northwest) (WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 2025). The information available suggests that limited community transmission may be be ongoing in Mozambique. Given the small number of cases and the currently limited geographical spread (cases reported from one province), Mozambique has been added in the category of countries reporting clusters or having limited transmission.
- China has been included in the category of countries with clusters of cases or limited transmission. According to the most recently published report by WHO, although not extended, clusters of cases have been identified in the country. These clusters have been linked with travel-associated cases, and in some occasions, the index case (first case detected within the cluster) was not the one with travel history. This indicates at least limited transmission prior to detection (WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 2025). Although wider community transmission of mpox clade I may not be ongoing, clusters of cases and limited transmission have been observed.
- The United Arab Emirates has reported cases 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 2025). The United Arab Emirates are therefore classified as having 'clusters of cases or limited transmission'.

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

Mpox clade II focus in selected countries in Africa

Sierra Leone: The first cases of mpox clade II in Sierra Leone were reported at the beginning of the year. As of week 29 (ending 20 July 2025), over 4 800 confirmed cases had been reported, including 42 deaths for all 16 districts of the country according to Africa CDC (Africa CDC Special Briefing on Mpox and other Health Emergencies, 31 July 2025). Of the confirmed cases, 5.1% are aged under 15 years and 52% are males. A sharp increase in cases since May 2025 has been
followed by a decline, then a stable trend for two weeks and a slight increase (as of week 29). The test positivity rate has decreased over time and was 69% during week 29 (Africa CDC Special Briefing on Mpox and other Health Emergencies, 31 July 2025).
Gambia: The country reported a first confirmed mpox clade II case on 11 July 2025. The case was a female without any travel history outside the country (Africa CDC Special Briefing on Mpox and other Health Emergencies, 31 July 2025). Since then, 71 suspected cases have been reported from different areas of the country.
Guinea: Guinea has reported 379 confirmed mpox clade II cases in 2025, 374 of which were reported during the last six weeks and as of 27 July 2025 (Global Mpox Trends published 31 July 2025, data as of 27 July 2025). The increasing trend continued during the past weeks and cases have been reported from multiple regions (Africa CDC Epidemic Intelligence Weekly Report, July 2025 – Africa CDC).
Liberia: Mpox cases due to clade IIa and IIb have been reported in Liberia since 2024. Overall 315 cases have been reported in 2025 with 203 during the past six weeks (Global Mpox Trends published 31 July 2025, data as of 27 July 2025). An increasing trend was observed in July according to WHO.

Ghana: A resurgence of mpox cases was been reported in Ghana towards end of May 2025. However, in recent weeks there is a decreasing trend in reported cases. According to WHO, 146 cases have been reported during the past six weeks (including one death) (Global Mpox Trends published 31 July 2025, data as of 27 July 2025). The total number of cases in 2025 in the country is 277 (Global Mpox Trends published 31 July 2025, data as of 27 July 2025).
Togo: The first cases of mpox in Togo were reported in May 2025 and clade II has been detected. Until 6 July, 49 confirmed cases have been reported from different districts (Global Mpox Trends published 31 July 2025, data as of 27 July 2025, Mpox: Multicountry external situation report 55, 11 July 2025). The trend of cases is stable with less than 10 cases reported per week until mid-July (Global Mpox Trends published 31 July 2025, data as of 27 July 2025).
Democratic Republic of the Congo: DRC recently reported the detection of clade IIb in a person with history of travel to West Africa (Africa CDC Special Briefing on Mpox & other Health Emergencies, 31 July 2025).

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 to be a public health emergency of international concern. On 5 June 2025, the WHO IHR Emergency Committee convened for the fourth time, advised that the event continues to meet the criterial for a public health emergency of international concern and revised the set of temporary recommendations which are now valid until 20 August 2025 (Fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024 – Temporary recommendations).

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 individuals, and 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: 18 July 2025

3. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 30 July 2025, three countries in Europe have reported cases of dengue: **Italy** (3), **Portugal** (2), and **France** (6). This week, France reported two new, locally-acquired dengue cases in Bouches-du-Rhône and Ain departments. The new case in Bouches-du-Rhône department represents a new cluster. Italy and Portugal did not report new cases this week. The two cases reported in January in Madeira, an outermost region of Portugal, were probably transmitted in 2024

This report covers mainland EU/EEA, as well as outermost regions of Portugal and Spain.

ECDC assessment:

Please find the current dengue risk assessment for mainland EU/EEA on ECDC's dedicated dengue webpage.

Last time this event was included in the Weekly CDTR: 25 July 2025

4. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 30 July 2025, two countries in Europe have reported cases of chikungunya virus disease: **Italy** (2) and **France** (49).

Public health authorities in France have reported 49 cases of locally-acquired chikungunya virus disease in 14 different local administrative units. Compared to week 30, the number of clusters increased by three in week 31. However, one cluster with one case in Gironde department was deleted due to further investigations on case confirmation. Cases were reported for the first time in Landes, and Alpes-Maritimes departments. A case representing a new cluster was reported in Bouches-du-Rhône department. Five new cases were reported in Corse-du-Sud, and four new cases in Hérault departments, respectively. Eleven clusters are currently classified as active. The largest cluster consists of 13 cases and is located in Salon-de-Provence, Bouches-du-Rhône department.

In week 29, Italy reported its first locally acquired chikungunya virus disease case in the province of Piacenza. This week a new, locally acquired chikungunya virus disease case was reported in the province of Bologna.

For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease.

ECDC assessment:

Please find the current chikungunya virus disease risk assessment for mainland EU/EEA on ECDC's dedicated chikungunya webpage.

Last time this event was included in the Weekly CDTR: 25 July 2025

5. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

Overview:

Since the beginning of 2025, and as of 30 July 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Greece (2) and Spain (2).

The cases in Greece that occurred in the Thessaly region are unexpected, as this region and neighbouring regions have not reported CCHF cases or CCHF virus circulation in animals previously. The primary case was probably infected through a tick bite, while the secondary case was a healthcare professional who provided care to the primary case, although the exact transmission route is still under scrutiny. These are the first cases reported in Greece since 2008, when the only other locally acquired case reported by Greece to date was found in the Thrace region (bordering Bulgaria).

The cases in Spain are not unexpected, as CCHF virus is known to be circulating among animals in the province of Salamanca, in the autonomous community of Castile and León, and human CCHF cases have previously been reported in the area.

ECDC assessment:

From 2016 to 2024, a total of 16 autochthonous CCHF cases have been reported in Spain, with dates of disease onset between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of the cases being exposed to ticks. Two cases have been detected in previous years in the same locality as the current case. In this area, the presence of Hyalomma marginatum, the main vector of this disease, is well known, and studies conducted in wild and domestic animals have shown seroprevalence higher than 70% for CCHF virus. The current event is therefore not unexpected.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk drastically increases for people performing activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures against tick bites (ECDC Protective Measures against ticks). Ticks from the Hyalomma spp. are considered the principal vectors of the CCHF virus. Hyalomma marginatum is widely present in southern and eastern Europe. A further vector is Hyalomma lusitanicum, which is present in parts of southern Europe.

Non-tick-mediated healthcare-associated transmission is also documented and most often follows percutaneous or other cutaneous contact with a patient's blood or bodily fluids, but can also occur after close, unprotected proximity or contact with contaminated surfaces. In 2024, WHO published operational guidelines on the infection prevention and control of CCHF in healthcare settings.

Additional information on CCHF can be found in ECDC's factsheet and information on the occurrence of CCHF cases in the EU/EEA can be found on ECDC's website. In December 2023, ECDC published a report on the spatial distribution of CCHF based on predicted ecological suitability.

Last time this event was included in the Weekly CDTR: 25 July 2025

6. Weekly seasonal surveillance of West Nile virus infection – 2025

Overview:

Since the beginning of 2025, and as of 30 July 2025, five countries in Europe reported human cases of West Nile virus infection: **Bulgaria, France, Greece, Italy** and **Romania**.

In week 31, locally acquired human West Nile virus infections were reported for the first time in the 2025 transmission season by Bulgaria (in one region), and France (in one region). Greece reported human West Nile virus infections in three new regions, Italy in seven new regions, and Romania in one new region, compared to the previous week. The highest number of cases (43) has been reported in Latina province in Italy.

The report is available online.

Last time this event was included in the Weekly CDTR: 25 July 2025

7. Suspected cholera - Poland - 2025

Overview:

Update:
On 25 July 2025, public health authorities in Poland reported the laboratory results of the previously suspected case of cholera in the West Pomeranian Voivodeship. According to the results, the pathogen has been classified as non-O1 and non O-139 V. cholerae, lacking the enterotoxin.

According to the public health authorities in Poland, a second unrelated suspected case was identified from Lublin Voivodeship, this case was also classified as vibriosis.

Summary
On 21 July 2025, the Polish National Public Health Authority reported a suspected case of cholera in the West Pomeranian Voivodeship. This statement came after several media reports describing a suspected case of cholera in an elderly woman in this region. The patient exhibited gastrointestinal symptoms and was treated at the district hospital in Stargard. She was later transferred to the provincial hospital in Szczecin and is reported as being in a stable condition.

Four days after the detection of the first suspected case, the public health authorities in Poland reported a second unrelated suspected case that was identified from Lublin Voivodeship, being also classified as vibriosis.

Background
The symptoms of vibriosis depend on how the infection is acquired. In cases where vibriosis is contracted through the consumption of raw or undercooked shellfish, symptoms typically include watery diarrhoea, abdominal pain, nausea, vomiting, fever, and chills. The infection can also arise from bathing in waters with large amounts of Vibrio bacteria, causing ear infections or, if the bacteria come into contact with open wounds, skin-related symptoms such as redness, swelling, and pain around the affected area. Untreated wound infections may lead to serious complications such as necrotising fasciitis, bloodstream infections, sepsis or even limb amputation, particularly among individuals with underlying conditions (e.g. chronic liver conditions or weakened immune systems).

ECDC assessment:

In Poland, the occurrence of non-toxin-causing vibrio in water reservoirs has been observed periodically for many years, especially in the summer season, when environmental conditions are conducive to the multiplication of these bacteria in the environment.

When the route of infection is via food or water the symptomatology is usually mild, therefore the impact for the general population is considered low.

Actions:

Every summer, ECDC monitors environmental conditions that favour Vibrio growth in the Baltic Sea and publishes regular updates through its Communicable Disease Threat Report and the Vibrio Map Viewer. The map viewer uses real-time satellite data on sea surface temperature and salinity to assess environmental suitability for Vibrio species, providing a snapshot of potential risk across countries.

Sources: Joint Communication No. 2 of the Chief Sanitary Inspector | Joint Communication No. 1 of the Chief Sanitary Inspector and the National Consultant

Last time this event was included in the Weekly CDTR: 25 July 2025

8. Iatrogenic botulism associated with cosmetic procedurs in England

Overview:

England has observed a high number of cases of iatrogenic botulism following cosmetic procedures received locally involving injectable botulinum toxin products.

Between 4th June and 28th July 2025, a total of 43 clinically diagnosed cases have been identified across five regions. Most cases are female (n=38, 88%). The age range of the cases is from 25 to 82 years (median 41 years) and the age groups most affected are 30 – 39 years (n=17, 40%) and 40 – 49 years (n=14, 33%). Thirty-one cases (72%) were admitted to hospital, including eight cases who were admitted to intensive care.

In the preceding 12 months, there were no reported cases of iatrogenic botulism reported from cases receiving botulinum toxin treatment in England. Where known, most cases were injected with products manufactured in South Korea and unlicensed in the UK.

ECDC assessment:

At present, it remains unclear whether the suspected cases of iatrogenic botulism represent a procedural issue or a therapeutic problem related to the botulinum neuro toxin (BoNT) product itself. While it is considered rare, individuals receiving BoNT injections for cosmetic purposes (for example, for facial wrinkle lines) or therapeutic treatments (for example, management of muscle spasticity), may develop botulism if they are injected with an excessive dose of BoNTs. Investigations are ongoing to clarify whether the problem stems from the treatment itself or from improper administration.

In 2023, 87 cases of botulism linked to intragastric injection of the botulinum neurotoxin (BoNT) were reported in Germany (30), Austria (1), France (1), Switzerland (2), and Türkiye (53) Update on iatrogenic botulism cases in Europe (europa.eu).

In 2024, 11 suspected cases of iatrogenic botulism linked to cosmetic treatments were reported in France (8), Greece (1), Netherlands (1) and Romania (1).

Actions:

ECDC is monitoring the event in EpiPulse and via its epidemic intelligence activities.

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

Overview:

Data reported in week 30, 2025, showed that consultation rates for syndromic indicators of respiratory infections remained at baseline or low levels for all reporting EU/EEA countries. This was consistent in both primary care (influenza-like illness (ILI) / acute respiratory infection (ARI)) and secondary care (severe acute respiratory infection (SARI)) surveillance systems.

Following multiple weeks of increases, the pooled EU/EEA test positivity for SARS-CoV-2 in ILI/ARI primary care specimens has remained stable over the past three weeks. While the pooled EU/EEA test positivity for SARS-CoV-2 in SARI secondary care specimens increased from week 29 to 30, this trend is impacted by a lower number of countries reporting in week 30.

Based on detections of SARS-CoV-2 in non-sentinel specimens (laboratory detections from a mix of primary care and other sources, including hospitals), increasing trends in detections and test positivity continue to be observed in multiple countries, from low levels.

At the EU/EEA level, reported non-sentinel, laboratory-confirmed SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain low. Two countries (Ireland, Malta) have reported small increases in hospital admissions, and three countries (Ireland, Malta, Portugal) have reported small increases in deaths in recent weeks, from low levels. These increases primarily affect individuals aged 65 years and above.

ECDC assessment:

Primary and secondary care consultation rates for respiratory illness are at expected levels for the summer period, with influenza and RSV activity returning to low levels following winter epidemics.

Following a winter period with no SARS-CoV-2 epidemic, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than the same period in 2024.

Currently, due to a reduction in the number of countries reporting data, and lower testing volumes when compared to the winter period, a complete interpretation of the epidemiological situation across the EU/EEA is challenging. Caution is advised when interpreting week-to-week variations in pooled EU/EEA indicators, as the absence of even a few countries with higher testing volumes can significantly influence overall trends.

Following a winter with low SARS-CoV-2 circulation, population immunity against SARS-CoV-2 may have partly waned. Test positivity for SARS-CoV-2 is currently higher than that for other respiratory viruses. This may lead to some increases in COVID-19 hospitalisations, particularly among older adults and people vulnerable to severe outcomes, as described in ECDC's recently published Epidemiological update.

Actions:

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. Countries should remain vigilant to increases in epidemiological indicators, particularly in settings with populations vulnerable to severe disease, and to increases in severe disease.

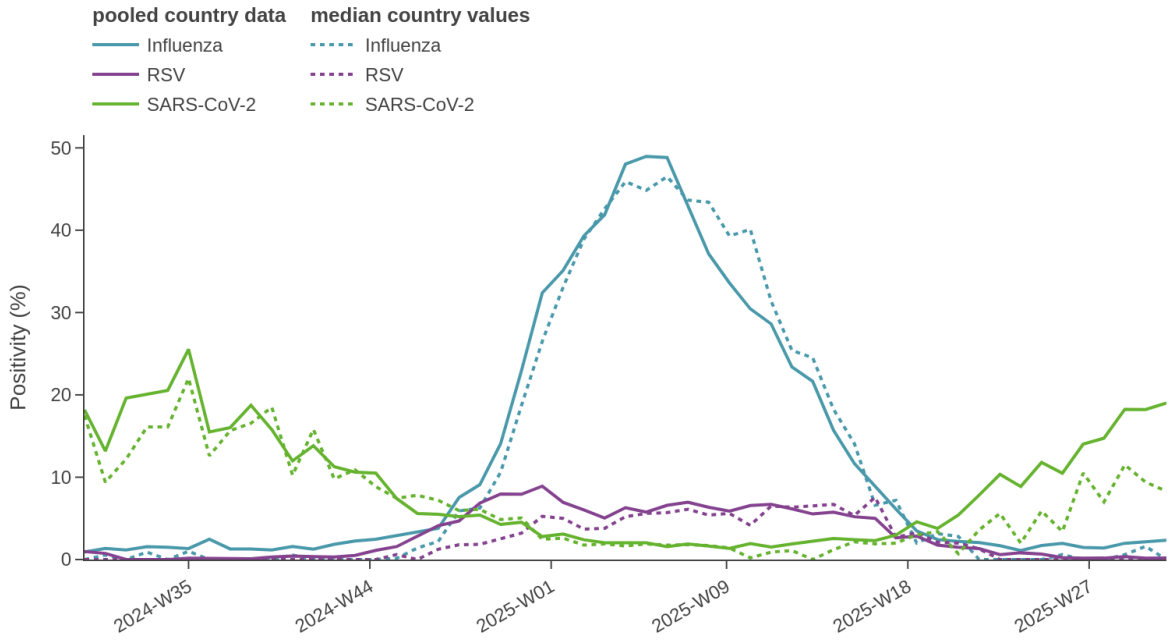
ECDC/WHO guidance recommends that surveillance of respiratory viruses is maintained year-round. Vaccination is the most effective measure for protecting against more severe forms of viral respiratory diseases. Those eligible for vaccination, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated in line with national recommendations.

Countries should ensure that infection prevention and control practices in healthcare settings are implemented. Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.
Sources: ERVISS

Last time this event was included in the Weekly CDTR: 25 July 2025

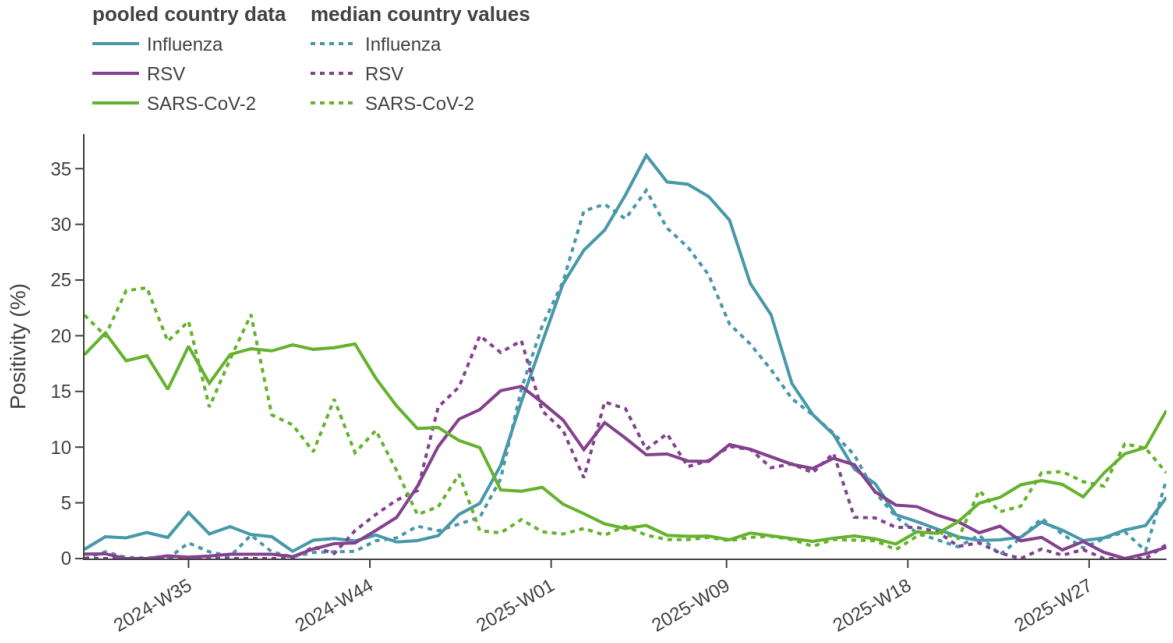
Maps and graphs

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



Source: ECDC

Figure 2. ILI/ARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 30, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 30**	**Week 29**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	9 rates (8 MEM)	11 rates (9 MEM)	Distribution of country MEM categories	8 Baseline	
	ILI	13 rates (13 MEM)	14 rates (14 MEM)		13 Baseline	
ILI/ARI test positivity in primary care	Influenza	11	14	Pooled (median; IQR)	2.3% (0; 0–3%)	
	RSV	10	12		0.2% (0; 0–0%)	
	SARS-CoV-2	9	13		19% (8.3; 5.2–14%)	The pooled ILI/ARI test positivity remained stable in week 30 (19%) when compared to week 29 (18%). Outside ILI/ARI surveillance systems, several countries report increasing trends in SARS-CoV-2 detections in laboratory-based, non-sentinel data (from a mix of primary care and other sources, including hospital laboratories), from low levels.
SARI rates in hospitals	SARI	7	9	–	–	
SARI test positivity in hospitals	Influenza	5	7	Pooled (median; IQR)	5.5% (7.1; 2.1–7.7%)	One country (Malta) reported 28% positivity, with increases also reported for non-sentinel, laboratory-confirmed, hospitalised cases. Note that comparable increases were reported by Malta during the same period in summer 2024.
	RSV	5	7		1% (1.2; 0.4–2.1%)	
	SARS-CoV-2	5	6		13% (7.7; 7.1–16%)	The pooled SARI test positivity increased from week 29 (10%) to week 30 (13%). However, this trend is impacted by a lower number of countries reporting in week 30. Out of five countries reporting data in week 30, three (Estonia, Greece, Ireland) report test positivity <9%, while two (Malta, Spain) report >15%. Outside SARI surveillance systems, at the EU/EEA level, reported non-sentinel, laboratory-confirmed SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain low. Two countries (Ireland, Malta) have reported small increases hospital admissions, and three countries (Ireland, Malta, Portugal) have reported small increases in deaths in recent weeks, from low levels. These increases primarily affect individuals aged 65 years and above.
Intensity (country-defined)	Influenza	15	16	Distribution of country qualitative categories	14 Baseline 1 Low	
Geographic spread (country-defined)	Influenza	14	15	Distribution of country qualitative categories	9 No activity 5 Sporadic	

Source: ECDC

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

		Week 30, 2025	Week 40, 2024 - week 30, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**13**	**-**	**25493**	**-**
Influenza A	13	100	15027	60
A(H1)pdm09	6	86	7236	57
A(H3)	1	14	5504	43
A (unknown)	6	–	2287	–
Influenza B	0	0.0	10204	40
B/Vic	0	–	4652	100
B/Yam	0	–	1	0.0
B (unknown)	0	–	5551	–
Influenza untyped	0	–	262	–
RSV	**1**	**-**	**4766**	**-**
RSV-A	0	–	867	44
RSV-B	0	–	1113	56
RSV untyped	1	–	2786	–
SARS-CoV-2	**95**	**-**	**4120**	**-**

Source: ECDC

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

Figure Table

		Week 30, 2025	Week 40, 2024 - week 30, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**17**	**-**	**13743**	**-**
Influenza A	16	94	5789	82
A(H1)pdm09	1	100	1722	60
A(H3)	0	0.0	1130	40
A (unknown)	15	-	2937	-
Influenza B	1	6	1267	18
B/Vic	0	-	168	100
B (unknown)	1	-	1099	-
Influenza untyped	0	-	6687	-
RSV	**3**	**-**	**5723**	**-**
RSV-A	1	100	756	48
RSV-B			807	52
RSV untyped	2	-	4160	-
SARS-CoV-2	**42**	**-**	**4554**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 30, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5562	39	5a.2a(C.1.9)	3764	68
			5a.2a.1(D)	734	13
			5a.2a(C.1.9.3)	692	13
			5a.2a.1(D.3)	177	3
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4272	30	2a.3a.1(J.2)	3346	79
			2a.3a.1(J.2.2)	575	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4288		V1A.3a.2(C.5.1)	2473	58
			V1A.3a.2(C.5.7)	921	22
			V1A.3a.2(C.5.6)	779	18
			V1A.3a.2(C)	79	2
			V1A.3a.2(C.5)	17	0.4
			Not assigned	19	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 28–29, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	1	24	14% (14-14%)
XFG	VUM	1	107	61% (61-61%)
LP.8.1	VUM	1	16	9% (9-9%)
NB.1.8.1	VUM	1	12	7% (7-7%)

Source: ECDC

10. SARS-CoV-2 variant classification

Overview:

Since the last update on 27 June 2025, and as of 25 July 2025, no changes were made to the ECDC list of variants of interest or variants under monitoring.

The VOI median proportions in the EU/EEA for weeks 27–28, based on two reporting countries, are currently:

- BA.2.86: 9.2% (two reporting countries; range:8.4%-10.0%)

The VUM median proportions in the EU/EEA for weeks 23–24, based on three reporting countries, are currently:

- LP.8.1: 13.4% (range: 10.0%-16.8%)
- NB.1.8.1: 10.0% (range: 9.9%-10.0%)
- XFG: 64.2% (range: 63.4%-65.0%)
-

The calculations are based on data reported to GISAID, as of **20 July 2025**. Note that for this update, sufficient data for estimating variant proportions during the reporting weeks is only available from **two** EU/EEA countries. The statistics therefore only represent a limited part of the EU/EEA.

ECDC assessment:

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant circulation.

The EU/EEA population overall has a significant level of hybrid immunity (prior infection plus vaccination/boosters), conferring protection against severe disease. The variants currently circulating that are classified as VOI or VUM are unlikely to be associated with any increase in infection severity compared with previously circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older individuals, those with underlying conditions, and individuals who have previously not been infected could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccination of individuals at high risk of severe outcomes (e.g. older adults) remains important.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries sequence positive clinical specimens and report to GISAID and/or TESSy.

For the latest update on SARS-CoV-2 variant classifications, please see ECDC's webpage on variants. Variant surveillance data, including the distribution of VOC and VOI proportions in the EU/EEA and detailed country-specific COVID-19 updates are available as part of the European Respiratory Virus Surveillance Summary (ERVISS).

Routine updates on the SARS-CoV-2 variant classification through the Communicable Diseases Threats Report (CDTR) will be provided on a monthly basis at a minimum.

Last time this event was included in the Weekly CDTR: 04 July 2025

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

Overview:

On 29 July 2025, the Cambodian Ministry of Health reported one human case of avian influenza A(H5N1) virus infection in a male aged <30 years from Siem Reap Province. This is the fifth case in Siem Reap Province in 2025. The patient developed symptoms including fever, cough, sore throat, abdominal pain and difficulty breathing. He is currently receiving intensive medical care. According to the Ministry of Health, there were dead chickens close to the patient's house, and the patient had slaughtered chickens three days before they became ill.

The authorities are performing active outbreak investigation and contact tracing along with outbreak prevention measures following established protocols. Information on the clade of these cases is pending. The majority of the cases reported in Cambodia in 2025 have belonged to the 2.3.2.1e clade.

As of 29 July 2025, there have been 14 human cases of avian influenza A(H5N1) infection reported in Cambodia in 2025, including six deaths. Since 2003, Cambodia has reported 86 human cases, including 49 deaths (CFR: 57%). However, it should be noted that the seroprevalence levels observed in exposed groups for A(H5) in studies within and outside Asia provide valuable context for interpreting case fatality, as they suggest that reported human cases, which are predominantly severe, may lead to an overestimation of case fatality for A(H5) subtypes (ECDC/EFSA Scientific Opinion Preparedness Prevention and control related to zoonotic avian influenza. Preparedness, prevention and control related to zoonotic avian influenza).

Summary:
Since 2003, and as of 29 July 2025, there have been 989 human cases of avian influenza A(H5N1) infection worldwide*, including 474 deaths (case fatality among reported cases: 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, and the United States). To date, no sustained human-to-human transmission has been detected.

*Note: 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 United States (one), and the United Kingdom (four, one of which was inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current virological evidence suggests that circulating A(H5N1) viruses retain genetic characteristics consistent with avian-adapted influenza viruses. Given the widespread transmission of avian influenza viruses in animals, transmission to humans with avian influenza remains infrequent and no sustained transmission between humans has been observed.

Overall, the risk related to zoonotic influenza for the general population in 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, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underlines the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

Actions:

ECDC is in contact with WHO counterparts for closer monitoring of the situation. 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 report on the avian influenza situation.
Last time this event was included in the Weekly CDTR: 25 July 2025

12. Mass gathering monitoring – Jubilee of 2025 in Italy

Overview:

Updates
On the occasion of the Jubilee of the Youth between 21 July and 8 August 2025, ECDC is conducting enhanced monitoring through its epidemic intelligence activities.

Since the beginning of the surveillance, and as of 31 July 2025, the Italian National Institute of Health has reported 89 confirmed cases of West Nile virus infection, including eight fatalities, reported in the regions of Piemonte, Lombardia, Veneto, Emilia Romagna, Lazio, Campania and Sardegna. Among these cases, 46 experienced febrile symptoms, 40 presented with the neuroinvasive form, two were asymptomatic blood donors and one was an asymptomatic case.
Lazio Region accounted for 58 of the cases, reported in the provinces of Latina (54), Rome (two) and Frosinone (two), and two of the fatalities. Among these cases, 23 (40%) experienced febrile symptoms and 35 (60%) presented with the neuroinvasive form.

For further information on West Nile Virus infection in Italy and other EU/EEA countries, please refer to our weekly report and ISS webpage. Please note that our weekly report includes notifications received up to Wednesday of the same week, so the numbers may differ.

Summary
The Jubilee 2025 is a special holy year which occurs once every 25 years, involving major religious mass gathering events in Rome that are attended by millions of pilgrims from all around the world. In 2025, starting from 24 December 2024 until December 2025, it is estimated that more than 35 million pilgrims will visit Rome.

In 2000, 26 million pilgrims attended the Jubilee in Rome. Although there were visitors from all continents, the majority were from Italy. There was no noted increase in the incidence of communicable diseases during that year. Nevertheless, cases of Legionnaires' disease and foodborne outbreaks increased among tourists, with limited impact at the regional level. Outside of Italy, no public health events were reported that were linked to attending the Jubilee.

ECDC assessment:

Mass gathering events involve a large number of visitors in one area at the same time. Multiple factors can lead to the emergence of a public health threat, such as an imported disease, increased numbers of susceptible people, risk behaviour, sale of food and beverages by street vendors, etc. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions, should also be considered by the organisers and the public health authorities of the hosting country.
The Jubilee is a mass gathering that comprises multiple events which take place throughout the year. Therefore, the context differs slightly from other mass gatherings. The general assessment provided below refers to the probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee. However, if specific public health events with potential impact at local, national and EU/EEA levels are identified, they will be assessed separately.

The probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee 2025 is low if general preventive measures are applied (e.g. being fully vaccinated according to national immunisation schedules, following advice regarding hand and food hygiene and respiratory etiquette, self-isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, applying personal protective measures against mosquito bites, seeking prompt testing and medical advice as needed, and practising safe sex). This is particularly important in relation to vaccine-preventable diseases that may be on the rise in the EU/EEA, such as measles, whooping cough, and COVID-19.

Actions:

ECDC is monitoring this mass gathering event through epidemic intelligence activities and will report any relevant updates in collaboration with the Italian National Institute of Health (Istituto Superiore di Sanita'), the Italian Ministry of Health, SERESMI (National Institute for Infectious Diseases 'L.Spallanzani' – Lazio Region) and other partners.
Last time this event was included in the Weekly CDTR: 25 July 2025

13. Mass gathering monitoring - UEFA Women's EURO 2025 - Switzerland - 2025

Overview:

Update
Since the previous update and as of 31 July, no relevant public health events associated with infectious diseases have been detected in the context of the UEFA Women's Football EURO 2025.

Summary
Since the start of the monitoring period on 7 July 2025, no major public health events associated with infectious diseases were detected in the context of the UEFA Women's Football EURO 2025.

On 15 July, media quoting the Swiss Football Federation (SFV) reported that some players on the Swiss national team had experienced influenza-like symptoms. No further cases were reported among the players of other national teams.

Background
This year, the UEFA Women's Football EURO 2025 took place in Switzerland between 2 and 27 July. Around 600 000 people were expected to watch the 31 scheduled matches of the16 qualified national teams. The tournament took place at eight stadiums in eight Swiss cities across a total of seven cantons: Basel (Canton of Basel-Stadt), Bern (Canton of Bern), Geneva (Canton of Geneva), Zurich (Canton of Zürich), St. Gallen (Canton of St. Gallen), Lucerne (Canton of Lucerne), Sion (Canton of Valais), and Thun (Canton of Bern).

ECDC assessment:

The UEFA Women's Football EURO 2025 is now over, but please note that the ECDC assessment for it was as follows:

"Mass gathering events involve a large number of visitors collected together in one area at the same time. This may increase the risk of communicable disease outbreaks and non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions. Respiratory infections including COVID-19, food and waterborne diseases, tick-borne and sexually-transmitted diseases are among the potential health threats for those attending.

The probability of EU/EEA citizens becoming infected with communicable diseases during the UEFA Women's Football EURO 2025 is considered very low to low, with an estimated low impact, if requirements and recommendations are followed (e.g. being fully vaccinated according to national immunisation schedules; following hand and food hygiene and respiratory etiquette guidelines; refraining from participating in activities or having contact with people should symptoms occur, and seeking prompt testing and medical advice as necessary). The impact can be higher for people with underlying conditions, older people, and pregnant women."

Actions:

ECDC monitored this mass gathering event through epidemic intelligence activities until 1 August.

Last time this event was included in the Weekly CDTR: 25 July 2025

Events under active monitoring

- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 25 July 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 25 July 2025
- Seasonal surveillance of dengue – 2025 - last reported on 25 July 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 25 July 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 25 July 2025
- Mass gathering monitoring - UEFA Women's EURO 2025 - Switzerland - 2025 - last reported on 25 July 2025
- Suspected cholera - Poland - 2025 - last reported on 25 July 2025
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 25 July 2025
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 25 July 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 25 July 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 25 July 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 25 July 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 01 August 2025
- SARS-CoV-2 variant classification - last reported on 01 August 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 01 August 2025
- Iatrogenic botulism associated with cosmetic procedures in England - last reported on 01 August 2025