WEEKLY BULLETIN

# Communicable disease threats report

**Week 33, 9 - 15 August 2025**

## This week's topics



## Executive summary

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

- Primary and secondary care consultation rates for respiratory illness are at baseline or low levels for the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.
- Following a winter period with limited SARS-CoV-2 circulation, 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 during the same period in 2024.

**Seasonal surveillance of chikungunya virus disease – 2025**

- Since the beginning of 2025 and as of 13 August 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (111) and **Italy** (seven).
- This week France reported 48 new cases, while Italy reported an additional five cases.

**Seasonal surveillance of dengue – 2025**

- Since the beginning of 2025 and as of 13 August 2025, three countries in Europe have reported cases of dengue: France (11), Italy (four), and Portugal (two).
- Since last week, two new cases of dengue have been reported (one in France, one in Italy).


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**Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025**

- Since the beginning of 2025 and as of 13 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): **Spain** (three) and **Greece** (two).
- This week, no new cases of CCHF have been reported to ECDC.

**Weekly seasonal surveillance of West Nile virus infection – 2025**

- Since the beginning of 2025, and as of 13 August 2025, eight countries in Europe have reported human cases of West Nile virus infection: Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia and Spain.

**Seasonal surveillance of West Nile virus infections – 2025**

- In 2025, and as of 6 August 2025, six countries in Europe reported 202 locally acquired human cases of WNV infection.
- From the veterinary perspective, 16 WNV outbreaks among equids and 20 outbreaks among birds have been reported in Europe in 2025.
- More information can be found in the WNV monthly report: Surveillance of West Nile virus infections in humans and animals in Europe, monthly report.

**Locally acquired malaria cases in Mayotte, France - 2025**

- In 2025, and as of 31 July, 12 locally acquired malaria cases have been reported in Mayotte, France.
- Among these cases, ten were reported during the second half of July 2025.
- These cases constitute the first reported locally acquired cases since July 2020 in Mayotte.
- The probability of infection in Mayotte remains very low and does not constitute additional risk for Europe mainland.

**Listeriosis - Multi-country (EU/EEA) - 2024-2025**

- A cluster of 21 Listeria monocytogenes cases with two deaths have been identified in France.
- Most cases occurred between the beginning of June and mid-July 2025.
- Four other countries report one genetically identical listeriosis case each (Belgium, Denmark, the Netherland and Norway).
- The suspected food products are pasteurised cow's and goat's milk cheese from France available on the national and European markets, and for international export.
- Products have been recalled from the market, but due to the long incubation period of listeriosis more cases might occur.

**Expert deployment**

- On 8 August, the EU Health Task Force deployed two ECDC staff members through the Union Civil Protection Mechanism to Freetown, Sierra Leone, to support national authorities in responding to the mpox outbreak.

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

## Overview:

Data reported in week 32, 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.

SARS-CoV-2 test positivity in ILI/ARI primary care specimens increased in two (Luxembourg, Norway) of eight reporting EU/EEA countries in week 32, when compared to week 31. A rise in test positivity was also observed in SARI secondary care specimens in two (Ireland, Malta) of four reporting EU/EEA countries over the same period.

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.

## ECDC assessment:

Interpretation of the epidemiological situation across the European Union/European Economic Area (EU/EEA) is currently challenging due to a reduced number of countries reporting data and lower testing volumes compared to the winter period. Week-to-week trends should be interpreted with caution, as missing data from countries with large testing volumes can distort indicators.

Primary and secondary care consultation rates for respiratory illness are at baseline or low levels for the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics. Following a winter period with limited SARS-CoV-2 circulation, 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 during the same period in 2024. Individuals aged 65 years and above continue to be at increased risk of developing severe COVID-19 outcomes, including hospitalisation, ICU admission and death.

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 for 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 all 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.

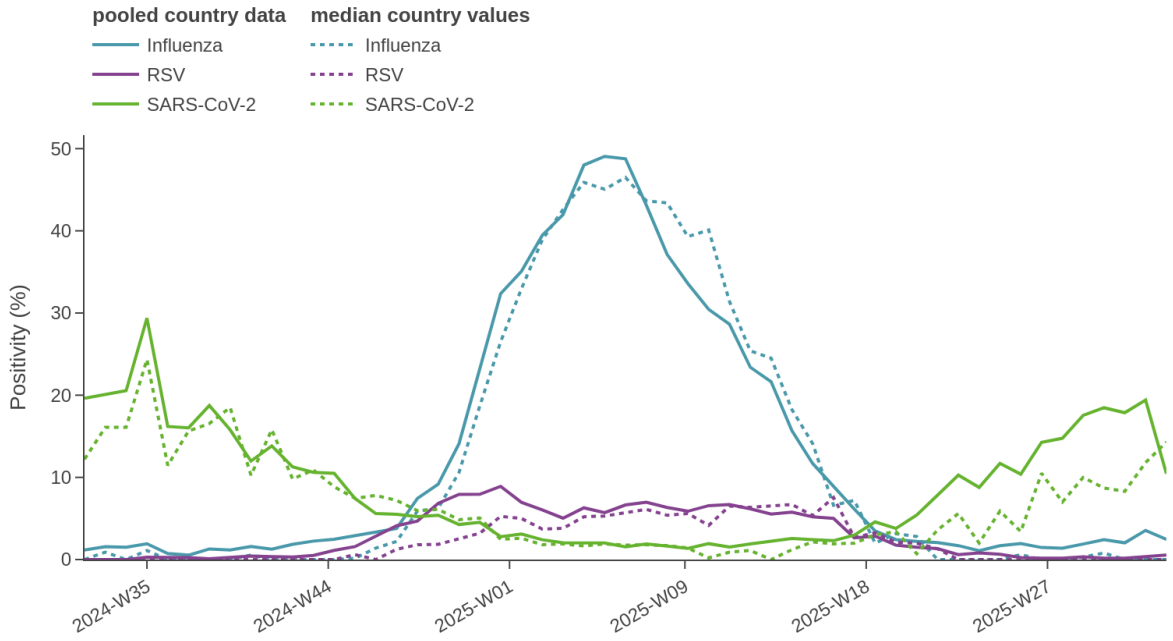
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

**Sources**: ERVISS

**Last time this event was included in the Weekly CDTR**: 8 August 2025

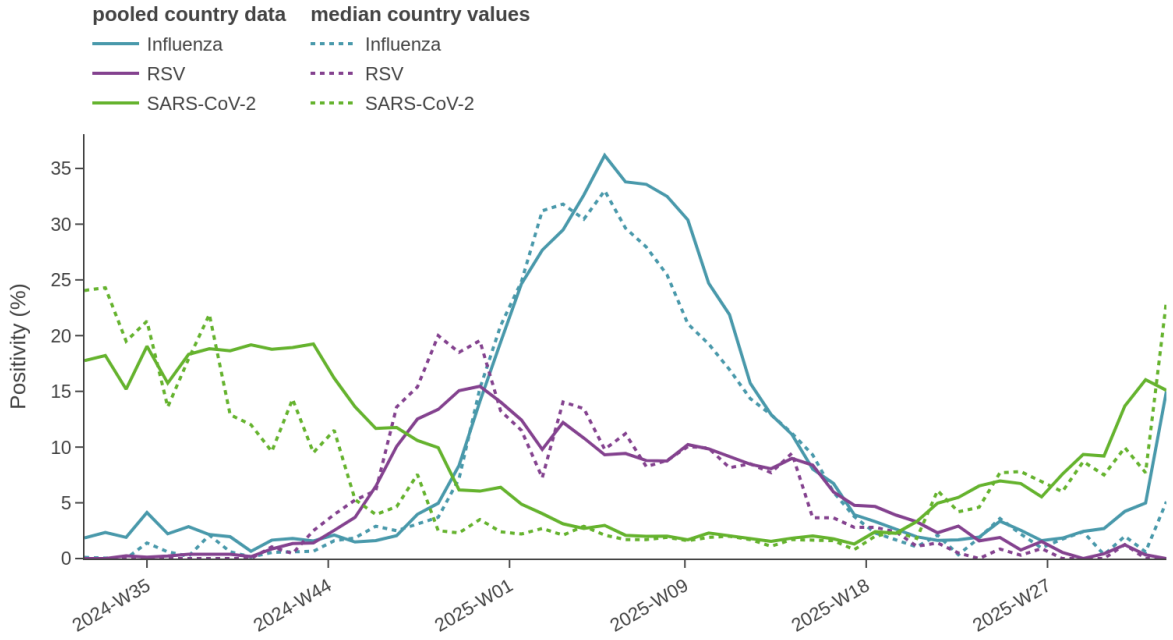
# Maps and graphs

**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 32, 2025

| | | Reporting countries | | EU/EEA summary | | |
|---|---|---|---|---|---|---|
| **Indicator** | **Syndrome or pathogen** | **Week 32** | **Week 31** | **Description** | **Value** | **Comment** |
| ILI/ARI consultation rates in primary care | ARI | 10 rates (8 MEM) | 13 rates (10 MEM) | Distribution of country MEM categories | 8 Baseline | |
| | ILI | 13 rates (12 MEM) | 16 rates (15 MEM) | | 12 Baseline | |
| ILI/ARI test positivity in primary care | Influenza | 10 | 13 | Pooled (median; IQR) | 2.4% (0; 0–0%) | One country (Greece) reported 9% positivity. |
| | RSV | 9 | 12 | | 0.5% (0; 0–0%) | |
| | SARS-CoV-2 | 8 | 12 | | 10% (14; 5.3–20%) | The pooled ILI/ARI test positivity decreased from week 31 (19%) to week 32 (10%), however, missing data from countries with large testing volumes likely contributes to the reduction in this indicator. |
| SARI rates in hospitals | SARI | 6 | 8 | – | – | |
| SARI test positivity in hospitals | Influenza | 4 | 6 | Pooled (median; IQR) | 15% (5.1; 4–22%) | While three countries reported positivity ≤ 5%, one (Malta) reported 39% positivity (20 detections out of 52 specimens tested), with increases also reported for non-sentinel, laboratory-confirmed, hospitalised cases. Comparable increases were reported by Malta during the same period in summer 2024. |
| | RSV | 4 | 5 | | 0% (0; 0–0%) | |
| | SARS-CoV-2 | 4 | 6 | | 15% (23; 14–24%) | The pooled SARI test positivity decreased from week 31 (16%) to week 32 (15%). Of three countries reporting a minimum of 10 tests in week 32, one (Greece) reported test positivity <5%, while two (Malta, Ireland) reported >20%. |
| Intensity (country-defined) | Influenza | 16 | 19 | Distribution of country qualitative categories | 15 Baseline 1 Low | |
| Geographic spread (country-defined) | Influenza | 15 | 18 | Distribution of country qualitative categories | 8 No activity 7 Sporadic | |

Source: ECDC

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

| | | Week 32, 2025 | Week 40, 2024 - week 32, 2025 | |
|---|---|---|---|---|
| **Pathogen** | **N** | **%[a]** | **N** | **%[a]** |
| **Influenza** | **6** | **-** | **25540** | **-** |
| Influenza A | 5 | 83 | 15059 | 60 |
| A(H1)pdm09 | 1 | 50 | 7296 | 57 |
| A(H3) | 1 | 50 | 5518 | 43 |
| A (unknown) | 3 | – | 2245 | – |
| Influenza B | 1 | 17 | 10219 | 40 |
| B/Vic | 0 | – | 4666 | 100 |
| B/Yam | 0 | – | 1 | 0.0 |
| B (unknown) | 1 | – | 5552 | – |
| Influenza untyped | 0 | – | 262 | – |
| **RSV** | **1** | **-** | **4769** | **-** |
| RSV-A | 0 | 0.0 | 867 | 44 |
| RSV-B | 1 | 100 | 1115 | 56 |
| RSV untyped | 0 | – | 2787 | – |
| **SARS-CoV-2** | **19** | **-** | **4261** | **-** |

Source: ECDC

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

Figure Table

| | | Week 32, 2025 | Week 40, 2024 - week 32, 2025 | |
|---|---|---|---|---|
| **Pathogen** | **N** | **%[a]** | **N** | **%[a]** |
| **Influenza** | **24** | **-** | **13784** | **-** |
| Influenza A | 24 | 100 | 5831 | 82 |
| A(H1)pdm09 | 2 | 100 | 1711 | 60 |
| A(H3) | 0 | 0.0 | 1126 | 40 |
| A (unknown) | 22 | - | 2994 | - |
| Influenza B | 0 | 0.0 | 1267 | 18 |
| B/Vic | 0 | - | 164 | 100 |
| B (unknown) | 0 | - | 1103 | - |
| Influenza untyped | 0 | - | 6686 | - |
| **RSV** | **0** | **-** | **5731** | **-** |
| RSV-A | | | 765 | 48 |
| RSV-B | | | 821 | 52 |
| RSV untyped | 0 | - | 4145 | - |
| **SARS-CoV-2** | **24** | **-** | **4652** | **-** |

Source: ECDC

## Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 32, 2025

| Subtype distribution | | | Subclade distribution | | |
|---|---|---|---|---|---|
| **Subtype** | **N** | **%** | **Subclade** | **N** | **%** |
| A(H1)pdm09 | 5566 | 39 | 5a.2a(C.1.9) | 3764 | 68 |
| | | | 5a.2a.1(D) | 734 | 13 |
| | | | 5a.2a(C.1.9.3) | 696 | 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 30–31, 2025

| Variant | Classification[a] | Reporting countries | Detections | Distribution (median and IQR) |
|---|---|---|---|---|
| BA.2.86 | VOI | 2 | 30 | 9% (4–12%) |
| XFG | VUM | 3 | 140 | 62% (58–76%) |
| NB.1.8.1 | VUM | 2 | 29 | 12% (6–25%) |
| LP.8.1 | VUM | 2 | 16 | 8% (4–8%) |

Source: ECDC

# 2. Seasonal surveillance of chikungunya virus disease – 2025

## Overview:

Since the beginning of 2025 and as of 13 August 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (111) and **Italy** (seven).

So far, France has reported 111 cases of locally-acquired chikungunya in 22 different clusters. Compared to week 32, the number of cases increased by 48 cases and the number of clusters increased by six in week 33. Cases were reported for the first time this season in Charente (five cases in one cluster), Côte-d'Or (one case in one cluster), and Haute-Corse (two cases in one cluster). Two new cases were reported in two new clusters in Alpes-Maritime and a one new case in a new cluster in Isère. Sixteen clusters are currently classified as active. The largest clusters are located in Vitrolles (Bouches-du-Rhône, n=23), with an increase of 20 cases since week 32, in Grosseto-Prugna (Corse-du-Sud, n=14, increase of one), Salon-de-Provence, Grans, and Lambesc (Bouches-du-Rhône, n=13, no increase), Castries (Hérault, n=12, increase of one), Poulx and Caveirac (Gard, n=11, increase of eight). This week, Italy reported five new cases in three new clusters, three cases in Modena and two cases in Verona province. All five clusters identified in Italy are currently active.

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**: 8 August 2025

# 3. Seasonal surveillance of dengue – 2025

## Overview:

Since the beginning of 2025 and as of 13 August 2025, three countries in Europe have reported cases of dengue: France (11), Italy (four), and Portugal (two).

This week, France reported one new locally-acquired dengue case in a newly identified cluster within the Lot department, marking the first instance of local transmission in this area. There are currently six clusters reported in France, of which only one is closed – located in Aubagne, Bouches-du-Rhône department. In addition, Italy reported one new case this week in a new cluster in Vicenza province, bringing the total to two active clusters in the country. 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**: 8 August 2025

# 4. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

## Overview:

Since the beginning of 2025 and as of 13 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): **Spain** (three) and **Greece** (two). This week, no new cases of CCHF have been reported to ECDC.

The cases in Greece that occurred in 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 likely infected through a tick bite, while the secondary case was in a healthcare professional who provided care to the primary case. These are the first cases in the country since 2008 when the only locally acquired case 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 Salamanca province, Castile and León region and Toledo province, Castilla-La Mancha region and human CCHF cases have previously been reported in both areas.

## 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 previously been detected 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. A CCHF case in Toledo province was reported in 2024. The current events are 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 to be 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**: 8 August 2025

# 5. Weekly seasonal surveillance of West Nile virus infection – 2025

## Overview:

Since the beginning of 2025, and as of 13 August 2025, eight countries in Europe have reported human cases of West Nile virus infection: Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia and Spain.

The report is available online.

**Last time this event was included in the Weekly CDTR**: 8 August 2025

# 6. Seasonal surveillance of West Nile virus infections – 2025

## Overview:

In 2025, and as of 6 August 2025, six countries in Europe reported 202 locally acquired human cases of WNV infection with known place of infection. The earliest and latest date of onset were respectively on 2 June 2025 and 2 August 2025. Locally acquired cases were reported by **Italy** (168), **Greece** (26), **France** (three, of which one with unknown place of infection), **Romania** (three), **Bulgaria** (one) and **Hungary** (one). In Europe, 10 deaths were reported.
Case numbers reported so far this year are slightly above the average for the past decade in the same period (163). However, these figures remain lower than those seen in 2024 and 2018 — years when virus circulation was particularly intense, with 382 and 385 cases reported by this point in the year, respectively.

As of 6 August, locally acquired human cases of West Nile virus (WNV) infection have been reported in 40 regions across six countries. This compares with 108 regions (11 countries) during the same period in 2024 and 68 regions in 2018 (seven countries). All six countries have previously reported human cases of WNV. Italy is currently experiencing a significant outbreak, with 168 confirmed human infections, including 10 fatalities. For the first time in Italy, the provinces of Latina (ITI44) and Frosinone (ITI45) have reported human cases. Similarly, Romania has reported its first cases in Sălaj County (RO116).

As observed in previous years, most cases were among males aged 65 years and older. The hospitalisation rate was high compared with previous years, with 100% of cases hospitalised this year compared to 93% in the past decade. That most cases are hospitalised is most likely due to the nature of WNV surveillance, which tends to predominantly capture the most severe cases. The case fatality rate so far this year is 7%, which is comparable to the 11% observed in the previous decade. Neurological manifestations were reported in 56% of cases this year compared to 66% in the previous decade. In general, a dominance of neurological cases is expected, as cases with more severe symptoms are more likely to be diagnosed.

From the veterinary perspective, 16 WNV outbreaks among equids and 20 outbreaks among birds have been reported in Europe in 2025. The earliest start date of an outbreak among equids and birds was on 15 January 2025 in Germany and 16 February 2025 in Italy, while the latest onset of an outbreak among equids and birds was, respectively, on 29 July 2025 in Italy and 29 July 2025 in Austria. Outbreaks among equids were reported by **Italy** (11), **Greece** (two), **Germany** (one), **Hungary** (one) and **Spain** (one). Outbreaks among birds were reported by **Italy** (19) and **Austria** (one).
In the Animal Disease Information System (ADIS) database no information was provided on the exact equid species reported, whereas species details were available for birds. The following bird species were associated with the reported outbreaks: common magpie (four), common kestrel (four), carrion crow (three), herring gull (three), hooded crow (three), common moorhen (one), rock dove (one), and unidentified Columbidae (one).

In June and July 2025, the monthly number of outbreaks in equids slightly exceeded the 10-year mean (2015–2024) of June and July, while the monthly count for outbreaks in birds from March to July 2025 fell below the historical monthly mean, with a marked decline in July 2025. In 2024, up to 6 August, 38 and 132 outbreaks were reported in equids and birds, respectively, which is notably higher than the number of outbreaks reported during the same period in 2025.

As of 6 August 2025, outbreaks in birds and/or equids have been reported in 23 regions across six countries. This compares with 47 regions (eight countries) during the same period in 2024 and 16 regions (three countries) in 2018. All six countries reported WNV outbreaks in birds and/or equids in 2024 and in prior years, reflecting endemic WNV activity in these territories. However, as of 6 August, outbreaks in birds and/or equids were reported for the first time to ADIS in the following three Italian provinces: Foggia (ITF46), L'Aquila (ITF11), and Lecco (ITC43). Additionally, equid outbreaks were reported for the first time by Greece in Aetolia-Acarnania (EL631) and Kavala (EL515), and by Spain in Almería (ES611).

**More information**
More background information on the Commission Directives on blood safety and EU/EEA notifications of WNV infections can be found in ECDC's weekly surveillance report on WNV infections, which is available online (Weekly updates: 2025 West Nile virus transmission season (europa.eu). Monthly epidemiological updates are available at: Monthly updates: 2025 West Nile virus transmission season (europa.eu).

### ECDC assessment:

Reports of WNV outbreaks during the winter, when mosquito activity is minimal, should be carefully evaluated as they raise questions about the timing of infection. Two such reports - one outbreak in equids reported by Germany in January, and one in birds reported by Italy in February - warrant cautious interpretation, as they may reflect residual detection (e.g. lingering antibodies or viral RNA from infections acquired in the year before) rather than active transmission in 2025. Three countries - Italy, Greece and Hungary - reported both WNV human cases and outbreaks in equids and birds. As of 6 August 2025, Italy accounted for 83% of all reported human cases and all reported outbreaks in equids and birds, underscoring the significant WNV activity in the country. This is likely due to favourable climate conditions and ecological hotspots (e.g. wetlands, agricultural areas) that support WNV transmission by influencing mosquito vector populations and host dynamics. Intensive surveillance in Italy may also contribute to high detection rates of human cases and outbreaks in birds and equids. The identification of WNV cases in humans and animals within previously unaffected areas underscores the ongoing geographic expansion of the virus, which is most likely due to environmental, climatic and ecological changes. In addition, increased surveillance or monitoring sensitivity and raised awareness in these areas might play a role in the detection of the cases.

Owing to delays in diagnosis and reporting, as well as the fact that most of the WNV infections are asymptomatic or subclinical, the case numbers provided in the WNV monthly report likely underestimate the true number of cases. Of note, the seasonal surveillance in humans primarily focuses on capturing laboratory-confirmed cases, which contributes to the diagnostic delay.

Given the favourable weather conditions for WNV transmission in Europe, we expect that the number of human cases and outbreaks in equids and birds will continue to raise in the coming weeks. In previous years, the peak of transmission was observed in August-September. Both ECDC and EFSA will follow-up closely on the situation in Europe, in particular regarding severity indicators.

### Actions:

ECDC is monitoring WNV through indicator- and event-based surveillance activities.

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

# 7. Locally acquired malaria cases in Mayotte, France - 2025

### Overview:

In 2025, and as of 31 July, 12 locally acquired malaria cases have been reported in Mayotte, France. Among these cases, ten were reported during the second half of July (Bandrélé seven cases; Koungou two cases and Chirongui one case) across the main island. The other two locally acquired cases were reported in February and June. All cases reported in 2025 have been attributed to Plasmodium falciparum. Investigations about a potential epidemiological link between the cases and source of infection are ongoing. Several imported cases, mainly from neighbouring countries, have been reported in Mayotte in 2025 and in previous years. The notification of these locally acquired cases constitutes the first report of locally acquired cases since July 2020.

**Source:** French health authorities

### ECDC assessment:

Cases of locally-acquired P. falciparum malaria have not been seen in Mayotte since July 2020. Investigations are still ongoing and comprehensive vector-control measures are undertaken by health authorities. In this context, the probability of infection in Mayotte remains very low and does not increase the probability of the occurrence of autochthonous cases in mainland Europe. This assessment should be reviewed according to the evolution of the transmission in Mayotte.

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

French authorities recommend that in case of suggestive symptoms after travelling to a malaria-endemic area (up to three months), a diagnosis of malaria should always be considered and a confirmatory biological test performed.

More information on ECDC website: Malaria.

### Actions:

ECDC will continue monitoring the ongoing situation through epidemic intelligence activities and will report again should relevant epidemiological updates become available.

# 8. Listeriosis - Multi-country (EU/EEA) - 2024-2025

### Overview:

An outbreak of L. monocytogenes was reported by France on July 30, 2025. As of August 13, France has reported 21 cases since December 2024, including 18 cases since June 2025. Two people died. The reported cases in France are between 34–95 years old, 11 are women. Dates of strain isolation varies between 7 December 2024 and 18 July 2025. In France, epidemiological, microbiological and traceback investigations led to a specific French cheese manufacturer producing pasteurised soft cow's and goat's milk cheeses. Four other countries (Belgium, Denmark, the Netherland and Norway) have reported four WGS confirmed cases between 35–70 years old and occurring between 14 April-9 July 2025. Cases from Belgium, Denmark and The Netherlands reported consumption of pasteurized soft cheese. Traceability is ongoing.

The products were distributed to Albania, Andorra, Australia, Austria, Belgium, Burkina Faso, Cambodia, Canada, Czechia, Côte d'Ivoire, Denmark, Estonia, Finland, France including French Polynesia, Germany, Hong Kong (China), Hungary, Italy, Japan, Madagascar, Malaysia, Mauritius, The Netherlands, New Caledonia, Singapore, Slovakia, South Korea, Spain, Sweden, Switzerland, United Kingdom and the United States.

To protect consumers and as preventive measure the food products were recalled. The food safety authorities of the countries concerned by the food distribution are implementing official control measures, including the issue of public warnings.

The L. monocytogenes strain belongs to L1-SL387- ST388-CT22724, genoserogroup PCR IVb, (cgMLST Institut Pasteur scheme).

Austria, Finland, Germany, Ireland, Italy, Portugal, Spain, Sweden, Switzerland and the UK report no linked cases as of 13 August 2025.

### ECDC assessment:

This is a multi-country outbreak of L. monocytogenes ST 388 with 25 cases as of 13 August 2025: 21 cases in France, plus one WGS-confirmed case in Belgium, Denmark, the Netherlands and Norway, each. Current epidemiological, microbiological and trace-back investigations points to pasteurised cow's and goat's milk cheese from France.

Contamination of pasteurised soft cheese is a rare event. For the population in good general health status, the overall risk is estimated to be very low: if symptoms occur following infection due to Listeria, light forms of gastroenteritis are expected.

Given the long incubation time of listeriosis (usually until 28 days, but could last up to eight weeks), more vulnerable people such as pregnant women, elderly people and people with immune deficiency or with underlying health conditions who are possibly affected should pay attention to signs like fever or severe headache and seek for medical advice without delay.

### Actions:

ECDC is closely monitoring the event through its network of national contact points in EpiPulse, the EI activities, in the ECDC-EFSA One Health WGS system and is collaborating with EFSA, and the European Commission.
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Countries are kindly asked to

- update the information in EpiPulse should any linked cases be detected.
- share genomic data of the Listeria isolates linked to the present cluster, if available, in the ECDC-EFSA One Health WGS system.
- update RASFF with the outcome of further food investigation.

For more information, please see the RASFF Window (Notification 2025.4619)

### Further information:

In ECDC WGS database, one human isolate clusters with the representative outbreak strain (BE, 2025).
No close matches was found in EFSA WGS system.

# 9. Expert deployment

### Overview:

On 8 August, the EU Health Task Force deployed two ECDC staff members through the Union Civil Protection Mechanism to Freetown, Sierra Leone. The two experts, an epidemiologist and a risk communication and community engagement officer, are supporting the national response to the mpox clade IIb outbreak.

**Last time this event was included in the Weekly CDTR**: 8 August 2025

## Events under active monitoring

- 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
- Influenza A(H5N1) – 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
- 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
- Vibriosis non-cholerae - Poland - 2025 - last reported on 25 July 2025
- Expert deployment - last reported on 15 August 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 15 August 2025
- Listeriosis - Multi-country (EU/EEA) - 2024-2025 - last reported on 15 August 2025
- Autochthonous malaria in Mayotte, France - 2025 - last reported on 15 August 2025
- Nipah virus disease – India – 2025 - last reported on 08 August 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 08 August 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 August 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