WEEKLY BULLETIN

Communicable disease threats report

Week 37, 6 - 12 September 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 have been at baseline or low levels during 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.

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

- On 9 September 2025, four new human cases of avian influenza A(H9N2) infection in China were reported by the Hong Kong Centre for Health Protection.
- All four patients were children.
- Information on severity of the disease, exposure and contacts is pending.
- Overall, 177 cases, including two deaths have been reported since 1998 from ten countries.
- The risk to human health in the EU/EEA is currently considered very low.

Ebola virus disease - Democratic Republic of the Congo - 2025

- As of 8 September 2025, there have been 68 suspected cases and 16 deaths. Cases have been reported from Bulape, Mweka, Mushenge, and Dekese health zones in Kasai Province.
- The current risk for EU/EEA citizens living in or travelling to Kasai province in the DRC is estimated to be low, due to the current low likelihood of exposure. For citizens in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Seasonal surveillance of West Nile virus infections – 2025

- In 2025, and as of 3 September 2025, nine countries in Europe reported 652 locally acquired human cases of WNV infection.
- From the veterinary perspective, 72 WNV outbreaks among equids and 114 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.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 10 September 2025, 10 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, Spain, and Türkiye.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 10 September 2025, three countries in Europe have reported cases of dengue: France (21), Italy (four), and Portugal (two).
- This week, France reported two new cases (compared to 5 new cases last week).

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025 and as of 10 September 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (383) and **Italy** (167).
- This week, France reported 82 new locally acquired cases of chikungunya virus disease (compared to 74 new cases last week), while Italy reported reported 60 new locally acquired cases (compared to 44 new cases last week).

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 10 September 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.

Probable Plasmodium falciparum malaria introduction - Greece - 2025

- Greece reported two P. falciparum malaria cases where there is evidence of probable local transmission/ introduction (first generation transmission).

Plasmodium falciparum malaria case with undetermined place and mode of infection - Greece - 2025

- Greece reported one P. falciparum malaria case for which the place and mode of transmission is considered undetermined.

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

- In July 2025, 188 measles cases were reported by 13 countries in the EU/EEA. Seventeen countries reported zero cases.
- During the 12-month period, eight deaths attributable to measles were reported to ECDC by Romania (five), France (two) and Netherlands (one)
- Overall, case numbers decreased compared with the previous month; this is consistent with the seasonality of measles.
- No new outbreaks have been detected through supplementary epidemic intelligence activities either in the EU/EEA or other countries.

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

Overview:

- Data reported in week 36, 2025 showed that consultation rates for syndromic indicators of respiratory infections remained at baseline for all reporting EU/EEA countries. The overall low consultation rates were consistent in both primary care (influenza-like illness (ILI)/acute respiratory infection (ARI)) and secondary care (severe acute respiratory infection (SARI)) surveillance systems.
- Overall, SARS-CoV-2 pooled ILI/ARI test positivity in primary care specimens was at 22.3% in week 36. The activity indicators remained varied in the different countries.
- In secondary care SARI specimens, the pooled SARS-CoV-2 test positivity decreased to 10% in week 36, mainly driven by data from Spain. The numbers of reported hospitalisations and deaths remain at relatively low levels.
- 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 and across age groups, including 0-4 year old in some countries. Since week 20, hospital admissions increased in a number of countries and are at similar levels as at this time last year.
- Influenza activity remained low in week 36 in most reporting countries. This was reflected in both sentinel and non-sentinel specimen detections and positivity. Overall, positivity is 2.1% in primary care and 3.2% in SARI specimens.

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 have been at baseline or low levels during 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.

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 of 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.

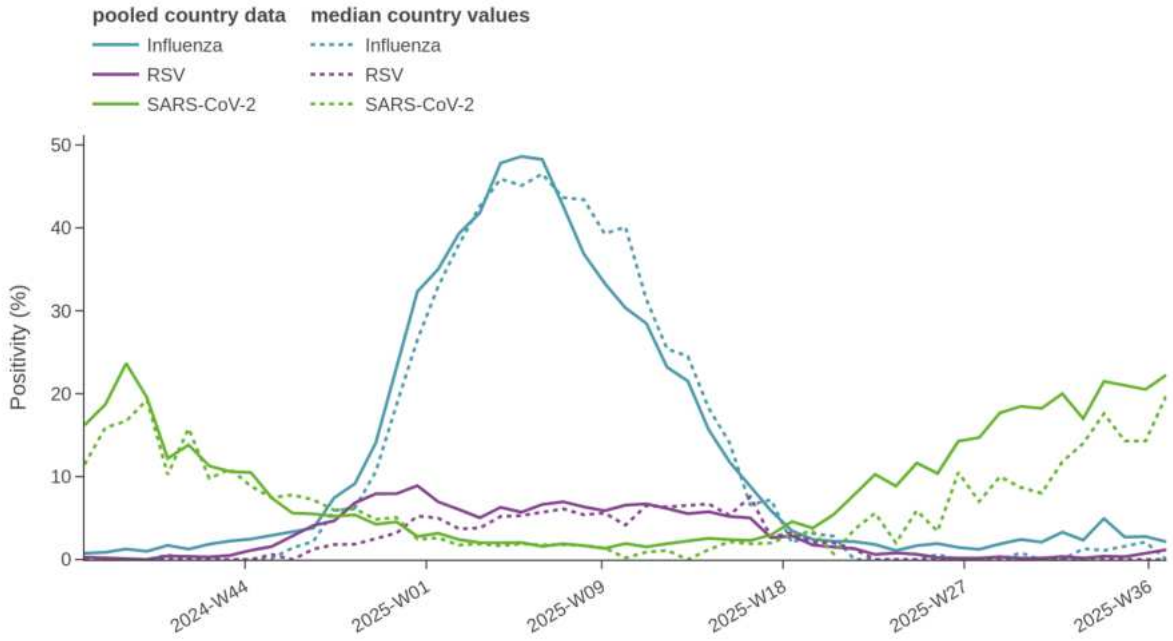
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 5 September 2025

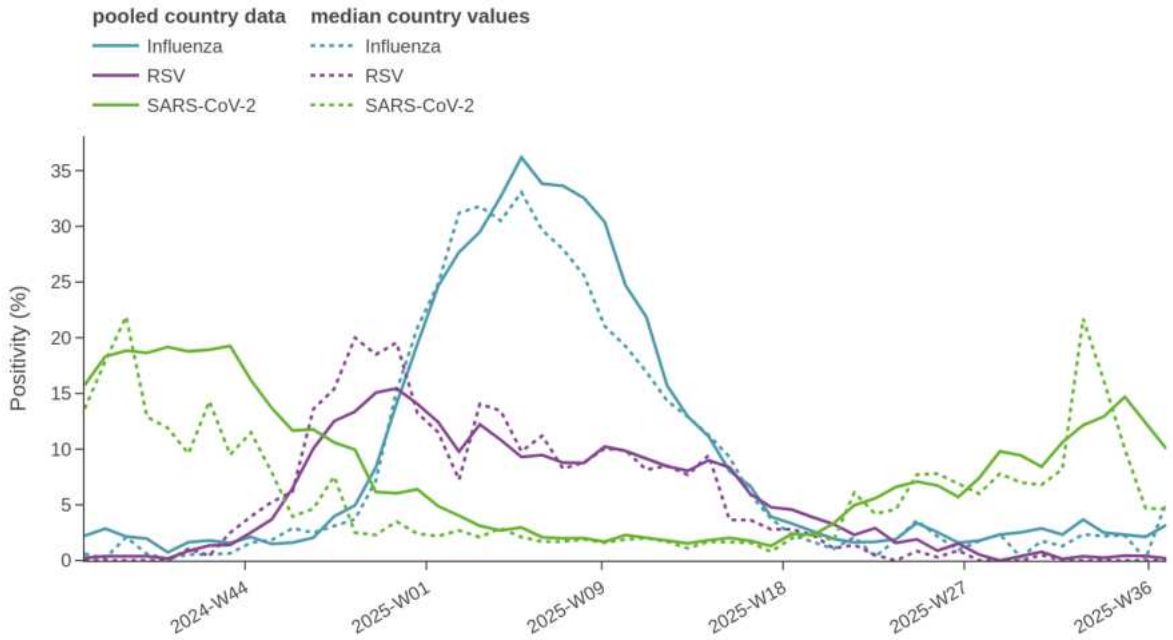
Maps and graphs

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



Source: ECDC

Figure 2. SARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 36, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 36**	**Week 35**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	10 rates (9 MEM)	13 rates (10 MEM)	Distribution of country MEM categories	9 Baseline	
	ILI	13 rates (13 MEM)	16 rates (15 MEM)		13 Baseline	
ILI/ARI test positivity in primary care	Influenza	12	14	Pooled (median; IQR)	2.1% (0; 0–2.4%)	
	RSV	11	13		1.2% (0; 0–2.2%)	
	SARS-CoV-2	11	12		22% (20; 15–25%)	
SARI rates in hospitals	SARI	8	10	-	-	
SARI test positivity in hospitals	Influenza	5	9	Pooled (median; IQR)	3.2% (5.3; 0.7–6.3%)	
	RSV	5	9		0.2% (0; 0–0%)	
	SARS-CoV-2	4	8		10% (4.6; 3.1–8.8%)	
Intensity (country-defined)	Influenza	15	19	Distribution of country qualitative categories	14 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 36, 2025		Week 40, 2024 - week 36, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**14**	-	**25482**	-
Influenza A	13	93	15132	60
A(H1)pdm09	10	77	7359	57
A(H3)	3	23	5527	43
A (unknown)	0	-	2246	-
Influenza B	1	7	10071	40
B/Vic	0	-	4671	100
B/Yam	0	-	1	0.0
B (unknown)	1	-	5399	-
Influenza untyped	0	-	279	-
RSV	**7**	-	**4783**	-
RSV-A	4	67	872	44
RSV-B	2	33	1118	56
RSV untyped	1	-	2793	-
SARS-CoV-2	**132**	-	**4851**	-

Source: ECDC

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

Figure | Table

	Week 36, 2025		Week 40, 2024 - week 36, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**17**	-	**13875**	-
Influenza A	12	100	5909	82
A(H1)pdm09	1	100	1844	61
A(H3)	0	0.0	1186	39
A (unknown)	11	-	2879	-
Influenza B	0	0.0	1273	18
B/Vic	0	-	169	100
B (unknown)	0	-	1104	-
Influenza untyped	5	-	6693	-
RSV	**1**	-	**5748**	-
RSV-A			820	48
RSV-B			904	52
RSV untyped	1	-	4024	-
SARS-CoV-2	**53**	-	**5135**	-

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 36, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5713	40	5a.2a(C.1.9)	3783	67
			5a.2a.1(D)	749	13
			5a.2a(C.1.9.3)	700	12
			5a.2a.1(D.3)	286	5
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4353	30	2a.3a.1(J.2)	3408	79
			2a.3a.1(J.2.2)	594	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1.0
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4337		V1A.3a.2(C.5.1)	2497	58
			V1A.3a.2(C.5.7)	940	22
			V1A.3a.2(C.5.6)	785	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 34–35, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	2	13	4% (2-4%)
XFG	VUM	3	271	83% (80-83%)
NB.1.8.1	VUM	3	44	13% (12-15%)
LP.8.1	VUM	1	9	0% (0-2%)

Source: ECDC

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

Overview:

On 9 September 2025, Hong Kong's Centre for Health Protection reported through their weekly Avian Influenza Report four new human cases of avian influenza A(H9N2) infection in China. Information on severity of the disease, exposure and contacts is pending for all four cases.

The first case was a two-year-old boy from Anhui Province with date of onset on 5 August 2025.
The second case was a six-year-old boy from Chongqing Municipality with onset of symptoms on 30 July 2025.
The third case was a two-year-old boy from Hunan Province with onset of symptoms on 21 August 2025.
The fourth case was a one-year-old boy from Sichuan Province with onset of symptoms on 28 July 2025.

Phylogeny and mutations: Sequence data of an isolated virus from one of the cases in the Hunan Province collected on 7 April 2025, absent from additional patient information, has been deposited on GISAID EpiFlu under isolate id EPI_ISL_19937647. Phylogenetic analysis of the HA segment did not identify highly similar viruses and the most closely related isolates were from birds and environment collected since 2023 from China and Viet Nam. The virus contain the mutation E627V in the PB2 segment which has been phenotypically linked to increased polymerase activity and replication in mammalian cell lines and increased virulence in mice and is observed in 0.88% of bird isolates from all subtypes collected between January 2000 to May 2024. Furthermore, the NA:S369C mutation affecting receptor binding was also found as well as M2:I27A associated with increased resistance to the antiviral amantadine.

Background: Twenty-six human cases of influenza A(H9N2) virus infection have been reported in 2025 (of which four had symptom onset in late 2024), all in China. Overall, 177 cases of avian influenza A(H9N2) virus infection in humans have been reported since it's first detection in 1998, including two deaths (CFR 1.13%).

ECDC assessment:

Sporadic human cases of avian influenza A (H9N2) have been observed outside the EU/EEA, mainly in young children. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. In most cases, influenza A(H9N2) leads to mild clinical illness. To date, no clusters of human A(H9N2) infections have been reported. According to WHO, the likelihood of human-to-human transmission of A(H9N2) is low, as there is no evidence that the virus has acquired the ability for sustained transmission among humans.

To date, there have been no human cases of avian influenza A(H9N2) reported in the EU/EEA, and the risk to human health in the region is currently considered very low.

Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities. ECDC jointly with EFSA and the EU Reference Laboratory produces a quarterly avian influenza review. The most recent review covers the period from March to June 2025.

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

3. Ebola virus disease - Democratic Republic of the Congo - 2025

Overview:

Update
Since the start of the outbreak, and as of 8 September, there have been 68 suspected cases reported from Bulape (61), Mweka (4), Mushenge (2), and Dekese (1). A total of 16 deaths have been reported (estimated Case Fatality Rate of 23.5%) from Bulape (15) and Mweka (1). Information on the classification of deaths (confirmed and/or suspect) is not currently available.

A total of 401 contacts have been identified, being 398 (99%) of them followed up.

Summary
On 1 September 2025, WHO received an alert regarding suspected cases of Ebola virus disease (EVD) from the Bulape Health Zone, Kasai Province. Following this alert, on 4 September 2025, the DRC Minister of Public Health, Hygiene and Social Security declared an outbreak of EVD in the country. The current affected area is difficult to reach, being at least a one day drive from the provincial capital of Kasai, Tshikapa.

The first reported case was a pregnant woman, who was admitted to Bulape General Reference Hospital on 20 August with symptoms of fever, bloody diarrhoea, vomiting, asthenia, anal, oral, and nasal haemorrhage. The woman later died due to multiple organ failure.

Samples tested on 3 September at the country's National Institute of Biomedical Research in the capital Kinshasa confirmed the cause of the outbreak as Ebola Zaire. Based on whole genome sequencing analysis, the causative strain is not linked to previous outbreaks and this is likely a new zoonotic spillover event.

A national Rapid Response Team and provincial risk communication experts from the DRC, joined by WHO experts, have been deployed to Kasai Province. Contact tracing and risk communication activities are ongoing.

Personal protective equipment and medical supplies are being delivered. Two thousand doses of Ervebo Ebola vaccine, effective to protect against this type of Ebola, are already prepositioned in Kinshasa and will be moved to Kasai to vaccinate contacts and frontline health workers.

Background
Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. This outbreak is the 16th outbreak ever recorded since 1976 in the DRC and the eighth since 2018.

The last EVD outbreak documented in the DRC was in August 2022, in Beni Health Zone, North Kivu province, but concerned only one case. In the same year, other five cases had been reported from Mbandaka city, Equateur province. In 2007 and 2008, there were EVD outbreaks affecting Kasai province, including the Bulape and Mweka health zones in 2007. In the country overall, there have been 15 outbreaks since the disease was first identified in 1976.

ECDC assessment:

Ebola virus causes a severe, often fatal, disease. The current risk for EU/EEA citizens living in or travelling to Kasai province in the DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Intense surveillance and contact tracing are essential to rapidly control outbreaks of viral haemorrhagic fevers.

Actions:

ECDC is monitoring the situation through its epidemic intelligence activities. In addition, ECDC is in contact with Africa CDC, GOARN, and DG ECHO.

Last time this event was included in the Weekly CDTR: 5 September 2025

4. Seasonal surveillance of West Nile virus infections – 2025

Overview:

In 2025, and as of 3 September 2025, nine countries in Europe reported 652 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 31 August 2025. Locally acquired cases were reported by Italy (500), Greece (69, of which one had an unknown place of infection), Serbia (33), France (20), Romania (15), Hungary (6), Spain (5), Albania (3) and Bulgaria (1). In Europe, 38 deaths were reported.

Case numbers reported so far this year are above the average for the past decade in the same period (514). However, these figures remain lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1 000 cases reported by this point in the year. As the latter figures are based on consolidated data, while the current year's data remain delayed and incomplete, direct comparisons should be made with caution.

Italy is currently experiencing a large outbreak, with 500 confirmed human infections, including 32 fatalities (case fatality rate of 6.4%, which is within the expected range). This is the highest number of human WNV infections reported by Italy at this time of the year. The cases are mainly reported from the Lazio region (Latina, Roma and Frosinone), with a total of 218 cases, and the Campania region (Napoli, Caserta, Salerno and Avellino), with a total 106 cases. Other regions are reporting similar numbers as in previous years.

As of 3 September 2025, locally acquired human cases of WNV infection have been reported in 100 regions across nine countries. This compares with 174 regions (16 countries) during the same period in 2024, and 129 regions (12 countries) in 2018 (based on consolidated data). All nine countries have previously reported human cases of WNV.

During the current transmission season, the following regions reported human cases of WNV infection for the first time ever: by Italy in Genova (ITC33), Sondrio (ITC44), Avellino (ITF34), Catanzaro (ITF63), Reggio di Calabria (ITF65), Palermo (ITG12), Messina (ITG13), Nuoro (ITG2E), Arezzo (ITI18), Latina (ITI44) and Frosinone (ITI45), by France in Seine-Saint-Denis (FR106), Puy-de-Dôme (FRK14) and Vaucluse (FRL06), and by Romania in Sălaj (RO116).

As observed in previous years, most cases are among males aged 65 years and older. The hospitalisation rate is similar to previous years, with 91% of cases hospitalised this year compared to 92% in the past decade. The high hospitalisation rate is 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 6%, which is below but comparable to the 11% observed in the previous decade. Neurological manifestations were reported in 54% of cases this year, compared to 67% 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, 72 WNV outbreaks among equids and 114 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 21 August 2025 in Austria and 22 August 2025 in Italy. Outbreaks among equids were reported by Italy (44), Croatia (9), France (6), Greece (4), Hungary (3), Spain (3), Germany (2) and Austria (1). Outbreaks among birds were reported by Italy (104), Germany (8), Austria (1) and Spain (1).

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 bird species associated with the highest number of reported outbreaks were the carrion crow (29) and the common magpie (25), followed by the common kestrel (10), herring gull (7), unidentified Accipitridae (6), hooded crow (5), common wood-pigeon (4) and little owl (3). In addition, several other bird species were involved in only one or two outbreaks.

In June and July 2025, the monthly number of outbreaks in equids slightly exceeded the 10-year average (2015–2024) for those months, while the number of outbreaks reported in August fell below the 10-year average. The number of bird outbreaks reported to date this year remains below the figures recorded during the same period since 2022 – the year following the introduction of mandatory reporting of bird outbreaks by EU Member States. In 2024, up to 3 September, 205 outbreaks in equids and 289 in birds were reported, figures that are notably higher (by 62%) than those recorded during the same period in 2025.

As of 3 September 2025, outbreaks in birds and/or equids have been reported in 63 regions across eight countries. This compares with 131 regions (13 countries) during the same period in 2024 and 50 regions (seven countries) in 2018. All eight 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 3 September, outbreaks in birds and/or equids were reported for the first time to ADIS in the following seven Italian provinces: Caltanissetta (ITG15), Foggia (ITF46), Frosinone (ITI45), L'Aquila (ITF11), Lecco (ITC43), Reggio Calabria (ITF65), and Siracusa (ITG19). Additionally, outbreaks in birds and/or equids were reported for the first time by Croatia in Koprivničko-križevačka županija (HR063) and Bjelovarsko-bilogorska županija (HR021), by France in Yvelines (FR103), and by Spain in Almería (ES611) and Menorca (ES533). Furthermore, in 2025, outbreaks in equids were reported in the Greek region of Thasos-Kavala (EL515) following 12 years since the last reported outbreak in animals.

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.

Five countries – Italy, Greece, France, Hungary, and Spain – reported both WNV human cases and outbreaks in equids and birds. As of 3 September 2025, Italy accounted for 76.3% of all reported human cases and for 79.6% of 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, the number of human cases and outbreaks in equids and birds might continue to rise in the coming weeks. In previous years, the peak of transmission was observed in August–September. Both ECDC and EFSA will closely follow up 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: 15 August 2025

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

Overview:

Since the beginning of 2025, and as of 10 September 2025, 10 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, Spain, and Türkiye. Currently, 109 areas are known to be affected.

The report is available online.

Last time this event was included in the Weekly CDTR: 5 September 2025

6. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 10 September 2025, three countries in Europe have reported cases of dengue: **France** (21), **Italy** (four), and **Portugal** (two).

In the past week, France reported two new locally acquired cases of dengue; one case in a new cluster in Fonsorbes, and one in the (second) cluster in Aubagne. The cumulative number of locally acquired cases in France has reached 21 cases, distributed across 11 clusters. Six clusters in France are currently active. No other countries reported dengue cases in the past week.

For more information on locally acquired dengue virus disease cases, see ECDC's seasonal surveillance report for dengue. This report covers mainland EU/EEA and the 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: 5 September 2025

7. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 10 September 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (383) and **Italy** (167).

In the past week, France has reported 82 new locally acquired [1] cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 383, distributed across 37 clusters. Twenty-six clusters are currently active. The largest cluster is located in Bergerac and consists of 54 cases.

Italy reported 60 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 167, distributed across four clusters. Three clusters are currently active. The largest cluster is located in Carpi, San Prospero and Soliera, and consists of 134 cases.
For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease. This report covers mainland EU/EEA and the outermost regions of Portugal and Spain.

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: 5 September 2025

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

Overview:

Since the beginning of 2025, and as of 10 September 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.

ECDC assessment:

The cases in Greece that occurred in the Thessaly region are unexpected, as this region and neighbouring regions have not previously reported CCHF cases or CCHF virus circulation in animals. The primary case was likely infected through a tick bite, while the secondary case occurred 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 the Salamanca province, Castile and León region and Toledo province, Castilla-La Mancha region, and human CCHF cases have previously been reported in both areas.

Between 2016 and 2024, a total of 16 autochthonous CCHF cases were reported in Spain, with dates of disease onset between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of cases reporting a history of exposure 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 (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. It 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.

More 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: 5 September 2025

9. Probable Plasmodium falciparum malaria introduction - Greece - 2025

Overview:

Greece reported two P. falciparum malaria cases where there is evidence of probable local transmission/ introduction (first generation transmission), concerning two migrants of foreign nationality, who arrived in Greece in October 2024, from a malaria endemic country in the Indian subcontinent, with an epidemiological link among them. Symptom onset (for both) was in week 31/2025 (27 July - 2 August 2025), and the probable place of exposure is a rural village in the Municipality of Thiva, Regional Unit (RU) of Voiota, in Central Greece (Sterea Ellada) Region. No more malaria cases were detected in the village during the field investigation (reactive case detection).

ECDC assessment:

The likelihood of infection for EU/EEA citizens living or travelling in areas where and when competent vectors are present and active is considered to be very low. Considering the severity of the disease, the impact is considered to be low. Overall the risk (likelihood x impact) of infection for EU/EEA citizens living or travelling in such areas is considered to be low.

10. Plasmodium falciparum malaria case with undetermined place and mode of infection - Greece - 2025

Overview:

Greece reported one P. falciparum malaria case for which the place and mode of transmission is considered undetermined; this case concerns an migrant from a non malaria endemic country of north Africa, who arrived in Greece in late June 2025 (resided initially in an island and then in a migrants' accommodation facility in Attica), and had symptoms' onset in late July 2025 (week 30/2025 20-26/07/2025).

ECDC assessment:

The route of transmission remains undetermined, with possible routes including mechanical transmission (e.g. through sharing shaving blades with people with a possible infection), or mosquito-borne transmission.

This is a sporadic event and the likelihood of detecting further cases is very low. The risk for the general population of the EU/EEA in relation to this event is negligible.

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

Overview:

Since March 2025, an overall decrease in reported cases has been observed. A further decline in case numbers was expected over the summer months, in line with the known seasonality of measles.

In July 2025, 30 countries reported measles data, with 188 cases reported by 13 countries. There were 17 countries that reported zero cases.

Overall, case numbers decreased compared with the previous month, however this may be subject to change in the event of a future retrospective update. The highest case counts were reported by France (59), Romania (35), Belgium (26), Italy (25) and Netherlands (14).

Between 1 August 2024 to 31 July 2025, 30 EU/EEA Member States reported a total of 11 943 cases of measles, 8 545 (71.5%) of which were laboratory confirmed. of the 11 943 cases with known age, 4 938 (41.4%) were in children aged under five years; and 3 766 (31.5%) cases were aged 15 years or above. The highest notification rates were observed in infants under one year of age (399.8 cases per million) and children aged 1-4 years (209.6 cases per million).

Of 11 126 cases (93.2% of all cases) with a known age and vaccination status, 9 266 (83.3%) were unvaccinated, 1 015 (9.1%) were vaccinated with one dose of a measles-containing vaccine, 713 (6.4%) were vaccinated with two or more doses, and 113 (1.0%) were vaccinated with an unknown number of doses.

During the 12-month period, eight deaths (case fatality rate (CFR): 0.1) attributable to measles were reported to ECDC by Romania (five), France (two) and Netherlands (one). Detailed data are available in ECDC's Surveillance Atlas of Infectious Diseases.

Complementary epidemic intelligence surveillance has been conducted, with data collection between 8 and 9 September 2025. No large outbreaks have been detected, overall a decline in measles cases has been observed.

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

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

Austria has reported 144 measles cases in 2025 and as of 3 September, which is an increase of six cases since 30 July 2025. In the last four weeks, cases have been reported from Lower Austria, Tyrol, and Vorarlberg. Relevant information was available for 134 cases, 35 of which were hospitalised (26.1%), including one patient who was treated in an intensive care unit.

Belgium has reported 376 measles cases in January – July 2025, according to the ECDC's Measles and rubella monthly report for July 2025. Outbreaks in Antwerp (n=138) and Limburg (n=37) have declined significantly, according to the Flemish public health authority (18 July 2025). In addition, the Flemish minister of health announced that second dose of measles-containing vaccine in Flanders will be given to 24-month old children instead of 7–8 year-olds. The vaccination with an earlier schedule will commence on 13 October 2025. No other outbreaks have been reported in Belgium as of 8 September 2025.

Czechia reported 40 cases from January to 1 September 2025, an increase of 10 cases since 1 July 2025. No outbreaks have been reported in the country.

Denmark reported seven measles cases in 2025 as of 5 August 2025 (an increase of one since June 2025).

France has reported 802 cases as of 14 August 2025 (59 cases reported in July) with no new large outbreaks (classified as having >=5 cases). The previously reported three larger outbreaks of 2025 in Nouvelle-Aquitaine (n=30), Occitanie (n=13) and Auvergne-Rhône-Alpes (n=13) are classified as not active (as of 14 August 2025) – in all three outbreaks the last case was reported in July this year. Overall, 70 departments reported at least one case. The five main departments affected are: Nord (16%), Bouches-du-Rhône (7%), I'Aude (6%), la Haute-Savoie (5%) and, l'Isère (5%). Two cases of measles were reported in overseas territories, both in Reunion.

At the national level, the number of reported cases appears to have peaked in March but remains at a high level. The increase is caused by transmission either due to imported cases or locally acquired infections.

Lithuania reported eight cases in 2025 as of 5 September 2025, an increase of two cases since 8 July 2025.

The Netherlands reported 499 cases of measles as of 13 August 2025, an increase of 11 cases since 2 July 2025. The reports are mainly comprising of individual cases and several unrelated clusters. There is no indication of a national outbreak. In 2025, 55 cases were reported to have contracted measles abroad (two new cases reported in the past month), with most of these infections occurring in Morocco (35). Other cases had travel histories to Greece, Romania, Viet Nam, Türkiye, Belgium, Uganda, Iran, Bosnia and Herzegovina, China, Malaysia and France.

Poland has reported 71 measles cases in 2025 and as of 31 August, an increase of 11 cases since 31 July 2025.

Romania reported 8 320 measles cases and eight deaths in 2025 and as of 31 August, an increase of 160 cases since 31 July 2025. No new deaths were reported in this reporting period. A decreasing trend is observed in 2025, with fewer cases reported per month compared to the same period in 2024.

Spain has reported 330 cases as of 31 August 2025 (increase by two cases since 27 July 2025), of which 100 were imported and 86 were related to imported cases.

Epidemiological summary for EU/EEA outermost territories with relevant epidemic intelligence updates:

Reunion reported a second case of measles on 8 August 2025 (regional report on 14 August 2025). The case is an unvaccinated adult with travel history to Thailand. According to health authorities the recent case is not epidemiologically linked to the autochthonous case reported on 17 July 2025.

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

England reported 742 laboratory confirmed measles cases, including one death, from January to 28 August 2025, an increase of 68 cases since the last report on 31July 2025. The situation with outbreaks, affecting London (50% of the reported cases) and the Northwest regions has stabilised.

Ukraine reported 1 377 measles cases from January to July 2025, an increase of 181 cases in July only.

Moldova reported 172 cases of measles from 1 January to 27 June 2025. Nine of the cases were imported from Romania, Ukraine, Germany, Russia and Egypt. The age of the cases ranges from 3 months to 57 years.

According to the report by Africa CDC published on 6 September 2025, a total of 120 985 measles cases (9 274 confirmed) and 913 deaths (CFR: 0.75%) have been reported from 19 countries: Cameroon, Chad, Democratic Republic of Congo (DRC), Ethiopia, Guinea, Kenya, Malawi, Mali, Mauritania, Morocco (44 372 cases and 95 deaths), Mozambique, Nigeria, Rwanda, Senegal, Somalia, South Africa, Sudan, Uganda and Zambia.

According to the WHO Pan American Health Organization (WHO PAHO) report published on 23 August 2025, 10 867 confirmed cases were reported by ten countries, the majority of which have been reported by Canada (4 799), Mexico (4 267, including 14 deaths), and the United States (US) (1 407). Of the reported cases in PAHO region, 86% were either imported (n=1 797) or import-related cases (7 587).

As of 3 September 2025, the US has reported 1 431 confirmed measles cases in 2025, including three deaths in 42 jurisdictions. Ninety-two percent of the cases were unvaccinated or had an unknown vaccination status. Eighty-six percent of the cases were related to 35 outbreaks.

As of report on 8 August 2025, Mexico has reported 9 774 confirmed cases, including 14 deaths in weeks 1–30 of 2025.

According to a WHO Western Pacific Region (WHO WPRO) report for January to July 2025, there were 11 575 confirmed measles reported in the region in 14 countries. Most of the cases have been reported in Indonesia (3 276), Cambodia (2 969), China (1 429), and Mongolia (1 183).

For more information on the provisional number of cases outside the EU/EEA region, please visit the WHO website.

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

ECDC assessment:

Although most recent cases were acquired through local or community transmission, travel-related cases continue to be reported.
Continued vigilance is essential due to suboptimal vaccination coverage for measles-containing vaccines (MCV) in several EU/EEA countries, the possible introduction from areas with ongoing transmission, and increased travel and population movement during the holiday period.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities. Data collected via epidemic intelligence supplement the monthly outputs that present measles surveillance data from EpiPulse Cases, which are routinely submitted by 30 EU/EEA countries.

ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time, as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).
- **Strive towards high-quality surveillance** and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.

- **Increase the clinical awareness of health professionals, including reminding them of the importance of checking individuals' vaccination status ahead of travel.**
- **Healthcare professionals should be fully vaccinated.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of suboptimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with populations under served by healthcare services.** Systemic barriers that impact vaccine uptake in populations which are isolated and under-served by healthcare services need to be monitored and addressed with targeted strategies in order to reduce inequalities in vaccine uptake.
- In light of the upcoming summer holiday season, **travellers should check their vaccination status** and consult their general practitioner to ensure they are up to date with recommended immunisations prior to departure.

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

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

Events under active monitoring

- Expert deployment - last reported on 29 August 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 29 August 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 29 August 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 29 August 2025
- Seasonal surveillance of dengue – 2025 - last reported on 29 August 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 29 August 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 29 August 2025
- Locally acquired rabies – Romania – 2025 - last reported on 29 August 2025
- Circulating vaccine-derived poliovirus type 1 (cVDPV1) - Israel - 2025 - last reported on 22 August 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 22 August 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Chikungunya outbreak in China - last reported on 22 August 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 15 August 2025
- Autochthonous malaria in Mayotte, France - 2025 - last reported on 15 August 2025
- Listeriosis - Multi-country (EU/EEA) - 2024-2025 - last reported on 15 August 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 12 September 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 September 2025
- Ebola virus disease - Democratic Republic of the Congo - 2025 - last reported on 12 September 2025
- Probable Plasmodium falciparum malaria introduction - Greece - 2025 - last reported on 12 September 2025
- Plasmodium falciparum malaria case with undetermined place and mode of infection - Greece - 2025 - last reported on 12 September 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 August 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 08 August 2025
- Nipah virus disease – India – 2025 - last reported on 08 August 2025
- Multi-country outbreak of Salmonella Strathcona - last reported on 05 September 2025
- SARS-CoV-2 variant classification - last reported on 05 September 2025