WEEKLY BULLETIN

Communicable Disease Threats Report

Week 38, 13–19 September 2025

This week's topics

Executive Summary

Overview of respiratory virus epidemiology in the EU/EEA

- In the EU/EEA widespread circulation of SARS-CoV-2 is still being observed, but with limited impact on hospitalisations. Respiratory syncytial virus (RSV) and influenza circulation remain at very low levels.
- Following increasing long-term trends, SARS-CoV-2 is elevated in all age groups, however a small number of countries have seen decreasing trends in recent weeks. Severe disease, mainly affecting people aged 65 years and above, remains at low levels relative to previous epidemics.

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025 and as of 17 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.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025 and as of 17 September 2025, three countries in Europe have reported cases of dengue: France (21), Italy (four), and Portugal (two).
- This week, no new cases of dengue have been reported to ECDC. Currently, four clusters in France are active.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 17 September 2025, 11 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Kosovo*, Romania, Serbia, Spain and Türkiye.

*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025 and as of 17 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (480) and Italy (205).
- This week, France reported 97 new locally acquired cases of chikungunya virus disease (compared to 82 new cases last week), while Italy reported reported 38 new locally acquired cases (compared to 60 new cases last week).

Ebola virus disease - Democratic Republic of the Congo - 2025

- As of 17 September 2025, 48 cases (38 confirmed, 10 probable) of Ebola Virus Disease (EVD) have been reported in Kasai Province, DRC, including 31 deaths (CFR 64.6%).
- All confirmed cases have been reported from Bulape Health Zone.
- 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.

Rabies alert - Bangkok, Thailand - 2025

- Local health authorities in Bangkok, Thailand, issued an alert related to the presence of animals sick with rabies in areas of the city.
- The probability of infection with rabies for EU/EEA travellers in endemic areas is very low if basic preventive measures are followed, such as avoiding contact with wild and domestic animals, including pets.
- Those planning outdoor activities in high-risk zones or remote areas should receive an individual risk assessment and be offered pre-exposure rabies vaccination, if appropriate.

Nipah virus - Bangladesh - 2025

- WHO has reported four deaths from Nipah virus (NiV) infection in Bangladesh that have occurred between 1 January and 29 August 2025.
- The deaths were reported from four different districts across three geographically separate divisions: Barisal, Dhaka and Rajshahi.
- The most recent was reported outside of the typical season (December to April).
- To date, no new cases have been identified among contacts of the three cases. Eleven symptomatic contacts of the fourth, most recent case, have been tested, six have tested negative for NiV and test results for the other five are pending.
- Since 2001, when the first case was detected, Bangladesh has reported 347 NiV cases, including 249 deaths (CFR 71.7%).

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

Overview

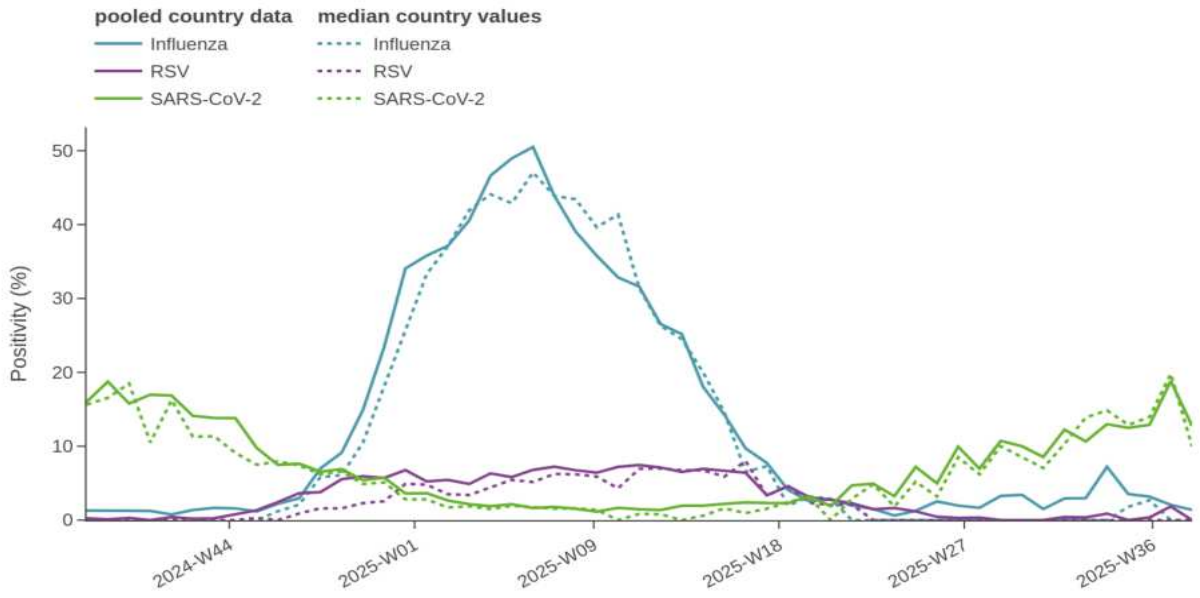
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 12 September 2025

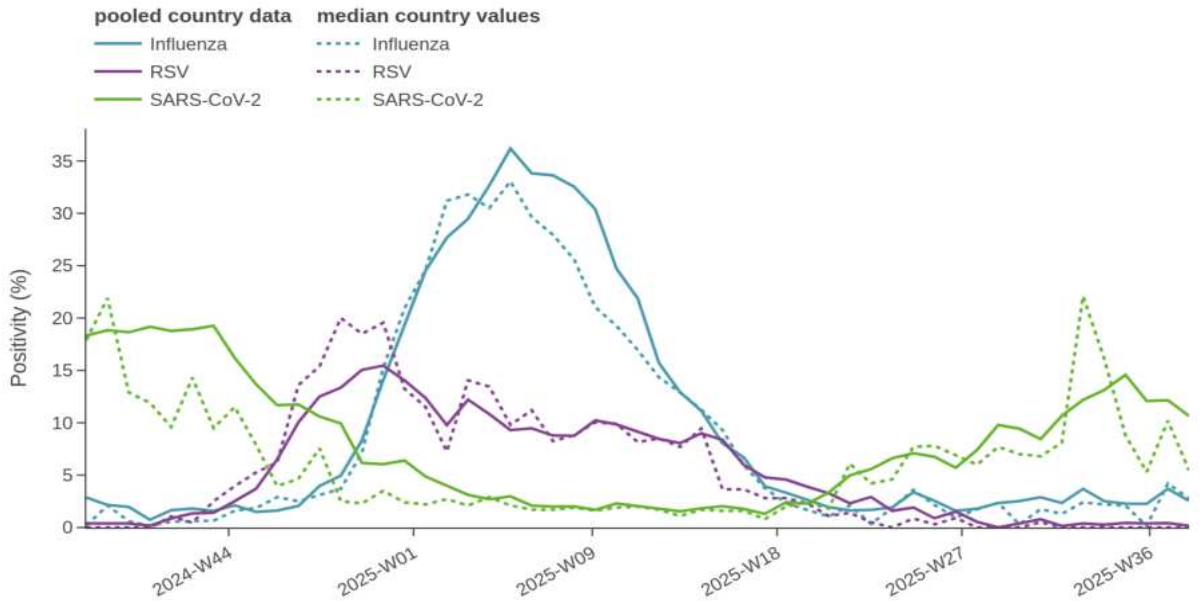
Maps and graphs

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 37, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 37**	**Week 36**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	11 rates (9 MEM)	12 rates (9 MEM)	Distribution of country MEM categories	8 Baseline 1 Low	
	ILI	15 rates (14 MEM)	16 rates (15 MEM)		14 Baseline	
ILI/ARI test positivity in primary care	Influenza	12	13	Pooled (median; IQR)	1.4% (0; 0-1.2%)	
	RSV	10	12		0% (0; 0-0%)	
	SARS-CoV-2	10	11		13% (10; 9.4-12%)	
SARI rates in hospitals	SARI	8	9	-	-	
SARI test positivity in hospitals	Influenza	6	7	Pooled (median; IQR)	2.5% (2.8; 1.9-4.3%)	
	RSV	6	7		0.2% (0; 0-0%)	
	SARS-CoV-2	6	6		11% (5.4; 4.7-9.2%)	
Intensity (country-defined)	Influenza	19	18	Distribution of country qualitative categories	15 Baseline 4 Low	
Geographic spread (country-defined)	Influenza	18	18	Distribution of country qualitative categories	10 No activity 8 Sporadic	

Source: ECDC

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

	Week 37, 2025		Week 40, 2024 - week 37, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**5**	**-**	**20213**	**-**
Influenza A	5	100	12371	61
A(H1)pdm09	3	75	6233	58
A(H3)	1	25	4487	42
A (unknown)	1	-	1651	-
Influenza B	0	0.0	7826	39
B/Vic	0	-	4536	100
B/Yam	0	-	1	0.0
B (unknown)	0	-	3289	-
Influenza untyped	0	-	16	-
RSV	**0**	**-**	**3456**	**-**
RSV-A	0	-	872	44
RSV-B	0	-	1118	56
RSV untyped	0	-	1466	-
SARS-CoV-2	**33**	**-**	**2956**	**-**

Source: ECDC

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

	Week 37, 2025		Week 40, 2024 – week 37, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**16**	-	**13903**	-
Influenza A	13	100	5932	82
A(H1)pdm09	2	100	1849	61
A(H3)	0	0.0	1191	39
A (unknown)	11	-	2892	-
Influenza B	0	0.0	1274	18
B/Vic	0	-	169	100
B (unknown)	0	-	1105	-
Influenza untyped	3	-	6697	-
RSV	**1**	-	**5751**	-
RSV-A			821	48
RSV-B			904	52
RSV untyped	1	-	4026	-
SARS-CoV-2	**68**	-	**5243**	-

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 37, 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 35–36, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	3	7	4% (0.4-8%)
XFG	VUM	4	215	82% (66-88%)
NB.1.8.1	VUM	4	24	7% (5-11%)
LP.8.1	VUM	3	7	3% (2-3%)

Source: ECDC

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

Overview

Since the beginning of 2025 and as of 17 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 probably 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, Toledo province, and Castilla-La Mancha region, and human CCHF cases have previously been reported in these 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: 12 September 2025

3. Seasonal surveillance of dengue – 2025

Overview

Since the beginning of 2025 and as of 17 September 2025, three countries in Europe have reported cases of dengue: France (21), Italy (four), and Portugal (two).

This week, no new cases of dengue have been reported to ECDC. Currently, four clusters in France are active.

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: 12 September 2025.

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

Overview

Since the beginning of 2025, and as of 17 September 2025, 11 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Kosovo*, Romania, Serbia, Spain and Türkiye. A total of 120 areas are currently known to be affected.

*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

The report is available online.

Last time this event was included in the Weekly CDTR: 12 September 2025.

5. Seasonal surveillance of chikungunya virus disease – 2025

Overview

Since the beginning of 2025 and as of 17 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (480) and Italy (205).

In the past week, France has reported 97 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 480, distributed across 53 clusters. Thirty-eight clusters are currently active. The largest cluster is located in Antibes and consists of 87 cases.

Italy has reported 38 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 205, distributed across four clusters. Three clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, and Cavezzo and consists of 160 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: 12 September 2025

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

Overview

Update

As of 17 September, 48 cases (38 confirmed, 10 probable) have been reported by WHO from Kasai Province, DRC. A total of 31 deaths (including 10 probable) have been reported (CFR among all cases = 64.6%).

According to WHO, fifteen cases are receiving clinical care at Bulape treatment centre and as of 17 September, 14 patients have received monoclonal antibody therapy (Mab114). Two patients recovered on 16 September. Women account for 55% of the reported cases. All confirmed cases have been reported from Bulape Health Zone, Kasai Province, DRC. Earlier in the outbreak, alerts were reported from Bulape, Mweka, Mushenge and Dekese Health Zones (all in Kasai Province).

As of 17 September, over 900 contacts have been identified, with an estimated daily follow-up rate of 97%.

The reported deaths include a laboratory technician and two nurses who had been working at the hospital where the first reported case was treated.

Vaccination began on 13 September and as of 17 September, 591 individuals, including 284 healthcare and front line workers and 307 contacts and probable contacts, have been vaccinated. A ring vaccination approach is being used - targeting contacts, probable cases and those likely to come in contact with the cases.

According to WHO AFRO, Bulape Health Zone is linked to large population centres such as Tshikapa and Kananga, and as there is ongoing cross-provincial and cross-border movement, there is a risk of further geographical spread.

*Please note that case numbers are continuously reviewed and revised, as the cases are being classified as confirmed, suspected and probable.

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 probably a new zoonotic spill-over 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.

As of 17 September, 48 cases (38 confirmed, 10 probable) have been reported from Kasai Province, DRC. A total of 31 deaths (including 10 probable) have been reported (CFR among all cases = 64.6%). All confirmed cases have been reported in Bulape Health Zone, Kasai Province. Over 900 contacts have been identified, with an estimated daily follow-up rate of 97%.

Personal protective equipment and medical supplies are being delivered. Two thousand doses of Ervebo Ebola vaccine, effective to protect against this type of Ebola, were already prepositioned in Kinshasa and vaccination began in Kasai Province on 13 September.

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 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 related to only one case. In the same year, another five cases were 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: 12 September 2025.

7. Rabies alert - Bangkok, Thailand - 2025

Overview

Local health authorities in Bangkok, Thailand, issued an alert related to rabies following detection of sick animals in areas of the city. The alert included recommendations to avoid contact with animals and seek medical care in the event of contact. More information can be found in the social media accounts of the Rabies Control Group of the Public Health Veterinary Office of Bangkok (Facebook Posts 17 September 2025 and 9 September 2025; media: Rabies Outbreak In Bangkok Prompts 30-Day Animal Movement Ban).

ECDC assessment

From 2024 to the first quarter of 2025, a total of eight human deaths from rabies were reported in Thailand. If a person has been bitten or scratched by a dog, cat, bat or other mammal in an area where rabies virus is circulating, they are advised to seek medical help immediately. Timely prophylaxis in the event of exposure to a potentially infected animal is of utmost importance and knowledge of the epidemiological situation is vital to decide on appropriate post-exposure measures. Treatment consists of local wound care, vaccination and passive immunisation with immunoglobulin, if indicated. To be effective, treatment has to be administered as soon as possible after exposure.

The probability of infection for EU travellers in endemic areas is very low if basic preventive measures are followed, such as avoiding contact with wild and domestic animals, including pets. Travellers to the Bangkok area should avoid interacting with stray or unfamiliar animals, especially in areas where there is a rabies alert. Those planning outdoor activities in high-risk zones or remote areas should receive an individual risk assessment and be offered pre-exposure rabies vaccination, if appropriate.

8. Nipah virus - Bangladesh - 2025

Overview

On 18 September 2025, WHO reported four human deaths with Nipah virus infection (NiV) between 1 January and 29 August 2025 through its Disease Outbreak News (DON). Three of the cases were adults, who died in January and February - during the typical season (December to April) and who had consumed raw palm sap. The fourth case - a child - died in August and the source of infection is under investigation. No new cases of NiV were detected among the contacts of the three cases. Among the contacts of the latter case, 11 individuals were symptomatic and tested for the infection, six of whom tested negative and test results for the other five are pending. All cases are from four different districts in three divisions of Bangladesh: Barisal, Dhaka and Rajshahi. To date, cases do not appear to be linked. Fruit bats are present in all the affected regions. 'All cases were confirmed through Reverse Transcription Polymerase Chain Reaction (PCR) and Enzyme-Linked Immunosorbent Assay (ELISA) testing.'

More detailed information on the cases from 2025 in Bangladesh:

The first case, a young adult woman from Pabna district, Rajshahi division, developed symptoms on 25 January 2025. She was hospitalised on 26 January in a community hospital and on 27 January referred to another hospital. On 28 January, the patient died. On 29 January, NiV-positive test results were received. Of the 96 contacts, all tested negative for NiV.

The second case, an adult man from Bhola district, Barisal division, developed symptoms on 13 February 2025. The patient was hospitalised on 19 February, and on 20 February he was referred to another hospital where he died on 22 February, a day after NiV confirmation. Overall, 71 contacts were reportedly identified, all tested negative for NiV.

The third case, an adult man from Faridpur district, Dhaka division, developed symptoms on 17 February 2025. He was hospitalised on 25 February and died the same day. NiV infection was confirmed the following day. Of the 66 contacts, all tested negative for NiV.

The fourth case, a child from Naogaon district, Rajshahi division had symptom onset on 3 August 2025. He was hospitalised on 8 August, moved to an intensive care unit on 9 August and died on 14 August 2025. Samples collected on 10 August tested positive on 22 August 2025. An investigation team was deployed on 22 August. Of the 72 contacts identified, 11 were symptomatic. Six samples from the symptomatic cases tested negative, and test results for other five are pending.

In Bangladesh, since the first report of NiV in humans in 2003 and as of 18 September 2025, 347 cases have been reported, including 249 deaths (CFR 71.7%). Cases have been reported almost every year.

A previous case of NiV was reported in India in July 2025. Overall, in 2025 India has reported five cases of NiV, including two deaths, in Palakkad and Malappuram neighbouring districts in Kerala state (CDTR).

Background

Nipah virus (Henipavirus nipahense) is a highly pathogenic virus of the family Paramyxoviridae, genus Henipavirus. It was first isolated and identified in 1999 during an outbreak in Malaysia and Singapore. Since then, several outbreaks of NiV disease in Southern and South-Eastern Asia have been reported, with most cases in Bangladesh.

The virus spreads between animals and humans, with most human cases having had direct contact with pigs or bats. NiV can also be transmitted between people through direct contact or indirectly via contaminated food (e.g. date palm sap contaminated by bat saliva) or through aerosols. The incubation period is usually four to 14 days. Symptoms range from mild (fever, headache, muscle pain, and nausea) to more serious, including severe respiratory symptoms and encephalitis. At present, there is no specific treatment or vaccine available. For more information on the disease and its epidemiology, please read ECDC's factsheet about Nipah virus Disease.

ECDC assessment

The likelihood of exposure and infection with NiV for EU/EEA citizens travelling or residing in Bangladesh is currently very low. As a general precaution, EU/EEA travellers and residents in NiV affected areas should not handle domestic (e.g. pigs) or wild animals and avoid contact with their excreta. The virus may be present on food items contaminated by bats. Washing, peeling, and cooking fruit and vegetables before consumption is generally recommended. Raw date palm sap (juice) should not be consumed.

The most likely route for the virus to be introduced into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, its likelihood is currently very low. Should a case be imported, the likelihood of the virus spreading within the EU/EEA is considered to be very low. It should be highlighted that the natural reservoir hosts of NiV are not native to Europe.

Actions

ECDC monitors this event through its epidemic intelligence activities.

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
- 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
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 22 August 2025
- Rabies alert - Bangkok, Thailand - 2025 - last reported on 19 September 2025
- Nipah virus - Bangladesh - 2025 - last reported on 19 September 2025
- Ebola virus disease - Democratic Republic of the Congo - 2025 - last reported on 19 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
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 September 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 12 September 2025
- Multi-country outbreak of Salmonella Strathcona - last reported on 5 September 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 5 September 2025
- SARS-CoV-2 variant classification - last reported on 5 September 2025.