

WEEKLY BULLETIN

Communicable disease threats report

Week 4, 18 - 24 January 2025

This week's topics

- [1. Overview of respiratory virus epidemiology in the EU/EEA](#)
- [2. Marburg virus disease - Tanzania - 2025](#)
- [3. Mpox due to monkeypox virus clade I and II – Global outbreak – 2024-2025](#)

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates have been increasing in several countries in recent weeks and currently indicate that there is significant respiratory virus activity in the EU/EEA. Seasonal influenza and respiratory syncytial virus (RSV) epidemics are ongoing, while SARS-CoV-2 activity is at very low level.
- All indicators point to widespread high influenza activity in the EU/EEA, albeit some countries are now observing slight decreasing trends in test positivity following a peak in transmission. Hospital admissions due to influenza are currently at levels observed during previous epidemic peaks, which are known to have placed significant pressure on healthcare systems and strained hospital capacity. People aged 65 years and above have the highest risk of severe outcomes, highlighting the continued need for targeted prevention measures (e.g. vaccination).
- RSV activity decreased overall at the EU/EEA level in recent weeks, although the country-level picture remains mixed. Hospital admissions due to RSV remain at a high level in children under five years, a group known to have the highest risk of severe outcomes.
- ECDC has published recommended actions for response during the winter season 2024/2025 in an [epidemiological update](#). Vaccination is the most effective measure to protect 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.

Marburg virus disease - Tanzania - 2025

- On 23 January 2025, Africa CDC reported that a second confirmed case of Marburg virus disease was reported in Tanzania. Overall, 10 cases have been reported (two confirmed and eight probable), including nine deaths.
- On 20 January 2025, Tanzania declared a Marburg virus disease outbreak in Kagera region. One person tested positive and 25 people who were suspected of having the disease (as of 20 January 2025) tested negative and are being followed up.
- This is the second MVD outbreak reported in Tanzania. Kagera Region experienced an [MVD outbreak in March 2023](#). Currently, response efforts are ongoing.

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

- Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries, with the epidemiological trends remaining largely unchanged.
- According to Africa CDC, in the first two weeks of 2025, most cases of mpox due to clade Ib were reported by the Democratic Republic of the Congo (DRC). A decreasing trend is observed in the weekly number of cases that were reported by Burundi, and an increase continues to be observed in Uganda.
- Outside the affected African countries, the United Kingdom reported one new MPXV clade I case in a person with travel history to Uganda.
- ECDC is closely monitoring and assessing the epidemiological situation, and additional related information can be found in the Centre's rapid risk assessment published on 16 August 2024 ([Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#)) and its [Rapid scientific advice on public health measures](#).

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

Overview:

Key indicators

All data presented in this summary are provisional. Interpretation of trends, particularly for the most recent weeks, should consider the impact of possible reporting delays, non-reporting by individual countries or overall low testing volumes at primary care sentinel sites. In the footer, known issues with reported data can be found under 'Country notes', with supporting information also available under 'Additional resources'.

- For most countries with historic data, the consultation rates do not exceed the levels observed in previous winter periods.
- Influenza activity remains high, with primary care and secondary care test positivity above 10% for all countries performing at least 10 weekly tests. Since week 40, around 50% of severe acute respiratory infection (SARI) cases with influenza are aged 65 years and above. Non-sentinel indicators also indicate that there are more ICU admissions in those aged 65 years and above. Overall, while A(H1N1)pdm09 continues to be dominant in most countries, there is a mix of A(H3) and B/Vic subtypes detected across the region.
- RSV test positivity has decreased in all age groups in primary care over the past two weeks. Test positivity among SARI cases is currently stable and remains highest for those aged 0–4 years (34%). Since week 40, around 75% of SARI cases with RSV are children aged under five years, and about 15% are people aged 65 years and above. Non-sentinel indicators show similar trends to those observed in the sentinel system.
- SARS-CoV-2 activity in primary care and hospitals is low and continues to decrease or remain stable in all age groups.
- [EuroMOMO](#) pooled estimates of weekly excess all-cause mortality show increased levels of mortality, primarily driven by high mortality in the 85 years and above age group in some countries.

ECDC assessment:

There is currently significant respiratory virus activity in the EU/EEA. Influenza activity remains high and continues to increase in some EU/EEA countries. RSV activity remains elevated in primary care and hospitals. The levels of respiratory virus activity currently observed may place pressure on healthcare systems and strain hospital capacity, particularly where capacity is already limited. The age of those most impacted by severe disease differs, with RSV cases mostly observed in very young children and severe influenza cases in those aged 65 years and above.

Actions:

Countries should be prepared for continued strain on healthcare systems during the coming weeks and consider [infection prevention and control practices in healthcare settings](#).

Vaccination against influenza viruses helps to limit severe disease outcomes for people at high risk. People eligible for vaccination against influenza, COVID-19 or RSV, particularly those at higher risk of severe outcomes and healthcare workers, are encouraged to get vaccinated without delay, in line with national recommendations, to have the best chance of being protected. RSV immunoprophylaxis for infants, which has been shown to be safe and effective, can be considered in accordance with national guidelines. In addition, clinicians should be reminded that, if indicated in national guidelines, the early use of antiviral treatments for influenza and COVID-19 may prevent progression to severe disease in vulnerable groups.

Despite currently low SARS-CoV-2 activity, it is important to continue monitoring SARS-CoV-2 at national and regional levels. To assess the impact of emerging SARS-CoV-2 sub-lineages, countries should continue to sequence SARS-CoV-2-positive clinical specimens and report to GISAID and/or the European Surveillance System (TESSy).

ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, presenting findings in the European Respiratory Virus Surveillance Summary ([ERVISS.org](#)). Updated weekly, ERVISS describes the epidemiological and virological situation for respiratory virus infections across the EU/EEA and follows the principles of integrated respiratory virus surveillance outlined in '[Operational considerations for respiratory virus surveillance in Europe](#)'.

Further information:

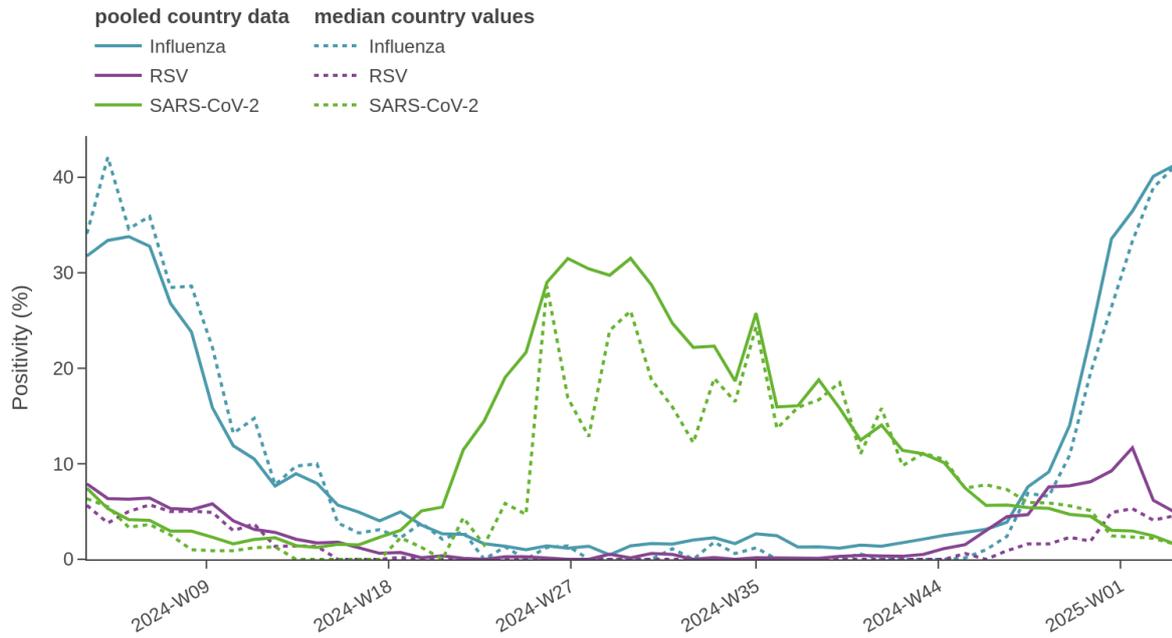
- Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's [RespiCast](#).
- [EuroMOMO](#) is a weekly European all-cause mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats, based on weekly national mortality statistics from up to 27 reporting European countries or subnational regions.
- WHO [recommends](#) that trivalent vaccines for use during the 2024–2025 influenza season in the northern hemisphere contain the following (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Thailand/8/2022 or A/Massachusetts/18/2022 (H3N2)-like virus (clade 2a.3a.1 (J)); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- Antigenic characterisation data presented in the WHO [2025 southern hemisphere vaccine composition meeting](#) report indicate that current northern hemisphere vaccine components are well matched to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. The components also appear well matched for the A(H3N2) 2a.3a.1 (J) clade viruses, but less well matched for some of the more recent subclade 2a.3a.1 (J2) viruses characterised by S145N, N158K or K189R HA substitutions (alone or in combination). The majority of the A(H3N2) viruses identified worldwide since February 2024 belong to the subclade 2a.3a.1 (J2).

Sources: [ERVISS](#)

Last time this event was included in the Weekly CDTR: 17 January 2025

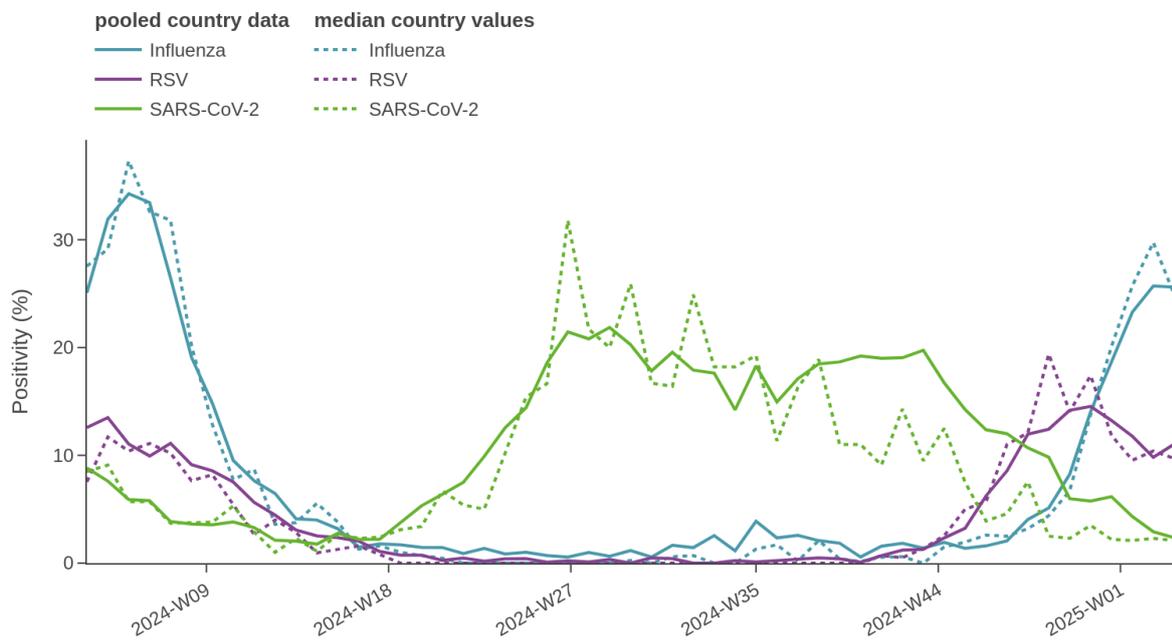
Maps and graphs

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



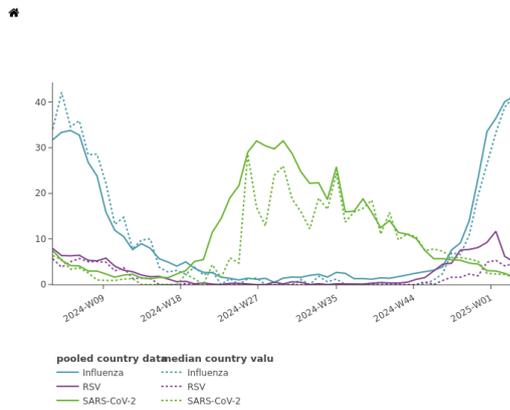
Source: ECDC

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

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary			
		Week 3	Week 2	Description	Value	Comment	
ILI/ARI consultation rates in primary care	ARI	15 rates (11 MEM)	16 rates (12 MEM)	Distribution of country MEM categories	3 Baseline 3 Low 4 Medium 1 High	ARI consultation rates continue to be reported at levels comparable to, or lower than, the same period in previous years in all reporting countries.	
	ILI	20 rates (18 MEM)	22 rates (20 MEM)		4 Baseline 5 Low 9 Medium		ILI consultation rates continue to be reported at levels comparable to, or lower than, the same period in previous years in most countries. France reported a consultation rate above rates previously reported in the past 4 seasons (MEM value: medium).
ILI/ARI test positivity in primary care	Influenza	21	22	Pooled (median; IQR)	41% (41; 35-47%)	The pooled EU/EEA test positivity rate increased slightly from 40% last week.	
	RSV	19	20		5% (4.6; 2.4-7.6%)		The pooled EU/EEA test positivity rate decreased slightly from 6% last week.
	SARS-CoV-2	18	19		1.6% (1.6; 0-2.7%)		The pooled EU/EEA test positivity rate decreased slightly from 2.5% last week.
SARI rates in hospitals	SARI	10	12	-	-	SARI consultation rates continue to be reported at levels comparable to, or lower than, the same period in previous years in most countries. Ireland reported a consultation rate above rates previously reported in the past 3 seasons.	
SARI test positivity in hospitals	Influenza	9	11	Pooled (median; IQR)	26% (25; 21-34%)	The pooled EU/EEA test positivity rate for SARI has been stable since last week.	
	RSV	9	11		11% (9.7; 4.2-16%)		The pooled EU/EEA test positivity rate for SARI has increased slightly from 10% last week.
	SARS-CoV-2	8	10		2.4% (2.1; 1-3%)		The pooled EU/EEA test positivity rate for SARI has been stable since last week.
Intensity (country-defined)	Influenza	22	25	Distribution of country qualitative categories	1 Baseline 4 Low 15 Medium 2 High		
Geographic spread (country-defined)	Influenza	21	24	Distribution of country qualitative categories	1 Sporadic 1 Local 3 Regional 16 Widespread		

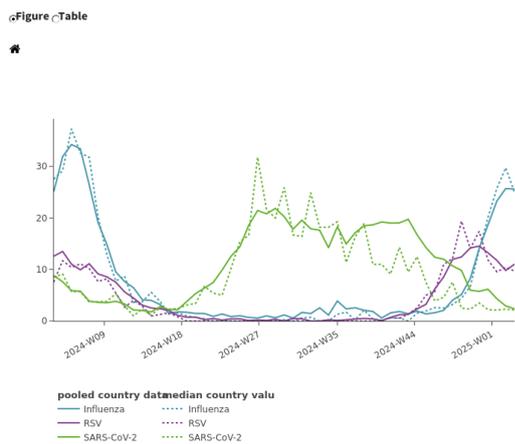
Source: ECDC

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



Source: ECDC

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



Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 3, 2025

Subtype	Subtype distribution		Subclade	Subclade distribution	
	N	%		N	%
A(H1N1)pdm09	485	46	5a.2a(C.1.9)	451	93
			5a.2a.1(D)	29	6
			5a.2a(C.1)	5	1
A(H3)	230	22	2a.3a.1(J.2)	145	64
			2a.3a.1(J.2.1)	39	17
			2a.3a.1(J.2.2)	37	16
			2a.3a.1(J)	3	1
			2a.3a.1(J.4)	2	0.9
			2a.3a.1(J.1)	1	0.4
			Not assigned	3	-
B/Vic	344	32	V1A.3a.2(C.5.1)	244	73
			V1A.3a.2(C.5.6)	45	14
			V1A.3a.2(C.5.7)	35	11
			V1A.3a.2(C)	9	3
			Not assigned	11	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 1–2, 2025

Variant	Classification ^a	Reporting countries	Detections	Distribution (median and IQR)
KP.3	VOI	6	24	24% (19-29%)
BA.2.86	VOI	3	8	4% (0-11%)

Source: ECDC

2. Marburg virus disease - Tanzania - 2025

Overview:

Update

On 23 January 2024, [Africa CDC](#) reported that another confirmed case of Marburg virus disease (MVD) was reported in Tanzania. The total number of cases reported in the outbreak is 10 including two confirmed and eight probable cases. Nine deaths have been reported. In total 31 tests were conducted, 29 of which were negative.

In response to the outbreak, Tanzania issued a national [travel advisory](#). The measures include the following: travellers leaving Kagera region should fill in surveillance forms, temperature checks at points of entry, hotlines which provide advice to travellers, advice on infection prevention and control measures.

Event summary

As of 23 January 2025, two confirmed and eight probable Marburg virus disease (MVD) cases have been [reported](#) in Kagera Region, Tanzania. The total number of deaths reported is nine (including the eight probable cases). Of the 31 tests conducted, 29 were negative.

The outbreak was [confirmed](#) on 20 January by Tanzania after one patient tested positive. As of 20 January 2025, 25 people who were suspected of having the disease had tested negative. Testing was conducted at Kabaile Mobile Laboratory and then confirmation in Dar es Salaam.

WHO published a [Disease Outbreak News](#) item reporting on a suspected MVD outbreak in Kagera Region, Tanzania on 14 January 2025. Overall, nine suspected cases and eight deaths have been reported since December 2024 and as of 11 January 2025 ([WHO DON News, 14 January 2025](#); [Africa CDC Press Briefing of the 16 January 2025](#)). The suspected index case is a 24-weeks pregnant woman who was treated at the district hospital where she died on 16 December 2024. A healthcare worker who attended the suspected index case also fell ill and died on 27 December 2024 ([Africa CDC Press Briefing of the 16 January 2025](#)). The individuals [presented](#) with similar symptoms of headache, high fever, back pain, diarrhoea, vomiting blood, body weakness and at a later stage bleeding from orifices. The approximately 300 contacts that are being followed up include 56 health workers. Sixteen of the contacts had direct contact with cases ([Africa CDC Press Briefing of the 16 January 2025](#)).

Response efforts are ongoing and the event is being followed up by international partners ([WHO Media briefing on global health issues; 16 January 2025](#), [Africa CDC Press Briefing of the 16 January 2025](#), [Tanzania confirms outbreak of Marburg virus disease | WHO | Regional Office for Africa, 20 January 2025](#)).

Background on Marburg virus disease and previous outbreaks

MVD is a severe disease in humans caused by Marburg marburgvirus (MARV) with a case fatality ratio of up to 88%. MVD is not an airborne disease and is not considered contagious before symptoms appear. Direct contact with the blood and other body fluids of an infected person or animal is the most frequent route of transmission. The incubation period of MVD is usually five to ten days (range 3–21 days). If proper infection prevention and control measures are strictly adhered to, the likelihood of infection is considered very low. To date, there is no specific antiviral treatment and no approved vaccine for MVD.

All recorded MVD outbreaks have originated in Africa. Since 1967, when MVD was first detected, approximately [600 MVD cases](#) have been reported as a result of outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania, and Uganda. In 2024, Rwanda reported its first MVD outbreak (66 cases including 15 deaths) which was [declared over on 20 December 2024](#).

Kagera Region experienced an earlier [MVD outbreak in March 2023](#), during which nine cases and six deaths were reported.

More information can be found in the [ECDC Factsheet on Marburg virus disease](#).

ECDC assessment:

The likelihood of exposure to Marburg virus disease (MVD) for EU/EEA citizens visiting or living in Tanzania is assessed as low with uncertainties connected to limited epidemiological information available. The impact, assessed

at population level is low since the number of MVD cases in EU/EEA citizens in Tanzania is expected to be very small. Therefore, the overall risk for EU/EEA citizens visiting or living in Tanzania is low.

In the event of MVD cases being imported into the EU/EEA, we consider the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low.

Actions:

ECDC is monitoring the event through epidemic intelligence and is following up with relevant stakeholders.

Last time this event was included in the Weekly CDTR: 17 January 2025

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

Overview:

Update

There are no changes in the mpox epidemiological trends this week.

Outside of the African continent, one new mpox case due to [monkeypox virus \(MPXV\) clade I was reported this week by the United Kingdom](#).

In Africa, [according to the Africa CDC Special Press Briefing of 23 January 2025](#), the number of reported cases has plateaued in the Democratic Republic of the Congo (DRC) during the most recent weeks. In Burundi, a decreasing trend is observed and in Uganda the increasing trend continues (over 2 200 cases and 13 deaths [reported as of 22 January 2025](#)).

In Sierra Leone where mpox was [reported](#) for the first time on 10 January 2025, clade II was detected in the first two cases. Overall, as of the second week of 2025, 12 cases had been reported in the country.

Summary

Globally, MPXV clade I and clade II are circulating in multiple countries. Since 2022, MPXV clade II has mainly been circulating outside of the African continent among adult men who have sex with men. In 2024, an increase in MPXV clade Ia and Ib was reported in the DRC, while clade Ia cases continued to be reported by the Central African Republic and the Republic of the Congo (Congo) where it is endemic.

Following the epidemic of MPXV clade I in the DRC in 2024, MPXV clade I was first detected in Burundi, Rwanda, Uganda and Zambia (all neighbouring the DRC), as well as in Kenya and Zimbabwe. Overall, on the African continent in 2024 and the first two weeks of 2025, most confirmed and suspected clade I cases have been reported from the DRC where a stable trend is being observed the past four weeks, [according to Africa CDC](#). In Burundi a decreasing trend in the number of reported mpox cases is being observed and over 3 000 confirmed cases and one death have been reported since 2024. In Uganda, the number of cases has been increasing with the highest incidence reported in Kampala (over 2 200 cases and 13 deaths [reported as of 22 January 2025](#)). Rwanda has reported 74 cases, Kenya 31 cases, Zambia four cases and Zimbabwe two cases ([WHO Global report on mpox \(data as of 12 January 2025\)](#) and [Special Briefing on Mpox and other Health Emergencies, Africa CDC, 23 January 2025](#)).

Outside of Africa, in the EU/EEA, travel-associated cases or sporadic cases reporting epidemiological links with travel-associated cases of MPXV clade Ib have been reported in the EU/EEA by:

- Sweden (one case in August 2024);
- Germany (one case in October, five in December 2024 and one in January 2025);
- [Belgium \(two cases in December 2024\)](#); and
- France ([one case in January 2025](#)).

[In addition to Africa and the EU/EEA](#), clade I cases have been reported by Thailand (one case in August 2024), India (one case in September 2024), the UK (five cases in October and November 2024 and [one case in January 2025](#)), the United States (US) (one case in November 2024), Canada (one case in November 2024), Pakistan (one case in December 2024), Oman (one case in December 2024), and [China](#) (five cases in January 2025).

Travel-associated cases from all non-African countries besides India, Pakistan and Oman have reported a travel history to Africa. The travel-associated cases reported by India, Pakistan and Oman had a travel history to the United Arab Emirates ([WHO Multi-country outbreak of mpox, External situation report 44, 23 December 2024](#)).

Confirmed secondary transmission of mpox due to MPXV clade Ib outside of Africa was reported for the first time in 2024 in the EU/EEA by Germany and Belgium, and outside of the EU/EEA by the UK and China. The number of secondary cases reported in all secondary transmission events outside of Africa range from one to four cases per event. Based on the available information, all transmission events were due to close contact, the cases presented with mild symptoms and no deaths have been reported.

On 13 August 2024, Africa CDC [declared](#) mpox a Public Health Emergency of Continental Security. On 14 August 2024, WHO [convened](#) a meeting of the IHR Emergency Committee to discuss the mpox upsurge and [declared](#) the current outbreak of mpox due to MPXV clade I as a public health emergency of international concern.

Since September 2024, following an analysis of the patterns of MPXV transmission observed at the national level and given the limitations and uncertainties, ECDC has used official epidemiological information to classify countries according to whether MPXV clade I is endemic or was reported for the first time in 2024. The categories are as follows:

- countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: Belgium, Canada, China, Germany, France, India, Oman, Pakistan, Sweden, Thailand, the UK, the US, Zambia, and Zimbabwe;
- countries reporting clusters of cases: Congo and Kenya;
- countries reporting community transmission: Burundi, Central African Republic, the DRC, Rwanda, and Uganda.

There are no updates in the classification since 16 January 2025 (the previous update).

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade Ib remains similar to previous weeks. The sporadic cases of mpox clade I that have been reported outside Africa, including secondary transmission, are not unexpected.

The risk for EU/EEA citizens travelling to or living in the affected areas is considered to be moderate if they have close contact with affected persons, or low if contact with affected individuals is avoided. The overall risk to the general population in the EU/EEA is currently assessed as low. However, more imported mpox cases due to MPXV clade I are likely to be reported by the EU/EEA and other countries.

EU/EEA countries may consider raising awareness in travellers to/from areas with ongoing MPXV transmission and among primary and other healthcare providers who may be consulted by such patients. If mpox is detected, contact tracing, partner notification and post-exposure preventive vaccination of eligible contacts are the main public health response measures.

Please see the latest ECDC [Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries](#).

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation related to mpox on a global basis. The Centre's recommendations are available [here](#).

Sources: [ECDC rapid risk assessment](#)

Last time this event was included in the Weekly CDTR: 17 January 2025

Events under active monitoring

- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 24 January 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024-2025 - last reported on 24 January 2025
- Marburg virus disease - Tanzania - 2025 - last reported on 24 January 2025
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 20 December 2024
- SARS-CoV-2 variant classification - last reported on 20 December 2024
- Mpox due to monkeypox virus clade I - Germany - 2024 - last reported on 20 December 2024
- Cyclone Chido, Mayotte - 2024 - last reported on 20 December 2024
- Mpox due to monkeypox virus clade I – Belgium – 2024 - last reported on 20 December 2024
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 17 January 2025
- Community-associated outbreaks of impetigo by fusidic acid-resistant MRSA - multi-country - 2024 - last reported on 17 January 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 17 January 2025
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 17 January 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 January 2025
- Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024 - last reported on 17 January 2025
- Mass gathering monitoring - Jubilee of 2025 in Italy - last reported on 17 January 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 10 January 2025
- Increase in respiratory viral infections – China – 2024 - last reported on 10 January 2025
- Mpox due to monkeypox virus clade I – France – 2025 - last reported on 10 January 2025
- Avian influenza A(H5N1) human case – Canada – 2024 - last reported on 03 January 2025