WEEKLY BULLETIN

Communicable disease threats report

Week 42, 11 - 17 October 2025

This week's topics

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA

- In the EU/EEA, widespread, but decreasing circulation of SARS-CoV-2 is being observed, with limited impact on hospitalisations. Respiratory syncytial virus (RSV) and influenza circulation remain at low levels.
- The number of patients presenting to primary care with symptoms of respiratory illness, including influenza-like illness, remains low but is increasing in most countries, as expected for this time of year.
- SARS-CoV-2 remains elevated, especially in those aged 15 years and above, although most countries now report decreasing trends. Severe COVID-19, mainly affecting people 65 years and above, remains at low levels relative to previous epidemics.

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

- On 16 October 2025, one new human case of avian influenza A(H5N1) virus infection was reported in a young girl from Kampong Speu province, Cambodia.
- The patient is currently receiving intensive treatment.
- Dead and sick chickens and ducks were observed in the patient's residential area.

- Epidemiological investigation is ongoing to identify close contacts
- Since 2003, and as of 17 October 2025, there have been 992 confirmed human cases of A(H5N1) worldwide, including 475 deaths (CFR 48%), with 89 of these cases reported from Cambodia, including 51 deaths (CFR 58%), during the same period.
- ECDC's risk assessment for A(H5N1) remains unchanged. Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.

Human infection with avian influenza A(H5) virus - Mexico - 2025

- A new human case with avian influenza A(H5) virus infection was reported in Mexico City, Mexico, according to PAHO/WHO on 15 October 2025.
- The patient has no travel history and developed severe illness by the end of September.
- Samples from one pigeon, a neighbour's dog and one poultry bird tested positive for avian influenza A(H5) in the residential place of the patient. Results from testing of environmental samples are pending.
- A range of public health measures have been implemented by national and local authorities.
- This is the third severe human case of avian influenza A(H5) in Mexico and the second case in Mexico city since 2024.
- This event does not change the risk of zoonotic influenza in the EU/EEA, which remains low.

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

- On 14 October 2025, two new human cases of avian influenza A(H9N2) virus infection were reported in China.
- An adult from Jiangxi and a child from Hunan Provinces both developed symptoms in September 2025.
- Overall, 183 cases, including two deaths, have been reported since 1998 from ten countries. Since 2015, China has reported 143 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (CFR 1.4%).
- The risk to human health in the EU/EEA is currently considered very low.

Early start of influenza season - Japan - 2025

- On 3 October 2025, the Japanese Ministry of Health, declared the start of the influenza season in the country.
- In 2024, the influenza season in Japan started after epidemiological week 44 (28 October - 3 November).

Mpox due to monkeypox virus clade Ib - Spain 2025

- On 10 October 2025, a case of mpox clade Ib without travel history was reported in Spain. The patient who reported having had sex with men prior to symptoms presentation, is the second case of mpox clade Ib in Spain. The first mpox clade Ib case reported on 23 September 2025, had reported travel history. A total of 487 mpox cases have been reported in Spain in 2025 and until 7 October 2025.
- This suggests that mpox clade Ib may already be circulating within MSM sexual networks in Spain. Broader circulation within MSM sexual networks across Europe or globally cannot be excluded.
- Given the low probability of infection and the very low impact of the disease, the risk for MSM is estimated as low.

Ebola virus disease – Democratic Republic of the Congo – 2025

- As of 16 October 2025, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 45 deaths (34 confirmed and 11 probable; case fatality rate (CFR) among all cases: 70.3%).
- All confirmed cases have been reported from Bulape health zone.
- Contact tracing will end on 17 October and 26 557 individuals have been vaccinated.
- The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low, due to the current low likelihood of exposure. For people living in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Rift Valley fever in Senegal and Mauritania - 2025

- There have been 196 human cases (including 21 deaths) of Rift Valley fever reported in Senegal, since 21 September and as of 15 October 2025.
- Additionally, there have been 36 human cases (including 13 deaths) of Rift Valley fever reported in Mauritania since 2 October and as of 12 October 2025.
- Both countries have reported outbreaks among live animals across multiple districts.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 15 October 2025, three countries in Europe have reported cases of dengue: France (28), Italy (4), and Portugal (2).
- Three clusters in France are currently active.
- This week, no new cases of dengue have been reported to ECDC.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025, and as of 15 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (734) and Italy (364).
- In the past week, France has reported 34 new locally acquired cases of chikungunya virus disease and Italy has reported 11.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 15 October 2025, 13 countries in Europe reported human cases of West Nile virus infection : Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

Medical Product Alert N 5/2025: Substandard (contaminated)

- Substandard (contaminated) oral liquid medicines identified in the WHO South-East Asia Region (Medical Product Alert N°5/2025).
- The products are oral liquid medicines that contain active liquid ingredients commonly to treat the symptoms of common cold, flu, or cough. The specific batches of COLDRIF, Respifresh TR and ReLife were manufactured by Sresan Pharmaceutical, Rednex Pharmaceuticals, and Shape Pharma.

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.

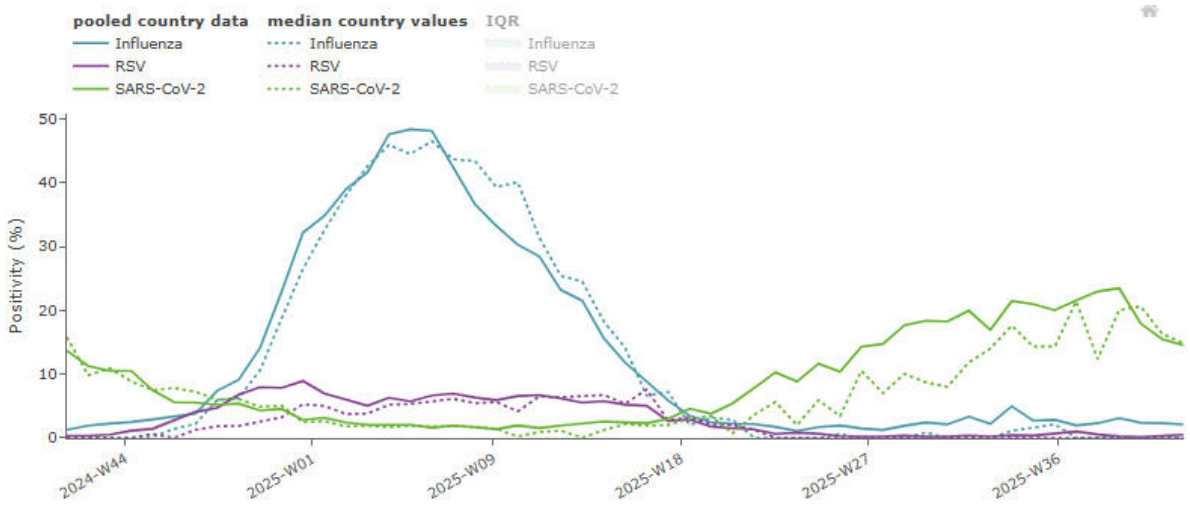
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 10 October 2025

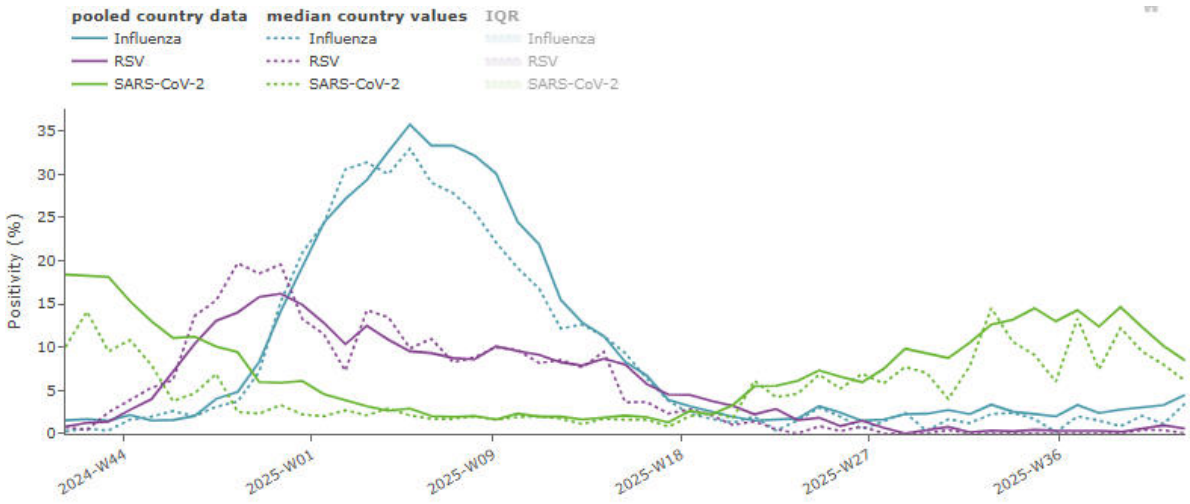
Maps and graphs

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 41, 2025

		Reporting countries		EU/EEA summary	
Indicator	Syndrome or pathogen	Week 41	Week 40	Description	Value
ILI/ARI consultation rates in primary care	ARI	13 rates (13 MEM)	16 rates (11 MEM)	Distribution of country MEM categories	8 Baseline 3 Low
	ILI	18 rates (18 MEM)	21 rates (21 MEM)		16 Baseline 1 Low 1 Medium
ILI/ARI test positivity in primary care	Influenza	16	17	Pooled (median; IQR)	2.1% (0; 0–2%)
	RSV	16	16		0.5% (0; 0–0.7%)
	SARS-CoV-2	15	16		15% (15; 10–22%)
SARI rates in hospitals	SARI	10	11	–	–
SARI test positivity in hospitals	Influenza	8	9	Pooled (median; IQR)	4.5% (3.5; 1.8–11%)
	RSV	8	9		0.6% (0; 0–0.1%)
	SARS-CoV-2	7	8		8.4% (6.1; 4–9.2%)
Intensity (country-defined)	Influenza	21	24	Distribution of country qualitative categories	19 Baseline 2 Low
Geographic spread (country-defined)	Influenza	19	22	Distribution of country qualitative categories	7 No activity 11 Sporadic 1 Local

Source: ECDC

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

	Week 41, 2025		Week 40, 2025 – week 41, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**39**	–	**84**	–
Influenza A	38	100	81	100
A(H1)pdm09	23	77	38	68
A(H3)	7	23	18	32
A (unknown)	8	–	25	–
Influenza B	0	0.0	0	0.0
B (unknown)	0	–	0	–
Influenza untyped	1	–	3	–
RSV	**8**	–	**12**	–
RSV-A	1	100	3	75
RSV-B	0	0.0	1	25
RSV untyped	7	–	8	–
SARS-CoV-2	**235**	–	**487**	–

Source: ECDC

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

	Week 41, 2025		Week 40, 2025 – week 41, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**46**	–	**86**	–
Influenza A	35	97	66	97
A(H1)pdm09	7	64	19	68
A(H3)	4	36	9	32
A (unknown)	24	–	38	–
Influenza B	1	3	2	3
B (unknown)	1	–	2	–
Influenza untyped	10	–	18	–
RSV	**5**	–	**15**	–
RSV-A			1	100
RSV untyped	5	–	14	–
SARS-CoV-2	**96**	–	**230**	–

[a] *Percentages show either the relative proportion of influenza and RSV types (A and B) or influenza A subtypes and influenza B lineages.*

Source: ECDC

Figure 6. SARS-CoV-2 variant distribution, weeks 39-40, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	6	57	9% (8–24%)
XFG	VUM	7	266	64% (61–75%)
NB.1.8.1	VUM	5	31	8% (3–17%)

Source: ECDC

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

Overview:

On 16 October 2025, the Ministry of Health of the Kingdom of Cambodia reported a new human case of avian influenza A(H5N1) virus infection in a three-year-old girl from Kampong Speu province, Cambodia.

Avian influenza A(H5N1) virus infection was confirmed on 15 October 2025 by the National Institute of Public Health and the Pasteur Institute of Cambodia. The girl, who presented with symptoms of fever, diarrhea, cough and abdominal pain is receiving intensive treatment.

Sick and dying chickens and ducks have been reported for about a week before onset of symptoms in the house of the patient and in neighbouring houses.

National and local authorities are actively investigating the outbreak and are implementing response measures. As part of the response measures, close contacts of the case have received prophylactic treatment with antivirals (Tamiflu); in addition education campaigns are ongoing in affected villages.

Summary:
In 2025, Cambodia reported 17 human cases of avian influenza A(H5N1) virus infection, including 14 deaths. Overall, since 2003, Cambodia has reported 89 cases, including 51 deaths (CFR: 48%), with avian influenza A(H5N1) virus infection.

Since 2003, and as of 17 October 2025, there have been 992 human cases of avian influenza A(H5N1) infection worldwide*, including 475 deaths (CFR: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

*Note: this includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 and 2023 by Spain (two detections), the United States (one), and the United Kingdom (four, one of which was inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

Acknowledgements: we gratefully acknowledge all data contributors - i.e. the authors and their originating laboratories responsible for obtaining the specimens, and the submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative.

ECDC assessment:

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

Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.

Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underlines the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

Actions:

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated avian influenza overview. The resent report was published in September 2025.

Last time this event was included in the Weekly CDTR: 19 September 2025

3. Human infection with avian influenza A(H5) virus - Mexico - 2025

Overview:

On 15 October 2025, Pan American Health Organization, PAHO/WHO reported a new human case with avian influenza A(H5) virus infection in Mexico City, Mexico. A young woman in her 20s with no recent travel history and no recent influenza vaccination developed respiratory symptoms (rhinorrhea and cough) on 14 September 2025. The symptoms progressed to fever and odynophagia followed by hemoptysis and chest pain between 21 and 28 September when she was hospitalised at the National Institute of Respiratory Diseases (INER as per acronym in Spanish). On 29 September bronchoalveolar lavage sample was collected and tested positive for unsubtypable influenza A. Avian influenza A(H5) was confirmed on 30 September by real-time RT-PCR (designation of the influenza virus neuraminidase is pending), same day the patient received treatment with Oseltamvir. The patient was discharged on 11 October 2025.

During the epidemiological investigation, 41 contacts were identified. All samples taken from the contacts tested negative for avian influenza; all contacts received prophylactic treatment with Oseltamivir.

Several animals (two pigeons, a pet dog in the domicile of the case, and poultry birds) were identified in the courtyard of the residential place of the individual. Bird droppings were identified in several areas of the house, including a poorly sealed water cistern that supplies water to all apartments in the building. Samples taken from some animals tested positive for avian influenza A(H5) at the Official Laboratory of the National Service for Agrifood Health, Safety, and Quality (SENASICA, per its acronym in Spanish). Results of the testing of the environmental samples are pending.

This is the third human case with avian influenza A(H5) infection reported in Mexico since 2024. The previous case (with avian influenza A(H5N1)) of infection was reported in April 2025. Since 2003 and as of 13 October 2025, 991 human cases of avian influenza A(H5N1) virus infection, including 476 deaths (CFR 48%), were reported from 25 countries worldwide.

Acknowledgements: we gratefully acknowledge all data contributors, i.e. the authors and their originating laboratories responsible for obtaining the specimens, and the submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative.

ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Despite widespread transmission of avian influenza viruses in animals, transmission to humans with avian influenza remains infrequent and no sustained transmission between humans has been observed.

Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.

Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underlines the risk of unprotected contact with infected birds in backyard farm settings.

Actions:

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly report on the avian influenza situation. The most recent report was published in September 2025.

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

Overview:

On 14 October 2025, the Hong Kong Centre for Health Protection reported two new human cases with avian influenza A(H9N2) virus infection in China in their weekly Avian Influenza Report.

One patient is a two-year-old boy who had onset of symptoms on 8 September 2025. The second patient is a 70-year-old woman who had onset of symptoms on 23 September 2025.

Background: Overall, 183 cases of avian influenza A(H9N2) virus infection in humans have been reported in ten countries since its first detection in 1998, including two deaths (CFR 1.13%). Since 2015, China has reported 143 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (CFR 1.4%).

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. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly report on the avian influenza situation. The most recent report was published in September 2025.

Sources: Event Information Site for IHR National Focal Points

Last time this event was included in the Weekly CDTR: 19 September 2025

5. Early start of influenza season - Japan - 2025

Overview:

Summary
On 3 October 2025, the Japanese Ministry of Health published a press release indicating the start of the influenza season in Japan on epidemiological week 39 (22 - 28 September 2025).

In epidemiological week 39, the number of cases of Influenza reported per sentinel site reached 1.04 (approximately 3 000 sentinel sites nationwide; number of reported cases: 4 300). The prefectures with the highest number of cases during epidemiological week 39 were Okinawa, Tokyo, and Osaka.

During epidemiological week 40 (29 September - 5 October), the number of influenza cases continued to increase, reaching 1.56 cases reported per sentinel site. The prefectures with the highest number of reports during epidemiological week 40 were Okinawa, Tokyo, and Kanagawa.

Background

In Japan, influenza information is provided annually and during the influenza season, specifically from epidemiological week 36 to week 35 of the following year, covering the peak period of the disease.

In 2024, the seasonal epidemic period started after epidemiological week 44 (28 October - 3 November).

ECDC assessment:

In the EU/EEA, seasonal influenza circulation remains currently at low level. Surveillance and monitoring of respiratory illness is performed year-round in the EU/EEA and findings are presented weekly in ERVISS.org. The EU/EEA 10% primary care test positivity threshold signalling the start of the influenza season has not yet been reached in the EU/EEA for the current 2025-26 season.

Vaccination is the most effective measure to protect against severe viral respiratory disease related to influenza and high vaccine uptake at the population level is strongly correlated with reduced disease burden. People eligible for vaccination against influenza, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated in line with national recommendations to have the best chance of being protected. Healthcare workers should also be encouraged to get vaccinated against influenza to reduce the risk of infecting vulnerable groups and to protect themselves. Clinicians should be reminded that, when indicated in national guidelines, the early use of antiviral treatments for influenza may prevent progression to severe disease in vulnerable groups.

Unusual events or clusters of respiratory infections, not monitored by routine surveillance but placing additional strain on healthcare systems, should be reported through EpiPulse. Additionally, clusters of atypical or particularly severe presentations for influenza (or suspected zoonotic avian influenza), RSV and SARS-CoV-2 should also be reported.

Actions:

ECDC is monitoring this event through Epidemic Intelligence activities.

Furthermore, ECDC monitors rates of respiratory illness presentation and respiratory virus activity in the EU/EEA, including influenza. The findings are presented weekly in the European Respiratory Virus Surveillance Summary (ERVISS). To access the latest weekly report, access it directly from **ERVISS.org**.

6. Mpox due to monkeypox virus clade Ib - Spain 2025

Overview:

On 10 October 2025, the public health authorities in the region of Madrid (Spain) reported a case of mpox clade Ib. The case is a male who presented with symptoms on 3 October (one lesion, fever and general malaise). He reported no recent travel history, and mentioned having sex with two men who did not have any symptoms at the time. He was vaccinated against mpox in 2023 and currently is in good health.

Clade I was confirmed on 7 October 2025. Additional analysis on 10 October identified subclade Ib and the results were confirmed on 16 October by the National Reference Centre.

Epidemiological investigation is ongoing to identify the transmission chain. So far no direct contacts of the case have been identified.

This is the second case of mpox clade Ib in Spain, and is considered the first autochthonous transmission in Spain. The first one was in a patient with travel history reported on 23 September 2025. A total of 487 mpox cases had been reported in Spain in 2025 and until 7 October 2025 (Ministry of Health, Spain; Mpox Situation Update 25 September 2025, 202Ministry of Health, Spain; Mpox SItuation Update 16 October 2025).

ECDC assessment:

This is the first reported case of mpox clade Ib infection in a man who identifies as MSM in the EU/EEA, likely acquired through sexual contact with other men in Spain.

Available information indicates that neither the case nor the contacts travelled outside Spain. This suggests that mpox clade Ib may already be circulating within MSM sexual networks in Spain. Broader circulation within MSM sexual networks across Europe or globally cannot be excluded.
The likelihood of infection among MSM with multiple sexual partners who were not previously infected with MPXV or were not vaccinated is currently considered low.

The case was previously vaccinated and presented with mild symptoms. Currently there is no evidence of increased severity of clade Ib compared to clade II, or increased transmissibility. Although the severity of the disease in most instances is expected be very low, people who are immunocompromised and those with an untreated HIV infection could experience moderate clinical severity.

Given the low probability of infection and the very low impact of the disease, the risk for MSM is estimated as low.

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation of mpox in the EU/EEA and globally and is in contact with EU/EEA countries and partners. The Centre's recommendations are available here.
Countries may want to raise awareness among healthcare providers and support sexual health services to improve case detection, contact tracing, and case management. They should also continue monkeypox testing, promote vaccination, and engage communities through risk communication.

7. Ebola virus disease – Democratic Republic of the Congo – 2025

Overview:

As of 16 October 2025, it has been twenty days since the last case of Ebola virus disease (EVD) was reported in Bulape health zone, Kasai Province, DCR. Since the last update in the weekly CDTR on 10 October 2025, there have been two additional deaths of confirmed cases.

On 16 October 2025, WHO reported that there have been 64 cases (53 confirmed and 11 probable) and 45 deaths (34 confirmed and 11 probable) (CFR among all cases: 70.3%) since the beginning of the outbreak. All cases remain confined to six health areas in Bulape health zone, Kasai Province. The most recent cases were reported in Bulape and Dikolo health areas on 26 September.

The last reported date of symptom onset was 23 September. As of 16 October, eighteen cases have recovered and been discharged and one is hospitalised. WHO reported that contact tracing will end on 17 October. If no new case is reported, the country will commence the 42-day countdown to declare the end of the outbreak, once the last patient is discharged, according to WHO.

As of 12 October, a total of 26 557 individuals have been vaccinated.

Summary

On 1 September 2025, WHO received an alert regarding probable 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 first reported case was in 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 therefore this is probably a new zoonotic spill-over event. The initial phase of the outbreak was characterised by nosocomial spread and a superspreading event linked to the presumptive index case's funeral.

On September 28, WHO reported that the majority of cases have been among females (57.8%; n=37) with an age range between 0–65 years old. Children 0–9 years old and individuals 20–29 years old account for 25.0% (n=16)

and 23.4% (n=15) of cases, respectively. The most affected populations include children, housekeepers, and farmers. From the outbreak outset on epidemiological week 36, to epidemiological week 39, the median time between symptom onset and isolation shortened from five days to two.

Females represent 60% of the reported deaths. At the beginning of the outbreak, a high proportion of cases and deaths occurred among children aged 0–4 years, and the CFR was very high. As the outbreak has progressed, the number of cases among children has decreased and the CFR has gradually declined. Four of the deaths have been reported among healthcare workers. In the Bulape Health Zone, the health areas of Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 22 deaths) Health Areas are considered the epicentres of the outbreak, together accounting for 78.1% of cases reported and 82.2% of all deaths.

Vaccination began in Kasai Province on 13 September. As of 12 October, a total of 26 557 individuals have been vaccinated and 10 681 vaccines are available for use. Alongside ring vaccination, geographically targeted vaccination began on 27 September 2025 for groups at high risk of infection in hotspots reporting confirmed cases. A total of 31 patients have been treated with monoclonal antibody (mAb114).

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

The last EVD outbreak documented in 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.

Earlier on in this outbreak, WHO AFRO reported that 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.

The Ministry of Health is leading the outbreak response and is supported technically by WHO and other partners. A regional strategic response plan has been developed to guide coordinated efforts across affected and at-risk areas, focusing on surveillance; diagnostics; vaccination; infection, prevention and control (IPC); and community engagement.

ECDC assessment:

Ebola virus causes a severe, often fatal, disease. The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low due to the current low likelihood of exposure. The current risk for people living 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 the European Commission (DG ECHO, DG SANTE, DG HERA).

Last time this event was included in the Weekly CDTR: 10 October 2025

8. Rift Valley fever in Senegal and Mauritania - 2025

Overview:

Senegal:
As of 15 October 2025 there have been 196 confirmed human cases and 21 deaths of Rift-Valley fever (RVF) reported, since the beginning of the outbreak on September 21. The five affected regions are Region de Saint-Louis (179), Region de Louga (6), Region de Matam (8), Region de Fatick (2) and Region de Dakar (1). These regions are mainly in the north of the country, bordering with Mauritania.

According to Africa CDC, the majority of cases are in males and the most affected age group is 15-35 years.

On 30 September 2025, WOAH reported cases in terrestrial animals in Senegal and reported that the area is at high-risk of experiencing outbreaks in domestic and wild animals during the winter period, with notable outbreaks in 2013 and 2023. On October 17, Africa CDC reported that there have been 22 cases among animals in Senegal and no deaths. There have also been 452 animal abortions reported and 11 644 animals have been vaccinated.

Mauritania:
In Mauritania, the first human cases of RVF in this outbreak were reported on 2 October. As of 12 October, there have been 36 confirmed human cases and 13 deaths (case fatality rate (CFR) -36.1%) reported, according to Africa CDC. The twelve affected regions are mainly concentrated in the south near the Senegal border. The highest proportion of cases are reported in the following hotspot areas Brakna (30.5%), Trarza (22.2%), Nouakchott Ouest (5.5%), Assaba (22.2%), Guidimagha (5.5%).

Among the cases in Mauritania, males account for 78% of confirmed cases and the most affected age group is 20-40 years (58% of all cases).

According to the Ministry of Animal Welfare in Mauritania, as of 16 October there have been 206 confirmed cases among animals in the south of the country since the first outbreak was recorded on 15 September 2025.

The cases in both Senegal and Mauritania are mainly located around the Senegal River delta and valley, and early autumn months are considered as a high-risk period for RVF in the region.

The last reported outbreak of RVF in Senegal was in the Fatick region in November 2021. There were three cases reported and no associated deaths. Mauritania has previously reported outbreaks in 1987, 2010, 2012, 2015, 2020 and 2022. The most recent outbreak involved 47 cases and 23 deaths. Animal breeders were most affected, and cases were reported in nine regions.

Disease information:
Rift Valley fever is an acute viral disease that mostly affects domestic animals (such as cattle, buffalo, sheep, goats, and camels). The disease is caused by the RVF virus, generally found in regions of eastern and southern Africa, but also in most countries of sub-Saharan Africa and Madagascar. Outbreaks have also been reported in Saudi Arabia and Yemen in the early 2000's.
Humans may become infected through direct or indirect contact with the blood or organs of infected animals, including virus transmission by mosquito vectors. While most human cases are relatively mild, a small percentage of patients develop a much more severe form of the disease. Uncomplicated cases are characterised by acute influenza-like illness leading to full recovery. In some patients the illness can progress to a severe form with haemorrhagic manifestations and hepatitis; possible complications include retinitis and encephalitis.
In endemic areas, vaccination of the animals at risk is the most important way of preventing infection in humans.

ECDC assessment:

Outbreaks of RVF are regularly reported in Senegal and Mauritania and the early autumn is a period of high RVF epidemic potential in northern Senegal (Hélène et al., 2020).

Travellers to and residents of Senegal or Mauritania are at low risk of infection if they apply appropriate preventive measures. Those who are in contact with potentially infected animals (e.g. veterinarians and those involved in livestock farming, butchering and slaughtering of animals in RVF-affected areas) have an increased risk of infection with RVF virus and should ensure safe animal husbandry and slaughtering practices. Visitors to affected areas should apply personal protective measures against mosquito bites.

The likelihood of introduction of RVF virus from the current outbreak in Senegal and Mauritania to EU/EEA countries is very low, as the importation of live ruminants and raw animal products of them are not allowed. Introduction via travellers with the infection or vectors is also unlikely.

Should the virus be introduced into continental EU/EEA, further vector-borne transmission among animals or humans cannot be excluded. However, the likelihood is very low during the late autumn and winter season due to the low-level abundance and activity of competent mosquito vector populations in continental EU/EEA countries.

Transmission of RVF virus through substances of human origin (SoHO) has not been reported to date, but the possibility of transmission cannot be excluded. However, as both Senegal and Mauritania are countries endemic for malaria, the deferral period for donors returning from areas affected by malaria would mitigate the risk of RVF virus transmission through SoHO.

Actions:

ECDC will continue monitoring this event through epidemic intelligence activities and report again if there is a relevant epidemiological update.

Last time this event was included in the Weekly CDTR: -

9. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 15 October 2025, three countries in Europe have reported cases of dengue: **France** (28), **Italy** (four), and **Portugal** (two). This week, no new cases of dengue have been reported to ECDC.

In 2025, eleven clusters were reported by France; three of them are currently active. Italy reported two clusters and Portugal one cluster, which are all closed by now. The cluster in Portugal was reported in Madeira, an outermost region of Portugal.

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:

The current dengue risk assessment for mainland EU/EEA can be found on ECDC's dedicated dengue webpage.

Last time this event was included in the Weekly CDTR: 10 October 2025

10. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 16 October 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (734) and **Italy** (364).

In the past week, France has reported 34 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 734, distributed across 75 clusters. Forty-one clusters are currently active. The largest cluster is located in Antibes.

Italy reported 11 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 364, distributed across five clusters. Three clusters are currently active. The largest

cluster is in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, Novi di Modena, and Cesenatico.

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:

The current chikungunya virus disease risk assessment for mainland EU/EEA can be found on ECDC's dedicated chikungunya webpage.

Last time this event was included in the Weekly CDTR: 10 October 2025

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

Overview:

Since the beginning of 2025, and as of 15 October 2025, 13 countries in Europe reported human cases of West Nile virus infection : Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 148 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: 10 October 2025

12. Medical Product Alert N 5/2025: Substandard (contaminated)

Overview:

On 13 October 2025, WHO published an alert on substandard (contaminated) oral liquid medicines which were identified in India. The products are oral liquid medicines that contain active liquid ingredients commonly used for the symptoms of common cold, flu, or cough. The specific batches of COLDRIF, Respifresh TR and ReLife were manufactured by Sresan Pharmaceutical, Rednex Pharmaceuticals, and Shape Pharma.

More information on the alert can be found at the WHO Medical Product Alert N°5/2025 which includes a list of the affected batches (Alert and Annex: Products subject of WHO Medical Product Alert N°5/2025).

ECDC assessment:

Not applicable.

Actions:

No action for ECDC.

Events under active monitoring

- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 17 October 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 17 October 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 17 October 2025
- Seasonal surveillance of dengue – 2025 - last reported on 17 October 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 17 October 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 17 October 2025
- Ebola virus disease – Democratic Republic of the Congo – 2025 - last reported on 17 October 2025
- Rift Valley fever in Senegal and Mauritania - 2025 - last reported on 17 October 2025
- Mpox due to monkeypox virus clade Ib - Spain 2025 - last reported on 17 October 2025
- Human infection with avian influenza A(H5) virus - Mexico - 2025 - last reported on 17 October 2025
- Early start of influenza season - Japan - 2025 - last reported on 17 October 2025
- Medical Product Alert N 5/2025: Substandard (contaminated) oral liquid medicines - last reported on 17 October 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 10 October 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 10 October 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 10 October 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 10 October 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 10 October 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 10 October 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 04 October 2025
- SARS-CoV-2 variant classification - last reported on 04 October 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 04 October 2025
- Rabies case – France – 2025 - last reported on 04 October 2025