WEEKLY BULLETIN

Communicable disease threats report

Week 43, 18–24 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.

Monkeypox virus clade Ib – Multi-country – 2025

- As of 20 October 2025, locally acquired mpox cases caused by clade I monkeypox virus (MPXV) have been reported in the EU/EEA in Spain, Italy, the Netherlands and Portugal.
- All cases, from all countries, reported mild symptoms and symptom onset between 16 September and 7 October 2025.
- Two of three cases with available information reported having had sex with men.
- Outside the EU/EEA, public health authorities in California, United States (US), reported that there is ongoing community transmission of MPXV clade I in California among gay, bisexual, and other men who have sex with men and their social networks.

- Cases have been detected in people without travel history and in people that reported having had sex with men in the EU/EEA and elsewhere. This represents a different transmission pattern for MPXV clade I infections, which indicates that transmission may be occurring in sexual networks among men who have sex with men in Europe and globally.
- Based on current evidence, which is limited and carries considerable uncertainty, the overall risk of MPXV clade Ib infection is assessed as moderate for men who have sex with men and low for the general population.

Ebola virus disease – Democratic Republic of the Congo – 2025

- Since the last update, and as of 22 October 2025, no new Ebola cases have been reported. All patients have been discharged and there are no contacts under active monitoring.
- The 42-day countdown for declaring the outbreak over was initiated on 19 October, following the discharge of the last patient being treated.
- Since the beginning of the outbreak, and as of 22 October, 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 were reported from Bulape health zone.
- Of the 1 735 contacts that were being followed up, none are under active monitoring as of 22 October.
- 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.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 22 October 2025, three countries in Europe have reported cases of dengue: France (29), Italy (four), and Portugal (two).
- Two clusters in France are currently active.
- This week, one new case of dengue has been reported to ECDC.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 22 October 2025, 14 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Germany, Greece, Hungary, Italy, Kosovo*, North Macedonia, 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 22 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (755) and Italy (369).
- In the past week, France has reported 21 new locally acquired cases of chikungunya virus disease and Italy has reported five. In the week before, 34 and 11 new cases were reported by France and Italy, respectively.

Expert deployment

- On 19 October, the EU Health Task Force deployed one ECDC staff member and an expert from Africa CDC to Kinshasa, the Democratic Republic of the Congo (DRC), to support national authorities in responding to the Ebola outbreak. The ECDC expert will stay there until 30 October and the Africa CDC Expert will stay until 27 November.

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

Overview:

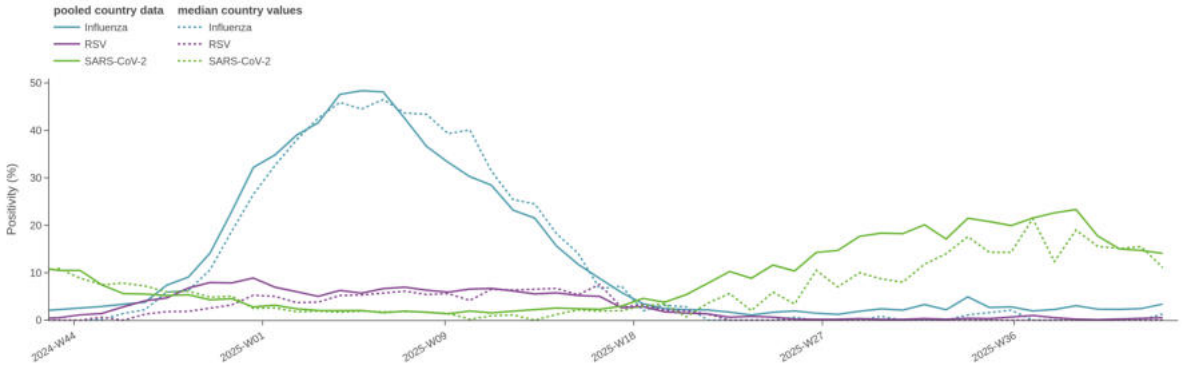
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly. Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

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

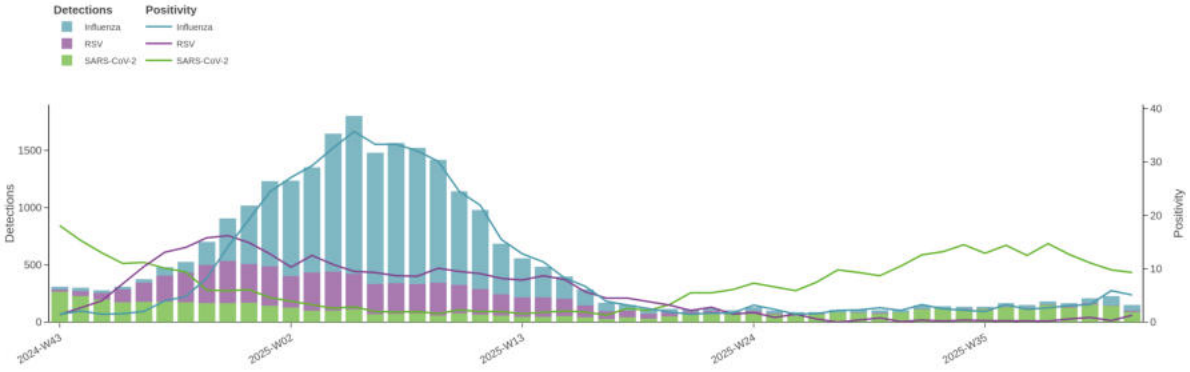
Maps and graphs

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 42**	**Week 41**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	12 rates (9 MEM)	17 rates (12 MEM)	Distribution of country MEM categories	6 Baseline 3 Low
	ILI	17 rates (17 MEM)	22 rates (22 MEM)		15 Baseline 1 Low 1 Very high
ILI/ARI test positivity in primary care	Influenza	17	18	Pooled (median; IQR)	3.4% (1.3; 0.2–2.5%)
	RSV	15	16		0.5% (0; 0–0.3%)
	SARS-CoV-2	14	17		14% (11; 7.7–21%)
SARI rates in hospitals	SARI	8	11	–	–
SARI test positivity in hospitals	Influenza	6	9	Pooled (median; IQR)	5.1% (7; 2.8–10%)
	RSV	6	9		1.3% (1.2; 0.3–2.5%)
	SARS-CoV-2	6	8		9.3% (7.2; 3.5–11%)
Intensity (country-defined)	Influenza	20	25	Distribution of country qualitative categories	16 Baseline 4 Low
Geographic spread (country-defined)	Influenza	18	23	Distribution of country qualitative categories	4 No activity 11 Sporadic 1 Local 2 Regional

Source: ECDC

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

	Week 42, 2025		Week 40, 2025 – week 42, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**65**	–	**170**	–
Influenza A	63	98	165	98
A(H1)pdm09	21	44	71	57
A(H3)	27	56	54	43
A (unknown)	15	–	40	–
Influenza B	1	2	3	2
B (unknown)	1	–	3	–
Influenza untyped	1	–	2	–
RSV	**8**	–	**20**	–
RSV-A	0	0.0	3	33
RSV-B	4	100	6	67
RSV untyped	4	–	11	–
SARS-CoV-2	**222**	–	**769**	–

Source: ECDC

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

	Week 42, 2025		Week 40, 2025 – week 42, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**49**	–	**173**	–
Influenza A	34	97	134	98
A(H1)pdm09	9	69	45	73
A(H3)	4	31	17	27
A (unknown)	21	–	72	–
Influenza B	1	3	3	2
B (unknown)	1	–	3	–
Influenza untyped	14	–	36	–
RSV	**12**	–	**26**	–
RSV-A	1	50	2	67
RSV-B	1	50	1	33
RSV untyped	10	–	23	–
SARS-CoV-2	**90**	–	**391**	–

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	5	29	8% (4–40%)
XFG	VUM	6	200	79% (57–88%)
NB.1.8.1	VUM	4	17	6% (1–9%)

Source: ECDC

2. Monkeypox virus clade Ib – Multi-country – 2025

Overview:

On 10 October 2025, Spain reported the first locally acquired mpox case caused by clade I monkeypox virus (MPXV). The male patient reported no travel history but had sexual contact with men prior to symptom onset (Ministry of Health, Spain, Mpox Situation Update, 16 October 2025). On 17 October, four additional clade Ib mpox cases were reported to ECDC among men without travel history by Italy (two), Portugal (one) and the Netherlands (one). One additional imported case was reported from Belgium in a male patient who also reported having sex with men.

All cases, from all countries, reported symptom onset between 16 September and 7 October 2025 and presented with mild symptoms. Of four cases with available information, one reported having been vaccinated. Of three cases with available information, two reported having had sex with men.

On 17 October 2025, the Public Health Department of California reported that three unlinked clade I mpox cases were reported in the state. According to the press release, the investigation indicates that community transmission of clade I within California among gay, bisexual, and other men who have sex with men and their social networks is ongoing (Department of Public Health, California. Health Advisory: Community Spread of Clade I Mpox Within California; 17/10/2025).

Globally, imported clade I mpox cases have been reported by several countries (WHO Global Mpox Trends) outside Central Africa. In the EU/EEA, 30 clade I mpox cases were reported to The European Surveillance System (TESSy) before this event and as of 21 October 2025. All had been travel-related or had clear links to travel. Onward transmission was mostly among household contacts (children and other family members) of the travel-associated cases. Of the 29 cases with information available, seven were hospitalised for treatment with varying degrees of severity. All cases recovered and no deaths were reported.

Detections of clade I mpox cases in the EU/EEA occur against the backdrop of the ongoing global mpox clade II outbreak, which has led to more than 25 000 cases since 2022, mostly among men who have sex with men. Since May 2022, of cases with known sex, most (98%) were male. Between April and September 2025, the number of clade IIb mpox cases per month ranged from 126–222.

Cases have been detected in people without travel history and in people that reported having had sex with men in the EU/EEA and elsewhere. This represents a different transmission pattern for MPXV clade I infections, which indicates that transmission may be occurring in sexual networks among men who have sex with men in Europe and globally.

ECDC assessment:

Based on current evidence, which is limited and carries considerable uncertainty, the overall risk of MPXV clade Ib infection is assessed as moderate for men who have sex with men and low for the general population.

It is likely that there are further cases among men who have sex with men in the EU/EEA that have not yet been detected. ECDC will monitor this closely and review this risk assessment should the situation evolve into a larger outbreak.

Actions:

ECDC is continuously monitoring mpox in the EU/EEA and globally through event- and indicator-based surveillance, and remains in contact with partners. A Threat Assessment Brief on the detection of autochthonous transmission of monkeypox virus (MPXV) clade Ib in the EU/EEA was published on 24 October. It summarises the information on the new cases and outlines actions EU/EEA countries can take, including testing, sequencing and contact tracing; promoting vaccination; risk communication; and community engagement activities. The brief also outlines the knowledge gaps that remain, including on transmissibility and severity of MPXV clade Ib compared with clade IIb.

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

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

Overview:

On 19 October 2025, WHO announced that the last Ebola patient in DRC was discharged and therefore the 42-day countdown for declaring the outbreak over has been initiated. According to WHO, the outbreak will be declared over in early December 2025, if no new cases are detected.

A total of 19 patients recovered from the disease (29.7%) and no new cases have been reported since 26 September. As of 22 October, of the 1 735/1 787 (97.3%) contacts that were followed up, none are under active monitoring.

Since the outbreak was declared on 4 September 2025, and as of 22 October, there have been 64 cases (53 confirmed and 11 probable) and 45 deaths (34 confirmed and 11 probable) (CFR among all cases: 70.3%). All cases were reported in six health areas in Bulape health zone, Kasai Province.

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, 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, and 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 28 September, WHO reported that the majority of cases have occured in women (n=37; 57.8%), with patients' ages ranging from under one year old to 65 years old. Children from under one year old to nine years old and individuals 20–29 years old accounted for 25.0% (n=16) and 23.4% (n=15) of cases, respectively. The most affected populations included children, housekeepers, and farmers. From the beginning of the outbreak in epidemiological week 36 to epidemiological week 39, the median time between symptom onset and isolation shortened from five days to two.

Women represent 60% of the reported deaths. At the beginning of the outbreak, a high proportion of cases and deaths occurred among children under one year old to four years old, and the CFR was very high. As the outbreak progressed, the number of cases among children has decreased and the CFR has gradually declined. Four of the deaths were reported among healthcare workers. In the Bulape health zone, the health areas of Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 22 deaths) are considered the epicentres of the outbreak, together accounting for 78.1% of reported cases and 82.2% of all deaths.

Vaccination began in Kasai Province on 13 September. As of 22 October, a total of 36 134 individuals have been vaccinated and 5 316 vaccine doses are available for use. Alongside ring vaccination, geographically targeted vaccination began on 27 September for groups at high risk of infection in hotspots reporting confirmed cases. A total of 31 patients have been treated with monoclonal antibody (mAb114).

The last reported date of symptom onset was 23 September and the last cases were reported on 26 September in Bulape and Dikolo health areas, Bulape health zone.

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, the Global Outbreak Alert Response Network (GOARN), and the European Commission (DG ECHO, DG SANTE, DG HERA).

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

4. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 22 October 2025, three countries in Europe have reported cases of dengue: **France** (29), **Italy** (four), and **Portugal** (two).

In the past week, France has reported one new locally acquired case of dengue, in a cluster in Aubagne. Two clusters in France are currently active. No other countries have reported dengue cases in the past week.

For more information on locally acquired dengue virus disease cases, see ECDC's seasonal surveillance report for dengue. This report covers mainland EU/EEA and the outermost regions of Portugal and Spain.

ECDC assessment:

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: 17 October 2025

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

Overview:

Since the beginning of 2025, and as of 22 October 2025, 14 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Germany, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 153 areas are currently known to be affected.

The report is available online.

**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.*

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

6. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 22 October 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (755) and **Italy** (369).

In the past week, France has reported 21 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 755, distributed across 76 clusters. Thirty-five clusters are currently active. The largest cluster is located in Antibes.

Italy reported five new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 369, distributed across five clusters. Three clusters are currently active. The largest cluster is located 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: 17 October 2025

7. Expert deployment

Overview:

- On 19 October, the EU Health Task Force deployed a member of ECDC staff and an expert from Africa CDC to Kinshasa, DRC. The expert from ECDC, an epidemiologist, is supporting the national response to the Ebola outbreak, working with the national Incident Management Support Team (IMST).
- The ECDC staff member's deployment is scheduled to finish by 30 October, while the Africa CDC expert will stay until 27 November.

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

Events under active monitoring

- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 24 October 2025
- Seasonal surveillance of dengue – 2025 - last reported on 24 October 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 24 October 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 24 October 2025
- Monkeypox virus clade Ib – Multi-country – 2025 - last reported on 24 October 2025
- Ebola virus disease – Democratic Republic of the Congo – 2025 - last reported on 24 October 2025
- Expert deployment - last reported on 24 October 2025
- Rift Valley fever in Senegal and Mauritania - 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
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 10 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
- 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
- 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
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 04 October 2025
- Rabies case – France – 2025 - last reported on 04 October 2025