WEEKLY BULLETIN

Communicable disease threats report

Week 5, 25–31 January 2025

This week's topics

Executive summary

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

- On 27 January 2027, the United Kingdom's Health Security Agency reported a human case of influenza A(H5N1).
- UK authorities reported that the case, laboratory-confirmed on 24 January 2025, acquired the infection following exposure to infected birds at a farm.
- The individual is in good health, contact tracing activities are ongoing and antivirals have been offered to high risk contacts.
- Since 2003, and as of 28 January 2025, there have been 965 human cases worldwide*, including 466 deaths (case fatality among reported cases: 48%), with avian influenza A(H5N1) infection reported in 24 countries.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the beginning of 2025, approximately 5 000 chikungunya virus disease (CHIKVD) cases and two deaths have been reported worldwide. A total of four countries have reported CHIKVD cases from the Americas (3) and Europe (1). No autochthonous cases of CHIKVD have been reported in mainland Europe in 2025.

- In 2025, as of January, over 100 000 dengue cases and over 10 deaths have been reported from 24 countries/territories globally. As of 23 January 2025, dengue circulation has been reported in Africa, America, and south-east Asia.
- The environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are currently unfavourable for mosquito activity and virus replication in mosquitoes. It is therefore unlikely that locally-acquired chikungunya and dengue virus transmission will occur until conditions become favourable in early summer.

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.
- The Democratic Republic of the Congo (DRC), Burundi, and Uganda are the countries that have reported most mpox clade Ib cases in Africa. In recent weeks, a plateau in the number of cases has been observed in DRC, a decreasing trend in Burundi and an increasing trend in Uganda.
- Outside Africa, since the previous update published on 24 January 2025, new mpox clade Ib cases have been reported in China, Thailand, the United States, and the United Kingdom.
- 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.

Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024-2025

- France has reported the first autochthonous case of chikungunya virus disease in Department of La Réunion for 10 years, with onset of symptoms on 12 August 2024.
- As of 28 January 2025, 339 cases of autochthonous chikungunya virus disease have been confirmed in La Réunion.

Marburg virus disease - Tanzania - 2025

- On 30 January 2025, Africa CDC reported that one further death had been reported by Tanzania as part of the Marburg virus disease outbreak. Overall, 10 cases have been reported (two confirmed and eight probable), including 10 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.

Suspected viral haemorrhagic fever - Democratic Republic of the Congo - 2025

- On 28 January 2025, there were media reports of a cluster of viral haemorrhagic fever in the health zone of Bolomba in the Equateur province of the Democratic Republic of the Congo.
- According to unofficial sources, there are at least 12 suspected cases, including eight deaths, between 10 and 22 January 2025.

Ebola virus disease - Uganda - 2025

- On 30 January 2025, the public health authorities in Uganda declared an outbreak of Sudan virus disease (SVD) in Kampala, Uganda.
- According to the Ministry of Health's press release, the index case is a 32-year-old man working as a nurse at the Mulago National Referral Hospital.

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

Overview:

Update:
On 27 January 2025, the United Kingdom's Health Security Agency (UK HSA) published a press release confirming a case of influenza A(H5N1) in a person in the West Midlands region. The case was confirmed at the national reference laboratory on 24 January 2025. The infected person had close and prolonged contact with a large number of infected birds on a farm.

On 29 January 2025, the sequence A/England/0480160/2025 (EPI_ISL_19695821) case was deposited on GISAID EpiFlu. The clade is 2.3.4.4b and provided genotype is DI.2, which is different from the genotypes B3.13 and D1.1, assigned by a different naming convention, that were identified for human avian influenza cases in the US in 2024. Phylogenetic analysis of the HA segment confirms that the strain from the human case in UK is genetically different from US cases but close to strains collected from birds in Europe in 2024 and 2025. In particular, the HA segment of A/England/0480160/2025 is nearly identical to that of a strain collected 18 January 2025 from a chicken from the UK. The PB2 segment of A/England/0480160/2025 has I292V which is associated with increased polymerase activity in mammalian cell line and increased virulence in mice (tested on subtypes H10N8 and H9N2). However, this mutation is very common also in strains isolated from birds.

According to the press release, the birds on the farm of exposure were also infected with the DI.2 genotype, one of the viruses known to be circulating in birds in the UK this season. This is different to strains circulating among mammals and birds in the United States.

The case experienced mild respiratory symptoms and irritated eyes. The individual is currently well and was admitted to a High Consequence Infectious Disease (HCID) unit for isolation. Contact tracing activities are ongoing and high risk contacts have been offered antiviral medication. One symptomatic household contact has tested negative.

The UK HSA continues to assess the risk of avian flu to the general public as very low.

Summary:
Since 2003, and as of 28 January 2025, there have been 965 human cases worldwide*, including 466 deaths (case fatality among reported cases: 48%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, the United Kingdom and the United States). To date, no sustained human-to-human transmission has been detected.

Since 2021 in the UK, there have been seven human influenza A(H5N1) detections in total. This is the second detection in a symptomatic person, with the first case identified in 2022. In the other 5 detections, all individuals were asymptomatic. All detections have been in individuals with direct exposure to infected birds, and therefore asymptomatic detection may represent contamination of the respiratory tract or infection.

***Note:** this includes detections due to suspected environmental contamination with no evidence of infection that were reported in 2022 by Spain (two detections) and the United States (1), United Kingdom (5). 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).*

ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. Transmission to humans remains a rare event and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-medium.

Direct contact with infected birds or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead birds or their droppings will minimise the remaining 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 report of the avian influenza situation.

Further information:

Acknowledgements: We gratefully acknowledge all data contributors, i.e. the authors and their originating laboratories responsible for obtaining the specimens, and their submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative, on which this research is based.

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

2. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Chikungunya virus disease (CHIKVD)

Since the beginning of 2025, and as of 22 January, over 5 000 CHIKVD cases and two deaths have been reported in four countries worldwide (three countries in the Americas and one in Europe).

In 2025, the Americas account for the highest number of CHIKVD cases reported worldwide. As of January, CHIKVD cases have been reported from Brazil (5 098), Paraguay (11), and Colombia (4).

No autochthonous cases of CHIKVD have been reported in mainland Europe in 2025. However, 138 CHIKVD cases have been reported from the French overseas department of La Réunion.

CHIKVD-associated deaths have been reported from Brazil (2).

Previous year's overview

In 2024, 620 000 CHIKVD cases and 213 deaths were detected through epidemic intelligence activities from countries in the Americas (15), Asia (6), Africa (1), and Europe (1). There might be an underestimation of the total number of persons affected by CHIKVD in 2024 due to limitations associated with data retrieval from open sources, such as open data availability and reporting delays.

During 2024, most of the CHIKVD cases worldwide were reported from the Americas, from South and Central America. Most of the CHIKVD cases reported in these continental regions were from Brazil (422 615), followed by Paraguay (3 134), Argentina (768), and Bolivia (505). Brazil was the only country worldwide that reported CHIKVD-associated deaths in 2024. Overall, there is an increasing trend of CHIKVD cases reported in the Americas since 2021. Furthermore, cases of CHIKVD reported in 2024 in Brazil doubled in comparison to 2023.

Outside of the Americas, in 2024 the second highest CHIKVD burden was located in the Asian continent. CHIKVD cases were reported from India (192 518), Pakistan (7 329), Thailand (709), Maldives (389), Timor Leste (195), and Malaysia (80). From these countries, India and Pakistan show an increasing trend of CHIKVD reported cases since 2021.

In Africa, Senegal reported nine CHIKVD cases in 2024. This is a decrease in the number of CHIKVD cases reported in Africa compared to 2023. There is undetected CHIKVD transmission in some countries in Africa, as suggested by seroprevalence studies. In 2023, CHIKVD cases were reported from West and Sub-Saharan African countries, such as Burkina Faso, Mali, the Democratic Republic of the Congo, and Ethiopia.

In mainland Europe, France reported one locally acquired CHIKVD case during 2024. In addition, 118 locally acquired CHIKVD cases were reported from one European outermost region, the French overseas department of La Réunion. These were the first locally acquired cases to be detected on the island in over 10 years.

Dengue

In 2025, as of January, over 100 000 cases and over 10 deaths have been reported from 24 countries/territories globally. As of 23 January 2025, dengue circulation has been reported in Africa, America, and South-East Asia.

In 2024, over 14 million dengue cases and over 10 000 dengue-related deaths were reported globally. Most cases were reported from the WHO PAHO region where an unprecedented increase in cases was reported (Situation Report No 52 - Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 52, 2024 - PAHO/WHO | Pan American Health Organization). In mainland Europe, autochthonous cases have been reported by France, Italy and Spain in 2024.

An increase of dengue cases towards the end of 2024 in Guadeloupe continued until end of November and a decrease has been observed since December 2024 and until the first week of 2025 (Epidemiological Bulletin of French Antilles, 12 December 2024, Epidemiological Bulletin of French Antilles, 9 January 2025 and Epidemiological Bulletin of French Antilles, 23 January 2025). The current situation is classified as an epidemic of phase 4 level 1 (confirmed epidemic). While the epidemic in early 2024 was due to DENV-2 serotype, recently there are increases in the proportion of DENV-3 serotype. The most prevalent serotype, according to the recent Epidemiological Bulletin of French Antilles, published 9 January 2025 continues to be DENV-3.

In Martinique, over 200 confirmed cases were reported in 2024. Overall, there is a decrease in the number of cases reported with clinical symptoms of dengue at the end of the year and the epidemiological situation is characterised as phase 2 (level 2; outbreaks that can evolve or multiple outbreaks with epidemiological links among them).

In Saint-Martin and Saint-Barthélemy, dengue circulation continues, but at lower levels (epidemic phase 1), with only sporadic cases or outbreaks without epidemiological links among them reported (Epidemiological Bulletin of French Antilles, 9 January 2025 and Epidemiological Bulletin of French Antilles, 23 January 2025).
In French Guyana, during the last weeks of 2024, the number of consultations for dengue-like syndrome was down to a low level. (Health surveillance in French Guiana. Bulletin of 10 January, 2025). In 2024, over 8 000 confirmed dengue cases were reported and as of August 2024. Later, cases decreased and show a stable trend at lower levels (Bimonthly Epidemiological Bulletin published on 26 September 2024, Health surveillance in French Guyana published on the 10 January 2025).

In La Reunion, overall 1 265 dengue cases had been reported as of August 2024 and 1 300 overall in 2024. Four cases have been reported as of 19 January 2025 in La Reunion. Currently, the circulation continues at low levels until the end of December (moderate circulation).

A summary of recent epidemiological trends of dengue outside EU/EEA from the end of 2024 and until the first weeks of 2025 is presented below. The summary is based on available information from official sources and reports from different countries/territories.

According to the country report published on 31 December 2024, in Bangladesh, overall, the total number of dengue cases and deaths in 2024 continue to be at lower levels compared to what had been reported for the same period in 2023 (101 214 cases and 575 deaths in 2024 as of 31 December compared to 321 179 cases and 1 705 deaths as of 31 December 2023). So far in 2025, according to the country report published on 16 January 2025, overall, the total number of dengue cases and deaths in 2025 are higher compared to the same period in 2024 (828 cases and 8 deaths in the first two weeks of 2025 vs 670 cases and 7 deaths the first two weeks of 2024).

According to Indian health authorities, as of 31 October 2024, India reported 186 567 cases and 160 deaths. Cases continued being reported the first weeks of 2025 in India as mentioned in the SEARO report published on 15 January 2025.

In Cambodia and Laos, dengue cases and deaths in 2024 were lower than those reported in 2023 (WPRO Dengue Situation update of 9 January 2025). Different trends are observed in Malaysia, where the number of cases is lower than the previous year, but the number of deaths is higher (total 122 423 cases in 2024, 117 deaths in 2024) and Singapore, where the number of cases is higher than in 2023 (13 655 cases in 2024). In China, increases in the monthly number of cases have been reported until October 2024. Overall, 23 888 cases and no deaths were reported in the country in 2024 and until end of November. In Vietnam a decreasing number of cases that is below the 2023 levels, was reported during 2024 (total of 138 342 cases including 26 deaths has been reported in 2024) (WPRO Dengue Situation update of 9 January 2025).

In 2024, in Africa, cases had been reported from Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Mali, Mauritius, Sao Tome and Principe, Senegal, Sudan and Togo (Africa CDC Epidemic Intelligence Report of 14 January 2025). In 2025 according to the Africa CDC report of 14 January 2025, over 900 dengue case have been reported from Burkina Faso and Mali.

Note: the data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment:

The Americas are currently facing the largest ever outbreak of dengue. As a result, there has been a substantial increase in the number of cases of dengue imported to the EU/EEA since the beginning of 2024.

The likelihood of onward transmission of dengue and chikungunya virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). *Aedes albopictus* is established in a large part of Europe. In Europe and neighbouring areas, *Aedes aegypti* is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

The environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are currently unfavourable for mosquito activity and virus replication in mosquitoes. It is therefore unlikely that locally acquired chikungunya and dengue virus transmissions will occur until conditions become favourable in early summer. All past autochthonous outbreaks of CHIKVD and dengue in mainland Europe to date have occurred between June and November.

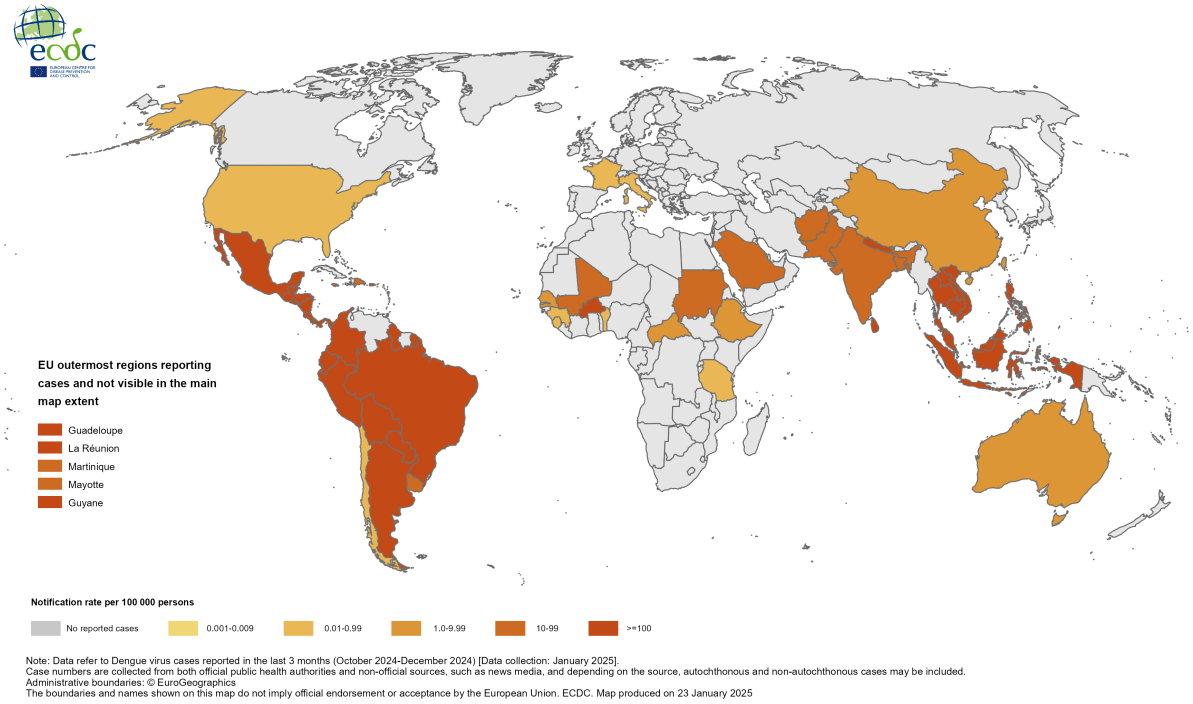
More information on autochthonous transmission of chikungunya and dengue virus in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on dengue and CHIKVD.

Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of **dengue** and **CHIKVD** is available on ECDC's website.

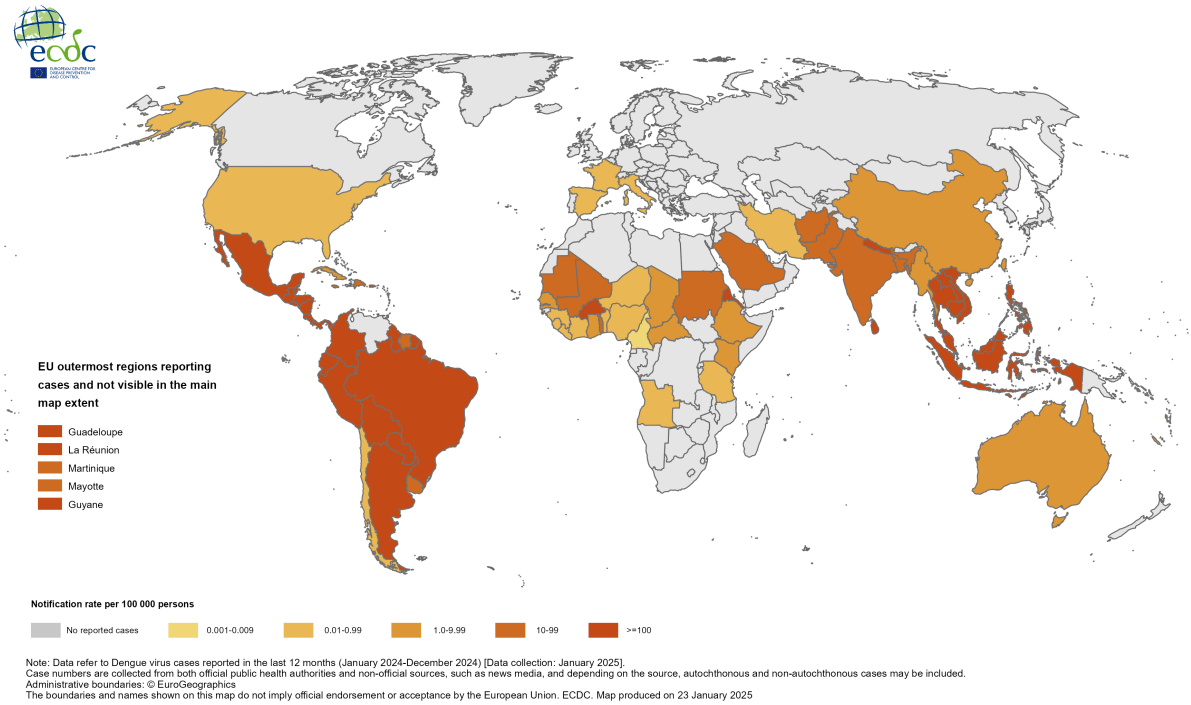
Last time this event was included in the Weekly CDTR: 13 December 2024

Figure 1. Three-month dengue virus disease case notification rate per 100 000 population, October–December2024



Source: ECDC

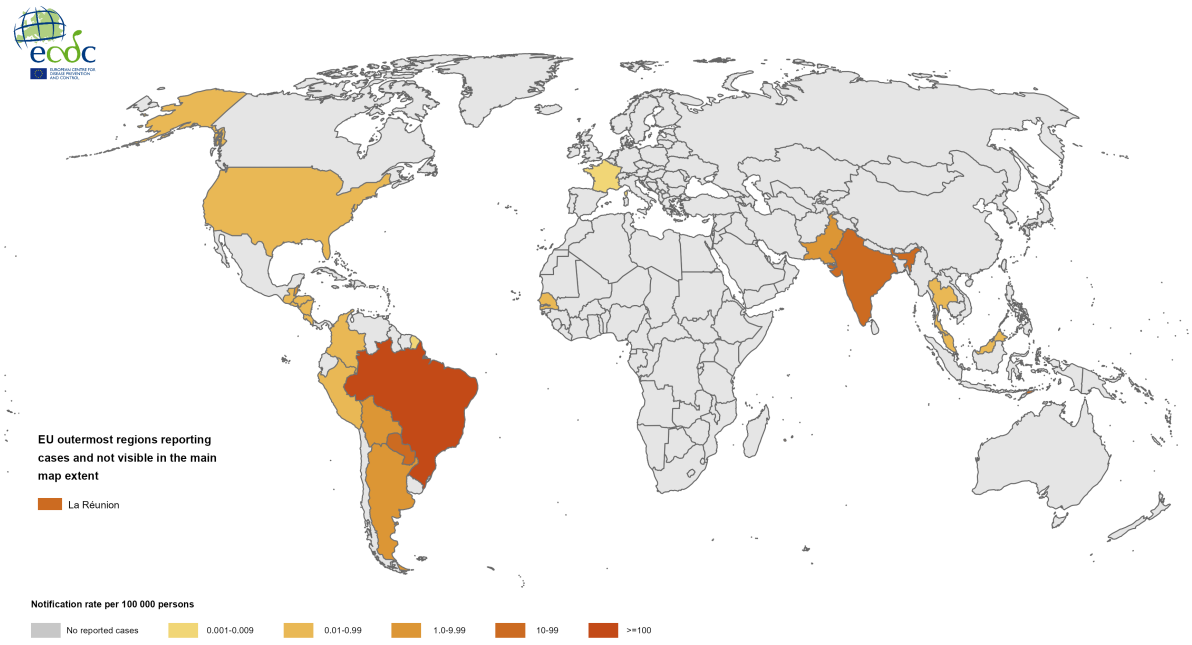
Figure 2. Twelve-month dengue virus disease case notification rate per 100 000 population, January–December 2024



Note: Data refer to Dengue virus cases reported in the last 12 months (January 2024-December 2024) [Data collection: January 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 23 January 2025

Source: ECDC

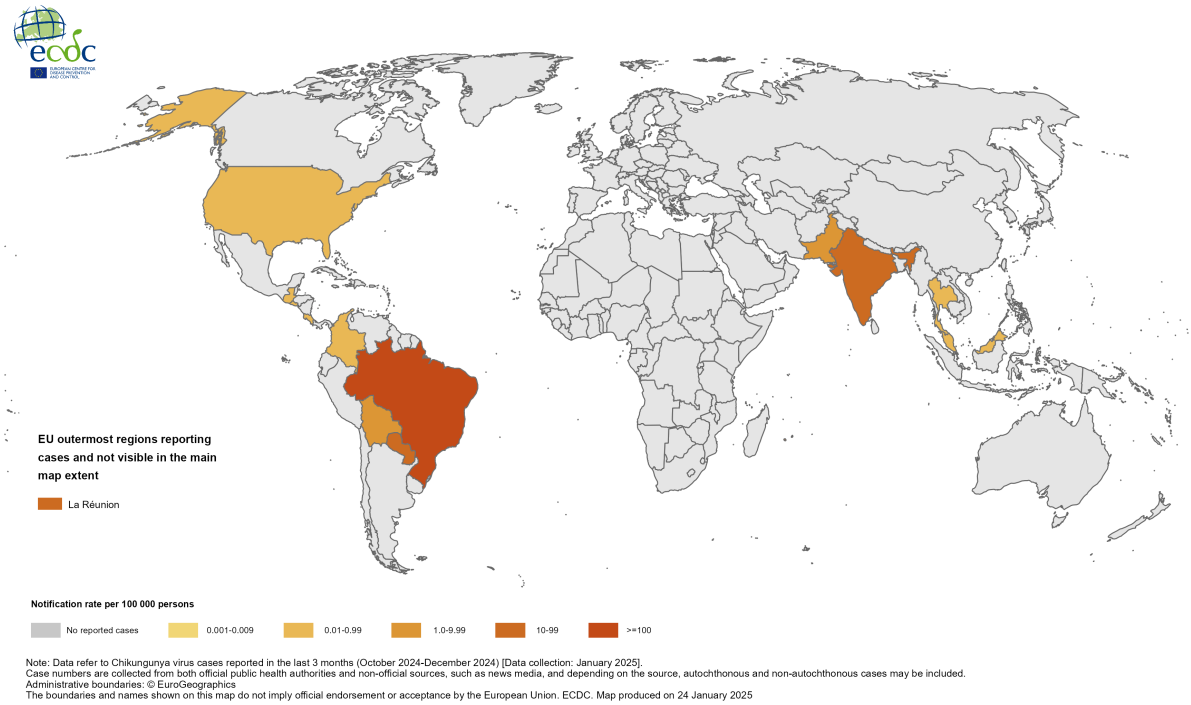
Figure 3. Twelve-month Chikungunya virus disease case notification rate per 100 000 population, January–December 2024



Note: Data refer to Chikungunya virus cases reported in the last 12 months (January 2024-December 2024) [Data collection: January 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 24 January 2025

Source: ECDC

Figure 4. Three-month Chikungunya virus disease case notification rate per 100 000 population, October–December 2024



Source: ECDC

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

Overview:

Update

Since the previous update published on 24 January 2025, new mpox clade Ib cases have been reported in China (1), Thailand (2), and the United States (1; Mpox: multi-country external situation report no. 46, 28 January 2025). Additionally, the United Kingdom reported one more mpox clade I case.

The new cases reported by China and Thailand had travel history to the United Arab Emirates, while the cases reported by the United States and the United Kingdom had travel history to Africa (Mpox: multi-country external situation report no. 46, 28 January 2025 and UKHSA update on cases of Clade Ib mpox, 27 January 2025).

Overall, no changes in the mpox epidemiological trends have been noted the first weeks of 2025.

In Africa, the past six weeks, most cases have been reported by the Democratic Republic of the Congo, Burundi, and Uganda. Since the previous weeks a plateau in the number of cases is observed in DRC, a decreasing trend in Burundi and an increasing trend in Uganda. The total number of confirmed mpox cases that have been reported in Burundi and Uganda the past six weeks is 525 and 1 372 respectively (WHO Global report on mpox (data as of 26 January 2025) and Mpox: multi-country external situation report no. 46, 28 January 2025).

The summary below includes more detailed information on epidemiological trends observed since summer 2024.

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 in the first 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 weeks (WHO Global report on mpox (data as of 26 January 2025) and Mpox: multi-country external situation report no. 46, 28 January 2025). 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 2 400 cases and 16 deaths reported as of 28 January 2025). Rwanda has reported 87 cases, Kenya 37 cases, Zambia four cases, and Zimbabwe two cases (WHO Global report on mpox (data as of 26 January 2025)).

Outside Africa, 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 and two in January 2025), India (one case in September 2024), the UK (five cases in October and November 2024 and two cases in January 2025), the United States (US) (one case in November 2024 and one in January 2025), Canada (one case in November 2024), Pakistan (one case in December 2024), Oman (one case in December 2024), and China (seven cases in January 2025). Most travel-associated cases reported non-African countries have reported links to affected countries in Africa. However, China, India, Oman, Pakistan and Thailand have reported at least one case each with travel links to the United Arab Emirates (Mpox: Multi-country external situation report 44, 23 December 2024 and Mpox: multi-country external situation report no. 46, 28 January 2025).

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.

Besides the countries included in the categorisation, undetected transmission may be ongoing in the United Arab Emirates and Tanzania given that mpox clade Ib cases with travel links to both the United Arab Emirates and Tanzania have been reported elsewhere (Mpox: multi-country external situation report no. 46, 28 January 2025).

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: 24 January 2025

4. Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024-2025

Overview:

Update:
According to the Regional Health Agency (ARS) La Réunion, as of 28 January 2025, 339 cases of autochthonous chikungunya virus disease have been confirmed in La Réunion. Currently, there are six active clusters. Regional Health Agency (ARS) La Réunion lists the following clusters:

- la Ravine Sheunon (L'Etang Salé),
- la Ligne des 400 (Saint-Pierre / Le Tampon),
- Bras Creux (Le Tampon),
- Grand Bassin et Trois Mares les Bas (Tampon),
- La Vallée (Saint-Pierre).

According to the Public Health Agency, the geographical evolution is marked by a notable dispersion, with cases now reported in 16 municipalities. This extension illustrates a continuation of the spread of chikungunya across the island. Due to the increase in the number of cases and the spread of outbreaks, Level 3 of the ORSEC "Arboviruses" system was activated, which corresponds to the circulation of a low-intensity epidemic.

Background:
France has reported the first autochthonous case of chikungunya virus disease in Department of La Réunion for 10 years, with onset of symptoms on 12 August 2024. In addition, on 30 August, France

announced the confirmation of two more cases from the same neighbourhood. The first case had no link to travellers having visited chikungunya-endemic areas.

ECDC assessment:

The last major chikungunya virus disease epidemic in La Réunion was in during 2005–2006. Population immunity is considered to be low for people born on or arriving on the island after 2014. The mosquito *Aedes albopictus*, which is a known vector of Chikungunya virus (CHIKV), is established on La Réunion.

The probability of infection for residents of and travellers to La Réunion is currently moderate, as at present the environmental conditions are favourable for mosquito-borne transmission on La Réunion. The impact is considered to be moderate as a significant number of people are expected to be affected and the overall risk is moderate.

In the event that CHIKV is introduced into the continental EU/EEA by infected travellers, the likelihood for further, autochthonous transmission is very low, because at this time of the year, the environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are unfavourable for vector activity and virus replication in vectors.

Actions:

To avoid virus spread, reinforced prevention and control measures were implemented by the local authorities.

The vector control and intervention strategy is based on:

- Elimination of mosquito breeding sites around the homes of patients,
- Carrying out insecticide and/or larvicide treatments during the day,
- Raising awareness among residents of preventive measures,
- Distribution of repellents to priority groups around cases,
- Search for other cases within the perimeter of the initially reported case,
- Encouragement to consult a doctor promptly if symptoms occur and to carry out laboratory tests.

ECDC is monitoring the situation through its epidemic intelligence activities.

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

5. Marburg virus disease - Tanzania - 2025

Overview:

Update

On 30 January 2025, Africa CDC reported that a furhter death due to Marburg virus disease (MVD) had been reported in Tanzania. The total number of cases reported in the outbreak is 10, including two confirmed and eight probable cases. Ten deaths have been reported. Additionally, 281 contacts are under follow-up and 132 have completed 21 days of follow up.

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 that provide advice to travellers, advice on infection prevention and control measures.

Event summary

As of 30 January 2025, two confirmed and eight probable MVD cases have been reported in Kagera Region, Tanzania. The total number of deaths reported is 10 (including the eight probable cases; case fatality rate: 100%).

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 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 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 its epidemic intelligence activities and is following up with relevant stakeholders.

Last time this event was included in the Weekly CDTR: 24 January 2025

6. Suspected viral haemorrhagic fever - Democratic Republic of the Congo - 2025

Overview:

On 28 January 2025, media reported a cluster of viral haemorrhagic fever in the health zone of Bolomba in the Equateur province of the Democratic Republic of the Congo. According to unofficial sources, there are at least 12 suspected cases, including eight deaths, between 10 and 22 January 2025. Samples have been sent to the laboratory in Mbandaka, Equateur for initial analysis.

ECDC assessment:

Considering this outbreak has not been officially confirmed and pending laboratory results, an assessment cannot be made at this stage. However, the area where the cases originate from is remote thus limiting the potential for rapid international spread should it be confirmed.

Actions:

ECDC is monitoring the signal through epidemic intelligence activities and is in contact with WHO, Africa CDC, and EU services in the field to gather additional information.

7. Ebola virus disease - Uganda - 2025

Overview:

On 30 January 2025, the public health authorities in Uganda declared an outbreak of Sudan virus disease (SVD) in Kampala, Uganda. This follows laboratory confirmation from three national reference laboratories: the Central Public Health Laboratory in Kampala, the Uganda Virus Research Institute in Entebbe, and Makerere University. According to the Ministry of Health's press release, the index case is a 32-year-old man working as a nurse at the Mulago National Referral Hospital.

The patient presented with a five-day history of high fever, chest pain, and difficulty in breathing, which later progressed to bleeding. The patient sought treatment at multiple health facilities in the Central district, as well Mbale City, including a traditional healer. On 29 January 2025, the patient experienced multi-organ failure and died.

Background: This is the eighth Ebola outbreak in the country, with the latest being in 2022.

ECDC assessment:

During the previous SVD outbreak in Uganda, ECDC produced a Rapid risk assessment assessing the risk as very low to citizens in the EU/EEA.

The current outbreak is in the densely populated capital, leading to a higher probability of exposure despite the small size of the outbreak.

Since the case occurred among healthcare workers in hospital, EU/EEA citizens working in healthcare settings in Uganda should be aware of the ongoing outbreak and take appropriate personal protection measures.

Considering the above, the importation of a case in the EU/EEA is very unlikely, and, should that happen, the likelihood of further transmission is considered very low

Actions:

Authorities in Uganda have taken the following actions:

1. Activated the Incident Management Team and dispatched Rapid Response Teams to both Mbale City and Saidina Abubakar Islamic Hospital in Matugga.
2. Contact listing: 45 contacts have so far been listed (30 health workers and patients from Mulago, 11 family members of the deceased, and four health workers from Saidina Abubakar Islamic Hospital in Matugga). Facilities for the isolation of contacts who develops symptoms have been designated.
3. The deceased will be accorded a safe and dignified burial to prevent the spread of the disease.
4. Vaccination of all contacts of the deceased against EVD is set to commence immediately.
5. Informed the public and health care workers.

ECDC is monitoring the event and is in contact with the EU bodies in Kampala and Africa CDC.

Sources: WCO-Uganda

Events under active monitoring

- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 31 January 2025
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 31 January 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024-2025 - last reported on 31 January 2025
- Autochthonous chikungunya virus disease - Department of La Réunion, France, 2024-2025 - last reported on 31 January 2025
- Marburg virus disease - Tanzania - 2025 - last reported on 31 January 2025
- Suspected viral haemorrhagic fever - Democratic Republic of the Congo - 2025 - last reported on 31 January 2025
- Ebola virus disease - Uganda - 2025 - last reported on 31 January 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 24 January 2025
- Avian influenza A(H5N1) human cases – United States – 2024 - last reported on 17 January 2025
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 17 January 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 17 January 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 January 2025
- Mass gathering monitoring - Jubilee of 2025 in Italy - 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 due to monkeypox virus clade I – Belgium – 2024 - 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
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 10 January 2025
- Avian influenza A(H5N1) human case – Canada – 2024 - last reported on 03 January 2025