WEEKLY BULLETIN

Communicable disease threats report

Week 7, 8 - 14 February 2025

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Executive summary

STI cases continue to rise across Europe

- ECDC has released its latest Annual Epidemiological Reports on sexually transmitted infections (STIs), revealing continued increases across the European Union/European Economic Area (EU/EEA) in 2023.
- The findings highlight the urgent need for increased public awareness, prevention, testing, and treatment efforts to address this growing public health concern.

Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

- Since the last update on 14 January 2025, and as of 12 February 2025, 124 mpox cases have been reported by 18 EU/EEA countries: Germany (42), Sweden (15), Netherlands (11), Ireland (9), Italy (9), Czechia (6), France (6), Poland (6), Greece (4), Denmark (3), Portugal (3), Spain (3), Croatia (2), Belgium (1), Bulgaria (1), Malta (1), Romania (1) and Slovakia (1). Since 14 January 2025, no new countries have reported confirmed cases.
- Sweden reported an unusually high number of cases (15 cases vs one case in the previous reporting period)
- Since the start of the mpox outbreak and as of 12 February 2025, 23 882 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries

European Centre for Disease Prevention and Control, Solna, Sweden
www.ecdc.europa.eu

- Thirteen MPXV clade I cases have been reported in the EU/EEA since August 2024 from Sweden, Germany, Belgium, Ireland and France.
- The number of imported cases of MPXV clade Ib cases may increase following holiday travel, but the overall risk of infection remains low for men who have sex with men and low for the broader EU/EEA population.

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 the most mpox clade Ib cases in Africa. In January 2025, a plateau in the number of cases was observed in DRC, a decreasing trend in Burundi and an increasing trend in Uganda.
- Outside Africa, since the previous update published on 7 February 2025, new mpox clade Ib cases have been reported in the United Arab Emirates and the United States of America.
- 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 the Department of La Réunion after 10 years, with onset of symptoms on 12 August 2024.
- Following that and as of 10 February 2025, 783 cases of autochthonous chikungunya virus disease have been confirmed in La Réunion.

Ebola disease – Uganda – 2025

- On 30 January 2025, the public health authorities of Uganda declared an outbreak of Ebola disease caused by the Sudan virus (Sudan virus disease) in Kampala.
- On 10 February, the Ugandan Ministry of Health published a press release reporting nine confirmed cases, including one death, divided into two clusters.
- Since the index case was a healthcare worker in a hospital, EU/EEA citizens working in healthcare settings in Uganda should be aware of the ongoing outbreak and take appropriate personal protection measures. In the current epidemiological situation, the likelihood of importation to the EU/EEA is very low.

Overview of respiratory virus epidemiology in the EU/EEA

- There continues to be significant respiratory virus activity in the EU/EEA, with an intense seasonal influenza season together with a respiratory syncytial virus (RSV) epidemic. SARS-CoV-2 activity is very low.
- The highest impact on secondary care is observed for influenza among adults aged 65+ and children under five for RSV. Hospital admissions due to influenza are currently at similar levels to those observed at the peak of the previous winter season.
- The combination of intense influenza activity and co-circulation of RSV is expected to strain healthcare systems. EuroMOMO reports substantial excess all-cause mortality.

Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

- In December 2024, 146 measles cases were reported by nine countries. Twelve countries reported zero cases.
- Through its epidemic intelligence activities, ECDC identified an additional 1 118 new cases in 2025 from nine EU countries.
- Overall, 20 measles-related deaths have been reported in the EU/EEA in 2024, 19 in Romania and one in Ireland.
- Two measles-related deaths have been reported in Romania in 2025.
- There has been high measles activity overall in the EU/EEA over the last 12 months; however, the situation varies by country. Some countries have reported large and/or ongoing outbreaks, while others have reported no sustained or very low transmission.
- Outbreaks associated with imported measles cases have been reported by EU countries.
- Relevant epidemiological updates are available for WHO regions.

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

- On 11 February 2025, two human cases of avian influenza A(H9N2) virus infections were reported by Hong Kong's Centre for Health Protection. Both were children from Hunan Province in China.
- No details about disease severity or exposure are available.
- Two other human cases of avian influenza A(H9N2) virus infection in China, previously reported to WHO, were announced in the same report.
- Four cases of H9N2 in China have been reported in 2025. Since 2015, a total of 114 cases of human avian influenza A(H9N2) infection, including two deaths, have been reported from China to WHO.
- The risk to human health in the EU/EEA is currently considered very low.

Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024

- One case of human infection with influenza A(H1N2) variant (v) virus of swine origin has been reported in Iowa, US.
- The person was hospitalised and has recovered. No further human-to-human transmission was identified in relation to this case. The person had no known exposure to swine.
- This is the first human case of infection with a variant influenza virus reported in US this year.
- Since 2019, 17 cases of swine influenza A(H1N2)v infections in humans have been reported in the US: one case in 2025, four in 2024, two in 2023, six in 2022 and four in 2021. The cases were from different regions of the US and were considered sporadic.
- Human infections with influenza virus of swine origin are rare, but sporadic infections may occur in individuals exposed to infected animals.

Avian influenza A(H5N1) human cases – United States – 2024

- On 10 February 2025, the United States Centers for Disease Control and Prevention (US CDC) reported one human case of A(H5N1) infection in the state of Nevada, US.
- The case is an adult with occupational exposure to infected dairy cattle.
- The person experienced conjunctivitis and is now recovering.
- This is the first human case of A(H5N1) infection in Nevada.
- Since 1 April 2024, and as of 10 February 2025, a total of 68 human cases of avian influenza A(H5) have been reported from 11 states in the United States (US). Of these, 41 were individuals exposed to dairy cattle known or presumed to be infected with A(H5N1) and 23 were workers exposed to outbreaks of HPAI A(H5) at poultry farms. Three people had no known animal exposure and one had exposure to other animals, such as backyard flocks, wild birds, or other mammals.
- According to the US CDC, the risk to the general population remains low, while farmers and workers who work with infected animals or their by-products, backyard bird flock owners, animal care workers (e.g. veterinarians, wild animal facility workers), and animal health and public health responders are at increased risk of infection with A(H5N1).

Influenza A(H10N3) - China - 2021-2025

- One case of human infection with avian influenza A(H10N3) in China was notified to the World Health Organization (WHO) on 3 January 2025.
- The patient developed severe disease requiring hospitalisation in December 2024, following exposure to freshly slaughtered poultry, but their condition has improved.
- No human-to-human transmission has been documented.
- The risk to human health in the EU/EEA is considered very low.

1. STI cases continue to rise across Europe

Overview:

Considerable increases were seen in reported cases of syphilis and gonorrhoea in 2023, relative to 2022, continuing the increasing trend seen in 2022. The trends for all STIs that ECDC provides surveillance data on underscore the need for immediate action to prevent further transmission and mitigate the impact of STIs on public health.

In 2023, nearly 100 000 confirmed cases of gonorrhoea were reported in EU/EEA countries, showing a 31% increase compared to 2022 and a striking increase of more than 300% compared to 2014. This surge was observed across different age groups and demographics, including men who have sex with men and heterosexual men and women. The highest rates among women were within the age group 20 to 24 and this is also the group with the steepest increase in 2023 (46%). For men, the highest rates were seen in the 25 to 34-year-old age group. If left untreated, gonorrhoea can lead to significant health problems, such as pelvic inflammatory disease, and infertility in both men and women.

Syphilis cases also continue to rise. In 2023, 41 051 confirmed cases were reported in 29 EU/EEA countries, representing a 13% increase compared to 2022, and a doubling compared to 2014. Syphilis is more common among men, with seven men diagnosed for every one woman. The highest rates were seen among men aged 25 to 34. The majority of syphilis cases (72%) were reported in men who have sex with men. Still, compared to 2022, rates of syphilis increased among women of all age groups. Untreated syphilis can cause long-term complications in the heart and nervous system and if a pregnant woman has untreated syphilis, the baby may suffer severe complications.

Despite a slowdown in the increase of chlamydia notifications in 2023, it remains the most frequently reported bacterial STI in Europe. In 2023, more than 230 000 cases were reported across EU/EEA countries, representing an increase of 13% since 2014. The infection continues to disproportionately affect young people, with the highest rates among women aged 20 to 24.

Aside from the rise in the number of reported cases of STIs, a particular concern is the increasing threat of antimicrobial resistance (AMR) in gonorrhoea. The emergence of drug-resistant strains threatens the effectiveness of current treatments, making it crucial to emphasise prevention and promote responsible antibiotic use. ECDC actively monitors AMR trends in Neisseria gonorrhoea and works with countries to strengthen surveillance and implement strategies to combat resistance.

ECDC assessment:

There are several hypotheses as to why cases of STIs have increased. More testing for STIs in some populations likely accounts for some of the increase. Other possible explanations that need further study include changes in sexual risk behaviours, such as less condom use, and higher numbers of sexual partners.

ECDC emphasises the importance of proactive measures to address the rising STI rates. Using condoms consistently for vaginal, anal and oral sex is crucial for prevention. Open and honest communication about sexual health with partners can also help reduce the risk of STI transmission.

People who experience symptoms of sexually transmitted infections, including pain when urinating, discharge from the penis, vagina, or anus, or pain in the lower stomach are strongly advised to seek testing. Other symptoms include an ulcer or rash around the genital area, mouth or anus. As it is possible to have an STI and not have any symptoms, sexually active people are encouraged to get tested for STIs, especially those with new, casual or multiple sexual partners. Early detection and treatment are essential to prevent further transmission and potential complications. If you suspect you may have contracted an STI, seek medical advice immediately

Actions:

ECDC published a news item on 10 February 2025 where the five Annual Epidemiological Reports can be found. Information has also been disseminated through social media (e.g., on Linkedin, Facebook, Bluesky, Threads).

2. Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

Overview:

Since the last update on 14 January 2025, and as of 12 February 2025, 124 mpox cases have been reported from 18 EU/EEA countries: Germany (42), Sweden (15), Netherlands (11), Ireland (9), Italy (9), Czechia (6), France (6), Poland (6), Greece (4), Denmark (3), Portugal (3), Spain (3), Croatia (2), Belgium (1), Bulgaria (1), Malta (1), Romania (1) and Slovakia (1). Since 14 January 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 14 January 2025, 23 682 confirmed cases of mpox have been reported from 29 EU/EEA countries

The total number of cases reported for the current period is very similar to the number of cases reported on Jan 14 (123 cases). However, Sweden reported an unusually high number of cases (15 cases vs one case in the previous reporting period)

Since the start of the mpox outbreak and as of 12 February 2025, 23 882 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (8 513), France (4 392), Germany (4 136), Netherlands (1 442), Portugal (1 212), Italy (1 109), Belgium (856), Austria (366), Sweden (326), Ireland (279), Poland (233), Denmark (216), Greece (138), Norway (121), Czechia (100), Hungary (85), Luxembourg (62), Romania (49), Slovenia (47), Malta (44), Finland (43), Croatia (37), Slovakia (19), Iceland (17), Bulgaria (11), Estonia (11), Cyprus (6), Latvia (6) and Lithuania (6). Deaths have been reported from: Spain (3), Belgium (2), Portugal (2), Austria (1) and Czechia (1).

Since the start of the mpox outbreak and as of 12 February 2025, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), Kosovo (1) Montenegro (2). In addition, 32 cases have been reported from Türkiye.

A total of thirteen MPXV clade I cases have been reported in the EU/EEA since August 2024. On 15 August 2024, Sweden reported the first imported case of mpox due to MPXV clade Ib in EU/EEA countries. Seven cases have been reported by Germany (one in October, five in December 2024 and one in January 2025), three cases by Belgium (two in December 2024 and one in January 2025), one case by France in December 2024 and one case by Ireland in February 2025. All individuals had mild disease. Confirmed secondary transmission events were reported by Germany and Belgium among household contacts.

All other mpox cases with available information on clade reported in the EU/EEA were MPXV clade IIb.

Cases reported in 2024 share the same epidemiological profile as those reported since the beginning of the outbreak in the EU/EEA, with the majority of cases being men, and sexual contact among men who have sex with men remaining the primary mode of transmission.

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 a Public Health Emergency of International Concern (PHEIC).

For more information on the global update regarding MPXV clade Ib, please refer to the weekly Communicable Diseases Threats Report.

A detailed summary and analysis of data reported to TESSy can be found in the Joint ECDC-WHO Regional Office for Europe Mpox Surveillance Bulletin.

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

ECDC assessment:

The number of new infections remains relatively low in the EU/EEA, with no change in number if cases reported. Prior changes in case numbers reflect normal month-to-month variations in reporting, given the overall small total number of cases reported.

Following holiday travel, it is likely that more mpox cases due to MPXV clade I will be introduced into the EU/EEA and other countries in the coming weeks, and it is important to raise awareness concerning the possible importation of cases, both among returning travellers from affected African countries and among healthcare professionals who may see such patients. Furthermore, it is important for public health authorities to be prepared to carry out contact tracing and infection prevention and control measures if cases are diagnosed. An ECDC epidemiological update and news item, published on 14 January, highlighted the options for response.

The overall risk of MPXV infection is assessed as low for men who have sex with men and low for the broader population in the EU/EEA.

Response options for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; continuing to offer orthopoxvirus testing; implementing vaccination strategies and maintaining risk communication and community engagement, despite the decreasing number of cases. EU/EEA countries are also encouraged to sequence and report clades and subclades to identify new cases of mpox, particularly those linked to clade Ib or Ia.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively, particularly in the event of limited vaccine supply. PPV strategies should prioritise gay, bisexual, and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach, high vaccine acceptance and uptake among those most at risk of exposure.

Actions:

ECDC is closely monitoring the mpox epidemiological situation through indicator- and event-based surveillance.

A rapid risk assessment, 'Mpox multi-country outbreak', was published on 23 May 2022. The first update to the rapid risk assessment was published on 8 July 2022, and a second update was published on 18 October 2022. ECDC published a report on public health considerations for mpox in EU/EEA countries on 14 April 2023. ECDC published a Threat Assessment Brief on MPXV clade I in the Democratic Republic of the Congo (DRC) on 5 December 2023, an epidemiological update on 5 April 2024 and another on 14 January 2025 together with a news item. A risk assessment for the EU/EEA on the mpox epidemic caused by mpox virus clade I in affected African countries was published on 16 August 2024, and rapid scientific advice on public health measures was released on 9 September 2024 and updated on 14 January 2025.

A resource toolkit for event organisers and social media materials on mpox related to events are also available. Member States can use these materials to work with event organisers ahead of Pride events to ensure that attendees have access to the right information.

Member States can also consider providing those who travel to Pride events abroad with updated information on how to protect themselves and others from mpox.

For the latest updates, visit ECDC's mpox page.

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

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

Overview:

Update

Since the previous update of 7 February 2025, there are no major epidemiological updates on mpox due to monkeypox virus (MPXV) clade I.

Outside Africa, the United Arab Emirates reported the detection of MPXV clade I in a person who had returned from Uganda. Previously, mpox clade I cases with travel history to the United Arab Emirates had been reported by a number of countries (see below). Additionally, one new case of mpox clade Ib was reported by the United States, in New York.

In Africa, the decreasing trend continues in Burundi (498 cases the past six weeks) and the increasing trend in Uganda (1 226 cases the past six weeks). Clade Ib has been detected in Angola where four mpox case were reported in 2024 (Africa CDC, 13 February 2025, WHO Global report as of 10 February 2025). Moreover, on 7 February 2025, South Sudan declared an mpox outbreak after one case with travel history to a neighbouring country was reported. Sequencing is ongoing (Africa CDC, 13 February 2025).

Summary

Globally, monkeypox virus (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, since the beginning of 2024, MPXV clade I was first detected in Angola, 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 January 2025, most confirmed and suspected clade I cases have been reported from the DRC, where a stable trend has been observed in recent weeks (Africa CDC Special Briefing on Mpox and other Health Emergencies, 13 February 2025). In Burundi, the decreasing trend in the number of reported mpox cases continues. Over 3 000 confirmed cases and one death have been reported since 2024 (Africa CDC Special Briefing on Mpox and other Health Emergencies, 13 February 2025). In Uganda, the number of cases has been increasing, with the highest incidence reported in Kampala (over 2 400 cases and 16 deaths (Africa CDC Special Briefing on Mpox and other Health Emergencies, 13 February 2025). Rwanda has reported 87 cases, Kenya 37 cases, Zambia 16 cases, and Zimbabwe two cases (WHO Global report on mpox (data as of 10 February 2025)).

Outside Africa, travel-associated cases or sporadic cases reporting epidemiological links with travel-associated cases of MPXV clade I 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 one in January 2025);
- France (one case in January 2025); and
- Ireland (one case in February 2025).

In addition to Africa and the EU/EEA, since August 2024, clade I cases have been reported by Thailand, India, the UK, the United States (US), Canada, Pakistan, Oman, China and the United Arab Emirates.
Most travel-associated cases who reported travel to 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, Mpox: multi-country external situation report no. 46, 28 January 2025, Mpox: multi-country external situation report no. 47, 13 February 202).

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: Angola, Belgium, Canada, China, Germany, France, India, Ireland, Oman, Pakistan, Sweden, Thailand, the UK, the US, Zambia, and Zimbabwe;
- Clusters of cases or limited transmission: Congo, Kenya and the United Arab Emirates;
- Community transmission: Burundi, Central African Republic, the DRC, Rwanda, and Uganda.

The United Arab Emirates have reported a case with travel history to Uganda and other countries have reported cases with travel history to the country. Although there is no evidence of wider community transmission in the United Arab Emirates, it is presumed that undetected transmission is ongoing. Therefore, as a precautionary basis, the United Arab Emirates have been added in the second category of the transmission classification. In addition to the countries included in the classification, undetected transmission may be ongoing in Tanzania, given that mpox clade Ib cases with travel links to Tanzania have been reported elsewhere (Mpox: multi-country external situation report no. 47, 13 February 2025,).

Moreover, South Sudan has reported a travel-associated case. The case is a person with travel history to Uganda. According to the press release from the Ministry of Health the strain is consistent with the one circulating in East Africa (presumed clade I; also mentioned at the Africa CDC Press Briefing of 13 February). South Sudan will be included in the classification once the sequencing information becomes available.

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 they do not have contact with affected individuals. 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.

Reporting through the Communicable Disease Threats Report will be monthly.

Sources: ECDC rapid risk assessment

Last time this event was included in the Weekly CDTR: 07 February 2025

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

Overview:

Update:
According to the French National Health Authority, as of 10 February 2025, 783 cases of autochthonous chikungunya virus disease have been reported in La Réunion. In week 5, 204 new confirmed cases were reported, a 25% increase compared to the previous week.

The municipalities reporting the most cases since the start of the epidemic are:
- L' Étang-Salé (199 cases, with a slight trend towards stabilisation)
- Le Tampon (179 cases, the increase remains strong).

Virus circulation is also increasing in Les Avirons, Petite-Île, Saint-Joseph, Saint-Louis (south), Saint-Leu (west), Saint-Denis and Sainte-Marie (north).

Several outbreaks of chikungunya virus disease are spreading on the island, and widespread occurrence of the disease is likely. Currently, the reported cases have had a relatively low health impact, with only three hospitalisations of more than 24 hours reported, and very limited activity in the emergency wards.

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 the Department of La Réunion after 10 years, with onset of symptoms on 12 August 2024. Following that, France announced the confirmation of two more cases from the same neighbourhood. In recent weeks, the number of cases has increased sharply, as well as the geographical spread.

ECDC assessment:

The last major chikungunya virus disease epidemic in La Réunion was in 2005–2006. 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; the current period of austral summer is very favourable for the spread of arboviruses. Given the current epidemic dynamics, the likelihood of dissemination of CHIKV across the entire island is high for the coming weeks. The impact is considered to be moderate, as a significant number of people are expected to be affected.

Currently, 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: 07 February 2025

5. Ebola disease – Uganda – 2025

Overview:

Update
On 10 February 2025, the Ugandan Ministry of Health reported that the total number of Ebola disease cases due to Sudan virus (Sudan virus disease, SVD) is nine, including one death. According to WHO, a total of 308 contacts have been identified in different areas of the country and 265 of them have been classified as being at high risk of being infected and have been isolated

The cases belong to the same transmission chain and they are divided into two clusters. One cluster includes family members of the index case and the other healthcare workers involved in the management of the index case. All these individuals have been reported from five districts in the country: Wakiso (4), Kampala (2), Mbale (1), Jinja (1), and Mukono (1). All individuals have been hospitalised and isolated and are being treated with remendisir. (Uganda's 2025 Sudan Ebola Virus Outbreak: The Immediate response interventions - YouTube).

Vaccinations as part of a clinical efficacy trial started on 3 February 2025. In phylogenetic analysis the virus isolated from the index case is genetically close to sequences from the 2012 Sudan Ebola outbreak in Luwero Discrict (Uganda).

Summary
On 30 January 2025, the public health authorities in Uganda declared an outbreak of 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 was a 32-year-old male nurse at the Mulago National Referral Hospital.

The patient identified as the index case 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.

As of the 10 February 2025, nine confirmed cases and one death was reported by the Ugandan Ministry of Health.

In the context of the current outbreak, WHO announced the first ever vaccination trial of a vaccine against SVD, taking place in Uganda. This is the first time that a clinical trial has been conducted to measure the efficacy of a vaccine against SVD.

Additionally, authorities in Uganda have taken the following actions:
- Activate the Incident Management Team and dispatch Rapid Response Teams to both Mbale City and Saidina Abubakar Islamic Hospital in Matugga.
- Implement contact tracing.
- Provide a safe and dignified burial to the deceased to prevent the spread of the disease.
- Vaccination of all contacts.
- Inform the public and healthcare workers.

Background: This is the eighth Ebola outbreak in the country, with the most recent occurring in 2022. For more information on the disease and its epidemiology, please read the ECDC Factsheet about Ebola disease.

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 assessment, including the ECDC options for response, remain valid.

The current outbreak started in the densely populated capital of Uganda, thus there is a higher probability of local transmission despite the currently low number of cases reported.

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 protective measures.

Considering the above, and in light of evidence from previous larger outbreaks, the importation of a case to the EU/EEA is very unlikely, and, should that happen, the likelihood of further transmission is considered very low.

Actions:

ECDC is monitoring the event and is in contact with the EU bodies in Kampala and Africa CDC.
Sources: WCO-Uganda

Last time this event was included in the Weekly CDTR: 07 February 2025

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

Overview:

- Since week 40, 2024, the winter respiratory virus season in the EU/EEA has been characterised by an intense influenza season, a concurrent RSV epidemic and elevated but steadily declining SARS-CoV-2 activity. The biggest impact in secondary care has been in adults aged 65 years and above for influenza and SARS-CoV-2 and in children aged below five years for RSV. EuroMOMO has reported all-cause mortality above expected levels, mostly in adults aged 65 years and above, since week 51, 2024.
- Based on data reported to week 6, 2025, primary and secondary care consultation rates reported by countries indicate that there continues to be significant levels of respiratory virus activity in the EU/EEA. Intense seasonal influenza activity is reported together with a respiratory syncytial virus (RSV) epidemic, while SARS-CoV-2 activity is at a very low level.
- All indicators point to continued widespread, intense influenza activity in the EU/EEA, driven by co-circulating A(H1)pdm09, A(H3) and B/Vic viruses, with patterns of dominance varying greatly across countries. Increasing trends continue to be observed in around a third of countries, while the remainder appear be reaching, or have passed, peak activity. Hospital admissions due to influenza are currently at similar levels to those observed at the peak of the previous winter season.
- Overall RSV activity in the EU/EEA is following a slowly decreasing trend, driven by roughly equal number of countries that have passed the peak of the epidemic and others that continue to report increases. Hospital admissions due to RSV remain particularly elevated in children aged under five years.
- The combination of an intense influenza season and co-circulating RSV is expected to lead to continued impacts on healthcare systems and strains in hospital capacity in the EU/EEA, particularly where capacity is already limited. EuroMOMO reports substantial excess all-cause mortality primarily driven by high mortality in several countries.

ECDC assessment:

There is currently significant respiratory virus activity in the EU/EEA. Influenza activity remains high and intense RSV activity remains elevated. The country level picture is heterogeneous – increasing trends continue to be observed in many countries, while others appear be reaching, or having passed, peak activity.
The levels of respiratory virus activity currently observed may place pressure on healthcare systems and strain hospital capacity, particularly where capacity is already limited. The age of those most impacted by severe disease differs, with RSV cases mostly observed in children below five years of old and severe influenza cases in those aged 65 years and above. EuroMOMO reports substantial excess all-cause mortality primarily driven by high mortality in several countries.

Actions:

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

ECDC has published recommended actions for response during the winter 2024/2025 season in an epidemiological update. Vaccination against influenza viruses helps to limit severe disease outcomes for people at high risk. People eligible for vaccination against influenza, COVID-19 or RSV, particularly those at higher risk of severe outcomes and healthcare workers, are encouraged to get vaccinated without delay, in line with national recommendations, to have the best chance of being protected. RSV immunoprophylaxis for infants, which has been shown to be safe and effective, can be considered in accordance with national guidelines. In addition, clinicians should be reminded

that, if indicated in national guidelines, the early use of antiviral treatments for influenza and COVID-19 may prevent progression to severe disease in vulnerable groups. Monitoring of virological characteristics of influenza and RSV continues to be crucial for understanding the immunisation effectiveness and for selection of vaccine strains.

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

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

Further information:

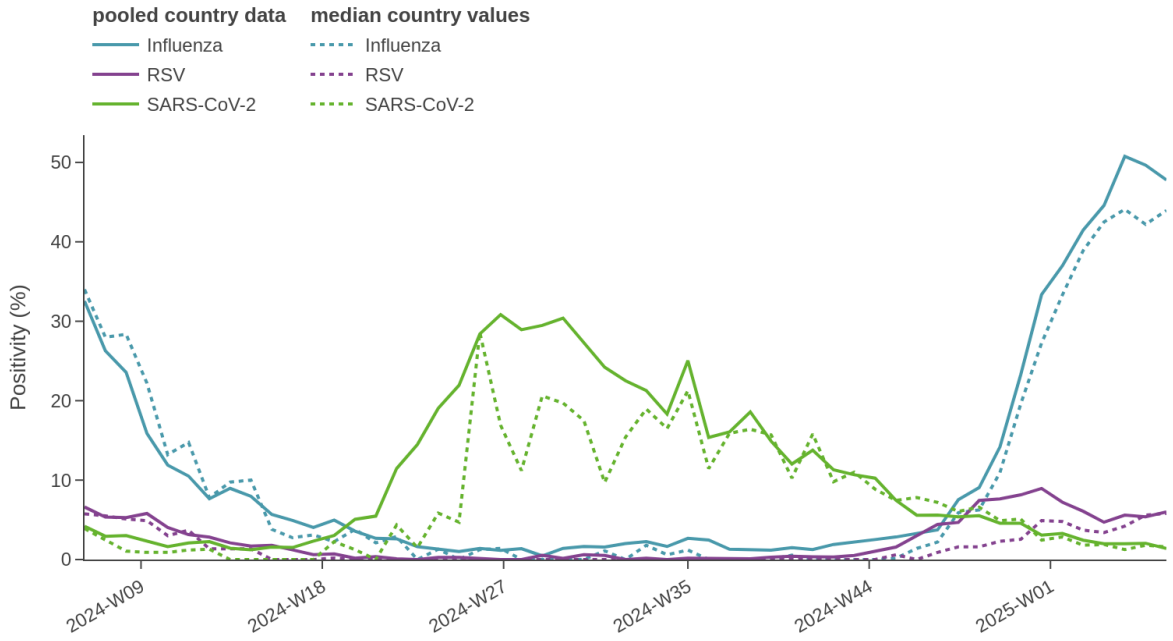
- Short-term forecasts of ILI and ARI rates in EU/EEA countries are published on ECDC's RespiCast.
- EuroMOMO is a weekly European all-cause mortality monitoring activity, aiming to detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats, based on weekly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

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 07 February 2025

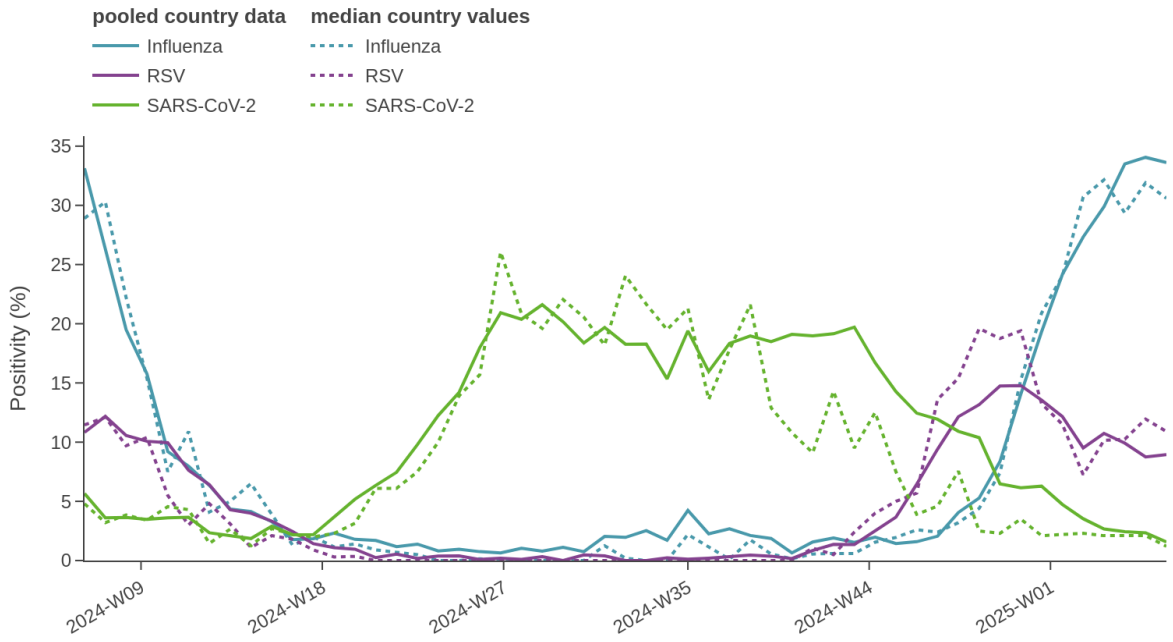
Maps and graphs

Figure 1. ILI/ARI virological surveillance in primary care - weekly test positivity



Source: ECDC

Figure 2. ILI/ARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of week 6

		Reporting countries		EU/EEA summary		
Indicator	Syndrome or pathogen	Week 6	Week 5	Description	Value	Comment
ILI/ARI consultation rates in primary care	ARI	13 rates (10 MEM)	15 rates (11 MEM)	Distribution of country MEM categories	2 Baseline 2 Low 3 Medium 2 High 1 Very high	
	ILI	19 rates (17 MEM)	21 rates (19 MEM)		1 Baseline 2 Low 8 Medium 3 High 3 Very high	Medium to very high levels based on the Moving Epidemic Method (MEM) in the majority of countries reflects the intensity influenza activity. Eight countries report ILI consultation rates that exceed those observed at the peak of the past four seasons. Norway's ILI MEM threshold is low, but it assesses overall influenza activity to be medium.
ILI/ARI test positivity in primary care	Influenza	18	22	Pooled (median; IQR)	48% (44; 38–54%)	Pooled EU/EEA level positivity exceeds that of the peak in the past four seasons with a levelling out of the trend that suggests a possible peak in activity. Similar patterns are observed in all age groups. The EU/EEA level data masks considerable heterogeneity between countries, with some having peaked while others are continuing to increase sharply.
	RSV	17	20		6% (5.8; 3.2–8.6%)	EU/EEA level positivity is lower than the peak level observed in week 52, with the trend driven mainly by the 0–4 years age group. Like influenza, the country picture is extremely mixed.
	SARS-CoV-2	16	19		1.4% (1.6; 0.8–4.2%)	Activity is low in all countries.
SARI rates in hospitals	SARI	9	12	–	–	
SARI test positivity in hospitals	Influenza	9	11	Pooled (median; IQR)	34% (31; 15–37%)	Similar picture in terms of overall trend and country heterogeneity to primary care. Positivity continues to increase among those aged 5–14 years. The overall age distribution in the season to date does not differ substantially from that observed in the 2023/2024 season.
	RSV	7	11		9% (11; 7.4–16%)	Similar picture in terms of overall trend and country heterogeneity to primary care.
	SARS-CoV-2	8	10		1.6% (1.2; 0–2%)	
Intensity (country-defined)	Influenza	22	24	Distribution of country qualitative categories	1 Baseline 13 Medium 7 High 1 Very high	
Geographic spread (country-defined)	Influenza	21	23	Distribution of country qualitative categories	1 Local 2 Regional 18 Widespread	

Source: ECDC

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

	Week 6, 2025		Week 40, 2024 - week 6, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**1692**	**-**	**14333**	**-**
Influenza A	968	58	9382	66
A(H1)pdm09	432	56	5079	66
A(H3)	341	44	2642	34
A (unknown)	195	-	1661	-
Influenza B	703	42	4774	34
B/Vic	236	100	1652	100
B/Yam	0	0.0	1	0.1
B (unknown)	467	-	3121	-
Influenza untyped	21	-	177	-
RSV	**162**	**-**	**2316**	**-**
RSV-A	29	48	374	41
RSV-B	32	52	538	59
RSV untyped	101	-	1404	-
SARS-CoV-2	**36**	**-**	**2550**	**-**

Source: ECDC

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

Figure Table

	Week 6, 2025		Week 40, 2024 - week 6, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**600**	**-**	**6323**	**-**
Influenza A	128	82	2705	88
A(H1)pdm09	27	68	1007	67
A(H3)	13	32	487	33
A (unknown)	88	-	1211	-
Influenza B	29	18	355	12
B/Vic	0	-	24	100
B (unknown)	29	-	331	-
Influenza untyped	443	-	3263	-
RSV	**153**	**-**	**3062**	**-**
RSV-A	4	33	522	50
RSV-B	8	67	531	50
RSV untyped	141	-	2009	-
SARS-CoV-2	**28**	**-**	**3149**	**-**

Source: ECDC

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

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	1338	50	5a.2a(C.1.9)	1172	88
			5a.2a.1(D)	109	8
			5a.2a(C.1)	57	4
A(H3)	637	24	2a.3a.1(J.2)	427	68
			2a.3a.1(J.2.1)	103	16
			2a.3a.1(J.2.2)	80	13
			2a.3a.1(J)	10	2
			2a.3a.1(J.1)	4	0.6
			2a.3a.1(J.4)	2	0.3
			Not assigned	11	-
B/Vic	719	27	V1A.3a.2(C.5.1)	506	71
			V1A.3a.2(C.5.6)	92	13
			V1A.3a.2(C.5.7)	87	12
			V1A.3a.2(C)	21	3
			V1A.3a.2(C.5)	2	0.3
			Not assigned	11	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 4–5, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	2	10	12% (9–16%)
KP.3	VOI	2	9	12% (11–13%)
XEC	VUM	2	58	76% (73–78%)

Source: ECDC

7. Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

Overview:

In December 2024, 146 measles cases were reported by nine countries and zero cases by 12 countries. In the most recent 12-month period, from 1 January to 31 December 2024, 30 EU/EEA countries reported a total of 16 510 cases of measles. Between 1 January and 31 December 2024, of the 16 510 cases with known age, 7 066 (42.8%) were children under five years old and 4 972 (30.1%) were individuals aged 15 years or above.

The highest notification rates were observed in infants under one year of age (517.8 cases per million) and children aged 1-4 years (298.5 cases per million). Of 13 296 cases (100.0% of all cases) with a known age and vaccination status, 11 581 (87.1%) were unvaccinated, 1 101 (8.3%) were vaccinated with one dose of a measles-containing vaccine, 574 (4.3%) were vaccinated with two or more doses, and 25 (0.2%) were vaccinated with an unknown number of doses.

Ten deaths (case fatality rate (CFR): 0.1) attributable to measles were reported to ECDC during the 12-month period by Romania (9) and Ireland (1). Detailed data are available in ECDC's Surveillance Atlas of Infectious Diseases.

Complementary epidemic intelligence surveillance with data collection conducted on 10 February and 13 February 2025 from official public sources, identified 3 262 new measles cases and one death that were reported in 2024, and 1 118 new measles cases, including two deaths, that have been reported in 2025.

In 2025, new cases were reported in nine EU countries: Austria (47), Czechia (6), Finland (1), Germany (26), Ireland (29), Lithuania (1), the Netherlands (26), Romania (918) and Spain (64).

Disclaimer: The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. Sometimes this information is made available retrospectively. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to TESSy and EpiPulse. Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with relevant epidemic intelligence updates:

New measles cases reported in 2024:

Romania reported 24 429 measles cases, including 19 deaths, in 2024. Since the measles monthly report in September 2024, a total of 3 262 measles cases and one death have been recorded until 31 December 2024. The death, reported in December 2024, was that of a 1-year-and-2-month-old unvaccinated male.

In 2025, measles cases were reported in:

Austria reported 47 confirmed measles cases in 2025 and as of 5 February 2025.

Czechia reported six measles cases in 2025 and as of 3 February 2025.

Finland reported one measles case in 2025 and as of 10 February 2025.

Germany reported 26 measles cases in 2025 and as of 10 February 2025.

Ireland reported 29 measles cases in 2025 and as of 10 February 2025.

Lithuania reported one measles case in 2025 and as of 30 January 2025

Netherlands reported 26 measles cases in 2025 and as of 6 February 2025. In 2025, eleven cases were reported to have contracted measles in Morocco and three in Romania. Healthcare professionals in the Netherlands have been advised to be alert to measles in patients who have recently returned from an area where measles is prevalent.

Romania reported 918 measles cases and two deaths in 2025 and as of 31 January 2025. The first death occurred in a 5-month-old female who was ineligible for MMR vaccination, and the second death was in a 51-year-old male with multiple comorbidities and an unknown vaccination history.

Spain reported 64 measles cases in 2025, of which 25 (39%) were imported and 32 (50%) were linked to an imported case.
On 16 January the Department of Health of the Basque Government reported a measles outbreak associated with an imported case in Bizakia, with 12 confirmed measles cases. As of 7 February 2025, the number of measles cases associated with this outbreak has increased to 34, including 16 healthcare workers. Staff, patients and visitors are recommended to take extreme preventive measures, such as masks, especially in emergency areas, and to remain alert to enable prompt diagnosis.
In 2025, Autonomous city of Melilla reported measles cases have been detected in unvaccinated individuals with recent travel history to Morocco. The health authorities have advised those born after January 1, 1978, to get two doses of the MMR vaccine if they were not vaccinated previously.

Epidemiological summary for select countries outside of EU/EEA with relevant epidemic intelligence updates:

Morocco
Morocco is experiencing a significant measles outbreak that began in October 2023 and has spread nationwide. According to media reports citing official sources, 3 631 measles cases and five deaths have been reported in 2025. In total, over 24 474, including 116 deaths, have been reported since the beginning of the outbreak and as of 23 January 2025.
The reasons for the increase in measles cases are not known. The rise in cases might be attributed to declining vaccination rates following the COVID-19 pandemic. However, according to the WHO data, the estimated vaccination coverage rate in the country for the first and second doses of measles vaccine was 99% between 2019 and 2023.

Summary of measles cases reported by WHO regional offices as of 11 February 2025

A total of 3 106 measles cases have been reported to the WHO Regional Offices in 2025 and as of 11 February 2025:

The WHO Regional Office for Europe (WHO/EUROPE) reported 15 measles cases in 2025, all from the United Kingdom.

The numbers provided to WHO for EU/EEA countries are from TESSy data, which are updated monthly and available on the ECDC Surveillance Atlas of Infectious Diseases. Due to differences in reporting times, the numbers may not correspond to the data from epidemic intelligence screening.

The WHO Regional Office for Africa (WHO AFRO) reported 1 469 measles cases in 2025. The highest numbers of cases were reported from Ethiopia (314), Rwanda (250), Nigeria (219), Uganda (135) and Burkina Faso (108).

The WHO Regional Office for the Americas (WHO PAHO) reported 64 measles cases in 2025. Measles cases were reported from Canada (48), the United States of America (14) and Argentina (2).

The WHO Regional Office for South-East Asia (WHO SEARO) reported 1 558 measles cases in 2025. The highest numbers of cases were reported by India (1 419), Thailand (103) and Nepal (34).

The WHO Regional Office for the Eastern Mediterranean (WHO EMRO) and the WHO Regional Office for the Western Pacific (WHO WPRO) have reported no measles cases in 2025.

ECDC assessment:

The overall number of measles cases in the EU/EEA steadily increased between June 2023 and March 2024 before decreasing between April 2024 and December 2024. in December 2024, a slight decrease in case numbers compared with November 2024 was observed. **Measles cases may continue to increase in the EU/EEA in the coming months**. This is due to reported suboptimal vaccination coverage for measles-containing vaccines (MCV) in a number of EU/EEA countries (<95% in many of these countries), as well as a high probability of importation from areas experiencing high circulation. In addition, the majority of recently reported cases have acquired the disease within the reported country through community/local transmission, indicating a higher probability of being exposed to the virus within the EU/EEA than in previous months.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities, which supplement monthly outputs with measles surveillance data from TESSy, routinely submitted by 30 EU/EEA countries. ECDC's latest advice on measles is available in the Threat Assessment Brief, '**Measles on the rise in the EU/EEA: Considerations for a public health response**', published on 15 February 2024.

As the number of cases is expected to rise in the near future, ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for MCV** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).
- **Strive towards high-quality surveillance** and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.
- **Increase the clinical awareness of health professionals, including reminding them of the importance of checking individuals' vaccination status ahead of travel.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of suboptimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with under-served populations**. Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations need to be monitored and addressed with targeted strategies in order to reduce inequalities in vaccine uptake.

ECDC's latest advice on measles is available in the Threat Assessment Brief '**Measles on the rise in the EU/EEA: Considerations for a public health response**', published in February 2024 and the conclusions remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

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

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

Overview:

Update: On 11 February 2025, Hong Kong's Centre for Health Protection reported two human cases of avian influenza A(H9N2) virus infections (Avian Influenza Report). Both cases are children from Hunan Province. The first case had onset of disease on 27 December 2024, while the second had symptom onset on 8 January 2025. No other details regarding symptoms, disease severity, treatment, exposure or outcome are available at the moment.

Two other human cases of A(H9N2) infections in China, with disease onset in 2024, were announced in the same report. The cases were previously notified to WHO by China (WHO-influenza-at-the-human-animal-interface.pdf). The first case was a child from Chongqing Municipality, with symptom onset on 13 December 2024, who was hospitalised on 14 December 2024. The second case was a child from Hubei Province, with symptom onset on 27 November 2024. The case was not hospitalised. No additional information about these two cases was released in the report.

Background: Four cases of H9N2 have been reported in China in 2025. Since 2015, a total of 114 cases of human avian influenza A(H9N2) infection, including two deaths, have been reported from China to WHO.

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. Influenza A(H9N2) in most cases 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 the European Food Safety Authority 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 December 2024.

Sources: Event Information Site for IHR National Focal Points

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

9. Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024

Overview:

On 7 February 2025, the US Centers for Disease Control and Prevention (US CDC) reported one human infection with influenza A(H1N2)v virus of swine origin in the state of Iowa. The case was an adult who sought healthcare in the week ending on 18 January 2025. The person was hospitalised but has since recovered.

Epidemiological investigation did not identify direct or indirect contact with swine by the patient. There was no additional illness among close contacts of the case. No further human-to-human transmission was identified in relation to this case.

This is the first human infection with a variant influenza virus A(H1N2)v reported in US this year. Since 2019, 17 cases of A(H1N2)v, including the one reported here, have been reported in the country. All cases were from different regions in the US and were considered sporadic.

Summary: Overall, 31 cases have been reported globally since 2019, of which four were reported in the EU/EEA: Austria (in 2021), Denmark (in 2019), France (in 2021) and the Netherlands (in 2022). Outside the EU/EEA, cases have been reported in Brazil (three cases), Canada (three cases), Taiwan (three cases), the United Kingdom (one case) and the US (17 cases).

ECDC assessment:

Sporadic human cases infected with an influenza virus of swine origin have been reported from several countries globally. Infection following exposure to pigs represents the most common risk factor. Limited, non-sustained human-to-human transmission of variant influenza viruses has previously been documented, but is rare. All cases need to be thoroughly followed up to exclude human-to-human transmission and implement control measures. Novel influenza viruses in humans, including zoonotic influenza viruses, should be further characterised, as well as shared with the national influenza reference laboratories and the World Health Organization (WHO) Collaborating Centres.

Actions:

ECDC is monitoring zoonotic influenza events through its epidemic intelligence activities and disease experts in order to identify significant changes in the epidemiology of the virus. Cases should be immediately reported to the Early Warning and Response System (EWRS) and International Health Regulations (IHR).

ECDC guidance: Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work; Surveillance and targeted testing for the early detection of zoonotic influenza in humans during the winter period in the EU/EEA. An annual summary of human infections with influenza A variant viruses of swine origin reported globally is provided in the Zoonotic influenza - Annual Epidemiological Report for 2022.

Sources: 2022-E000482

Last time this event was included in the Weekly CDTR: 05 July 2024

10. Avian influenza A(H5N1) human cases – United States – 2024

Overview:

Update:
On 10 February 2025, the US CDC (H5 Bird Flu: Current Situation | CDC) and the Central Nevada Health District (Community Alerts - Central Nevada Health District) reported one human case of A(H5N1) infection in the state of Nevada, US. The case is an adult who had occupational exposure to infected dairy cattle. The individual experienced conjunctivitis and is now recovering. In response to this event, health authorities are monitoring close contacts of the person for symptoms and are offering personal protective equipment (PPE), testing and antiviral treatment. Currently, there is no evidence of human-to-human virus spread or of any additional human cases. According to the US CDC (H5 Bird Flu Response | Bird Flu | CDC), the risk to the general population remains low, while farmers and workers who work with infected animals or their by-products, backyard bird flock owners, animal care workers (e.g. veterinarians, wild animal facility workers), and animal health and public health responders are at increased risk of infection with A(H5N1).

Background: Since 1 April 2024, and as of 17 January 2025, 68 human cases of avian influenza A(H5N1), including one death, have been confirmed by the US CDC from 11 states. 41 cases reported exposure to dairy cattle in the following states: California (36), Colorado (1), Michigan (2), Nevada (1) and Texas (1). 23 cases reported exposure to poultry in the following states: Colorado (9), Iowa (1), Oregon (1), Washington (11), and Wisconsin (1). One case, the patient reported in Louisiana who died, had exposure to backyard flocks and other wild birds. Three additional cases have been identified with unknown exposure: two in California and one in Missouri.

ECDC assessment:

To date, there have been no confirmed human cases of influenza A(H5N1) infection and no reports of A(H5N1) infection in cattle in the EU/EEA. The genotype B3.13, identified in cattle and several of the human cases in the US has not been detected in Europe. The genotype D1.1, identified in one cow to date, has been found in poultry and a small number of human cases exposed to poultry in the US and Canada.

ECDC has assessed the risk from the circulating HPAI A(H5N1) clade 2.3.4.4b viruses as low for the general population and low-to-moderate for those whose activities expose them to infected animals or contaminated environments (e.g. occupational exposure to infected animals).

Actions:

ECDC is monitoring the situation together with partner organisations in Europe and will continue to update its assessment of the risk for humans in the EU/EEA as new information becomes available.

In addition to enhanced surveillance, active monitoring and testing of exposed individuals is recommended for early detection of human cases and to assess the possibility of human-to-human transmission, according to relevant ECDC guidance documents ('Testing and detection of zoonotic influenza virus infections in humans'; 'Investigation protocol of human cases of avian influenza virus'; 'Enhanced surveillance of severe avian influenza virus infections in hospital settings').

It is important to raise awareness, including among all primary care workers, of the need to enquire about animal exposure and symptoms compatible with avian influenza infections and to test symptomatic individuals with a

history of exposure, following a risk-based approach. It is also important to communicate the epidemiological situation so as not to miss or delay diagnosis of potential human cases.

Given the uncertainties related to mammal-to-mammal transmission and depending on the epidemiological situation, a low threshold can be considered for testing individuals exposed to potentially infected mammals (e.g. symptomatic individuals with conjunctivitis or respiratory symptoms). Due to the higher risk of infection for individuals exposed to infected animals and contaminated environments, appropriate personal protective measures and other precautionary measures should always be used to mitigate the risk.

Relevant ECDC publications:

- 'Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work'
- 'Investigation protocol of human cases of avian influenza virus infections in the EU/EEA'
- 'Surveillance and targeted testing for the early detection of zoonotic influenza in humans during the winter period in the EU/EEA'
- 'Joint ECDC-EFSA Drivers for a pandemic due to avian influenza and options for One Health mitigation measures'

ECDC is in contact with the US CDC for further information and is closely following any updates on the event. ECDC monitors zoonotic 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 on the avian influenza situation.

Sources: FAO | 2024-e000168 | Event Information Site for IHR National Focal Points

Last time this event was included in the Weekly CDTR: 07 February 2025

11. Influenza A(H10N3) - China - 2021-2025

Overview:

Update: One human case of infection with A(H10N3) influenza virus was reported to WHO from China on 3 January 2025 (WHO-influenza-at-the-human-animal-interface). The case is an adult from Guangxi Zhuang Autonomous Region. The patient, who had an underlying health condition, reported symptom onset on 12 December 2024. On 19 December, the individual was hospitalised with severe pneumonia and was treated with oseltamivir. The individual was initially in a critical condition, but has since improved. A sample collected from the patient on 22 December, tested positive for influenza A virus, and was confirmed as influenza A (H10N3) virus on 26 December 2024.

According to the investigation, prior to symptom onset, the case was exposed to freshly slaughtered poultry at their place of work at a supermarket. At the time of reporting, all family members remained asymptomatic. All identified close contacts tested negative for influenza A(H10N3). Similarly, all collected environmental samples tested negative for influenza A(H10N3).

Summary: To date, four cases of avian influenza A(H10N3) virus have been reported globally, all four in China. The first case was reported in Jiangsu Province, China, in 2021: a man in his forties developed symptoms on 23 April 2021 and eventually recovered. The second case, a man in his thirties from Zhejiang Province, developed severe symptoms on 11 June 2022 and has recovered since. The third case, a man in his fifties from Yunnan Province, developed severe pneumonia on 28 February 2024, following exposure to poultry and a poultry-related environment. All cases had severe illness. However, no new cases have been reported among close contacts of these four cases.

ECDC assessment:

Sporadic human cases of avian influenza A(H10N3) have been observed, but no human-to-human transmission has been documented. The risk to human health in the EU/EEA is considered very low.

Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza.

Actions:

ECDC monitors avian influenza strains through its epidemic intelligence and influenza surveillance activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza to identify significant changes in the epidemiology and characteristics of the virus. ECDC works with EFSA and the EU reference laboratory to produce a quarterly report on the avian influenza situation. The most recent report was published in December 2024: Avian influenza overview September - December 2024.

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

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
- Suspected viral haemorrhagic fever - Democratic Republic of the Congo - 2025 - last reported on 31 January 2025
- Ebola disease – Uganda – 2025 - last reported on 31 January 2025
- Marburg virus disease - Tanzania - 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
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - 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
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 January 2025
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 17 January 2025
- Human cases with avian influenza A(H10N3) – Multi-country (World) - last reported on 14 February 2025
- Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024 - last reported on 14 February 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 14 February 2025
- STI cases continue to rise across Europe - last reported on 14 February 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
- SARS-CoV-2 variant classification - last reported on 07 February 2025
- Shigella sonnei ST152 outbreak associated with international travel on long-haul flights - last reported on 07 February 2025
- Yellow fever – South America – 2024–2025 - last reported on 07 February 2025
- Mpox due to monkeypox virus clade I – Ireland – 2025 - last reported on 07 February 2025