WEEKLY BULLETIN

Communicable Disease Threats Report

Week 25, 14–20 June 2025

This week's topics

Executive summary

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

- Since the last update on 19 May 2025, and as of 19 June 2025, 81 mpox cases have been reported from 14 EU/EEA countries: Germany (29), France (14), Spain (8), Italy (7), Netherlands (7), Portugal (4), Austria (2), Czechia (2), Malta (2), Poland (2), Belgium (1), Ireland (1), Luxembourg (1) and Sweden (1). Since 19 May 2025, no new countries have reported confirmed cases.
- Since 19 May 2025, two new Western Balkan countries have reported confirmed cases (North Macedonia and Albania).
- Since the start of the mpox outbreak and as of 19 June 2025, 24 772 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries.
- Twenty-two MPXV clade I cases have been reported in the EU/EEA since August 2024, from Sweden, Germany, Belgium, Ireland, Italy and France. All were clade Ib, except for the case in Ireland, which was clade Ia.
- The overall risk remains low for men who have sex with men and low for the broader EU/EEA population. However, as summer travel and Pride season begins, transmission could increase and it is important to raise awareness among men who have sex with men in the context of general messaging on sexually transmitted infections.

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.
- On the African continent, most mpox clade I cases have been reported by the Democratic Republic of the Congo (DRC), Uganda and Burundi. Trends are levelling off or decreasing in DRC and Uganda, although this should be interpreted with caution, and a clear decline continues in Burundi.
- Sporadic mpox clade I cases have also been reported outside of the African continent during the past month, without any indication of wider community transmission.
- The classification of transmission patterns has been updated as of 18 June 2025 (details are provided in the overview).
- Mpox clade IIa and IIb cases continue to be reported in Africa. An outbreak reported in May in Sierra Leone is ongoing (over 3 000 cases in 2025), with a recent decrease in the number of weekly number of cases. Liberia, Ghana and Togo have also reported recent increases, but smaller numbers of cases.

- 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'.

Outbreak of Hepatitis A, mostly associated with sexual transmission among MSM, in Portugal

- MSM attending EuroPride 2025 Lisbon in Portugal 14-22 June 2025 and engaging in sexual activity may be exposed to hepatitis A virus (HAV) infection along with other infections transmitted through sex, with a higher likelihood of infection for those with multiple partners and those not taking precautions
- There is an ongoing outbreak of hepatitis A in Portugal that was detected on 28 February 2024, genotype IA, strain VRD_521_2016, one of the strains that circulated in Europe during the 2017-2018 outbreak in MSM. An increasing number of cases has been detected since November 2024. Between 1 January and 31 May 2025, 122 cases have been reported in the context of transmission through sexual contact.
- Pre-exposure vaccination is highly recommended for those attending the event.
- MSM are encouraged to contact a healthcare provider at home if they think they have been exposed to sexually-transmitted pathogens, including HAV. Post exposure vaccination can be given within two weeks but is more effective the earlier it is given.
- Member States should also be aware of MSM returning from Pride events with hepatitis A infection and consider raising awareness among clinicians and laboratory professionals accordingly.

Mass gathering monitoring – EuroPride 2025 Lisbon - Portugal – 2025

- As of 19 June 2025, no relevant public health events related to communicable diseases have been detected in connection with EuroPride 2025 Lisbon.
- ECDC is monitoring this event through its epidemic intelligence for mass gathering activities between 9 and 27 June 2025 in collaboration with the Portuguese health authorities and the World Health Organization Regional Office for Europe (WHO/Europe), and is including weekly updates in the Communicable Disease Threats Report (CDTR).
- Sexually transmitted infections (STIs), HIV and hepatitis, as well as mpox and shigella, are already spreading in networks of men who have sex with men (MSM) in Europe, including an ongoing outbreak of hepatitis A among MSM in Portugal. The probability of infection with STIs and other infections that spread through sex is high for people who attend EuroPride 2025 Lisbon and engage in sex with non-steady and multiple partners, particularly if preventive measures are not consistently applied.

Seasonal surveillance of chikungunya virus disease – 2025

- This is the first report of the weekly seasonal surveillance of chikungunya virus disease in 2025.
- Since the beginning of the 2025, and as of 18 June 2025, France has reported two cases of locally-acquired chikungunya virus disease.

Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025

- In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August. A decrease in surveillance indicators (primary care visits and emergency department visits for chikungunya virus disease) has been observed since week 17.
- Since the beginning of the year, and as of 15 June 2025, more than 54 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since the beginning of the outbreak, 23 deaths, mostly in people aged over 64 years, have been classified as chikungunya virus disease-related.
- The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate groups who are at higher risk of severe disease and vector control professionals. The regional health agency initiated a vaccination campaign for prioritised individuals on 7 April.
- On 26 April 2025, the French Ministry of Health and Access to Care reported three serious adverse events following vaccination against chikungunya with the Ixchiq vaccine in Reunion, including one death. As a result, the health authorities suspended the vaccination of people over 65 years old, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18–64 years with comorbidities.
- On 7 May 2025, the European Medicines Agency (EMA) stated that the agency's safety committee (PRAC) had started a review of the Ixchiq vaccine following the reports of serious adverse events in older adults. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used for adults aged 65 years and above. More information can be found in the Communicable disease threats report, 3 May - 9 May 2025, week 19.
- On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 8 June 2025, 882 confirmed cases of the disease have been reported on the island. Due to the intensified circulation of locally acquired cases of chikungunya, the ORSEC plan has transitioned to phase 3 to control the outbreak and better prepare for a possible epidemic phase.

Weekly seasonal surveillance of West Nile virus infection – 2025

- This is the first report of the weekly seasonal surveillance of West Nile virus (WNV) infections in 2025.
- Since the beginning of the 2025 transmission season, and as of 18 June 2025, no countries in Europe have reported human cases of WNV infection.

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

- One new human case with avian influenza A(H5N1) infection was reported in a 65-year-old adult in Cambodia in a press release from the Cambodian Ministry of Health on 13 June 2025.
- The patient had exposure to backyard poultry, though no sick or dead birds were detected in the village the case comes from.
- At the time of this report there were no detected and/or reported instances of human-to-human transmission around this case.
- The ECDC risk assessment for A(H5N1) remains unchanged.
- Since 2003, and as of 16 June 2025, there have been 979 human cases of A(H5N1) worldwide, including 471 deaths.

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

Overview

Since the last update on 19 May 2025, and as of 19 June 2025, 81 mpox cases have been reported from 14 EU/EEA countries: Germany (29), France (14), Spain (8), Italy (7), Netherlands (7), Portugal (4), Austria (2), Czechia (2), Malta (2), Poland (2), Belgium (1), Ireland (1), Luxembourg (1) and Sweden (1). Since 19 May 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 19 June 2025, 24 772 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (8 773), France (4 487), Germany (4 358), Netherlands (1 504), Portugal (1 232), Italy (1 171), Belgium (886), Austria (377), Sweden (366), Ireland (303), Poland (245), Denmark (228), Greece (158), Norway (126), Czechia (106), Hungary (88), Luxembourg (63), Romania (49), Malta (48), Slovenia (47), Finland (43), Croatia (38), 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 19 June 2025, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), North Macedonia (2), Montenegro (2), Albania (1), Kosovo (1). In addition, 54 cases have been reported from Türkiye.

A total of 22 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 the EU/EEA. Ten cases have been reported by Germany (one in October, five in December 2024, one in January 2025, one in February 2025 and two in April 2025), six cases by Belgium (two in December 2024, one in January 2025, two in February 2025 and one in April 2025), three cases by France (one in December 2024, one in February 2025 and one in April 2025), one case by Italy in May 2025 and one case by Ireland in February 2025. All were clade Ib except the case in Ireland, which was clade Ia. 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.

The 81 cases reported represent a decrease compared to the previous report when 117 cases were reported.

Cases reported in 2025 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 International Court of Justice (ICJ) Opinion on the Kosovo declaration of independence.

ECDC assessment

The number of new infections reported to The European Surveillance System (TESSy) has decreased compared to the last reporting period and the overall number remains relatively low in the EU/EEA.

It is likely that mpox cases due to MPXV clade I will continue to be introduced into the EU/EEA 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 mpox is assessed as low for men who have sex with men and low for the broader population in the EU/EEA. As the summer travel season starts and events such as Pride take place where MSM gather, it is important to raise awareness of mpox - please see resources under Actions.

Actions

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

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 orthopox virus 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.

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: 23 May 2025.

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

Overview

Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries across the globe. Since 2022, MPXV clade II has mainly been circulating outside of the African continent among men who have sex with men. The epidemiological profile of cases reported outside Africa since 2022 remains largely unchanged.

In 2024, an increase in MPXV clade Ia and Ib was reported in the Democratic Republic of the Congo (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. Since August 2024, a number of countries outside of Africa have also reported mostly travel-related cases of mpox clade I, with limited onward transmission.

The countries in Africa that have reported clade I detection (Ia and/or Ib) in 2025, are: DRC, Uganda, Burundi, Kenya, Zambia, Tanzania, Rwanda, Congo, South Sudan, the Central African Republic, South Africa, Malawi, Angola and recently Ethiopia (Global Mpox Trends published 12 June 2025, data as of 8 June 2025). In 2024, Zimbabwe reported cases of clade Ib and Gabon reported mpox cases for which clade information was not available (Global Mpox Trends published 12 June 2025, data as of 8 June 2025). In general, and as of 12 June 2025, no major changes have been noted in the epidemiological trends of mpox clade I in Africa.

Mpox clade IIa and IIb cases are also continuously being reported in Africa, with notable increases reported at the end of May in Sierra Leone.

Mpox clade I summary and transmission patterns classification

Overall, in Africa, until the beginning of June 2025, most confirmed and suspected clade I cases were reported from the DRC, Uganda and Burundi.

- In DRC, clade Ia and Ib are co-circulating. In recent weeks and as of week 22, a decreasing trend in confirmed cases has been noted, according to Africa CDC (Special Briefing on Mpox and other Health Emergencies, 12 June 2025). However, this trend has to be interpreted with caution as testing coverage remains low.
- Uganda is currently the African country reporting most mpox clade Ib cases after DRC (Global Mpox Trends published 12 June 2025, data as of 8 June 2025; Uganda National Mpox Situation Report, 16 June 2025). Over 6 800 cases have been reported since 2024, including 44 deaths. Following an increase earlier this year, there has been a decline since mid-April but transmission continues across the country. Most cases overall have been reported in Kampala district and among young adults (aged 25-29 years old).
- In Burundi, the decreasing trend observed in the number of reported mpox cases in recent weeks has continued (Africa CDC Epidemic Intelligence Weekly Report, June 2025). Since 6 June, three confirmed cases have been reported (based on the Africa CDC Epidemic Intelligence Report published on 15 June 2025).

Malawi continues reporting mpox cases. The first cases were reported in the country in April 2025. As of 16 June 2025, a total of 35 confirmed cases have been reported in people aged between 2-57 years-old, 25 of whom are males (Malawi NPHI Mpox Situation Report 17 June 2025). Most cases have been reported in Lilongwe (28/35).

At the end of May, Ethiopia reported its first mpox cases and detection of clade Ib. The first cases were reported in Oromia region, near the border with Kenya (Africa CDC Epidemic Intelligence Weekly Report, June 2025). As of 18 June 2025, 22 cases have been confirmed (Ministry of Health of Ethiopia, Mpox cases summary, 18 June 2025, Facebook).

Outside of the African continent, 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 (in 2024), Germany, (in 2024 and 2025), Belgium (in 2024 and 2025), France, Ireland and Italy (in 2025).

In addition to Africa and the EU/EEA, since August 2024, clade I cases have been reported by Thailand, India, the United Kingdom, the United States, Canada, Pakistan, Oman, China, the United Arab Emirates, Qatar, Brazil, Switzerland and Australia. In the United States, in 2025, positive MPXV clade I wastewater samples have now also been reported from Iowa, North Carolina and California (ECDC Communicable disease threats report, 17-23 May 2025).

Most travel-associated cases involving travel to non-African countries had 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. One mpox clade I case reported from India had a travel history to Oman and the case reported by Australia had a travel history to Thailand (WHO external situation reports, Global Mpox Trends published 12 June 2025, data as of 8 June 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 these events outside of Africa has been low.

Based on the information available, all transmission events were due to close contact, secondary cases presented with mild symptoms and no deaths have been reported.

Transmission patterns of mpox due to monkeypox virus clade I – update 18 June 2025

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 since 2024. The categories are as follows:

- Countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: Angola, Australia, Belgium, Brazil, Canada, China, Germany, France, India, Ireland, Italy, Oman, Pakistan, Qatar, South Africa, South Sudan, Sweden, Switzerland, Thailand, the United Kingdom, the United States, and Zimbabwe;
- Clusters of cases or limited transmission: the United Arab Emirates;
- Community transmission: Burundi, Central African Republic, Congo, the DRC, Ethiopia, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zambia.

The categorisation was last updated on 18 June 2025 to include Italy and Ethiopia.

Below you can find some notes on the interpretation of the different trends reported in countries included:

- In Ethiopia 22 cases have been reported since the end of May and as of 18 June 2025 (Ministry of Health of Ethiopia, Mpox cases summary, 18 June 2025, Facebook). Epidemiological links among the cases are not very clear and it is presumed that community transmission may be ongoing in the country. Ethiopia is currently included in the category of countries with community transmission on a precautionary basis but this may be revised once further epidemiological information becomes available.
- Tanzania has reported a total of 54 cases in 2025, with 16 of these having occurred in the past six weeks and as of 12 June 2025 (2022-25 Mpox (Monkeypox) Outbreak: Global Trends (data as of 8 June 2025)). Previously, Tanzania was included in the classification as it was presumed that undetected transmission may be ongoing, given that mpox clade Ib cases with travel links to Tanzania have been reported elsewhere.
- South Sudan and South Africa are currently in the first (travel-associated) category, given the small number of confirmed cases. South Sudan has reported six cases in the past six weeks and a total of 15 cases, according to WHO, and as of 12 June 2025. In South Africa, no new cases have been reported the past six weeks and as of 12 June 2025. No additional information on suspected cases is available and there are no indications of wider community transmission in either country.
- The United Arab Emirates has reported cases with travel history to Uganda, however a number of other countries have reported cases with travel history to the United Arab Emirates. Although there is no evidence of wider community transmission in the United Arab Emirates, it is presumed that undetected transmission is ongoing (Mpox: multi-country external situation report no. 50, 11 April 2024). The United Arab Emirates are therefore classified as having 'clusters of cases or limited transmission'.

The epidemiological situation is continuously being monitored and the classification is reviewed and adjusted depending on a qualitative assessment of reported trends.

Mpox clade II focus in selected countries in Africa reporting recent increases

Sierra Leone: The first cases of mpox in Sierra Leone were reported at the beginning of the year. Clade II was detected. As of week 22, over 3 500 confirmed cases had been reported, including 20 deaths for all 16 districts of the country according to Africa CDC (Africa CDC Epidemic Intelligence Weekly Report, June 2025 – Africa CDC). Of the confirmed cases, 4% are aged under 15 years and 51% are males. A sharp increase in cases since May 2025 has been followed by a decline over the last three weeks (and as of week 22). However, testing positivity rate is above 80% (Special Briefing on Mpox and other Health Emergencies, 12 June 2025).

Liberia: Mpox cases due to clade IIa and IIb have been reported in Liberia since 2024. In recent weeks an increase has been noted with 41 confirmed cases reported on week 21 compared to 30 cases reported on week 21. The majority of the cases are in males (53%) and 36.5% are under 15 years (Special Briefing on Mpox and other Health Emergencies, 12 June 2025). Overall, and as of 16 June, 175 confirmed cases have been reported since 2024 and as of 16 June 2025 (National Public Health Institute of Liberia, 17 June 2025 (Facebook)).

Ghana: A resurgence of mpox cases has been reported in Ghana in recent weeks. Previously the country had reported mostly sporadic cases (Special Briefing on Mpox and other Health Emergencies, 12 June 2025). Clade IIb has been detected in the country. The first confirmed cases in 2025 were reported on 15 May 2025 in Accra and as of 16 June 2025, the total number of confirmed cases is 98 (Ghana Health Services, 15 May 2025 (Facebook) and Ghana Health Services, 16 June 2025 (Facebook)).

Togo: The first cases of mpox in Togo were reported in May 2025 and clade II has been detected. As of week 22, 15 confirmed cases have been reported, 53% are females and 47% are aged 15-24 years (Africa CDC Epidemic Intelligence Weekly Report, June 2025 – Africa CDC).

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 to be a public health emergency of international concern. On 5 June 2025, the WHO IHR Emergency Committee convened for the fourth time, advised that the event continues to meet the criterial for a public health emergency of international concern and revised the set of temporary recommendations which are now valid until 20 August 2025 (Fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024 – Temporary recommendations).

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 individuals, and 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 is monthly. As the global epidemiological situation is monitored continuously, ad hoc epidemiological updates may be published.

Sources: ECDC rapid risk assessment

Last time this event was included in the Weekly CDTR: 23 May 2025.

3. Outbreak of Hepatitis A, mostly associated with sexual transmission among MSM, in Portugal

Overview

Portugal has previously reported an outbreak of hepatitis A that started in February 2024 and which included cases transmitted through sexual contact among MSM. The outbreak has continued in 2025, with genotype IA, strain VRD_521_2016 being detected, one of the strains that circulated in Europe during the 2017-2018 multi-country outbreak in MSM. Between 1 January and as of 31 May 2025, 122 cases have been reported associated with sexual contact among MSM. The majority of new cases have been reported among unvaccinated people. The outbreak is mainly affecting the north and the Lisbon and Tagus Valley (LVT) regions. Clinical awareness, reinforcement of diagnostics and sample sequencing at the national reference laboratory and public health prevention and control measures have been implemented nationwide.

EuroPride 2025 Lisbon is taking place in Lisbon, Portugal, from 14 to 22 June 2025. The event is expected to attract a high number of participants, including international visitors from across the EU/EEA. This gathering of large numbers of people that may engage in sexual activity, sometimes with multiple partners, represents an increased risk of HAV and other infections being transmitted in the context of sex.

The local and regional public health teams in Portugal have reinforced early detection, epidemiological surveillance, diagnostics, sampling and sequencing and preventive community measures in at-risk populations and in spaces where exposure may occur. In the context of preparedness and response to the EuroPride 2025 Lisbon event, national guidance has been reinforced and stockpiles of hepatitis A vaccine replenished at the healthcare service facilities in the areas near the events.

The multi-country outbreak of hepatitis A mostly affecting MSM in Europe which was detected in 2016-2018 involved more than 4 000 cases in 19 countries with a male/female ratio of 6.8. Since the outbreak in 2016-2018, Portugal has maintained strong surveillance of HAV where diagnostics are required in the event of clinical suspicion, and samples are expected to be sent for sequencing to the national reference laboratory.

ECDC assessment

MSM are at higher risk of HAV infection when engaging in sexual practices that facilitate faecal-oral transmission of the virus.

EuroPride 2025 Lisbon is taking place in Portugal – Lisbon, on 14-22 June 2025, among other Pride events in Europe this summer*. MSM attending the Pride events and engaging in sexual activity there – in particular activity which involves faecal-oral contact, including via fingers – may be at higher risk of being exposed to HAV. The likelihood of infection increases with larger numbers of partners and if precautions are not taken.

Unvaccinated MSM without prior infection are susceptible to HAV during Pride events and can then further transmit the infection through sexual networks in their home countries. New strains of HAV may also be introduced into MSM networks in the context of mass gatherings.

MSM should be encouraged to contact healthcare providers if they think they have been exposed to HAV and consider post-exposure vaccination, ideally as soon as possible but within two weeks.

Member States should be aware of the above possibilities in the coming weeks and months and consider raising awareness among clinicians and laboratory professionals accordingly. Partner management (notification and possible post-exposure vaccination of contacts) should also be considered.

Hepatitis A vaccination, which is safe and highly effective, is the main option for response in the context of the current circulation of HAV genotype IA among MSM. The World Health Organization and most EU/EEA countries recommend pre-exposure hepatitis A vaccination for MSM. ECDC guidance recommends that pre-exposure hepatitis A vaccination be delivered and promoted to MSM. This is particularly important for MSM living in or travelling to areas reporting outbreaks or to endemic areas, attending mass gatherings or at risk of severe outcomes if infection occurs - e.g. due to underlying chronic disease.

Post-exposure prophylaxis should also be provided to identified sexual contacts, household contacts and other relevant close contacts of cases through the administration of hepatitis A vaccine and normal immune human globulin in accordance with national guidelines in order to prevent secondary cases.

In addition to vaccination, other options can contribute to the prevention of transmission among MSM: the use of condoms for anal sex, which have the additional benefit of offering protection against other sexually transmitted pathogens, and good personal hygiene (e.g. washing hands, genital and anal areas before and after sexual contact, always using a condom, changing condoms between anal and oral sex, using gloves or condoms on sex toys, using dental dams for oral sex and latex gloves for fingering or fisting). If gastrointestinal symptoms appear, it is relevant for healthcare providers to ask or to be told about sexual activities.

For the provision of primary prevention advice, authorities should consider engaging with civil society, social media, media outlets and dating apps to raise awareness among MSM about the risk of contracting HAV and the importance of pre-exposure vaccination. MSM who have already contracted the infection should be referred to sexual health services for further testing. Attention should be paid to the prevention of secondary transmission through other routes by following good personal and kitchen/food handling hygiene.

Further details on options for response can be found in the 2017 rapid risk assessment on HAV mostly affecting MSM, the 2018 rapid risk assessment 'Multi-country outbreak of hepatitis A virus genotype IA infections affecting EU countries in 2018', and ECDC's 'Public health guidance on HIV and STI prevention among men who have sex with men.'

Further details on options for response can be found in the 2017 rapid risk assessment on HAV mostly affecting MSM, the 2018 rapid risk assessment Multi-country outbreak of hepatitis A virus genotype IA infections affecting EU countries in 2018, and ECDC's Public health guidance on HIV and STI prevention among men who have sex with men.

* Munich Pride, 14–29 June; Paris, 21–28 June; Madrid, 26 June–6 July; Barcelona Pride 28 June–20 July.

Actions

ECDC has published Public health advice for EuroPride 2025 Lisbon event together with WHO.

ECDC is also reporting separately on the Euro Pride event, with details on other health issues as well.

ECDC is monitoring the health risks associated with Euro Pride via epidemic intelligence activities on an ongoing basis.

ECDC encourages Member States to report via EpiPulse cases or clusters of Hepatitis A in MSM.

Last time this event was included in the Weekly CDTR: 22 March 2024.

4. Mass gathering monitoring – EuroPride 2025 Lisbon - Portugal – 2025

Overview

Update

As of 19 June 2025, no relevant public health events related to communicable diseases have been detected in connection with EuroPride 2025 Lisbon.

Summary

EuroPride 2025 Lisbon is taking place in Lisbon, Portugal, from 14 to 22 June 2025. The event is expected to attract a high number of participants, including international visitors from across the EU/EEA. Activities will include multiple gatherings such as cultural and artistic performances and large-scale social gatherings, culminating in a public parade on 21 June in central Lisbon. The event will be hosted across multiple indoor and outdoor venues, some for which high-crowd density is anticipated, along with extended duration of contact among attendees.

In recent years, rates of STIs such as gonorrhoea and syphilis have continuously increased among MSM. In addition, clusters and outbreaks of other infections transmitted through intimate contact among sexual partners are currently spreading among MSM, including mpox, viral hepatitis and extensively drug-resistant Shigella.

In Portugal there is an ongoing outbreak of hepatitis A among MSM and an increasing number of cases has been detected since November 2024. The local and regional public health teams in Portugal have reinforced early detection, epidemiological surveillance, diagnostics, sampling and sequencing and preventive community measures in at-risk populations and in spaces where exposure may occur. In the context of preparedness and response to the EuroPride 2025 Lisbon event, national guidance has been reinforced and stockpiles of hepatitis A vaccine replenished at healthcare service facilties in the areas near the events.

For this year's Pride event in Lisbon, the main recommendations stated in the 2017 ECDC risk assessment, ECDC's guidance on HIV and STI prevention among men who have sex with men, ECDC's public health considerations on mpox, and ECDC's guidance on PrEP remain valid. Additional points on Shigella prevention are also important, as outlined below.

Public health authorities are recommended to work with civil society and other partners to ensure that MSM have access to correct information and services. It is recommended that participants at Pride events be mindful of the following:

- Ensure that their routine vaccination and boosters are up-to-date according to the national immunisation recommendations in their country of residence, including those against hepatitis A. It is advised to discuss the need for additional vaccinations, such as fmpox, or booster doses, with healthcare providers.
- Ensure coverage with valid health insurance or obtain a European Health Insurance Card.
- Educate themselves prior to attendance on the prevention of STIs, including recommendations on HIV pre-exposure prophylaxis, and familiarise themselves with additional advice and information on the website for the event.
- Consult a healthcare provider in the home country to discuss other precautions based on a sexual health risk assessment: they may recommend pre-exposure prophylaxis (PrEP) for HIV, but remember that PrEP does not protect against other STIs.
- Practise safer sex using condoms to prevent STIs, including HIV and hepatitis B and C.
- Although use of a condom is an important protective measure, it does not provide full protection against mpox, as this can be transmitted through close skin-to-skin contact, especially if there are rashes, sores, or lesions on the skin.
- Avoid sexual activity and seek healthcare if symptoms of STIs are present, including gastrointestinal symptoms and symptoms suggestive of mpox (this applies to the individuals themselves and any of their sexual partners).
- Avoid faecal-oral exposure during sexual activity in order to prevent other infections such as shigellosis and hepatitis A (i.e. washing hands, genital and anal areas before and after sexual contact, always using a condom, changing condoms between anal and oral sex, using gloves or condoms on sex toys, using dental dams for oral sex and latex gloves for fingering or fisting). If gastrointestinal symptoms appear, tell healthcare providers about sexual activities.
- Follow standard hygiene measures and advice on the prevention of food and waterborne diseases to decrease the risk of gastrointestinal illnesses and consider general hygiene/food safety practices when consuming food and drink.
- If you think you have been exposed to HIV, hepatitis A or B, or mpox infection, contact a healthcare provider as soon as possible for advice, as post-exposure prophylaxis (PEP) is available for some infections in the form of a vaccination or tablets and should be started as soon as possible (within 72 hours for HIV).
- Contact a healthcare provider at the event if experiencing symptoms suggestive of an infection. Although people with STIs may not experience symptoms, some of the most common can include unusual discharge from the genitals or rectum, itching, pain during urination, rectal pain, skin changes (including rashes or blister-like lesions), yellowing of the skin, pain during sex or influenza-like symptoms. If you have any of these symptoms, or experience severe diarrhoea (which can be caused by shigella or hepatitis A), avoid sexual activity and seek healthcare promptly.

- In general, if engaged in unprotected sexual activity with a casual partner, consider contacting a healthcare provider for advice on testing for STIs, including mpox, HIV and hepatitis, as STIs can be present without causing any symptoms.
- Alternatively, use the European Test Finder tool to identify the most conveniently located testing centre. Known partners of those diagnosed should be notified, and offered testing and treatment in accordance with clinical guidelines.

MSM who attend EuroPride 2025 Lisbon and acquire infection could then transmit these further through sexual networks in their home countries and Member States should therefore consider raising awareness among clinicians and laboratory professionals accordingly, while also preparing to provide post-exposure prophylaxis and carry out partner management of identified cases.

ECDC assessment

EuroPride 2025 Lisbon is a mass gathering with a large number of visitors, some of whom may engage in different type of sex with new partners, anonymous partners and multiple partners. Sometimes sexual activity may be in the context of drug use, which has been associated with an increased risk of infectious disease transmission through sex.

STIs, HIV and hepatitis, as well as mpox and shigella, are already spreading in MSM networks in Europe. The probability of infection with STIs and other infections that spread through sex is high for people who attend EuroPride 2025 Lisbon and engage in sex with non-steady and multiple partners, particularly if preventive measures are not consistently applied.

Mass gathering events in general involve a large number of visitors in one area at the same time. Multiple factors can lead to the emergence of a public health threat, such as an imported disease, increased numbers of susceptible people, risk behaviour, sale of food and beverages by street vendors, etc. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions, should also be considered by the organisers and the public health authorities of the hosting country.

The probability of EU/EEA citizens becoming infected with other communicable diseases while attending EuroPride 2025 is low if general preventive measures are applied (e.g. being fully vaccinated according to national immunisation schedules, following advice regarding hand and food hygiene and respiratory etiquette, self-isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, seeking prompt testing and medical advice as needed, and practising safe sex).

In 2017, ECDC published a rapid risk assessment on potential public health risks related to communicable diseases at the WorldPride festival in Madrid. The main recommendations stated in the ECDC risk assessment remain valid, together with ECDC's guidance on HIV and STI prevention among men who have sex with men, ECDC's public health considerations on mpox, and ECDC's guidance on PrEP.

Actions

ECDC is monitoring this event through its epidemic intelligence for mass gathering activities between 9 to 27 June 2025 in collaboration with the Portuguese health authorities and WHO's Regional Office for Europe, and is including weekly updates in the Communicable Disease Threats Report (CDTR).

ECDC has published recommendations on STIs in the upcoming holiday season.

Last time this event was included in the Weekly CDTR: 13 June 2025.

5. Seasonal surveillance of chikungunya virus disease – 2025

Overview

Since the beginning of 2025, and as of 18 June 2025, one country in Europe has reported human cases of chikungunya virus disease: **France** (2).

France has reported two cases of locally acquired chikungunya virus disease in two regions of the country: in Prades le Lez in the Hérault department (date of onset 27 May 2025) and La Crau in the Var department (date of onset 2 June 2025). Both clusters are currently classified as active.
For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease.

ECDC assessment

Please find the current chikungunya virus disease risk assessment for mainland EU/EEA on ECDC's dedicated chikungunya webpage.

6. Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025

Overview

Update

According to the French National Health Authority, since the beginning of the year and as of 15 June 2025, more than 54 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since week 17, a decrease in surveillance indicators has been observed. The estimated number of emergency department visits for chikungunya virus disease in week 24 was 13 visits, compared to 20 visits in week 23.

Since the beginning of the year, 27 deaths occurring between weeks 11 and 22 have been classified as chikungunya virus disease-related (17 directly and 10 indirectly related). These deaths occurred mostly in people aged over 64 years (range: 41–95 years) with co-morbidities (mainly chronic pathologies).

The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate people aged over 65 years, those aged over 18 years with comorbidities, and vector control professionals with Ixchiq vaccine, as a reactive short-term measure to prevent severe disease. On 7 April, the regional health agency initiated a vaccination campaign for prioritised individuals and extended the group of prioritised individuals on 17 April. On 26 April 2025, the French Ministry of Health and Access to Care reported that it was informed on 23 April 2025 by the French National Agency for the Safety of Medicines (ANSM) of the occurrence of two serious adverse events following vaccination against chikungunya with the Ixchiq vaccine in Reunion, including one death, and a third serious adverse event on 25 April. The three events occurred in people aged over 80 years with comorbidities. Two of them experienced symptoms similar to those of a severe form of chikungunya a few days after vaccination and one died. The third person was discharged from hospital. On 25 April, the French National Authority for Health (HAS) advised a revision of the vaccination recommendations. As a result, the health authorities suspended the vaccination of individuals aged 65 years and above, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18–64 years with comorbidities. In this context, travellers aged 65 years and above should also not be vaccinated with the Ixchiq vaccine.

On 7 May 2025, the European Medicines Agency (EMA) stated that the agency's safety committee (PRAC) had started a review of the Ixchiq vaccine, following the reports of severe adverse events in older adults. EMA reports that many of the people affected also had other illnesses and the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. The Committee is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults 65 years old and above.

On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 8 June 2025, 882 confirmed cases of the disease have been reported on the island. The number of cases is decreasing since week 22. However, the actual number of chikungunya cases is probably underestimated. Due to increasing pressure on the emergency departments, case confirmation has been suspended and general practitioners are also requesting fewer tests. Combined with limited healthcare access for parts of the population, this situation contributes to underreporting. The disease has spread across the entire island, with most cases reported in Mamoudzou, Dzaoudzi and Pamandzi. Since week 10, 23 chikungunya cases have been hospitalised, including nine children under one year of age and 13 pregnant women admitted as a precaution due to an elevated risk of complications. No deaths have been reported. Due to the intensified circulation of locally acquired cases of chikungunya, the ORSEC plan has transitioned to phase 3 on 27 May to control the outbreak. Several management and surveillance measures will be implemented to control the outbreak and better prepare for a possible epidemic phase.

Background

In August 2024, France reported the first autochthonous case of chikungunya virus disease in Réunion for 10 years, with onset of symptoms on 12 August. 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 Réunion was in 2005–2006. The mosquito Aedes albopictus, which is a known vector of chikungunya virus (CHIKV), is established in Réunion.

The surveillance data indicate that the outbreak is decreasing in Réunion, however the epidemic is still active throughout the island and the probability of infection for residents and travellers to Réunion remains high.

The impact in terms of hospitalisation has mainly been seen in vulnerable individuals, infants, older adults, people with chronic illnesses and pregnant women, in whom the disease can be serious.

In Mayotte, both the mosquito Aedes albopictus, and the mosquito Aedes aegypti (which is also a known vector of CHIKV) are widely established. Although surveillance data indicate a decrease in cases, this must be interpreted with caution, as the surveillance system is weakening due to several factors, which limit the quality and completeness of the data.

Chikungunya virus disease risk assessment for mainland EU/EEA can be found on the dedicated EDC website.

The environmental conditions in the areas of the EU/EEA where Ae. albopictus or Ae. aegypti are established are currently favourable for mosquito activity and virus replication in mosquitoes; therefore, locally acquired transmission might occur in summer.

Actions

To avoid virus spread, reinforced prevention and control measures have been implemented by the local authorities. The population is being encouraged to remove objects around homes that could contain water and serve as potential mosquito propagation sites, to protect themselves against mosquito bites, and to consult a doctor if symptoms occur.

Pregnant women, especially in the third trimester, are strongly advised to protect themselves from mosquito bites by using effective, pregnancy-safe repellents, and to sleep under a mosquito net. This precautionary measure is useful throughout pregnancy, given that fever during pregnancy can also lead to miscarriage. Newborns and infants should also be protected from mosquito bites by using effective and age-appropriate mosquito repellents (from three months of age) and nets.

ECDC is monitoring the situation through its epidemic intelligence activities.

Further information

Travellers to Réunion are advised to apply personal protective measures to avoid the risk of being bitten by mosquitoes.

Aedes mosquitoes have diurnal biting activities, both in indoor and outdoor environments. Personal protective measures should therefore be applied all day long and especially during the hours of highest mosquito activity (mid-morning and late afternoon to twilight). Personal protective measures to reduce the risk of mosquito bites include wearing long sleeves and trousers impregnated with insect repellent, the use of repellent sprays applied in accordance with the instructions indicated on the product label, and limiting activities that increase mosquito exposure. In addition, it is recommended to sleep or rest in screened or air-conditioned rooms and to use mosquito bed nets (preferably insecticide-treated nets).

In the context of the outbreak, following the recommendations of the French health authorities, the national blood services have put the following measures in place for blood safety:

- CHIKV NAT for all donors in the overseas department of La Réunion;
- CHIKV-NAT, or a 28-day temporary deferral period, for travellers who have stayed at least one night in Réunion 28 days prior to donation.

Last time this event was included in the Weekly CDTR: 18 June 2025

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

Overview

Since the beginning of the 2025 transmission season, and as of 18 June 2025, no countries in Europe have reported human cases of WNV infection.

The report is available online.

Last time this event was included in the Weekly CDTR: 13 June 2025.

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

Overview

On 13 June 2025, the Cambodian Ministry of Health reported a new human case of avian influenza A(H5N1) virus infection in Takeo province, Cambodia. The presence of A(H5N1) virus infection in the 65-year-old woman was confirmed by the Pasteur Institute of Cambodia on 12 May 2025. She presented with fever, cough and shortness of breath and is being treated in an intensive care unit. Exposure to backyard poultry has been reported, though there were no sick or dead birds detected in the family's yard nor in the village. Contact tracing and investigation to identify the source of infection are ongoing.

Cambodia reported 77 human cases with avian influenza A(H5N1) infection, including 47 deaths (CFR 60.5%) since 2003 and as of 16 June 2025. Of the reported cases five cases, including 4 deaths have been reported in 2025.

Summary

Since 2003, and as of 16 June 2025, there have been 979 human cases of avian influenza A(H5N1) infection worldwide*****, including 471 deaths (case fatality among reported cases: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

***Note:** this includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 and 2023 by Spain (two detections), the United States (1), and the United Kingdom (4, 1 inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

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ECDC assessment

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

Overall, the risk 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-moderate.

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

Actions

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

Last time this event was included in the Weekly CDTR: 13 June 2025.

Events under active monitoring

- SARS-CoV-2 variant classification - last reported on 28 May 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported 28 May 2025
- Risk assessment under production - last reported on 28 May 2025
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 28 May 2025
- Mass gathering monitoring – EuroPride 2025 Lisbon - Portugal – 2025 - last reported on 19 June 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 19 June 2025
- Outbreak of Hepatitis A, mostly associated with sexual transmission among MSM, in Portugal - last reported on 19 June 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 19 June 2025
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 19 June 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 19 June 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 19 June 2025
- Invasive pneumococcal disease among shipyard workers in Turku, Finland - last reported on 13 June 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported 13 June 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 13 June 2025
- Seasonal surveillance of West Nile virus infections started in week 23 - last reported on 13 June 2025
- Outbreak of measles associated with international mass gathering - Germany - 2025 - last reported on 13 June 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 13 June 2025
- Salmonella Infantis outbreak among small children in Germany and Austria - last reported on 5 June 2025
- Crimean-Congo haemorrhagic fever, Spain 2025 - last reported on 5 June 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 5 June 2025
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 5 June 2025.