WEEKLY BULLETIN

Communicable disease threats report

Week 39, 20–26 September 2025

This week's topics

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA

- In the EU/EEA, widespread and increasing circulation of SARS-CoV-2 is being observed, but with limited impact on hospitalisations. Respiratory syncytial virus (RSV) and influenza circulation remain at very low levels.
- The number of patients presenting to primary care with symptoms of respiratory illness remains low. Nevertheless, following increasing long-term trends, SARS-CoV-2 is elevated in all age groups, although a small number of countries have seen decreasing trends in recent weeks. Severe COVID-19, mainly affecting people aged 65 years and above, remains at low levels relative to previous epidemics.

Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024

- On 18 September 2025, Germany reported a human case of avian-like swine influenza A(H1N1) variant virus (clade 1C.2.2).
- The patient was hospitalised in August 2025 following worsening of long-standing respiratory symptoms with onset in November 2024.
- The patient worked in a meat processing plant, where he mainly had exposure to pork.
- No additional cases have been identified among contacts.

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

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 24 September 2025, 12 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain, and Türkiye.

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

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 24 September 2025, three countries in Europe have reported cases of dengue: France (24), Italy (four), and Portugal (two).
- In the past week, France has reported three new locally acquired cases of dengue: two cases in a cluster in Aubagne and one case in a cluster in Fonsorbes. Three clusters in France are currently active.
- No other countries have reported dengue cases in the past week.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (573) and Italy (268).
- In the past week, France has reported 93 new locally acquired cases of chikungunya virus disease and Italy has reported 63.

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).
- The most recent case reported to ECDC was in week 32.

Ebola virus disease - Democratic Republic of the Congo - 2025

- As of 24 September 2025, 58 cases (48 confirmed, 10 probable) of Ebola Virus Disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 37 deaths (CFR 63.8%).
- All confirmed cases have been reported from Bulape health zone.
- Children under 15 years old are the most affected group.
- Of the 1 180 contacts that have been identified, 94 completed 21 days of monitoring and the remaining are under follow-up. Some 2 013 people have been vaccinated.
- The current risk for EU/EEA citizens living in or travelling to Kasai province in the DRC is estimated to be low, due to the current low likelihood of exposure. For citizens in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

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

Overview:

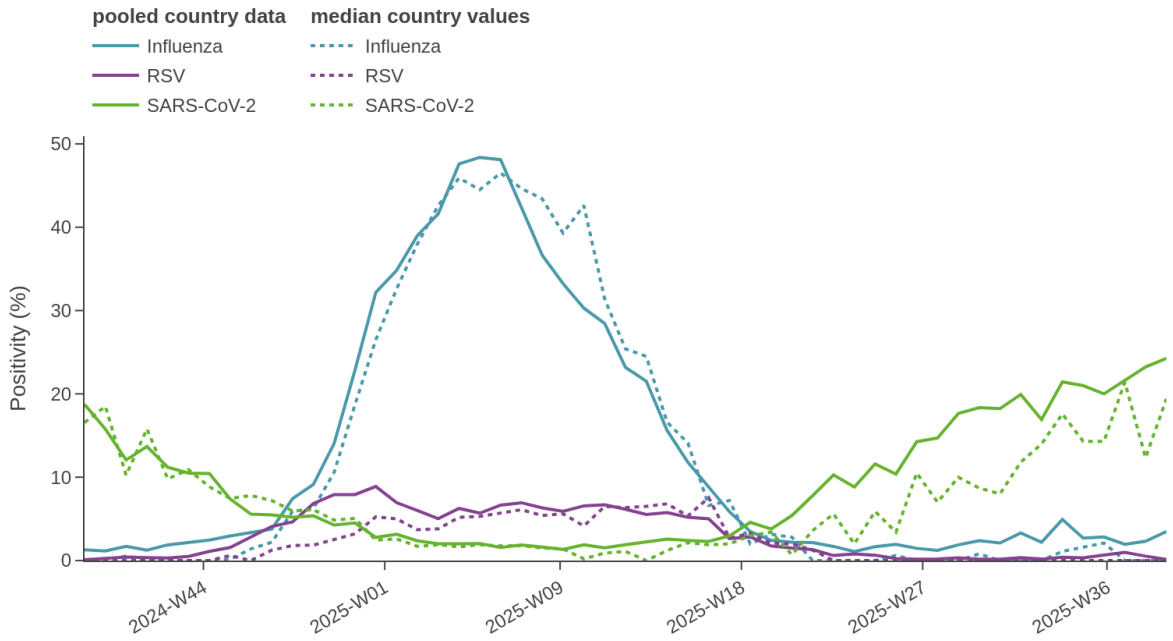
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.

Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

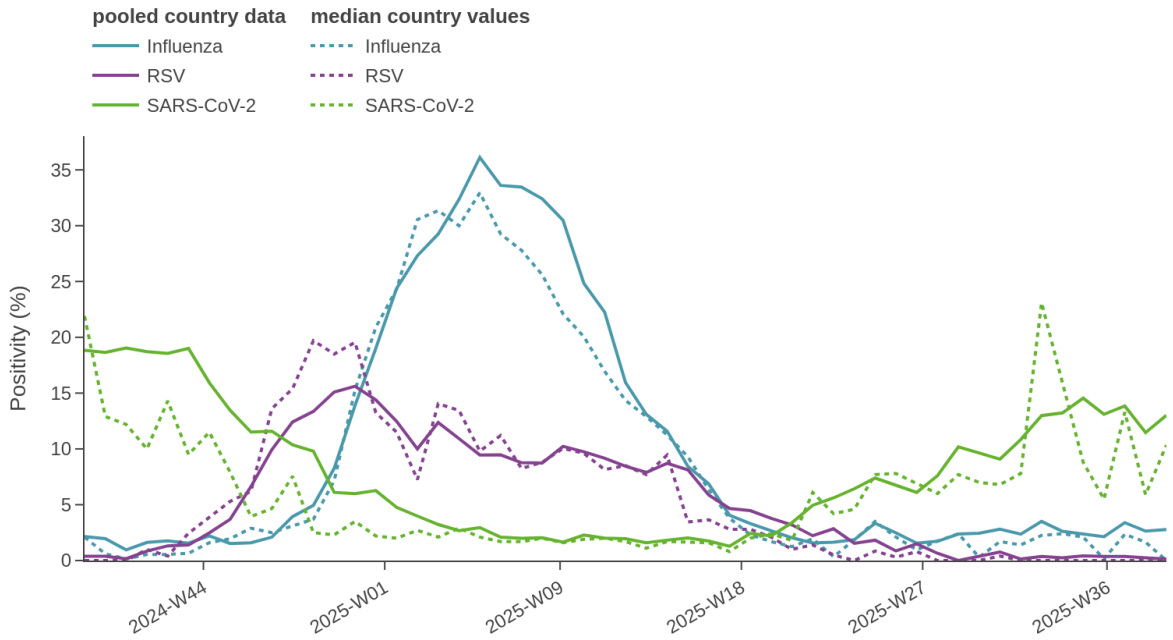
Last time this event was included in the Weekly CDTR: 19 September 2025

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



Source: ECDC

Figure 2. SARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 38, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 38**	**Week 37**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	11 rates (10 MEM)	14 rates (11 MEM)	Distribution of country MEM categories	8 Baseline 2 Low	
	ILI	15 rates (15 MEM)	17 rates (16 MEM)		15 Baseline	
ILI/ARI test positivity in primary care	Influenza	14	15	Pooled (median; IQR)	3.5% (0; 0–3.2%)	
	RSV	14	14		0.1% (0; 0–0%)	
	SARS-CoV-2	13	13		24% (19; 15–28%)	
SARI rates in hospitals	SARI	7	10	–	–	
SARI test positivity in hospitals	Influenza	6	8	Pooled (median; IQR)	2.8% (0; 0–0.5%)	
	RSV	6	8		0.1% (0; 0–0%)	
	SARS-CoV-2	6	7		13% (10; 8.4–17%)	
Intensity (country-defined)	Influenza	19	21	Distribution of country qualitative categories	15 Baseline 4 Low	
Geographic spread (country-defined)	Influenza	18	20	Distribution of country qualitative categories	9 No activity 9 Sporadic	

Source: ECDC

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

		Week 38, 2025		Week 40, 2024 - week 38, 2025	
Pathogen	**N**	**%[a]**		**N**	**%[a]**
Influenza	**27**	**-**		**25490**	**-**
Influenza A	26	100		15136	60
A(H1)pdm09	13	72		7336	57
A(H3)	5	28		5533	43
A (unknown)	8	–		2267	–
Influenza B	0	0.0		10074	40
B/Vic	0	–		4677	100
B/Yam	0	–		1	0.0
B (unknown)	0	–		5396	–
Influenza untyped	1	–		280	–
RSV	**1**	**-**		**4789**	**-**
RSV-A	0	–		873	44
RSV-B	0	–		1116	56
RSV untyped	1	–		2800	–
SARS-CoV-2	**188**	**-**		**5235**	**-**

Source: ECDC

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

Figure Table

		Week 38, 2025	Week 40, 2024 - week 38, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**20**	**-**	**14178**	**-**
Influenza A	15	100	6178	83
A(H1)pdm09	3	100	1853	61
A(H3)	0	0.0	1191	39
A (unknown)	12	-	3134	-
Influenza B	0	0.0	1297	17
B/Vic	0	-	169	100
B (unknown)	0	-	1128	-
Influenza untyped	5	-	6703	-
RSV	**1**	**-**	**5870**	**-**
RSV-A			821	48
RSV-B			905	52
RSV untyped	1	-	4144	-
SARS-CoV-2	**93**	**-**	**5512**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 38, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5774	40	5a.2a(C.1.9)	3797	66
			5a.2a.1(D)	750	13
			5a.2a(C.1.9.3)	701	12
			5a.2a.1(D.3)	331	6
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4400	30	2a.3a.1(J.2)	3432	78
			2a.3a.1(J.2.2)	616	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1.0
			2a.3a.1(J.1)	40	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4349		V1A.3a.2(C.5.1)	2499	58
			V1A.3a.2(C.5.7)	944	22
			V1A.3a.2(C.5.6)	801	18
			V1A.3a.2(C)	69	2
			V1A.3a.2(C.5)	17	0.4
			Not assigned	19	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 36–37, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	3	20	5% (0–12%)
XFG	VUM	5	208	57% (54–76%)
NB.1.8.1	VUM	5	23	12% (6–21%)
LP.8.1	VUM	3	5	2% (0–3%)

Source: ECDC

2. Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024

Overview:

On 19 August 2025, a 29-year-old male was hospitalised following long-standing respiratory symptoms that began in November 2024 and worsened three weeks before hospitalisation, including shortness of breath, purulent cough, diarrhoea, and 13 kg weight loss. The patient has since improved clinically, partially after receiving antibiotics.

A bronchoalveolar lavage (BAL) collected on 20 August 2025 tested weakly positive for influenza A (Ct 39/40). A nasopharyngeal swab collected in late August tested positive for influenza A via in-house PCR (Ct 30), but the virus could not be subtyped using standard or BioFire PCR panels. High Ct values, followed by a negative PCR on 17 September, suggest low viral load and a non-infectious state. Serological investigation of a serum sample collected on 18 September 2025 showed a clear signal for avian-like swine influenza A(H1N1), suggesting that the infection was relatively recent.

Virus isolation in cell culture was unsuccessful. Haemagglutination inhibition (HI) testing of blood samples was negative for all seasonal influenza strains, H5N1, H5N8, and porcine H1avN1, H1huN2, and H3N2 viruses.

Sequencing confirmed a swine origin avian-like influenza A(H1N1) variant virus (clade 1C.2.2) on 12 September. The sequences have been deposited in GISAID (GISAID ID: EPI_ISL_20177952). The HA segment resembles viruses collected in Germany from swine in mostly 2022 and 2023. The HA contains no mutations associated with increasing mammalian specificity of virus attachment. The PA segment contain the K356R mutation linked to increasing activity of viral polymerases in mammalian hosts, which has also been observed in viruses from pigs.

The virus is presumed to have been contracted occupationally; the patient has worked for 11 years in a pork processing plant, using high-pressure water cleaning systems. He worked intermittently until 18 August 2025. The prolonged illness likely involved another underlying condition, with influenza infection possibly contributing to hospitalisation.

Two close contacts, one personal and one professional, remained asymptomatic during a five-week follow-up, and no antivirals were given. Serological investigation of the two close contacts has been recommended to the local authorities. No additional cases associated with the index case have been identified and there is no evidence of human-to-human transmission.

Swine influenza is widespread in pig herds in Germany, with avian-like porcine A(H1N1) virus being the most prevalent influenza virus in pigs in the country.

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

ECDC assessment:

Sporadic human cases infected with an influenza virus of swine origin have previously been reported from several countries globally, including EU/EEA. 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. Human cases of infection with zoonotic influenza virus in the EU/EEA 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.

Sources: 2022-E000398

Last time this event was included in the Weekly CDTR: 21 February 2025

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

Overview:

Since the beginning of 2025, and as of 24 September 2025, 12 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain, and Türkiye.

A total of 128 areas are currently known to be affected.

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

The report is available online.

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

4. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025, and as of 24 September 2025, three countries in Europe have reported cases of dengue: France (24), Italy (four), and Portugal (two). Ten clusters were reported by France, two by Italy and one by Portugal. The cluster in Portugal was reported in Madeira, an outmost region of Portugal.

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

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

ECDC assessment:

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

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

5. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (573) and Italy (268).

In the past week, France has reported 93 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 573, distributed across 64 clusters. Forty-five clusters are currently active. The largest cluster is located in Antibes and consists of 103 cases.
Italy has reported 63 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 268, distributed across four clusters. Three clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, and Novi di Modena and consists of 216 cases.

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

ECDC assessment:

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

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

6. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

Overview:

Since the beginning of 2025, and as of 24 September 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).

The most recent case reported to ECDC was in week 32.

ECDC assessment:

The cases in Greece that occurred in the Thessaly region are unexpected, as this region and neighbouring regions have not previously reported CCHF cases or CCHF virus circulation in animals. The primary case was probably infected through a tick bite, while the secondary case occurred in a healthcare professional who provided care to the primary case. These are the first cases in the country since 2008, when the only locally acquired case to date was found in the Thrace region (bordering Bulgaria). The cases in Spain are not unexpected, as CCHF virus is known to be circulating among animals in the Salamanca province, Castile and León region, Toledo province, and Castilla-La Mancha region, and human CCHF cases have previously been reported in these areas.

Between 2016 and 2024, a total of 16 autochthonous CCHF cases were reported in Spain, with dates of disease onset between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of cases reporting a history of exposure to ticks. Two cases have previously been detected in the same locality as the current case. In this area, the presence of *Hyalomma marginatum*, the main vector of this disease, is well known, and studies conducted in wild and domestic animals have shown seroprevalence higher than 70% for CCHF virus. A CCHF case in Toledo province was reported in 2024. The current events are therefore not unexpected.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk drastically increases for people performing activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures (ECDC Protective Measures against ticks). Ticks from the *Hyalomma* spp. are considered to be the principal vectors of the CCHF virus. Hyalomma marginatum is widely present in southern and eastern Europe. A further vector is *Hyalomma lusitanicum*, which is present in parts of southern Europe.

Non-tick-mediated healthcare-associated transmission is also documented. It most often follows percutaneous or other cutaneous contact with a patient's blood or bodily fluids, but can also occur after close, unprotected proximity or contact with contaminated surfaces. In 2024, WHO published operational guidelines on infection prevention and control of CCHF in healthcare settings.

More information on CCHF can be found in ECDC's factsheet, and information on the occurrence of CCHF cases in the EU/EEA can be found on ECDC's website. In December 2023, ECDC published a report on the spatial distribution of CCHF based on predicted ecological suitability.

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

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

Overview:

Update

Based on updates on 25 September 2025, from WHO AFRO and the DRC Minister of Public Health, Hygiene and Social Security, there have been 58 cases (48 confirmed, 10 probable) of Ebola Virus Disease (EVD) reported in Kasai Province, DRC, as of 24 September 2025. A total of 37 deaths (including 10 probable) have been reported (CFR among all cases = 63.8%). All reported cases have been reported across six health areas in Bulape health zone, Kasai Province (Bambalaie (4), Bulape (11), Bulape Communautaire (4), Dikolo (23), Ingongo (1), and Mpianga (1). Three patients have recovered.

Reported cases are between 0- 70 years of age. Children under 15 years old are the most affected group.

Vaccination is being rolled out as part of the outbreak response. A total of 2 013 individuals (including 291 frontline workers, 610 contacts) have been vaccinated, and there are 2 625 vaccines available as of 23 September.

Summary
On 1 September 2025, WHO received an alert regarding suspected cases of Ebola virus disease (EVD) from the Bulape health zone, Kasai Province. Following this alert, on 4 September 2025, the DRC Minister of Public Health, Hygiene and Social Security declared an outbreak of EVD in the country. The current affected area is difficult to reach, being at least a one-day drive from the provincial capital of Kasai, Tshikapa.

The first reported case was a pregnant woman, who was admitted to Bulape General Reference Hospital on 20 August with symptoms of fever, bloody diarrhoea, vomiting, asthenia, anal, oral, and nasal haemorrhage. The woman later died due to multiple organ failure.

Samples tested on 3 September at the country's National Institute of Biomedical Research in the capital Kinshasa confirmed the cause of the outbreak as Ebola Zaire. Based on whole genome sequencing analysis, the causative strain is not linked to previous outbreaks and this is probably a new zoonotic spill-over event.

As of 24 September, 58 cases (48 confirmed, 10 probable) have been reported from Kasai Province, DRC. A total of 37 deaths (including 10 probable) have been reported (CFR among all cases = 63.8%). All reported cases have been reported across six health areas in Bulape health zone, Kasai Province (Bambalaie (4), Bulape (11), Bulape Communautaire (4), Dikolo (23), Ingongo (1) and Mpianga (1). Three patients have recovered. Reported cases are all under 70 years old. Children under 15 years old are the most affected group. The reported deaths include a laboratory technician and two nurses who had been working at the hospital where the first reported case was treated.

On 24 September, WHO reported that 19 cases are receiving clinical care at Bulape treatment centre and as of 21 September, 15 patients have received monoclonal antibody therapy (Mab114).

WHO published an update on 24 September. Based on the data available until the 21 September, females made up 61% of cases. The case fatality rate was 56% among females and 73% among males. Among the cases are five healthcare workers. The most impacted populations include children, housekeepers, and farmers.

As of 21 September, there are 1 180 contacts identified, 94 of whom have completed the 21 days of monitoring.

According to WHO AFRO, Bulape health zone is linked to large population centres such as Tshikapa and Kananga, and as there is ongoing cross-provincial and cross-border movement, there is a risk of further geographical spread.

The Ministry of Health is leading the outbreak response and is supported technically by WHO and other health partners. A regional strategic response plan has been developed to guide coordinated efforts across affected and at risk areas, focusing on surveillance, diagnostics, vaccination, infection, prevention and control (IPC), and community engagement. Vaccination began in Kasai Province on 13 September. As of 23 September, vaccination has been rolled out to 2 013 individuals (291 frontline Workers, 610 contacts), and 2 625 vaccines are available in the affected areas.

Background
Ebola outbreaks in the DRC are recurrent, as the virus is present in animal reservoirs in many parts of the country. This outbreak is the 16th outbreak recorded since 1976 in the DRC and the eighth since 2018.

The last EVD outbreak documented in the DRC was in August 2022, in Beni health zone, North Kivu province, but related to only one case. In the same year, another five cases were reported from Mbandaka city, Equateur province. In 2007 and 2008, there were EVD outbreaks affecting Kasai province, including the Bulape and Mweka health zones in 2007. In the country overall, there have been 15 outbreaks since the disease was first identified in 1976.

ECDC assessment:

Ebola virus causes a severe, often fatal, disease. The current risk for EU/EEA citizens living in or travelling to Kasai province in the DRC is estimated to be low. The current risk for citizens in the

EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Intense surveillance and contact tracing are essential to rapidly control outbreaks of viral haemorrhagic fevers.

Actions:

ECDC is monitoring the situation through its epidemic intelligence activities. In addition, ECDC is in contact with Africa CDC, GOARN, and the European Commission (DG ECHO, DG SANTE, DG HERA).

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

Events under active monitoring

- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 29 August 2025
- Seasonal surveillance of dengue – 2025 - last reported on 29 August 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 29 August 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 29 August 2025
- Locally acquired rabies – Romania – 2025 - last reported on 29 August 2025
- Expert deployment - last reported on 29 August 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 29 August 2025
- Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024 - last reported on 26 September 2025
- Ebola virus disease - Democratic Republic of the Congo - 2025 - last reported on 26 September 2025
- Rabies alert - Bangkok, Thailand - 2025 - last reported on 19 September 2025
- Nipah virus - Bangladesh - 2025 - last reported on 19 September 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 12 September 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 September 2025
- Probable Plasmodium falciparum malaria introduction - Greece - 2025 - last reported on 12 September 2025
- Plasmodium falciparum malaria case with undetermined place and mode of infection - Greece - 2025 - last reported on 12 September 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 05 September 2025
- SARS-CoV-2 variant classification - last reported on 5 September 2025
- Multi-country outbreak of Salmonella Strathcona - last reported on 5 September 2025