WEEKLY BULLETIN

Communicable Disease Threats Report

Week 40, 27 September to 3 October 2025

This week's topics

Executive Summary

SARS-CoV-2 variant classification

- Since the last update on 29 August 2025, and as of 26 September 2025, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring (VUM) and De-escalated variants:
  - LP.8.1 (formerly VUM) was de-escalated.
- For this update, sufficient data for estimating variant proportions during the reporting weeks are only available from five EU/EEA countries. Therefore, the statistics below only represent a limited part of the EU/EEA.
- The VOI and VUM median proportions in the EU/EEA for weeks 36–37, based on five reporting countries, are currently:
  - BA.2.86 (VOI): 5.2% (range: 0.0–24.2%; interquartile range (IQR): 0.0–11.8%);
  - NB.1.8.1 (VUM): 11.8% (range: 3.0–45.5%; IQR: 6.3–21.4%);
  - XFG (VUM): 57.1% (range: 51.5–85.9%; IQR: 54.5–76.5%).

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

- Since the last update on 28 July 2025, and as of 16 September 2025, 141 mpox cases have been reported from 13 EU/EEA countries through indicator-based surveillance: Spain (57), Germany (31), France (14), Portugal (10), Belgium (7), the Netherlands (7), Sweden (5), Ireland (4), Norway (2), Austria (1), Greece (1), Luxembourg (1) and Romania (1). Since 28 July 2025, no new countries have reported confirmed cases.
- Since the start of the mpox outbreak, and as of 16 September 2025, 25 229 confirmed cases of mpox have been reported from 29 EU/EEA countries.
- Twenty-four mpox clade I cases have been reported in the EU/EEA since August 2024 and as of 16 September, from Belgium, France, Germany, Ireland, Italy and Sweden. All were clade Ib, except for one case in Ireland, which was clade Ia. In addition, since 16 September, additional clade I cases were reported to ECDC from Ireland and Germany through event-based surveillance.
- Four previously unreported cases of clade Ib were uploaded by Türkiye from January, April, May and July 2025.
- The overall risk of mpox is assessed as low for men who have sex with men and very low for other populations in the EU/EEA.

Overview of respiratory virus epidemiology in the EU/EEA

- In the EU/EEA, widespread 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 but is increasing in most countries, as expected for this time of year. The steepest increases are in children below 15 years.
- SARS-CoV-2 remains elevated in all age groups, although the increasing trend observed during the summer has flattened out with many countries reporting decreasing trends in recent weeks. Severe COVID-19, mainly affecting people aged 65 years and above, remains at low levels relative to previous epidemics

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 similar to previous weeks.
- 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 decreasing in DRC and Uganda with week-to-week fluctuations.
- Sporadic mpox clade I cases have also been reported outside of the African continent during the past month. There is no indication of wider community transmission in any country outside Africa.
- The classification of transmission patterns has been updated as of 29 September 2025 (details are provided in the overview).

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2).
- The most recent case reported to ECDC was in week 32.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 1 October 2025, three countries in Europe have reported cases of dengue: France (26), Italy (4), and Portugal (2).
- In the past week, France has reported two new locally acquired cases of dengue in a cluster in Aubagne. Three clusters in France are currently active.
- No other countries have reported dengue cases in the past week.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 1 October 2025, 13 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, 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 chikungunya virus disease – 2025

- Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (637) and Italy (323).
- In the past week, France has reported 64 new locally acquired cases of chikungunya virus disease and Italy has reported 55.

Ebola virus disease – Democratic Republic of the Congo – 2025

- As of 1 October 2025, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 42 deaths (31 confirmed and 11 probable; case fatality rate (CFR) among all cases: 65.6%).
- All confirmed cases have been reported from Bulape health zone.
- A total of 1 787 contacts have been identified and 60 of these have completed their 21-day follow-up. A total of 9 077 individuals have been vaccinated.
- The current risk for EU/EEA citizens living in or travelling to Kasai province in 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.

Rabies case – France – 2025

- France has notified a fatal human rabies case in the Occitania region.
- The infection source is currently under investigation. Sequencing confirmed the virus to be classical rabies.
- Mainland France has been rabies-free since 2001, with only sporadic imported or overseas-linked cases reported.
- The overall risk of contracting rabies for residents or visitors in mainland France is currently considered very low.

1. SARS-CoV-2 variant classification

Overview:

Since the last update on 29 August 2025, and as of 26 September 2025, the following changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring (VUM) and De-escalated variants:

- LP.8.1 (formerly VUM) was de-escalated.

The VOI median proportions in the EU/EEA for weeks 36–37, based on five reporting countries, are currently:

- BA.2.86: 5.2% (range: 0.0–24.2%; IQR: 0.0–11.8%).

The VUM median proportions in the EU/EEA for weeks 36–37, based on five reporting countries, are currently:

- NB.1.8.1: 11.8% (range: 3.0–45.5%; IQR: 6.3–21.4%);
- XFG: 57.1% (range: 51.5–85.9%; IQR: 54.5–76.5%).

The calculations are based on data reported to GISAID, as of 21 September 2025. Note that for this update, sufficient data for estimating variant proportions during the reporting weeks are only available from five EU/EEA countries. The statistics therefore only represent a limited part of the EU/EEA.

ECDC assessment:

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant circulation.

The EU/EEA population overall has a significant level of hybrid immunity (prior infection plus vaccination/boosters), conferring protection against severe disease. The variants currently circulating that are classified as VOI or VUM are unlikely to be associated with any increase in infection severity compared with previously circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older adults, those with underlying conditions, and people who have previously not been infected could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccination of people at high risk of severe outcomes (e.g. older adults) remains important.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries sequence positive clinical specimens and report to GISAID and/or TESSy.

For the latest update on SARS-CoV-2 variant classifications, please see ECDC's webpage on variants. Variant surveillance data, including the distribution of VOC and VOI proportions in the EU/EEA and detailed country-specific COVID-19 updates are available as part of the European Respiratory Virus Surveillance Summary (ERVISS).

Routine updates on the SARS-CoV-2 variant classification through the Communicable Diseases Threats Report (CDTR) will be provided on a monthly basis at a minimum.

Last time this event was included in the Weekly CDTR: 5 September 2025

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

Overview:

Since the last update on 28 July 2025, and as of 16 September 2025, 141 mpox cases have been reported from 13 EU/EEA countries: Spain (57), Germany (31), France (14), Portugal (10), Belgium (7), the Netherlands (7), Sweden (5), Ireland (4), Norway (2), Austria (1), Greece (1), Luxembourg (1) and Romania (1). Since 28 July 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 16 September 2025, 25 229 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (8 939), France (4 528), Germany (4 478), the Netherlands (1 545), Portugal (1 252), Italy (1 179), Belgium (907), Austria (380), Sweden (373), Ireland (315), Poland (248), Denmark (229), Greece (160), Norway (129), Czechia (109), Hungary (88), Luxembourg (64), Romania (51), Malta (49), Slovenia (48), Finland (43), Croatia (39), Slovakia (19), Iceland (17), Bulgaria (11), Estonia (11), Cyprus (6), Latvia (6) and Lithuania (6). Deaths have been reported from: Spain (4), Belgium (2), Portugal (2), Austria (1) and Czechia (1).

Since the start of the mpox outbreak and as of 16 September 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) and Kosovo* (1). In addition, 71 cases have been reported from Türkiye, including one case of clade Ia from October 2024 and four newly reported cases of clade Ib diagnosed in January, April, May and July 2025.

A total of 24 mpox clade I cases have been reported in the EU/EEA since August 2024 and as of September 16:

- Sweden reported the first imported case of mpox due to MPXV clade Ib in the EU/EEA on 15 of August 2024.
- Germany reported 11 cases (one in October 2024, five in December 2024, one in January 2025, one in February 2025, two in April 2025 and one in July 2025).
- Belgium reported six cases (two in December 2024, one in January 2025, two in February 2025 and one in April 2025).
- France reported three cases (one in December 2024, one in February 2025 and one in April 2025).
- Italy reported one case in June 2025.
- Ireland reported two cases (one in February 2025 and one in August 2025).

All were clade Ib except the first case in Ireland, which was clade Ia. Most affected individuals had mild disease. Confirmed secondary transmission events were reported by Germany and Belgium among household contacts.

Since 16 September, additional mpox clade I cases were reported by Ireland and Germany through event-based surveillance. Limited secondary transmission was reported in Ireland. In both events the cases were linked to travel.

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

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 occurring in 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 I and II, please refer to the weekly Communicable Diseases Threats Report and the ECDC webpage: Mpox worldwide overview.

A detailed summary and analysis of data reported to ECDC 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 ECDC is similar to previous months and the overall number remains relatively low in the EU/EEA. The 141 cases presented in this update represent the number of cases reported since the end of July, as no updates were provided in August.

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 very low for other populations in the EU/EEA.

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 and 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 and 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.

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

Last time this event was included in the Weekly CDTR: 1 August 2025

3. 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.

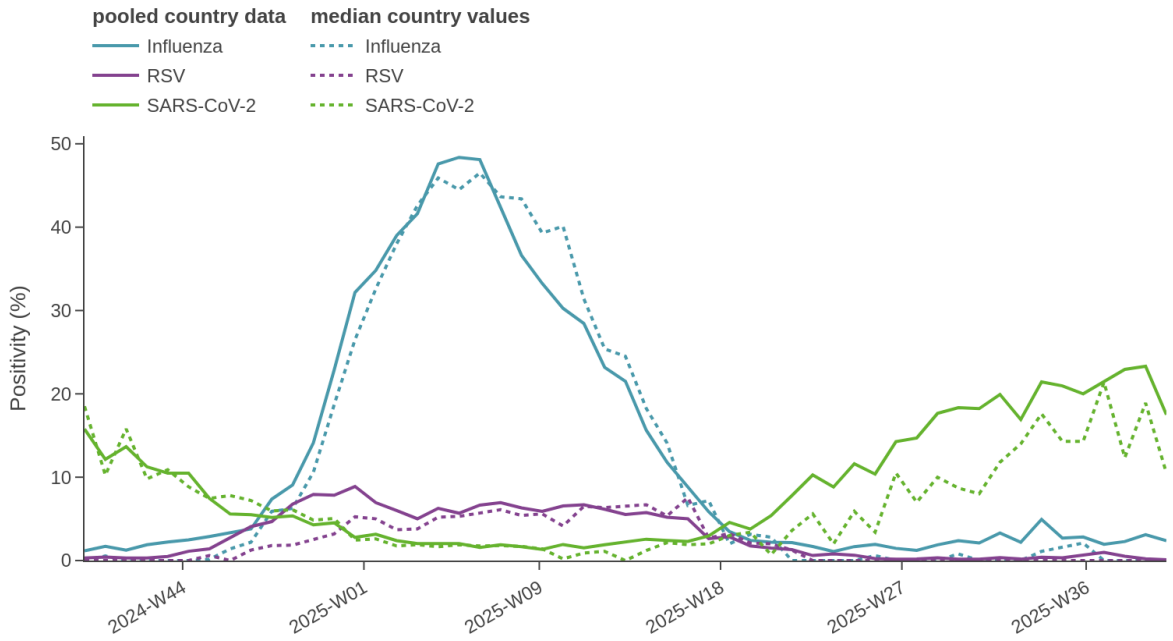
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 26 September 2025

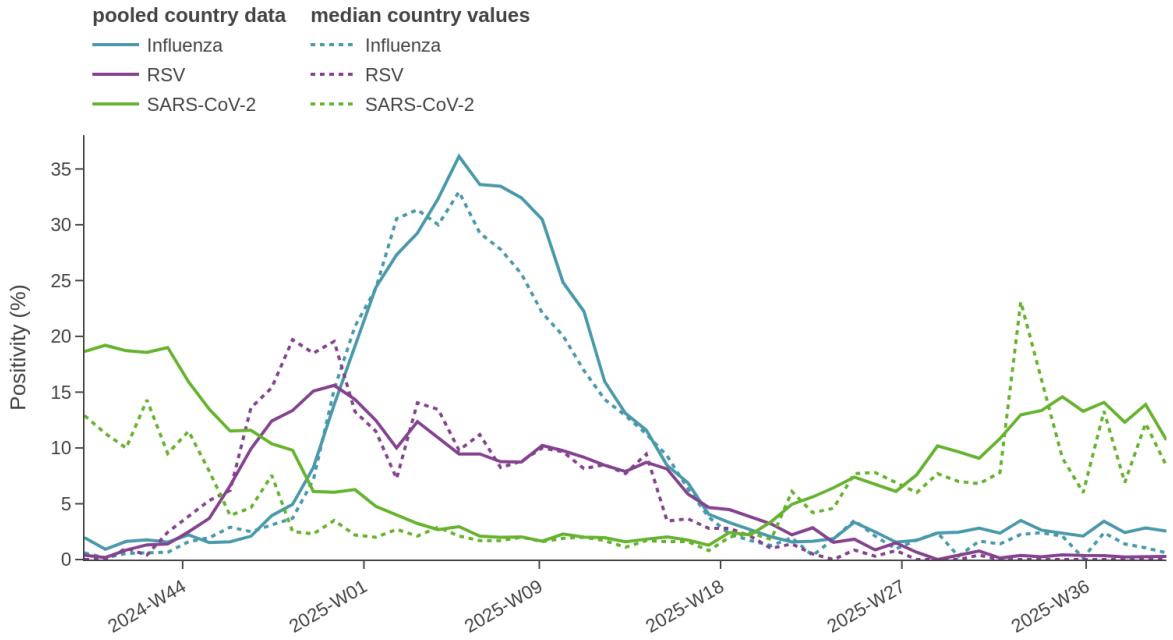
Maps and graphs

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



Source: ECDC

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



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 39, 2025

		Reporting countries		EU/EEA summary	
Indicator	**Syndrome or pathogen**	**Week 39**	**Week 38**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	12 rates (10 MEM)	13 rates (10 MEM)	Distribution of country MEM categories	7 Baseline 3 Low
	ILI	16 rates (15 MEM)	16 rates (15 MEM)		15 Baseline
ILI/ARI test positivity in primary care	Influenza	15	18	Pooled (median; IQR)	2.4% (0; 0–1.2%)
	RSV	13	17		0.1% (0; 0–0%)
	SARS-CoV-2	13	16		18% (10; 8–25%)
SARI rates in hospitals	SARI	8	10	–	–
SARI test positivity in hospitals	Influenza	6	8	Pooled (median; IQR)	2.5% (0.6; 0–3.6%)
	RSV	6	8		0.3% (0; 0–0.4%)
	SARS-CoV-2	6	7		11% (8.4; 7.1–13%)
Intensity (country-defined)	Influenza	19	20	Distribution of country qualitative categories	16 Baseline 3 Low
Geographic spread (country-defined)	Influenza	18	19	Distribution of country qualitative categories	8 No activity 9 Sporadic 1 Local

Source: ECDC

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

		Week 39, 2025	Week 40, 2024 - week 39, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**29**	**-**	**25526**	**-**
Influenza A	29	100	15173	60
A(H1)pdm09	12	60	7351	57
A(H3)	8	40	5548	43
A (unknown)	9	–	2274	–
Influenza B	0	0.0	10073	40
B/Vic	0	–	4679	100
B/Yam	0	–	1	0.0
B (unknown)	0	–	5393	–
Influenza untyped	0	–	280	–
RSV	**1**	**-**	**4779**	**-**
RSV-A	0	–	873	44
RSV-B	0	–	1118	56
RSV untyped	1	–	2788	–
SARS-CoV-2	**177**	**-**	**5439**	**-**

Source: ECDC

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

Figure Table

		Week 39, 2025	Week 40, 2024 - week 39, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**19**	**-**	**14204**	**-**
Influenza A	13	100	6199	83
A(H1)pdm09	4	67	1861	61
A(H3)	2	33	1194	39
A (unknown)	7	-	3144	-
Influenza B	0	0.0	1297	17
B/Vic	0	-	169	100
B (unknown)	0	-	1128	-
Influenza untyped	6	-	6708	-
RSV	**2**	**-**	**5872**	**-**
RSV-A	1	100	825	48
RSV-B			908	52
RSV untyped	1	-	4139	-
SARS-CoV-2	**81**	**-**	**5647**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 39, 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 37–38, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	3	7	5% (2–12%)
XFG	VUM	4	87	80% (76–87%)
NB.1.8.1	VUM	2	8	4% (0–8%)

Source: ECDC

4. 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 been circulating outside the African continent, particularly among men who have sex with men. The epidemiological profile of cases reported outside Africa since 2022 remains simliar to previous weeks.

In 2024, an increase in MPXV clade Ia and Ib was reported in the Democratic Republic of the Congo (DRC). Clade Ia cases continued to be reported by the Central African Republic and the Republic of the Congo (Congo), where it is endemic.

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, Ethiopia and Mozambique (Global Mpox Trends published 26 September 2025, data as of 21 September 2025). Senegal also recently reported mpox clade Ib cases (Ministry of Health of Senegal,Facebook Post 25 September 2025). DRC and Congo have reported clade II cases too. Mozambique reported clade II cases in 2022 (WHO Multi-country outbreak of mpox, External situation report 56 - 31 July 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 21 September 2025, data as of 26 September 2025).

As of the end of September 2025, no major changes have been noted in the epidemiological trends of MPXV clade I in Africa.

Mpox clade II cases have continued to be reported in west Africa. Notable increases were reported in recent months in Guinea, Liberia and Ghana. In Sierra Leone, clade II cases peaked in May and have been decreasing since.

Clade I and II cases have been reported in 2025 in South Africa, the Republic of the Congo and DRC.

MPXV clade I summary and transmission patterns classification

Overall, in Africa, as of the end of September 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. Cases due to clade IIb have also been reported. In recent weeks, and as of week 37 (ending 12 September), the decreasing trend with week-to-week fluctuations in confirmed cases continued according to Africa CDC and WHO (Special Briefing on Mpox and other Health Emergencies, 25 September 2025 and Global Mpox Trends published 21 September 2025, data as of 26 September 2025). However, this trend should be interpreted with caution.
- Uganda continues to be the African country reporting the most mpox clade Ib cases after DRC (Global Mpox Trends published 21 September 2025, data as of 26 September 2025). Over 7 400 cases have been reported since 2024, including 50 deaths. The declining trend in the number of confirmed cases continued but there are fluctuations (Global Mpox Trends published 21 September 2025, data as of 26 September 2025).
- In Burundi, a slight increase in the number of confirmed cases was reported since the end of June. However the total number of weekly cases remains at low levels (<50 confirmed cases per week) (Global Mpox Trends published 21 September 2025, data as of 26 September 2025).

Kenya has reported recent increases in the total number of mpox cases (216 cases, including three deaths, during the last six weeks; Global Mpox Trends published 21 September 2025, data as of 26 September 2025). Zambia reported 42 cases (no deaths) during the last six weeks and as of 21 September 2025. Additional countries reporting cases during the same time period include Malawi and Tanzania (45 cases each) and South Sudan (one case). No cases were reported in the WHO

Dashboard for Ethiopia, Rwanda, Angola, South Africa or Zimbabwe (Global Mpox Trends published 21 September 2025, data as of 26 September 2025).

Outside of the African continent, travel-associated cases or sporadic cases reporting epidemiological links with travel-associated cases of mpox 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, Italy and Spain (in 2025). Limited onward transmission has been reported by Germany, Belgium, and Ireland.

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, Australia and Türkiye. Japan also recently reported its first clade I case.

Most travel-associated cases reported outside African countries had links to affected countries in Africa. However, several countries have reported cases with travel links to countries of the WHO Eastern Mediterranean Region (including Oman and the United Arab Emirates). Imported cases with a travel history to Nepal, Thailand and China have also been reported (Global Mpox Trends published 21 September 2025, data as of 26 September 2025).
Confirmed secondary transmission of mpox due to MPXV clade I outside of Africa was reported in the EU/EEA for the first time in 2024. Outside of the EU/EEA, secondary transmission has been reported in the UK, China, Qatar and Australia. The number of secondary cases reported in these events outside of Africa has been low (range: 1–6 cases per event; Global Mpox Trends published 21 September 2025, data as of 26 September 2025).

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

Transmission patterns of mpox due to MPXV clade I – update 29 September 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, France, Germany, India, Ireland, Italy, Japan, Oman, Pakistan, Qatar, Senegal, South Africa, South Sudan, Sweden, Switzerland, Thailand, Türkiye, the United Kingdom, the United States, and Zimbabwe;
- Clusters of cases or limited transmission: China, Mozambique, and the United Arab Emirates;
- Community transmission: Burundi, Central African Republic, Congo, DRC, Ethiopia, Kenya, Malawi, Rwanda, Tanzania, Uganda, and Zambia.

Pakistan, Oman, Qatar and the United Arab Emirates – all countries of the WHO Eastern Mediterranean Region – are in different categories of this classification. However, considering that a number of countries have recently reported cases with travel history to the region and that further information on transmission chains is not available (Global Mpox Trends published 21 September 2025, data as of 26 September 2025), there may be ongoing undetected transmission of mpox clade I in the region.

The categorisation was last updated on 29 September 2025 to include Senegal and Japan in the category of countries reporting only travel-associated cases or cases with a clear link to travel-associated cases.

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

On 13 August 2024, Africa CDC declared mpox a Public Health Emergency of Continental Security, and this decision remains valid (Mpox Still a Continental Emergency, Africa CDC Advisory Group Recommends – Africa CDC). On 14 August 2024, WHO also declared the outbreak of mpox due to MPXV clade I to be a public health emergency of international concern (PHEIC), which was declared over on 5 September 2025 (WHO Director-General's opening remarks at the media briefing – 5 September 2025).

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade I remains similar to previous weeks. The sporadic cases of mpox clade I that have been reported outside of Africa, including secondary transmission, are not unexpected.

The risk for EU/EEA residents travelling to or living in the affected areas is considered 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.

Monthly updates are shared through the Communicable Disease Threats Report. As the global epidemiological situation is monitored continuously, ad hoc epidemiological updates may also be published.

Sources: ECDC rapid risk assessment

Last time this event was included in the Weekly CDTR: 1 August 2025

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

Overview:

Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2). This week, no new cases of CCHF have been reported to ECDC.

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: 26 September 2025

6. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025, and as of 1 October 2025, three countries in Europe have reported cases of dengue: **France** (26), **Italy** (4), and **Portugal** (2). Ten clusters were reported by France, two by Italy and one by Portugal. The cluster in Portugal was reported in Madeira, an outermost region of Portugal.

In the past week, France has reported two new locally acquired cases of dengue in a cluster in Aubagne. 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: 26 September 2025

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

Overview:

Since the beginning of 2025, and as of 1 October 2025, 13 countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 135 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: 26 September 2025

8. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025, and as of 1 October 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (637) and **Italy** (323).

In the past week, France has reported 64 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 637, distributed across 68 clusters. Forty-six clusters are currently active. The largest cluster is located in Antibes.

Italy reported 55 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 323, distributed across four clusters. Two clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, Novi di Modena, and Cesenatico.

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

ECDC assessment:

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: 26 September 2025

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

Overview:

Updates

As of 1 October 2025, it has been five days since the last case of Ebola virus disease (EVD) was reported in Bulape health zone, Kasai Province, DCR. There are notable signs of a decline in transmission.

There have been 64 cases (53 confirmed and 11 probable) and 42 deaths (31 confirmed and 11 probable) reported (CFR among all cases: 65.6%). Four healthcare workers were reported among the 42 deaths. All cases remain confined to six health areas in Bulape health zone, Kasai Province.

The demographic data on cases remains similar to previous updates and can be found in the summary below.

Ten cases have recovered and been discharged; 13 confirmed and 20 probable cases remain in treatment, as of 1 October. Of the 1 787 contacts identified, 60 contacts have completed their 21-day follow-up.

As of 1 October, a total of 9 077 individuals have been vaccinated (including 291 frontline workers and 610 contacts) and there are 7 031 vaccines available in the affected areas.

Summary

On 1 September 2025, WHO received an alert regarding probable cases of Ebola virus disease (EVD) from the Bulape health zone, Kasai Province. Following this alert, on 4 September 2025, the DRC Minister of Public Health, Hygiene and Social Security declared an outbreak of EVD in the country.

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

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

As of 1 October, 64 cases (53 confirmed and 11 probable) have been reported from Kasai Province, DRC. A total of 42 deaths (31 confirmed and 11 probable) were reported (CFR among all cases: 65.6%). All reported cases have been in six health areas in Bulape health zone, Kasai Province (Bambalaie, Bulape, Bulape Communautaire, Dikolo, Ingongo, and Mpianga).

The majority of cases have been reported among females (57.8%; n=37) and cases range between 0–65 years old. Children 0–9 years old and individuals 20–29 years old account for 25.0% (n=16) and 23.4% (n=15) of cases, respectively. The most affected populations include children, housekeepers, and farmers.

Females represent over half of the reported deaths (57.1%; n=24) and children under 10 years old account for 31.0% of deaths (n=13). The CFR is slightly higher among males (66.7%) compared with females (64.9%). Among the reported deaths are four healthcare workers and a laboratory technician who had been working at the hospital where the first reported case was treated.

Of the 1 787 contacts that have been identified, 1 735 (97.1%) individuals have been followed up. Sixty contacts have completed their 21-day follow-up. Ten cases have recovered and been discharged; 13 confirmed cases and 20 probable cases remain in treatment, as of 1 October.

Vaccination began in Kasai Province on 13 September. A total of 9 077 individuals have been vaccinated (including 291 frontline workers and 610 contacts) and there are 7 031 vaccines available as of 1 October. Alongside ring vaccination, geographically targeted vaccination began on 27 September 2025 for high-risk groups in hotspots reporting confirmed cases.

Background and additional information

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

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

Earlier on in this outbreak, WHO AFRO reported that Bulape health zone is linked to large population centres such as Tshikapa and Kananga, and as there is ongoing cross-provincial and cross-border movement there is a risk of further geographical spread.

The Ministry of Health is leading the outbreak response and is supported technically by WHO and other 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.

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 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: 26 September 2025

10. Rabies case – France – 2025

Overview:

According to an EWRS notification from France, and information available in public sources (1, 2, 3), a case of human rabies has been identified in the Occitania region. The patient, an adult man, was hospitalised on 18 September 2025 with rabies-like symptoms and the diagnosis was confirmed by the French national reference centre on 24 September 2025. The patient died on 25 September 2025.

Epidemiological investigations indicate no recent history of animal bites or scratches, and no travel outside France since February 2024, when the patient had visited a rabies-endemic country and had contact with cats. Sequencing results identified the virus as a classical rabies virus. Investigations are ongoing to determine the source of infection.

Although person-to-person transmission of rabies has only been described in cases of organ transplantation, household contacts of the patient were referred to an anti-rabies centre for assessment. Healthcare workers who provided hospital invasive care to the patient were offered post-exposure prophylaxis as a precautionary measure and after assessment of their exposure.

ECDC assessment:

According to the French Ministry of Labour, Health and Solidarity and Families, mainland France has remained free of endemic human rabies since 2001, although sporadic human rabies cases have been reported in French Guiana (2008, 2024). Mainland France is currently free of rabies in non-flying terrestrial mammals; however, sporadic animal rabies has been reported. These cases are often linked to the illegal importation of infected animals – primarily dogs – from rabies-endemic regions in Northern Africa. European bat lyssavirus is present in several European countries, including mainland France, which has resulted in sporadic human rabies cases across Europe. Any contact with a bat or its carcass poses a potential risk of rabies transmission.

The current human rabies case involves classical rabies virus, which is typically transmitted through contact with carnivorous animals (e.g. dogs or cats). The incubation period for rabies generally ranges from two to three months, but can vary from as little as one week to two years and more in rare cases (1, 2).

The overall risk of contracting rabies for residents or visitors in mainland France is currently considered very low.

Human-to-human transmission via bites or saliva is theoretically possible but has never been confirmed; human-to-human transmission has only been described in cases of organ transplantation. According to the French Ministry of Labour, Health and Solidarity and Families, in case of a bite or scratch from a dog or cat that cannot be monitored it is strongly advised to consult an anti-rabies centre. However, the likelihood of acquiring rabies in this situation is very low across France (excluding French Guiana), and post-exposure prophylaxis (PEP) is generally not recommended unless there is a strong suspicion the animal was imported. Any exposure to bats – such as bites, scratches, or saliva in contact with mucous membranes or wounds – requires prompt PEP, unless the bat can be tested quickly. Timely PEP is essential and includes thorough wound cleaning, vaccination and, if indicated, administration of rabies immunoglobulin. For optimal effectiveness, treatment must be initiated as soon as possible following exposure.

Current rabies control measures in France include recommending vaccination for individuals traveling to rabies-endemic regions and ongoing surveillance of both human and animal rabies cases.

Actions:

ECDC continues monitoring rabies in humans.

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

Events under active monitoring

- Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024 - last reported on 26 September 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 26 September 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 26 September 2025
- Seasonal surveillance of dengue – 2025 - last reported on 26 September 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 26 September 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - 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

- 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
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 September 2025
- SARS-CoV-2 variant classification - last reported on 3 October 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 3 October 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 3 October 2025
- Rabies case – France – 2025 - last reported on 3 October 2025