WEEKLY BULLETIN

Communicable disease threats report

Week 19, 2 - 8 May 2026

This week's topics

Executive summary

Hantavirus disease outbreak on cruise ship - South Atlantic - 2026

- One new case has been have been reported since the previous update. As of 8 May a total of eight cases have been reported, including five confirmed, two probable, and one suspected.
- The MV Hondius cruise ship continues sailing towards the port of Grandilla, Tenerife, with expected arrival to the Canary Islands on 10 May.
- The risk from hantavirus originating from this cruise ship outbreak for the EU/EEA general population is very low.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

- Since the previous update on 30 March 2026, and as of 4 May 2026, no new MERS cases have been reported by the World Health Organization (WHO) or by national health authorities.
- Since the beginning of 2026, and as of 4 May 2026, no MERS cases have been reported by WHO or national health authorities.
- The probability of sustained human-to-human transmission among the general population in Europe remains very low, and the impact of the disease in the general population is also considered to be low. The current MERS-CoV situation poses a low risk to the EU/EEA.

Mpox in the EU/EEA, Western Balkans and Türkiye – 2026

In March 2026, 80 mpox clade I cases were reported by 10 countries. Eighty-nine cases were reported in January and 78 cases were reported in February.

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

In March 2026, 22 mpox clade II cases were reported by seven countries. Ninety-eight cases were reported in January and 63 cases were reported February.

Rates of hospitalisation remains low for both clades. Most cases occur among people who were not vaccinated.

Summary

In week 18, the number of people reporting symptoms of viral respiratory illness is at baseline to low levels consistent with a late season/inter-seasonal situation.

Respiratory syncytial virus (RSV) remains the main contributor to current respiratory virus activity, particularly for severe disease. Circulation is low and declining, although the decrease has slowed compared with recent weeks, suggesting the tail end of the RSV season.

SARS-CoV-2 activity shows early signals of sustained transmission in primary care, though the overall burden remains very low across countries and age groups.

Influenza virus activity has returned to inter-seasonal levels in almost all countries, with low levels of detections and hospitalisations reported in all age groups.

All data are provisional and may be affected by reporting delays, incomplete country data or low testing volumes. A few countries with high testing rates can disproportionately influence pooled data. Further information is available under 'Country notes' and 'Additional resources'.

Multi-country cluster of Salmonella Stanley ST2045

- A multi-country cluster of Salmonella Stanley ST2045 is being investigated. It currently involves 62 cases reported between January and April. Children and young adults are disproportionally represented among the cases.
- The cases are reported from Austria, Czechia, Denmark, Estonia, France, Germany, Lithuania, the Netherlands, the United Kingdom and the United States.
- No common source of infection has been identified so far. Investigations are ongoing in the countries.

1. Hantavirus disease outbreak on cruise ship - South Atlantic - 2026

Overview:

Update (data cut off 10:00 AM)
Updates on new reported cases
Since the previous update on 7 May 2026, one new suspected case has been reported by the United Kingdom. All individuals present onboard remain asymptomatic.

Updates on contacts
Several countries have reported follow up of contacts related to the m/v Hondius. Spain is also investigating a contact that presented symptoms and is currently isolated.

As of 8 May 2026, a total of 14 contacts under follow up have been reported from open sources from the United Kingdom (7), Canada (3), Chile (2), Singapore (2), and the United States (undetermined).

The ship company has provided a list of the nationalities of the passengers who disembarked in St Helena on 24 April. There are 30 identified passengers from United Kingdom (7), United States (6), Netherlands (3), Canada (2), Switzerland (2), Turkiye (2), Unknown (2), Germany (1), Denmark (1), Saint Kitts and Nevis (1), New Zealand (1), Singapore (1), Sweden (1).

Other news
- As of 8 May, m/v Hondius continues sailing towards the port of Grandilla, Tenerife. The ship is expected to arrive there on Sunday 10 May. Disembarkation will take place using safe procedures, and health screening

and infection control measures will be followed via a coordinated response prior to the repatriation of passengers to their countries of residence.
- On 7 May, the cruise ship company updated its information regarding passengers of the ship: on 1 April, 114 passengers embarked from Ushuaia (Argentina); on 15 April, six additional passengers embarked from Tristan da Cunha.
- A total of 120 passengers were on board upon arrival at St Helena on 24 April, and of these, 30 disembarked on the same day. Contact tracing and health monitoring are ongoing.

Summary
Since the start of the outbreak and as of 8 May 2026, eight cases (five confirmed, two probable and one suspect) have been reported. Of these, three have passed away.

All confirmed cases have been confirmed as Andes virus.

Infection prevention measures, including isolation of symptomatic individuals and social distancing, have been recommended.

Further investigations are ongoing to identify a potential source of exposure.

Background
On 2 May 2026, the Netherlands informed ECDC about an outbreak of unknown aetiology on a cruise liner under the Dutch flag, the MV Hondius. The ship had been on a cruise in the Southern Atlantic after departing from Argentina on 1 April and was en route to Cabo Verde. The cruise followed an itinerary including stops on mainland Antarctica, South Georgia, Nightingale Island, Tristan da Cunha, St Helena, and Ascension Island with Cabo Verde as the next port of call.

A total of 149 persons embarked the ship at the beginning of the journey, including 88 passengers and 61 crew. Passengers and crew represent 23 nationalities, including several EU/EEA countries as well as other countries: Argentina, Australia, Belgium, Canada, France, Germany, Greece, Guatemala, India, Ireland, Japan, Montenegro, the Netherlands, New Zealand, the Philippines, Poland, Portugal, the Russian Federation, Spain, Türkiye, Ukraine, the United Kingdom, and the United States.

Sources: WHO DON, first Press statement from the cruise ship company on 4 May, second Press statement from the cruise ship company on 4 May, Media statement from Health Department of the Republic of South Africa

ECDC assessment:

Person-to-person transmission of ANDV has only been documented following close and prolonged contact. The current hypothesis is that some passengers were exposed to ANDV while spending time in Argentina (where ANDV is endemic) before embarking the ship, and may subsequently have transmitted the virus to other passengers onboard.

Measures are already implemented onboard to reduce the likelihood of infection for passengers and crew on the cruise ship. The cruise ship company and the relevant port authorities have also been advised on how to prepare for the management of cases and contacts (e.g. isolation of cases, use of appropriate personal protective equipment, testing, etc).

Even if transmission of ANDV were to happen from passengers evacuated from the ship, ANDV does not transmit easily so it is unlikely that it would cause many cases or a widespread outbreak in the community, if infection prevention and control measures are applied.

In addition, the natural reservoir for ANDV is not present in Europe, so introduction to the rodent population and potential rodent-to-human transmission in Europe is not expected.

The risk to the general population in the EU/EEA from ANDV spreading from this cruise ship outbreak is very low.

Actions:

ECDC is liaising with Member States, WHO, and the European Commission to collect more information and coordinate actions.

ECDC is supporting response operations through the EUHTF remotely, on site and on the ship in coordination with the affected countries.

ECDC has published a Threat Assessment Brief on 6 May 2026, and an updated news item has been published on 5 May 2026.

2. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

Overview:

Update: Since the previous update on 30 March 2026, and as of 4 May 2026, no new MERS cases have been reported by WHO or national health authorities.

Summary: Since the beginning of 2026, and as of 4 May 2026, no MERS cases have been reported by WHO or national health authorities.

Since April 2012, and as of 4 May 2026, a total of 2 647 MERS cases, including 959 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | Qatar MoPH Case #1 | Qatar MoPH Case #2 | FAO MERS-CoV situation update | WHO DON Oman | WHO DON Saudi Arabia | WHO DON UAE | WHO DON Saudi Arabia 1 | WHO IHR | WHO EMRO MERS Situation report | WHO DON Saudi Arabia 2 | WHO DON Saudi Arabia 3 | WHO DON Saudi Arabia 4 | WHO DON Saudi Arabia 5 | MERS-CoV Dashboard | French Ministry of Health | WHO DON France & Saudi Arabia

ECDC assessment:

Human MERS cases continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest level since 2014. The probability of sustained human-to-human transmission among the general population in Europe remains very low and the impact of the disease in the general population is considered low. The current MERS-CoV situation poses a low risk to the EU/EEA, as stated in the Rapid Risk Assessment published by ECDC on 29 August 2018.

ECDC published a technical report, 'Health emergency preparedness for imported cases of high-consequence infectious diseases', in October 2019 that is still useful for EU Member States wishing to assess their level of preparedness for a disease such as MERS. ECDC also published 'Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Middle East respiratory syndrome coronavirus (MERS-CoV)' on 22 January 2020.

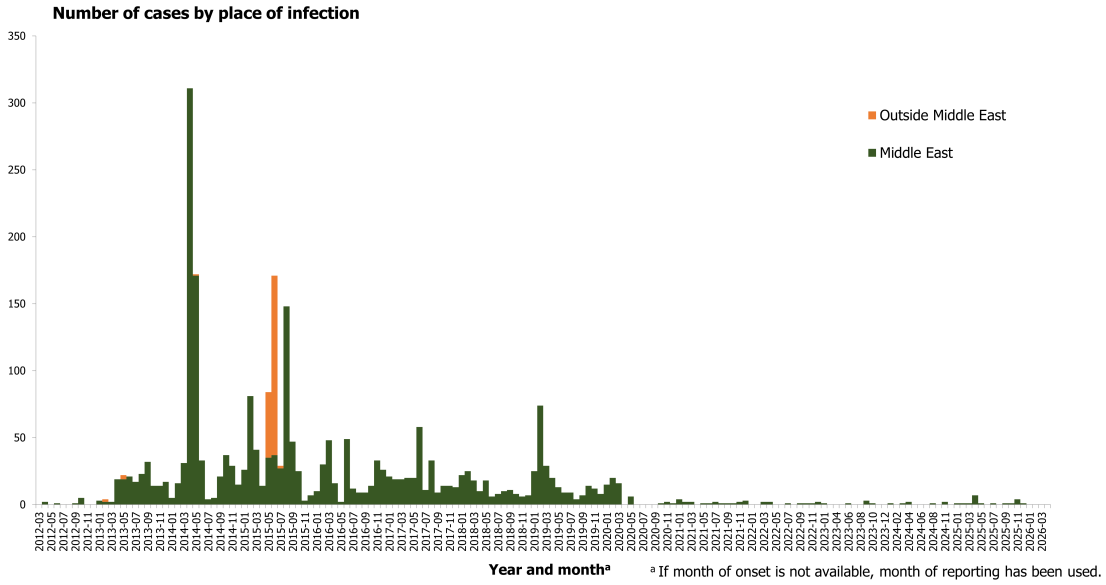
Actions:

ECDC is monitoring this situation through its epidemic intelligence activities and reports on a monthly basis or when new epidemiological information is available.

Last time this event was included in the Weekly CDTR: 1 April 2026

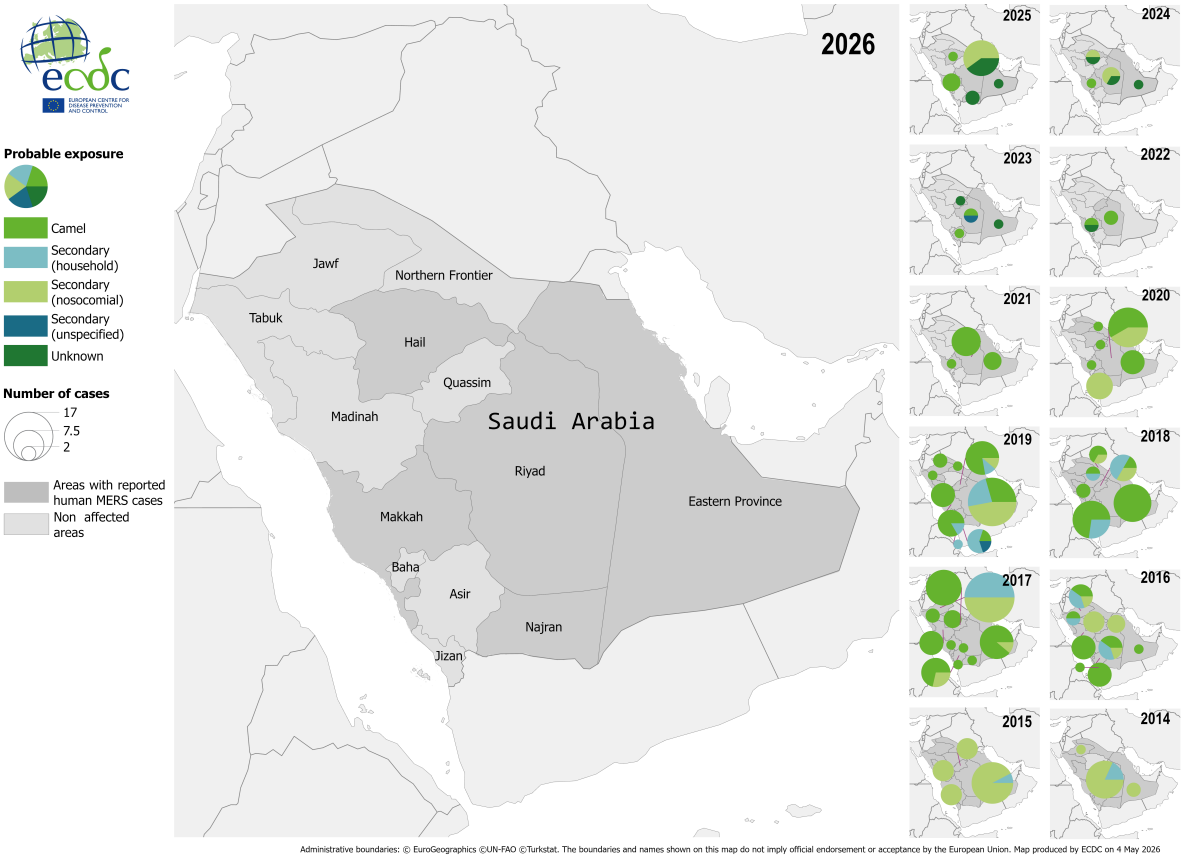
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012 – April 2026



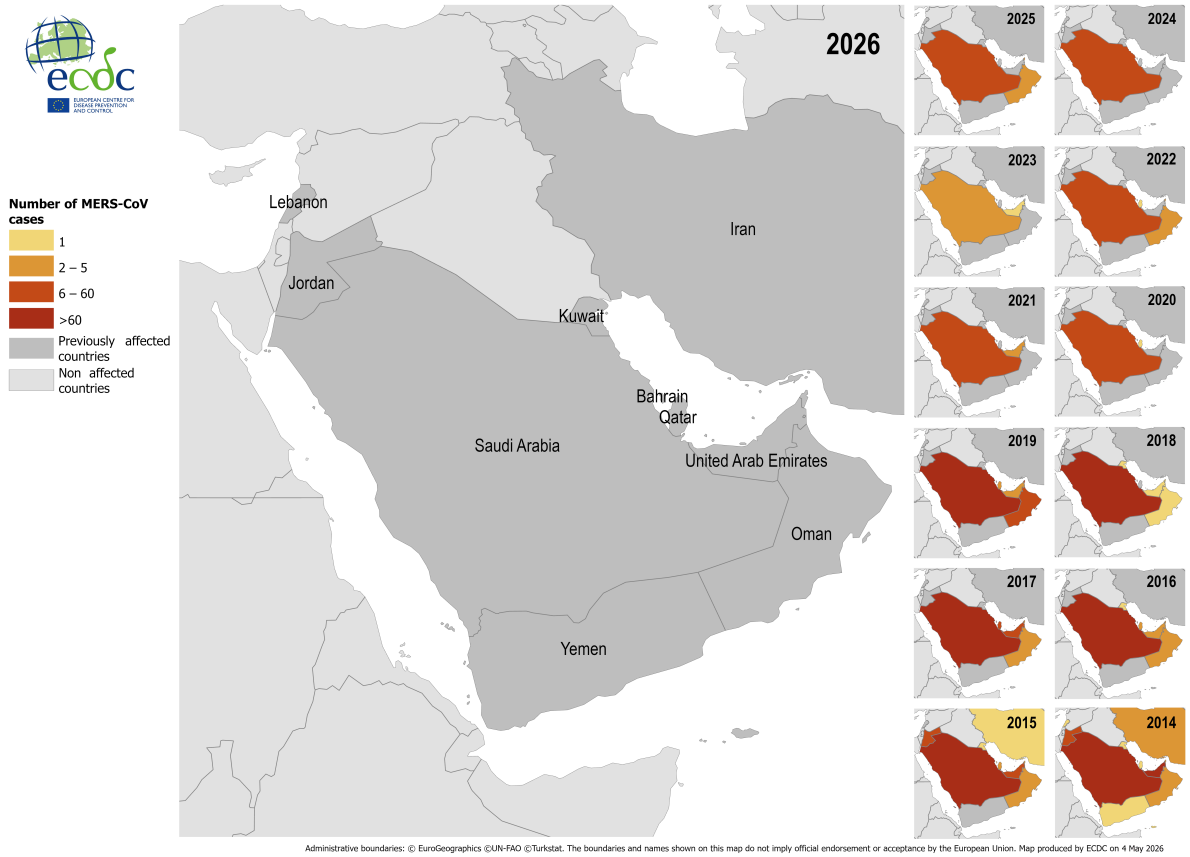
Source: ECDC

Figure 2. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from January 2014 to April 2026



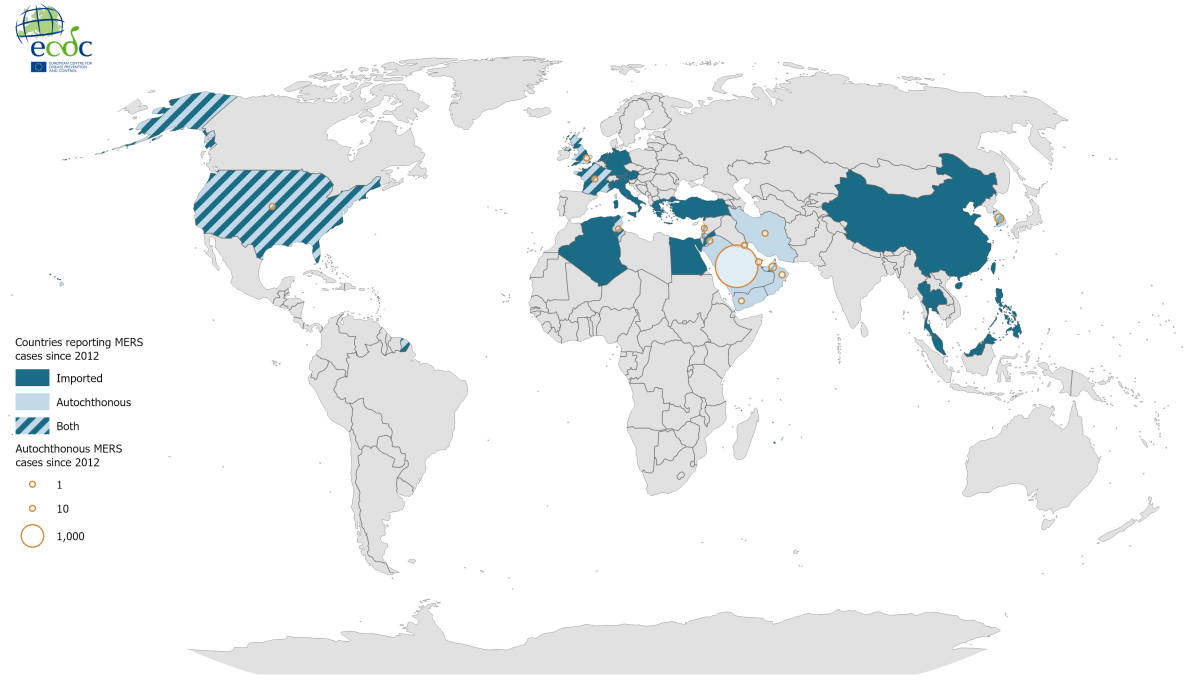
Source: ECDC

Figure 3. Distribution of confirmed cases of MERS by place of infection and year of onset, January 2014 – April 2026



Source: ECDC

Figure 4. Geographical distribution of confirmed cases of MERS-CoV by reporting country, April 2012 - April 2026



Source: ECDC

3. Mpox in the EU/EEA, Western Balkans and Türkiye – 2026

Overview:

In March 2026, 80 mpox clade I cases were reported by 10 countries, with the most cases being reported by Spain (23). In February, 78 cases were reported by 11 countries and in January 89 cases were reported by eight countries.

In March 2026, 22 mpox clade II cases were reported by seven countries, with the most cases being reported by Spain (11). In February, 63 cases were reported by nine countries and in January 98 cases were reported by eight countries.

In the past 12 months, 15 countries reported 336 clade I cases and 17 countries reported 1 016 clade II cases.

- 95% of the clade I cases and 92% of the clade II cases with complete information were reported among men who have sex with men.
- 14% of the clade I cases and 7% of the clade II cases with complete information were hospitalised.
- 23% of the clade I cases and 18% of the clade II cases with complete information were vaccinated with two doses.

The monthly surveillance report with further detail is available at: Surveillance of Mpox in the EU/EEA, monthly report.
For more information on the global update regarding MPXV clades I and II, please refer to the Weekly Communicable Diseases Threats Report and the ECDC webpage: Mpox worldwide overview.

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

ECDC assessment:

Following an increase in the number of mpox clade I cases reported to ECDC during the end of 2025 there were 89 cases reported in January 2026, 78 cases reported in February and 80 cases in March. In March, the most mpox clade I cases were reported by Spain (23) and Germany (19). In February, Spain had 27 cases and Germany 22. In addition to these cases reported through case-based surveillance, Denmark and Slovakia have reported their first cases of mpox clade I to ECDC through event-based surveillance indicating ongoing transmission among men who have sex with men across the EU/EEA (Denmark two cases and Slovakia five cases with dates in March and April). A limitation to the interpretation of trends is that not all cases have clade reported - several cases were reported in March with unknown clade (Italy 10 cases, France 11 cases and Spain 12 cases). In terms of severity, the rate of hospitalisation is low and largely similar between clade I and clade II (14% vs 7%). Direct communication with Member States shows that even among hospitalised cases symptoms are in most cases not severe. In the past 12 months there has been one death reported in a person infected with clade II. No deaths reported in people infected with clade I.

Most cases of both clades are among those not vaccinated (72% for clade I and 77% for clade II).

With the commencement of the spring and summer season, and increased travel and attendance at mass gatherings such as Pride events, there is a risk for further spread of both clade I and clade II of mpox. This highlights the need for Member States to increase efforts to vaccinate and raise awareness among men who have sex with men in particular.

ECDC published a Threat Assessment Brief on October 24, 2025 to assess the new situation and this risk assessment remains valid: The risk of clade Ib infection is assessed as moderate for men who have sex with men and low for the general population in the EU/EEA. The risk for clade IIb infection remains low for men who have sex with men and very low for the general population in the EU/EEA.

While early cases of clade I were imported from outside the EU/EEA and among hererosexuals and their close household and other contacts, most cases are now among men who have sex with men, as expected.

Actions:

Increasing vaccination uptake is the single most important intervention to mitigate the spread of both clades in the spring and summer season. 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.

Further response options for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management and making testing easily accessible.

The Threat Assessment Brief on the detection of autochthonous transmission of monkeypox virus (MPXV) clade Ib in the EU/EEA' was published on 24 October, 2025. It summarises the information on the new cases and outlines actions EU/EEA countries can take, as well as the knowledge gaps that remain.

ECDC is continuously monitoring mpox in the EU/EEA and globally through event- and indicator-based surveillance, and remains in contact with partners. ECDC is in contact with affected countries to gather further information and consider response options.
Countries should continue efforts to sequence all positive cases and ensure that sequences are deposited in public repositories (ENA, SRA, and/or GISAID EpiPox) or shared with ECDC through the EpiPulse platform or other means.

Last time this event was included in the Weekly CDTR: 7 May 2026

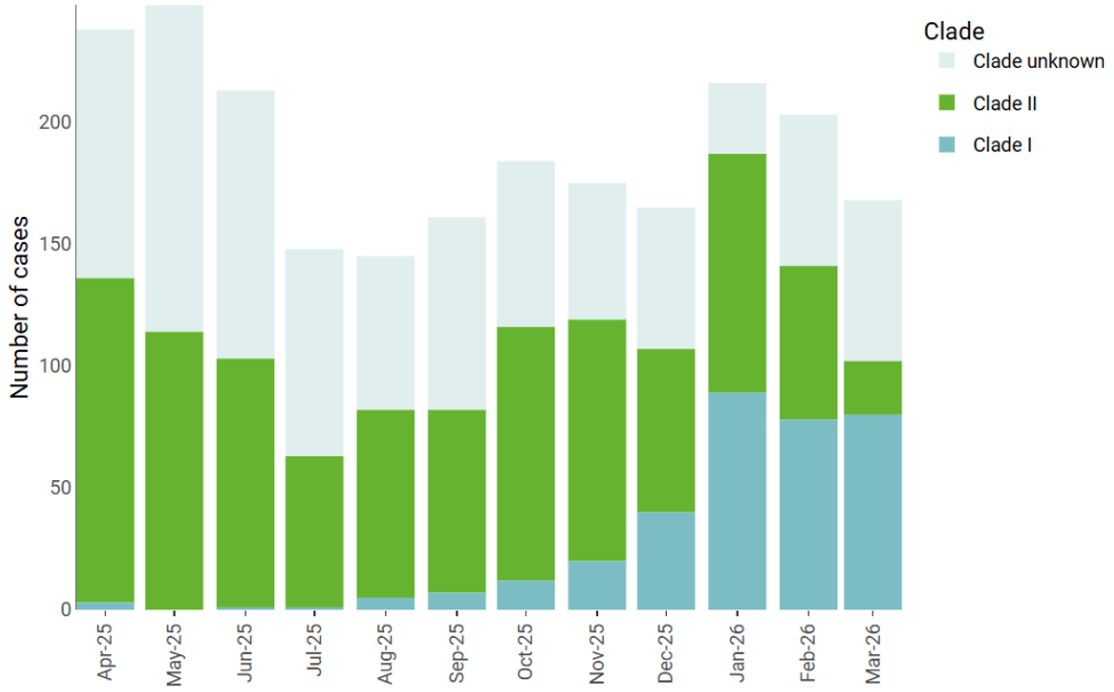
Maps and graphs

Figure 1. Mpox cases by clade in the past 12 months (April 2025 to March 2026), and past calendar month (March 2026), EU/EEA and Western Balkans and Türkiye

Country	Clade I		Clade II		Clade Unknown	
	Past 12 months	Past month	Past 12 months	Past month	Past 12 months	Past month
Austria	7	6	17			
Belgium	25	15	25		32	4
Croatia					2	
Czechia	4		10			
Denmark			20			
France	23	6	46	1	72	11
Germany	61	19	192	4	227	22
Greece	2		5			
Hungary			2			
Iceland					1	
Ireland	8	2	43			
Italy	36				172	10
Luxembourg	1	1	4			
Malta			5	1		
Netherlands	18	1	140	3	10	2
Norway			16			
Poland	1	1			18	1
Portugal	3		59	1	86	4
Romania	1				1	
Slovenia			2	1		
Spain	139	23	408	11	285	12
Sweden	7	6	22		6	
EU/EEA total	**336**	**80**	**1 016**	**22**	**912**	**66**
Albania			1			
North Macedonia			2			
Türkiye	4		3		4	

Source: ECDC

Figure 2. Total number of mpox cases by clade, by month of diagnosis in the past 12 months (April 2025 to March 2026), EU/EEA



4. 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.

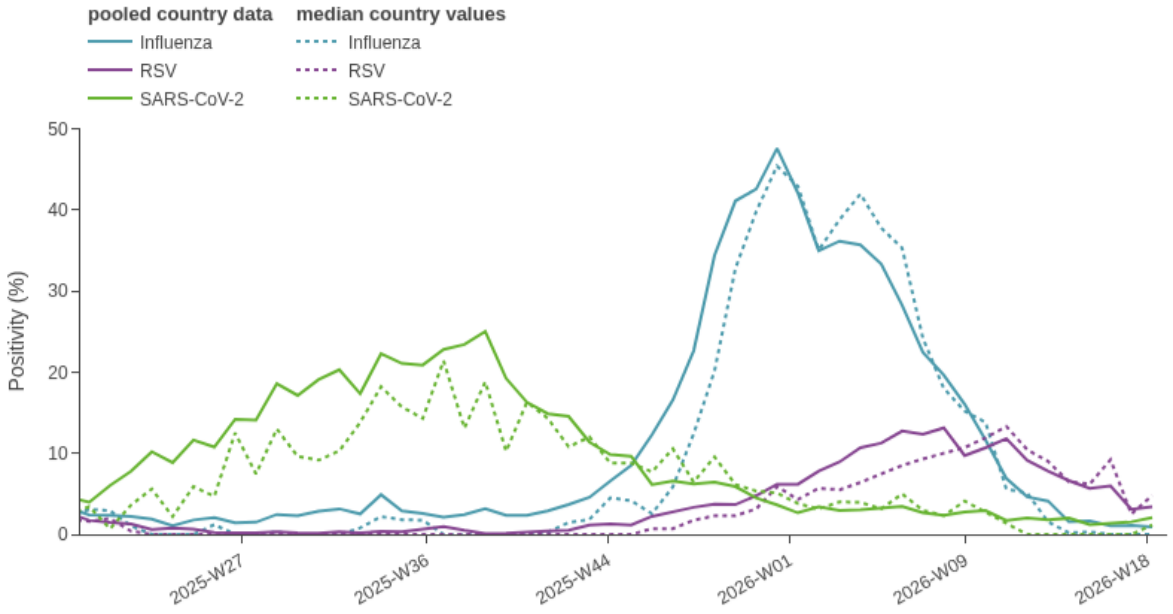
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 24 April 2026

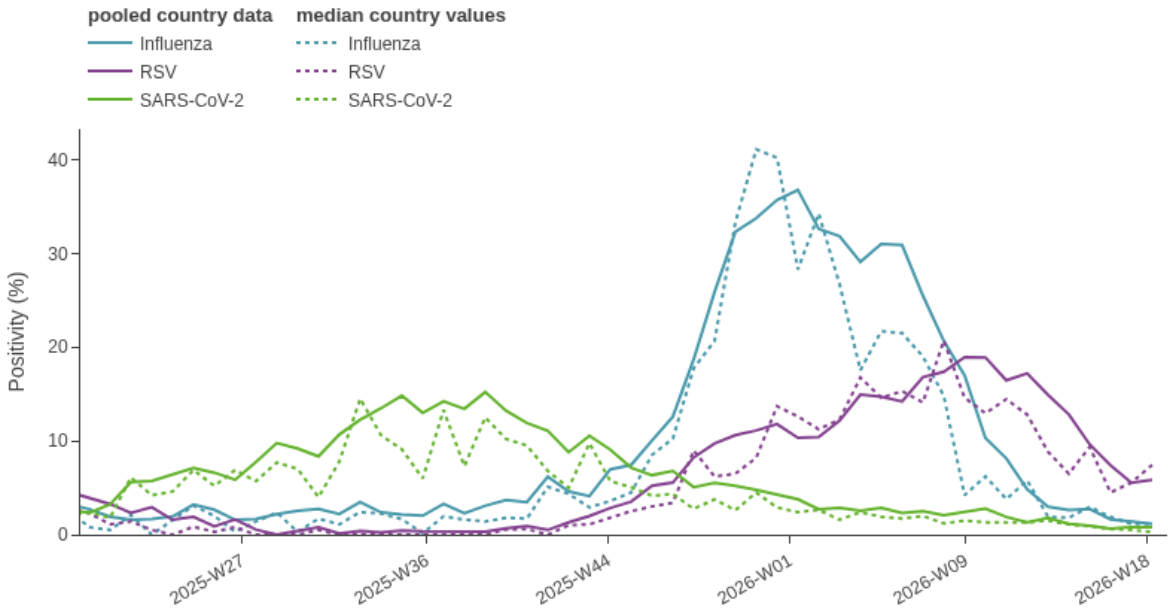
Maps and graphs

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. Key indicators

		Reporting countries		EU/EEA summary	
Indicator	**Syndrome or pathogen**	**Week 18**	**Week 17**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	15 rates (9 MEM)	16 rates (10 MEM)	Distribution of country MEM categories	9 Baseline
	ILI	17 rates (16 MEM)	18 rates (17 MEM)		16 Baseline
ILI/ARI test positivity in primary care	Influenza	18	18	Pooled (median; IQR)	0.9% (0; 0–3%)
	RSV	17	17		3.4% (4.8; 1.3–6.8%)
	SARS-CoV-2	17	17		2.1% (1.1; 0–3.3%)
SARI rates in hospitals	SARI	12 rates (6 MEM)	13 rates (7 MEM)	Distribution of country MEM categories	6 Baseline
SARI test positivity in hospitals	Influenza	9	10	Pooled (median; IQR)	1.2% (1.1; 0–3%)
	RSV	9	10		5.8% (7.4; 5.7–12%)
	SARS-CoV-2	9	10		0.8% (0.3; 0–0.9%)
Intensity (country-defined)	Influenza	20	21	Distribution of country qualitative categories	16 Baseline 4 Low
Geographic spread (country-defined)	Influenza	19	20	Distribution of country qualitative categories	5 No activity 11 Sporadic 1 Local 2 Regional

Source: ECDC

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

	Week 18, 2026		Week 40, 2025 – week 18, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**8**	**–**	**18660**	**–**
Influenza A	2	29	18075	99
A(H1)pdm09	1	100	4175	28
A(H3)	0	0.0	10709	72
A (unknown)	1	–	3191	–
Influenza B	5	71	111	0.6
B/Vic	0	–	32	100
B (unknown)	5	–	79	–
Influenza untyped	1	–	474	–
RSV	**28**	**–**	**4935**	**–**
RSV-A	2	18	871	45
RSV-B	9	82	1055	55
RSV untyped	17	–	3009	–
SARS-CoV-2	**17**	**–**	**4018**	**–**

Source: ECDC

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

	Week 18, 2026		Week 40, 2025 – week 18, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**14**	**–**	**15079**	**–**
Influenza A	13	93	8827	99
A(H1)pdm09	1	50	1287	35
A(H3)	1	50	2356	65
A (unknown)	11	–	5184	–
Influenza B	1	7	72	0.8
B/Vic	0	–	6	100
B (unknown)	1	–	66	–
Influenza untyped	0	–	6180	–
RSV	**54**	**–**	**7077**	**–**
RSV-A	3	50	1284	54
RSV-B	3	50	1092	46
RSV untyped	48	–	4701	–
SARS-CoV-2	**9**	**–**	**2920**	**–**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2025 – week 18, 2026

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	3452	39	5a.2a.1(D.3.1)	3349	97
			5a.2a.1(D)	97	3
			5a.2a(C.1.9.3)	6	0.2
A(H3)	5351	60	2a.3a.1(K)	4738	89
			2a.3a.1(J.2)	319	6
			2a.3a.1(J.2.4)	237	4
			2a.3a.1(J.2.2)	31	0.6
			2a.3a.1(J)	25	0.5
			2a.3a.1(J.2.5)	1	0
B/Vic	97	1	V1A.3a.2(C.5.6)	35	36
			V1A.3a.2(C.5.1)	20	21
			V1A.3a.2(C.5.6.1)	18	19
			V1A.3a.2(C.3.1)	12	12
			V1A.3a.2(C.5.7)	10	10
			V1A.3a.2(C.5)	2	2

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, week 16, 2026 - week 17, 2026

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	0	0	0%
BA.3.2	VUM	1	10	100% (100–100%)
XFG	VUM	0	0	0%
NB.1.8.1	VUM	0	0	0%

Source: ECDC

5. Multi-country cluster of Salmonella Stanley ST2045

Overview:

A multi-country outbreak of Salmonella Stanley ST2045 is currently being investigated. The outbreak was identified after information provided by Denmark in EpiPulse. Between January and 6 May 2026, a total of 62 cases of Salmonella Stanley ST2045 have been reported from Austria, Czechia, Estonia, France, Germany, Lithuania, the Netherlands, the United Kingdom, and the United States. Children and young adults are disproportionately represented among the cases and hospitalisations have also been reported from these countries. Most cases are domestically acquired. Available bacterial isolates from diagnosed patients show close genetic resemblance within one cluster, including only human isolates so far. No source has yet been identified, and the investigations are ongoing in the countries.

ECDC assessment:

The identification of a tight genetic cluster involving multiple countries, combined with the temporal distribution of cases, suggests a likely common source of the outbreak. The predominance of younger age groups may indicate a specific exposure pattern or food preference. However, no suspected source of infection has yet been identified. Continued coordinated investigations, including case interviews and further cluster analyses, are essential to identify the source and prevent further transmission.

Actions:

Countries are encouraged to share epidemiological and microbiological information in the EpiPulse event, and to report isolate sequencing data to ECDC.

ECDC is monitoring the event via EpiPulse and collaborating closely with the affected countries and with EFSA.

Events under active monitoring

- SARS-CoV-2 variant classification - last reported on 30 April 2026
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 30 April 2026
- Chikungunya virus disease – French Guiana, France – 2026 - last reported on 30 April 2026
- Chikungunya virus diseases – Suriname – 2026 - last reported on 17 April 2026
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 April 2026
- Travel-associated Zika virus disease - France (ex Indonesia) - 2026 - last reported on 17 April 2026
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 May 2026
- Hantavirus disease outbreak on cruise ship - South Atlantic - 2026 - last reported on 08 May 2026
- Mpox in the EU/EEA, Western Balkans and Türkiye – 2026 - last reported on 08 May 2026
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 08 May 2026
- Multi-country cluster of Salmonella Stanley ST2045 - last reported on 08 May 2026