WEEKLY BULLETIN

Communicable disease threats report

Week 20, 9–15 May 2026

This week's topics

Executive summary

Avian influenza A(H5N6) – Multi-country – Monitoring human cases

- One case of human infection with Avian influenza A(H5N6) virus was reported by WHO in the Avian Influenza Weekly Update on 8 May 2026.
- The case was a female in her fifties from Chongqing Municipality, China.
- The case reported direct exposure to poultry.
- Since 2014, 93 laboratory-confirmed cases of A(H5N6) infections in humans have been reported in China.
- To date, no instances of human-to-human transmission have been documented.
- The risk of zoonotic influenza transmission to the general public in EU/EEA countries remains very low.

Human cases of swine influenza A(H1N2) variant virus infection – Multi-country – 2024

- One human infection with influenza A(H1N2) variant (v) virus of swine origin has been reported in the state of Nebraska, the United States (US).
- The patient is under 18 years old, was not hospitalised, and has since recovered.
- Investigations found no direct or indirect contact with pigs.
- A close contact fell ill at the same time, but no other human A(H1N2)v infections linked to this case were found.
- This is the second variant influenza case of the 2025-2026 season and the first of the 2026 calendar year.
- Human infections with influenza virus of swine origin are rare, but sporadic infections may occur in individuals exposed to infected animals.

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

Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2026

- Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries. While the epidemiological trends of mpox cases due to MPXV clades I and II generally remain similar to previous weeks, a number of mpox clade I cases have been reported outside countries with community transmission and among men who have sex with men.
- Since the previous update, no major epidemiological changes have been report for mpox clade I or clade II.
- On the African continent, most mpox clade I cases since 2024 have been reported by the Democratic Republic of the Congo (DRC), Uganda, and Burundi. Trends are decreasing, with week-to-week fluctuations.
- Sporadic mpox clade I cases have also been reported outside the African continent, including in people without previous travel history to areas with clade I circulation. This indicates wider transmission outside Africa and likely within sexual networks.
- The classification of transmission patterns of mpox clade I was updated as of 12 May 2026 (details are provided in the overview).

Hantavirus disease outbreak on cruise ship - South Atlantic - 2026

- As of 13 May, a total of 11 cases have been reported, including eight confirmed, two probable, and one inconclusive. No new cases or deaths have been reported since the previous update.
- The *MV Hondius* cruise ship arrived at the port of Granadilla, Tenerife, on Sunday 10 May. Disembarkation of passengers and part of the crew was completed on 11 May and repatriation of all passengers and crew members to their countries was also completed. The ship departed from Tenerife on 11 May and is scheduled to arrive in the Netherlands on 17 or 18 May.
- Preliminary genome sequencing analysis showed high genetic similarities between isolates of Andes virus, likely indicating an initial zoonotic spillover event followed by human-to-human transmission.
- The risk from hantavirus originating from this cruise ship outbreak for the EU/EEA general population is very low.

1. Avian influenza A(H5N6) – Multi-country – Monitoring human cases

Overview:

Update: On 8 May 2026, one human case of human infection with avian influenza A(H5N6) virus was reported by WHO in the Avian Influenza Weekly Update Number 1044 (WHO Avian Influenza Weekly Update). The case was a female in her fifties from Chongqing Municipality, China. The person developed symptoms on 16 April. She was hospitalised on 23 April, after developing severe pneumonia, and died on 3 May.

The case had exposure to live poultry, which she purchased, slaughtered and consumed prior symptoms onset.

Samples collected from the cutting board were positive for A(H5) virus. None of the close contacts developed symptoms and all tested negative for influenza virus.

Summary: Since 2014, and as of 8 May 2026, a total of 94 laboratory-confirmed human cases of avian influenza A(H5N6), including 58 deaths (case fatality rate: 62.4%), have been reported from China (93) and Laos (1) to WHO. The majority of cases (>90%) reported exposure to domestic poultry.

ECDC assessment:

No human-to-human transmission has been reported to date. Sporadic zoonotic transmission cannot be excluded. Avian influenza A(H5N6) subtype remains a public health risk for humans who come into contact with infected poultry or contaminated environments. The implementation of personal protective measures for people directly exposed to poultry and birds potentially infected with avian influenza viruses will minimise the remaining risk. Currently available epidemiological information

suggests that the influenza A(H5N6) viruses have not acquired the ability to sustain transmission among humans. Therefore, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered to be very low.

Actions:

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated avian influenza overview. The most recent report was published in March 2026.

Sources: CHP - HK

Last time this event was included in the Weekly CDTR: 8 May 2026

2. Human cases of swine influenza A(H1N2) variant virus infection – Multi-country – 2024

Overview:

On 8 May 2026, one new human infection with swine influenza A(H1N2) variant (v) virus was reported in the Weekly US Influenza Surveillance Report for week 17 (Weekly US Influenza Surveillance Report | CDC). The case was in a person under 18 years old who developed respiratory illness during the week ending on 4 April 2026. After their symptoms worsened, the person sought medical help during the week ending on 18 April 2026, but was not hospitalised, and has since recovered. Investigation by public health authorities did not find any direct or indirect contact with pigs. A close contact developed mild respiratory illness on the same day as the case, but there was no other human cases of A(H1N2)v infection associated with this event.

This is the first case of A(H1N2)v infection reported in the US this year, and the second associated with the 2025-2026 season.

Summary: Overall, 34 cases of human A(H1N2)v infection have been reported globally since 2019, four of which were reported in the EU/EEA: Austria (2021), Denmark (2019), France (2021), and the Netherlands (2022). Outside the EU/EEA, cases have been reported in Brazil (3), Canada (3), Taiwan (3), the United Kingdom (1), the US (19), and mainland China (1).

ECDC assessment:

Sporadic cases of human infection with an influenza virus of swine origin have been reported from several countries around the world. 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 carefully followed up to exclude human-to-human transmission and implement control measures.

Actions:

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

Novel influenza viruses in humans, including zoonotic influenza viruses, should be further characterised and shared with the national influenza reference laboratories and the World Health Organization (WHO) Collaborating Centres.

ECDC guidance: Testing and detection of zoonotic influenza virus infections in humans in the EU/EEA, and occupational safety and health measures for those exposed at work; Surveillance and targeted testing for the early detection of zoonotic influenza in humans during the winter period in the EU/EEA.

An annual summary of human infections with influenza A variant viruses of swine origin reported globally is provided in the Zoonotic influenza - Annual Epidemiological Report for 2023.

Last time this event was included in the Weekly CDTR: 13 February 2026

3. Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2026

Overview:

Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries globally. The epidemiological profile of mpox cases due to MPXV clade II cases reported outside Africa since 2022 remains similar to previous weeks. With regards to mpox clade I, cases have been reported by several countries outside Africa with and without travel history to countries with ongoing clade I transmission. For both clade I and II, sexual contacts have been described as drivers of transmission.

A summary of the recently observed global trends of clades I and II is provided below along with the classification of countries based on the clade I transmission.

Mpox clade II summary

Mpox clade II has been circulating globally since 2022. In African countries with recent mpox clade II outbreaks (e.g. Ghana, Guinea, Liberia), cases have been reported among young adults, affecting both males and females. Sexual contact has been described as a main driver of transmission (Multi-country outbreak of mpox, External situation report #60 - 8 December 2025, Multi-country outbreak of mpox, External situation report #62-23 January 2026, Multi-country external situation report #63 – 24 February 2026, Multi-country oubtreak of mpox, External Situation Report #65-30 April 2026). According to the WHO data published on 8 May, including cases as of 3 May 2026, fewer than 100 cases have been reported the past six weeks and as of 3 May in Guinea (34 cases) and Liberia (25 cases). Outside Africa, cases were mostly reported in adults (99%) and males (97%), the majority of whom reported having had sex with men (89%) (Global Mpox Trends published 8 May 2026).

Mpox clade I summary and transmission patterns classification

In Africa, since 2025, the five countries that reported most confirmed mpox clade I cases are DRC, Uganda and Burundi, followed by Madagascar and Kenya. According to WHO, in the past six weeks, and as of 3 May 2026, most confirmed cases of clade I were reported by Madagascar and DRC (656 and 154 cases, respectively). All other countries in Africa with clade I detections have reported fewer than 100 cases during the last six weeks. Overall, a decreasing trend in mpox clade I cases that has been reported in Africa since May 2025 continues in March 2026 (Global Mpox Trends published 8 May 2026).

Since August 2024, in EU/EEA travel-associated mpox clade I cases, or locally-acquired mpox clade I cases have been reported by several EU/EEA countries (Surveillance of Mpox in the EU/EEA, monthly report, April 2026). In addition to Africa and the EU/EEA, since August 2024, mpox clade I cases have been reported by Thailand, India, Türkiye, the United Kingdom, the United States, Canada, Pakistan, Oman, China, the United Arab Emirates, Qatar, Brazil, Switzerland, Australia, Japan, Israel, Mexico, Nepal, Singapore, Colombia, Malaysia, Argentina, and Ecuador (Global Mpox Trends published 8 May 2026). Most travel-associated cases reported outside African countries had links to affected countries in Africa. Imported cases with a travel history to China, Germany, Lebanon, Malaysia, Nepal, Netherlands, Oman, Pakistan, Russia, Thailand, United Arab Emirates, and VietNam have also been reported (Global Mpox Trends published 8 May 2026).

Since October 2025, several EU/EEA countries have reported mpox clade I in men who have sex with men, most of whom have no travel history. In addition to the cases reported among men who have sex with men, confirmed limited secondary transmission of clade I within households has been reported in the EU/EEA, mainly among household contacts since 2024, by Germany, Belgium, and Ireland. Outside the EU/EEA and Africa, secondary transmission has also been reported in the UK, China, Qatar, and Australia. The number of secondary cases reported in these events has been low (range: 1–6 cases per event; Global Mpox Trends published 6 March 2026). Based on the information available, all transmission events were due to close contact and no deaths were reported.

In March-April 2026, Pakistan reported an mpox oubreak among neonates where clade Ib was identified. Overall, 249 suspected cases were reported 14 March-20 April, including 29 laboratory-confirmed and 8 deaths. The cases were reported across nine districts in Sindh province (Multi-country oubtreak of mpox, External Situation Report #65-30 April 2026).

Transmission patterns of mpox due to MPXV clade I - update 12 March 2026

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 that have reported MPXV clade I cases since 2024.

The definitions of the categories have been revised to account for context and availability of epidemiological data (see note below). The classification is as follows:

- Community transmission: Burundi, Central African Republic, Congo, DRC, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Pakistan, Rwanda, the United Arab Emirates, Tanzania, Uganda, and Zambia.
- Countries with travel-associated cases or limited transmission: Angola, Argentina, Austria, Australia, Belgium, Brazil, Canada, China, Colombia, Comoros, Czechia, Denmark, Ecuador, France, Germany, Greece, India, Ireland, Israel, Italy, Japan, Luxembourg, Malaysia, Mauritius, Mexico, Namibia, Nepal, the Netherlands, Oman, Poland, Portugal, Romania, Qatar, Senegal, Singapore, Slovakia, Spain, South Africa, South Sudan, Sweden, Switzerland, Thailand, Türkiye, the United Kingdom, the United States, and Zimbabwe.

Note:
Community transmission is defined as follows:
When there are adequate epidemiological data and the following apply:

- cases without links to travel-associated cases are reported,
- multiple age groups are affected,
- cases are reported outside specific risk groups/settings,
- there is wide geographical spread.

If epidemiological data and/or testing are known to be limited and at least one of the following apply:

- there is a large number of suspected cases,
- there are multiple (suspected or confirmed) cases with limited data on transmission chains,
- multiple cases likely infected in the country are reported from other areas/countries.

Countries are classified as with travel-associated cases or limited transmission when the following apply:

- only travel-associated cases have been reported;
- sporadic cases have been reported having epidemiological links with travel-associated cases;
- there is only a small number of cases for which epidemiological links to travel-associated cases have not been reported or are unclear;
- transmission chains are mostly contained within specific groups or settings (e.g. groups with high numbers of sexual partners, camps with internally displaced populations, prisons);
- there is limited spillover to other groups (e.g. children);
- zoonotic spillover and small clusters of cases reported in endemic countries;
- there is no evidence of wider community transmission (e.g. clade I following patterns similar to clade II in countries where clade II has been reported since 2022 and has been circulating continuously at low levels and in groups with high numbers of sexual contacts).

In the most recent update of 13 May 2026, Pakistan has been added to the category of countries with community transmission (Multi-country oubtreak of mpox, External Situation Report #65-30 April 2026). The category of countries with travel-associated cases or limited transmission has been updated to include countries that reported clade I for the first time since the previous update.

There are several limitations and caveats in the classification of community transmission of mpox clade I as the extend of ongoing undetected transmission cannot be quantified with certainty. Moreover, a number of countries have reported cases with travel history to regions/countries with limited number of clade I cases or no clade I cases and further information on transmission chains is not available (Global Mpox Trends published 8 May 2026), For example, VietNam, Mali, Russia, and Lebanon have not reported any mpox clade I detection and they have been reported as places of travel of known cases elsewhere. Imported cases with a travel history to countries that have reported a small number of mostly travel associated cases have also been reported e.g. Malaysia, Nepal, Thailand, Oman, and China (Global Mpox Trends published 8 May 2026). Countries that have been categorised as having community transmission for fulfilling the definitions may be reporting currently smaller number of cases (e.g. Kenya) or decreasing case trends. All the above should be taken into account when interpreting the classification.

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade I remains similar to previous weeks. The cases of clade I that have been reported outside of Africa, including secondary transmission, are not unexpected. A new pattern of transmission is emerging in countries outside Africa, including in the EU/EEA, among men who have sex with men.

ECDC published a Threat Assessment Brief on 24 October 2025 to assess the new situation. 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, reflecting current evidence and considerable uncertainties around transmissibility and severity of clade Ib infection relative to clade IIb. 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.

The Threat Assessment Brief on the detection of autochthonous transmission of monkeypox virus (MPXV) clade Ib in the EU/EEA summarises the information on new cases and outlines actions EU/EEA countries can take, including testing, sequencing and contact tracing; promoting vaccination; risk communication; and community engagement activities. The brief also outlines the remaining knowledge gaps, including on transmissibility and severity of MPXV clade Ib compared with clade IIb.

Recommendations for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; making testing easily accessible; implementing vaccination strategies with a focus on pre-exposure vaccination; and maintaining active risk communication and community engagement.

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.

In addition to increased risk of local transmission of MPXV clade Ib among men who have sex with men, it is likely that mpox cases caused by MPXV clade I will continue to be introduced into the EU/EEA through returning travellers. This is especially the case after holiday travel. 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.

EU/EEA countries should 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, the main public health response measures are contact tracing, partner notification, and post-exposure preventive vaccination of eligible contacts. Clade identification and virus sequencing should also be prioritised.

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' and the Threat Assessment Brief Detection of autochthonous transmission of monkeypox virus clade Ib in the EU/EEA.

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: 13 March 2026

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

Overview:

Update (data cut-off 10.00 a.m.)
Updates on new reported cases
As of 13 May, and since the previous update on 12 May 2026, no new cases or deaths have been reported.

A repatriated asymptomatic passenger from the United States had inconclusive test results and has been reclassified as such pending additional laboratory tests. A second US citizen was reported who developed mild symptoms during evacuation and tested negative for the Andes virus.

Other news
The cruise ship *MV Hondius* arrived at the port of Granadilla, Tenerife on Sunday 10 May. Disembarkation of passengers and part of the crew was carried out and completed on 11 May. The passengers and crew members were transported to the airport and repatriated via evacuation flights throughout 10 and 11 May.

Evacuation was carried out from Tenerife to the following countries: Spain (14), France (5), Canada (4), the Netherlands (26), UK (22), Ireland (2), Turkey (3), and the US (17).

Preliminary analysis of genome sequences from some of the positive cases confirmed a high level of genetic similarity between isolates, likely indicating an initial zoonotic spillover event followed by human-to-human transmission. Further results from genomic sequences are pending.

Summary
Since the start of the outbreak and as of 12 May 2026, 11 cases (eight confirmed, two probable and one inconclusive) have been reported. Of these, three have passed away.

Infection prevention measures, including use of personal protective equipment, 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.

Other 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 published a Threat Assessment Brief on 6 May 2026, and is providing regular updates on its website.

Sources: Press update of Oceanwide

Last time this event was included in the Weekly CDTR: 12 May 2026

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
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2026 - last reported on 13 May 2026
- Human cases of swine influenza A(H1N2) variant virus infection – Multi-country – 2024 - last reported on 13 May 2026
- Avian influenza A(H5N6) – Multi-country – Monitoring human cases - last reported on 13 May 2026
- Hantavirus disease outbreak on cruise ship - South Atlantic - 2026 - last reported on 13 May 2026

- Chikungunya virus disease – French Guiana, France – 2026 - last reported on 12 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
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 May 2026