WEEKLY BULLETIN

Communicable Disease Threats Report

Week 36, 30 August - 5 September 2025

This week's topics

1. Multi-country outbreak of Salmonella Strathcona
2. Overview of respiratory virus epidemiology in the EU/EEA
3. SARS-CoV-2 variant classification
4. Weekly seasonal surveillance of West Nile virus infection – 2025
5. Seasonal surveillance of dengue – 2025
6. Seasonal surveillance of chikungunya virus disease – 2025
7. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025
8. Ebola virus disease - Democratic Republic of the Congo - 2025
9. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

Executive Summary

Multi-country outbreak of Salmonella Strathcona

- Between 1 January 2023 and 30 August 2025, 289 confirmed cases of Salmonella Strathcona ST2559 have been reported in 19 EU/EEA countries and three countries outside the EU/EEA (the United Kingdom, the United States, and Canada).
- Isolates genetically closely related to the outbreak strain have been detected since 2011, indicating a recurring public health concern.
- Epidemiological, microbiological, and traceability investigations in 2023 and 2024 identified small tomatoes from the Sicily region of Italy as the vehicle of infection.
- The risk for new infections remains if seasonal deliveries of contaminated produce continue. In 2025, several countries have reported more than 30 additional cases, mainly between June and August, with Italy reporting the highest number. ECDC is liaising with FWD-Net and EFSA to monitor and coordinate response efforts.

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

Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates for respiratory illness have been at baseline or low levels during the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.
- Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries and in the test positivity pooling data from all reporting countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024.
- Influenza activity remained low in week 35 in most reporting countries. This was reflected in both sentinel and non-sentinel specimen detections and positivity. Overall, positivity is 2.3% in primary care and SARI specimens.

SARS-CoV-2 variant classification

- Since the last update on 25 July, and as of 29 August 2025, no changes have been made to ECDC's list of variants of interest or variants under monitoring.
- For this update, sufficient data for estimating variant proportions during the reporting weeks are only available from four EU/EEA countries. The statistics below therefore only represent a limited part of the EU/EEA.
- The VOI and VUM median proportions in the EU/EEA for weeks 32-33, based on four reporting countries, are currently:
    - BA.2.86 (VOI): 5.3% (range: 0.0%-8.3%)
    - LP.8.1 (VUM): 4.4% (range: 0.0%-41.7%)
    - NB.1.8.1 (VUM): 6.8% (range: 0.0%-38.5%)
- XFG (VUM): 71.6% (range: 0.0%-89.5%)

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 3 September 2025, nine countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, and Spain.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 3 September 2025, three countries in Europe have reported cases of dengue: France (19), Italy (four), and Portugal (two).
- This week, France reported new cases.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025, and as of 3 September 2025, two countries in Europe have reported cases of chikungunya virus disease: France (301) and Italy (107).
- This week, France reported 74 new locally acquired cases of chikungunya virus disease, while Italy reported reported 44 new locally acquired cases.

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

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

Ebola virus disease - Democratic Republic of the Congo - 2025

- On 4 September 2025, health authorities in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease in Kasai Province.
- As of 4 September 2025, there are 28 suspected cases and 16 deaths (CFR-57%), including four healthcare workers.
- The Bulape and Mweka health zones in Kasai Province have been reported as affected.
- The cases and deaths reported presented with symptoms including fever, vomiting, diarrhoea and haemorrhage.
- On 3 September, laboratory results confirmed the cause of the outbreak as Ebola Zaire caused by Ebola virus disease.

- The current risk for EU/EEA citizens living in or travelling to Kasaï province in the DRC is estimated to be low, due to the current low likelihood of exposure. For citizens in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

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

- Since the previous update on 5 August 2025, and as of 1 September 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2025, and as of 1 September 2025, 11 MERS cases have been reported in Saudi Araba with date of onset in 2025, including two fatalities.
- 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 to be low. The current MERS-CoV situation poses a low risk to the EU/EEA.

1. Multi-country outbreak of Salmonella Strathcona

Overview:

A cross-border outbreak of Salmonella enterica serovar Strathcona ST2559 is ongoing in the EU/EEA and the UK. From 1 January 2023 to 4 September 2025, a total of 289 confirmed cases of S. Strathcona ST2559 have been identified in 19 EU/EEA countries: Austria (59), Croatia (3), Czechia (11), Denmark (10), Estonia (1), Germany (68), Finland (3), France (24), Ireland (3), Italy (78), Luxembourg (2), the Netherlands (4), Norway (4), Slovakia (5), Slovenia (8), Sweden (6). Cases were also identified in three countries outside the EU/EEA: the UK (29), the US (8), and Canada (5). Among travel-associated cases, Italy was the most frequently reported destination.

The epidemiological, microbiological and traceability investigations in Austria (2023) and Italy (2024) confirmed that small tomatoes from the Sicily region of Italy were the vehicle of infection, as reported in the joint ECDC-EFSA rapid outbreak assessment: Prolonged multi-country outbreak of Salmonella Strathcona ST2559 linked to consumption of tomatoes in the EU/EEA and the UK. This conclusion is consistent with findings from a historical outbreak in Denmark in 2011. Whole genome sequencing (WGS) analyses in 2024 confirmed that the outbreak strain across countries shares a recent common origin.

In 2025, between June and 4 September, nine countries have reported 29 confirmed cases of Salmonella Strathcona ST2559, with disease onset over the period January to August. Italy accounted for the largest number with 11 confirmed cases, including a regional cluster. Exposure information was limited for the Italian cases, but tomato consumption reported by four cases. Austria followed with five confirmed cases, mostly in upper Austria, with one case reporting travel to Italy. Germany reported six cases, mostly without travel history. Other countries with confirmed cases in 2025 are Ireland (2), Norway (1), Denmark (1), France (1), Czechia (1), and the Netherlands (1). Travel to Italy was reported by four of these cases. Sequencing is still pending for 23 additional cases from Austria, Italy, and Czechia. Notably, three isolates from Italy tested positive for lactose fermentation, an unusual trait for Salmonella.

In the ECDC WGS system, there are 204 isolates from 15 EU/EEA countries, the UK and the US, reported from 2023 to 2025 that cluster within seven allelic distances (AD). In addition, eight non-human isolates were identified in EFSA WGS system within 10 AD, isolated in 2023 to 2025. The high number of shared isolates for comparison between countries within the ECDC-EFSA One Health WGS system show the benefits of strong cross-sectoral collaboration.

ECDC assessment:

This is a recurring, seasonal outbreak with 289 confirmed cases reported between January 2023 and August 2025. Most cases have occurred during the summer months, particularly between June and

October in all years. Epidemiological, microbiological, and traceability investigations have confirmed small tomatoes from Sicily as the vehicle of infection for the outbreak in 2023-2024.
The recurrence of cases in 2025, including those without travel history, suggests ongoing transmission and distribution of contaminated produce beyond Italy. The presence of cases in multiple countries underscores the need for continued surveillance and cross-sector coordinated response.

There have been country reports of lactose fermenting isolates within the outbreak. This is unusual for Salmonella and could have an impact on identifying Salmonella using traditional selective media. Thereby, there is a potential risk that the true number of cases are underestimated.

The risk for new infections remains as long as the seasonal delivery of contaminated produce continues. New outbreaks are likely to occur in future seasons until the root cause of the contamination has been identified and control measures implemented.
Human and food sectors are recommended to continue investigations to verify whether small tomatoes from Italy are the vehicle of infection in newly occurring cases. In addition, the role of the environment should also be investigated to identify the point of entry at which contamination with S. Strathcona is occurring.

Actions:

- ECDC is monitoring the event in EpiPulse and is liaising with FWD-Net and EFSA to monitor and coordinate response efforts.
- EFSA monitors RASFF for updated information on traceability and control measures.
- Countries are encouraged to continue updating EpiPulse with new cases and to report WGS data.
- Further investigations are planned in some affected countries, including whole genome sequencing to assess the link between the reported cases in 2025 and the prolonged multi-country outbreak of S. Strathcona ST2559 associated with tomato consumption in the EU/EEA and the UK.

Further information:

Müller et al 2016. Outbreak of Salmonella Strathcona caused by datterino tomatoes, Denmark, 2011, Epidemiology and Infection.
ECDC and EFSA joint rapid outbreak assessment (published 12 November 2024): Prolonged multi-country outbreak of Salmonella Strathcona ST2559 linked to consumption of tomatoes in the EU/EEA and the UK

Sources: 2024.7763

Last time this event was included in the Weekly CDTR: 15 November 2024

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

Overview:

- Data reported in week 35, 2025 showed that consultation rates for syndromic indicators of respiratory infections remained at baseline for all reporting EU/EEA countries. The overall low consultation rates were consistent in both primary care (influenza-like illness (ILI)/acute respiratory infection (ARI)) and secondary care (severe acute respiratory infection (SARI)) surveillance systems.
- Overall, SARS-CoV-2 pooled ILI/ARI test positivity in primary care specimens was at 21% in week 35. The activity indicators remained varied in the different countries.
- In secondary care SARI specimens, the pooled test positivity decreased to 11% in week 35, mainly driven by data from Ireland and Spain. The numbers of reported hospitalisations and deaths remain at relatively low levels.
- Based on detections of SARS-CoV-2 in non-sentinel specimens (laboratory detections from a mix of primary care and other sources, including hospitals), increasing trends in detections and test positivity continue to be observed in multiple countries and across age groups. Since week 20, hospital admissions have been increasing in Ireland, Latvia and Poland and are at similar levels as at this time last year. SARS-CoV-2-related laboratory-confirmed deaths have been increasing in Portugal since week 20.
- Influenza activity remained low in week 35 in most reporting countries. This was reflected in both sentinel and non-sentinel specimen detections and positivity. Overall, positivity is 2.3% in primary care and SARI specimens.

ECDC assessment:

Interpretation of the epidemiological situation across the European Union/European Economic Area (EU/EEA) is currently challenging due to a reduced number of countries reporting data and lower testing volumes compared to the winter period. Week-to-week trends should be interpreted with caution, as missing data from countries with large testing volumes can distort indicators.

Primary and secondary care consultation rates for respiratory illness have been at baseline or low levels during the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.

Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024.

Following a winter with low SARS-CoV-2 circulation, population immunity against SARS-CoV-2 may have partly waned. Test positivity for SARS-CoV-2 is currently higher than that of other respiratory viruses. This may lead to some increases in COVID-19 hospitalisations, particularly among older adults and people vulnerable to severe outcomes, as described in ECDC's recently published Epidemiological update.

Actions:

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.

Countries should remain vigilant for increases in epidemiological indicators, particularly in settings with populations vulnerable to severe disease, and to increases in severe disease.

ECDC/WHO guidance recommends that surveillance of respiratory viruses is maintained all year round.

Vaccination is the most effective measure for protecting against more severe forms of viral respiratory diseases. Those eligible for vaccination, particularly those at higher risk of severe outcomes, are encouraged to get vaccinated in line with national recommendations.

Countries should ensure that infection prevention and control practices in healthcare settings are implemented.

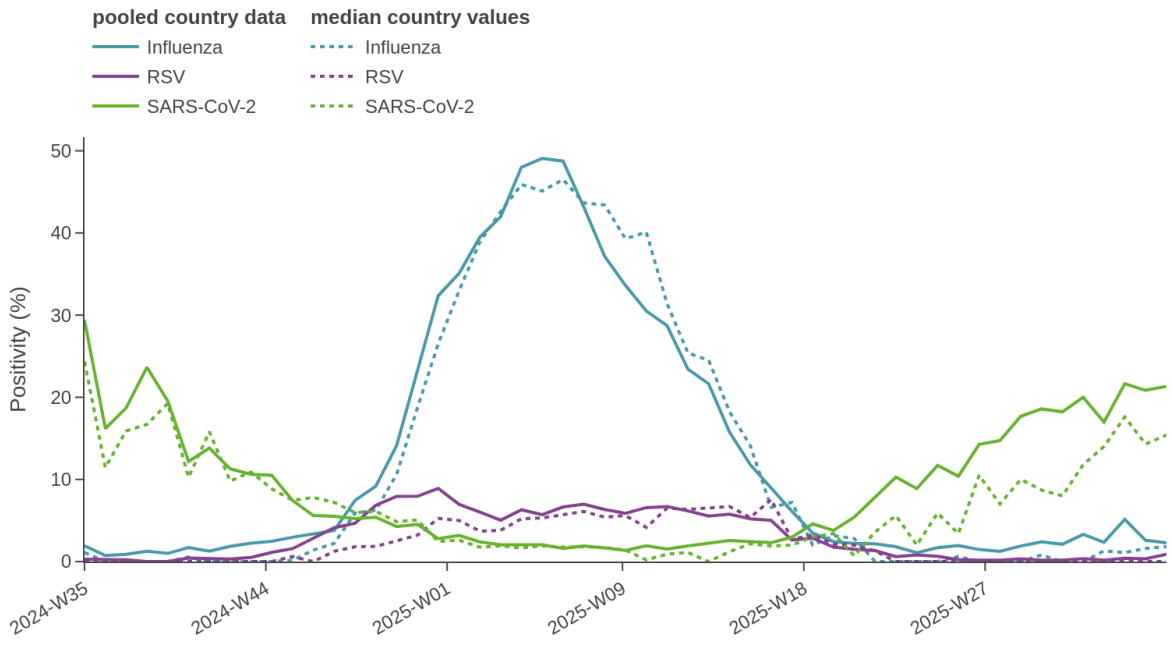
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 29 August 2025

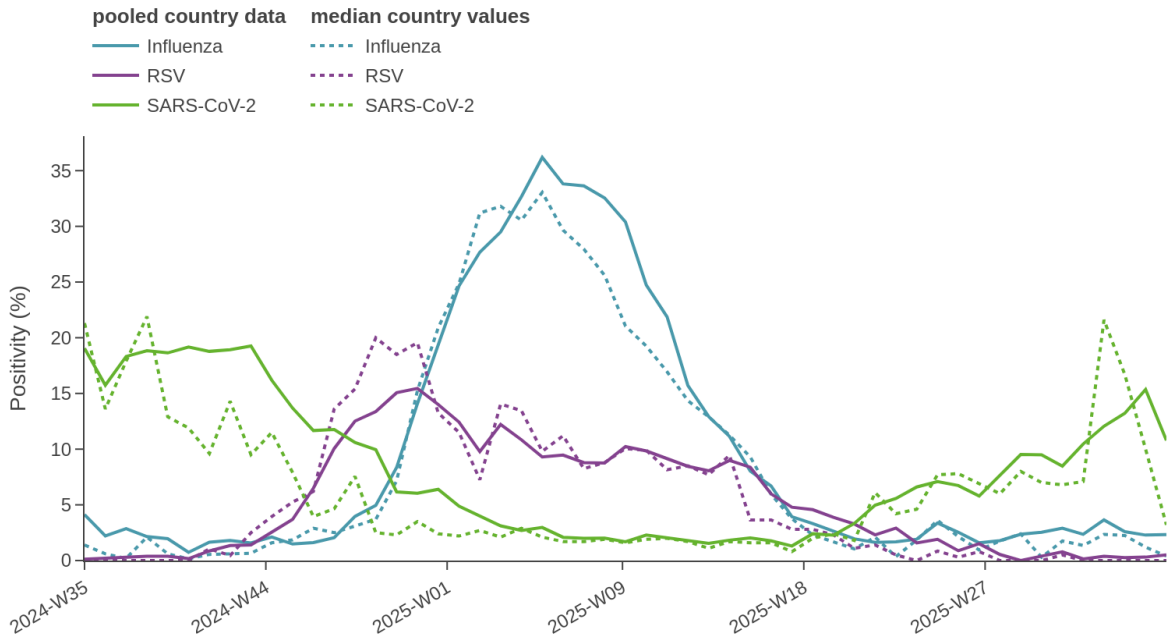
Maps and graphs

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 35, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 35**	**Week 34**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	13 rates (10 MEM)	13 rates (10 MEM)	Distribution of country MEM categories	10 Baseline	
	ILI	16 rates (15 MEM)	17 rates (16 MEM)		15 Baseline	
ILI/ARI test positivity in primary care	Influenza	13	14	Pooled (median; IQR)	2.3% (1.8; 0–3.6%)	The ILI/ARI test positivity is at low, interseasonal levels.
	RSV	11	12		0.9% (0; 0–0.3%)	
	SARS-CoV-2	11	13		21% (15; 14–21%)	The pooled ILI/ARI test positivity is at 21% as in week 34. Increasing number of countries had a test positivity above 10%. In week those were: Spain (26.1%), Greece (23.6%), Hungary (17.9%), Denmark (15.4%), Luxembourg (14.3%) and Germany (13.6%).
SARI rates in hospitals	SARI	9	10	-	-	
SARI test positivity in hospitals	Influenza	7	8	Pooled (median; IQR)	2.3% (0.4; 0–2.5%)	Malta reported test positivity of 31.2% with an increasing trend of influenza detections from sentinel sources since week 28. The number of laboratory-confirmed hospitalised cases reported by Malta have increased between weeks 26 and 32 and have decreased since then.
	RSV	7	7		0.5% (0; 0–0.2%)	
	SARS-CoV-2	6	7		11% (3.2; 3–11%)	The pooled SARI test positivity decreased to 11% from 15% in week 34. Of six countries reporting a minimum of 10 tests in week 35, two (Ireland and Spain) reported a test positivity above 10%.
Intensity (country-defined)	Influenza	19	20	Distribution of country qualitative categories	17 Baseline 2 Low	
Geographic spread (country-defined)	Influenza	18	18	Distribution of country qualitative categories	9 No activity 8 Sporadic 1 Local	

Source: ECDC

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

		Week 35, 2025	Week 40, 2024 - week 35, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**12**	**-**	**25625**	**-**
Influenza A	12	100	15120	60
A(H1)pdm09	8	89	7348	57
A(H3)	1	11	5523	43
A (unknown)	3	-	2249	-
Influenza B	0	0.0	10226	40
B/Vic	0	-	4671	100
B/Yam	0	-	1	0.0
B (unknown)	0	-	5554	-
Influenza untyped	0	-	279	-
RSV	**4**	**-**	**4776**	**-**
RSV-A	0	0.0	868	44
RSV-B	1	100	1116	56
RSV untyped	3	-	2792	-
SARS-CoV-2	**97**	**-**	**4704**	**-**

Source: ECDC

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

Figure Table

		Week 35, 2025	Week 40, 2024 - week 35, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**14**	**-**	**13856**	**-**
Influenza A	12	100	5893	82
A(H1)pdm09	5	83	1824	61
A(H3)	1	17	1178	39
A (unknown)	6	-	2891	-
Influenza B	0	0.0	1273	18
B/Vic	0	-	169	100
B (unknown)	0	-	1104	-
Influenza untyped	2	-	6690	-
RSV	**3**	**-**	**5745**	**-**
RSV-A			821	48
RSV-B			903	52
RSV untyped	3	-	4021	-
SARS-CoV-2	**63**	**-**	**5051**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 35, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5713	40	5a.2a(C.1.9)	3783	67
			5a.2a.1(D)	749	13
			5a.2a(C.1.9.3)	700	12
			5a.2a.1(D.3)	286	5
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4353	30	2a.3a.1(J.2)	3408	79
			2a.3a.1(J.2.2)	594	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1.0
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4337		V1A.3a.2(C.5.1)	2497	58
			V1A.3a.2(C.5.7)	940	22
			V1A.3a.2(C.5.6)	785	18
			V1A.3a.2(C)	79	2
			V1A.3a.2(C.5)	17	0.4
			Not assigned	19	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 33–34, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	2	15	6% (3–8%)
XFG	VUM	3	182	77% (68–79%)
NB.1.8.1	VUM	3	23	9% (9–14%)
LP.8.1	VUM	2	11	4% (2–12%)

Source: ECDC

3. SARS-CoV-2 variant classification

Overview:

Since the last update on 25 July, and as of 29 August 2025, no changes have been made to ECDC's list of variants of interest or variants under monitoring.

The VOI median proportions in the EU/EEA for weeks 32-33, based on four reporting countries, are currently:

BA.2.86: 5.3% (range: 0.0%-8.3%)

The VUM median proportions in the EU/EEA for weeks 32-33, based on four reporting countries, are currently:

LP.8.1: 4.4% (range: 0.0%-41.7%)
NB.1.8.1: 6.8% (range: 0.0%-38.5%)
XFG: 71.6% (range: 0.0%-89.5%)

The calculations are based on data reported to GISAID, as of **24 August 2025**. Note that for this update, sufficient data for estimating variant proportions during the reporting weeks are only available from **four** 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: 01 August 2025

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

Overview:

Since the beginning of 2025, and as of 3 September 2025, nine countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia, and Spain. Currently, 100 areas are known to be affected.

The report is available online.

Last time this event was included in the Weekly CDTR: 29 August 2025

5. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025, and as of 3 September 2025, three countries in Europe have reported cases of dengue: **France** (19), **Italy** (four), and **Portugal** (two).

In the past week, France reported five new locally acquired1 cases of dengue; two cases in a new cluster in Aubange, one case in a new cluster in Beaulieu, and one in the cluster of Langon. The cumulative number of locally acquired cases in France has reached 19, distributed across 10 clusters. Six clusters in France are currently active. The cumulative number of locally acquired cases in Italy is four, distributed across two clusters. Italy has discarded one case without an associated cluster or LAU level. One cluster (Brendola) in Italy is 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: 29 August 2025

6. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 3 September 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (301) and **Italy** (107).

In the past week, France has reported 74 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 301, distributed across 34 clusters. Twenty-five clusters are currently active. The largest cluster is located in Vitrolles and consists of 47 cases.

Italy reported 44 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 107, distributed across seven clusters. Six clusters are currently active. The largest cluster is located in Carpi, San Prospero and Soliera, and consists of 85 cases. For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease. This report covers mainland EU/EEA and the outermost regions of Portugal and Spain.

ECDC assessment:

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

Last time this event was included in the Weekly CDTR: 29 August 2025

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

Overview:

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

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 likely 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 and Toledo province, Castilla-La Mancha region, and human CCHF cases have previously been reported in both 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 against tick bites (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 the 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: 29 August 2025

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

Overview:

Summary

On 4 September 2025, The Minister of Public Health, Hygiene and Social Security of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease in Kasai Province. As of 4 September 2025, there are 28 suspected cases and 16 deaths (estimated Case Fatality Ratio-57%), including four healthcare workers.

The first reported case is a 34-year-old pregnant woman admitted to hospital with symptoms including high fever and repeated vomiting last month.

The Bulape and Mweka health zones in Kasai Province have been reported as affected. The cases and deaths reported presented with symptoms including fever, vomiting, diarrhoea and haemorrhage.

Samples tested on 3 September 2025 at the country's National Institute of Biomedical Research in the capital Kinshasa confirmed the cause of the outbreak as Ebola Zaire caused by Ebola virus disease. Based on whole genome sequencing analysis, the causative strain is not linked to previous outbreaks and this is likely a new zoonotic spillover event (Amuri-Aziza et al. 2025). Investigations are ongoing to identify the source of infection.

A national Rapid Response Team and provincial risk communication experts from the Democratic Republic of the Congo, joined by WHO experts, have been deployed to Kasai Province. Contact tracing and risk communication activities are ongoing.

Personal protective equipment and medical supplies are being delivered. The affected area is difficult to reach, taking at least one day of driving from the provincial capital of Kasai, Tshikapa. 2000 doses of Ervebo Ebola vaccine, effective to protect against this type of Ebola, are already prepositioned in Kinshasa and will be moved to Kasai to vaccinate contacts and frontline health workers.

Background

The last EVD outbreak documented in the DRC was in August 2022, in Beni Health Zone, North Kivu province, but concerned only one case and lasted three months. In the same year, other five cases had been reported from Mbandaka city, Equateur province. In 2007 and 2008, there were EVD outbreaks affecting Kasaï province, including the Bulape and Mweka health zones in 2007. In the country overall, there have been 15 outbreaks since the disease was first identified in 1976.

ECDC assessment:

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

Intense surveillance and contact tracing are essential to rapidly control outbreaks of viral haemorrhagic fevers. Ebola virus causes a severe, often fatal, disease. The current risk for EU/EEA citizens living in or travelling to Kasaï province in the DRC is estimated to be low. The current risk for citizens in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Actions:

ECDC is monitoring the situation through its epidemic intelligence activities. In addition, ECDC is in contact with Africa CDC, GOARN and DG ECHO.

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

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

Overview:

Update: Since the previous update on 5 August 2025, and as of 1 September 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.

Summary: Since the beginning of 2025, and as of 1 September 2025, 11 MERS cases have been reported in Saudi Araba with date of onset in 2025, including two fatalities.

Since April 2012, and as of 1 September 2025, a total of 2 639 cases of MERS, including 957 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

ECDC assessment:

Human cases of MERS 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, which also provides details on the last person reported with the disease in Europe.

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.

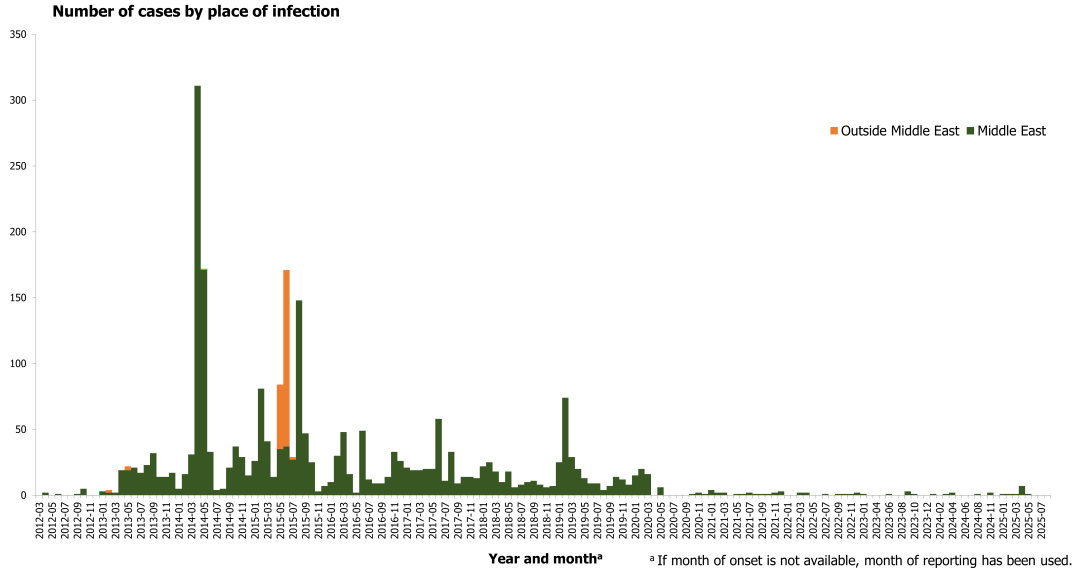
Actions:

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: 08 August 2025

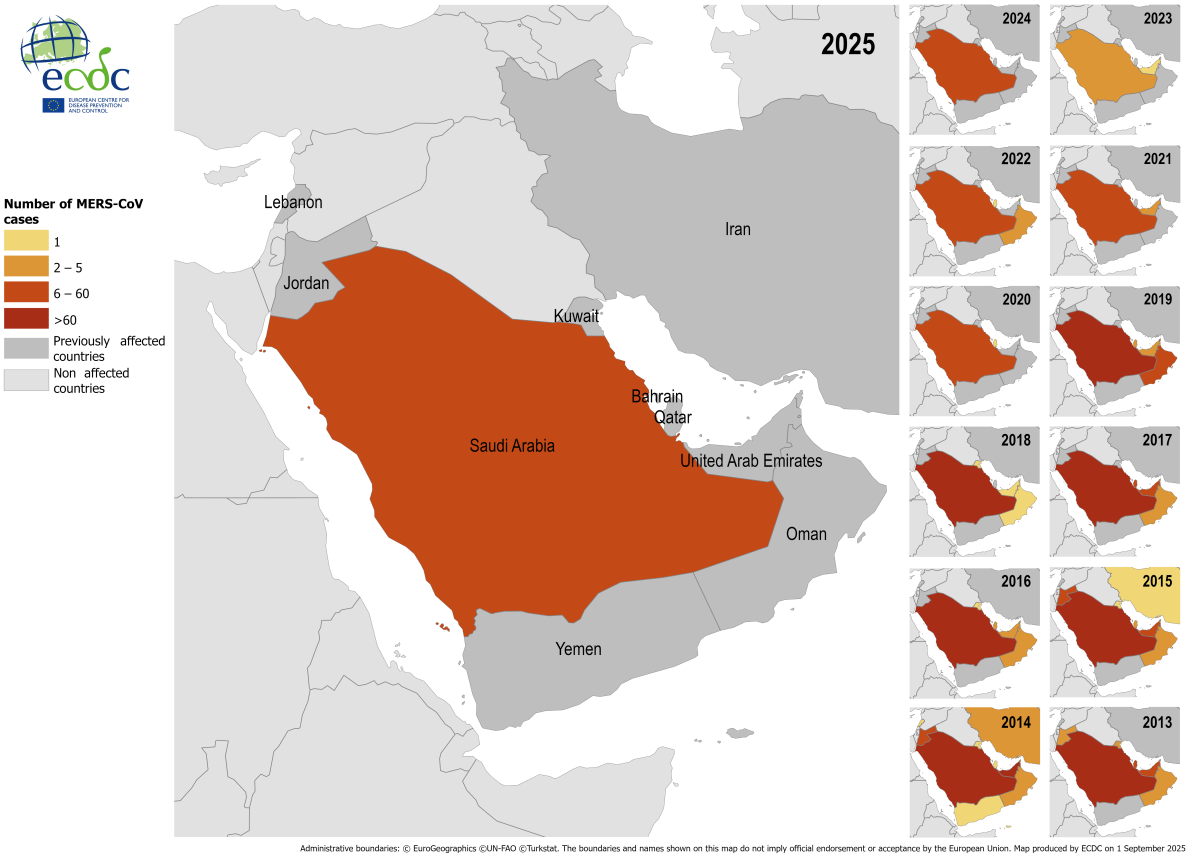
Maps and graphs

Figure 8. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012 – August 2025



Source: ECDC

Figure 9. Distribution of confirmed cases of MERS by place of infection and year of onset, January 2013 – August 2025



Source: ECDC

Events under active monitoring

- Expert deployment - last reported on 29 August 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 29 August 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 29 August 2025
- Seasonal surveillance of dengue – 2025 - last reported on 29 August 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 29 August 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 29 August 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 29 August 2025
- Locally acquired rabies – Romania – 2025 - last reported on 29 August 2025
- Circulating vaccine-derived poliovirus type 1 (cVDPV1) - Israel - 2025 - last reported on 22 August 2025
- Chikungunya outbreak in China - last reported on 22 August 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 22 August 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 15 August 2025
- Listeriosis - Multi-country (EU/EEA) - 2024-2025 - last reported on 15 August 2025
- Autochthonous malaria in Mayotte, France - 2025 - last reported on 15 August 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 08 August 2025
- Nipah virus disease – India – 2025 - last reported on 08 August 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 08 August 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 August 2025
- SARS-CoV-2 variant classification - last reported on 05 September 2025
- Multi-country outbreak of Salmonella Strathcona - last reported on 05 September 2025
- Ebola virus disease - Democratic Republic of the Congo - 2025 - last reported on 05 September 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 01 August 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 01 August 2025
- Iatrogenic botulism associated with cosmetic procedures in England - last reported on 01 August 2025