WEEKLY BULLETIN

Communicable disease threats report

Week 16, 11 - 17 April 2026

This week's topics

Executive summary

Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

- In February 2026, 11 EU/EEA countries reported 139 measles cases. Fifteen countries reported zero cases.
- During the last 12-month period, six deaths attributable to measles were reported to ECDC by France (4), Romania (1) and the Netherlands (1).
- Overall, case numbers decreased compared with previous months.
- Complementary epidemic intelligence surveillance was performed on 15 and 16 April 2026. Outbreaks have been reported in Bulgaria and Latvia. Sporadic cases and clusters were reported in several EU/EEA countries. Updates are provided for several countries and regions outside the EU/EEA.

Summary

In week 15, 2026, primary care and hospital consultations for respiratory illness were at baseline levels in all but one country, indicating low respiratory virus circulation across the EU/EEA.

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

Respiratory syncytial virus (RSV) activity in primary care and hospitals remain elevated, although the overall peak for the EU/EEA, and in most countries, has passed. Hospital admissions in children aged 0-4 years have fallen steadily in recent weeks.

SARS-CoV-2 circulation remains at very low levels in all countries and all age groups.

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

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'.

Travel-associated Zika virus disease - France (ex Indonesia) - 2026

- France reported a total of 11 travel associated ZIKV cases linked to Indonesia between July 2025 and March 2026, including four cases detected in early 2026.
- Despite high and increasing travel volumes from Indonesia to the EU/EEA since 2022, no corresponding increase in imported ZIKV cases has been observed by other EU/EEA countries.
- The likelihood of ZIKV infection for travellers to Indonesia is low; the likelihood of onward transmission in mainland Europe following introduction by a viraemic traveller is currently very low.
- In Europe, travel medicine clinics should maintain general arbovirus awareness for travellers to Indonesia, particularly pregnant women and individuals planning pregnancy. Clinicians should consider ZIKV infection in returning travellers presenting with compatible symptoms.

Chikungunya virus disease – French Guiana, France – 2026

- There is ongoing chikungunya virus circulation in French Guiana, with over 85 cases reported since January 2026.
- The current likelihood of chikungunya virus infection for travellers to French Guiana is assessed as low; the likelihood of onward transmission in mainland Europe following introduction by a viraemic traveller is currently very low.
- Travellers should be advised to take enhanced mosquito bite prevention measures. Vaccination may be considered based on national recommendations.

Chikungunya virus diseases – Suriname – 2026

- In late 2025, Suriname reported its first autochthonous chikungunya virus disease case since 2016. Between 1 January and mid-March, 2 579 chikungunya virus disease cases have been reported.
- Since January 2026, one EU Member State also observed a marked increase in detections of chikungunya virus among returning travellers from Suriname and Paramaribo in particular.
- The likelihood of acquiring chikungunya virus disease for travellers to Suriname is assessed as moderate; the likelihood of onward transmission in mainland Europe following introduction of a viraemic traveller is currently very low.
- In Europe, travel medicine clinics should maintain general arbovirus awareness for travellers to Suriname. Clinicians should consider chikungunya virus disease in returning travellers presenting with compatible symptoms.

1. Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

Overview:

In February 2026, 26 countries reported measles data. Eleven countries reported 139 cases and 15 countries reported zero cases.

Overall, case numbers decreased compared with the previous month, however this may be subject to change in the event of a future retrospective update. The highest case counts were reported by Italy (63), Spain (36), France (16) and Poland (five).

Between 1 March 2025 to 28 February 2026, 30 EU/EEA Member States reported a total of 4 623 cases of measles, 3 860 (83.5%) of which were laboratory confirmed.

Of the 4 623 cases with known age, 1 536 (33.2%) were in children under five years; 1 956 (42.3%) cases were in those aged 15 years or above. The highest notification rates were observed among infants under one year of age (124.0 cases per million) and children aged 1-4 years (65.3 cases per million).

Of 4 013 individuals (86.8% of all cases) with a known age and vaccination status, 3 206 (79.9%) were unvaccinated, 378 (9.4%) were vaccinated with one dose of a measles-containing vaccine, 386 (9.6%) were vaccinated with two or more doses, and 34 (0.8%) were vaccinated with an unknown number of doses.

During the 12-month period, six deaths (case fatality rate (CFR): 0.130 %) attributable to measles were reported to ECDC by France (four), Netherlands (one) and Romania (one). Detailed data are available in ECDC's Surveillance Atlas of Infectious Diseases.

Complementary epidemic intelligence surveillance was performed on 15 and 16 April 2026. An outbreak has been reported in Bulgaria. Sporadic cases and clusters were reported in several EU/EEA countries. Updates are provided for several countries and regions outside the EU/EEA. Outside the EU/EEA, updates have been provided England, Bangladesh, Ukraine, Africa CDC,the World Health Organization Pan American Health Organization (WHO PAHO), Canada, US, Mexico, Indonesia and Japan.

Disclaimer: The monthly measles report published in the CDTR provides the most recent data on cases and outbreaks based on information made publicly available by the national public health authorities or the media. Sometimes this information is made available retrospectively. This report is a supplement to ECDC's monthly measles and rubella monitoring report, based on data routinely submitted by 30 EU/EEA countries to EpiPulse Cases. Data presented in the two monthly reports may differ.

Epidemiological summary for EU/EEA countries with relevant epidemic intelligence updates:

Austria reported four confirmed or probable cases in 2026 and as of 8 April 2026.

Bulgaria reports an outbreak of measles with 104 cases reported as of week 15 in 2026. According to media report, quoting health authorities on 10 April 2026, most of the cases were reported in Vratsa region (n=80), followed by Pleven (n=12), Lovech (n=6), Sofia city (n=2) and Sofia region (n=1). Eleven cases are in adults between 19 and 53 years of age. More than half of the total number of individuals were not vaccinated. Over 13 000 MMR vaccine doses have been administered in response to the outbreak. In 2025, Bulgaria reported two cases.

France reported 28 cases and no deaths in January and February 2026. The cases were related to three clusters and have been detected mainly among children. Thirteen departments in France (13%) reported at least one case during the period. No cases have been reported in the Overseas Territories. The five main departments with the most reported cases are: Paris (18%), Essonne (18%), Hauts-de-Seine (18%), Savoie (11%) and Bouches-du-Rhône (7%). Fifteen cases were related to five clusters.

Germany reported 59 confirmed and probable measles cases in 2026 (week 1 to 15), an increase of 21 cases since week 10. No outbreaks have been detected by the ECDC EI group.

Ireland reported 10 cases in 2026 in weeks 1 to 14. Data from Ireland (National Notifiable Disease Hub) include confirmed, probable, and possible measles cases.

Latvia reported the first outbreak of measles since 2018 (Weekly Communicable Disease Threats Report w13). Since the start of the outbreak in March 2026, 47 cases have been reported (43 laboratory confirmed) (as of 15 April 2026). Over a thousand contacts have been identified and followed-up. Most of the cases are in children who have not been vaccinated. All cases are epidemiologically linked. The most recent case was reported on 4 April 2026. Genotype D8 was detected in the first 10 samples. A previous measles outbreak in Latvia was reported in 2018 (n=25), followed by two sporadic imported cases in 2023 and in 2025. According to Latvian authorities due to decreased vaccination rates in some of the regions, around 4% of one to 17-year-old children are not vaccinated. The national authorities asses the risk as moderate to high, especially among non-immune people.

Poland reported 12 cases of measles from 1 January to 31 March 2026.

Portugal reported two confirmed unrelated cases of measles in an unvaccinated child and an adult (media report quoting health authorities on 6 April 2026)

Spain reported 97 cases of measles from 1 January to 12 April 2026, including seven imported and seven cases related to imported cases. This represents an increase of 12 cases since March 2026.

Sweden reported four cases in 2026 and as of 15 April 2026.

Epidemiological summary for EU/EEA outermost territories with relevant epidemic intelligence updates:

No new outbreaks or cases have been detected in the reporting period.

Western Balkan countries and Türkiye

No new outbreaks or cases have been detected in the reporting period.

Epidemiological summary for selected countries outside of the EU/EEA with relevant epidemic intelligence updates:

Ukraine reported 56 cases in January and February 2026. In addition, media reported on 16 April 2026, 121 cases of measles were reported in the Ivano-Frankivsk region in 2026 with 84% of cases in children. In 2025, Ukraine reported 1 502 measles cases from January to December 2025.

England reported 371 laboratory confirmed cases and no deaths, between 1 January and 6 April 2026. The majority of cases – 69% - involve children under 10 years of age and 26% were young people and adults 15 years or older. Geographically, 57% of the cases have been reported in London, followed by 24% in West Midlands and 7% in North West.

Bangladesh is experiencing a sharp increase in measles transmission, with 9 883 suspected cases reported nationwide as of 7 April 2026, including 1 398 laboratory-confirmed cases and at least 128 suspected deaths (21 confirmed). Children under five years of age are mostly affected - 81% of all cases, including 34% among infants under nine months of age who are not yet eligible for routine measles-containing vaccination. Most cases have been reported among unvaccinated (72%) or under-vaccinated children (16%). There are depleted national MMR stocks that constrain both, national immunisation plans and outbreak response. Health facilities are reported to be under severe strain, with overcrowding, limited triage and isolation capacity, and shortages of critical medical supplies. In response, on 5 April 2026 UNICEF and partners supported the Government of Bangladesh to launch an emergency measles–rubella vaccination campaign targeting 18 high-burden districts, alongside parallel measures to provide vitamin A supplementation, strengthen health facility capacity, procure essential supplies and reinforce community engagement to interrupt transmission.

Africa CDC reported on 13 April 2026, overall, in 2026, there have been reported 1 603 confirmed and 50 252 suspected cases of measles and 388 deaths from 18 African Union Member State countries. High risk of measles spread is listed for Mali and Senegal, and moderate risk in Malawi and Mozambique.

According to the WHO Pan American Health Organization (WHO PAHO) report published on 28 March, 14 465 confirmed measles cases have been reported by 10 countries, of which the majority of cases are reported in Mexico (8 315), Guatemala (3 687), the United States (1 664), and Canada (733). Due to the upcoming FIFA World Cup 2026 more detailed overview is provided for the hosting countries: Canada, Mexico and US.

Canada reported 789 measles cases (724 confirmed) and no deaths across seven jurisdictions in 2026 and as of 4 April 2026. The country remains in active transmission across multiple provinces due to ongoing multijurisdictional outbreak, the vast majority of the cases reported in 2026 are linked to this outbreak.

The US continues to face multiple concurrent outbreaks, including several that began in 2025 and continue into 2026. Overall US CDC reported 1 714 cases and no deaths between January and 9 April 2026 (vs a total of 2 287 cases, including 3 deaths in 2025). In the same period there were new 17 outbreaks reported and 94% of confirmed cases are outbreak associated. Majority of the cases are children (73%) and unvaccinated individuals (92%).

Mexico reported on 15 April 2026, overall since the beginning of the outbreak in 2025, 15 945 confirmed cases were reported, including 36 deaths. In 2026, Mexico reported 9 458 confirmed cases and nine deaths. The number of cases is declining after a peak reported in week 6 in 2026. Mostly affected state in 2026 remains Jalisco (3 823 cases; three deaths).

Indonesia reported 8 810 suspected measles cases, 572 laboratory-confirmed cases (about 67% of which had no immunisation history), and five deaths during January–February 2026. According to media reports, the Ministry of Health declared an Extraordinary Event for measles in seven areas in South Sulawesi province, following a national spread of measles since the December 2025.

Japan faces an increase of measles cases in 2026 with 236 cases reported in weeks 1-14, the number of cases similar to total reported in a whole year of 2025 (n=265). Preliminary data suggest 72% of the cases are teenagers and adults: 22% are 15-19 year-olds, 28% are 20-29-year-old, 22% are 30-39-year-olds, followed by 14% of 40-49 year-old individuals. in the reporting period, 30 cases were imported and 159 are considered as domestic cases. Of the imported cases, 12 were travellers from Indonesia and seven from New Zealand.

For more information on the provisional number of cases outside the EU/EEA region, please visit the World Health Organization (WHO) website.

The numbers provided to WHO for EU/EEA countries are from EpiPulse Cases data, which are updated monthly and available on the ECDC Surveillance Atlas of Infectious Diseases. Due to differences in reporting times, the numbers may not correspond to the data from epidemic intelligence screening.

ECDC assessment:

Although most recent cases were acquired through local or community transmission, travel-related cases continue to be reported.

Continued vigilance is essential due to sub-optimal vaccination coverage for measles-containing vaccines (MCV) in several EU/EEA countries, possible introduction from areas with ongoing transmission, and increased travel and population movement during holiday periods.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities. Data collected via epidemic intelligence supplement the monthly outputs of measles surveillance data from EpiPulse Cases, which are routinely submitted by 30 EU/EEA countries.

ECDC urges EU/EEA public health authorities to focus on the following areas:

- **Close immunity gaps, achieve and maintain high vaccination coverage for measles-containing vaccines** (>95% with the second dose). It is vital to ensure first and second dose vaccinations are administered on time, as per national schedules among infants and children. It is also important to identify and vaccinate eligible individuals (for example, non-immune adolescents and adults) in immunisation catch-up programmes (as recommended by local and national authorities).
- **Strive towards high-quality surveillance** and adequate public health capacity, especially for early detection, diagnosis, response and control of outbreaks.
- **Increase the clinical awareness of health professionals**, including reminding them of the importance of checking individuals' vaccination status ahead of travel.
- **Healthcare professionals should be fully vaccinated.**
- **Promote vaccine acceptance and uptake** by employing specific risk communication strategies and identifying drivers of suboptimal MMR vaccine acceptance and uptake to ensure that tailored interventions are implemented in response.
- **Address barriers and engage with populations underserved by healthcare services.** Systemic barriers that affect vaccine uptake in populations that are isolated and underserved by healthcare services need to be monitored and addressed with targeted strategies in order to reduce inequalities in vaccine uptake.
- In light of the upcoming summer holiday season, **travellers should check their vaccination status** and consult their general practitioner to ensure they are up-to-date with recommended immunisations prior to departure.

ECDC's latest advice on measles is available in the Threat Assessment Brief '**Measles on the rise in the EU/EEA: Considerations for a public health response**', published in February 2024 and the conclusions remain valid. Additional information on the risk classification and ECDC recommendations can be found in this report.

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

2. 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.

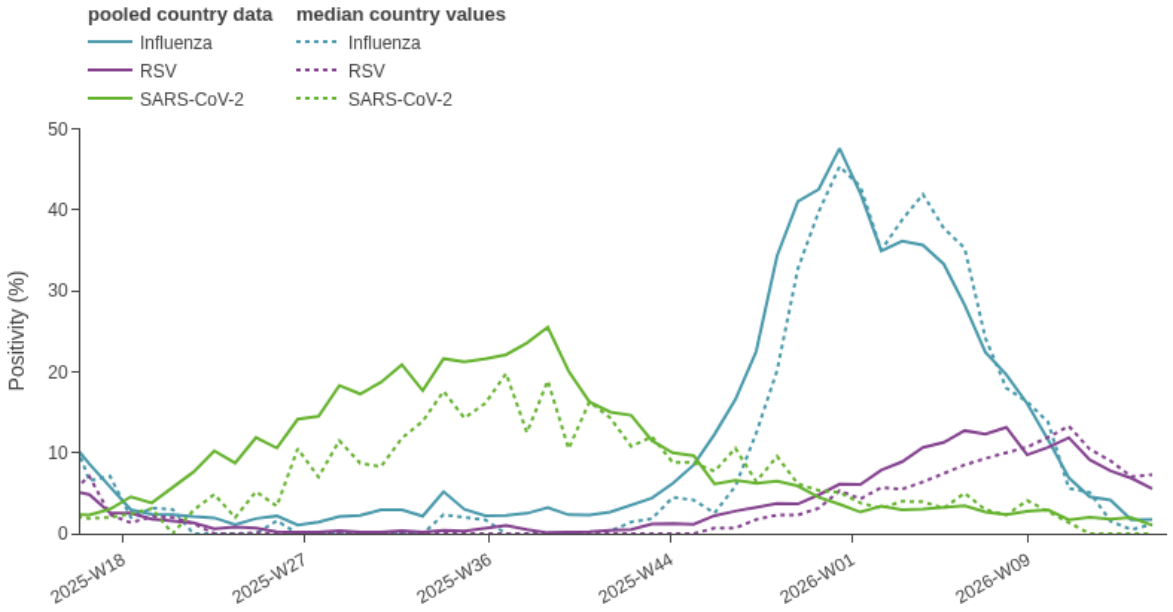
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 10 April 2026

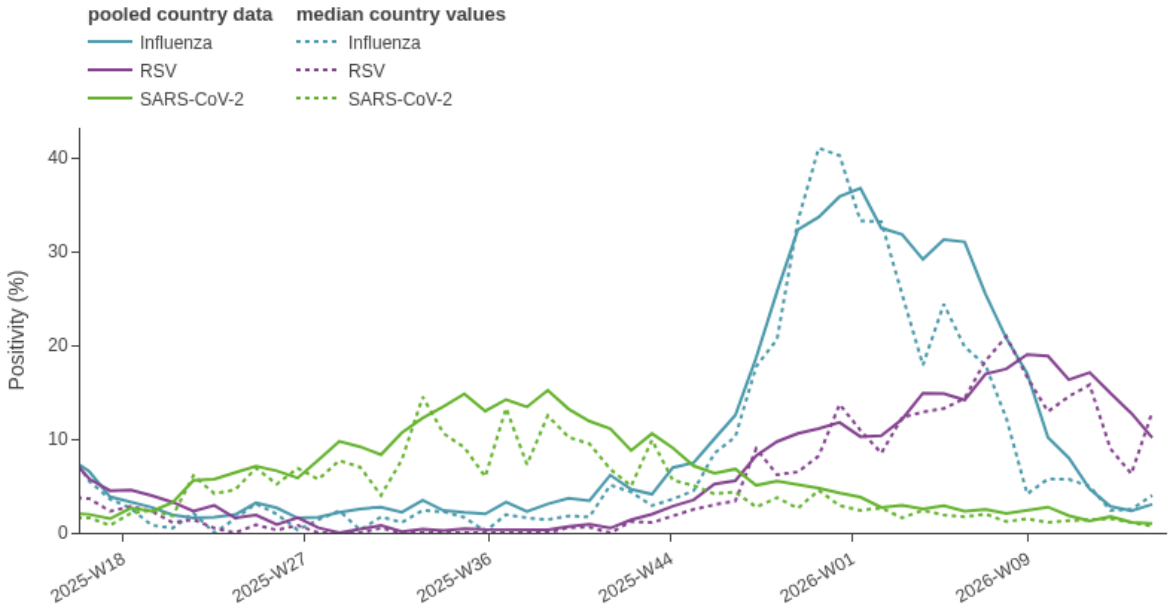
Maps and graphs

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 15**	**Week 14**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	16 rates (10 MEM)	16 rates (10 MEM)	Distribution of country MEM categories	10 Baseline
	ILI	19 rates (18 MEM)	21 rates (19 MEM)		17 Baseline 1 Low
ILI/ARI test positivity in primary care	Influenza	15	17	Pooled (median; IQR)	1.8% (1.1; 0–5%)
	RSV	14	16		5.5% (7.3; 2.6–11%)
	SARS-CoV-2	14	16		1% (0; 0–1.4%)
SARI rates in hospitals	SARI	10 rates (5 MEM)	11 rates (6 MEM)	Distribution of country MEM categories	5 Baseline
SARI test positivity in hospitals	Influenza	9	10	Pooled (median; IQR)	3% (4; 1.8–5.7%)
	RSV	9	10		10% (13; 5–17%)
	SARS-CoV-2	9	10		1% (0.7; 0–1%)
Intensity (country-defined)	Influenza	21	23	Distribution of country qualitative categories	15 Baseline 5 Low 1 Medium
Geographic spread (country-defined)	Influenza	21	22	Distribution of country qualitative categories	4 No activity 8 Sporadic 4 Local 5 Regional

Source: ECDC

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

	Week 15, 2026		Week 40, 2025 – week 15, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**15**	**–**	**18570**	**–**
Influenza A	15	100	17997	99
A(H1)pdm09	5	38	4135	28
A(H3)	8	62	10667	72
A (unknown)	2	–	3195	–
Influenza B	0	0.0	101	0.6
B/Vic	0	–	31	100
B (unknown)	0	–	70	–
Influenza untyped	0	–	472	–
RSV	**42**	**–**	**4785**	**–**
RSV-A	6	32	856	46
RSV-B	13	68	988	54
RSV untyped	23	–	2941	–
SARS-CoV-2	**8**	**–**	**3964**	**–**

Source: ECDC

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

	Week 15, 2026		Week 40, 2025 – week 15, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**44**	**–**	**14809**	**–**
Influenza A	30	88	8699	99
A(H1)pdm09	2	100	1263	35
A(H3)	0	0.0	2326	65
A (unknown)	28	–	5110	–
Influenza B	4	12	68	0.8
B/Vic	0	–	6	100
B (unknown)	4	–	62	–
Influenza untyped	10	–	6042	–
RSV	**110**	**–**	**6726**	**–**
RSV-A	1	33	1249	54
RSV-B	2	67	1044	46
RSV untyped	107	–	4433	–
SARS-CoV-2	**14**	**–**	**2877**	**–**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2025 – week 15, 2026

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	3284	40	5a.2a.1(D.3.1)	3181	97
			5a.2a.1(D)	97	3
			5a.2a(C.1.9.3)	6	0.2
A(H3)	4946	60	2a.3a.1(K)	4467	90
			2a.3a.1(J.2)	306	6
			2a.3a.1(J.2.4)	116	2
			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	77	0.9	V1A.3a.2(C.5.6)	28	36
			V1A.3a.2(C.5.1)	20	26
			V1A.3a.2(C.5.6.1)	13	17
			V1A.3a.2(C.3.1)	10	13
			V1A.3a.2(C.5.7)	4	5
			V1A.3a.2(C.5)	2	3

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, week 50, 2025 - week 51, 2025

No data available

Source: ECDC

3. Travel-associated Zika virus disease - France (ex Indonesia) - 2026

Overview:

Indonesia has documented Zika virus circulation, although no large outbreaks have been reported in recent years. Between January 2020 and April 2026, EU/EEA countries reported sporadic travel-associated ZIKV cases, with Indonesia identified as the place of infection.

France reported a total of 11 travel-associated ZIKV cases linked to Indonesia between July 2025 and March 2026, including four cases detected in early 2026. Most cases were associated with travel to Bali and neighbouring islands. All cases were laboratory confirmed, and Asian lineage was identified in sequenced samples.

Two EU/EEA countries (Portugal and Ireland) reported no imported ZIKV cases from Indonesia. Germany, Belgium and the Netherlands reported no increase in imported cases linked to Indonesia in 2026. Germany reported two notified ZIKV cases in 2026, where exposure occurred in the Philippines and Indonesia; symptoms developed in December 2025 and February 2026, respectively.

Travel pattern analyses indicate that most EU travellers to Indonesia originate from France, Germany and the Netherlands, which may partly explain why the signal was first detected in France. Seasonal travel peaks occur primarily in August, with substantial travel continuing in September and October. After this period, travel volumes decrease, with the Netherlands showing a secondary peak in January.

ECDC assessment:

The likelihood of ZIKV infection for travellers to Indonesia is low; the likelihood of onward transmission in mainland Europe following introduction by a viraemic traveller is currently very low. Bali has been identified as an area with intensified ZIKV transmission affecting international travellers, though transmission remains limited.

In Europe, healthcare providers, including travel medicine clinics, should continue to advise travellers to Indonesia on mosquito bite prevention measures, consistent with recommendations for other endemic arboviruses in the region. Particular attention should be given to pregnant women and individuals or couples planning to conceive.

Clinicians should consider ZIKV infection in travellers returning from Indonesia who present with compatible clinical symptoms, especially among pregnant individuals and those planning or attempting to conceive, in order to ensure timely diagnosis, counselling and risk assessment.

Actions:

ECDC is monitoring the situation through event-based surveillance activities.

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

4. Chikungunya virus disease – French Guiana, France – 2026

Overview:

Currently, there is ongoing chikungunya virus circulation in French Guiana. Since January 2026, over 85 confirmed autochthonous cases were identified, with eight cases in week 14-2026, 11 cases in week 13-2026 and 12 cases in week 12-2026. Most cases (n=75, 87%) were detected in Littoral Ouest sector, located in the western side of French Guiana, near the border with Suriname. This sector is currently in the outbreak cluster phase, indicating active viral circulation throughout the sector.

The Maroni, Savanes, and Ile de Cayenne sectors are in a phase of sporadic transmission, whereas the Intérieur, Intérieur Est, and Oyapock sectors remain in a surveillance phase, with no cases identified to date.

All cases were confirmed by RT-PCR and the identified strain in French Guiana belongs to the ECSA genotype but lacks the E1-A226V mutation. It shows a close genetic relationship with recent sequences from Cuba and Brazil.

Suriname, which shares a border with western French Guiana, reported 2 579 cases between 1 January and mid-March 2026.

The last chikungunya virus disease outbreak in French Guiana occurred in 2014. During the 2014-2015 outbreak in French Guiana, more than 16 000 suspected cases and 500 hospitalisations were reported, resulting in an estimated chikungunya virus disease seroprevalence of 20% in 2017.

ECDC assessment:

The rainy season in French Guiana, which occurs from January to July, is currently ongoing and favours Aedes mosquitoes proliferation and chikungunya virus transmission. The likelihood of infection for travellers is assessed as low. The likelihood of onward transmission of chikungunya virus in mainland Europe following introduction by a viraemic traveller is currently considered very low, as environmental conditions are not favourable for Aedes mosquito activity and virus replication in mosquitoes at this time of year.

The outbreak is expected to continue over the coming months due to favourable environmental conditions. Therefore, it is important to strengthen communication with travellers and travel medicine clinics regarding the ongoing outbreak and the need for reinforced preventive measures.

Protective measures include using mosquito repellent, sleeping under a mosquito net or in screened or air-conditioned accommodation, and wearing clothing that covers most of the body. Vaccination may also be considered, in line with recommendations in the traveller's country of origin.

See ECDC's chikungunya virus disease risk assessment for mainland EU/EEA.

Actions:

ECDC is monitoring the event through its epidemic intelligence activities.

5. Chikungunya virus diseases – Suriname – 2026

Overview:

In late 2025, Suriname reported its first autochthonous chikungunya virus disease case since 2016. Between 1 January and mid-March, 2 579 chikungunya virus disease cases have been reported of which 1 354 were confirmed. Autochthonous cases were also reported in other regions of the Americas, including Argentina, Brazil, Bolivia, Cuba, and French Guiana.

Since January 2026, one EU Member State also observed a marked increase in detections of chikungunya virus among returning travellers from Suriname and Paramaribo in particular.

ECDC assessment:

The likelihood of chikungunya virus infection for travellers to Suriname is assessed as moderate.
The likelihood of onward transmission of chikungunya virus in mainland Europe following introduction by a viraemic traveller is currently considered very low, as environmental conditions are not favourable for Aedes mosquito activity and virus replication in mosquitoes at this time of year.

The outbreak is expected to continue over the coming months due to favourable environmental conditions. Therefore, it is important to strengthen communication with travellers and travel medicine clinics regarding the ongoing outbreak and the need for reinforced preventive measures.

Protective measures include using mosquito repellent, sleeping under a mosquito nets or in screened or air-conditioned accommodation, and wearing clothing that covers most of the body. Vaccination may also be considered, in line with recommendations in the traveller's country of origin.

See ECDC's chikungunya virus disease risk assessment for mainland EU/EEA.

Actions:

ECDC is monitoring the situation through event-based surveillance and epidemic intelligence activities.

For further information see the chikungunya virus disease worldwide overview.

Events under active monitoring

- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 27 March 2026
- Invasive meningococcal disease - England - 2026 - last reported on 27 March 2026
- Dengue virus detection in mosquitoes - Switzerland - 2024 - last reported on 27 March 2026
- Aedes aegypti detection – Luxembourg – 2025 - last reported on 27 March 2026
- Measles outbreak in Latvia 2026 - last reported on 27 March 2026
- Human case of avian influenza A(H9N2) - Italy (imported) - 2026 - last reported on 27 March 2026
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 27 March 2026
- Travel-associated Zika virus disease - France (ex Indonesia) - 2026 - last reported on 17 April 2026
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 17 April 2026
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 17 April 2026
- Chikungunya virus disease – French Guiana, France – 2026 - last reported on 17 April 2026
- Chikungunya virus diseases – Suriname – 2026 - last reported on 17 April 2026
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 16 April 2026
- Dengue epidemic in New Caledonia - last reported on 10 April 2026
- Human case of avian influenza A(H7N7) - Taiwan - 2026 - last reported on 10 April 2026
- Transmission of integrase inhibitor-resistant HIV-1 – Multi country – 2026 - last reported on 01 April 2026
- SARS-CoV-2 variant classification - last reported on 01 April 2026
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 01 April 2026
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 01 April 2026
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 01 April 2026