WEEKLY BULLETIN

Communicable Disease Threats Report

Week 4, 17–23 January 2026

This week's topics

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA, week 3, 2026

Summary

The number of people visiting their general practitioner with symptoms of respiratory illness is elevated in the majority of reporting countries. This indicates that there is widespread respiratory virus circulation in the European Union/European Economic Area (EU/EEA).

Influenza virus circulation is high and affecting all age groups, with the peak appearing to have passed in several countries. Influenza A(H3N2) remains the dominant subtype, followed by A(H1N1)pdm09. An overall decreasing trend in hospitalisations reflects what is being observed in primary care. However, hospital admissions remain elevated, with the highest numbers seen in adults aged 65 years and above.

Early estimates of seasonal influenza vaccine effectiveness in the EU/EEA for the 2025/26 season were published by ECDC on 19 December 2025, and match those published for A(H3N2) viruses by other countries.

Respiratory syncytial virus (RSV) circulation is elevated and continues to increase. Hospital admissions are rising in most of the reporting countries, primarily among children under five years of age.

SARS-CoV-2 circulation remains low in all age groups, and the impact on hospitalisations is currently limited.

EuroMOMO is reporting elevated levels of all-cause mortality, driven by increased mortality in several countries for those aged 65+ years.

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'.

Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

- On 16 January 2026, the World Health Organization (WHO) reported three new human cases of avian influenza A(H9N2) virus infection in China, with symptom onset in November and December 2025.
- All three cases were in children with no underlying conditions who have recovered.
- Exposure to backyard poultry was reported for one child, the second had indirect exposure to freshly slaughtered poultry and the third did not have direct exposure to live poultry.

- Overall, 193 human cases of avian influenza A(H9N2), including two deaths, have been reported since 1998 from 10 countries. Since 2015, China has reported 152 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (case fatality rate (CFR): 1.3%).
- The risk to human health in the EU/EEA is currently considered very low.

Marburg virus disease (MVD) – Ethiopia – 2025/26

- Since the update on 16 January 2026, there have been no additional confirmed cases and no additional deaths from Marburg virus disease (MVD) reported in Ethiopia.
- Since the outbreak was declared on 14 November 2025, and as of 22 January 2026, 17 cases (14 confirmed and three probable) of MVD have been reported, including 12 deaths (nine confirmed and three probable (case fatality rate (CFR): 64.3%)).
- The last confirmed case was reported on 12 December 2025 and, as of 14 December 2025, there are no cases being treated.
- Two areas have been affected across two regions: Jinka town in South Ethiopia Regional State and Hawassa City in Sidama Region.
- According to Africa CDC, the outbreak will be declared over on 26 January 2026, provided that no additional cases are reported.
- This is the first MVD outbreak ever reported in Ethiopia.
- The overall risk for EU/EEA residents visiting or living in Ethiopia is assessed as low.
- In the event of MVD cases being imported into the EU/EEA, we consider the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low.

1. Overview of respiratory virus epidemiology in the EU/EEA, week 3, 2026

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.

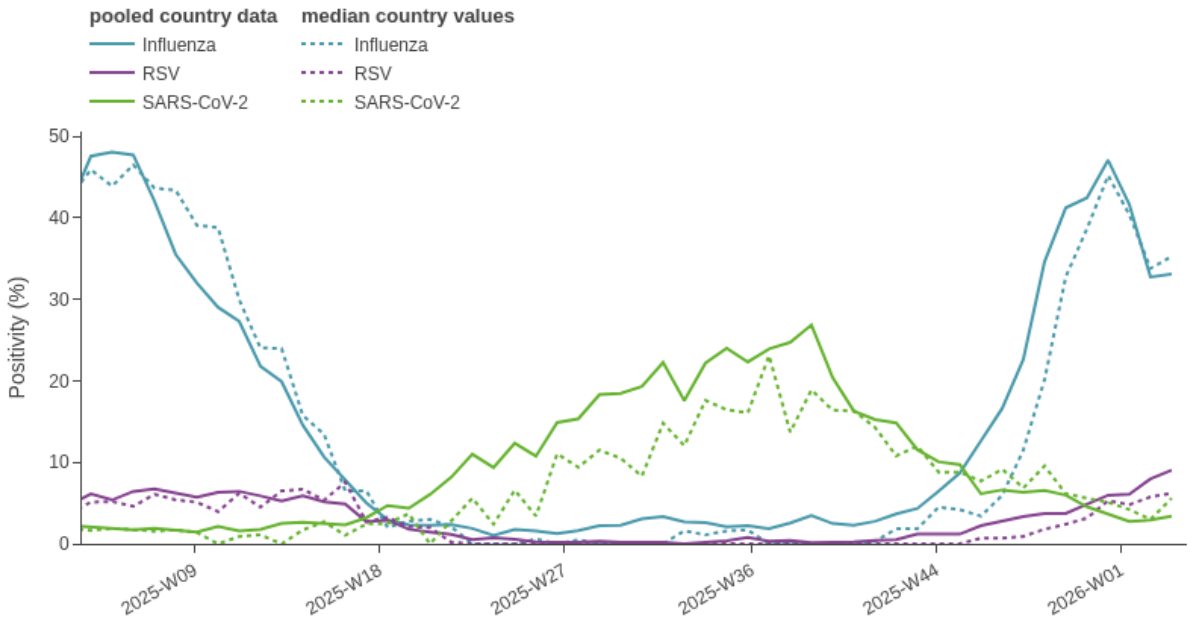
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 16 January 2026.

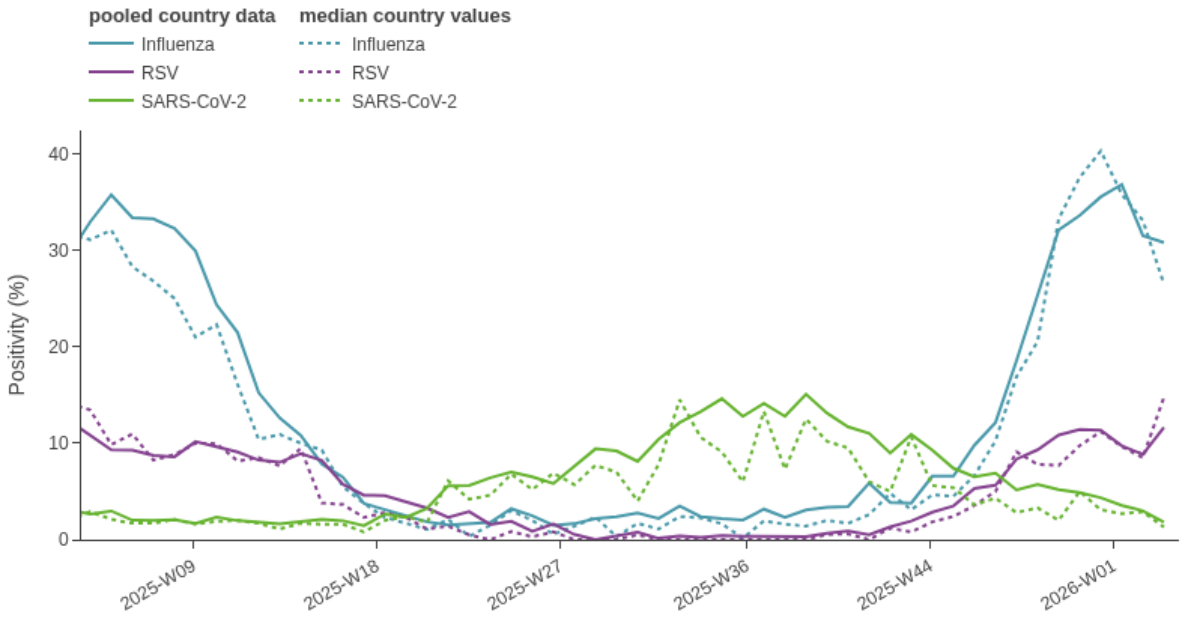
Maps and graphs

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 3	Week 2	Description	Value
ILI/ARI consultation rates in primary care	ARI	15 rates (8 MEM)	16 rates (9 MEM)	Distribution of country MEM categories	5 Baseline 3 Low
	ILI	18 rates (17 MEM)	20 rates (19 MEM)		4 Baseline 8 Low 5 Medium
ILI/ARI test positivity in primary care	Influenza	19	21	Pooled (median; IQR)	33% (35; 26–48%)
	RSV	18	20		9.1% (6.2; 1.4–9.9%)
	SARS-CoV-2	17	19		3.4% (5.6; 2.6–7.1%)
SARI rates in hospitals	SARI	10	12	–	–
SARI test positivity in hospitals	Influenza	8	10	Pooled (median; IQR)	31% (26; 23–35%)
	RSV	8	11		12% (15; 4.9–20%)
	SARS-CoV-2	8	10		1.8% (1.3; 0.4–2.1%)
Intensity (country-defined)	Influenza	22	24	Distribution of country qualitative categories	2 Baseline 7 Low 10 Medium 2 High 1 Very high
Geographic spread (country-defined)	Influenza	21	23	Distribution of country qualitative categories	1 Local 2 Regional 18 Widespread

Source: ECDC

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

	Week 3, 2026		Week 40, 2025 – week 3, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**882**	**–**	**11147**	**–**
Influenza A	854	99	10797	100
A(H1)pdm09	153	27	2188	24
A(H3)	413	73	6844	76
A (unknown)	288	–	1765	–
Influenza B	5	0.6	44	0.4
B/Vic	0	–	9	100
B (unknown)	5	–	35	–
Influenza untyped	23	–	306	–
RSV	**212**	**–**	**1481**	**–**
RSV-A	17	33	322	56
RSV-B	35	67	253	44
RSV untyped	160	–	906	–
SARS-CoV-2	**72**	**–**	**3139**	**–**

Source: ECDC

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

	Week 3, 2026		Week 40, 2025 – week 3, 2026	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**588**	**–**	**7890**	**–**
Influenza A	263	100	5260	99
A(H1)pdm09	38	39	636	34
A(H3)	60	61	1240	66
A (unknown)	165	–	3384	–
Influenza B	0	0.0	35	0.7
B/Vic	0	–	4	100
B (unknown)	0	–	31	–
Influenza untyped	325	–	2595	–
RSV	**213**	**–**	**2175**	**–**
RSV-A	28	45	518	58
RSV-B	34	55	378	42
RSV untyped	151	–	1279	–
SARS-CoV-2	**32**	**–**	**2115**	**–**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2025 – week 3, 2026

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	1230	42	5a.2a.1(D.3.1)	1220	99
			5a.2a(C.1.9.3)	5	0.4
			5a.2a.1(D)	5	0.4
A(H3)	1664	57	2a.3a.1(K)	1533	92
			2a.3a.1(J.2)	86	5
			2a.3a.1(J.2.4)	25	2
			2a.3a.1(J.2.2)	20	1
B/Vic	10	0.3	V1A.3a.2(C.5.6)	5	50
			V1A.3a.2(C.5)	2	20
			V1A.3a.2(C.5.1)	2	20
			V1A.3a.2(C.5.6.1)	1	10

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, week 1, 2026 - week 2, 2026

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	2	5	5% (3–6%)
XFG	VUM	3	37	54% (41–59%)
NB.1.8.1	VUM	3	17	21% (17–29%)

Source: ECDC

2. Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases

Overview

On 16 January 2026, the World Health Organization (WHO) reported three new human cases of avian influenza A(H9N2) virus infection in China. The cases were identified through surveillance for influenza-like illness, with symptom onset in November and December 2025.

All three cases were in children. The cases were reported from Hubei, Jiangsu and Guangxi provinces. All three children recovered. One child was reported to have had exposure to backyard poultry, one did not have direct exposure to live poultry, and one had indirect exposure to freshly slaughtered poultry.

The details for each case are as follows:

- The first case was in a five-year-old boy from Hubei province, who developed symptoms on 30 November 2025. The patient had exposure to backyard poultry.
- The second case was in an eight-year-old girl from Jiangsu province, who developed symptoms on 4 December 2025. No direct exposure to live poultry was identified, however, the parents of the child had visited stores that sold freshly slaughtered poultry.
- The third case was in a one-year-old boy from Guangxi province, who developed symptoms on 7 December 2025. Indirect exposure to freshly slaughtered poultry was reported.

Background

Overall, 193 human cases of avian influenza A(H9N2), including two deaths, have been reported since 1998 from 10 countries. Since 2015, China has reported 152 human cases of avian influenza A(H9N2) virus infection to WHO, including two deaths (CFR: 1%).

ECDC assessment

Sporadic human cases of avian influenza A (H9N2) have been observed outside the EU/EEA. Direct contact with infected birds or contaminated environments is the most likely source of human infection with avian influenza viruses. In most cases, influenza A(H9N2) leads to mild clinical illness. To date, no clusters of human A(H9N2) infections have been reported. According to WHO, the likelihood of human-to-human transmission of A(H9N2) is low, as there is no evidence that the virus has acquired the ability for sustained transmission among humans.

To date, there have been no human cases of avian influenza A(H9N2) reported in the EU/EEA, and the risk to human health in the region is currently considered very low.

Actions

ECDC monitors avian influenza strains through its epidemic intelligence and disease network activities. Together with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly report on the avian influenza situation. The most recent report was published in December 2025.

Sources: Event Information Site for IHR National Focal Points

Last time this event was included in the Weekly CDTR: 16 January 2026.

3. Marburg virus disease (MVD) – Ethiopia – 2025/26

Update

Since the update on 16 January 2026, and as of 22 January 2026, there have been no additional confirmed cases of Marburg virus disease (MVD) reported in Ethiopia. The most recent confirmed case was reported on 12 December 2025.

According to an Africa CDC press briefing, the MVD outbreak will be declared over on 26 January 2026, provided that no additional cases are reported.

Summary

Case information

Since the outbreak was confirmed by the Ethiopian Ministry of Health on 14 November 2025, and as of 22 January 2026, 17 cases of MVD (14 laboratory confirmed and three probable) have been reported in Ethiopia, according to Africa CDC. A total of 12 deaths have been reported, nine of which were in laboratory-confirmed cases and three in probable cases (CFR among confirmed cases: 64.3%). Investigations into the source of the outbreak are ongoing.

Cases have presented with symptoms including sudden fever, muscle pain, severe fatigue, headache, diarrhoea, vomiting and, in later stages, unexplained bleeding. According to the Ministry of Health, a total of five cases have recovered (29.4%) and, as of 14 December 2025, there are no cases being treated.

Geographical spread

According to an Africa CDC press briefing, as of 16 December, two areas have been affected across two regions: Jinka town in South Ethiopia Regional State and Hawassa City in Sidama Region. Jinka town is considered to be the epicentre of the outbreak. According to media quoting the Ethiopian Ministry of Health on 27 November, one of the cases was confirmed in Hawassa City, Sidama Region, after returning from Jinka town.

On 15 January 2026, Africa CDC reported that in December 2025, there were three deaths reported in South Sudan due to suspected MVD and investigations were still underway. Furthermore, an alert was reported in Wajaale, a major border city of the Somaliland region, according to Africa CDC.

Response activities

According to a press release from the Ethiopian Ministry of Health on 5 January 2026, a total of 886 contacts were monitored. In alignment with the World Health Organization (WHO) and Ethiopian Marburg Disease Surveillance and Response Guidelines, the outbreak will be declared over 42 days after the death of the last MVD patient, or 42 days after the last MVD patient tests negative and is discharged.

On 8 December 2025, the Ethiopian Ministry of Health reported that a vaccine trial had begun in the two affected regions, South Ethiopia Regional State and Sidama Region. According to an Africa CDC press briefing on 11 December, 2 500 doses of the cAd3-Marburg vaccine have been provided and are being offered to healthcare professionals and contacts of cases. The use of monoclonal antibody treatment has been implemented.

According to WHO, the virus strain shows similarities to those previously identified in East Africa.

In response to the outbreak, the Ethiopian Ministry of Health reported that community-level monitoring, contact tracing, and house-to-house case finding were being intensified. Response efforts to this event are underway by international partners. South Sudan, Kenya and Somalia intensified their preparedness efforts, according to an Africa CDC press briefing on 18 December.

Background and additional information

MVD is a severe disease in humans caused by Marburg marburgvirus (MARV). A case fatality ratio of up to 88% has been observed previously. MVD is not an airborne disease and is not considered contagious before symptoms appear. Direct contact with the blood and other bodily fluids of a person or animal with the infection is the most frequent route of transmission. The incubation period for MVD is usually 5–10 days (range: 3–21 days). If proper infection prevention and control measures are strictly adhered to, the likelihood of infection is considered very low. To date, there is no specific antiviral treatment and no approved vaccine for MVD.

All recorded MVD outbreaks have originated in Africa. Since 1967, when MVD was first detected, approximately 600 MVD cases have been reported as a result of outbreaks in Angola, the Democratic Republic of the Congo, Ghana, Guinea, Equatorial Guinea, Kenya, South Africa, Tanzania and Uganda. In 2024, Rwanda reported its first MVD outbreak (66 cases including 15 deaths), which was declared over on 20 December 2024. In 2025, Tanzania reported its second MVD outbreak (two confirmed and eight probable cases, all fatal).

More information on MVD can be found in the ECDC Factsheet on Marburg virus disease.

ECDC assessment

The likelihood of exposure to MVD for EU/EEA residents visiting or living in Ethiopia is assessed as low, with uncertainties connected to the limited epidemiological information available. The impact at population level is assessed to be low as it is not expected that there will be significant numbers of MVD cases among EU/EEA residents in Ethiopia. Therefore, the overall risk for EU/EEA residents visiting or living in Ethiopia is low.

In the event of MVD cases being imported into the EU/EEA, we consider the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low.

Actions

ECDC is monitoring the event through its epidemic intelligence activities and is in contact with partners to gather additional information.

Last time this event was included in the Weekly CDTR: 16 January 2026.

Events under active monitoring

- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 23 January 2026
- Overview of respiratory virus epidemiology in the EU/EEA, week 3, 2026 - last reported on 23 January 2026
- Marburg virus disease (MVD) – Ethiopia – 2025/26 - last reported on 23 January 2026
- Leprosy - Romania ex. Indonesia - 2025 - last reported on 19 December 2025
- Mpox clade Ib and clade IIb recombinant strain detected in UK traveller returning from Asia - last reported on 19 December 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 19 December 2025
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2025 - last reported on 19 December 2025
- SARS-CoV-2 variant classification - last reported on 19 December 2025
- Mpox in the EU/EEA, Western Balkans and Türkiye – 2022–2025 - last reported on 19 December 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 19 December 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 January 2026
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 12 December 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 12 December 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 12 December 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 9 January 2026
- Human cases of swine influenza A(H1N1) virus variant - Multi-country - 2024 - last reported on 9 January 2026.