WEEKLY BULLETIN

Communicable disease threats report

Week 41, 4 - 10 October 2025

This week's topics

Executive summary

Overview of respiratory virus epidemiology in the EU/EEA

- In the EU/EEA, widespread but decreasing circulation of SARS-CoV-2 is observed, with limited impact on hospitalisations. Respiratory syncytial virus (RSV) and influenza circulation remain at low levels.
- The number of patients presenting to primary care with symptoms of respiratory illness, including influenza-like illness, remains low but is increasing in most countries, as expected for this time of year. The steepest increases are seen in children under 15 years old.
- SARS-CoV-2 remains elevated, especially in those aged 15 years and older, although most countries now report decreasing trends. Severe COVID-19, mainly affecting people 65 years old and above remains at low levels relative to previous epidemics, although there is a cumulative impact from continued circulation.

Seasonal surveillance of West Nile virus infections – 2025

- In 2025, and as of 3 October 2025, 13 countries in Europe reported 989 locally acquired human cases of WNV infection.

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

- From the veterinary perspective, 127 WNV outbreaks among equids and 217 outbreaks among birds have been reported in Europe in 2025.
- More information can be found in the WNV monthly report: Surveillance of West Nile virus infections in humans and animals in Europe, monthly report.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 8 October 2025, 13 countries in Europe reported human cases of West Nile virus infection : Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

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

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 8 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2).
- The most recent case reported to ECDC was in week 32.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025, and as of 8 October 2025, two countries in Europe have reported cases of chikungunya virus disease: France (700) and Italy (353).
- In the past week, France has reported 63 new locally acquired cases of chikungunya virus disease and Italy has reported 30.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025, and as of 8 October 2025, three countries in Europe have reported cases of dengue: France (28), Italy (4), and Portugal (2).
- In the past week, France has reported two new locally acquired cases of dengue, one in a cluster in Aubagne and one in a new cluster in Roques. Three clusters in France are currently active.
- No other countries have reported dengue cases in the past week.

Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the beginning of 2025, over four million dengue cases and over 2 800 dengue-related deaths have been reported from 101 countries/territories, globally. In mainland Europe, 30 autochthonous cases has been reported in France and Italy in 2025. Cases have also been reported from the EU outermost regions.

Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the beginning of 2025, and as of September, approximately 339 822 chikungunya virus disease (CHIKVD) cases and 145 CHIKVD-related deaths have been reported in 24 countries/territories. Cases have been reported in the Americas, Africa, Asia, and Europe (France - mainland and outermost regions, i.e. Réunion and Mayotte - and Italy).

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

- In August 2025, 96 measles cases were reported by nine countries in the EU/EEA. Eighteen countries reported zero cases.
- During the 12-month period, eight deaths attributable to measles were reported to ECDC by Romania (five), France (two) and the Netherlands (one)
- Overall, case numbers decreased compared with the previous month; this is consistent with the seasonality of measles.
- Outbreaks have been detected through supplementary epidemic intelligence activities in the EU/EEA (Spain, France) and other countries.

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

- Since the previous update on 1 September 2025, and as of 6 October 2025, one new MERS fatality in Saudi Arabia with date of onset in July 2025 has been reported by the World Health Organisation Eastern Mediterranean Region (WHO EMRO).

- Since the beginning of 2025, and as of 6 October 2025, 12 MERS cases have been reported in Saudi Arabia with date of onset in 2025, including three 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 also considered to be low. The current MERS-CoV situation poses a low risk to the EU/EEA.

Ebola virus disease – Democratic Republic of the Congo – 2025

- As of 5 October 2025, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, Democratic Republic of the Congo (DRC), including 43 deaths (32 confirmed and 11 probable; case fatality rate (CFR) among all cases: 67.2%).
- All confirmed cases have been reported from Bulape health zone.
- A total of 1 985 contacts have been identified and 20 190 individuals have been vaccinated.
- The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low, due to the current low likelihood of exposure. For people living in the EU/EEA the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

1. 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.

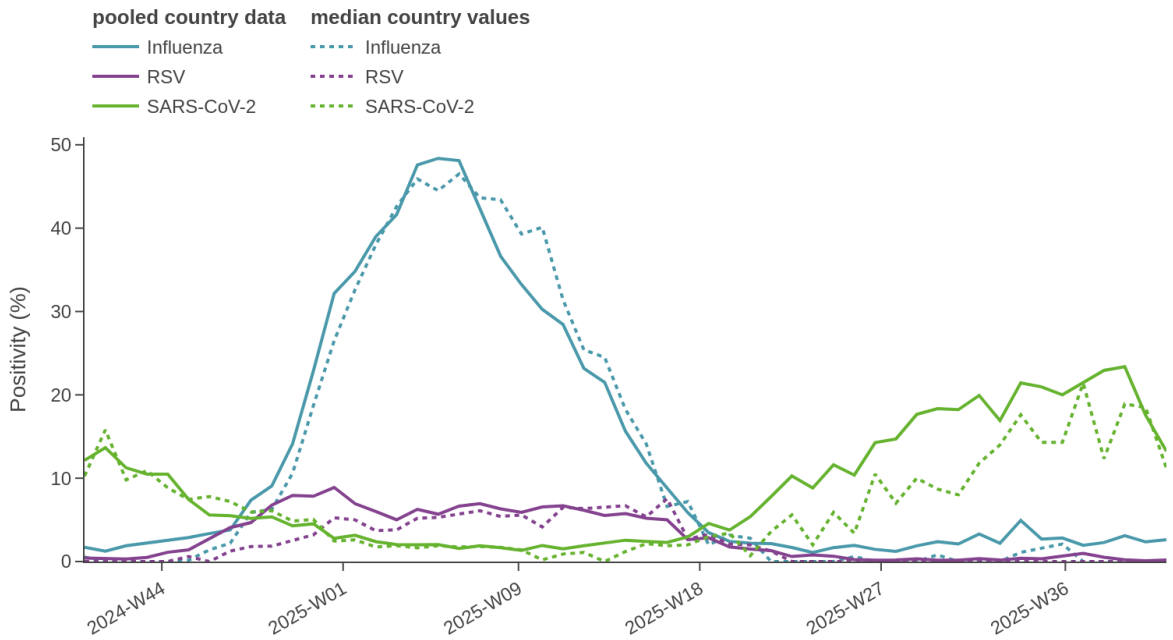
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 4 October 2025

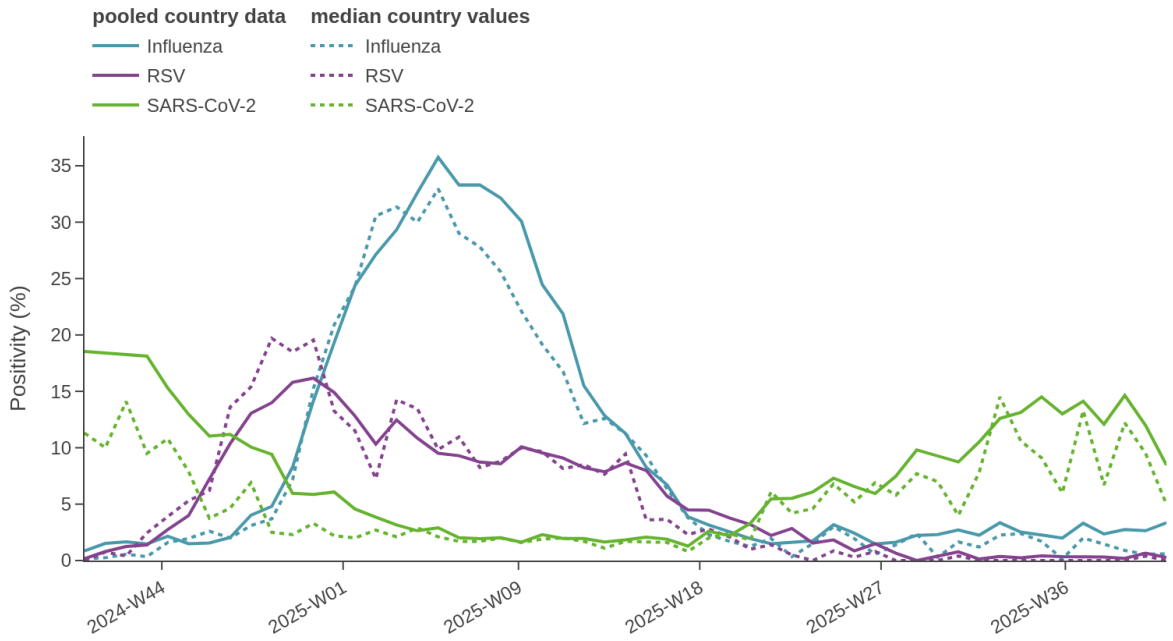
Maps and graphs

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 40, 2025

		Reporting countries		EU/EEA summary	
Indicator	**Syndrome or pathogen**	**Week 40**	**Week 39**	**Description**	**Value**
ILI/ARI consultation rates in primary care	ARI	12 rates (9 MEM)	15 rates (11 MEM)	Distribution of country MEM categories	7 Baseline 2 Low
	ILI	15 rates (15 MEM)	18 rates (17 MEM)		11 Baseline 3 Low 1 Medium
ILI/ARI test positivity in primary care	Influenza	14	14	Pooled (median; IQR)	2.6% (0; 0–0.7%)
	RSV	14	13		0.2% (0; 0–0%)
	SARS-CoV-2	13	12		13% (11; 9.3–21%)
SARI rates in hospitals	SARI	8	10	–	–
SARI test positivity in hospitals	Influenza	7	8	Pooled (median; IQR)	3.3% (0.6; 0–5.4%)
	RSV	7	8		0.3% (0; 0–0%)
	SARS-CoV-2	6	7		8.5% (5; 3.3–8.6%)
Intensity (country-defined)	Influenza	18	20	Distribution of country qualitative categories	15 Baseline 3 Low
Geographic spread (country-defined)	Influenza	17	19	Distribution of country qualitative categories	8 No activity 8 Sporadic 1 Regional

Source: ECDC

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

		Week 40, 2025	Week 40, 2025 - week 40, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**32**	**-**	**32**	**-**
Influenza A	32	100	32	100
A(H1)pdm09	11	61	11	61
A(H3)	7	39	7	39
A (unknown)	14	-	14	-
Influenza B	0	0.0	0	0.0
B (unknown)	0	-	0	-
Influenza untyped	0	-	0	-
RSV	**2**	**-**	**2**	**-**
RSV-A	0	-	0	-
RSV-B	0	-	0	-
RSV untyped	2	-	2	-
SARS-CoV-2	**147**	**-**	**147**	**-**

Source: ECDC

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

Figure Table

		Week 40, 2025	Week 40, 2025 - week 40, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**24**	**-**	**24**	**-**
Influenza A	18	95	18	95
A(H1)pdm09	5	100	5	100
A(H3)	0	0.0	0	0.0
A (unknown)	13	-	13	-
Influenza B	1	5	1	5
B (unknown)	1	-	1	-
Influenza untyped	5	-	5	-
RSV	**2**	**-**	**2**	**-**
RSV untyped	2	-	2	-
SARS-CoV-2	**60**	**-**	**60**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, weeks 40–40, 2025

There are no data available with the selected filters.

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 38–39, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	4	43	7% (2–8%)
XFG	VUM	6	243	84% (70–92%)
NB.1.8.1	VUM	4	18	5% (0.8–7%)

Source: ECDC

2. Seasonal surveillance of West Nile virus infections – 2025

Overview:

In 2025, and as of 3 October 2025, 13 countries in Europe reported 989 locally acquired human cases of WNV infection with known place of infection. The earliest and latest date of onset were on 2 June 2025 and 26 September 2025, respectively. Locally acquired cases have been reported by **Italy** (714), **Greece** (91), **Serbia** (60), **France** (42), **Romania** (36), **Spain** (23), **Hungary** (11), **Croatia** (4), **Albania** (3), **North Macedonia** (2), **Bulgaria** (1), **Kosovo*** (1) and **Türkiye** (1). In Europe, 63 deaths were reported.

Case numbers reported so far this year are above the average for the past decade in the same period (687). However, these figures remain lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1 200 cases reported by this point in the year. As the latter figures are based on consolidated data, while the current year's data remain delayed and incomplete, direct comparisons should be made with caution.

Italy is currently experiencing a large outbreak, with 714 confirmed human infections, including 48 fatalities (case fatality rate of 6.7%, which is within the expected range). This is the highest number of human WNV infections reported by Italy at this time of the year. The cases have mainly been reported from the Lazio region (Latina, Roma and Frosinone), with a total of 252 cases, and the Campania region (Napoli, Caserta, Salerno and Avellino), with a total 124 cases. Other regions are reporting similar numbers as in previous years.

As of 3 October 2025, locally acquired human cases of WNV infection have been reported in 139 regions across 13 countries. This compares with 179 regions (18 countries) during the same period in 2024. All 13 countries have previously reported human cases of WNV.

During the current transmission season, 35 regions reported human cases of WNV infection for the first time ever: by **Italy** in Genova (ITC33), Sondrio (ITC44), Avellino (ITF34), Brindisi (ITF44), Catanzaro (ITF63), Reggio di Calabria (ITF65), Palermo (ITG12), Messina (ITG13), Siracusa (ITG19), Nuoro (ITG2E), Sud Sardegna (ITG2H), Grosseto (ITI1A), Massa-Carrara (ITI11), Arezzo (ITI18), Siena (ITI19), Latina (ITI44) and Frosinone (ITI45); by **France** in Paris (FR101), Hauts-de-Seine (FR105), Seine-Saint-Denis (FR106), Val-de-Marne (FR107), Val-d'Oise (FR108), Lot-et-Garonne (FRI14), Haute-Garonne (FRJ23), Puy-de-Dôme (FRK14), Ardèche (FRK22) and Vaucluse (FRL06); by **Greece** in Irakleio (EL431) and Lakonia, Messinia (EL653); by **Spain** in Alicante/Alacant (ES521) and Almería (ES611); by **Croatia** in (HR035); by **Kosovo*** in Pejë (XK003); by **Romania** in Sălaj (RO116); and by **Türkiye** in Çanakkale (TR222).

As observed in previous years, most cases are among males aged 65 years and older. The hospitalisation rate is similar to previous years, with 88% of cases hospitalised this year compared to 91% in the past decade. The high hospitalisation rate is due to the nature of WNV surveillance, which tends to predominantly capture the most severe cases. The case fatality rate so far this year is 7%, which is below but comparable to the 10% observed in the previous decade. Neurological manifestations were reported in 56% of cases this year, compared to 67% in the previous decade. In general, a dominance of neurological cases is expected, as cases with more severe symptoms are more likely to be diagnosed.

From the veterinary perspective, 127 WNV outbreaks among equids and 217 outbreaks among birds have been reported in Europe in 2025. The earliest start date of an outbreak among equids and birds was on 15 January 2025 in Germany and 16 February 2025 in Italy, while the latest onset of an outbreak among equids and birds was, respectively, on 23 September 2025 in Hungary and 26 September 2025 in Germany. Outbreaks among equids were reported by **Italy** (59), **France** (37), **Croatia** (10), **Hungary** (7), **Germany** (5), **Greece** (4), **Spain** (4) and **Austria** (1). Outbreaks among birds were reported by **Italy** (192), **Germany** (15), **Belgium** (3), **Spain** (3), **Austria** (2), **Croatia** (1) and **Hungary** (1).

In the Animal Disease Information System (ADIS) database, no information was provided on the exact equid species reported, whereas species details were available for birds. The bird species associated with the highest number of reported outbreaks in 2025 were the carrion crow (47) and the common magpie (40), followed by the common wood-pigeon (16), common kestrel (15), herring gull (9), unidentified Accipitridae (9), hooded crow (8), little owl (6) and northern goshawk (6). In addition, several other bird species were involved in between one and four outbreaks.

In June, July, and August 2025, the number of outbreaks in equids exceeded the 10-year average (2015–2024) for those months, while the number of bird outbreaks remained below the three-year monthly mean (2022–2024) for most months, with the exception of August 2025. However, these figures were generally lower than those observed during the same period in 2024, a year marked by particularly intense WNV circulation.

As of 3 October 2025, outbreaks in birds and/or equids have been reported in 95 regions across nine countries. Of the nine countries that submitted data in 2025, eight had previously reported WNV outbreaks in birds and/or equids in previous years, reflecting endemic WNV activity in these territories. In contrast, **Belgium** reported WNV outbreaks for the first time ever to ADIS in 2025, with three outbreaks in wild birds. Two outbreaks involved Eurasian jackdaws, and one involved carrion crows, all recorded in August 2025. These outbreaks occurred in the administrative units of Mechelen (BE212) and Halle-Vilvoorde (BE241). Additionally, outbreaks in birds and/or equids were reported for the first time to ADIS in 23 regions: by **Italy** in Arezzo (ITI18), Caltanissetta (ITG15), Firenze (ITI14), Foggia (ITF46), Frosinone (ITI45), L'Aquila (ITF11), Lecco (ITC43), Reggio Calabria (ITF65), Siracusa (ITG19), and Sondrio (ITC44); by **France** in Haute-Garonne (FRJ23), Loiret (FRB06), Oise (FRE22), Paris (FR101), Val-de-Marne (FR107), Vaucluse (FRL06), and Yvelines (FR103); by **Croatia** in Koprivničko-križevačka županija (HR063), and in Bjelovarsko-bilogorska županija (HR021); by **Spain** in Almería (ES611) and Menorca (ES533); by **Austria** in Innsbruck (AT332); and by **Germany** in Rhein-Neckar-Kreis (DE128). Furthermore, in 2025, outbreaks in equids were reported in the Greek region of Thasos-Kavala (EL515), marking the first such report in animals since the last recorded outbreak 12 years prior.

More information
More background information on the Commission Directives on blood safety and EU/EEA notifications of WNV infections can be found in ECDC's weekly surveillance report on WNV infections, which is available online (Weekly updates: 2025 West Nile virus transmission season (europa.eu). Monthly epidemiological updates are available at: Monthly updates: 2025 West Nile virus transmission season (europa.eu).

ECDC assessment:

Reports of WNV outbreaks during the winter, when mosquito activity is minimal, should be carefully evaluated as they raise questions about the timing of infection. Two such reports – one outbreak in equids reported by Germany in January, and one in birds reported by Italy in February – warrant cautious interpretation, as they may reflect residual detection (e.g. lingering antibodies or viral RNA from infections acquired in the year before) rather than active transmission in 2025.

Six countries – Italy, Croatia, France, Greece, Hungary, and Spain – reported both WNV human cases and outbreaks in equids and birds. As of 3 October 2025, Italy alone accounted for 72% of all reported human cases and for 73% of all reported outbreaks in equids and birds, underscoring the significant WNV activity in some parts of the country. This is likely due to favourable climate conditions and ecological hotspots (e.g. wetlands, agricultural areas) that influence mosquito vector populations and the distribution and behaviour of animal hosts. Intensive surveillance in Italy may also contribute to high detection rates of human cases and outbreaks in birds and equids.

The reporting of WNV outbreaks in birds marks the first detection of the virus in Belgium. Notably, the country has never recorded any locally acquired human cases. This development signals a significant step in the local emergence of WNV and points to a likely recent introduction of the virus into the national ecosystem. These findings underline the need for enhanced surveillance and increased public health preparedness.

The identification of WNV cases in humans and animals within previously unaffected areas underscores the ongoing geographical expansion of the virus, which is most likely due to environmental, climatic and ecological changes. In addition, increased surveillance or monitoring sensitivity and raised awareness in these areas might play a role in the detection of the cases.

Owing to delays in diagnosis and reporting, as well as the fact that most of the WNV infections are asymptomatic or subclinical, the case numbers provided in this report likely underestimate the true number of cases. Of note, the seasonal surveillance in humans primarily focuses on capturing laboratory-confirmed cases, which contributes to the diagnostic delay.

Given that the weather conditions are becoming less favourable for WNV transmission in Europe, the number of human cases and outbreaks in equids and birds is expected to decrease in the coming weeks. In previous years, the peak of transmission was observed in August–September.

Actions: ECDC is monitoring WNV through indicator- and event-based surveillance activities.

Last time this event was included in the Weekly CDTR: 12 September 2025

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

Overview:

- Since the beginning of 2025, and as of 8 October 2025, 13 countries in Europe reported human cases of West Nile virus infection : Albania, Bulgaria, Croatia, France, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 148 areas are currently known to be affected.

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

The report is available online.

Last time this event was included in the Weekly CDTR: 4 October 2025

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

Overview:

Since the beginning of 2025, and as of 8 October 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (3) and Greece (2). This week, no new cases of CCHF have been reported to ECDC.

The most recent case reported to ECDC was in week 32.

ECDC assessment:

The cases in the Thessaly region, Greece, are unexpected, as this region and neighbouring regions have not previously reported CCHF cases or CCHF virus circulation in animals. The primary case was probably 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, Toledo province, and Castilla-La Mancha region, and human CCHF cases have previously been reported in these 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 (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 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.

Actions:

As no new CCHF cases have been reported since week 32, ECDC concludes its weekly update reports for the 2025 season. However, the report will be updated on an ad hoc basis if new cases are reported to ECDC.

Last time this event was included in the Weekly CDTR: 4 October 2025

5. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 8 October 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (700) and **Italy** (353).

In the past week, France has reported 63 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 700, distributed across 74 clusters. Forty-eight clusters are currently active. The largest cluster is located in Antibes.

Italy reported 30 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 353, distributed across five clusters. Three clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, Novi di Modena, and Cesenatico.

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:

The current chikungunya virus disease risk assessment for mainland EU/EEA can be found on ECDC's dedicated chikungunya webpage.

Last time this event was included in the Weekly CDTR: 04 October 2025

6. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 8 October 2025, three countries in Europe have reported cases of dengue: **France** (28), Italy (four), and **Portugal** (two).

Eleven clusters were reported by France, two by Italy and one by Portugal. The cluster in Portugal was reported in Madeira, an outermost region of Portugal.

In the past week, France has reported two new locally acquired cases of dengue, one in a cluster in Aubagne and one in a new cluster in Roques. Three clusters in France are 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:

The current dengue risk assessment for mainland EU/EEA can be found on ECDC's dedicated dengue webpage.

Last time this event was included in the Weekly CDTR: 4 October 2025

7. Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Since the beginning of 2025 and as of September 2025, over four million cases dengue cases and over 2 800 dengue-related deaths have been reported from 101 countries/territories in the WHO Region of Europe (EURO), the Regions of the Americas (PAHO), South-East Asia and West Pacific Regions (SEARO and WPRO, respectively), in the Eastern Mediterranean WHO Region (EMRO) and in Africa.

In EU/EEA (excluding the outermost regions) and as of 1 October 2025, 26 autochthonous cases have been reported in France in 2025 and four in Italy (Seasonal surveillance of dengue in the EU/EEA). Cases have also been reported from the EU outermost regions.

In Madeira, two locally acquired cases were reported on 18 February, with symptom onset in January 2025. In the third week of January, entomological investigations confirmed the presence of dengue in mosquitoes captured on Madeira.

In Guadeloupe, the circulation of the virus continues to within the archipelago, being classified epidemic of phase 2 level 1 (isolated outbreaks) (Epidemiological Bulletin of French Antilles, 26 June 2025). The most prevalent serotype continues to be
DENV-3 (Epidemiological Bulletin of French Antilles, 26 June 2025). In Martinique, the epidemiological situation is characterised as phase 1 (sporadic cases reported; Epidemiological Bulletin of French Antilles, 26 June 2025). The classification was modified in April following a decrease in reported cases since March (Epidemiological Bulletin of French Antilles, 3 April 2025)). In Saint Martin and Saint Barthelemy dengue circulation continues, but at lower levels (epidemic phase 1), with no confirmed cases reported in both islands (Epidemiological Bulletin of French Antilles, 14 August 2025). In Guyane, dengue activity continued to be low with a total of five confirmed cases in weeks 37 and 38. Since the beginning of the year, 275 dengue cases have been confirmed and 98% of the 186 serotyped samples are DENV-2 (Surveillance sanitaire en Guyane. Bulletin du 25 septembre 2025).

In Mayotte, 30 dengue cases have been reported this year as 8 September 2025. No cases of dengue have been detected in recent weeks (Surveillance sanitaire à Mayotte. Bulletin du 8 septembre 2025). In Reunion, 44 dengue cases, of which 17 confirmed, have been reported since the beginning of the year (Health surveillance in Reunion Island. Bulletin of 14 August 2025). The last autochthonous case was identified in week 17 of 2025 (end of April) (Surveillance épidémiologique à La Réunion, week 38). A summary of recent epidemiological trends of dengue outside EU/EEA of the first seven months of 2025 is presented below. The summary is based on available information from official sources and reports from different countries/territories.

In the PAHO, as of week 36 of 2025, over 3.8 million cases have been reported of which 40% are laboratory confirmed. The decreasing trend after the peak observed after weeks 12-14 continued. The currently reported cases are 68% less compared to the cases reported in the same period in 2024 and 10% above the average of the last 5 years, according to the WHO PAHO report published on 26 September 2025. While all serotypes have been reported as of week 29 of 2025, their distribution differs in the different countries of PAHO (Report on the epidemiological situation of dengue in the Americas).

According to the SEARO report published on 24 September 2025, there has been an increasing trend of dengue cases in Bangladesh (total 3 940 new cases reported the week 15-21 September 2025) compared to 3 480 cases reported the week of 8-14 September. The total of cases reported so far in 2025 is higher than the total reported

the same period in 2024. India continues reporting cases of dengue, too. A decreasing trend continues being noted in Kerala and in Karnataka. In both areas the cases are lower compared to the same period last year.

Cases of dengue have also been reported in 2025 by Thailand (currently decreasing trend with a total 43 969 cases reported this year until 31 August 2025), Sri Lanka (36 611 cases in 2025 until week 18-24 August), Maldives (633 cases as of 30 June) and Nepal (3 789 cases in 2025; overall, lower than the cases reported the same period the last two years).

According to the WPRO Dengue Situation update of 2 October 2025, in Indonesia, Malaysia, Laos, and Singapore in 2025 so far dengue cases are lower than those reported in 2024 (Indonesia: 118 021 cases as of August 2025; Malaysia: 41 751 cases reported as of 20 September 2025, Laos: 8 925 cases and one death as 21 September 2025; Singapore: 3 402 cases in 2025 and as of 20 September). In Viet Nam cases have been showing an increasing trend the last weeks with a cumulative of 92 926 cases and 17 deaths as of 26 September 2025. In China, 1 702 cases were reported as of August 2025 (lower than the number of cases in the same period in 2024) and a total of 1 959 have been reported this year.

In Afghanistan (EMRO), in 2025, the number of suspected dengue fever cases shows an increase since week 15 of 2025 (mid-April), with 1 119 cases reported as of 16 August 2025 (Afghanistan Outbreaks Situation Report week 33 2025).

Since the beginning of 2025, in Africa, over 12 000 cases and 20 deaths had been reported from Burkina Faso, Cabo Verde, Comoros, Guinea, Kenya, Mali, Mauritius, Nigeria, Senegal and Sudan. In week 37 cases were reported by Mali and Senegal according to Africa CDC (Africa CDC Epidemic Intelligence Weekly Report, September 2025 – Africa CDC).

Note: the data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment:

The likelihood of onward transmission of dengue virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). Aedes albopictus is established in a large part of Europe. In Europe and neighbouring areas, Aedes aegypti is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

For the risk related to dengue in mainland EU/EEA, please see the dedicated webpages: Dengue risk assessment for mainland EU/EEA.

More information on autochthonous transmission of dengue virus in 2025 in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on dengue.

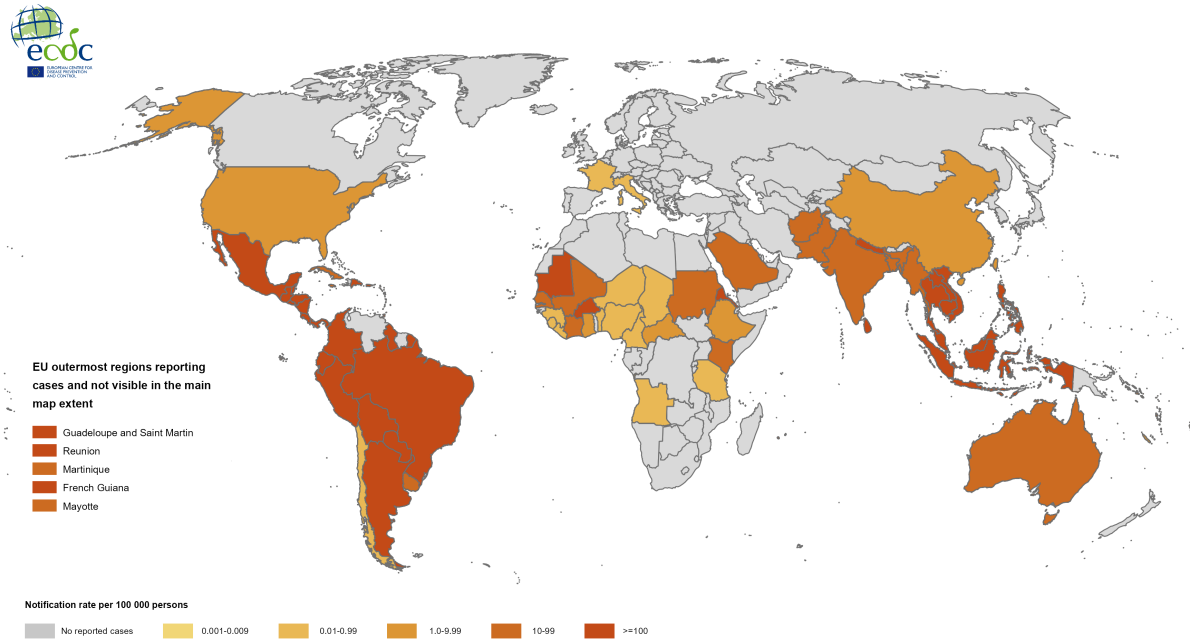
Actions:

ECDC monitors these threats through its epidemic intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of **dengue** is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 22 August 2025

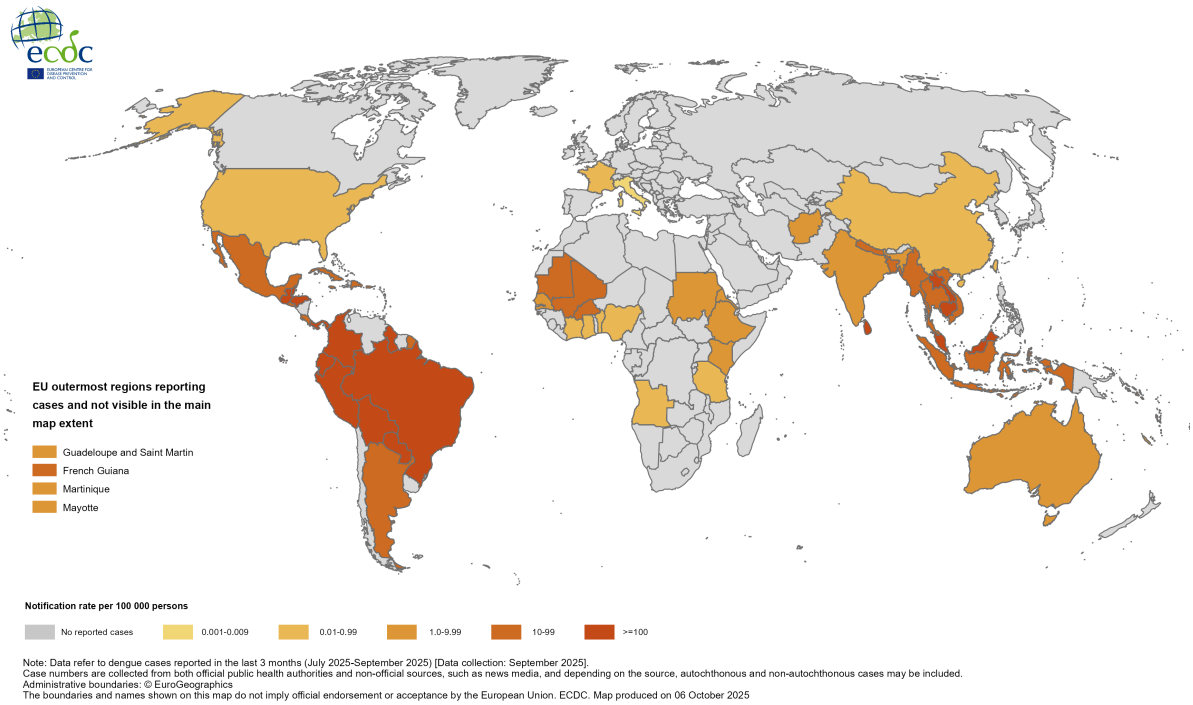
Maps and graphs

Figure 1. 12-month dengue virus disease case notification rate per 100 000 population, October 2024-September 2025



Source: ECDC

Figure 2. Three-month dengue virus disease case notification rate per 100 000 population, July-September 2025



Source: ECDC

8. Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Monthly update overview

Since the previous update on 22 August 2025 and as of 27 September 2025, there have been 21 266 chikungunya virus disease (CHIKVD) cases, including 10 associated deaths reported worldwide from seven countries, of which two are EU/EEA countries. Cases have increased by 29.3% compared to the previous month, when 16 451 were reported. Deaths have also increased when compared to the previous month, when four deaths were reported.

New countries reporting cases

No new countries have reported CHIKVD cases for the first time this month and in 2025.

Ongoing CHIKVD outbreaks worldwide

Currently, 13 countries have reported CHIKVD cases in the last 60 days. Of these, the majority are in the Americas and Asia. Below is a description of outbreaks reported in the last two months:

Americas

- Brazil: The outbreak was notified in January 2025. Since then, 221 919 CHIKVD cases and 113 deaths have been reported. The month when the highest number of CHIKVD cases were reported was May 2025. In the last 60 days, 23 409 CHIKVD cases and 11 deaths have been reported. Cases have increased by 61.5% in September 2025 when compared to the previous month. The regions with highest number of reported cases are Mato Grosso, Mato Grosso do Sul, and Rondonia.
- Bolivia: The outbreak was notified in January 2025. Since then, 5 372 CHIKVD cases and four deaths have been reported. The month when the highest number of CHIKVD cases were reported was July 2025. In the last 60 days, 651 CHIKVD cases and three deaths have been reported. Cases have decreased by 33.9% in September 2025 when compared to the previous month. Most of the cases are in the regions of Santa Cruz, Beni, Pando, and Cochabamba.
- Colombia: The outbreak was notified in January 2025. Since then, 40 CHIKVD cases and no deaths have been reported. The month when the highest number of CHIKVD cases were reported was August 2025. In the last 60 days, 39 CHIKVD cases have been reported. No cases have been reported in September 2025. Most of the cases have been reported in the regions of Tolima, Antioquia, Cundinamarca, Putumayo, and Meta.
- Cuba: The outbreak was notified in July 2025. Since then, 34 CHIKVD cases and no deaths have been reported. The day
- when the highest number of CHIKVD cases were reported was 20 Sep 2025. In the last 60 days, 26 CHIKVD cases have been reported. Cases have increased in September 2025 when compared to the previous month. Cases have been reported from the regions of Guantanamo, La Habana, Matanzas, Pinar del Rio and Santiago de Cuba.
- Argentina: The outbreak was notified in January 2025. Since then, 2 666 CHIKVD cases and no deaths have been reported.
- The month when the highest number of CHIKVD cases were reported was May 2025. In the last 60 days, 15 CHIKVD cases have been reported. No cases have been reported in September 2025. CHIKVD cases have been reported from regions of Entre Rios, Chaco, and Tucuman.
- El Salvador: The outbreak was notified in January 2025. Since then, 16 CHIKVD cases and no deaths have been reported. The month when the highest number of CHIKVD cases were reported was July 2025. In the last 60 days, five CHIKVD cases have been reported. Cases have increased in September 2025 when compared to the previous month.
- Guatemala: The outbreak was notified in January 2025. Since then, 23 CHIKVD cases and no deaths have been reported. The
- month when the highest number of CHIKVD cases were reported was May 2025. In the last 60 days, two CHIKVD cases have been reported. No cases have been reported in September 2025.

- Uruguay: The outbreak was notified in August 2025. Since then, two CHIKVD cases and no deaths have been reported. The
- month when the highest number of CHIKVD cases were reported was August 2025. In the last 60 days, two CHIKVD cases have been reported. No cases have been reported in September 2025.
- Honduras: The outbreak was notified in May 2025. Since then, six CHIKVD cases and no deaths have been reported. The month when the highest number of CHIKVD cases were reported was May 2025. In the last 60 days, one CHIKVD case has been reported. No cases have been reported in September 2025. CHIKVD cases have been reported from regions of Cortes, El Paraiso, and Santa Barbara.

In 2025, there have been 230 266 CHIKVD cases and 117 associated deaths reported in the region. This is a decrease of 42.8% compared to the same period of the previous year. The most affected subcontinental region is South America, with Brazil reporting the highest number of cases in 2025.

Asia

- China: The outbreak was notified in July 2025. Since then, 16 452 CHIKVD cases and no deaths have been reported. The month when the highest number of CHIKVD cases were reported was September 2025. In the last 60 days, 13 135 CHIKVD cases have been reported. Cases decreased by 1.5% in September 2025 when compared to the previous month. Most of the cases are reported from the regions of Guangdong and Guanxi.
- Singapore: The outbreak was notified in August 2025. Since then, 17 CHIKVD cases and no deaths have been reported. The month when the highest number of CHIKVD cases were reported was August 2025. In the last 60 days, 17 CHIKVD cases and no deaths have been reported. No cases have been reported in September 2025.

In 2025, there have been 51 461 CHIKV disease cases and no associated deaths in the region. Cases have decreased 30.5% compared to the same period of the previous year. The most affected subcontinental region is South East Asia, with India reporting the highest number of cases in 2025.

Africa

In 2025, there have been 2 197 CHIKVD cases and no associated deaths in the region. This is an increase compared to the same period of the previous year. The most affected subcontinental region is East Africa, with Mauritius reporting the highest number of cases in 2025.

Europe

For CHIKVD cases reported in mainland EU/EEA, please refer to the dedicated ECDC website.

CHIKVD cases have been reported from the French outermost regions of Réunion and Mayotte.

Other countries reporting CHIKV disease cases in 2025

The following countries have also reported CHIKVD cases in 2025, however no new cases have been notified in the last two months, these countries are: Barbados, Comoros, Costa Rica, India, Kenya, Mauritius, Pakistan, Paraguay, Peru, Senegal, Sri Lanka.

Global overview

In 2025, there have been 339 822 CHIKVD cases and 145 associated deaths reported worldwide. Cases have decreased by 28.7% compared to the same period in 2024, when 476 962 CHIKVD cases were reported.

Note

The data presented in this report originate from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution and comparisons, particularly across countries, should be avoided due to under-reporting, variations in surveillance system structure, different case definitions from country to country and over time, and use of syndromic definitions.

ECDC assessment:

The likelihood of onward transmission of chikungunya virus in mainland Europe is linked to importation of the virus by viraemic travellers into receptive areas with established and active competent vectors (e.g. Aedes albopictus and Aedes aegypti). Aedes albopictus is established in a large part of Europe. In Europe and neighbouring areas, Aedes aegypti is established in Cyprus, on the eastern shores of the Black Sea, and in the outermost region of Madeira.

For the risk related to chikungunya in mainland EU/EEA, please see the dedicated webpage: Chikungunya virus disease risk assessment for mainland EU/EEA.

More information on autochthonous transmission of chikungunya virus in 2025 in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on CHIKVD.

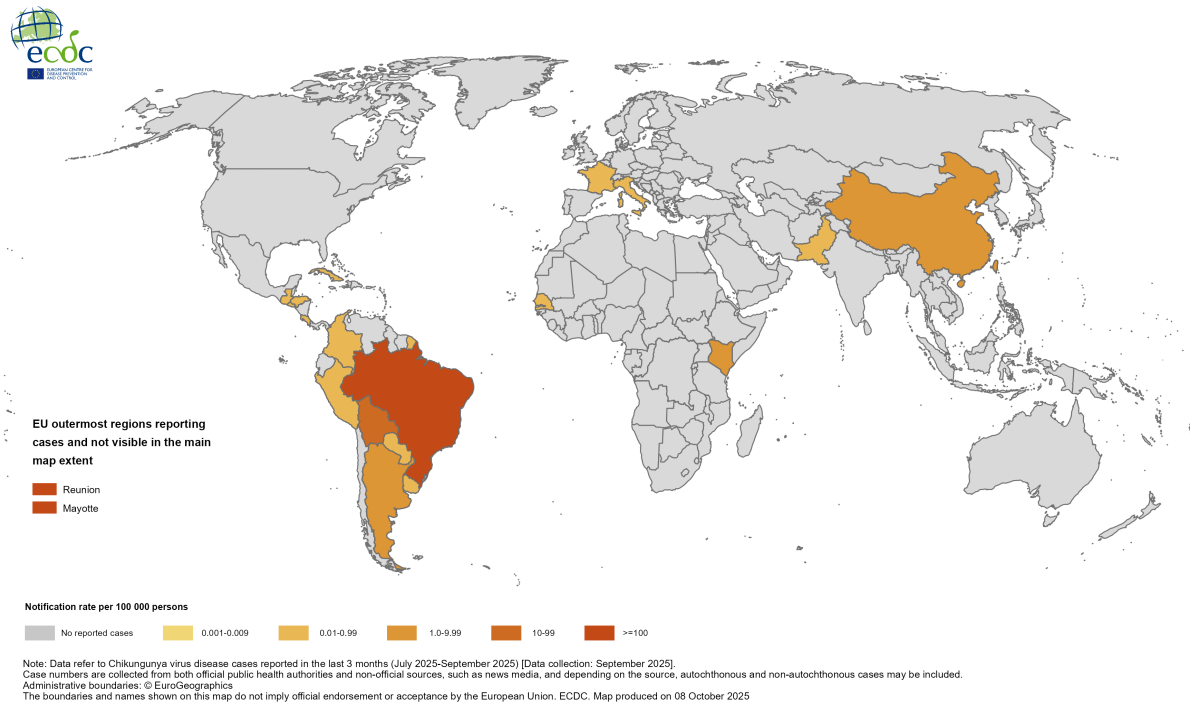
Actions:

ECDC monitors these threats through its Epidemic Intelligence activities, and reports on a monthly basis. A summary of the worldwide overview of **CHIKVD** is available on ECDC's website.

Last time this event was included in the Weekly CDTR: 22 August 2025

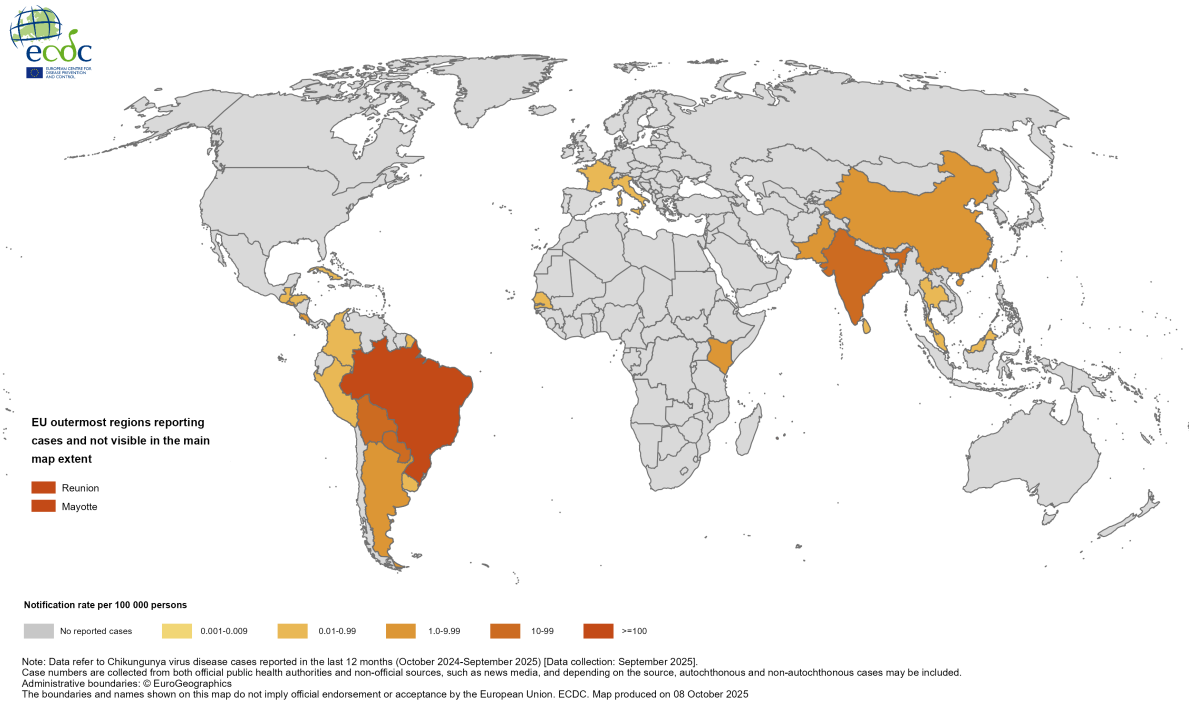
Maps and graphs

Figure 1. Three-month Chikungunya virus disease case notification rate per 100 000 population, July-September 2025



Source: ECDC

Figure 2. 12-month Chikungunya virus disease case notification rate per 100 000 population, October 2024-September 2025



Note: Data refer to Chikungunya virus disease cases reported in the last 12 months (October 2024-September 2025) [Data collection: September 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 08 October 2025

Source: ECDC

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

Overview:

Since March 2025, an overall decrease in reported cases has been observed. A further decline in case numbers was expected over the summer months, in line with the known seasonality of measles.

In August 2025, 27 countries reported measles data, with 96 cases reported by nine countries. There were 18 countries that 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 Romania (30), France (27), Poland (11) and Spain (nine).

Between 1 September 2024 to 31 August 2025, 30 EU/EEA Member States reported a total of 10 825 cases of measles, 7 738 (71.5%) of which were laboratory confirmed. Of the 10 825 cases with known age, 4 448 (41.1%) were in children aged under five years; and 3 461 (32.0%) cases were aged 15 years or above. The highest notification rates were observed in infants under one year of age (364.4 cases per million) and children aged 1-4 years (187.8 cases per million).

Of 10 129 cases (93.6% of all cases) with a known age and vaccination status, 8 403 (83.0%) were unvaccinated, 918 (9.1%) were vaccinated with one dose of a measles-containing vaccine, 676 (6.7%) were vaccinated with two or more doses, and 113 (1.1%) were vaccinated with an unknown number of doses.

During the 12-month period, eight deaths (case fatality rate (CFR): 0.074%) attributable to measles were reported to ECDC by Romania (five), France (two) and Netherlands (one). Detailed data are available in ECDC's Surveillance Atlas of Infectious Diseases.

Complementary epidemic intelligence surveillance has been conducted, with data collection between 8 and 9 September 2025. No large outbreaks have been detected, overall a decline in measles cases has been observed.

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 has reported 149 measles cases in 2025 and as of 1 October 2025, an increase by five cases since 3 September 2025. The recent cases were reported in weeks 37 and 39 in Lower Austria and in Tirol.

Belgium: there have been no measles outbreaks reported in Belgium. In August 2025, Belgian authorities have begun a SEROPREV project aiming at establishing a national serum bank and measure seroprevalence of measles and other infections in Belgium.

Germany reported 237 confirmed and probable measles cases in 2025 and as of 7 October 2025 an increase of 20 cases since 8 September 2025. No outbreaks have been detected by ECDC EI group.

Italy reported a decrease in the reported cases of measles in July and August 2025. Overall, 432 cases were reported in Italy in 2025 and as of 31 August. Twenty regions reported measles, with the majority of the cases (64%) reported in Lombardy, Emilia Romagna, Lazio, Calabria and Sicily. Almost half of the cases (49%) are 15 years of age or older (median 31 years of age), however highest incidence is seen in children under five years of age. Vast majority of the cases are unvaccinated (87% of the 94.4% with known vaccination status). About a third of the cases reported at least one complication, of which the most frequent were hepatitis/increased of transaminases and pneumonia; three patients developed encephalitis.

Lithuania reported 9 cases in 2025 as of 7 October 2025, an increase of one case since 5 September 2025.

The Netherlands reported 506 cases of measles as of 10 September 2025, seven more cases since 13 August 2025. The recent cases are family related and individual cases. There is no indication of a national outbreak. In 2025, 59 cases were reported to have contracted measles abroad (four new cases reported in the past month), with most of these infections occurring in Morocco (39). Other cases had travel histories to Greece, Romania, Vietnam, Türkiye, Belgium, Uganda, Iran, Bosnia and Herzegovina, China, Malaysia, and France.

Norway reported four cases of measles in 2025 and as of 7 October, an increase by one case since 15 April 2025.

Poland reported 75 measles cases in 2025 and as of 30 September, an increase of four cases since 31 August 2025.

Romania reported 8 369 measles cases and eight deaths in 2025 and as of 30 September 2025, an increase of 49 cases since 31 August 2025. No new deaths were reported in this reporting period. A decreasing trend is observed in 2025, with fewer cases reported per month compared to the same period in 2024.

Spain reported 344 cases as of 30 September 2025 an increase of
14 cases since (increase by 14 cases since 31 August 2025), of which 100 were
imported and 91 were related to imported cases.

An ongoing outbreak has been reported in Garraf, Catalonia by the Public Health Agency of Catalonia. Eight confirmed measles cases are epidemiologically linked (family contact, care centres, various community, leisure and university
environments). The first patient developed symptoms on 4 September 2025 and the most recent case had onset of symptoms on 29 September 2025. Most of the cases are in adolescents and young adults; six individuals were not vaccinated, and three
people required hospitalisation. Around a hundred people have been identified through contact tracing who are being followed up by local health authorities. The risk of infection transmission in the affected area is considered high, as most of the affected people are not immunised, and have high mobility and social interaction.

Sweden reported eight measles cases in 2025 and as of 8 October, an increase of one case since 8 July 2025.

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

The Réunion Regional Health Agency reported four locally acquired measles cases between July and October 2025 (report on 3 October 2025). Two were children under the age of five years (one of them not eligible for vaccination) and two adults. The recent case was reported in week 40 (ending on 5 October 2025). The previous outbreak of measles in Reunion was in 2019 and affected 96 people. According to the vaccination bulletin published by Public Health France in April 2025, the two-dose vaccination coverage (VC) for infants against Measles, Mumps, and Rubella (MMR) was 80% in 2024.

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

England reported 772 laboratory confirmed measles cases, including one death, from January to 25 September 2025. A downward trend is observed since mid-July, after the outbreak started in April 2025. The most affected regions were London and the Northwest regions.

Ukraine reported 1 425 measles cases from January to August 2025.

According to the report by Africa CDC published on 30 September 2025, a total of 126 503 measles cases (9 537 confirmed) and 9 956 deaths (CFR: 0.76%) have been reported from 20 countries: Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Malawi, Mali, Mauritania, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Somalia, South Africa, Sudan, Uganda, Zambia.

According to the WHO Pan American Health Organization (WHO PAHO) report published on 26 September 2025, 11 668 confirmed cases were reported by ten countries, the majority of which have been reported by Canada (5 006), Mexico (4 645), and the United States (US) (1 509).

Canada reports an ongoing multijurisdictional outbreak of measles affecting 10 jurisdictions. Most of the reported cases are linked to this outbreak (4 960 cases, of which 4 566 confirmed, 394 probable). One death with congenital measles has been reported in relation to this outbreak. the most recent cases had onset of symptoms on week 39 (21 to 27 September 2025).

As of 8 October 2025, the US has reported1 563 confirmed measles cases in 2025, including three deaths in 42 jurisdictions. Ninety-two percent of the cases were unvaccinated or had an unknown vaccination status. Eighty-seven percent of the cases were related to 44 outbreaks.

As of report on 7 October 2025, Mexico has reported 4 857 confirmed cases, including 22 deaths in weeks 1–41 of 2025. Most of the cases are reported in the region Chihuahua (4 368 cases, including 21 deaths).

According to a WHO Western Pacific Region (WHO WPRO) report for January to September 2025, there were 14 364 confirmed measles reported in the region in 14 countries. Most of the cases have been reported in Indonesia (6 748), Mongolia (1 595), Laos (1 470), China (1 429), Cambodia (1 098), and the Philippines (1 011), followed by Malaysia (443), Japan (222), Vietnam (144), Australia

For more information on the provisional number of cases outside the EU/EEA region, please visit the 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 suboptimal vaccination coverage for measles-containing vaccines (MCV) in several EU/EEA countries, the possible introduction from areas with ongoing transmission, and increased travel and population movement during the holiday period.

Actions:

ECDC is monitoring the measles situation through its epidemic intelligence activities. Data collected via epidemic intelligence supplement the monthly outputs that present 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 MCV** (>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 under served by healthcare services.** Systemic barriers that impact vaccine uptake in populations which are isolated and under-served 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: 12 September 2025

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

Overview:

Update: Since the previous update on 1 September 2025, and as of 6 October 2025, one new MERS fatality in Saudi Arabia with date of onset in July 2025 has been reported by the World Health Organisation Eastern Mediterranean Region (WHO EMRO). The case reported no contact with camels, had comorbidities, and resided in the Riyad province. All close contacts are being followed up with no secondary cases reported so far.

Summary: Since the beginning of 2025, and as of 6 October 2025, 12 MERS cases have been reported in Saudi Araba with date of onset in 2025, including three fatalities.

Since April 2012, and as of 6 October 2025, a total of 2640 cases of MERS, including 958 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.

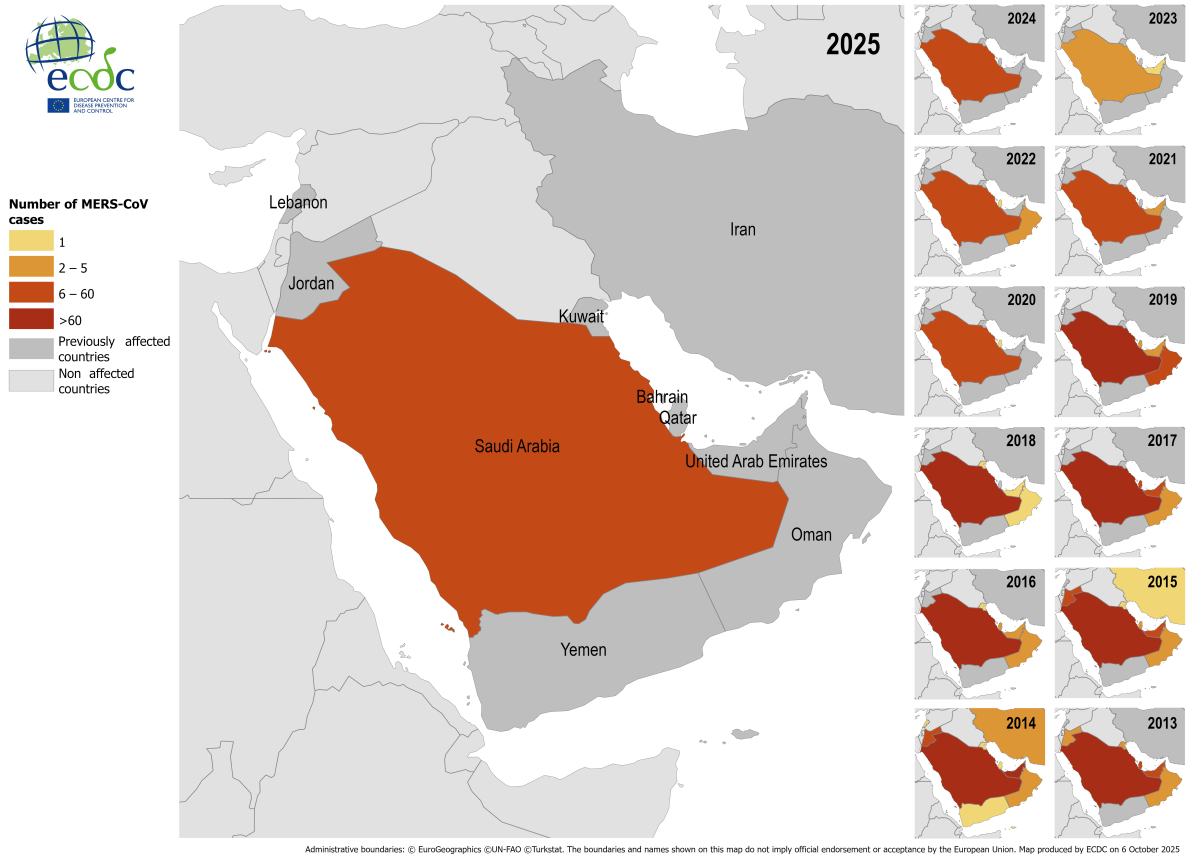
Actions:

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: 5 September 2025

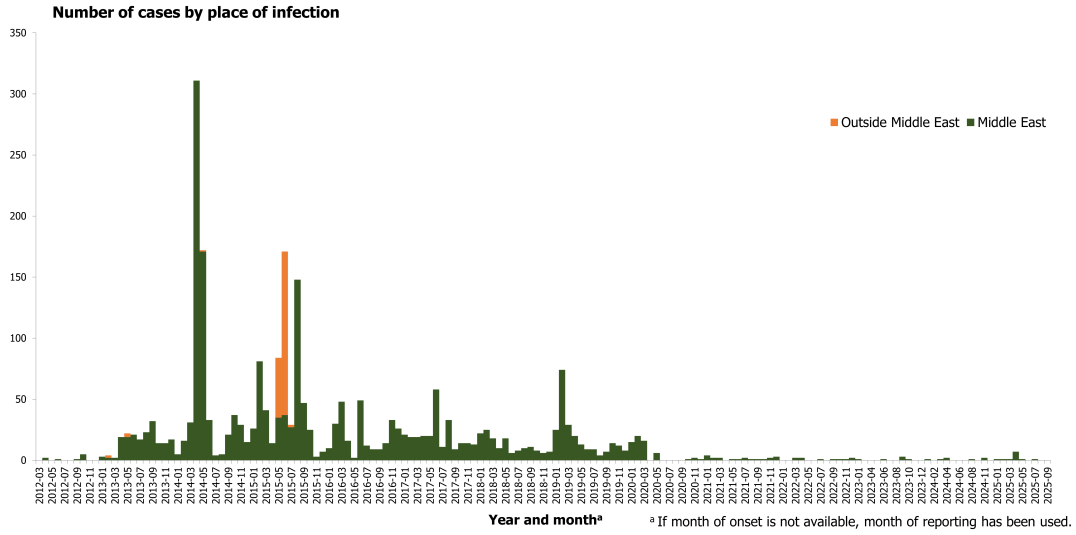
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS by place of infection and year of onset, January 2013 – September 2025



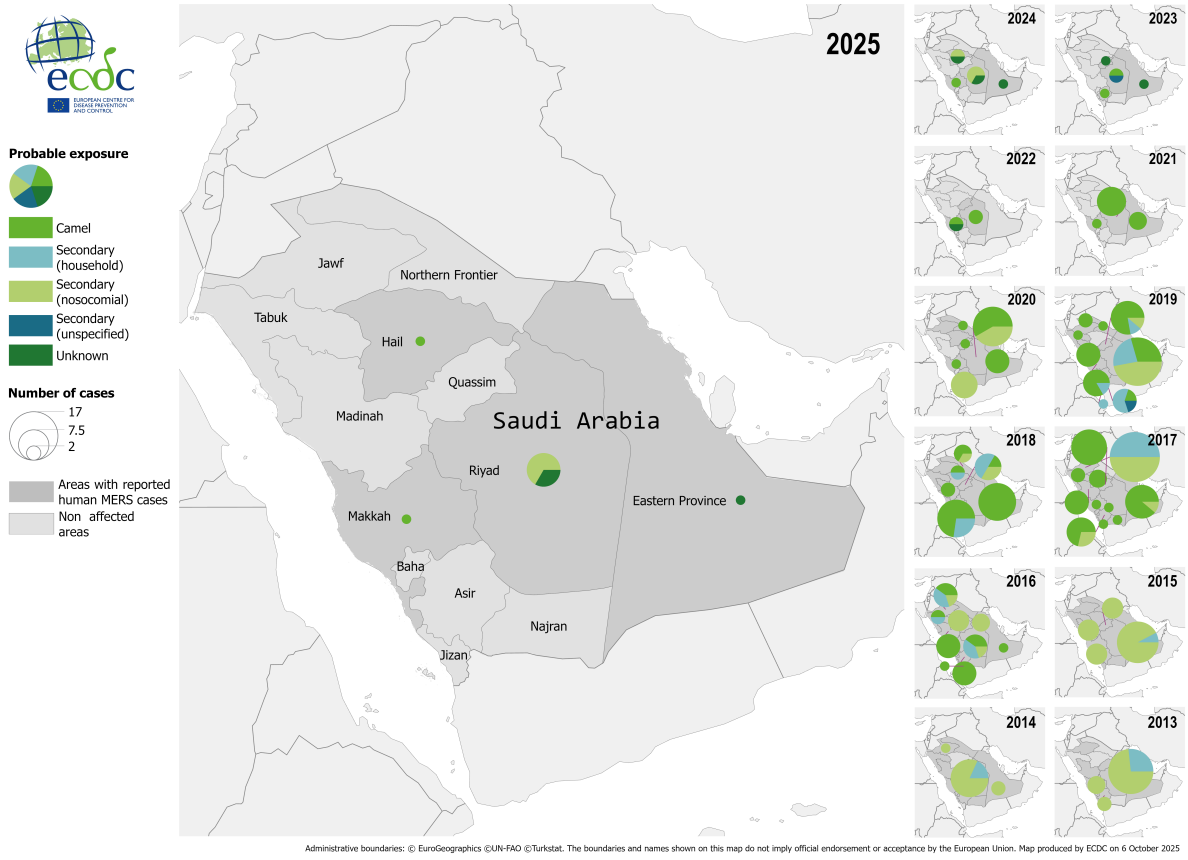
Source: ECDC

Figure 2. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012 – September 2025



Source: ECDC

Figure 3. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from January 2013 to September 2025



Source: ECDC

11. Ebola virus disease – Democratic Republic of the Congo – 2025

Overview:

As of 6 October 2025, it has been ten days since the last case of Ebola virus disease (EVD) was reported in Bulape health zone, Kasai Province, DCR. Since the last update in the weekly CDTR, there has been one additional death of a confirmed case.

On 5 October 2025, WHO reported that there have been 64 cases (53 confirmed and 11 probable) and 43 deaths (32 confirmed and 11 probable) (CFR among all cases: 67.2%) since the beginning of the outbreak. All cases remain confined to six health areas in Bulape health zone, Kasai Province. The most recent cases were reported in Bulape and Dikolo health areas on 26 September.

The last reported date of symptom onset was 23 September. Seventeen cases have recovered and been discharged and four are hospitalised as of 9 October. A total of 1 985 contacts remain under folllow up.

As of 5 October, a total of 20 190 individuals have been vaccinated and there are 6 729 vaccines available in the affected areas.

Summary

On 1 September 2025, WHO received an alert regarding probable cases of Ebola virus disease (EVD) from the Bulape health zone, Kasai Province. Following this alert, on 4 September 2025, the DRC Minister of Public Health, Hygiene and Social Security declared an outbreak of EVD in the country.

The first reported case was in a pregnant woman, who was admitted to Bulape General Reference Hospital on 20 August with symptoms of fever, bloody diarrhoea, vomiting, asthenia, anal, oral, and nasal haemorrhage.

The woman later died due to multiple organ failure. Samples tested on 3 September at the country's National Institute of Biomedical Research in the capital, Kinshasa, confirmed the cause of the outbreak as Ebola Zaire. Based on whole genome sequencing analysis, the causative strain is not linked to previous outbreaks and therefore this is probably a new zoonotic spill-over event. The initial phase of the outbreak was characterised by nosocomial spread and a superspreading event linked to the presumptive index case's funeral.

On September 28, WHO reported that the majority of cases have been among females (57.8%; n=37) and cases range between 0–65 years old. Children 0–9 years old and individuals 20–29 years old account for 25.0% (n=16) and 23.4% (n=15) of cases, respectively. The most affected populations include children, housekeepers, and farmers. From the outbreak outset on epidemiological week 36, to epidemiological week 39, the median time between symptom onset and isolation shortened from five days to two.

At the time of reporting of the following demographic information, there had been 42 deaths (one additional death of a confirmed case has since occurred). Females represent over half of the reported deaths (57.1%; n=24) and children under 10 years old account for 31.0% of deaths (n=13). The CFR is slightly higher among males (66.7%) compared with females (64.9%). Among the reported deaths are four healthcare workers and a laboratory technician who had been working at the hospital where the first reported case was treated. The health areas of Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 20 deaths) are considered the epicentres of the outbreak, together accounting for 78.1% of reported cases and 81.4% of all deaths.

Vaccination began in Kasai Province on 13 September. A total of 20 190 individuals have been vaccinated and there are 6 729 vaccines available as of 5 October. Alongside ring vaccination, geographically targeted vaccination began on 27 September 2025 for high-risk groups in hotspots reporting confirmed cases. A total of 31 patients have been treated with monoclonal antibody (mAb114).

Background and additional information

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

The last EVD outbreak documented in DRC was in August 2022, in Beni health zone, North Kivu province, but related to only one case. In the same year, another five cases were reported from Mbandaka city, Equateur

province. In 2007 and 2008, there were EVD outbreaks affecting Kasai 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.

Earlier on in this outbreak, WHO AFRO reported that Bulape health zone is linked to large population centres such as Tshikapa and Kananga, and as there is ongoing cross-provincial and cross-border movement there is a risk of further geographical spread.

The Ministry of Health is leading the outbreak response and is supported technically by WHO and other partners. A regional strategic response plan has been developed to guide coordinated efforts across affected and at-risk areas, focusing on surveillance; diagnostics; vaccination; infection, prevention and control (IPC); and community engagement.

ECDC assessment:

Ebola virus causes a severe, often fatal, disease. The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low. The current risk for people living in the EU/EEA is considered very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Intense surveillance and contact tracing are essential to rapidly control outbreaks of viral haemorrhagic fevers.

Actions:

ECDC is monitoring the situation through its epidemic intelligence activities. In addition, ECDC is in contact with Africa CDC, GOARN, and the European Commission (DG ECHO, DG SANTE, DG HERA).

Last time this event was included in the Weekly CDTR: 4 October 2025

Events under active monitoring

- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 10 October 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 10 October 2025
- Seasonal surveillance of dengue – 2025 - last reported on 10 October 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 10 October 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 10 October 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 10 October 2025
- Ebola virus disease – Democratic Republic of the Congo – 2025 - last reported on 10 October 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 10 October 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 10 October 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 10 October 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 10 October 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 04 October 2025
- SARS-CoV-2 variant classification - last reported on 04 October 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 04 October 2025
- Rabies case – France – 2025 - last reported on 04 October 2025