

WEEKLY BULLETIN

Communicable Disease Threats Report

Week 50, 6–12 December 2025

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Executive summary

Overview of respiratory virus epidemiology in the EU/EEA

- The number of patients presenting to primary care with symptoms of respiratory illness is elevated in approximately half of the reporting countries. This indicates that there is currently significant respiratory virus circulation in the European Union/European Economic Area (EU/EEA).
- Influenza virus** circulation continues to increase, with most countries now reporting widespread activity at low-to-medium intensity. Influenza A is dominant in all countries, with A(H3N2) driving the increasing trend in recent weeks. Circulation is highest in children aged 5–14 years. Increases in hospitalisation are being observed in some countries, affecting all age groups, but primarily in adults aged 65 years and above.
- Influenza activity increased three to four weeks earlier than in the previous two seasons. ECDC's [Threat Assessment Brief assessing the risk of influenza for the EU/EEA in the context of increasing circulation of A\(H3N2\) subclade K](#) outlines key recommendations including vaccination, use of antivirals, use of face masks in healthcare and long-term care facilities, and healthcare preparedness. These recommendations should be carefully considered and implemented promptly, given the current epidemiological situation and the approaching festive period.
- Respiratory syncytial virus (RSV)** circulation is slowly increasing from low levels, although a slight decrease has been observed in the last week. Overall circulation remains below what was observed at this time in the past four seasons. Hospital data show rising RSV-related admissions in a few countries, primarily among children under five years.
- SARS-CoV-2** continues to circulate but is decreasing in all age groups, and the impact on hospitalisations is currently limited.

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

- In October 2025, 83 measles cases were reported by nine countries in the EU/EEA. Nineteen countries reported zero cases.
- During the last 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 months which is consistent with the seasonality of measles.
- Supplementary epidemic intelligence surveillance was performed from 9 to 10 December 2025. Sporadic cases were reported in several EU/EEA countries and one outbreak has been detected in Poland. Updates are provided for countries outside the EU/EEA.

Seasonal surveillance of West Nile virus infections – 2025

- In 2025, and as of 3 December 2025, 14 countries in Europe have reported 1 112 locally acquired human cases of WNV infection.
- From the veterinary perspective, 186 WNV outbreaks among equids and 359 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 10 December 2025, 14 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Germany, 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.

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

- Since the previous update on 3 November 2025, and as of 10 December 2025, two new imported cases of MERS-CoV have been reported in France.
- Since the beginning of 2025, and as of 10 December 2025, 14 MERS cases (including three fatalities) have been reported, with date of onset in 2025. Among these, 12 cases (including three fatalities) have been reported in Saudi Arabia, and two imported cases have been reported in France.
- 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.

Marburg virus disease (MVD) - Ethiopia – 2025

- A Marburg virus disease (MVD) outbreak was confirmed on 14 November 2025 by the Ministry of Health of Ethiopia after a suspected event was reported in Jinka city on 12 November 2025.
- Since the start of the outbreak, and as of 11 December, 16 cases (13 confirmed and three probable) of MVD have been reported, including 11 deaths (eight confirmed and three probable (case fatality rate (CFR): 61.5%)).
- Cases have been reported in two regions; Jinka city, Omo Zone, South Ethiopia Regional State and Hawassa City, Sidama Region.
- As of 26 November, 349 contacts have been identified, according to the Ethiopian Public Health Institute.
- This is the first MVD outbreak ever reported in Ethiopia.
- The likelihood of exposure to MVD for EU/EEA citizens visiting or living in Ethiopia is assessed as low, with uncertainties connected to the limited epidemiological information available. The impact, assessed at population level, is low since the number of MVD cases in EU/EEA citizens in Ethiopia is expected to be very small. Therefore, the overall risk for EU/EEA citizens 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.

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](https://eriss.org)), which is updated weekly.

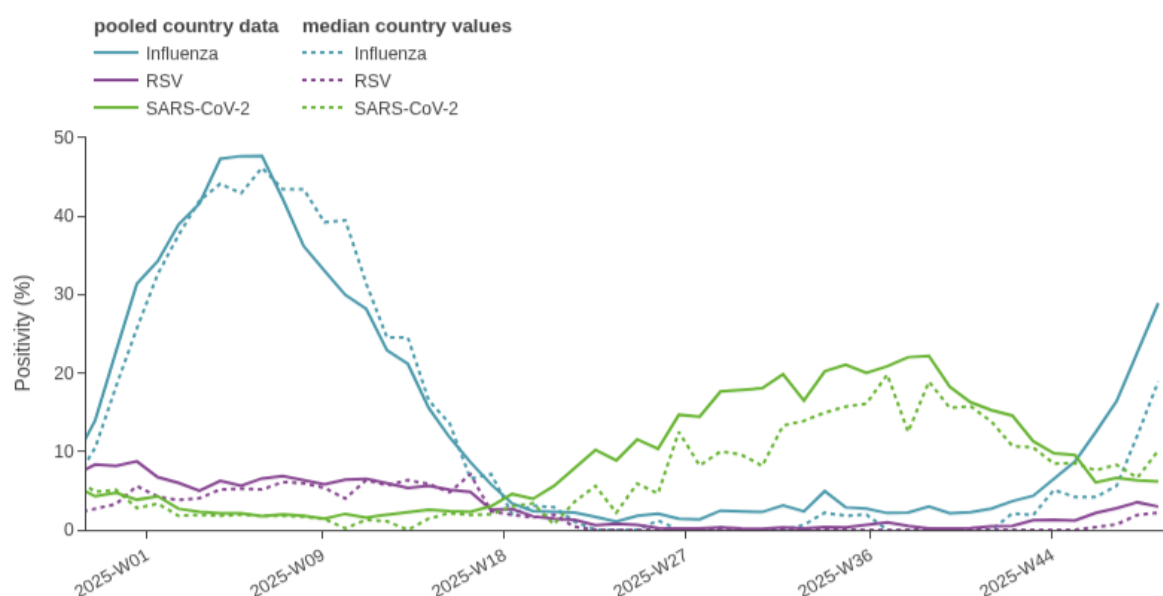
Key visualisation from the weekly bulletin are included below.

Sources: [ERVISS](https://eriss.org)

Last time this event was included in the Weekly CDTR: 5 December 2025.

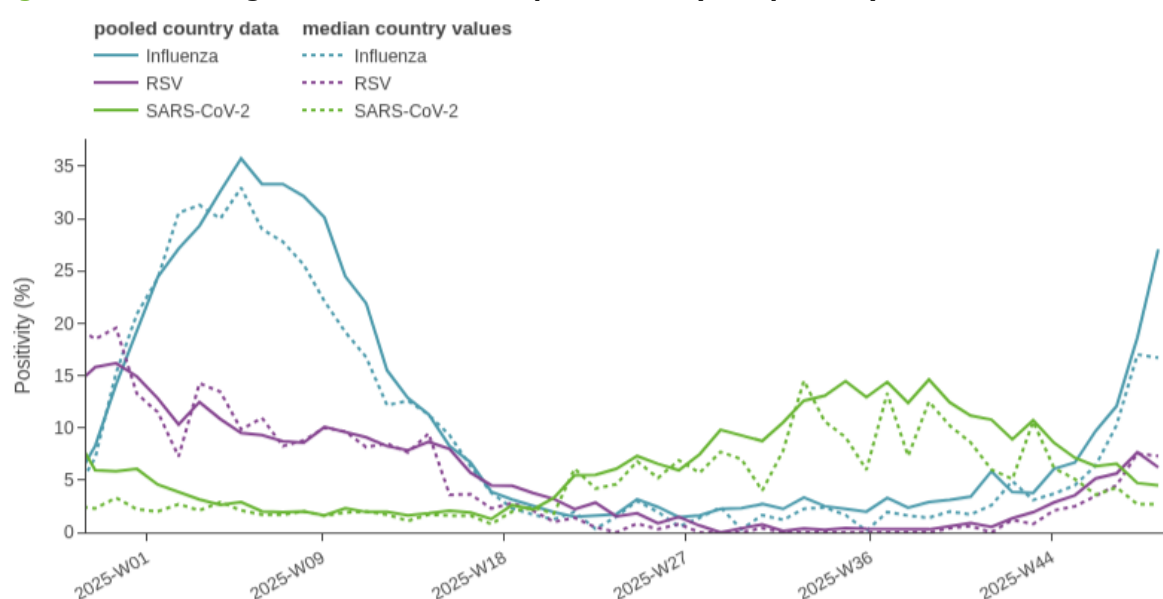
Maps and graphs

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. Key indicators

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary	
		Week 49	Week 48	Description	Value
ILI/ARI consultation rates in primary care	ARI	16 rates (10 MEM)	18 rates (12 MEM)	Distribution of country MEM categories	7 Baseline 2 Low 1 Medium
	ILI	19 rates (19 MEM)	21 rates (21 MEM)		8 Baseline 6 Low 4 Medium 1 Very high
ILI/ARI test positivity in primary care	Influenza	21	22	Pooled (median; IQR)	29% (19; 9.8–32%)
	RSV	20	20		3% (2.2; 1–4.7%)
	SARS-CoV-2	19	20		6.2% (10; 1.7–14%)
SARI rates in hospitals	SARI	10	12	–	–
SARI test positivity in hospitals	Influenza	8	10	Pooled (median; IQR)	27% (17; 9.6–30%)
	RSV	8	10		6.2% (7.3; 5–11%)
	SARS-CoV-2	7	9		4.5% (2.7; 0.4–7%)
Intensity (country-defined)	Influenza	24	26	Distribution of country qualitative categories	4 Baseline 14 Low 3 Medium 2 High 1 Very high
Geographic spread (country-defined)	Influenza	23	25	Distribution of country qualitative categories	7 Sporadic 2 Regional 14 Widespread

Source: ECDC

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

Pathogen	Week 49, 2025		Week 40, 2025 – week 49, 2025	
	N	% ^a	N	% ^a
Influenza	934	–	3312	–
Influenza A	924	100	3265	99
A(H1)pdm09	128	18	744	27
A(H3)	587	82	2017	73
A (unknown)	209	–	504	–
Influenza B	1	0.1	20	0.6
B/Vic	0	–	0	–
B (unknown)	1	–	20	–
Influenza untyped	9	–	27	–
RSV	87	–	447	–
RSV-A	14	50	105	58
RSV-B	14	50	77	42
RSV untyped	59	–	265	–
SARS-CoV-2	180	–	2383	–

Source: ECDC

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

Pathogen	Week 49, 2025		Week 40, 2025 – week 49, 2025	
	N	% ^a	N	% ^a
Influenza	398	–	1615	–
Influenza A	266	100	1228	99
A(H1)pdm09	32	37	222	47
A(H3)	55	63	254	53
A (unknown)	179	–	752	–
Influenza B	1	0.4	15	1
B/Vic	0	–	3	100
B (unknown)	1	–	12	–
Influenza untyped	131	–	372	–
RSV	88	–	517	–
RSV-A	5	38	126	60
RSV-B	8	62	85	40
RSV untyped	75	–	306	–
SARS-CoV-2	65	–	1305	–

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2025 – week 49, 2025

Subtype distribution			Subclade distribution		
Subtype	N	%	Subclade	N	%
A(H1)pdm09	463	60	5a.2a.1(D.3.1)	456	98
			5a.2a.1(D)	5	1
			5a.2a(C.1.9.3)	2	0.4
A(H3)	305	40	2a.3a.1(K)	277	91
			2a.3a.1(J.2)	13	4
			2a.3a.1(J.2.4)	8	3
			2a.3a.1(J.2.2)	7	2
B/Vic	3	0.4	V1A.3a.2(C.5)	1	33
			V1A.3a.2(C.5.1)	1	33
			V1A.3a.2(C.5.6)	1	33

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, week 29, 2022 - week 30, 2022

Variant	Classification ^a	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	0	0	0%
XFG	VUM	1	19	68% (68–68%)
NB.1.8.1	VUM	1	5	18% (18–18%)

Source: ECDC

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

Overview

Since March 2025, an overall decrease in reported cases has been observed. As expected, the number of cases further declined over the summer months, in line with the known seasonality of measles.

In October 2025, 28 countries reported measles data, with 83 cases reported by nine countries. A total of 19 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 Spain (29), France (14), Germany (13), and Italy (13).

Between 1 November 2024 and 31 October 2025, 30 EU/EEA Member States reported a total of 9 603 measles cases, 6 868 (71.5%) of which were laboratory-confirmed.

Of the 9 603 cases with known age, 3 872 (40.3%) were in children under five years; 3 177 (33.1%) cases were aged 15 years or above. The highest notification rates were observed among infants under one year (316.8 cases per million) and children aged 1–4 years (163.5 cases per million).

Of 8 993 cases (93.6% of all cases) with a known age and vaccination status, 7 417 (82.5%) were unvaccinated, 826 (9.2%) were vaccinated with one dose of a measles-containing vaccine, 621 (6.9%) were vaccinated with two or more doses, and 113 (1.3%) were vaccinated with an unknown number of doses.

During the 12-month period, eight deaths (case fatality rate (CFR): 0.083%) 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 was conducted, with data collection between 9 and 10 December 2025. One outbreak was detected in the EU/EEA - in Poland; sporadic cases have been reported by several EU/EEA countries. Outside the EU/EEA, updates have been provided for England, Canada, Israel, Ukraine, Mexico, New Zealand, Switzerland, Ukraine, USA and for the WHO AFRO and WHO PAHO regions.

Disclaimer: The [monthly measles report published in the CDT](#) 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

[Denmark](#) reported nine measles cases in 2025, up to 9 December 2025, an increase of one case which was reported in November. Prior to that the most recent case was reported in October 2025.

[Germany](#) reported 278 confirmed and probable measles cases in 2025, up to 9 December, an increase of 11 cases since 13 November 2025. No outbreaks have been detected by ECDC's EI group.

[Ireland](#) reported three cases in week 48, all three in the Dublin and North East region. No other cases have been reported in Ireland in the last 12 weeks.

[The Netherlands](#) reported 538 cases of measles in 2025, up to 3 December 2025, an increase of 12 cases since 5 November 2025. The recent cases are distributed in small clusters across the country. There is no indication of a national outbreak. In 2025, 62 cases of measles were contracted abroad, with most of these infections being related to travel to Morocco (39). Other cases had travel histories to Greece, Romania, Vietnam, Türkiye, Belgium, Uganda, Iran, Bosnia and Herzegovina, China, Malaysia, France, Somalia and Italy.

[Poland](#) reported 101 cases of measles, an increase of 28 cases between 31 October and 30 November 2025. On 3 December 2025, [media](#) quoting health authorities reported an outbreak of measles with 26 cases in Podkarpacie. Local health authorities are performing active contact tracing and follow-up, as well suggesting free vaccination, and limiting hospital visitations.

[Romania](#) reported 8 454 measles cases and eight deaths in 2025 up to 30 November 2025, an increase of 21 cases since 31 October 2025. There were no new deaths during the reporting period. A decreasing trend is being observed in 2025, with fewer cases reported per month than during the same period in 2024.

[Spain](#) reported 390 cases as of 30 November 2025, an increase of 11 cases since 9 November 2025. Of the reported cases, 108 were imported and 95 were related to imported cases. There were no new cases from the outbreak previously reported on the Canary Islands.

[Sweden](#) reported 10 measles cases in 2025 up to 9 December 2025, an increase of two cases since October 2025.

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

No new outbreaks or cases have been detected in the recently reported outbreaks during this reporting period.

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

[England](#) reported 847 laboratory-confirmed cases from January to 20 November 2025, 36 more cases since 23 October 2025. The majority of cases involve children under 10 years (69%). Most of the cases have been reported in Hackney, the City of London, Birmingham, and Bristol.

[Israel](#) reported an ongoing outbreak of measles, with [730 patients hospitalised](#), including 12 deaths, mainly in children, as of 8 December 2025. On 10 December 2025, the 12th death was reported by media, quoting the Ministry of Health. Currently affected communities are Jerusalem, Beit Shemesh, Bnei Brak, Harish, Modiin Illit, Nof HaGalil, Kiryat Gat, Ashdod, Safed, Netivot, Haifa, Tiberias, the Mateh Binyamin Regional Council, and Tekoa. Vaccination with MMR is recommended for children from the age of 12 months (first dose), with a second dose at six years. In the outbreak-affected communities, the second vaccine dose is recommended at 18 months, and an extra dose is recommended for 6-11-month-old infants in communities with an outbreak, or if traveling to these areas.

[Switzerland](#) reported 53 measles cases in 2025, up to 1 December 2025.

[Ukraine](#) reported 1 453 measles cases from January to October 2025.

[New Zealand](#) reported an outbreak of measles with 30 cases across [nine regions](#) up to 7 December 2025. According to [Health New Zealand](#), the community transmission may have been occurring since early September this year.

As of 10 November 2025, [Canada](#) reported 5 298 cases (4,926 confirmed, 372 probable), including two deaths, both of which occurred in congenital cases of measles where the babies were born pre-term. An outbreak is affecting 10 jurisdictions. Most of the reported cases are linked to this outbreak (5 233 cases, 4 831 of which are confirmed, 402 probable). The reported weekly number of cases has decreased in the past 10 weeks. The outbreak reached its peak during the spring in week 18, 2025.

According to a report by [Africa CDC](#) published on 7 December 2025, Cameroon, Mali and Mozambique are experiencing measles outbreaks with moderate risk.

According to the WHO Pan American Health Organization ([WHO PAHO](#)) report published on 15 November 2025, 12 912 confirmed cases were reported by 10 countries, with the majority of cases being reported in Canada (5 222), Mexico (5 292), the United States (1 750), and Bolivia (479).

As of 3 December 2025, the [US](#) has reported 1 828 confirmed measles cases in 2025, including three deaths in 43 jurisdictions. The majority of the cases (87%) were associated with 46 outbreaks.

As of 8 December 2025, [Mexico](#) has reported 5 292 confirmed cases, including 24 deaths for weeks 1-46 of 2025. Most of the cases are reported in the Chihuahua region (4 459 confirmed cases, including 21 deaths). One death was reported in each of the states, Jalisco, Durango and Sonora.

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 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 the holiday period.

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 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 affect 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: 14 November 2025.

3. Seasonal surveillance of West Nile virus infections – 2025

Overview

In 2025, and as of 3 December 2025, 14 countries in Europe have reported 1 112 locally acquired human cases of WNV infection. The earliest and latest date of onset were on 19 May 2025 and 27 October 2025, respectively. Locally acquired cases have been reported by Italy (779), Greece (96, one of which had an unknown place of infection), France (62), Serbia (62), Romania (49), Spain (36), Hungary (14), Croatia (4), Albania (3), Germany (2), North Macedonia (2), Bulgaria (1), Kosovo* (1) and Türkiye (1). In Europe, 97 deaths were reported.

Case numbers reported this year were above the average for the past decade (758). However, the figures remained lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1 300 cases reported.

This year, Italy experienced a large outbreak, with 779 confirmed human cases, including 72 fatalities (case fatality rate of 9.2%, which is within the expected range). This is the highest number of human WNV cases reported by Italy in a year. Most cases (267) were reported from the Lazio region (Latina, Roma and Frosinone), followed by 133 cases reported by the Campania region (Napoli, Caserta, Salerno and Avellino). Other regions reported similar numbers to previous years. Furthermore, France reported more cases than in any previous year and 14 regions reported cases for the first time ever.

As of 3 December 2025, locally acquired human cases of WNV infection were reported in 157 regions across 14 countries. This compares with 188 regions across 18 countries in 2024. All 14 countries had previously reported human cases of WNV.

This year, 35 regions reported human cases of WNV infection for the first time ever: Italy - 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), Arezzo (ITI18), Siena (ITI19), Latina (ITI44) and Frosinone (ITI45); France - Paris (FR101), Yvelines (FR103), Essonne (FR104), Hauts-de-Seine (FR105), Seine-Saint-Denis (FR106), Val-de-Marne (FR107), Val-d'Oise (FR108), Seine-Maritime (FRD22), Lot-et-Garonne (FRI14), Haute-Garonne (FRJ23), Tarn-et-Garonne (FRJ28), Puy-de-Dôme (FRK14), Ardèche (FRK22) and Vaucluse (FRL06); Germany - Aschaffenburg, Landkreis (DE264); Greece - Iraklio (EL431) and Lakonia, Messinia (EL653); Spain - Alicante/Alacant (ES521) and Almería (ES611); Croatia - Splitsko-dalmatinska županija (HR035); Kosovo* - Pejë (XK003); Romania - Sălaj (RO116); and Türkiye - Çanakkale (TR222).

As observed in previous years, most cases were among males aged 65 years and older. The hospitalisation rate was similar to previous years, with 84% of cases hospitalised this year compared to 89% 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 this year was 9%, 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 66% 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, 186 WNV outbreaks among equids and 359 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 on 7 November 2025 in Spain and on 4 November 2025 in Italy. Outbreaks among equids were reported by Italy (87), France (57), Spain (12), Croatia (11), Hungary (7), Germany (5), Greece (5), Austria (1) and the Netherlands (1). Outbreaks among birds were reported by Italy (330), Germany (15), Spain (4), Belgium (3), Austria (2), France (2), Croatia (1), Cyprus (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 (eight or more outbreaks) were the carrion crow (97) and the common magpie (62), followed by the common wood-pigeon (30), common kestrel (18), northern goshawk (14), herring gull (9), little owl (9), rock dove (9), unidentified Accipitridae (9), Eurasian jay (8), hooded crow (8) and European turtle-dove (8). In addition, several other bird species were associated with up to seven outbreaks.

In June, July, and August 2025, equid outbreaks exceeded the 10-year monthly average (2015–2024) but fell below it from September through to November. Meanwhile, bird outbreaks stayed below the three-year monthly mean (2022–2024) from April to July, then rose above it in August, September and October 2025. Overall, this year, the number of reported WNV outbreaks in equids was higher than in all previous years, except 2018 and 2024. For birds, the number of outbreaks reported in 2025 was higher than in any year since the start of mandatory reporting in 2021, except for 2024.

As of 3 December 2025, outbreaks in birds and/or equids have been reported in 116 regions across 11 countries. Of the 11 countries that submitted data in 2025, eight had previously reported WNV outbreaks in birds and/or

equids to ADIS in previous years, reflecting endemicity in these territories. In contrast, Belgium reported WNV outbreaks to ADIS for the first time ever in 2025 (three outbreaks in wild birds). Two outbreaks involved Eurasian jackdaws, and one involved carrion crows, all recorded in August 2025. Both bird species are generally resident, although Eurasian jackdaws from northern and eastern Europe may migrate south during winter. These outbreaks occurred in the administrative units of Mechelen (BE212) and Halle-Vilvoorde (BE241). In October 2025, the Netherlands also reported a WNV outbreak in equids to ADIS for the first time. The outbreak occurred in the administrative unit of Groot-Rijnmond (NL366). However, this was not the first detection of the virus in the Netherlands, where WNV was first documented in mosquitoes, birds, and humans back in 2020. In addition, in November 2025, Cyprus (CY000) notified ADIS of a bird outbreak that had occurred back in March 2025 and involved a Great Cormorant. This was the first WNV animal outbreak reported by Cyprus to ADIS. However, WNV infections have already been reported in humans in Cyprus in multiple years since 2016.

In addition to the four new regions in Belgium, the Netherlands and Cyprus, up to 3 December 2025, outbreaks in birds and/or equids were reported to ADIS for the first time in 26 regions: Italy - Arezzo (ITI18), Ascoli Piceno (ITI18), Caltanissetta (ITG15), Firenze (ITI14), Foggia (ITF46), Frosinone (ITI45), L'Aquila (ITF11), Lecco (ITC43), Ragusa (ITG18), Reggio Calabria (ITF65), Siracusa (ITG19), and Sondrio (ITC44); France - Haute-Garonne (FRJ23), Loiret (FRB06), Oise (FRE22), Paris (FR101), Tarn (FRJ27), Val-de-Marne (FR107), Vaucluse (FRL06), and Yvelines (FR103); Croatia - Koprivničko-križevačka županija (HR063), and Bjelovarsko-bilogorska županija (HR021); Spain - Almería (ES611) and Menorca (ES533); Austria - Innsbruck (AT332); and Germany - 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 ago.

*All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999) and the ICJ Opinion on the Kosovo Declaration of Independence.

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 2025, and one in birds reported by Italy in February 2025 – 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.

Seven countries – Croatia, France, Germany, Greece, Hungary, Italy, and Spain – reported both WNV human cases and outbreaks in equids and/or birds. This year, Italy accounted for the majority of the human cases (70%) and the outbreaks in equids and birds (75.4%). This was probably due to favourable climate conditions and ecological hotspots (e.g. wetlands, agricultural areas) that influenced mosquito vector populations and the distribution and behaviour of animal hosts. Intensive surveillance in Italy may also have contributed 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. As yet, 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 probable 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 continuing geographical expansion of the virus, probably driven by conducive environmental conditions and ecological factors. In addition, increased surveillance or monitoring sensitivity and raised awareness in these areas might have played 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 probably underestimate the true number of cases. It should be noted that the seasonal surveillance in humans primarily focuses on capturing laboratory-confirmed cases, which contributes to the diagnostic delay.

This year, the peak of WNV infections occurred in August for humans and birds, and in September for equids, which is consistent with the pattern seen in previous years. In 2025, the EU/EEA recorded the fourth highest annual total of human WNV infections since surveillance began in 2008. The number of reported WNV outbreaks in equids was the third highest on record, while bird outbreaks in 2025 were the second highest since mandatory reporting began in 2021.

As environmental conditions are no longer favourable for vector activity and virus replication in vectors, no more locally acquired WNV infections are expected in 2025. However, a few sporadic infections may occur.

Actions

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

Further information

This report is the final monthly update for 2025. Regular monthly reporting will resume with the onset of the next vector activity season, anticipated to begin with the detection of the first human cases in 2026, probably in June or July. Isolated cases that may arise outside the typical mosquito transmission season will not trigger additional monthly reports.

Last time this event was included in the Weekly CDTR: 14 November 2025

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

Overview

Since the beginning of 2025, and as of 10 December 2025, 14 countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, Croatia, France, Germany, Greece, Hungary, Italy, Kosovo*, North Macedonia, Romania, Serbia, Spain and Türkiye.

A total of 157 areas are currently known to be affected.

The report is available [online](#).

As further cases are unlikely, given the current unfavourable seasonal weather conditions for vector-borne transmission, ECDC is concluding its weekly reports for the 2025 season.

*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.

Last time this event was included in the Weekly CDTR: 5 December 2025.

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

Overview

Update: Since the previous update on 3 November 2025, and as of 10 December 2025, two new imported MERS cases have been reported in France. The patients were part of the same travel group who visited the Arabian Peninsula. No secondary cases have been detected so far. The previous MERS cases in the EU were reported in 2014.

Summary: Since the beginning of 2025, and as of 10 December 2025, 14 MERS cases (including three fatalities) have been reported with date of onset in 2025. Among these, 12 cases (including three fatalities) have been reported in Saudi Arabia, and two imported cases have been reported in France.

Since April 2012, and as of 10 December 2025, a total of 2 642 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](#) | [French Ministry of Health](#)

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 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 of 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.

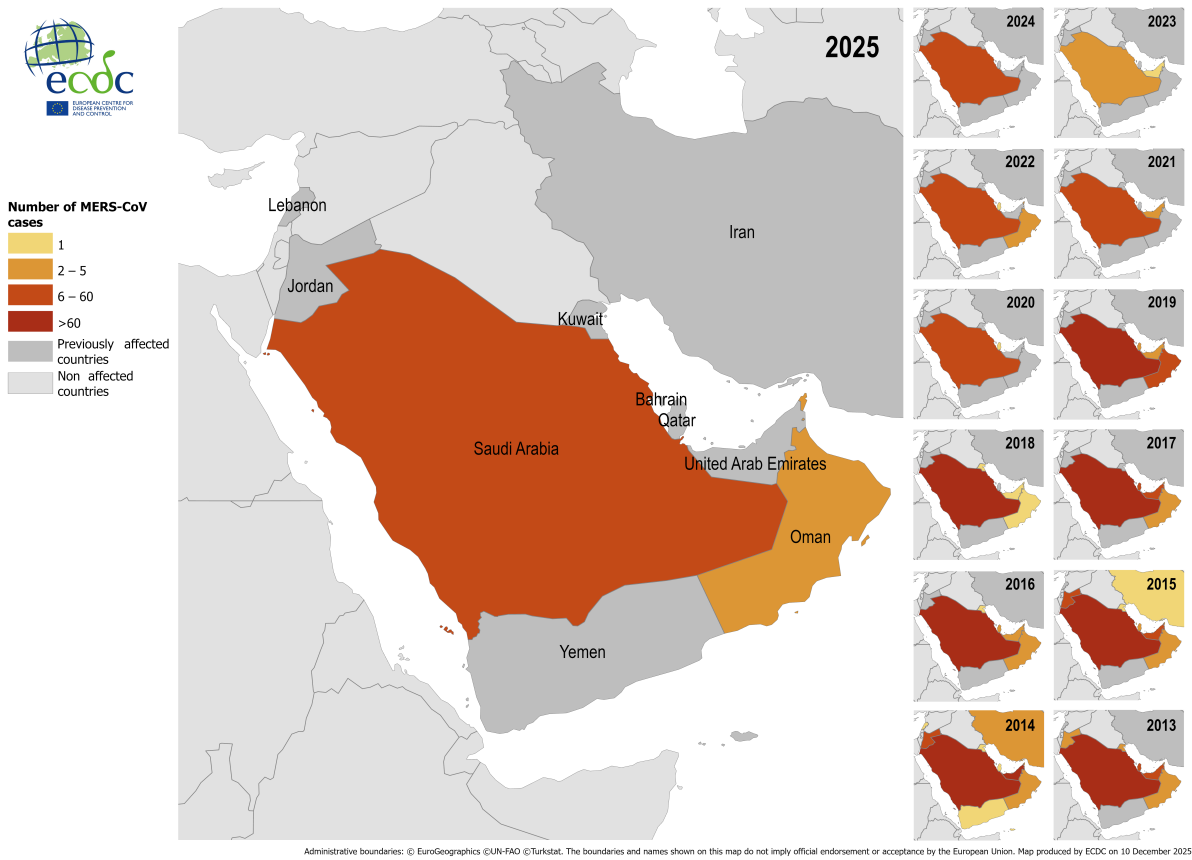
Actions

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: 7 November 2025.

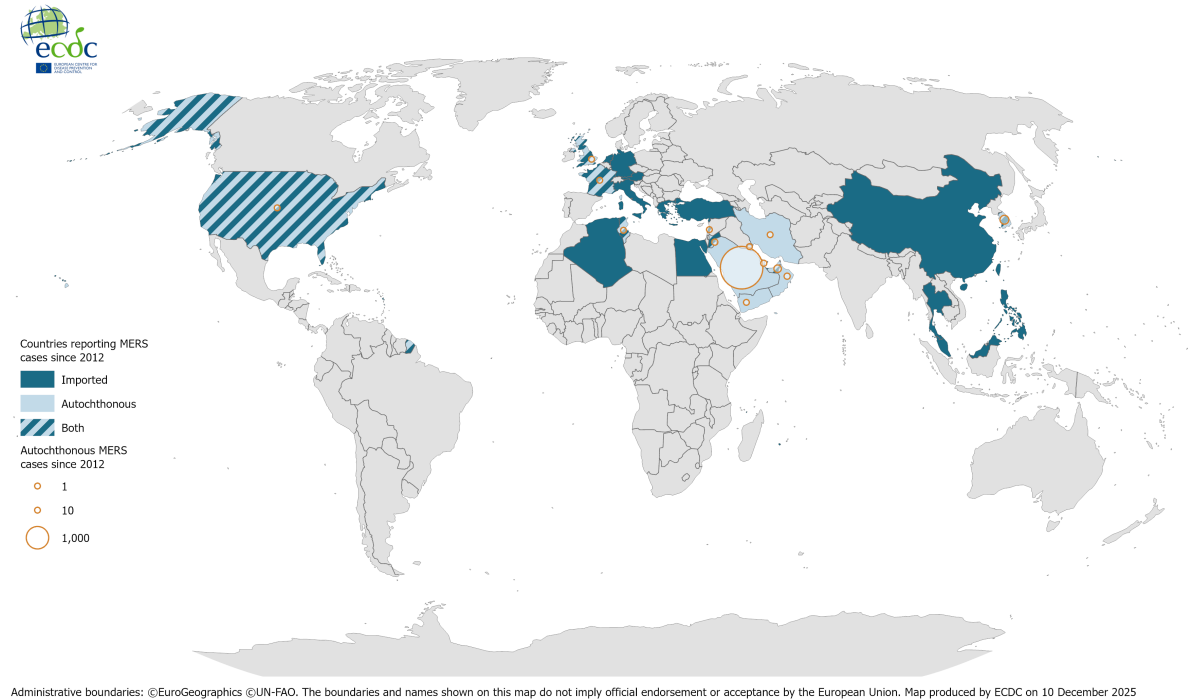
Maps and graphs

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



Source: ECDC

Figure 2. Geographical distribution of confirmed cases of MERS-CoV by reporting country, April 2012 - 10 December 2025



Source: ECDC

6. Marburg virus disease (MVD) - Ethiopia - 2025

Overview

Event summary

Since 5 December 2025, there have been no additional confirmed cases of Marburg Virus Disease (MVD) reported in Ethiopia. The total number of contacts listed is 349, of which 119 (34.1%) have completed their monitoring, according to a press release from the [Ethiopian Public Health Institute](#) on 26 November 2025.

Since the outbreak was [confirmed](#) on 14 November 2025 and as of 11 December 2025, 16 cases (13 laboratory confirmed and three probable) of Marburg Virus Disease (MVD) have been [reported](#) in Ethiopia, according to the Ministry of Health. A total of 11 deaths have been reported, eight of which were in laboratory-confirmed cases and three in probable cases (case fatality rate (CFR) among confirmed cases: 61.5%). [According to media](#), the deaths include two healthcare workers.

Cases have [presented](#) with symptoms including sudden fever, muscle pain, severe fatigue, headache, diarrhoea, vomiting and, in later stages, unexplained bleeding. As of 11 December, a total of four cases have recovered and one is still being treated, [according to the Ministry of Health](#).

Cases have been reported in two regions; Jinka city, Omo Zone, South Ethiopia Regional State and Hawassa City, Sidama Region. Jinka city is considered to be the epicentre of the outbreak, [according to Africa CDC](#). [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 City.

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 Ministry of Health of Ethiopia [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.

Background and additional information

On 14 November 2025, the Ministry of Health of Ethiopia [confirmed](#) an MVD outbreak in Jinka city, South Ethiopia Regional State, and reported that there were 17 suspected cases. Jinka is in south-west Ethiopia, which is close to the border with South Sudan and Kenya. Jinka is a small market town with about 30 000 inhabitants. It is also the capital of South Omo region and a tourist hub for the area. It is two days away from Addis Ababa. A small airport has recently been inaugurated there.

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 an infected person or animal is the most frequent route of transmission. The incubation period for MVD is usually five to ten 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 citizens 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 citizens in Ethiopia. Therefore, the overall risk for EU/EEA citizens 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 epidemic intelligence activities and is in contact with partners to gather additional information.

Last time this event was included in the Weekly CDTR: 5 December 2025.

Events under active monitoring

- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 28 November 2025
- Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024 - last reported on 28 November 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 28 November 2025
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 28 November 2025
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 28 November 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 28 November 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 28 November 2025
- Marburg virus disease (MVD) - Ethiopia - 2025 - last reported on 28 November 2025
- Influenza A(H5N5) - Multi-country (World) - Monitoring human cases - last reported on 28 November 2025
- Monkeypox virus clade Ib – Multi-country – 2025 - last reported on 26 November 2025
- Seasonal surveillance of dengue – 2025 - last reported on 21 November 2025
- Infant botulism - United States - 2025 - last reported on 21 November 2025
- Rift Valley fever in Western Africa – 2025 - last reported on 21 November 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 21 November 2025
- Threat Assessment Brief under production - last reported on 21 November 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 December 2025
- 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
- Recurrent multi-country outbreak of shigellosis in travellers returning from Cape Verde - last reported on 05 December 2025
- HIV/AIDS surveillance 2025 - 2024 data - last reported on 5 December 2025.