WEEKLY BULLETIN

Communicable Disease Threats Report

Week 32, 2–8 August 2025

This week's topics

Executive summary

Seasonal surveillance of dengue – 2025

- Three countries in Europe have reported locally-acquired cases of dengue in 2025 so far: France (10), Italy (3), and Portugal (two in the outermost region of Madeira).
- France has reported four new cases since last week.

Seasonal surveillance of chikungunya virus disease – 2025

- France has reported 63 locally-acquired cases of chikungunya virus disease in 16 local administrative units in 2025.
- Italy has reported two locally-acquired cases of chikungunya virus disease as of 6 August 2025.

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025, and as of 6 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Greece (2) and Spain (3).
- This week Spain reported one new, locally acquired CCHF case in Toledo province.
- The second case reported by Greece is a healthcare professional who provided care to the primary case.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 6 August 2025, six countries in Europe have reported human cases of West Nile virus infection: **Bulgaria**, **France**, **Greece**, **Hungary**, **Italy** and **Romania**.

Mass gathering monitoring – Jubilee of 2025 in Italy

- ECDC has conducted enhanced monitoring of the Jubilee through its epidemic intelligence activities between 21 July and 8 August 2025, on the occasion of the Jubilee of the Youth.
- Since the beginning of the surveillance, and as of 7 August 2025, the Italian National Institute of Health has reported 173 confirmed cases of West Nile virus infection, including 11 fatalities. Lazio Region accounted for 104 of the cases and four of the fatalities.
- ECDC's epidemic intelligence team acknowledges the excellent collaboration with the Italian National Institute of Health (Istituto Superiore di Sanita' - ISS), the Italian Ministry of Health, SERESMI (National Institute for Infectious Diseases 'L.Spallanzani' – Lazio Region), and other partners.

Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates for respiratory illness are at baseline or low levels for the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.
- Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

- On 7 August 2025, the Cambodian Ministry of Health reported one human case of avian influenza A(H5N1) virus infection in a femal aged <10 years from Takeo Province, Cambodia.
- The case had reported consumption of sick poultry prior to the onset of symptoms. The patient is currently receiving intensive medical care and outbreak investigation is ongoing.
- The ECDC risk assessment for A(H5N1) remains unchanged. Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.
- Since 2003, and as of 7 August 2025, there have been 990 human cases of avian influenza A(H5N1) infection worldwide, including 474 deaths

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

- In June 2025, 587 measles cases were reported by 15 countries in the EU/EEA. Eleven countries reported zero cases.
- Overall, six measles-related deaths have been reported in the EU/EEA in 2025, two from France, one from the Netherlands and three from Romania.
- Overall, case numbers decreased compared with the previous month; this is consistent with the seasonality of measles.

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

- Since the previous update on 2 July 2025, and as of 5 August 2025, one new case has been reported in Saudi Arabia by the World Health Organization Eastern Mediterranean Region (WHO EMRO), with date of onset in May 2025.
- Since the beginning of 2025, and as of 5 August 2025, 11 MERS cases have been reported in Saudi Araba with date of onset in 2025, including two fatalities.
- The probability of sustained human-to-human transmission among the general population in Europe remains very low and the impact of the disease in the general population is considered to be low. The current MERS-CoV situation poses a low risk to the EU/EEA.

Vibrio non-cholerae infection - Poland - 2025

- The Polish National Public Health Authority communicated the laboratory results of the second confirmatory test for the suspected case of cholera in the West Pomeranian Voivodeship. It showed the pathogen is non-O1 and non O-139 V. cholerae, and lacking the enterotoxin. This is the same result as the first sample test.
- In Poland, the occurrence of non-toxin-causing vibrio in water reservoirs has been observed periodically for many years. When the route of infection is via food or water, the symptomatology is usually mild. Therefore, the impact for the general population is considered low.
- Every summer, ECDC monitors environmental conditions that favour Vibrio growth in the Baltic Sea and publishes regular updates through its Communicable Disease Threat Report and the Vibrio Map Viewer.

Nipah virus disease – India – 2025

- On 20 July 2025, Indian health authorities reported a total of two Nipah virus (NiV) disease case in the district of Palakkad, in the state of Kerala. The close contact of a previously reported case, who tested positive for NiV in preliminary hospital testing, was confirmed as negative to NiV after a confirmatory test at Pune Institute of Virology.
- In 2025, Kerala state has reported a total of four NiV disease cases, in Malappuram (2) and Palakkad (2) districts, including two deaths.
- The likelihood of exposure and infection with NiV for EU/EEA citizens travelling to or residing in India is currently very low, given the low number of infections in areas where cases have been identified to date.

Expert deployment

- On 8 August, the EU Health Task Force will deploy two ECDC staff members through the Union Civil Protection Mechanism to Freetown, Sierra Leone, to support the national authorities in responding to the mpox outbreak.

1. Seasonal surveillance of dengue – 2025

Overview

Since the beginning of 2025 and as of 6 August 2025, three countries in Europe have reported cases of dengue: **France** (10), **Italy** (three), and **Portugal** (two).

This week, France reported four new, locally-acquired dengue cases in previously reported clusters: three in Bouches-du-Rhône and one in the Ain department. Italy and Portugal did not report any new cases this week. The two cases reported in January in Madeira, an outermost region of Portugal, were probably transmitted in 2024.

This report covers mainland EU/EEA, as well as the outermost regions of Portugal and Spain.

ECDC assessment

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

Last time this event was included in the Weekly CDTR: 1 August 2025.

2. Seasonal surveillance of chikungunya virus disease – 2025

Overview

Since the beginning of 2025 and as of 6 August 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (63) and **Italy** (two).

Public health authorities in France have reported 63 cases of locally acquired chikungunya virus disease in 16 different local administrative units. Compared to week 31, the number of clusters increased by two in week 32. Cases were reported for the first time in Pyrénées-Atlantiques department (three cases in one cluster). Three cases representing a new cluster were reported in Gard. Two new cases were reported in each of the active clusters in Corse-du-Sud, Isère, Hérault and Bouches-du-Rhône departments. Eleven clusters are currently classified as active. The largest clusters are located in Salon-de-Provence, Grans, and Lambesc in Bouches-du-Rhône department and Grosseto-Prugna in Corse-du-Sud department, and both consist of 13 cases.

This week Italy did not report any new, locally acquired chikungunya virus disease cases. The two clusters with one case in each both remain active.

For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease.

ECDC assessment

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

Last time this event was included in the Weekly CDTR: 0 August 2025.

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

Overview

Since the beginning of 2025 and as of 6 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).

This week Spain reported one new, locally acquired CCHF case in Toledo province. The cases in Greece that occurred in Thessaly region are unexpected, as this region and neighbouring regions have not reported CCHF cases or CCHF virus circulation in animals previously. The primary case was probably infected through a tick bite, while the secondary case was in a healthcare professional that provided care to the primary case. These are the first cases since 2008 when the only locally acquired case reported by Greece 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 Salamanca province, Castile and León region, and Toledo province, Castilla-La Mancha region, and human CCHF cases have previously been reported in both areas.

ECDC assessment

From 2016 to 2024, a totalof 16 autochthonous CCHF cases have been reported in Spain, with dates of disease onset between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of the cases being exposed 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 evens are therefore not unexpected.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk drastically increases for people performing activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures against tick bites (ECDC Protective Measures against ticks). Ticks from the Hyalomma spp. are considered to be the principal vectors of the CCHF virus. Hyalomma marginatum is widely present in southern and eastern Europe. A further vector is Hyalomma lusitanicum, which is present in parts of southern Europe.

Non-tick-mediated healthcare-associated transmission is also documented and most often follows percutaneous or other cutaneous contact with a patient's blood or bodily fluids, but can also occur after close, unprotected proximity or contact with contaminated surfaces. In 2024, WHO published operational guidelines on the infection prevention and control of CCHF in healthcare settings.

Additional information on CCHF can be found in ECDC's factsheet and information on the occurrence of CCHF cases in the EU/EEA can be found on ECDC's website. In December 2023, ECDC published a report on the spatial distribution of CCHF based on predicted ecological suitability.

Last time this event was included in the Weekly CDTR: 1 August 2025.

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

Overview

Since the beginning of 2025, and as of 6 August 2025, six countries in Europe have reported human cases of West Nile virus infection: **Bulgaria**, **France**, **Greece**, **Hungary**, **Italy** and **Romania**.

The report is available online.

Last time this event was included in the Weekly CDTR: 1 August 2025.

5. Mass gathering monitoring – Jubilee of 2025 in Italy

Overview

Updates

On the occasion of the Jubilee of the Youth between 21 July and 8 August 2025, ECDC has been conducting enhanced monitoring through its epidemic intelligence activities.

Since the beginning of the surveillance, and as of 7 August 2025, the Italian National Institute of Health has reported 173 confirmed cases of West Nile virus infection, an increase of 84 cases from the previous update on 31 July 2025. Among these, 11 fatalities have been recorded. Cases have been reported in the regions of Piemonte, Lombardia, Veneto, Friuli-Venezia Giulia, Emilia Romagna, Lazio, Campania, Basilicata and Sardegna. Among these cases, 85 experienced febrile symptoms, 72 presented with the neuroinvasive form, 14 were asymptomatic blood donors, one was an asymptomatic case and one was symptomatic.

Lazio Region accounted for 104 of the cases, reported in the provinces of Latina (99), Rome (four) and Frosinone (one), and four of the fatalities. Among these cases, 66 experienced febrile symptoms, 37 presented with the neuroinvasive form and one was a blood donor.

For further information on West Nile Virus infection in Italy and other EU/EEA countries, please refer to our weekly report and ISS webpage. Please note that our weekly report includes notifications received up to Wednesday of the same week, so the numbers may differ.

Summary

The Jubilee 2025 is a special holy year which occurs once every 25 years, involving major religious mass gathering events in Rome that are attended by millions of pilgrims from all around the world. During 2025, starting from 24 December 2024 and running until December 2025, it is estimated that more than 35 million pilgrims will visit Rome.

In 2000, 26 million pilgrims attended the Jubilee in Rome. Although there were visitors from all continents, the majority were from Italy. Although there was no noted increase in the incidence of communicable diseases during that year, cases of Legionnaires' disease and foodborne outbreaks increased among tourists, with limited impact at the regional level. Outside of Italy, no public health events were reported that were linked to attending the Jubilee.

ECDC assessment

Mass gathering events involve a large number of visitors in one area at the same time. Multiple factors can lead to the emergence of a public health threat, such as an imported disease, increased numbers of susceptible people, risk behaviour, sale of food and beverages by street vendors, etc. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions, should also be considered by the organisers and the public health authorities of the hosting country.

The Jubilee is a mass gathering that comprises multiple events which take place throughout the year. Therefore, the context differs slightly from other mass gatherings. The general assessment provided below refers to the probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee. However, if specific public health events with potential impact at local, national and EU/EEA levels are identified, they will be assessed separately.

The probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee 2025 is low, if general preventive measures are applied (e.g. being fully vaccinated according to national immunisation schedules, following advice regarding hand and food hygiene and respiratory etiquette, self-isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, applying personal protective measures against mosquito bites, seeking prompt testing and medical advice as needed, and practising safe sex). This is particularly important in relation to vaccine-preventable diseases that may be on the rise in the EU/EEA, such as measles, whooping cough, and COVID-19.

Actions

ECDC is monitoring this mass gathering event through epidemic intelligence activities and will report any relevant updates in collaboration with the Italian National Institute of Health (Istituto Superiore di Sanita'), the Italian Ministry of Health, SERESMI (National Institute for Infectious Diseases 'L.Spallanzani' – Lazio Region) and other partners.

Last time this event was included in the Weekly CDTR: 1 August 2025.

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

Overview

Data reported in week 31, 2025, showed that consultation rates for syndromic indicators of respiratory infections remained at baseline or low levels for all reporting EU/EEA countries. This was consistent in both primary care (influenza-like illness (ILI)/acute respiratory infection (ARI)) and secondary care (severe acute respiratory infection (SARI)) surveillance systems.

Test positivity for SARS-CoV-2 continued to increase in ILI/ARI primary care specimens in two EU/EEA countries and in SARI secondary care specimens in one EU/EEA country compared to the previous reporting week (week 30).

Based on detections of SARS-CoV-2 in non-sentinel specimens (laboratory detections from a mix of primary care and other sources, including hospitals), increasing trends in detections and test positivity continue to be observed in multiple countries.

At the EU/EEA level, reported non-sentinel, laboratory-confirmed SARS-CoV-2 hospital admissions, ICU admissions and deaths remain low. One country has reported increases in hospital admissions, and three have reported small increases in deaths in recent weeks, from low levels.

ECDC assessment

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

Primary and secondary care consultation rates for respiratory illness are at baseline or low levels for the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics. Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024. Individuals aged 65 years and above continue to be at increased risk of developing severe COVID-19 outcomes, including hospitalisation, ICU admission and death.

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

Actions

ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.

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

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

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

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

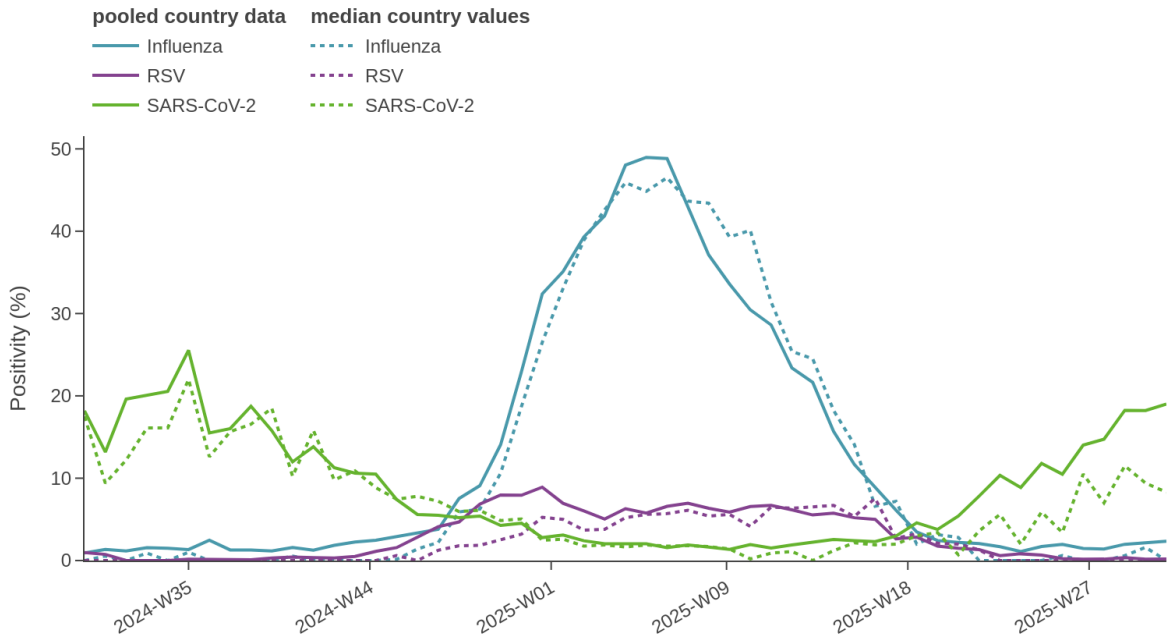
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 1 August 2025.

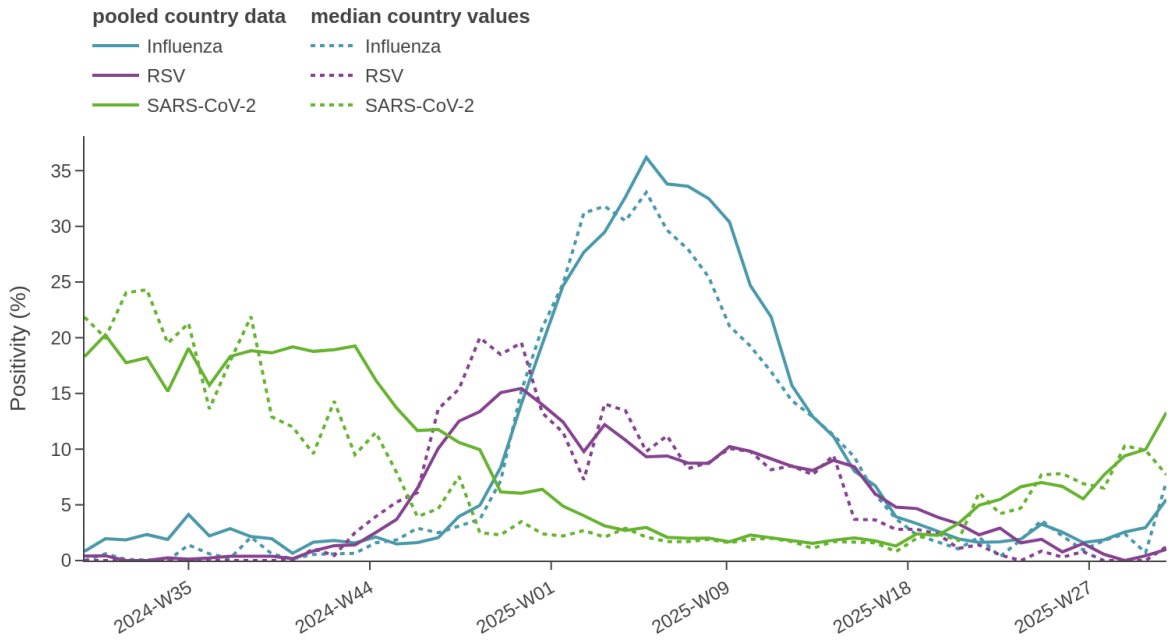
Maps and graphs

Figure 1. ILI/ARI virological surveillance in primary care - weekly test positivity



Source: ECDC

Figure 2. ILI/ARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Overview of key indicators of activity and severity in week 30, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 30**	**Week 29**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	9 rates (8 MEM)	11 rates (9 MEM)	Distribution of country MEM categories	8 Baseline	
	ILI	13 rates (13 MEM)	14 rates (14 MEM)		13 Baseline	
ILI/ARI test positivity in primary care	Influenza	11	14	Pooled (median; IQR)	2.3% (0; 0–3%)	
	RSV	10	12		0.2% (0; 0–0%)	
	SARS-CoV-2	9	13		19% (8.3; 5.2–14%)	The pooled ILI/ARI test positivity remained stable in week 30 (19%) when compared to week 29 (18%). Outside ILI/ARI surveillance systems, several countries report increasing trends in SARS-CoV-2 detections in laboratory-based, non-sentinel data (from a mix of primary care and other sources, including hospital laboratories), from low levels.
SARI rates in hospitals	SARI	7	9	–	–	
SARI test positivity in hospitals	Influenza	5	7	Pooled (median; IQR)	5.5% (7.1; 2.1–7.7%)	One country (Malta) reported 28% positivity, with increases also reported for non-sentinel, laboratory-confirmed, hospitalised cases. Note that comparable increases were reported by Malta during the same period in summer 2024.
	RSV	5	7		1% (1.2; 0.4–2.1%)	
	SARS-CoV-2	5	6		13% (7.7; 7.1–16%)	The pooled SARI test positivity increased from week 29 (10%) to week 30 (13%). However, this trend is impacted by a lower number of countries reporting in week 30. Out of five countries reporting data in week 30, three (Estonia, Greece, Ireland) report test positivity <9%, while two (Malta, Spain) report >15%. Outside SARI surveillance systems, at the EU/EEA level, reported non-sentinel, laboratory-confirmed SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain low. Two countries (Ireland, Malta) have reported small increases hospital admissions, and three countries (Ireland, Malta, Portugal) have reported small increases in deaths in recent weeks, from low levels. These increases primarily affect individuals aged 65 years and above.
Intensity (country-defined)	Influenza	15	16	Distribution of country qualitative categories	14 Baseline 1 Low	
Geographic spread (country-defined)	Influenza	14	15	Distribution of country qualitative categories	9 No activity 5 Sporadic	

Source: ECDC

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

	Week 30, 2025		Week 40, 2024 - week 30, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**13**	**-**	**25493**	**-**
Influenza A	13	100	15027	60
A(H1)pdm09	6	86	7236	57
A(H3)	1	14	5504	43
A (unknown)	6	–	2287	–
Influenza B	0	0.0	10204	40
B/Vic	0	–	4652	100
B/Yam	0	–	1	0.0
B (unknown)	0	–	5551	–
Influenza untyped	0	–	262	–
RSV	**1**	**-**	**4766**	**-**
RSV-A	0	–	867	44
RSV-B	0	–	1113	56
RSV untyped	1	–	2786	–
SARS-CoV-2	**95**	**-**	**4120**	**-**

Source: ECDC

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

	Week 30, 2025		Week 40, 2024 - week 30, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**17**	**-**	**13743**	**-**
Influenza A	16	94	5789	82
A(H1)pdm09	1	100	1722	60
A(H3)	0	0.0	1130	40
A (unknown)	15	-	2937	-
Influenza B	1	6	1267	18
B/Vic	0	-	168	100
B (unknown)	1	-	1099	-
Influenza untyped	0	-	6687	-
RSV	**3**	**-**	**5723**	**-**
RSV-A	1	100	756	48
RSV-B			807	52
RSV untyped	2	-	4160	-
SARS-CoV-2	**42**	**-**	**4554**	**-**

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 30, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5562	39	5a.2a(C.1.9)	3764	68
			5a.2a.1(D)	734	13
			5a.2a(C.1.9.3)	692	13
			5a.2a.1(D.3)	177	3
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4272	30	2a.3a.1(J.2)	3346	79
			2a.3a.1(J.2.2)	575	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4288		V1A.3a.2(C.5.1)	2473	58
			V1A.3a.2(C.5.7)	921	22
			V1A.3a.2(C.5.6)	779	18
			V1A.3a.2(C)	79	2
			V1A.3a.2(C.5)	17	0.4
			Not assigned	19	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 28–29, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	1	24	14% (14–14%)
XFG	VUM	1	107	61% (61–61%)
LP.8.1	VUM	1	16	9% (9–9%)
NB.1.8.1	VUM	1	12	7% (7–7%)

Source: ECDC

7. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Overview

On 6 August 2025, the Cambodian Ministry of Health reported one new human case of avian influenza A(H5N1) virus infection in a girl aged <10 years from Takeo Province.

The patient developed symptoms including fever, cough, shortness of breath and difficulty breathing. She is currently receiving intensive medical care. According to the Ministry of Health, there were sick and dead chickens in the patient's vilage. The child's family reported consumption of sick and dead chickens

The authorities are performing active outbreak investigation and contact tracing along with outbreak prevention measures following established protocols.The sequence of the virus responsible for this case was made available in GISAID and the virus belongs to clade 2.3.2.1e, as for the majority of the cases with known clade reported in Cambodia in 2025.

As of 7 August 2025, there have been 15 human cases of avian influenza A(H5N1) infection reported in Cambodia in 2025, including six deaths. Since 2003, Cambodia has reported 87 human cases, including 49 deaths (CFR: 57%). However, it should be noted that the seroprevalence levels observed in exposed groups for A(H5) in studies within and outside Asia provide valuable context for interpreting case fatality, as they suggest that reported human cases, which are predominantly severe, may lead to an overestimation of case fatality for A(H5) subtypes (ECDC/EFSA Scientific Opinion_Preparedness_Prevention_and_control_related_to_zoonotic_avian _influenza. Preparedness, prevention and control related to zoonotic avian influenza).

Summary

Since 2003, and as of 7 August 2025, there have been 990 human cases of avian influenza A(H5N1) infection worldwide*, including 474 deaths (case fatality among reported cases: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

*Note: this includes detections due to suspected environmental contamination, with no evidence of infection that were reported in 2022 and 2023 by Spain (two detections), the United States (one), and the United Kingdom (four, one of which was inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

Acknowledgements: we gratefully acknowledge all data contributors i.e. the authors and their originating laboratories responsible for obtaining the specimens, and the submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative.

ECDC assessment

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current virological evidence suggests that circulating A(H5N1) viruses retain genetic characteristics consistent with avian-adapted influenza viruses. Given the widespread transmission of avian influenza viruses in animals, transmission to humans with avian influenza remains infrequent and no sustained transmission between humans has been observed.

Overall, the risk related to zoonotic influenza for the general population in EU/EEA is considered low.

Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underlines the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

Actions

ECDC is in contact with WHO counterparts for closer monitoring of the situation. ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report on the avian influenza situation.

Last time this event was included in the Weekly CDTR: 1 August 2025.

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

Overview

In June 2025, 26 countries reported measles data in the EU/EEA, with 587 measles cases reported by 15 countries. There were 11 countries that reported zero cases.

Overall, case numbers decreased compared with the previous month; which is consistent with the seasonality of the disease. The highest case counts were reported by Romania (292), France (74), Belgium (56) and Italy (52).

Between 1 July 2024 to 30 June 2025, 30 EU/EEA Member States reported a total of 14 401 cases of measles, 10 276 (71.4%) of which were laboratory confirmed. Of the 14 401 cases with known age, 6020 (41.8%) were in children under five years; 4 439 (30.8%) cases were aged 15 years or above. The highest notification rates were observed among infants under one year of age (481.1 cases per million) and children aged 1-4 years (256.8 cases per million)

Of 13 300 cases (92.4% of all cases) with a known age and vaccination status, 11 208 (84.3%) were unvaccinated, 1 164 (8.8%) were vaccinated with one dose of a measles-containing vaccine, 800 (6.0%) were vaccinated with two or more doses, and 107 (0.8%) were vaccinated with an unknown number of doses.

During the 12-month period, 11 deaths (case fatality rate (CFR): 0.1) attributable to measles were reported to ECDC by Romania (eight), France (two) and the 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 5 and 6 August 2025. Ongoing outbreaks or considerable increases were reported in Belgium (Flanders region), Germany (Bavaria region), and Romania. Sporadic cases have been reported in Austria, Czechia, Denmark, Estonia, Italy, Lithuania, the Netherlands, Poland, Slovakia, and Spain.

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 TESSy and EpiPulse. Data presented in the two monthly reports may differ.

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

Austria reported 138 measles cases in 2025 and as of 30 July 2025, an increase of five cases since 2 July 2025. In the recent four weeks, cases have been reported from Vienna and Upper Austria. Relevant information was available for 128 cases, of which 33 were hospitalised (25.8%), including one patient being treated in intensive care unit.

Denmark reported five measles cases in 2025 as of 5 August 2025 (an increase of one since June).

France: according to the national public health authorities, the number of cases in the first half of 2025 (743 cases, including two deaths among immunocompromised patients) is already exceeding the number of cases reported in 2024 (483 cases; 0.58 cases per 100 000 population). Among these cases, 254 (34%) were hospitalised (including 11 in intensive care), 98 (13%) had a complication (including 58 pneumonia cases and one encephalitis case). The median age of the cases is 16.6 years. Among the subjects targeted for vaccination (aged over one year and born since 1980), for whom the vaccination status was known (n=470), 285 (61%) were unvaccinated or incompletely vaccinated, 171 (36%) were vaccinated with two doses, and 14 (3%) cases were vaccinated without the number of doses received being specified. Sixty-five departments in France (64%) reported at least one case during the period; no cases were reported in overseas territories. The five main departments affected are: Nord (17%), Bouches-du-Rhône (7%), Haute-Savoie (6%), Isère (5%), and Paris (4%).

At the national level, the number of reported cases appears to have peaked in March but remains at a high level. The increase is caused by transmission occurring due to either imported cases as well as locally acquired infections.

Germany reported 213 confirmed and probable measles cases in 2025 and as of 5 August 2025, an increase of six cases since 8 July 2025.

Greece reported two cases of measles in 2025 and as of 30 June 2025.

Hungary reported five cases of measles in 2025 and as of 27 July 2025. The last case was reported in week 28 of 2025 (mid-July 2025).

Italy: in 2025 and as of 30 June, there have been 391 cases reported, of which 52 cases reported in June. Twenty regions reported measles, with the majority of the cases observed in Sicily, Lombardy, Lazio and Emilia-Romagna.

Almost half of the cases (48.8%) are 15 years of age or older (median 31 years of age), however highest incidence is seen in children under five years of age. Eighty-seven percent of the 370 with known vaccination status are unvaccinated.

Latvia reported one case of measles in 2025 and as of 31 May 2025.

The Netherlands reported 488 cases of measles as of 2 July 2025, an increase of 16 cases since 2 July 2025. The reports are mainly comprising of individual cases and several small clusters with transmission occurring within families and daycare centers. There is no indication of a national outbreak. In 2025, 53 cases were reported to have contracted measles abroad, with most of these infections occurring in Morocco (35). Other cases had travel histories to Greece, Romania, Viet Nam, Türkiye, Belgium, Uganda, Iran, Bosnia and Herzegovina, China and Malaysia. On 12 June 2025, RIVM reported the death from measles of an adult with a severe immune disorder.

Poland reported 60 measles cases in 2025 and as of 31 July, an increase of one case since 30 June 2025.

Romania reported 8 160 measles cases and eight deaths in 2025 and as of 31 July, an increase of 324 cases since June 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 328 cases as of 27 July 2025 (309 cases reported as of 29 June 2025), of which 100 were imported and 87 were related to imported cases.

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

Réunion: On 17 July 2025, French authorities reported an autochthonous case of measles in a < 2-year-old infant. This is the first authochthonous case reported on the island since 2019.

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

England reported 674 laboratory confirmed cases from January to 31 July 2025, an increase of 145 cases since our last report on 3 July 2025. The majority of cases involve children under 10 years of age (69%).

According to the report by Africa CDC published on 3 August 2025, a total of 109 934 measles cases, of which 8 445 confirmed, and 775 deaths were reported in 18 countries: Cameroon, Chad, DRC, Ethiopia, Guinea, Kenya, Malawi, Mali, Mauritania, Morocco (44 372 cases and 95 deaths), Nigeria, Rwanda, Senegal, Somalia, South Africa, Sudan, Uganda and Zambia.

According to the WHO Pan American Health Organization (WHO PAHO) report published on 1 August 2025, 9 756 confirmed cases were reported by nine countries, of which the majority of cases are reported by Canada (4 394), Mexico (3 748), and the United States (US).

As of 6 August 2025, the US reported 1 356 confirmed measles cases in 2025, including three deaths in 41 jurisdictions. Ninety-two percent of the cases were unvaccinated or had an unknown vaccination status.

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 TESSy 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

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

However, continued vigilance is essential due to suboptimal vaccination coverage for measles-containing vaccines (MCV) in several EU/EEA countries, the likelihood of importation from areas with ongoing transmission, and increased travel and population movement during the holiday period.

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

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 under-served populations**. Systemic barriers that impact vaccine uptake in under-served, isolated and difficult-to-reach populations 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: 11 July 2025

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

Overview

Update: Since the previous update on 2 July 2025, and as of 5 August 2025, one new case has been reported by the World Health Organisation Eastern Mediterranean Region (WHO EMRO) in Saudi Arabia with date of onset in May 2025.

Summary: Since the beginning of 2025, and as of 5 August 2025, 11 MERS cases, including two fatalities, have been reported in Saudi Arabia, with date of onset in 2025.

Since April 2012, and as of 5 August 2025, a total of 2 639 cases of MERS, including 957 deaths, have been reported by health authorities worldwide.

Sources: ECDC MERS-CoV page | WHO MERS-CoV | ECDC factsheet for professionals | Qatar MoPH Case #1 | Qatar MoPH Case #2 | FAO MERS-CoV situation update | WHO DON Oman | WHO DON Saudi Arabia | WHO DON UAE | WHO DON Saudi Arabia 1 | WHO IHR | WHO EMRO MERS Situation report | WHO DON Saudi Arabia 2 | WHO DON Saudi Arabia 3 | WHO DON Saudi Arabia 4 | WHO DON Saudi Arabia 5 | MERS-CoV Dashboard

ECDC assessment

Human cases of MERS continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels 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.

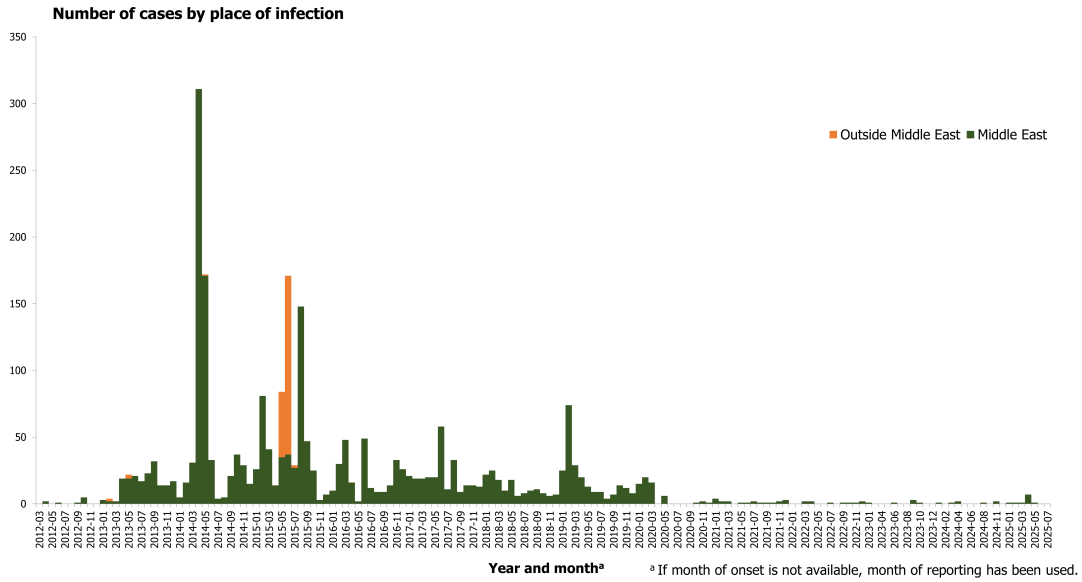
Actions

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: 4 July 2025.

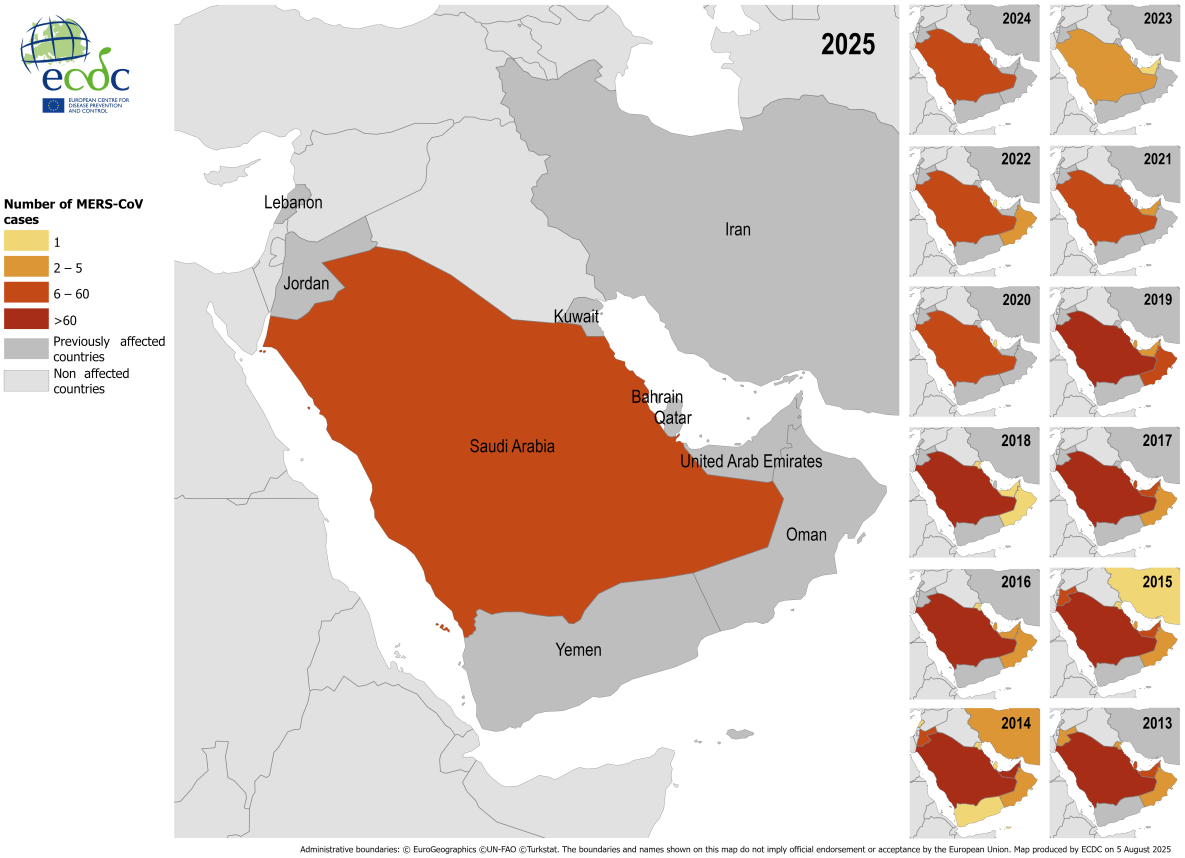
Maps and graphs

Figure 1. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012 – July 2025



Source: ECDC

Figure 2. Distribution of confirmed cases of MERS by place of infection and year of onset, January 2013 – July 2025



Source: ECDC

10. Vibrio non-cholerae infections- Poland - 2025

Overview

Update

On 29 July 2025, public health authorities in Poland reported via EpiPulse the laboratory results of the second confirmatory test from the previously suspected case of cholera in the West Pomeranian Voivodeship. The results are in line with those from the first sample testing: the pathogen non-O1 and non O-139 V. cholerae, lacking the enterotoxin.

Summary

On 21 July 2025, the Polish National Public Health Authority reported a suspected case of cholera in the West Pomeranian Voivodeship. This statement came after several media reports describing a suspected case of cholera in an elderly woman in this region. The patient exhibited gastrointestinal symptoms and was treated at the district hospital in Stargard. She was later transferred to the provincial hospital in Szczecin and is reported as being in a stable condition.

Four days after the detection of the first suspected case, the public health authorities in Poland reported a second unrelated suspected case that was identified from Lublin Voivodeship, also classified as vibriosis.

Background

The symptoms of vibriosis depend on how the infection is acquired. In cases where vibriosis is contracted through the consumption of raw or undercooked shellfish, symptoms typically include watery diarrhoea, abdominal pain, nausea, vomiting, fever, and chills. The infection can also arise from bathing in waters with large amounts of Vibrio bacteria, causing ear infections or, if the bacteria come into contact with open wounds, skin-related symptoms such as redness, swelling, and pain around the affected area. Untreated wound infections may lead to serious complications such as necrotising fasciitis, bloodstream infections, sepsis or even limb amputation, particularly among individuals with underlying conditions (e.g. chronic liver conditions or weakened immune systems).

ECDC assessment

In Poland, the occurrence of non-toxin-causing vibrio in water reservoirs has been observed periodically for many years, especially in the summer season, when environmental conditions are conducive to the multiplication of these bacteria in the environment.

When the route of infection is via food or water the symptomatology is usually mild, therefore the impact for the general population is considered low.

Actions

Every summer, ECDC monitors environmental conditions that favour Vibrio growth in the Baltic Sea and publishes regular updates through its Communicable Disease Threat Report and the Vibrio Map Viewer. The map viewer uses real-time satellite data on sea surface temperature and salinity to assess environmental suitability for Vibrio species, providing a snapshot of potential risk across countries.

Sources: Joint Communication No. 2 of the Chief Sanitary Inspector | Joint Communication No. 1 of the Chief Sanitary Inspector and the National Consultant

Last time this event was included in the Weekly CDTR: 1 August 2025.

11. Nipah virus disease – India – 2025

Overview

Update

On 20 July 2025, Indian health authorities reported a total of two NiV disease cases in the district of Palakkad, in the state of Kerala. One close contact of a previously reported NiV case on 13 July, who tested positive for NiV in a preliminary hospital test, was confirmed as negative by Pune Institute of Virology. Therefore, the person has not been infected by NiV.

Summary

Since May 2025, a total of four NiV disease cases have been reported in India from the Palakkad (2) and Malappuram (2) districts. Of these, two have died, both from the Palakkad district.

This year, the first case of NiV disease was reported in May from the Malappuram district. Following this detection, two additional NiV disease cases were reported on 4 July 2025 from the Palakkad and Malappuram districts. These two patients reported symptom onset on 23 and 25 June, one of them dying soon afterwards. An additional case was subsequently reported on 13 July from Palakkad.

Background
Nipah virus (Henipavirus nipahense) is a highly pathogenic virus of the family Paramyxoviridae, genus Henipavirus. It was first isolated and identified in 1999 during an outbreak in Malaysia and Singapore. Since then, several outbreaks of NiV disease in Southern and South-Eastern Asia have been reported, with most cases in Bangladesh. The virus spreads between animals and humans, with most human cases having had direct contact with pigs or bats. NiV can also be transmitted between people through direct contact or indirectly via contaminated food (e.g. date palm sap contaminated by bat saliva) or through aerosols. The incubation period is usually four to 14 days. Symptoms range from mild (fever, headache, muscle pain, and nausea) to more serious, including severe respiratory symptoms and encephalitis.

For more information on the disease and its epidemiology, please read ECDC's factsheet about Nipah virus Disease.

ECDC assessment

Although the disease is severe and has a high fatality rate, the likelihood of exposure to and infection with NiV for EU/EEA citizens travelling to or residing in India is currently very low, given the low number of infections in the affected areas in which cases have been identified to date.

The most likely route for the virus to be introduced into the EU/EEA would be via infected travellers. While importation of the virus cannot be excluded, its likelihood is currently very low. Although the virus can be transmitted through direct contact with infected wild or domesticated animals, because the natural hosts are not present in Europe, the likelihood of the virus spreading in the current context within the EU/EEA after importation is considered to be very low.

As a general precaution, EU/EEA travellers and residents in Kerala state, India, should not handle domestic or wild animals and avoid contact with their excreta. The virus may be present on food items contaminated by bats. Washing, peeling, and cooking fruit and vegetables before consumption is generally recommended. Raw date palm sap (juice) should not be consumed.

Actions

ECDC is monitoring this event through its epidemic intelligence activities.

Last time this event was included in the Weekly CDTR: 18 July 2025

12. Expert deployment

Overview

On 8 August, the EU Health Task Force will deploy two ECDC staff members through the Union Civil Protection Mechanism to Freetown, Sierra Leone. The two experts, an epidemiologist and a risk communication and community engagement officer, will support the national response to the mpox clade IIb outbreak.

Last time this event was included in the Weekly CDTR: 11 April 2025.

Events under active monitoring

- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 25 July 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 25 July 2025
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 25 July 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 25 July 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 25 July 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 25 July 2025
- Seasonal surveillance of dengue – 2025 - last reported on 25 July 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 25 July 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 25 July 2025
- Mass gathering monitoring - UEFA Women's EURO 2025 - Switzerland - 2025 - last reported on 25 July 2025
- Vibriosis non-cholerae - Poland - 2025 - last reported on 25 July 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 25 July 2025
- Nipah virus disease – India – 2025 - last reported on 8 August 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 8 August 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 8 August 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 0 August 2025
- SARS-CoV-2 variant classification - last reported on 01 August 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 1 August 2025
- Iatrogenic botulism associated with cosmetic procedures in England - last reported on 1 August 2025.