WEEKLY BULLETIN

Communicable disease threats report

Week 46, 8 - 14 November 2025

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Executive summary

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

- In September 2025, 90 measles cases were reported by 11 countries in the EU/EEA. 17 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 month; this is consistent with the seasonality of measles.
- Supplementary epidemic intelligence surveillance was performed on 13 and 14 November 2025. Sporadic cases were reported by several EU/EEA countries, an ongoing outbreak was reported in one outermost region in Canary Islands. Updates are provided for countries outside EU/EEA.

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

- Since the beginning of 2025, over 4.5 million dengue cases and over 3 000 dengue-related deaths have been reported from 103 countries/territories, globally.
- In the EU in 2025, autochthonous cases have been reported in France and Italy. Cases have also been reported from the EU outermost regions in 2025.

Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

- Since the last update on 9 October 2025, and as of 13 November 2025, 88 mpox cases have been reported from eight EU/EEA countries to TESSy: Spain (29), Germany (19), Portugal (16), France (12), Netherlands (9), Greece (1), Hungary (1) and Norway (1). Since 9 October 2025, no new countries have reported confirmed cases.
- Forty-six clade I mpox cases have been reported in the EU/EEA to TESSy since August 2024 and as of 13 November, from Belgium, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, and Sweden. All were clade Ib, except for one case in Ireland, which was caused by clade Ia. In addition, since 9 October, four additional clade I mpox cases were reported to ECDC from Spain using event-based surveillance, making a total of 50 clade I mpox cases.
- Fourteen of these clade I mpox cases are reported among men who have sex with men and 13 were reported during October. Twelve of these cases among men who have sex with men do not have a travel link to a country with mpox clade Ib transmission. This indicates ongoing transmission in sexual networks of gay, bisexual and other men who have sex with men.
- The risk of MPXV clade Ib is assessed as moderate for men who have sex with men and low for the general population in the EU/EEA.
- Countries should report new clade I mpox cases as soon as possible in EpiPulse Events and to TESSy through case-based surveillance with detail on hospitalisation, vaccination status, HIV status. Comprehensive reporting of information on clade I and II cases will allow a comparison of severity between clades from the same time period.
- Identifying clades should be done where individuals have been diagnosed with mpox. Countries should continue efforts to sequence all positive cases and ensure that sequences are deposited in public repositories (ENA, SRA, and/or GISAID EpiPox) or shared with ECDC through the EpiPulse platform or other means.

Overview of respiratory virus epidemiology in the EU/EEA

- The number of patients presenting to primary care with symptoms of respiratory illness is at baseline or low levels in the EU/EEA. Influenza circulation is increasing, continuing a trend that began three to four weeks earlier than in the previous two seasons. SARS-CoV-2 indicators are stable or decreasing and respiratory syncytial virus (RSV) circulation has increased in recent weeks but remains low. The impact on hospitalisations remains limited at this time.

- Among those tested, the number of influenza detections is highest in children 5–14 years old. Influenza A is dominant, with A(H3) accounting for most of the subtyped detections this week.

- RSV detections are primarily seen in children under five years of age. Trends in RSV circulation are following similar timings as observed in the last season.

Seasonal surveillance of West Nile virus infections – 2025

- In 2025, and as of 5 November 2025, 14 countries in Europe reported 1 096 locally acquired human cases of WNV infection with known place of infection.
- From the veterinary perspective, 178 WNV outbreaks among equids and 345 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.

Seasonal surveillance of dengue – 2025

- Since the beginning of 2025 and as of 12 November 2025, three countries in Europe have reported cases of dengue: France (29), Italy (four), and Portugal (two).
- This week, no new cases of dengue have been reported to ECDC. All clusters are currently closed.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 12 November 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.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025 and as of 12 November 2025, two countries in Europe have reported cases of chikungunya virus disease: France (776) and Italy (384).
- In week 46, France did not report surveillance data on locally acquired cases of chikungunya virus disease. Italy has reported ten new cases. In the week before, France reported eight new cases and Italy reported four new cases.

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

- Since the beginning of 2025, and as of 31 October (last day with available data), approximately 458 840 chikungunya virus disease (CHIKVD) cases and 146 CHIKVD-related deaths have been reported in 24 countries/territories.
- Cases have been reported in the Americas, Africa, Asia, and Europe (France - mainland and outermost regions, i.e. Réunion and Mayotte - and Italy).

Ebola virus disease – Democratic Republic of the Congo – 2025

- Since the last update, and as of 13 November 2025, no new Ebola virus disease cases have been reported in the Democratic Republic of the Congo (DRC). All patients have been discharged and there are no contacts under active monitoring.
- The 42-day countdown for declaring the outbreak over was initiated on 19 October, following the discharge of the last patient being treated.
- Since the start of the outbreak, and as of 13 November, 64 cases (53 confirmed and 11 probable) of Ebola virus disease (EVD) have been reported in Kasai Province, DRC, including 45 deaths (34 confirmed and 11 probable; case fatality rate (CFR) among all cases: 70.3%).
- All confirmed cases were reported from Bulape health zone.
- The current risk for people from the EU/EEA living in or travelling to Kasai province in DRC is estimated to be low, due to the current low likelihood of exposure. For people living in the EU/EEA, the risk is very low, as the likelihood of introduction and secondary transmission within the EU/EEA is very low.

Detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Germany

- On 11 November 2025, Germany reported the detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Hamburg. No clinical cases of poliomyelitis have been reported.
- The detection of WPV1 in a wastewater sample in Germany is unusual but not unexpected. As long as there are populations who are not vaccinated or under-vaccinated in European countries, and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. The risk to the EU/EEA population from this WPV1 detection in wastewater in Germany is considered as very low due to high vaccination rates and isolated detection in wastewater. However, the occurrence of a clinical case in individuals who are not vaccinated against polio cannot be ruled out.

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

Overview

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

In September 2025, 28 countries reported measles data, with 90 cases reported by 11 countries. There were 17 countries that reported zero cases.

Overall, case numbers decreased compared with the previous month, however this may be subject to change in the event of a future retrospective update. The highest case counts were reported by Italy (27), Netherlands (18), Germany (14), Belgium (nine) and Romania (seven).

Between1 October 2024 to 30 September 2025, 30 EU/EEA Member States reported a total of 10 195 measles cases, 7 265 (71.3%) of which were laboratory confirmed. Of the 10 195 cases with known age, 4 127 (40.5%)

were in children under five years; 3 312 (32.5%) cases were aged 15 years or above. The highest notification rates were observed among infants under one year of age (336.4 cases per million) and children aged 1-4 years (174.6 cases per million).

Of 10 197 cases (100.0% of all cases) with a known age and vaccination status, 8 270 (81.1%) were unvaccinated, 1 003 (9.8%) were vaccinated with one dose of a measles-containing vaccine, 709 (7.0%) were vaccinated with two or more doses, and 197 (1.9%) were vaccinated with an unknown number of doses.

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

Complementary epidemic intelligence surveillance has been conducted, with data collection between 13 and 14 November 2025. An ongoing/active outbreak has been detected in the Canary Islands; sporadic cases have been reported by several EU/EEA countries. Outside the EU/EEA, updates have been provided for England, Ukraine, Canada, US and Mexico, as well for WHO AFRO and WHO PAHO regions.

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

Epidemiological summary for EU/EEA countries with relevant epidemic intelligence updates:
Austria reported 152 measles cases in 2025 as of 12 November 2025, an increase by three cases since October 2025.

Bulgaria reported one new case in week 46, this is a second case in 2025 (first case was reported in week 11).

Denmark reported eight measles cases in 2025 as of 13 November 2025, an increase of one case since 5 August 2025.

France has reported 858 cases from 1 January to 31 October 2025, including two deaths, an increase of 56 cases since 14 August 2025 (eight cases reported in October). No active clusters nor outbreaks have been reported in the past month of the reporting period.

Germany reported 267 confirmed and probable measles cases in 2025 and as of 13 November, an increase by 30 case since 7 October 2025. No outbreaks have been detected by ECDC EI group.

Hungary reported six cases of measles in 2025 and as of 2 November, an increase of one since 27 July 2025. The last case was reported in week 44 of 2025.

Italy reported 459 cases of measles form 1 January to 30 September 2025, an increase of 27 cases since August 2025.

The Netherlands reported 526 cases of measles as of 5 November, 20 more cases since 10 September 2025. The recent cases are sporadic and family related. There is no indication of a national outbreak. In 2025, 62 cases were reported to have contracted measles 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.

Romania reported 8 433 measles cases and eight deaths in 2025 and as of 31 October 2025, an increase of 64 cases since 30 September 2025. No new deaths were reported in the reporting period. A decreasing trend is observed in 2025, with fewer cases reported per month compared to the same period in 2024.

Spain reported 379 cases as of 9 November 2025, an increase of 35 cases since 30 September 2025. Of the reported cases, 108 were imported and 92 were related to imported cases. One outbreak was detected in the Canary Islands.

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

Canary Islands: On 10 November 2025, the Canary Islands Health Service Directorate provided an update on an ongoing outbreak of measles, with 21 cases reported in the islands of La Palma, Gran Canaria and Tenerife. This

week, seven cases have been reported in La Palma (five adults) and Gran Canaria (two cases). The recent cases have mild disease and are recovering without complications. The outbreak started on 20 October 2025 with three cases, including two children (one over 12-months of age, one small child ineligible for vaccination due to age, and a healthcare worker). Epidemiological investigation revealed the index case had contact with a case in Tenerife, that was detected several days earlier. The authorities are conducting follow-up of the people who may have come into contact with confirmed cases.

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

England reported 811 laboratory confirmed cases from January to 23 October 2025, 69 more cases since 18 August 2025. After several outbreaks, which started in April 2025, the number of cases shows a downward trend since mid-July 2025. The majority of cases involve children under 10 years of age (69%).

Ukraine reported 1 446 measles cases from January to September 2025.

On 10 November 2025, the Public Health Agency of Canada published a statement that Canada no longer holds measles elimination status as per The Pan American Health Organization (PAHO) notification to the country, due to an ongoing multi-jurisdictional outbreak that has lasted for over 12 months.

As of 10 November 2025, Canada reported 5 162 cases, including two deaths, both of which occurred in congenital cases of measles who were born pre-term. An ongoing multijurisdictional outbreak affects 10 jurisdictions. Most of the reported cases are linked to this outbreak (5 099 cases, of which 4 707 confirmed, 392 probable).

According to the report by Africa CDC published on 6 November 2025, a total of 129 680 measles cases (11 061 confirmed) and 1 110 deaths (CFR: 0.79%) have been reported from 20 countries: Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Malawi, Mali, Mauritania, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Somalia, South Africa, Sudan, Uganda, Zambia.

According to the WHO Pan American Health Organization (WHO PAHO) report published on 18 October 2025, 12 317 confirmed cases were reported by 10 countries, of which the majority of cases reported in Canada (5 109), Mexico (5 019), and the United States (1 614).

As of 13 November 2025, the US has reported 1 723 confirmed measles cases in 2025, including three deaths in 43 jurisdictions. Ninety-two percent of the cases were in people who were unvaccinated or had an unknown vaccination status. Eighty-seven percent of the cases were associated to 45 outbreaks.

As of report on 13 November 2025, Mexico has reported 5 257 confirmed cases, including 23 deaths in weeks 1–43 of 2025. Most of the cases are reported in the region Chihuahua (4 440 confirmed cases, including 21 deaths). One death was reported in Durango with 40 confirmed and 280 probable measles cases.

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

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

ECDC assessment:

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

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

Actions:

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

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

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

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

Last time this event was included in the Weekly CDTR: 10 October 2025

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

Overview

Since the beginning of 2025 and as of October 2025, over 4.5 million cases dengue cases and over 3 000 dengue-related deaths have been reported from 103 countries/territories in the WHO Region of Europe (EURO), the Regions of the Americas (PAHO), South-East Asia and West Pacific Regions (SEARO and WPRO, respectively), in the Eastern Mediterranean WHO Region (EMRO) and in Africa.

In the EU/EEA (excluding the outermost regions) and as of 5 November 2025, 29 autochthonous cases have been reported in France and four in Italy (Seasonal surveillance of dengue in the EU/EEA). Cases have also been reported from the EU outermost regions.

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

In Guadeloupe, the circulation of the virus continues to within the archipelago, being classified epidemic of phase 2 level 1 (isolated outbreaks) (Dengue Epidemiological Bulletin of French Antilles, 3 October 2025). The most prevalent serotype continues to be DENV-3. In Martinique, the epidemiological situation is characterised as phase 1 (sporadic cases reported). In Saint Martin and Saint Barthelemy dengue circulation continues, but at lower levels (epidemic phase 1) (Dengue Epidemiological Bulletin of French Antilles, 3 October 2025). In Guyane, dengue activity continued to be low with a total of nine confirmed cases in weeks 44 and 43. Since the beginning of the year, 293 dengue cases have been confirmed and 97% of the 195 serotyped samples are DENV-2 (Surveillance sanitaire en Guyane. Bulletin du 6 novembre 2025). In Mayotte, 30 dengue cases have been reported this year as 8 September 2025. No cases of dengue have been detected in recent weeks (Surveillance sanitaire à Mayotte. Bulletin du 13 octubre 2025). In Reunion, 44 dengue cases, of which 17 confirmed, have been reported since the beginning of the year (Health surveillance in Reunion Island. Bulletin of 14 August 2025). The last autochthonous

case was identified in week 17 of 2025 (end of April) (Surveillance sanitaire à La Réunion. Bulletin du 6 novembre 2025).

A summary of recent epidemiological trends of dengue outside EU/EEA of the first seven months of 2025 is presented below. The summary is based on available information from official sources and reports from different countries/territories.

In the PAHO, as of week 40 of 2025, over 3.9 million cases have been reported of which 40% are laboratory confirmed. Cases peaked in weeks 12-14 2025 and a decreasing trend was observed afterwards. The currently reported cases are 68% less compared to the cases reported in the same period in 2024 and 9% above the average of the last five years, according to the WHO PAHO report published on 27 October 2025. While all serotypes have been reported as of week 40 of 2025, their distribution differs in the different countries of PAHO (Report on the epidemiological situation of dengue in the Americas).

According to the SEARO report published on 5 November 2025, the increasing trends in the number of cases reported in Bangladesh since August continues (total 6 235 new cases reported the week 27 October - 2 November 2025 compared to 5 591 cases reported the week of 20-26 October). The total number of cases reported so far in 2025 is higher than the total reported the same period in 2024. India continues reporting cases of dengue, too. A decreasing trend is noted in Kerala and Karnataka. In both areas, the cases are lower compared to the same period last year, as reported also in September 2025. Cases of dengue have also been reported in 2025 by Thailand (continuous decreasing trend since peak in July with a total 47 981 cases reported this year until 30 September 2025), Sri Lanka (41 946 cases in 2025 until week 20-26 October), Maldives (254 cases reported in September 2025; there is an overall increasing trend in the monthly number of cases that has not peaked in 2025) and Nepal (5 323 cases in 2025; overall, lower than the cases reported the same period the last two years but increasing trend in the monthly number of cases).

According to the WPRO Dengue Situation update of 30 October 2025, in 2025, in Indonesia, Malaysia, Laos, and Singapore dengue cases are lower than those reported in 2024 (Indonesia: 118 021 cases as of August 2025; Malaysia: 44 382 cases reported as of 11 October 2025, Laos: 10 204 cases and one death as 19 October 2025; Singapore: 3 5932 cases in 2025 and as of 18 October). In Viet Nam cases continue showing an increasing trend the last weeks with a cumulative of 122 979 cases and 23 deaths as of 17 October 2025. In China, the monthly number of cases reported in September was 2 321 compared to 1 702 cases that were reported in August 2025. Overall in 2025 and as of end of September 5 280 cases have been reported which is lower than the number of cases in the same period in 2024.

In Afghanistan (according to WHO EMRO), in 2025, the number of suspected dengue fever cases shows an increase since week 15 of 2025 (mid-April), with 1 737 cases reported as of September 2025 (Afghanistan Emergency Situation Report September 2025).

Since the beginning of 2025, in Africa, over 40 000 cases and 100 deaths had been reported from Burkina Faso, Cabo Verde, Comoros, Guinea, Kenya, Mali, Mauritius, Nigeria, Senegal and Sudan. In week 43 cases were reported by Mali, Mauritania and Sudan according to Africa CDC (Africa CDC Epidemic Intelligence Weekly Report, November 2025 – Africa CDC).

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

ECDC assessment:

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

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

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

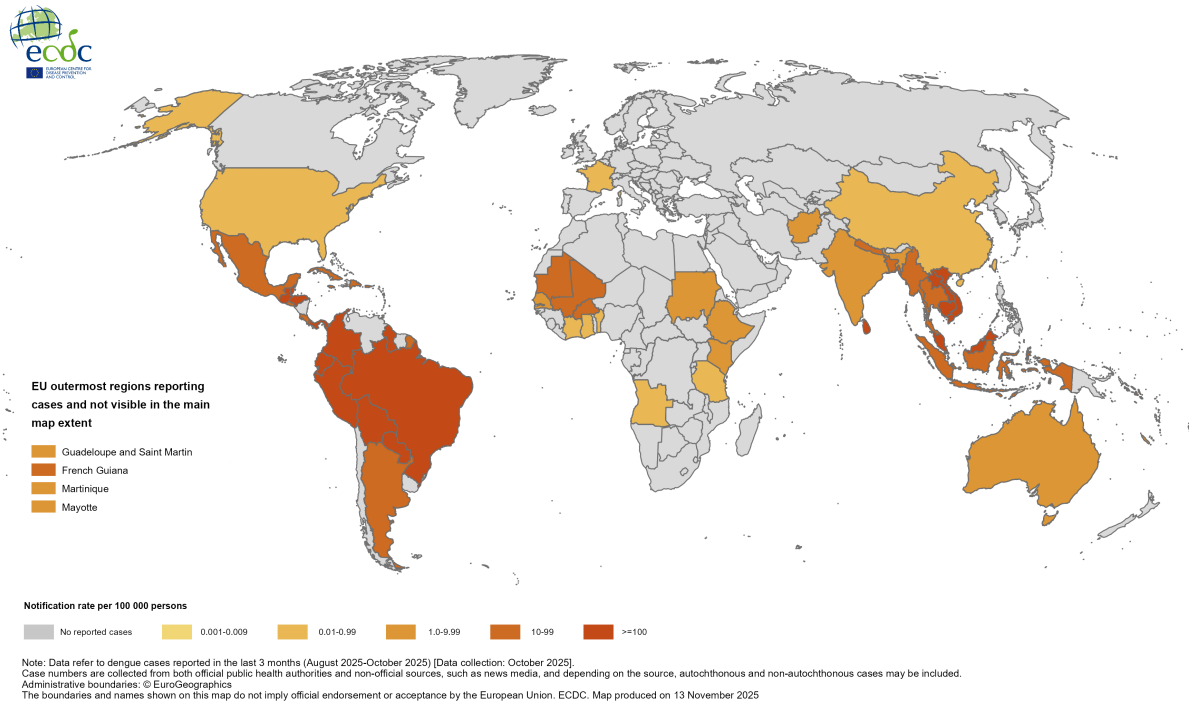
Actions:

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

Last time this event was included in the Weekly CDTR: 10 October 2025

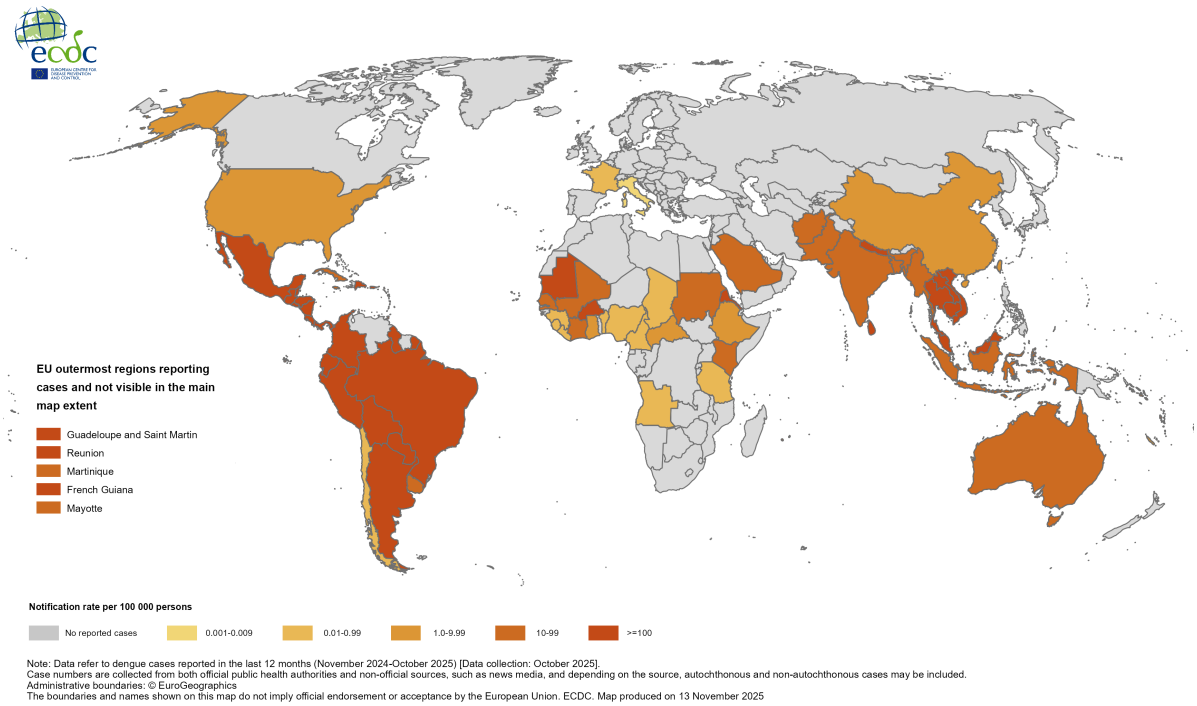
Maps and graphs

Figure 1. Three-month dengue virus disease case notification rate per 100 000 population, August-October 2025



Source: ECDC

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



Source: ECDC

3. Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025

Summary of mpox clade I

Forty-six clade I mpox cases have been reported in the EU/EEA to TESSy since August 2024 and as of November 12: Germany (15), Belgium (7), Netherlands (7), France (4), Ireland (4), Italy (4), Spain (2), Greece (1), Portugal (1) and Sweden (1). All were caused by clade Ib except the first case in Ireland, which was caused by clade Ia. Confirmed secondary transmission events from imported cases were reported by Germany, Belgium and Ireland among household or other close contacts. Seven people were hospitalised for treatment.

Four additional clade I mpox cases have been reported to ECDC through event-based surveillance since 9 October by Spain, making a total of 50 clade I mpox cases reported in the EU/EEA.

Of these, 14 clade Ib mpox cases have been reported in men who reported sex with other men: Netherlands (7), Spain (5), Belgium (1) and Greece (1). The cases in Belgium and Greece were imported. The indivduals in Spain and the remaining six individuals in the Netherlands did not have any travel links. The cases in Spain are from Madrid and Barcelona. All cases among men who have sex with men, except the case in Greece, had symptom onset in October 2025. These results indicate ongoing transmission of MPXV clade I in sexual networks of gay, bisexual and other men who have sex, including local transmission in the EU/EEA. Prior to September 2025, all cases were imported, or directly related to imported cases, and were related to heterosexual and household transmission. None of the clade I mpox cases reported among men who have sex with men were hospitalised. Three cases were in individuals who were vaccinated.

Overall situation

Since the last update on 9 October 2025, and as of 13 November 2025, a total of 88 mpox cases have been reported from eight EU/EEA countries: Spain (29), Germany (19), Portugal (16), France (12), Netherlands (9), Greece (1), Hungary (1) and Norway (1). Since 9 October, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 13 November 2025, 25 609 confirmed cases of mpox have been reported from 29 EU/EEA countries: Spain (9 110), France (4 552), Germany (4 540), Netherlands (1 569), Portugal (1 277), Italy (1 233), Belgium (916), Austria (380), Sweden (373), Ireland (320), Poland (248), Denmark (229), Greece (161), Norway (131), Czechia (109), Hungary (89), Luxembourg (66), Romania (51), Malta (49), Slovenia (48), Finland (43), Croatia (39), Slovakia (19), Iceland (17), Bulgaria (11), Estonia (11), Cyprus (6), Latvia (6) and Lithuania (6). Deaths have been reported from: Spain (4), Belgium (2), Portugal (2), Austria (1) and Czechia (1).

Since the start of the mpox outbreak, and as of 13 November 2025, the following Western Balkan countries have reported confirmed cases of mpox: Serbia (40), Bosnia and Herzegovina (9), Montenegro (2), North Macedonia (2), Albania (1) and Kosovo* (1). In addition, 71 cases have been reported from Türkiye, one of which was caused by clade Ia and four by clade Ib.

Other than the 46 clade I mpox cases, all other cases with available information on clade reported to Tessy in the EU/EEA were MPXV clade IIb. Clade II mpox cases reported in 2025 share the same epidemiological profile as those reported since the beginning of the outbreak in the EU/EEA, with the majority of cases occurring in men, and sexual contact among men who have sex with men remains the primary mode of transmission.

For more information on the global update regarding MPXV clade I and II, please refer to the weekly Communicable Diseases Threats Report and the ECDC webpage: Mpox worldwide overview.

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

ECDC assessment:

The total number of overall new infections reported to ECDC is similar to previous months and the overall number remains relatively low in the EU/EEA.

However, the multiple recently reported clade Ib mpox cases among men who have sex with men with no travel links represent a new pattern of transmission. ECDC published a Threat Assessment Brief on October 24 to assess the new situation.

The risk of infection caused by MPXV clade Ib is assessed as moderate for men who have sex with men and low for the general population in the EU/EEA, reflecting current evidence and considerable uncertainties around transmissibility and severity of clade Ib infection relative to clade IIb. The risk of infection caused by MPXV clade IIb remains low for men who have sex with men and very low for the general population in the EU/EEA.

A Threat Assessment Brief on the detection of autochthonous transmission of monkeypox virus (MPXV) clade Ib in the EU/EEA was published on 24 October. It summarises the information on new cases and outlines actions EU/EEA countries can take, including testing, sequencing and contact tracing; promoting vaccination; risk communication; and community engagement activities. The brief also outlines the knowledge gaps that remain, including on transmissibility and severity of MPXV clade Ib compared with clade IIb.

Recommendations for EU/EEA countries include raising awareness among healthcare professionals; supporting sexual health services in case detection, contact tracing, and case management; making testing easily accessible; implementing vaccination strategies with a focus on preexposure vaccination and maintaining active risk communication and community engagement.

Primary preventive vaccination (PPV) and post-exposure preventive vaccination (PEPV) strategies may be combined to focus on individuals at substantially higher risk of exposure and close contacts of cases, respectively, particularly in the event of limited vaccine supply. PPV strategies should prioritise gay, bisexual, and transgender people, and men who have sex with men, who are at higher risk of exposure, as well as individuals at risk of occupational exposure, based on epidemiological or behavioural criteria. Health promotion interventions and community engagement are also critical to ensure effective outreach and high vaccine acceptance and uptake among those most at risk of exposure.

In addition to possible local transmission of MPXV clade Ib among men who have sex with men, it is likely that mpox cases due to MPXV clade I will continue to be introduced into the EU/EEA through returning travellers.It is important to raise awareness concerning the possible importation of cases, both among returning travellers from affected African countries and among healthcare professionals who may see such patients.

Actions:

ECDC is continuously monitoring mpox in the EU/EEA and globally through event- and indicator-based surveillance, and remains in contact with partners.

Countries are encouraged to report new cases caused by MPXV clade I as soon as possible in EpiPulse Events and to also report these cases to TESSy through case based surveillance as soon as possible, with information on clade and subclade, vaccination status, prior infection, symptoms, hospitalisation status, transmission category, HIV status, etc. Countries can update TESSy records as additional information becomes available, but is important to submit clade I mpox cases as soon as possible to TESSy even though the overall reporting deadline is the first Wednesday of the month.

Countries should continue efforts to sequence all positive cases and ensure that sequences are deposited in public repositories (ENA, SRA, and/or GISAID EpiPox) or shared with ECDC through the EpiPulse platform or other means.

Countries are also asked to submit as much detailed information as possible on clade II mpox cases as this will allow us to do a direct comparison of severity between clade I and clade II mpox cases from the same time period.

ECDC has been assessing the risk of mpox in the multi-country outbreak 2022/23 as well as the emergence of clade I. Previous risk assessments and other information can be found at the bottom of this page: https://www.ecdc.europa.eu/en/mpox together with a rapid scientific advice on public health measures. A resource toolkit for event organisers and social media materials on mpox related to events are also available.

Last time this event was included in the Weekly CDTR: 31 October 2025

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

Overview

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

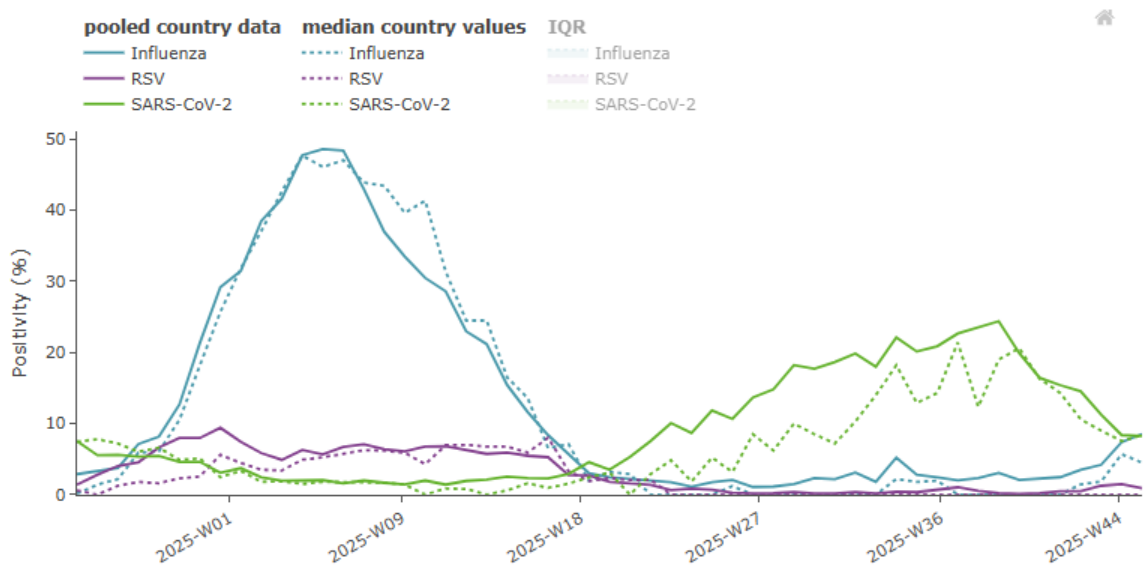
Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 7 November 2025

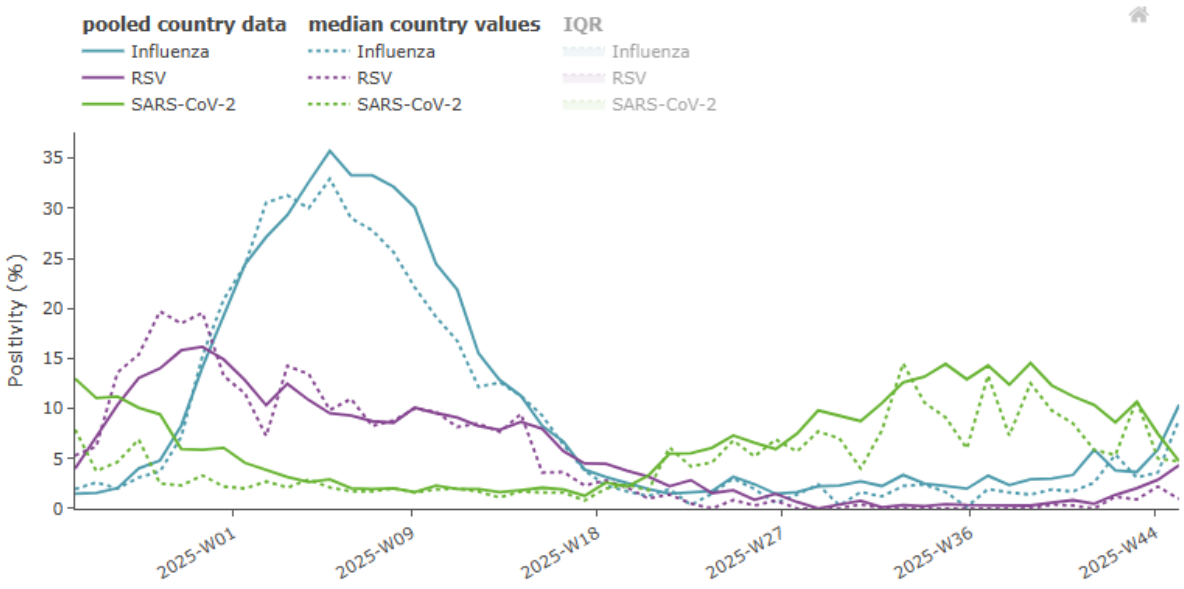
Maps and graphs

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. ILI/ARI virological surveillance in primary care – pathogen type and subtype distribution

	Week 45, 2025		Week 40, 2025 – week 45, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**167**	–	**620**	–
Influenza A	164	100	595	98
A(H1)pdm09	46	32	237	47
A(H3)	98	68	272	53
A (unknown)	20	–	86	–
Influenza B	0	0.0	10	2
B/Vic	0	–	0	–
B (unknown)	0	–	10	–
Influenza untyped	3	–	15	–
RSV	**17**	–	**97**	–
RSV-A	1	33	19	46
RSV-B	2	67	22	54
RSV untyped	14	–	56	–
SARS-CoV-2	**155**	–	**1510**	–

[a] *Percentages show either the relative proportion of influenza and RSV types (A and B) or influenza A subtypes and influenza B lineages.*

Source: ECDC

Figure 4. SARI virological surveillance in hospitals – pathogen type and subtype distribution

	Week 45, 2025		Week 40, 2025 – week 45, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**52**	–	**373**	–
Influenza A	45	100	286	97
A(H1)pdm09	5	38	81	66
A(H3)	8	62	41	34
A (unknown)	32	–	164	–
Influenza B	0	0.0	8	3
B/Vic	0	–	1	100
B (unknown)	0	–	7	–
Influenza untyped	7	–	79	–
RSV	**21**	–	**111**	–
RSV-A	6	75	22	63
RSV-B	2	25	13	37
RSV untyped	13	–	76	–
SARS-CoV-2	**23**	–	**754**	–

[a] *Percentages show either the relative proportion of influenza and RSV types (A and B) or influenza A subtypes and influenza B lineages.*

Source: ECDC

Figure 5. Genetically characterised influenza virus distribution, weeks 40–45, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	38	46	clade 5a.2a.1(D.3.1)	37	97
			5a.2a(C.1.9.3)	1	3
A(H3)	45	54	clade 2a.3a.1(K)	38	86
			2a.3a.1(J.2)	4	9
			2a.3a.1(J.2.2)	1	2
			clade 2a.3a.1(J.2.4)	1	2
			Not assigned	1	–

Source: ECDC

Figure 6. SARS-CoV-2 variant distribution, weeks 43–44, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	4	22	4% (3–8%)
XFG	VUM	5	125	78% (77–85%)
NB.1.8.1	VUM	3	16	8% (0–12%)

[a] *Data are sorted by classification then median distribution. For information on SARS-CoV-2 variant classification visit ECDC's variant page .*

Source: ECDC

5. Seasonal surveillance of West Nile virus infections – 2025

Overview

In 2025, and as of 5 November 2025, 14 countries in Europe reported 1 096 locally acquired human cases of WNV infection with known place of 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 (773), Greece (95), Serbia (62), France (59), Romania (49), Spain (31), Hungary (13), Croatia (4), Albania (3), Germany (2), North Macedonia (2), Bulgaria (1), Kosovo* (1) and Türkiye (1). In Europe, 95 deaths were reported.

Case numbers reported this year are above the average for the past decade (751). However, these figures remain lower than those seen in 2018, 2022, and 2024 – years when virus circulation was particularly intense, with over 1 300 cases reported by this point in the year. As the latter figures are based on consolidated data, while the current year's data remain delayed and incomplete, direct comparisons should be made with caution.

This year, Italy experienced a large outbreak, with 773 confirmed human infections, including 71 fatalities (case fatality rate of 9.2%, which is within the expected range). This is the highest number of human WNV infections reported by Italy at this time of the year. Most cases (265) 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 are reporting similar numbers as in previous years.

As of 5 November 2025, locally acquired human cases of WNV infection have been reported in 155 regions across 14 countries. This compares with 187 regions across 18 countries during the same period in 2024. All 14 countries have previously reported human cases of WNV.

During the current transmission season, 35 regions reported human cases of WNV infection for the first time ever: by Italy in Genova (ITC33), Sondrio (ITC44), Avellino (ITF34), Brindisi (ITF44), Catanzaro (ITF63), Reggio di Calabria (ITF65), Palermo (ITG12), Messina (ITG13), Siracusa (ITG19), Nuoro (ITG2E), Sud Sardegna (ITG2H), Grosseto (ITI1A), Massa-Carrara (ITI11), Arezzo (ITI18), Siena (ITI19), Latina (ITI44) and Frosinone (ITI45); by France in Paris (FR101), 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); by Germany in Aschaffenburg, Landkreis (DE264); by Greece in Irakleio (EL431) and Lakonia, Messinia (EL653); by Spain in Alicante/Alacant (ES521) and Almería (ES611); by Croatia in (HR035); by Kosovo* in Pejë (XK003); by Romania in Sălaj (RO116); and by Türkiye in Çanakkale (TR222).

As observed in previous years, most cases are among males aged 65 years and older. The hospitalisation rate is similar to previous years, with 85% of cases hospitalised this year compared to 91% in the past decade. The high hospitalisation rate is due to the nature of WNV surveillance, which tends to predominantly capture the most severe cases. The case fatality rate so far this year is 8.9%, 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, 178 WNV outbreaks among equids and 345 outbreaks among birds have been reported in Europe in 2025. The earliest start date of an outbreak among equids and birds was on 15 January 2025 in Germany and 16 February 2025 in Italy, while the latest onset of an outbreak among equids and birds was, respectively, on 21 October 2025 in France and 22 October 2025 in Italy. Outbreaks among equids were reported by Italy (86), France (55), Croatia (10), Spain (9), Hungary (7), Germany (5), Greece (4), Austria (1) and the Netherlands (1). Outbreaks among birds were reported by Italy (318), Germany (15), Belgium (3), Spain (3), Austria (2), France (2), Croatia (1) and Hungary (1).

In the Animal Disease Information System (ADIS) database, no information was provided on the exact equid species reported, whereas species details were available for birds. The bird species associated with the highest number of reported outbreaks in 2025 were the carrion crow (95) and the common magpie (59), followed by the common wood-pigeon (30), common kestrel (18), northern goshawk (10), herring gull (9), little owl (9), rock dove (9), unidentified Accipitridae (9), and hooded crow (8). In addition, several other bird species were involved in between one and seven outbreaks.

In June, July, and August 2025, equid outbreaks exceeded the 10-year monthly average (2015–2024) but fell below it in September and October, while bird outbreaks remained under the three-year monthly mean (2022–2024) for most months, except in August and September 2025.

As of 5 November 2025, outbreaks in birds and/or equids have been reported in 111 regions across 10 countries. Of the 10 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 for the first time ever to ADIS in 2025, with three outbreaks in wild birds. Two outbreaks involved Eurasian jackdaws, and one involved carrion crows, all recorded in August 2025. 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). Additionally, in October 2025, the Netherlands 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.

Besides the three new regions in Belgium and in the Netherlands, up to 5 November 2025, outbreaks in birds and/or equids were reported for the first time to ADIS in 26 regions: by Italy in 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); by France in Haute-Garonne (FRJ23), Loiret (FRB06), Oise (FRE22), Paris (FR101), Tarn (FRJ27), Val-de-Marne (FR107), Vaucluse (FRL06), and Yvelines (FR103); by Croatia in Koprivničko-križevačka županija (HR063), and in Bjelovarsko-bilogorska županija (HR021); by Spain in Almería (ES611) and Menorca (ES533); by Austria in Innsbruck (AT332); and by Germany in Rhein-Neckar-Kreis (DE128). Furthermore, in 2025, outbreaks in equids were reported in the Greek region of Thasos-Kavala (EL515), marking the first such report in animals since the last recorded outbreak 12 years prior.

More information

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

ECDC assessment:

Reports of WNV outbreaks during the winter, when mosquito activity is minimal, should be carefully evaluated as they raise questions about the timing of infection. Two such reports – one outbreak in equids reported by Germany in January 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 (71%) and the outbreaks in equids and birds (77%). Following an intense circulation of the virus in some regions of the country during the summer and the early autumn, transmission is now reaching an end. This high number of human cases and outbreaks in birds and equids was likely 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. Notably, the country has never recorded any locally acquired human cases. This development signals a significant step in the local emergence of WNV and points to a likely recent introduction of the virus into the national ecosystem. These findings underline the need for enhanced surveillance and increased public health preparedness.

The identification of WNV cases in humans and animals within previously unaffected areas underscores the continuing geographical expansion of the virus, likely driven by conducive environmental conditions and ecological factors. In addition, increased surveillance or monitoring sensitivity and raised awareness in these areas might play a role in the detection of the cases.

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

Given that the weather conditions are much less favourable for WNV transmission in Europe, the number of human cases and outbreaks in equids and birds is steadily decreasing. The transmission season is reaching its end, and only a few sporadic cases are expected in the coming weeks.

Actions:

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

Last time this event was included in the Weekly CDTR: 10 October 2025

6. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025, and as of 12 November 2025, three countries in Europe have reported cases of dengue: France (29), Italy (four), and Portugal (two).

This week, no new cases of dengue have been reported to ECDC. All clusters are currently closed.

For more information on locally acquired dengue virus disease cases, see ECDC's seasonal surveillance report for dengue. This report covers mainland EU/EEA and the outermost regions of Portugal and Spain.

ECDC assessment:

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

Last time this event was included in the Weekly CDTR: 7 November 2025

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

Overview:

Since the beginning of 2025, and as of 12 November 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 156 areas are currently known to be affected.

This week, France did not report surveillance data about West Nile virus infections. Data will be reported in week 47.

The report is available online.

*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: 7 November 2025

8. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025, and as of 12 November 2025, two countries in Europe have reported cases of chikungunya virus disease: France (776) and Italy (384).

This week France did not report surveillance data about locally acquired cases of chikungunya virus disease. Data will be reported in week 47.

Italy reported ten new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in Italy is 384, distributed across six clusters. Three clusters are currently active. The largest cluster is located in Carpi, San Prospero, Soliera, Novellara, Cavezzo, Modena, Nonantola, Correggio, Novi di Modena, and Cesenatico.

For more information on locally acquired chikungunya virus disease cases, see ECDC's seasonal surveillance report for chikungunya virus disease. This report covers mainland EU/EEA and the outermost regions of Portugal and Spain.

ECDC assessment:

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

Last time this event was included in the Weekly CDTR: 7 November 2025

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

Monthly update overview

Since the previous update on 9 October 2025 and as of 13 November 2025 (data collection period), 44 295 Chikungunya virus disease (CHIKVD) cases have been detected, including one associated death, from six countries (data available until 31 October). Cases reported in October have increased by 108% compared to September, when 21 266 were reported. Deaths have decreased in October compared to the previous month, when 10 deaths were reported.

New countries reporting cases

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

Ongoing CHIKVD outbreaks worldwide

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

Americas

Brazil: CHIKVD cases continue to be reported in all regions (Centro-Oeste, Nordeste, Norte, Sudeste and Sul) and in most federal units of the country. The Centro-Oeste and Sudeste regions account for the highest number of cases in the last three epidemiological weeks (42-44), where Mato Grosso Do Sul, Minas Gerais, and Sao Paulo are the most affected federal units. During the last three months (June-October), CHIKVD cases have continuously declined, which is a trend observed in 2024. It is expected that cases will increase from November onwards, according to observed trends in 2024 and 2023. In 2025, most of the cases have been reported among females (60%), being the 20 to 29 years age group the most affected one.

Cuba: The current CHIKVD outbreak in Cuba is affecting all 14 provinces of the island. The most affected provinces are Matanzas, La Habana, Camaguey, Cienfuegos, Artemia, and Villa Clara. These provinces account for 98% of all reported cases in Cuba. Febrile syndrome cases have decreased in recent weeks, suggesting a declining trend in CHIKVD cases too. National health authorities are conducting intensive vector control activities in order to limit mosquito populations.

Bolivia: CHIKVD cases have been reported in six out of nine departments: Santa Cruz, Beni, Pando, Cochabamba, Chuquisaca, and Tarija. These departments are located in the eastern side of Bolivia, in the Andean region. In 2025, the most affected department is Santa Cruz, reporting more than 80% of CHIKVD cases in Bolivia, as well as all CHIKVD associated deaths. There have been cases of Guillain-Barre syndrome associated to CHIKVD in Bolivia.

El Salvador: CHIKVD cases have been sporadically reported in the country during 2025. A total of 16 CHIKVD cases have been reported in the current year, without any associated death. Majority of cases were reported in July. Since September (four cases reported), no more CHIKVD cases have been reported in the country.

Barbados: The country has reported sporadic cases of CHIKVD in 2025. Most of the cases were reported in January (six) and no more cases were reported until September (three), bringing the total number of CHIKVD cases in 2025 to nine.

Paraguay: Suspected CHIKVD cases are reported along the year in Paraguay, reaching the highest number of reported cases in min-May and early June (Epi weeks 21-24). Until October 2025, confirmed CHIKVD cases have been reported from Guaira, Itapua, Misiones, Amambay, Canindeyu, and Asuncion departments. Of these, the highest number of cases has been reported Amambay and Itapua. Currently, reported cases are at low levels, which is a similar trend when compared to previous years.

In 2025, there have been 266 165 CHIKVD disease cases and 118 associated deaths reported in the region. This is a decrease of 35.2% compared to the same period of the previous year. The most affected subcontinental region is South America, with Brazil reporting the highest number of cases in 2025.

Asia

China: CHIKVD cases continue to be reported in Guangdong province, following the first notified case in July 2025. Most of the cases are now reported from Jiangmen, Foshan, and Guangzhou cities. Weekly number of cases reported in Guangdong province show a decreasing trend (Epidemiological weeks 41-43). However, the number of total cases reported in October in Guangdong province has increased compared to the previous month. Outside of Guangdong province, CHIKVD cases have been also reported from the Special Administrative Region of Hong Kong and Guangxi province. Initial cases have been associated with imported cases from Guangdong province.

Pakistan: CHIKVD cases are reported along the year in Pakistan, concentrated in Baluchistan, Khyber Pakhtunkhwa, and Sindh provinces. These provinces are located in the Southwest of the country. Of these provinces, the highest number of CHIKVD cases are reported from Sindh, a province bordering with India. In the last 60 days, 109 CHIKVD cases and no deaths have been reported. In October, CHIKVD cases have increased by 37.0% when compared to the previous month.

Singapore: CHIKVD cases have been reported in the country since early August. Cases continued to be reported in September and October. The initial outbreak reported in August has been associated to travellers returning from Guangdong province, China.

In 2025, there have been 136 233 CHIKVD cases and no associated deaths in the region. This is a decrease of 31.5% compared to the same period of the previous year. The most affected subcontinental region is Southeast Asia, with India reporting the highest number of cases in 2025.

Africa

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

Europe

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

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

Other countries reporting CHIKV disease cases in 2025

Other countries have also reported CHIKVD cases in 2025; however no new cases have been notified in the last two months, these countries are: Argentina, Colombia, Comoros, Costa Rica, Guatemala, Honduras, India, Kenya, Mauritius, Peru, Senegal, Sri Lanka, and Uruguay.

Global overview

In 2025, there have been 458 840 CHIKVD cases and 146 associated deaths reported worldwide. Cases have increased when compared to the same period in 2024.

Note

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

ECDC assessment:

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

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

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

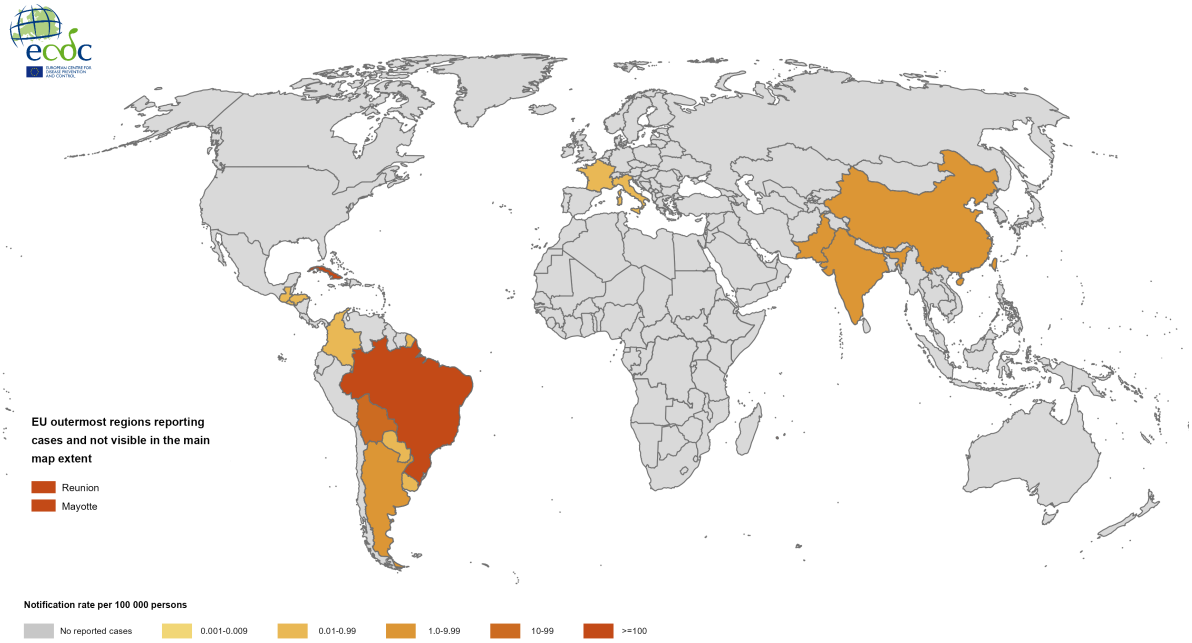
Actions:

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

Last time this event was included in the Weekly CDTR: 10 October 2025

Maps and graphs

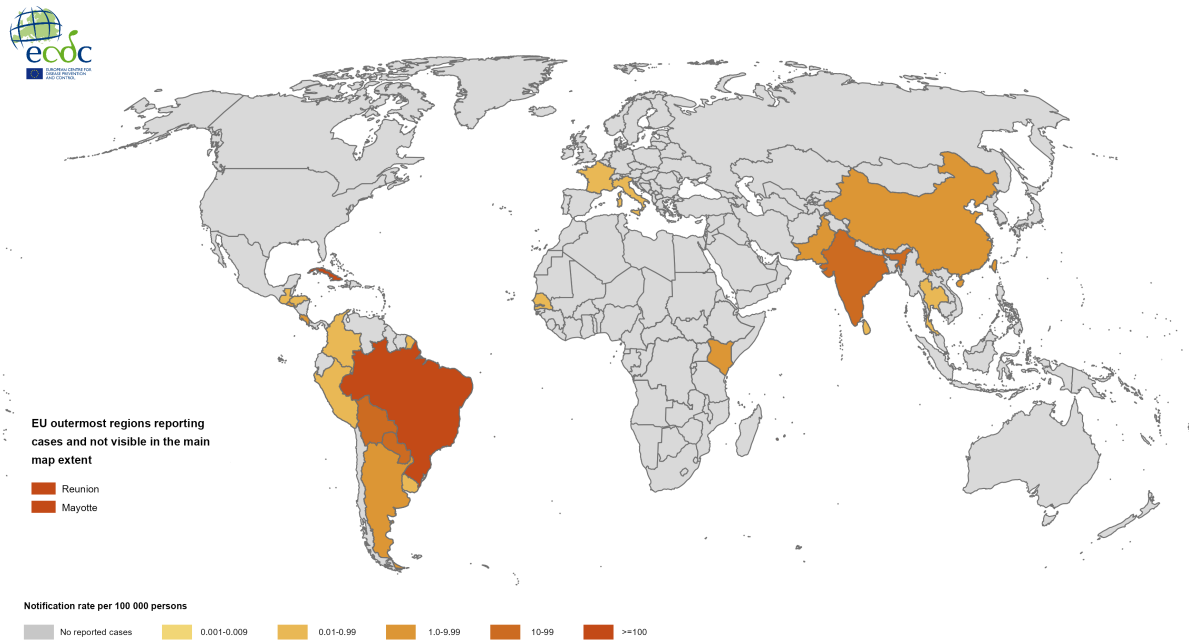
Figure 1. Three-month Chikungunya virus disease case notification rate per 100 000 population, August-October 2025



Note: Data refer to Chikungunya virus disease cases reported in the last 3 months (August 2025-October 2025) [Data collection: October 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 13 November 2025

Source: ECDC

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



Note: Data refer to Chikungunya virus disease cases reported in the last 12 months (November 2024-October 2025) [Data collection: October 2025].
Case numbers are collected from both official public health authorities and non-official sources, such as news media, and depending on the source, autochthonous and non-autochthonous cases may be included.
Administrative boundaries: © EuroGeographics
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on 13 November 2025

Source: ECDC

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

Overview:

On 19 October 2025, WHO announced that the last Ebola virus disease patient in DRC was discharged and initiated the 42-day countdown for declaring the outbreak over.

A total of 19 patients recovered from the disease (29.7%) and no new cases have been reported since 26 September. As of 13 November, of the 1 735/1 787 (97.3%) contacts that were followed up, none are under active monitoring.

Since the outbreak was declared on 4 September 2025, and as of 13 November, there have been 64 cases (53 confirmed and 11 probable) and 45 deaths (34 confirmed and 11 probable) (CFR among all cases: 70.3%). All cases were reported in six health areas in Bulape health zone, Kasai Province.

Summary

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

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

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

On 28 September, WHO reported that the majority of cases have occurred in women (37 cases; 57.8%), with patients' ages ranging from under one year old to 65 years old. Children aged from under one year old to nine years old and individuals 20–29 years old accounted for 25.0% (16) and 23.4% (15) of cases, respectively. The most affected populations included children, housekeepers, and farmers. From the beginning of the outbreak in epidemiological week 36 to epidemiological week 39, the median time between symptom onset and isolation shortened from five days to two.

Women represent 60% of reported deaths. At the beginning of the outbreak, a high proportion of cases and deaths occurred among children aged under one year old to four years old, and the CFR was very high. As the outbreak progressed, the number of cases among children has decreased and the CFR has gradually declined. Four of the deaths were reported among healthcare workers. In Bulape health zone, the health areas of Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 22 deaths) are considered the epicentres of the outbreak, together accounting for 78.1% of reported cases and 82.2% of all deaths.

Vaccination began in Kasai Province on 13 September. As of 13 November, a total of 44 453 people have been vaccinated. Alongside ring vaccination, geographically targeted vaccination began on 27 September for groups at high risk of infection in hotspots reporting confirmed cases. A total of 31 patients have been treated with monoclonal antibody (mAb114).

The last reported date of symptom onset was 23 September and the last cases were reported on 26 September in Bulape and Dikolo health areas, Bulape health zone.

Background and additional information

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

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

province. In 2007 and 2008, there were EVD outbreaks affecting Kasai province, including the Bulape and Mweka health zones in 2007. In the country overall, there have been 15 outbreaks since the disease was first identified in 1976.

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

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

ECDC assessment:

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

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

Actions:

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

Last time this event was included in the Weekly CDTR: 7 November 2025

11. Detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Germany

Overview

On 11 November 2025, Germany reported the detection of wild poliovirus type 1 (WPV1) in a wastewater sample. The sample was taken in calendar week 41/2025 from a wastewater treatment plant in Hamburg as part of a research project to establish a method for detecting poliovirus in wastewater (RKI Bulletin Week 46 2025 and Very low risk to the population thanks to high vaccination rate - hamburg.de).

No clinical cases of poliomyelitis have been reported to the Robert Koch Institute (RKI) to date.

The genome sequence of the isolate shows a very strong similarity to a genetic cluster in Afghanistan (Detection of Wild Poliovirus Type 1 (WPV1) in Environmental Sample in Germany - GPEI). WPV1 currently only circulates in Afghanistan and Pakistan, but in recent years it has also been detected outside these two countries: in environmental samples in Iran (2019), and in confirmed cases in Malawi (2021) and Mozambique (2022).

ECDC assessment:

The detection of WPV1 in a wastewater sample in Germany is unusual but not unexpected. As long as there are population who are not vaccinated or under-vaccinated in European countries and poliomyelitis is not eradicated globally, the risk of the virus being reintroduced in Europe remains. The risk to the EU/EEA population from this WPV1 detection in wastewater in Germany is considered as very low due to high vaccination rates.

Since the end of 2024, circulating vaccine-derived poliovirus type 2 (cVDPV2) has been detected in wastewater samples from several locations in Germany. Both types of poliovirus (cVDPV2 and WPV1) can cause poliomyelitis in people who are not vaccinated or not fully vaccinated.

The German authorities assessed the risk to the general population from poliovirus detections in wastewater (cVDPV2 and wild-type virus) as very low due to high vaccination rates and isolated detection in wastewater, although the occurrence of a clinical case in individuals not vaccinated against polio cannot be ruled out (RKI Bulletin Week 46 2025).

The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries. The polio vaccination schedule in Germany currently consists of 2+1 doses of inactivated polio vaccine (IPV), and nationwide vaccination coverage in 2024 was 88% for the third dose of IPV.

To limit the risk of reintroduction and sustained transmission of WPV and cVDPV in the EU/EEA, it is crucial to maintain high vaccine coverage in the general population and increase vaccination uptake in pockets of populations who are under-immunised. EU/EEA countries should review their polio vaccination coverage data and ensure that there are no immunity gaps in the population and that there is capacity to identify virus circulation through well-performing surveillance systems.

ECDC endorses WHO's temporary recommendations for EU/EEA citizens who are residents of or long-term visitors (>4 weeks) to countries categorised by WHO as having the potential risk of causing international spread of polio: an additional dose of poliovirus vaccine should be administered between four weeks and 12 months prior to international travel. Travellers to areas with active transmission of a wild or vaccine-derived poliovirus should be vaccinated according to their national immunisation schedules.

ECDC links: ECDC comment on risk of polio in Europe November 2025, ECDC Risk Assessment 2025, ECDC Risk Assessment 2014

Actions:

ECDC is closely monitoring this event in liaison with Germany and the World Health Organization.

Further information:

ECDC's recommendations for public health authorities after the previous detections of polioviruses in wastewater also apply to this event:

- Ensure the timely administration of polio-containing vaccines included in routine vaccination programmes in all EU/EEA countries, especially for young children, in order to maintain at least 90% coverage across all levels of society;
- Identify and reach out to people with incomplete or unknown vaccination status;
- Develop tailored, context-specific, culturally sensitive interventions to increase vaccination uptake, and conduct risk communication activities to highlight the importance of ensuring timely routine vaccination;
- Alert clinicians, in particular paediatricians and neurologists, to remain aware of acute flaccid paralysis (AFP) syndromes and about AFP cases potentially caused by poliovirus, and remind them that AFP surveillance is based on polio virus identification in faecal samples and that negative test results of samples from other bodily substances do not exclude polio virus infection;
- Strengthen environmental surveillance to rapidly detect introductions or circulation of the virus.

Events under active monitoring

- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 31 October 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 31 October 2025
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2025 - last reported on 31 October 2025
- Seasonal surveillance of dengue – 2025 - last reported on 31 October 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 31 October 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 31 October 2025
- Ebola virus disease – Democratic Republic of the Congo – 2025 - last reported on 31 October 2025
- Rift Valley fever in Western Africa – 2025 - last reported on 31 October 2025
- Expert deployment - last reported on 31 October 2025
- Monkeypox virus clade Ib – Multi-country – 2025 - last reported on 24 October 2025
- Human infection with avian influenza A(H5) virus - Mexico - 2025 - last reported on 17 October 2025
- Early start of influenza season - Multi-country (non-EU/EEA) - 2025 - last reported on 17 October 2025

- Medical Product Alert N 5/2025: Substandard (contaminated) oral liquid medicines - last reported on 17 October 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 14 November 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 14 November 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 14 November 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 14 November 2025
- Detection of wild poliovirus type 1 (WPV1) in a wastewater sample in Germany - last reported on 14 November 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 07 November 2025
- SARS-CoV-2 variant classification - last reported on 07 November 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 07 November 2025