WEEKLY BULLETIN

Communicable disease threats report

Week 51, 13–19 December 2025

This week's topics

Executive summary

This marks the final weekly CDTR of 2025. Wishing you a joyful holiday season filled with peace and happiness, and all the best for the year ahead!

Overview of respiratory virus epidemiology in the EU/EEA

- The number of patients presenting to primary care with symptoms of respiratory illness is elevated in approximately half of the reporting countries. This indicates that there is currently significant respiratory virus circulation in the European Union/European Economic Area (EU/EEA).

- **Influenza virus** circulation continues to increase, with most countries now reporting widespread activity at low-to-medium intensity. Influenza A is dominant in all countries, with A(H3N2) driving the increasing trend in recent weeks. Circulation is highest in children aged 5–14 years. Increases in hospitalisation are being observed in some countries, affecting all age groups, but primarily in adults aged 65 years and above.

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

- Influenza activity increased three to four weeks earlier than in the previous two seasons. ECDC's Threat Assessment Brief assessing the risk of influenza for the EU/EEA in the context of increasing circulation of A(H3N2) subclade K outlines key recommendations including vaccination, use of antivirals, use of face masks in healthcare and long-term care facilities, and healthcare preparedness. These recommendations should be carefully considered and implemented promptly, given the current epidemiological situation and the approaching festive period.

- **Respiratory syncytial virus (RSV)** circulation is slowly increasing from low levels, although a slight decrease has been observed in the last week. Overall circulation remains below what was observed at this time in the past four seasons. Hospital data show rising RSV-related admissions in a few countries, primarily among children under five years.

- **SARS-CoV-2** continues to circulate but is decreasing in all age groups, and the impact on hospitalisations is currently limited.

SARS-CoV-2 variant classification

- Since the last update on 31 October 2025, and as of 28 November 2025, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring (VUM) and De-escalated variants.
- For this update, sufficient data for estimating variant proportions during the reporting weeks are only available from one EU/EEA country. Therefore, the statistics below only represent a very limited part of the EU/EEA.
- The VOI and VUM median proportions in the EU/EEA for weeks 47-48, based on one reporting country, are currently:
  - BA.2.86 (VOI): 0.0%;
  - NB.1.8.1 (VUM): 17.9%;
  - XFG (VUM): 67.9%.

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

- Since the last update on 13 November 2025, and as of 17 December 2025, 103 mpox cases have been reported from 12 EU/EEA countries: Spain (46), Germany (23), Portugal (10), Netherlands (7), France (4), Poland (4), Austria (3), Ireland (2), Belgium (1), Iceland (1), Italy (1) and Norway (1). Since 13 November 2025, no new countries have reported confirmed cases.
- Sixty-four mpox clade I cases have been reported in the EU/EEA to TESSy since August 2024 and as of 17 December from Belgium, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Romania, Spain, and Sweden. All were clade Ib, except for one case in Ireland, which was clade Ia.
- Twenty-three of the 64 clade I cases are reported among men who have sex with men and most were reported during October and November 2025. Nineteen of these cases among MSM 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.
- Additionally, one clade Ib case was reported by Germany on 18 December through event based surveillance. This was in a man who reported sex with other men and he likely contracted mpox in another European country. He was not vaccinated.
- The risk of mpox clade Ib is assessed as moderate for men who have sex with men and low for the general population in the EU/EEA.
- Identifying clades should be done where individuals have been diagnosed with mpox. Countries are encouraged to report new cases of clade I as soon as possible in EpiPulse Events and to also report the case to TESSy through case-based surveillance.
- 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.
- In addition to increased risk of local transmission of clade Ib among MSM, it is likely that mpox cases due to MPXV clade I will continue to be introduced into the EU/EEA through returning travellers, particularly after the holiday period. 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.

Leprosy – Romania ex. Indonesia – 2025

- On 11 December 2025, the Romanian Ministry of Health reported one confirmed and three suspected cases of leprosy in Cluj-Napoca, Romania.
- The cases are originally from Asia.
- The last case of leprosy in Romania was detected in 1981.

Mpox clade Ib and clade IIb recombinant strain detected in UK traveller returning from Asia

A new recombinand mpox virus (clade Ib and clade IIb) has been detected in England n an individual who had recently travelled to Asia

Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2025

- Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries. While generally the epidemiological trends of mpox cases due to MPXV clade I and II are remaining similar to previous weeks, a limited number of cases of clade I have been reported outside countries with community transmission and among men who have sex with men.
- On the African continent, most mpox clade I cases have been reported by the Democratic Republic of the Congo (DRC), Uganda and Burundi. Trends are decreasing with week-to-week fluctuations.
- Sporadic mpox clade I cases have also been reported outside the African continent during the past month including cases without previous travel history to areas with clade I circulation. This indicates wider community transmission in any country outside Africa and possibly within sexual networks.
- In beginning of December, the United Kingdom reported that following sequencing analysis one case (previously reported clade I) was due to an inter-clade recombinant of clade I and clade II.
- The classification of transmission patterns of mpox clade I has been updated as of 16 December 2025 (details are provided in the overview).

Marburg virus disease (MVD) - Ethiopia - 2025

- Since 12 December 2025, there has been one additional confirmed case and one additional death of Marburg Virus Disease (MVD) reported in Ethiopia.
- Since the start of the outbreak, and as of 18 December 2025, 17 cases (14 confirmed and three probable) of MVD have been reported, including 12 deaths (nine confirmed and three probable (case fatality rate (CFR): 64.3%)).
- Two areas have been affected across two regions; Jinka town, South Ethiopia Regional State and Hawassa City, Sidama Region.
- The total number of contacts listed is 349 contacts, according to the Ethiopian Public Health Institute on 26 November.
- This is the first MVD outbreak ever reported in Ethiopia.
- The likelihood of exposure to MVD for EU/EEA citizens visiting or living in Ethiopia is assessed as low, with uncertainties connected to the limited epidemiological information available. The impact at population level is assessed to be low as it is not expected that there will be significant numbers of MVD cases among EU/EEA citizens in Ethiopia. Therefore, the overall risk for EU/EEA citizens visiting or living in Ethiopia is low.
- In the event of MVD cases being imported into the EU/EEA, we consider the likelihood of further transmission to be very low, and the associated impact low. Therefore, the overall risk for the EU/EEA is assessed as low.

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

- Since the beginning of 2025, and as of early December 2025, over 5 million dengue cases and over 3 000 dengue-related deaths have been reported from 106 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.

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

- Since the beginning of 2025, and as of 30 November (last day with available data), approximately 485 908 chikungunya virus disease (CHIKVD) cases and 229 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).

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

Overview:

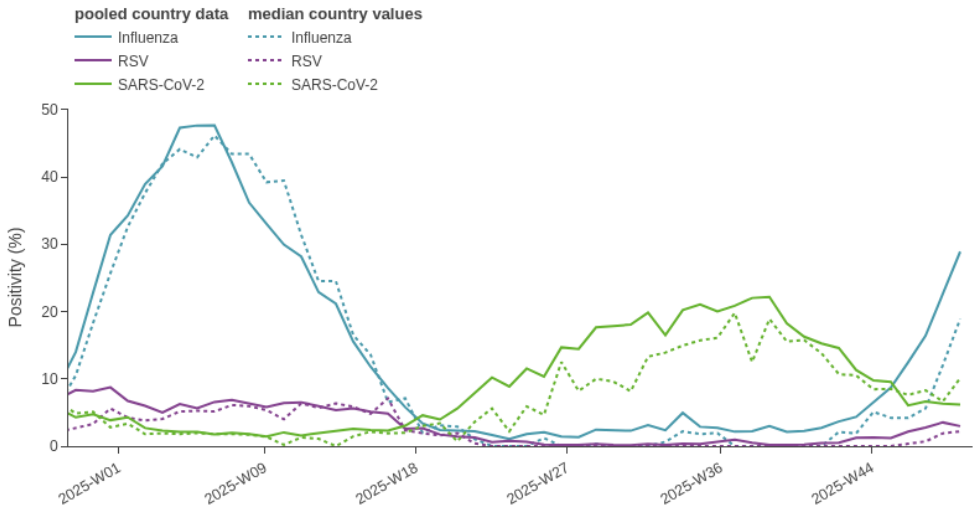
ECDC monitors respiratory illness rates and virus activity across the EU/EEA. Findings are presented in the European Respiratory Virus Surveillance Summary (ERVISS.org), which is updated weekly.

Key visualisation from the weekly bulletin are included below.

Sources: ERVISS

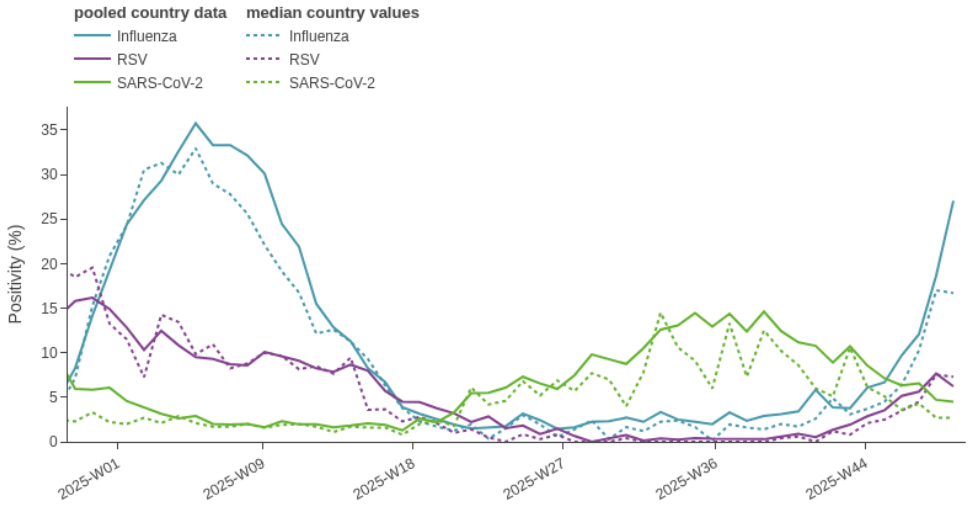
Last time this event was included in the Weekly CDTR: 12 December 2025

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



Source: ECDC

Figure 2. SARI virological surveillance in hospitals - weekly test positivity



Source: ECDC

Figure 3. Key indicators

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

Source: ECDC

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

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

Source: ECDC

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

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

Source: ECDC

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

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

Source: ECDC

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

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

Source: ECDC

2. SARS-CoV-2 variant classification

Overview:

Since the last update on 31 October 2025, and as of 28 November 2025, no changes have been made to ECDC variant classifications for variants of concern (VOC), variants of interest (VOI), variants under monitoring (VUM) and de-escalated variants.

The VOI median proportion in the EU/EEA for weeks 47-48, based on one reporting country, is currently:

BA.2.86 (VOI): 0.0%.

The VUM median proportions in the EU/EEA for weeks 47-48, based on one reporting country, are currently:

NB.1.8.1 (VUM): 17.9% and XFG (VUM): 67.9%.

The calculations are based on data reported to GISAID, as of 7 December 2025. Note that for this update, sufficient data for estimating variant proportions during the reporting weeks are only

available from one EU/EEA country. The statistics therefore only represent a very limited part of the EU/EEA.

ECDC assessment:

Low SARS-CoV-2 transmission, reduced reporting and low testing volumes in sentinel systems all have an impact on ECDC's ability to accurately assess the epidemiological situation, including variant circulation.

The EU/EEA population overall has a significant level of hybrid immunity (prior infection plus vaccination/boosters), conferring protection against severe disease. The variants currently circulating that are classified as VOI or VUM are unlikely to be associated with any increase in infection severity compared with previously circulating variants, or a reduction in vaccine effectiveness against severe disease. However, older adults (aged 65 years old and above), those with underlying conditions, and people who have previously not been infected could develop severe symptoms if infected. Vaccination continues to be protective, with stronger protection against more severe disease, although this protective effect wanes over time. Vaccination of people at high risk of severe outcomes (e.g. older adults) remains important.

Actions:

In order to assess the impact of emerging SARS-CoV-2 sub-lineages and their possible correlation with increases in COVID-19 epidemiological indicators, it is important that countries sequence positive clinical specimens and report to GISAID and/or TESSy.

For the latest update on SARS-CoV-2 variant classifications, please see ECDC's webpage on variants. Variant surveillance data, including the distribution of VOC and VOI proportions in the EU/EEA and detailed country-specific COVID-19 updates are available as part of the European Respiratory Virus Surveillance Summary (ERVISS).

Routine updates on the SARS-CoV-2 variant classification through the Communicable Diseases Threats Report (CDTR) will be provided on a monthly basis at a minimum.

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

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

Overview:

Summary of mpox clade I

Sixty-four mpox clade I cases have been reported in the EU/EEA to TESSy since August 2024 and as of 17 December 2025: Germany (15), Spain (15), Netherlands (10), Belgium (8), France (4), Ireland (4), Italy (4), Greece (1), Portugal (1), Romania (1), and Sweden (1).
All were clade Ib except the first case in Ireland, which was clade Ia. Confirmed secondary transmission events from imported cases were reported by Germany, Belgium and Ireland among household or other close contacts. Seven cases were hospitalised for treatment.

Since the last report, Romania reported a clade Ib cases with symptom onset in August and with travel history to China.

Of these 64 cases, 23 were reported in men who reported sex with other men: Spain (11), Netherlands (9), Belgium (2) and Greece (1). The cases in Belgium and Greece were imported, as was one case in Spain. All other cases in Spain and all cases in the Netherlands were due to local transmission among men who report sex with men.

All cases among MSM except the cases in Greece and one case in Belgium had symptom onset in October or November 2025.

In addition to the cases reported to Tessy, one clade Ib case was reported by Germany on 18 December through event based surveillance. This was in a man who reported sex with other men and he likely contracted mpox in another European country. He was not vaccinated.

These results indicate ongoing transmission of mpox clade I in sexual networks of gay, bisexual and other men who have sex, including local transmission in the EU/EEA. Prior to October 2025 all cases were imported, or directly related to imported cases, and were related to heterosexual and household transmission. None of the clade I cases reported among MSM were hospitalised. Out of 22 cases among MSM with information on vaccination, four cases from Spain were vaccinated.

Overall situation

Since the last update on 13 November 2025, and as of 17 December 2025, 103 mpox cases have been reported from 12 EU/EEA countries: Spain (46), Germany (23), Portugal (10), Netherlands (7), France (4), Poland (4), Austria (3), Ireland (2), Belgium (1), Iceland (1), Italy (1) and Norway (1). Since 13 November 2025, no new countries have reported confirmed cases.

Since the start of the mpox outbreak and as of 17 December 2025, 25 911 confirmed cases of mpox (MPX) have been reported from 29 EU/EEA countries: Spain (9 248), Germany (4 573), France (4 560), Netherlands (1 577), Portugal (1 295), Italy (1 294), Belgium (917), Austria (387), Sweden (373), Ireland (322), Poland (253), Denmark (247), Greece (161), Norway (132), Czechia (109), Hungary (90), Luxembourg (66), Romania (51), Malta (49), Slovenia (48), Finland (43), Croatia (39), Slovakia (19), Iceland (18), 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, 73 cases have been reported from Türkiye, one of which was clade Ia and four clade Ib.

Other than the 64 clade I cases, all other mpox cases with available information on clade reported to Tessy in the EU/EEA were MPXV clade IIb. Clade II 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 remaining 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 Interna tional 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 24 October 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 increased risk of 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. This is the case particularly after holiday travel. 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: 14 November 2025

4. Leprosy - Romania ex. Indonesia - 2025

Overview:

Summary
On 11 December 2025, the Romanian Ministry of Health reported one confirmed and three suspected cases of leprosy in Cluj-Napoca, Romania. The cases are female originally from Asia working as masseuses in a spa salon.

Disease onset was on 26 November for two patients, one confirmed by positive microscopy for acid-fast bacilli and one suspected. *Mycobacterium tuberculosis* has not been detected using genetic test GeneXpert MTB/Rif ULTRA; thus, tuberculosis has been ruled out. Further laboratory tests are ongoing.

The following measures have been taken by health authorities: suspension of the salon's activities until investigations are concluded, disinfection with ozone of all used spaces in the salon, scheduling medical checkups of the salon's employees, among others.

Background
Leprosy is a disease with a relatively low transmission rate and a long incubation time.
The last case of leprosy in Romania was detected in 1981.

ECDC assessment:

According to the WHO Contact tracing and post-exposure prophylaxis. Technical guidance, a contact of a case is defined as a person having close proximity to a leprosy patient for a prolonged duration. "Prolonged duration" is typically defined as having been in contact with an untreated patient for 20 hours per week for at least three months in a year, e.g. family members, neighbours, friends, school children in same class; co-workers in same office, etc. Therefore, based on such definition, the likelihood of further spread of the disease in the population is assessed as very low. The impact at populational level is assessed to be very low too. Therefore, if proper measures for contact tracing of contacts are implemented, the overall risk is assessed as very low.

Actions:

ECDC is in contact with Romanian authorities.
ECDC is monitoring this event through epidemic intelligence and will report when relevant epidemiological updates become available.

Sources: Post of Minister of Health | Ministry of Health Deputy

5. Mpox clade Ib and clade IIb recombinant strain detected in UK traveller returning from Asia

Overview:

On December 8, 2025, the UK Health Security Agency (UKHSA) reported the identification of a new recombinant mpox virus in England in an individual who had recently travelled to Asia [1].

The virus was initially typed as clade Ib; however, whole-genome sequencing revealed a complex inter-clade recombinant, with genomic regions derived from both clade Ib and clade IIb [2]. The virus could be cultured and is replication competent.

ECDC assessment:

This is not unexpected as both clades are circulating, but highlights the continued potential for mpox virus to evolve and the importance of continued genomic surveillance.

Actions:

ECDC is in contact with the UKHSA and will continue to monitor the situation. UKHSA continues to assess the significance of the strain.
EU/EEA 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.

Further information:

[1] https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-outbreak-epidemiological-overview-11-december-2025

[2] https://virological.org/t/inter-clade-recombinant-mpox-virus-detected-in-england-in-a-traveller-recently-returned-from-asia/1015

6. Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2025

Overview:

Monkeypox virus (MPXV) clade I and clade II are circulating in multiple countries across the globe. Since 2022, MPXV clade II has been circulating outside the African continent, particularly among men who have sex with men. The epidemiological profile of mpox cases due to MPXV clade II cases reported outside Africa since 2022 remains similar to previous weeks. With regards to clade I, cases have been reported by several countries outside Africa without travel history to countries with ongoing clade I transmission. For both clade I and II, sexual contacts have been described as drivers of transmission (Multi-country outbreak of mpox, External situation report #59 - 30 October 2025).

A summary of the recently observed global trends of clades I and II is provided below along with the classification of countries based on the clade I transmission.

Mpox clade II summary

Mpox clade II has been circulating globally since 2022. Following the spread and increases outside endemic areas in Africa in 2022, in 2025, clade II cases have been reported mostly in west African countries (e.g., Ghana, Guinea, Sierra Leone, Liberia) (Multi-country outbreak of mpox, External situation report #60 - 8 December 2025). Outside Africa cases were mostly reported in adults (99%) and males (97%), the majority of whom reported having had sex with men (89%) (Global Mpox Trends published 11 December 2025, data until 7 December 2025). In African countries with recent increases of clade II, cases have been reported among young adults males and females and sexual contact has been described as a driver of spread (Multi-country outbreak of mpox, External situation report #60 -8 December 2025).

Mpox clade I summary and transmission patterns classification

Overall, in Africa, in 2025 as of December, the five countries that have reported most confirmed and suspected clade I cases are DRC, Uganda and Burundi followed by Kenya, Zambia. The past six week and as of 7 December 2025, according to WHO most cases of clade I were reported by DRC and Kenya (366 and 140 cases, respectively). Fewer than 100 cases were reported for the same period by each of Uganda, Burundi, Zambia, South Sudan and Tanzania. In DRC, the country that reported most mpox cases in 2025, clades Ia and Ib are co-circulating. Cases due to clade IIb have

also been reported. In recent weeks, and as of 7 December, the decreasing trend with week-to-week fluctuations in confirmed and suspected cases continued according WHO (Global Mpox Trends published 11 December 2025, data as of 7 December 2025). However, this trend should be interpreted with caution. Overall, a decreasing trend in clade I mpox cases has been reported in Africa the past weeks.

In EU/EEA, travel-associated cases or sporadic cases reporting epidemiological links with travel-associated cases of mpox clade I have been reported by Sweden (in 2024), Germany (in 2024 and 2025), Belgium (in 2024 and 2025), France, Ireland, Italy, and Spain (in 2025), as well as by Greece (in October 2025) and Romania (December 2025). In addition to Africa and the EU/EEA, since August 2024, clade I cases have been reported by Thailand, India, the United Kingdom, the United States, Canada, Pakistan, Oman, China, the United Arab Emirates, Qatar, Brazil, Switzerland, Australia, Türkiye, and Japan (Global Mpox Trends published 11 December 2025, data as of 7 December 2025). Notably, 7 December 2025, it was reported that one case with travel history to Asia previously reported as clade I by the United Kingdom, was found to be an inter-clade recombinant of clade I and clade II (Inter-Clade Recombinant Mpox Virus Detected in England in a Traveller Recently Returned from Asia - MPXV - Virological and UK Health Security Agency Mpox outbreak: epidemiological overview, 11 December 2025).

Most travel-associated cases reported outside African countries had links to affected countries in Africa. Imported cases with a travel history to Lebanon, Malaysia, Nepal, Thailand and China have also been reported (Global Mpox Trends published 11 December 2025, data as of 7 December 2025). In October 2025, Italy, the Netherlands, Portugal and Spain reported mpox clade I in men without travel history. In the Netherlands and Spain, these were men who reported having sexual contact with another male. In addition, the United States reported three unlinked cases of clade I in California without travel history with the investigation indicating that person-to-person transmission among gay, bisexual and other men who have sex with men and their social networks may be ongoing in the state (Community Spread of New Mpox Type (Clade I) in California Has Been Identified; Risk to General Public Remains Low). Confirmed limited secondary transmission of mpox due to MPXV clade I outside of Africa was reported in the EU/EEA since 2024 by Germany, Belgium, and Ireland. Outside the EU/EEA, secondary transmission has been reported in the UK, China, Qatar, and Australia. The number of secondary cases reported in these events outside Africa has been low (range: 1–6 cases per event; Global Mpox Trends published 11 December 2025, data as of 7 December 2025). Based on the information available, all transmission events were due to close contact and no deaths were reported.

Transmission patterns of mpox due to MPXV clade I - update 16 December 2025

Since September 2024, following an analysis of the patterns of MPXV transmission observed at the national level and given the limitations and uncertainties, ECDC has used official epidemiological information to classify countries according to whether MPXV clade I is endemic or was reported for the first time since 2024. The categories are as follows:

- Countries reporting only travel-associated cases or cases with a clear link to travel-associated cases: Angola, Australia, Belgium, Brazil, Canada, France, Germany, Greece, India, Ireland, Japan, Namibia, Oman, Pakistan, Romania, Qatar, Senegal, South Africa, South Sudan, Sweden, Switzerland, Thailand, Türkiye, the United Kingdom, the United States, and Zimbabwe;
- Clusters of cases or limited transmission: China, Italy, Malaysia, the Netherlands, Portugal, Spain, the United Arab Emirates, and the United States;
- Community transmission: Burundi, Central African Republic, Congo, DRC, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Tanzania, Uganda, and Zambia.

The extend of ongoing undetected transmission of mpox clade I cannot be quantified with certainty. A number of countries have reported cases with travel history to regions/countries with limited number of clade I cases or no clade I cases and further information on transmission chains is not available (Global Mpox Trends published 11 December 2025, data as of 7 December 2025), For example, Viet Nam, Nepal and Lebanon have not reported any mpox clade I detection and they have been reported as places of travel of known cases elsewhere. Imported cases with a travel history to Malaysia, Thailand and China have also been reported but a small number of mostly travel associated cases has been reported by each of these countries (Global Mpox Trends published 11 December 2025, data as of 7 December 2025).

The categorisation was last updated on 16 December 2025. The epidemiological situation is continuously being monitored and the classification is reviewed and adjusted depending on a qualitative assessment of reported trends.

Mali also reported mpox cases for the first time recently however, the clade has not yet been determined (Global Mpox Trends published 11 December 2025, data as of 7 December 2025).

On 13 August 2024, Africa CDC declared mpox a Public Health Emergency of Continental Security, and this decision remains valid (Mpox Still a Continental Emergency, Africa CDC Advisory Group Recommends – Africa CDC). On 14 August 2024, WHO also declared the outbreak of mpox due to MPXV clade I to be a public health emergency of international concern (PHEIC), which was declared over on 5 September 2025 (WHO Director-General's opening remarks at the media briefing – 5 September 2025).

ECDC assessment:

The epidemiological situation regarding mpox due to MPXV clade I remains similar to previous weeks. The sporadic cases of clade I that have been reported outside of Africa, including secondary transmission, are not unexpected. However, a new pattern of transmission is emerging in countries outside Africa, including in the EU/EEA, among men who have sex with men.

The risk for EU/EEA residents travelling to or living in the affected areas is considered moderate if they have close contact with affected individuals, including sexual contact, and low if they do not have contact with affected individuals. The overall risk to the general population in the EU/EEA is currently assessed as low. Imported mpox cases due to MPXV clade I are likely to continue being reported by the EU/EEA and other countries.

EU/EEA countries should consider raising awareness in travellers to/from areas with ongoing MPXV transmission and among primary and other healthcare providers who may be consulted by such patients. If mpox is detected, contact tracing, partner notification and post-exposure preventive vaccination of eligible contacts are the main public health response measures. Clade identification and virus sequencing should also be prioritised.

Please see the latest ECDC 'Risk assessment for the EU/EEA of the mpox epidemic caused by monkeypox virus clade I in affected African countries' and the Threat Assessment Brief Detection of autochthonous transmission of monkeypox virus clade Ib in the EU/EEA

Actions:

ECDC is closely monitoring and assessing the evolving epidemiological situation related to mpox on a global basis. The Centre's recommendations are available here.

Monthly updates are shared through the Communicable Disease Threats Report. As the global epidemiological situation is monitored continuously, ad hoc epidemiological updates may also be published.

Sources: ECDC rapid risk assessment

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

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

Overview:

Event summary
Since 12 December 2025, there has been one additional confirmed case and one additional death of Marburg Virus Disease (MVD) reported in Ethiopia.

Since the outbreak was confirmed on 14 November 2025 and as of 18 December 2025, 17 cases (14 laboratory confirmed and three probable) of Marburg Virus Disease (MVD) have been reported in Ethiopia, according to the Ministry of Health. A total of 12 deaths have been reported, nine of which were in laboratory-confirmed cases and three in probable cases (case fatality rate (CFR) among confirmed cases: 64.3%). According to media quoting health officials, the deaths include two healthcare workers.

As of 17 December, two areas have been affected across two regions; Jinka town, South Ethiopia Regional State and Hawassa City, Sidama Region. According to media quoting the Ethiopian Ministry of Health on 27 November, one of the cases was confirmed in Hawassa City, Sidama Region, after returning from Jinka town. Jinka town is considered to be the epicentre of the outbreak, according to Africa CDC.

Cases have presented with symptoms including sudden fever, muscle pain, severe fatigue, headache, diarrhoea, vomiting and, in later stages, unexplained bleeding. As of 18 December, a total of five cases have recovered and none are currently in treatment, according to the Ministry of Health.

The total number of contacts listed is 349, of which 119 (34.1%) have completed their monitoring, according to Ethiopian Public Health Institute on 26 November.

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

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

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

Background and additional information

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

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

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

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

ECDC assessment:

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

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

Actions:

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

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

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

Overview:

Since the beginning of 2025, and as of early December 2025, over 5 million dengue cases and over 3 000 dengue-related deaths have been reported from 106 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 19 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 within the archipelago, being classified epidemic of phase 2 level 1 (isolated outbreaks) (Dengue Epidemiological Bulletin of French Antilles, 3 October 2025). On 12 December 2025, the regional bulletin reports that the circulation of dengue has intensified in Martinique and that in Guadeloupe the indicators are at expected levels (inter-epidemic period) (Dengue Epidemiological Bulletin of French Antilles, 11 December 2025). As of October, in Saint Martin and Saint Barthelemy dengue circulation continued, but at lower levels (epidemic phase 1) (Dengue Epidemiological Bulletin of French Antilles, 3 October 2025). On 12 December, it was reported that the circulation remained at low levels (Dengue Epidemiological Bulletin of French Antilles, 11 December 2025). In French Guiana, 299 cases had been reported until 16 November 2025 and the following four weeks (period 17 November-7 December) dengue activity continued to be low with a total of ten confirmed cases (Health surveillance in French Guiana. Bulletin of December 11, 2025, Health surveillance in French Guiana. Bulletin of 20 November 2025, Health surveillance in French Guiana. Bulletin of December 4, 2025). Over 90% of the serotyped samples are DENV-2 (Health surveillance in French Guiana. Bulletin of 20 November 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 (Health surveillance in Mayotte. Bulletin of 14 November 2025.). In Réunion , 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, Surveillance sanitaire à La Réunion. Bulletin du 12 décembre 2025).

A summary of recent epidemiological trends of dengue outside EU/EEA 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 46 of 2025 (ending 16 November 2025), over 4.2 million cases have been reported of which 38% are laboratory confirmed. Cases peaked in weeks 12-14 2025 and a decreasing and plateauing trend was observed afterwards. The currently reported cases are 67% 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 5 December 2025. While all serotypes have been reported as of week 46 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 3 December 2025, a decreasing trend in the number of cases is being reported in Bangladesh following an increase since August continues (total 4 128 new cases reported the week 24-30 November 2025 compared to 5 267 cases reported the week 17-23 November). The total number of cases reported to date in 2025 is slightly higher than the total reported the same period in 2024 (95 081 cases reported in 2025 as of week 48 ending 30 November 2025 versus 92 351 cases reported in 2024 until week 48). India continues reporting cases of dengue, too, showing an increasing trend since June 2025 and until October 2025. A total 91 015 cases have been reported until October 2025 which is overall lower than cases reported in the same period in 2024 (184 712 cases until October 2024). Cases of dengue have also been reported in 2025 by Thailand (with a total 51 795 cases reported this year until 31 October 2025, a plateau noted since September after the peak of July 2025), Sri Lanka (45 422 cases in 2025 until week 16-23 November), and Nepal (6 967 cases in 2025 until October; overall, lower than the cases reported the same period the last two years but increasing trend in the monthly number of cases). No updates are provided about Maldives since September 2025 when 254 cases were reported and an overall increasing trend in the monthly number of cases had been noted since June 2025

According to the WPRO Dengue Situation update of 27 November 2025, in 2025, in Indonesia, Malaysia, Laos, and Singapore the number of dengue cases are lower than those reported in 2024 (Indonesia: 122 110 cases as of September 2025; Malaysia: 48 766 cases reported as of 15 November 2025, Laos: 11 261 cases and one death as 16 November 2025; Singapore: 3 776 cases in 2025 and as of 15 November). In Viet Nam cases continue showing an increasing trend the last weeks with a cumulative of 156 828 cases and 32 deaths as of 20 November 2025. In China, the monthly number of cases reported in October was 3 727 compared to 2 321 cases that were reported in September. Overall in 2025 and as of end of October 9 007 cases have been reported which is lower than the number of cases in the same period in 2024.

Since the beginning of 2025, in Africa, over 58 000 cases and 100 deaths had been reported from Burkina Faso, Cabo Verde, Comoros, Guinea, Kenya, Mali, Mauritania, Mauritius, Nigeria, Senegal, and Sudan. Overall, according to Africa CDC, less countries in Africa have reported dengue in 2025 compared to 2024 (11 countries in 2025 vs 15 countries in 2024) until early December. Moreover, the total number of cases is lower compared to the total number of cases reported in the same period in 2024 when over 150 000 cases had been reported (Africa CDC Epidemic Intelligence Weekly Report, December 2024 – Africa CDC). Most cases reported in 2024 were from Burkina Faso (over 100 000 cases). Burkina Faso has reported less than 1 000 cases in 2025. Africa CDC Epidemic Intelligence Weekly Report, December 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 ECDC's Dengue risk assessment for mainland EU/EEA.

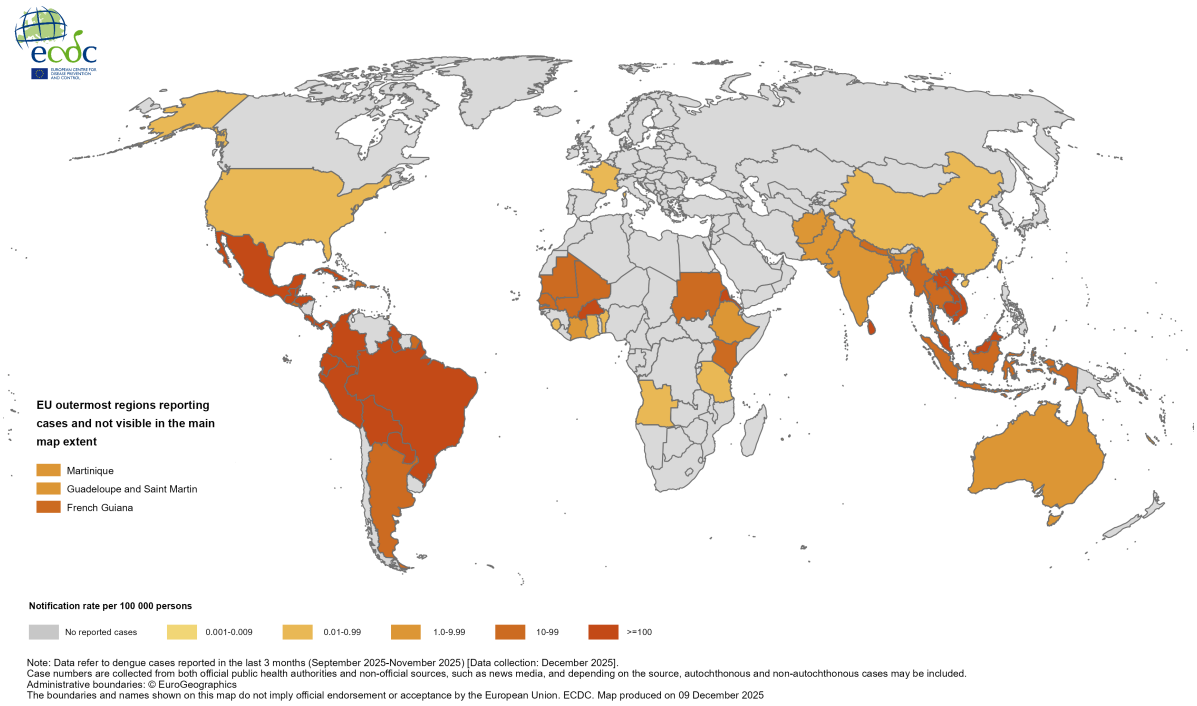
More information on autochthonous transmission of dengue virus in 2025 in the EU/EEA is available on ECDC's website, and in ECDC's factsheets on dengue.

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.

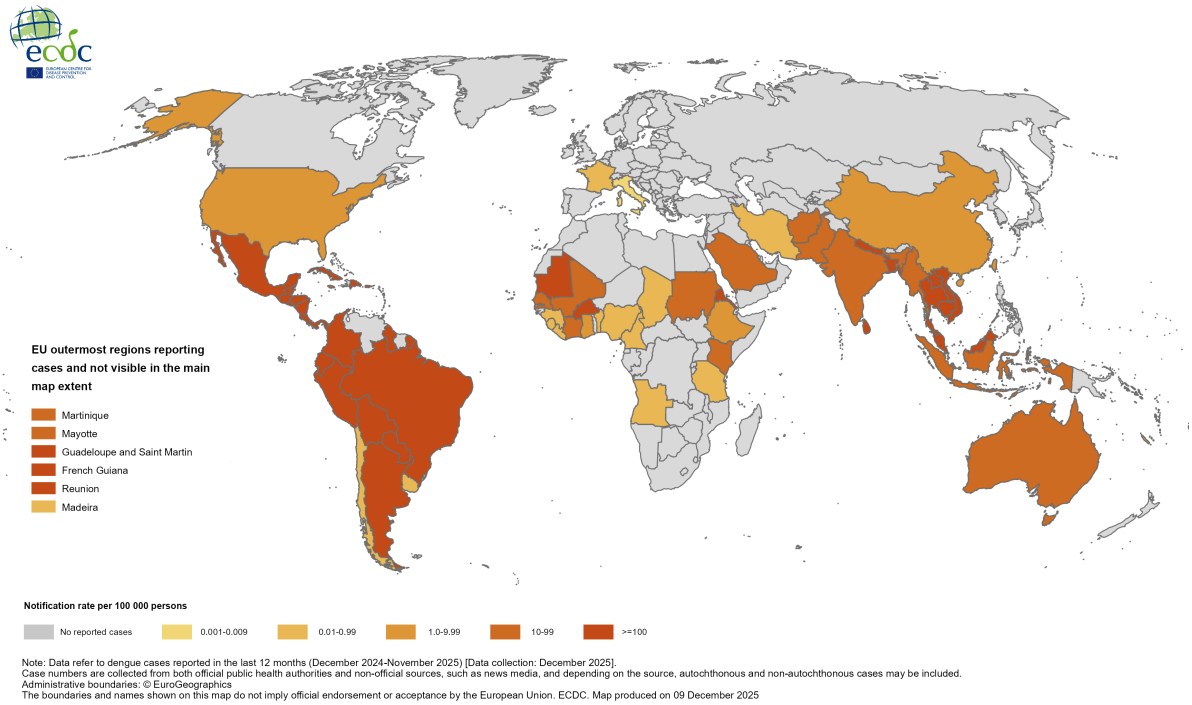
Last time this event was included in the Weekly CDTR: 14 November 2025

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



Source: ECDC

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



Source: ECDC

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

Overview:

Monthly update overview

Since the previous update on 14 November 2025 and as of 12 December 2025 (data collection period), 26 818 Chikungunya virus disease (CHIKVD) cases have been detected, including 83 associated deaths, from 12 countries (data available until 30 November). Cases reported in November have decreased by 39.4% compared to October, when 44 295 were reported. Deaths have increased in November when compared to the previous month, when one death was reported.

New countries reporting cases

Mexico has reported CHIKVD cases in November and for the first time in 2025.

Ongoing CHIKVD outbreaks worldwide

Currently, 14 countries have ongoing CHIKV outbreaks (time window of last 60 days). Of these, the majority are in the Americas and Asia. Below is a description of ongoing outbreaks:

Americas

Argentina: *CHIKVD cases* are reported through the year in the country. Most of the cases located in the Central, North-Eastern and Nort-Western departments of the country, while nearly no cases are reported in the Southern departments. During epidemiological weeks 31 to 48, the departments reporting the highest number of cases are Cordoba (Central), Salta (North-East), and Chaco (North-West). CHIKVD cases in Argentina have increased during the period October-November when compared to August-September 2025.
Barbados: The country continues to report sporadic cases of CHIKVD in 2025. The first cases were reported between January and March (six), while cases were later reported in September (three) and November (two), bringing the total number of CHIKVD cases in 2025 to 11. Case numbers reported in 2025 are similar to 2024.
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. Santa Cruz continues to be the most affected department, reporting most of CHIKVD cases in Bolivia, as well as all CHIKVD associated deaths. Guillain-Barre syndrome cases associated to CHIKVD have been reported in Bolivia.
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, Nordeste, and Sudeste regions account for the highest number of cases in the last four reported epidemiological weeks (45-48), where Mato Grosso Do Sul, Minas Gerais, and Sao Paulo are the most affected federal units. During the last three months (July-November), CHIKVD cases have continuously declined. Even though previous years' trends (2023 and 2024) suggested CHIKVD cases would start increasing by November, reported CHIKVD cases in November 2025 suggest the opposite, where CHIKVD cases continue to be at similar levels as in August-September 2025. This year, most of the cases have been reported among females (60%), being the 20 to 29 years age group the most affected one.
Colombia: *CHIKVD cases* are sporadically reported in Colombia. In 2025, 45 CHIKVD cases have been reported until 30 November, which is a decrease in the number of cases when compared with the same period from previous years (2022-2024). CHIKVD laboratory confirmed cases have been reported from Antioquia and Atlantico departments.
Cuba: The *current CHIKVD outbreak* in Cuba continues affecting all 14 provinces of the island. The most affected provinces are Matanzas, La Habana, Camaguey, Cienfuegos, Artemia, and Villa Clara. These provinces have accounted for most of the reported cases in Cuba in previous months. During November, the first CHIKVD associated deaths have been reported this year in the country.
El Salvador: CHIKVD cases have been sporadically reported in the country during 2025. In November 2025, seven new CHIKVD cases have been reported, bringing the total to 23. So far, no CHIKVD associated deaths have been reported in 2025. This is the lowest number of CHIKVD cases reported for the same period since 2021.
Guatemala: CHIKVD cases have been sporadically reported in the country during 2025, reaching a total of 24 cases reported by November. This is a decrease of CHIKVD cases reported in the country when compared to the same period since 2021.
Honduras: CHIKVD cases have been sporadically reported in the country during 2025, reaching a total of 12 cases reported by November. This is an increase of CHIKVD cases reported in the country when compared to to the same period since 2023.
Mexico: *Locally acquired CHIKVD* cases have been sporadically reported in the country in 2025, reaching a total of six cases. Of these, two were reported in November from Chiapas and Quintana Roo States. In 2025, CHIKVD cases have been reported from Chiapas (1), Quintana Roo (4), and Yucatan (1). No deaths have been reported in 2025. In 2024, no CHIKVD cases were reported, while in *2023 two cases were reported* from Bahia California Sur and Chiapas.
Uruguay: *CHIKVD cases* have been sporadically reported in the country during 2025, reaching a total of eight cases reported by November. This is an increase of CHIKVD cases reported in the country when compared with 2024. *CHIKVD cases notifications* have decreased in the country since the national scale outbreak of 2023, which is considered the largest outbreak ever documented in the country mainly affecting Central, Asuncion, and Alto Parana departments.

In 2025, there have been 291 066 CHIKVD disease cases and 201 associated deaths reported in the region. This is a decrease of 29.4% 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 Shenzhen, Jiangmen, and Shantou cities. Weekly number of cases reported in Guangdong province show a decreasing trend (epidemiological weeks 45-48), reaching the lowest number of cases reported since the start of the outbreak. 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 throughout 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 is reported from Sindh, a province bordering with India. In November 2025, CHIKVD cases continued to be reported from Khyber Pakhtunkhwa, and Sindh provinces at lower levels when compared to previous four months (July-October).
Singapore: CHIKVD cases have been reported in the country since early August. Cases continued to be reported in September and October. No new CHIKVD cases were reported in November. The initial outbreak reported in August has been *associated with travellers* returning from Guangdong province, China.

In 2025, there have been 136 747 CHIKVD cases and no associated deaths in the region. This is a decrease of 31.8% 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: Comoros, Costa Rica, India, Kenya, Mauritius, Paraguay, Peru, Senegal, and Sri Lanka.

Global overview

In 2025, there have been 485 908 CHIKVD cases and 229 associated deaths reported worldwide, including cases reported in the EU/EEA and outermost regions. 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.

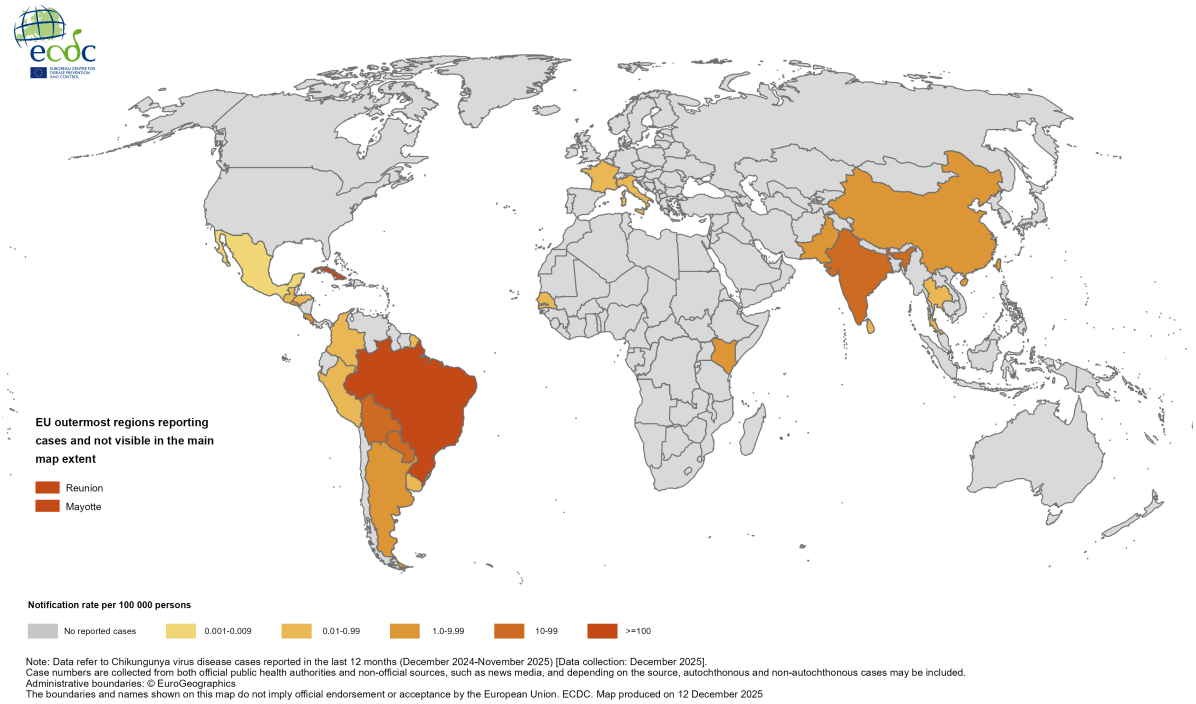
More information on autochthonous transmission of chikungunya virus in 2025 in the EU/EEA is available on ECDC's website, and in ECDC's factsheets on CHIKVD.

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: 14 November 2025

Figure 3. 12-month Chikungunya virus disease case notification rate per 100 000 population, December 2024 to November 2025



Note: Data refer to Chikungunya virus disease cases reported in the last 12 months (December 2024-November 2025) [Data collection: December 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 12 December 2025

Events under active monitoring

- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 28 November 2025
- Human cases infected with swine influenza A(H1N2) variant virus – Multi-country – 2024 - last reported on 28 November 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 28 November 2025
- Influenza A(H5N2) - Multi-country (World) - Monitoring human cases - last reported on 28 November 2025
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 28 November 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 28 November 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 28 November 2025
- Marburg virus disease (MVD) - Ethiopia - 2025 - last reported on 28 November 2025
- Influenza A(H5N5) - Multi-country (World) - Monitoring human cases - last reported on 28 November 2025

- Monkeypox virus clade Ib – Multi-country – 2025 - last reported on 26 November 2025
- Rift Valley fever in Western Africa – 2025 - last reported on 21 November 2025
- Infant botulism - United States - 2025 - last reported on 21 November 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 21 November 2025
- Threat Assessment Brief under production - last reported on 21 November 2025
- Mpox due to monkeypox virus clades I and II – Global outbreak – 2024–2025 - last reported on 19 December 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 19 December 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 19 December 2025
- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 19 December 2025
- SARS-CoV-2 variant classification - last reported on 19 December 2025
- Leprosy - Romania ex. Indonesia - 2025 - last reported on 19 December 2025
- Mpox clade Ib and clade IIb recombinant strain detected in UK traveller returning from Asia - last reported on 19 December 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 12 December 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 12 December 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 12 December 2025
- Recurrent multi-country outbreak of shigellosis in travellers returning from Cabo Verde - last reported on 05 December 2025
- HIV/AIDS surveillance 2025 - 2024 data - last reported on 05 December 2025