

## WEEKLY BULLETIN

# Communicable Disease Threats Report

**Week 34, 16 - 22 August 2025**

## This week's topics

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## Executive Summary

### Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates for respiratory illness are at baseline or low levels for the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.
- Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024.
- During week 33, there was an increase in overall influenza positivity in primary care specimens (8.2%), mainly driven by one country (Denmark).

**Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025**

- Since the beginning of 2025 and as of 20 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two).
- This week, no new cases of CCHF have been reported to ECDC.

**Seasonal surveillance of dengue – 2025**

- Since the beginning of 2025 and as of 20 August 2025, three countries in Europe have reported cases of dengue: France (11), Italy (four), and Portugal (two).
- This week, no new cases of dengue have been reported to ECDC.

**Weekly seasonal surveillance of West Nile virus infection – 2025**

- Since the beginning of 2025, and as of 20 August 2025, nine countries in Europe reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia and Spain.

**Seasonal surveillance of chikungunya virus disease – 2025**

- Since the beginning of 2025 and as of 20 August 2025, two countries in Europe have reported cases of chikungunya virus disease: France (156) and Italy (29).
- This week, France reported 45 new locally-acquired cases of chikungunya virus disease, while Italy reported 22 new locally-acquired cases.

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

- Since the beginning of 2025, and as of August, approximately 317 000 CHIKVD cases and 135 CHIKVD-related deaths have been reported in 16 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).

**Chikungunya outbreak in China**

- Guangdong Provincial CDC has reported 830 new cases of chikungunya virus (CHIKV) disease in the Guangdong province, China for the period 10-16 August.
- Since the start of the outbreak in July 2025, and as of 16 August 2025, there have been 9 933 CHIKV disease cases reported in Guangdong province.
- ECDC asks countries to report imported cases of chikungunya through EpiPulse Events.

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

- Since the beginning of 2025, over four million dengue cases and over 2 500 dengue-related deaths have been reported from 101 countries/territories, globally. In mainland Europe, one autochthonous case has been reported in France and Italy in 2025. Cases have also been reported from the EU outermost regions.

**Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025**

- In 2025, six imported cases of Oropouche virus disease were reported in EU countries: France (4), Austria (1) and Germany (1). In addition, the UK reported three imported cases. All reported cases had a documented history of recent international travel. Of these nine imported cases, six cases had a travel history to Brazil, one to Colombia, one to Dominica and case to South America (Colombia, Brazil, Puerto Rico).
- In 2024, 44 imported cases of Oropouche virus disease were reported in EU countries: Spain (23), Italy (8), France (7), Germany (3), Austria (1), Sweden (1) and the Netherlands (1). Forty-three cases had a travel history to Cuba and one to Brazil.
- The risk of infection for EU/EEA citizens travelling to Oropouche virus (OROV)-epidemic countries in the Americas is assessed as moderate.
- The risk of locally-acquired OROV disease in the EU/EEA is low.

## Expert deployment

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

## Circulating vaccine-derived poliovirus type 1 (cVDPV1) - Israel - 2025

- On 4 August 2025, Israel notified WHO of a circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak.
- cVDPV1 has been detected in nine environmental samples collected between February and July 2025 from seven sites.
- All isolates are genetically linked and the ongoing detections indicate sustained community transmission.
- No cases of poliomyelitis have been reported.

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

## Overview:

- Data reported in week 33, 2025, showed that consultation rates for syndromic indicators of respiratory infections remained at baseline or low levels for all reporting EU/EEA countries, apart from one (Malta). The overall low consultation rates were consistent in both primary care (influenza-like illness (ILI)/acute respiratory infection (ARI)) and secondary care (severe acute respiratory infection (SARI)) surveillance systems, with the exception of one country (Ireland) that reported an increase in SARI consultation rates.
- Overall, SARS-CoV-2 activity indicators remain variable in the different countries and the number of reported hospitalisations and deaths remain at relatively low levels. SARS-CoV-2 test positivity in ILI/ARI primary care specimens increased in two (Greece, Norway) of seven reporting EU/EEA countries compared to week 32. A rise in test positivity was also observed in SARI secondary care specimens in two (Greece, Malta) of five reporting EU/EEA countries over the same period.
- Based on detections of SARS-CoV-2 in non-sentinel specimens (laboratory detections from a mix of primary care and other sources, including hospitals), increasing trends in detections and test positivity continue to be observed in multiple countries.
- Influenza activity remained low in week 33 in the majority of reporting countries reflected both in sentinel and non sentinel specimen detections and positivity. Overall, positivity is 8.2% in primary care specimens, mainly driven by A(H1N1)pdm09 viruses detected in one country (Denmark). Positivity of 3.4% in SARI specimens is also mainly driven by one country (Malta).

## ECDC assessment:

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

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

Following a winter with low SARS-CoV-2 circulation, population immunity against SARS-CoV-2 may have partly waned. Test positivity for SARS-CoV-2 is currently higher than that for other respiratory

viruses. This may lead to some increases in COVID-19 hospitalisations, particularly among older adults and people vulnerable to severe outcomes, as described in ECDC's recently published [Epidemiological update](#).

### **Actions:**

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

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

[ECDC/WHO guidance](#) recommends that surveillance of respiratory viruses is maintained all year round.

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

Countries should ensure that [infection prevention and control practices in healthcare settings](#) are implemented.

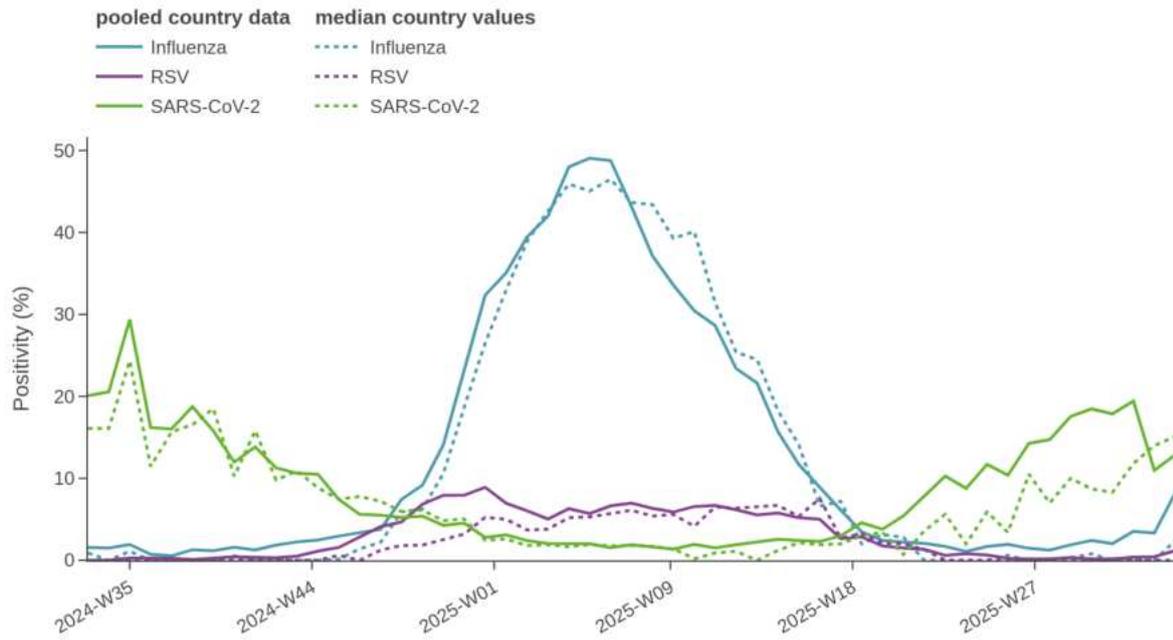
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

**Sources:** [ERVISS](#)

**Last time this event was included in the Weekly CDTR:** 15 August 2025

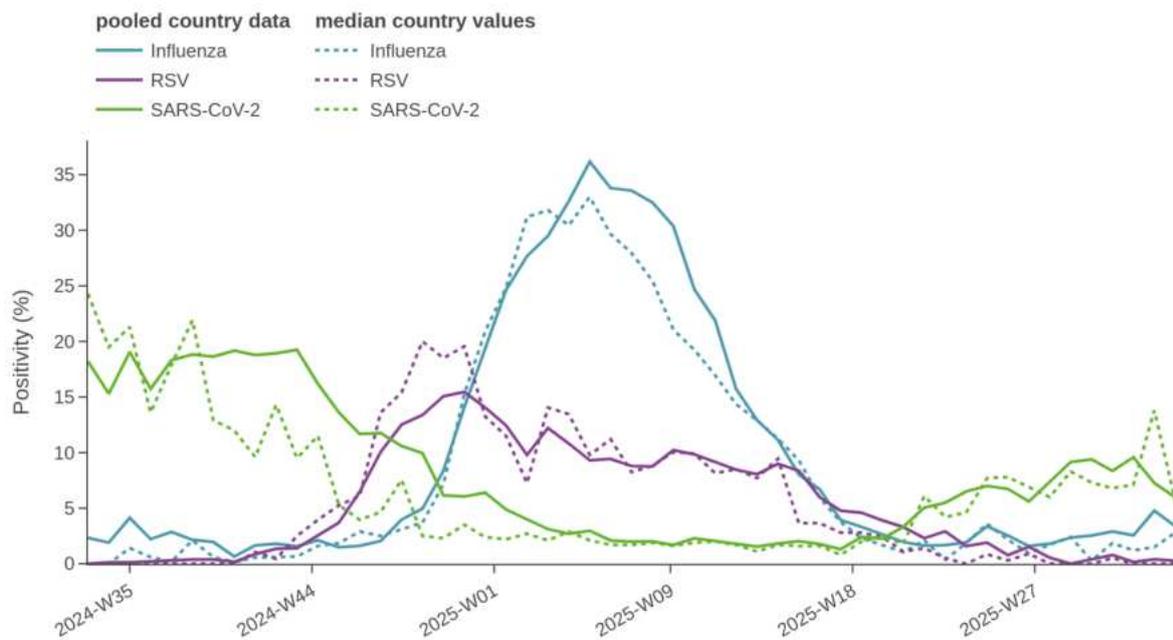
## Maps and graphs

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



Source: ECDC

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



Source: ECDC

**Figure 3. Overview of key indicators of activity and severity in week 33, 2025**

Indicator	Syndrome or pathogen	Reporting countries		EU/EEA summary		
		Week 33	Week 32	Description	Value	Comment
ILI/ARI consultation rates in primary care	ARI	9 rates (8 MEM)	11 rates (9 MEM)	Distribution of country MEM categories.	8 Baseline	
	ILI	13 rates (12 MEM)	15 rates (14 MEM)		11 Baseline 1 Very high	
ILI/ARI test positivity in primary care	Influenza	11	13	Pooled (median; IQR)	8.2% (2.4; 0-5.8%)	Denmark reported 25% positivity (11/44) with increases in non-sentinel detections as well, while positivity in Greece dropped to 4.8% (from 9% last week).
	RSV	10	10		1.2% (0; 0-1.7%)	
	SARS-CoV-2	10	10		13% (15; 5.1-19%)	
SARI rates in hospitals	SARI	7	8	-	-	
SARI test positivity in hospitals	Influenza	5	6	Pooled (median; IQR)	3.4% (2.8; 0.4-3.8%)	While one country (Greece) reported positivity 3.8%, one (Malta) reported 24.3% positivity, with increased detections also reported in non-sentinel, laboratory-confirmed, hospitalised cases. Comparable increases were reported by Malta during the same period in summer 2024.
	RSV	5	5		0.3% (0; 0-0.1%)	
	SARS-CoV-2	5	6		6% (5.7; 2-19%)	
Intensity (country-defined)	Influenza	16	18	Distribution of country qualitative categories	15 Baseline 1 Low	
Geographic spread (country-defined)	Influenza	15	17	Distribution of country qualitative categories	9 No activity 6 Sporadic	

Source: ECDC

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

Pathogen	N	Week 33, 2025		Week 40, 2024 - week 33, 2025	
		N	% <sup>a</sup>	N	% <sup>a</sup>
<b>Influenza</b>	<b>14</b>		-	<b>25357</b>	-
Influenza A	14		100	15076	60
A(H1)pdm09	13		100	7310	57
A(H3)	0		0.0	5520	43
A (unknown)	1		-	2246	-
Influenza B	0		0.0	10219	40
B/Vic	0		-	4666	100
B/Yam	0		-	1	0.0
B (unknown)	0		-	5552	-
Influenza untyped	0		-	262	-
<b>RSV</b>	<b>2</b>		-	<b>4771</b>	-
RSV-A	1		100	868	44
RSV-B	0		0.0	1115	56
RSV untyped	1		-	2788	-
<b>SARS-CoV-2</b>	<b>22</b>		-	<b>4291</b>	-

Source: ECDC

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

Figure Table

Pathogen	Week 33, 2025		Week 40, 2024 - week 33, 2025	
	N	%*	N	%*
<b>Influenza</b>	<b>13</b>	-	<b>13802</b>	-
Influenza A	12	100	5845	82
A(H1)pdm09	1	50	1712	60
A(H3)	1	50	1127	40
A (unknown)	10	-	3006	-
Influenza B	0	0.0	1267	18
B/Vic	0	-	164	100
B (unknown)	0	-	1103	-
Influenza untyped	1	-	6690	-
<b>RSV</b>	<b>1</b>	-	<b>5734</b>	-
RSV-A			765	48
RSV-B			821	52
RSV untyped	1	-	4148	-
<b>SARS-CoV-2</b>	<b>23</b>	-	<b>4716</b>	-

Source: ECDC

**Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 33, 2025**

Subtype	Subtype distribution		Subclade distribution		
	N	%	N	%	
A(H1)pdm09	5566	39	5a.2a(C.1.9)	3764	68
			5a.2a.1(D)	734	13
			5a.2a(C.1.9.3)	696	13
			5a.2a.1(D.3)	177	3
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4272	30	2a.3a.1(J.2)	3346	79
			2a.3a.1(J.2.2)	575	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
			B/Vic	4288	
VIA.3a.2(C.5.7)	921	22			
VIA.3a.2(C.5.6)	779	18			
VIA.3a.2(C)	79	2			
VIA.3a.2(C.5)	17	0.4			
Not assigned	19	-			

Source: ECDC

**Figure 7. SARS-CoV-2 variant distribution, weeks 31–32, 2025**

Variant	Classification*	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	2	21	8% (0–9%)
XFG	VUM	2	158	76% (74–78%)
NB.1.8.1	VUM	2	22	12% (11–12%)
LP8.1	VUM	1	9	2% (1–3%)

Source: ECDC

## 2. Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

### Overview:

Since the beginning of 2025 and as of 20 August 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): Spain (three) and Greece (two). This week, no new cases of CCHF have been reported to ECDC.

### ECDC assessment:

The cases in Greece that occurred in Thessaly region are unexpected, as this region and neighbouring regions have not reported CCHF cases or CCHF virus circulation in animals previously. The primary case was likely infected through a tick bite, while the secondary case was in a healthcare professional who provided care to the primary case. These are the first cases in the country since 2008 when the only locally acquired case to date was found in the Thrace region (bordering Bulgaria). The cases in Spain are not unexpected, as CCHF virus is known to be circulating among animals in Salamanca province, Castile and León region and Toledo province, Castilla-La Mancha region and human CCHF cases have previously been reported in both areas.

From 2016 to 2024, a total of 16 autochthonous CCHF cases have been reported in Spain, with dates of disease onset between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of the cases being exposed to ticks. Two cases have previously been detected in the same locality as the current case. In this area, the presence of *Hyalomma marginatum*, the main vector of this disease, is well known, and studies conducted in wild and domestic animals have shown seroprevalence higher than 70% for CCHF virus. A CCHF case in Toledo province was reported in 2024. The current events are therefore not unexpected.

Although the risk of contracting CCHF for the general population in the areas where the virus is known to be present in Spain is low, this risk drastically increases for people performing activities that expose them to tick bites (e.g. hunting, forestry work, hiking, animal surveillance). As a general precaution against CCHF, but also against other tick-borne diseases, people who may potentially be exposed to ticks should apply personal protective measures against tick bites ([ECDC Protective](#)

Measures against ticks). Ticks from the *Hyalomma* spp. are considered to be the principal vectors of the CCHF virus. *Hyalomma marginatum* is widely present in southern and eastern Europe. A further vector is *Hyalomma lusitanicum*, which is present in parts of southern Europe.

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

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

**Last time this event was included in the Weekly CDTR:** 15 August 2025

## 3. Seasonal surveillance of dengue – 2025

### Overview:

Since the beginning of 2025 and as of 20 August 2025, three countries in Europe have reported cases of dengue: France (11), Italy (four), and Portugal (two). □ This week, no new cases of dengue have been reported to ECDC.

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

### ECDC assessment:

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

**Last time this event was included in the Weekly CDTR:** 15 August 2025

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

### Overview:

Since the beginning of 2025, and as of 20 August 2025, nine countries in Europe have reported human cases of West Nile virus infection: Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia and Spain. Currently, 67 areas are known to be affected.

The report is available [online](#).

**Last time this event was included in the Weekly CDTR:** 15 August 2025

## 5. Seasonal surveillance of chikungunya virus disease – 2025

### Overview:

Since the beginning of 2025 and as of 20 August 2025, two countries in Europe have reported cases of chikungunya virus disease: France (156) and Italy (29).

This week, France reported 45 new locally-acquired cases of chikungunya virus disease which increases the total number of locally-acquired cases reported by France to 156, distributed across 27 clusters (including one cluster without an associated NUTS 3 and LAU level). Twenty clusters are currently active.

Italy reported 22 new locally-acquired cases of chikungunya virus disease. This increases the total number of locally-acquired cases reported by Italy to 29, distributed across four clusters, all of which remain active.

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

### ECDC assessment:

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

**Last time this event was included in the Weekly CDTR:** 15 August 2025

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

### Overview:

#### Chikungunya virus disease (CHIKVD)

Since the beginning of 2025, and as of August, approximately 317 000 CHIKVD cases and 135 CHIKVD-related deaths have been reported in 16 countries/territories. Cases have been reported in the Americas, Africa, Asia, and Europe.

In 2025 to date, the Americas account for the highest number of CHIKVD cases reported worldwide. As of mid-August 2025 (data collected by 20-22 August 2025), the countries reporting the highest number of CHIKVD cases are [Brazil](#) (most cases in Mato Grosso, Mato Grosso do Sul, and Minas Gerais States), [Bolivia](#) (Santa Cruz), Argentina, and Peru. A complete list of the countries of the Americas reporting CHIKVD cases can be found on [PAHO's dedicated website](#).

As of beginning of August 2025, over 40 000 CHIKVD cases were reported in Asia from [India](#) (Maharashtra State), [Sri Lanka](#) (Colombo, Gampaha and Kandy cities), [Pakistan](#) (Khyber Pakhtunkhwa and Sindh provinces), and [China](#) (Guangdong province and Special Administrative Region of Macao).

In Africa, CHIKVD cases in 2025 have been reported by [Mauritius](#), [Senegal](#) (Kafferine region), and [Kenya](#) (Mombasa county). EU/EEA countries have reported [imported cases](#) from other [African countries](#), e.g. Madagascar and the Seychelles, possibly indicating more widespread circulation of chikungunya in the Indian Ocean region.

In EU (excluding the outermost regions), cases of autochthonous cases of CHIKVD have been reported from France and Italy. In addition, 54 550 CHIKVD cases have been reported from the French outermost region of [Réunion](#) as of 10 August 2025. Cases have been reported in all of the island's municipalities. In [Mayotte](#), 1 201 autochthonous cases of CHIKVD have also been reported. Mayotte continues to be in the epidemic phase (phase 3 since 27 May 2025), which indicates intense and widespread transmission of the virus throughout the territory.

#### Recent outbreaks with public health relevance

In China, an outbreak of CHIKVD is ongoing since July. The outbreak is located Guangdong province, where Foshan is the city accounting for most of the cases. Outside of Foshan city, cases have also been reported in the cities of Guangzhou, Zhanjiang, Shenzhen. According to Chinese authorities, total number of daily cases have been decreasing in the last weeks, suggesting an overall downward trend.

Other areas, such as the Special Administrative Region of Macao have also reported locally acquired CHIKVD cases associated with imported cases from Guangdong province.

*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](#).

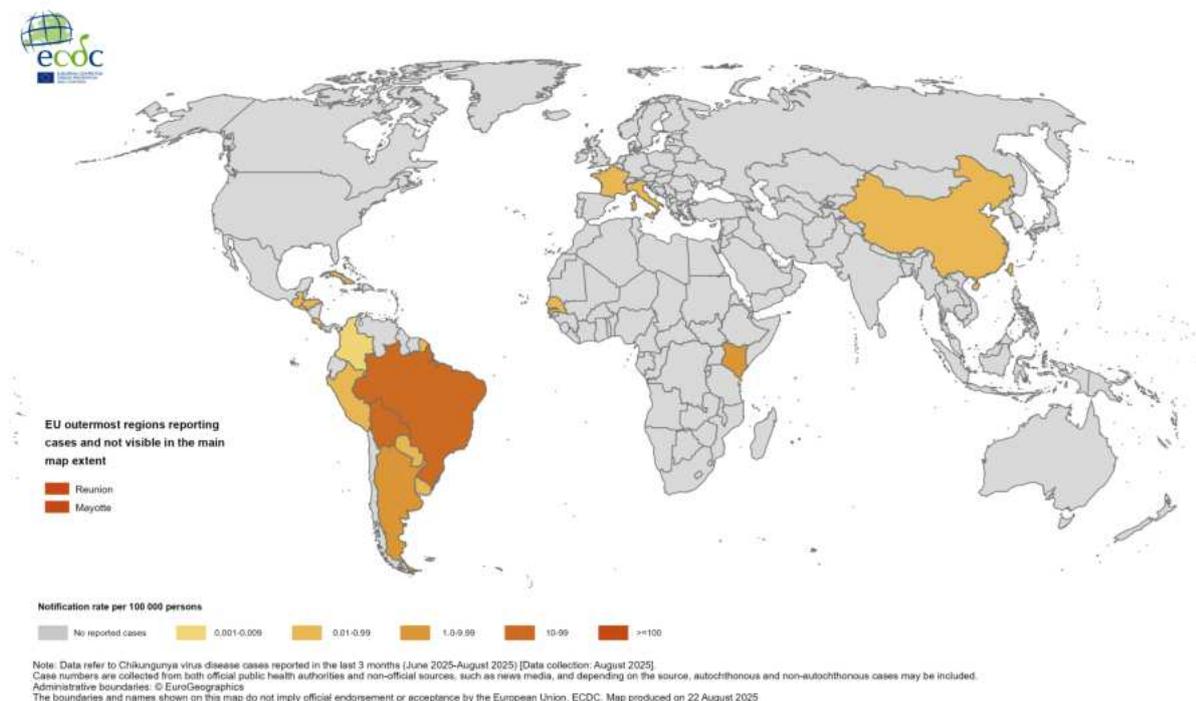
## Actions:

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: -**

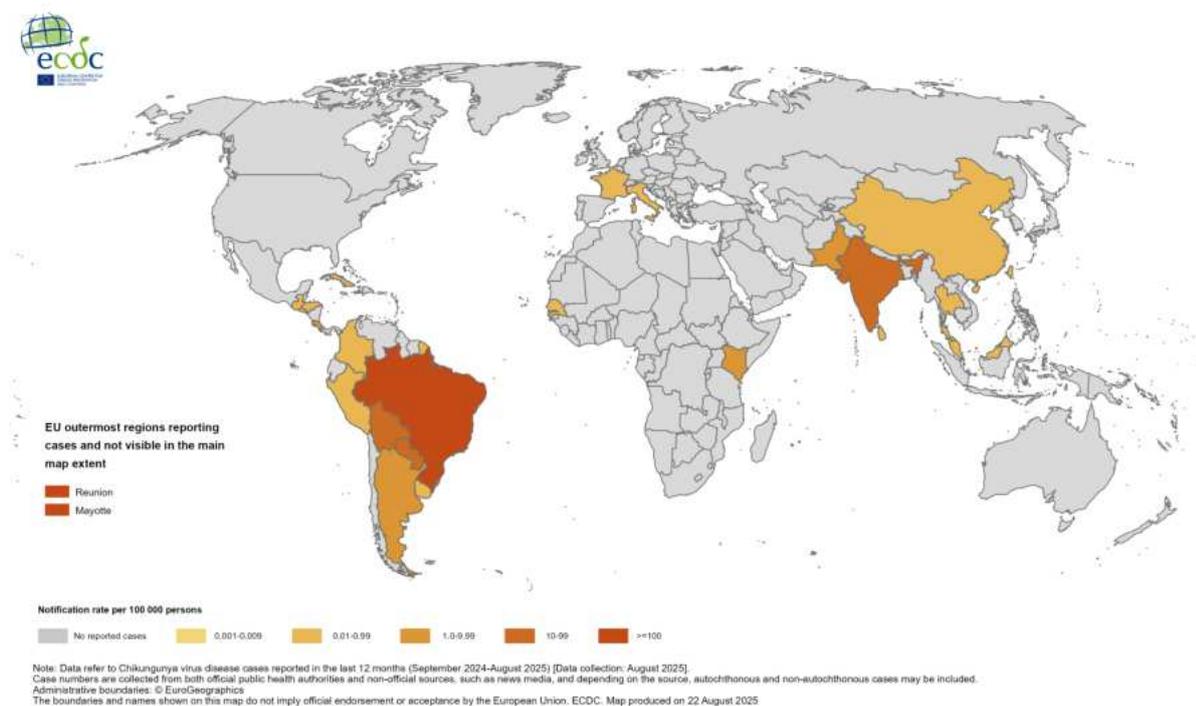
## Maps and graphs

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



Source: ECDC

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



Source: ECDC

## 7. Chikungunya outbreak in China

### Overview:

#### Summary

On 17 August 2025, [Guangdong Provincial CDC](#) reported 830 new cases of chikungunya virus (CHIKV) disease in the Guangdong province for the period 10-16 August. These cases have been reported from Foshan (644), Guangzhou (85), Zhanjiang (22), Shenzhen (16), Huizhou (16), Zhuhai (10), Chaozhou (9), Dongguan (7), Qingyuan (5), Zhongshan (4), Yunfu (4), Jiangmen (2), Meizhou (2), Heyuan (2), Zhaoqing (1), and Yangjiang (1).

The [Foshan Municipal Health and Family Bureau](#) reported that since 29 July, there is a decreasing trend of newly reported CHIKV disease cases in the city as well as new villages reporting cases.

Since the [start of the outbreak](#) in July 2025, and as of 16 August 2025, there have been 9 933 CHIKV disease cases reported in Guangdong province ([source 1](#), [source 2](#), [source 3](#), [source 4](#)).

Most of the cases are reported from Foshan city-prefecture, while other cities from Guangdong province, such as Guangzhou, Zhongshan, and Dongguan, have also reported locally acquired CHIKV disease cases.

Outside of Guangdong province, [media quoting health authorities](#) have reported two CHIKV disease cases from the Special Administrative Region of Macao.

#### Measures taken by Chinese government

Current [disease control measures](#) taken by Chinese authorities are focused on mosquito control such as cleaning stagnant water pools, extensive use of insecticide, drone-driven disinsections, and risk communication campaigns.

## ECDC assessment:

Chikungunya virus disease is currently not classified as a [notifiable disease in China](#). However, both *Aedes albopictus* and *Aedes aegypti*, recognised as competent vectors for CHIKV, are known to be present in [Guangdong province](#).

Available surveillance data from official sources indicate that the outbreak is ongoing. According to International Air Transport Association (IATA) data from July and August 2024, more than 60 000 travellers arrived in mainland EU/EEA from the affected region via the two major international airports situated near the epicentre of the outbreak. It must be noted that travel volumes from this area to mainland EU/EEA increased by approximately 13% in June 2025, compared to June 2024. Complete flight data from July-August 2025 is not yet available.

The Chinese public health authorities have implemented stringent vector control measures aimed at reducing mosquito populations. Consequently, the probability of CHIKV infection among travellers to Guangdong province is currently assessed as very low. Furthermore, given the typically self-limiting nature of the disease and the limited severity of clinical outcomes in most cases, the overall impact is considered low.

Therefore, based on current epidemiological data and control measures in place, the risk of chikungunya virus infection in travellers returning from the affected areas of Guangdong province to the EU/EEA is assessed as low. However, as the environmental conditions in the EU/EEA are currently favourable for CHIKV transmission by mosquito vectors, importation of the virus by travellers returning from China may result in local transmissions.

Chikungunya virus disease risk assessment for mainland EU/EEA can be found on the dedicated [ECDC website](#).

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

## Actions:

In light of the ongoing outbreak of locally acquired chikungunya virus disease in Guangdong Province since early July, ECDC kindly requests countries to report any imported cases of chikungunya virus disease from China to ECDC.

Travellers to the affected regions are advised to apply personal protective measures to avoid the risk of being bitten by mosquitoes.

*Aedes* mosquitoes have diurnal biting activities, both in indoor and outdoor environments. Personal protective measures should therefore be applied all day long and especially during the hours of highest mosquito activity (mid-morning and late afternoon to twilight). Personal protective measures to reduce the risk of mosquito bites include wearing long sleeves and trousers impregnated with insect repellent, the use of repellent sprays applied in accordance with the instructions indicated on the product label, and limiting activities that increase mosquito exposure. In addition, it is recommended to sleep or rest in screened or air-conditioned rooms and to use mosquito bed nets (preferably insecticide-treated nets).

Travellers who visit areas endemic for *Aedes*-borne diseases (e.g. chikungunya virus disease, dengue virus disease and Zika virus disease) and reside in areas of mainland EU/EEA where *Aedes albopictus* and/or *Aedes aegypti* mosquitoes are established should continue to apply personal protective measures after their return for a period of three weeks.

**Last time this event was included in the Weekly CDTR: -**

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

### Overview:

Since the beginning of 2025, over 4 million dengue cases and over 2500 dengue-related deaths have been reported from 101 countries/territories in the WHO Region of Europe (EURO), the Regions of the Americas (PAHO), South-East Asia and West Pacific Regions (SEARO and WPRO, respectively), in the Eastern Mediterranean WHO Region (EMRO) and in Africa.

In EU/EEA (excluding the outermost regions), Italy and France have reported autochthonous cases in 2025 ([Seasonal surveillance of dengue in the EU/EEA](#)). Cases have also been reported from the EU outermost regions.

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

In Guadeloupe, the circulation of the virus continues to within the archipelago, being classified epidemic of phase 2 level 1 (isolated outbreaks) ([Epidemiological Bulletin of French Antilles, 26 June 2025](#)). The most prevalent serotype continues to be DENV-3 ([Epidemiological Bulletin of French Antilles, 26 June 2025](#)). In Martinique, the epidemiological situation is characterised as phase 1 (sporadic cases reported; [Epidemiological Bulletin of French Antilles, 26 June 2025](#)). The classification was modified in April following a decrease in reported cases since March ([Epidemiological Bulletin of French Antilles, 3 April 2025](#)). In Saint Martin and Saint Barthelemy dengue circulation continues, but at lower levels (epidemic phase 1), with no confirmed cases reported in both islands ([Epidemiological Bulletin of French Antilles, 14 August 2025](#)).

In Guyane, over the past two weeks, dengue-related activity on the territory was low with a total of three confirmed cases. Since the beginning of the year, 246 dengue cases have been confirmed in French Guiana, averaging 8 per week. ([Health surveillance in French Guiana. Bulletin of 14 August 2025](#)). The serotype identified in the last two weeks was exclusively DENV-2.

In Mayotte, 30 dengue cases have been reported this year as of the beginning of July ([Chikungunya et dengue à Mayotte. Bulletin du 1 août 2025](#)). No cases of dengue have been detected in the past two weeks, and only two cases since mid-June. This trend indicates a stable viral circulation.

In Reunion, 44 dengue cases, of which 17 confirmed, have been reported since the beginning of the year and as of 10 August 2025 ([Health surveillance in Reunion Island. Bulletin of 14 August 2025](#)). The last autochthonous case was identified in week 17 of 2025 (end of April).

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 29 of 2025, over 3.5 million cases have been reported of which 40% are laboratory confirmed. The decreasing trend after the peak observed after weeks 12-14 continued. The currently reported cases are 69% less compared to the cases reported in the same period in 2024 and 11% above the average of the last 5 years, according to the [WHO PAHO report published on 9 August 2025](#). While all serotypes have been reported as of week 29 of 2025, their distribution differs in the different countries of PAHO ([Report on the epidemiological situation of dengue in the Americas](#)).

According to the [SEARO report published on 13 August 2025](#), dengue has been an increasing trend of dengue cases in Bangladesh (total 2 513 new cases reported the week 4 - 10 August) compared to 2 141 cases reported the week of 28 July – 3 August. The total of cases reported so far in 2025 is higher than the total reported the same period in 2024.

India continues reporting cases of dengue, too. A decrease has been noted in Kerala and in Karnataka. In both areas the cases are lower compared to the same period last year.

Cases of dengue have also been reported by Thailand, Sri Lanka, Nepal and the Maldives.

In Laos, Viet Nam and Singapore in 2025 so far dengue cases are lower than those reported in 2024 (Laos: 4 712 cases and one death as of 26 July 2025; Vietnam: 28 787 cases and five deaths as of 22 June 2025; Singapore: 2 963 cases as of 26 July 2025. [WPRO Dengue Situation update of 7 August 2025](#)). In China, 1 257 cases were reported as of July 2025, a significantly higher number compared to the total cases as of July 2024 (554).

In Afghanistan (EMRO), in 2025, the number of suspected dengue fever cases shows an increase since week 15 of 2025 (mid-April), with 595 cases [reported](#) as of 21 June 2025.

Since the beginning of 2025, in Africa, over 9 800 cases and 20 deaths had been reported from Burkina Faso, Cabo Verde, Comoros, Guinea, Kenya, Mali, Mauritius, Nigeria, Senegal and Sudan ([Africa CDC Epidemic Intelligence Report of 10 August 2025](#)).

*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](#).

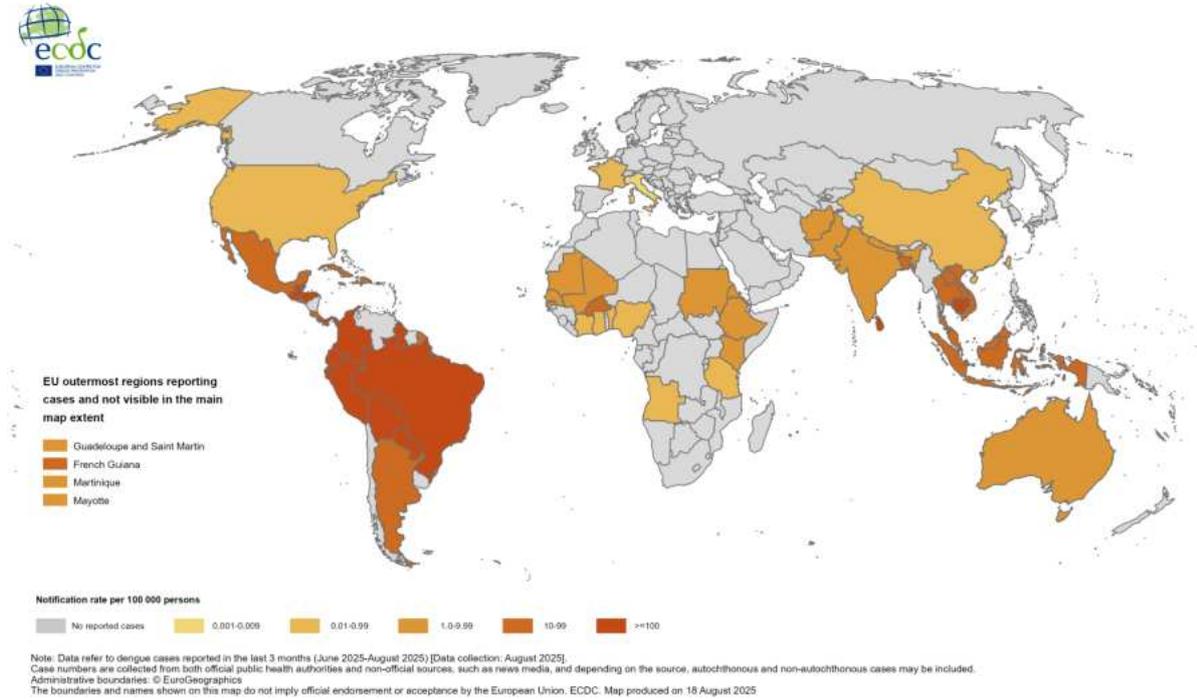
## Actions:

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:** 25 July 2025

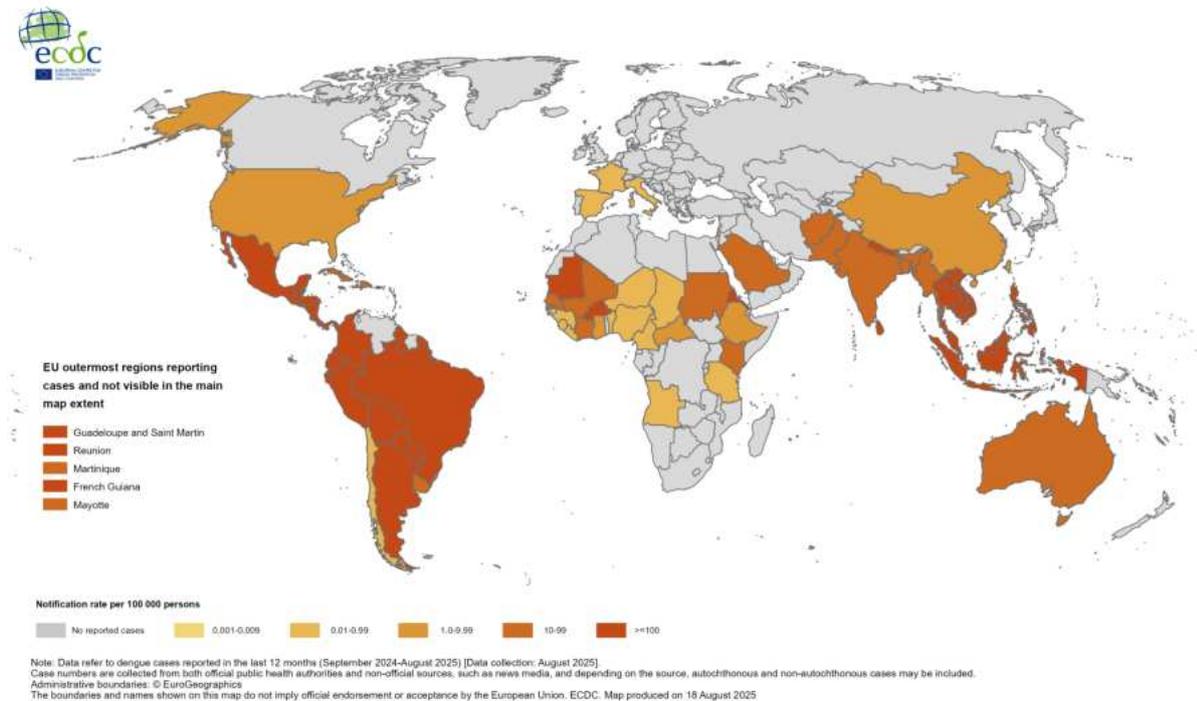
## Maps and graphs

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



Source: ECDC

**Figure 2. 12-month dengue virus disease case notification rate per 100 000 population, September 2024-August 2025**



Source: ECDC

## 9. Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025

### Overview:

#### Update:

In 2025, nine imported cases of Oropouche virus disease were reported to ECDC:

- Germany reported one imported case of Oropouche virus disease in a person who had visited Dominica from January to February 2025.
- France reported four imported cases:
  - Three persons reported symptom onset of Oropouche virus disease during travel in South America between April and May 2025, with two cases linked to Brazil and one case developing symptoms during travel in multiple countries (Colombia, Brazil, Puerto Rico).
  - One person developed symptoms during a stay in Brazil until 1 March 2025.
- Austria reported one imported case in a traveller returning from Colombia with symptoms appearing in July 2025.
- The United Kingdom (UK) reported three imported cases in citizens who travelled to Brazil between February and April.

In 2024, 44 imported cases of Oropouche virus disease were reported in EU countries: Spain (23), Italy (8), Germany (3), France (7), Austria (1), Sweden (1) and the Netherlands (1). Forty-three cases had a travel history to Cuba and one to Brazil.

Oropouche virus disease is a zoonotic disease caused by the Oropouche virus (OROV). To date, outbreaks of OROV disease have been reported in several countries across South America, Central America and the Caribbean. During 2024, outbreaks have been reported in Brazil, Bolivia, Colombia, Peru, and more recently in Cuba. Oropouche virus is mainly transmitted to humans as a result of being bitten by infected midges, however some mosquitoes species can also spread the virus. The principal vector (*Culicoides paraensis* midge) is widely distributed across the Americas, but absent in Europe. To date, there has been a lack of evidence as to whether European midges or mosquitoes could transmit the virus. Oropouche virus disease can manifest as an acute febrile illness with headache, nausea, vomiting, muscle and joint pains, and occasionally more severe symptoms. The prognosis for recovery is good and fatal outcomes are extremely rare. There are no vaccines to prevent or specific medication to treat OROV disease. Direct, horizontal, human-to-human transmission of the virus has not been documented so far. The Brazilian Ministry of Health reported possible cases of OROV disease being passed from mother-to-child during pregnancy. The potential risk during pregnancy and foetopathic effects of OROV infection are still under investigation and have not been confirmed.

### ECDC assessment:

The likelihood of infection for EU/EEA citizens travelling to, or residing in epidemic areas of South and Central America is currently assessed as moderate. The likelihood of infection increases if travellers visit the more-affected municipalities of the northern states of Brazil and/or the Amazon region, and/or if personal protection measures are not taken. Given the good prognosis for recovery, the impact is assessed as low. The risk of infection for EU/EEA citizens travelling to OROV-epidemic countries in the Americas is therefore assessed as moderate.

Recent data indicate that OROV infection in pregnant women may lead to miscarriage, abortion and/or developmental problems, and deformities of the foetus. The impact of OROV infection for pregnant women, fetuses and new-borns could therefore be higher than for the general population, although this is still under investigation.

The likelihood of human exposure to OROV in the EU/EEA is considered very low, despite the possible importation of further OROV disease cases, as the competent vectors commonly described in the Americas are absent from continental Europe, and to date, no secondary transmission has ever been reported. Therefore, the risk of locally-acquired OROV disease in the EU/EEA is low.

Personal protective measures to reduce the risk of bites in epidemic areas include the use of repellent in accordance with the instructions indicated on the product label, wearing long-sleeved shirts and long trousers and using insecticide-treated fine mesh mosquito bed nets when resting. These measures are essential to provide protection against bites in rooms that are not adequately screened (with fine-mesh screens on doors and windows) or air-conditioned, and during outdoor activities.

Symptoms of OROV disease can be similar to other arboviral infections such as dengue, chikungunya virus disease, Zika virus disease, or malaria. The early detection of travel-associated cases can be enhanced by an increasing awareness among health professionals of travellers returning from areas with active OROV transmission, and adequate laboratory diagnostic capability. Laboratory testing for OROV should be performed when other tests for diseases of common aetiology return negative. In addition, travel medicine clinics should inform travellers to epidemic areas of the risks related to the disease and protective measures that can reduce the likelihood of infection. In addition, public health authorities should report new cases of OROV infection through EpiPulse to enable a continuous assessment of the situation.

Due to the potentially high impact of congenital OROV infection, pregnant women planning to travel to epidemic countries where transmission is ongoing or has been reported should be provided with comprehensive information on the potential risk associated with OROV infection and prevention strategies. Areas affected by OROV are also classified as countries and territories with current or previous Zika virus (ZIKV) transmission, and travel advice for pregnant women related to ZIKV can also adequately address the potential risk associated with Oropouche virus disease. A link to the US-CDC recommendation, including information for pregnant women, can be found [here](#).

### **Actions:**

ECDC issued a [Threat Assessment Brief](#) on 9 August 2024.

**Last time this event was included in the Weekly CDTR:** 25 July 2025

## **10. Expert deployment**

### **Overview:**

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

**Last time this event was included in the Weekly CDTR:** 15 August 2025

# 11. Circulating vaccine-derived poliovirus type 1 (cVDPV1) - Israel - 2025

## Overview:

On 4 August 2025, Israel informed WHO of an outbreak of circulating vaccine-derived poliovirus type 1 (cVDPV1), as described in the WHO [Disease Outbreaks News](#) published on 20 August 2025. Between February and July 2025, cVDPV1 was detected in nine environmental samples from seven sites, mainly in Jerusalem and the Central Region. No cases of paralysis have been reported.

Genetic analysis shows that all isolates collected are linked and are also linked to earlier Sabin-like viruses that have been detected since October 2024. The ongoing detection in environmental samples indicates sustained community transmission.

On 23 December 2024, a case of Acute Flaccid Paralysis (AFP) was reported in a 17-year-old boy who was not vaccinated. The case was related to Sabin-like type 1 virus (SL1) detected in environmental surveillance and was classified as vaccine-associated paralytic poliomyelitis (VAPP).

Israel stopped using the oral bivalent polio vaccine (bOPV) in March 2025 but continues to provide four doses of inactivated polio vaccine (IPV) as part of the routine immunization schedule for infants up to 12 months of age. WHO/UNICEF (WUENIC) Estimates of National Immunization Coverage for three doses of IPV was 98% in 2024, but Jerusalem's rates are notably lower.

In response to the outbreak, the authorities have enhanced surveillance, conducted investigations to assess the scale of local circulation, and intensified immunization campaigns in under-vaccinated communities. The Ministry of Health's emergency response team, established during previous polio outbreaks, remains active. Communication strategies are being tailored to address vaccine hesitancy and improve immunization rates, with support from international partners such as WHO and the Global Polio Eradication Initiative.

## ECDC assessment:

These are the first findings of environmental samples positive for cVDPV1 in Israel. No related polio cases have been reported. The WHO European Region, including the EU/EEA, has remained polio-free since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are populations groups 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. In the EU/EEA, one country (Romania) is considered to be at high risk and five countries (Austria, Estonia, Hungary, Poland and Slovenia) are considered to be at intermediate risk of a sustained polio outbreak following wild poliovirus importation or the emergence of circulating vaccine-derived poliovirus (cVDPV). This is due to suboptimal vaccination programme performance and low population immunity, according to the [European Regional Certification Commission for Poliomyelitis Eradication \(RCC\)](#) report published in December 2024, referring to data from 2023.

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](#), [ECDC Risk Assessment 2025](#), [ECDC Risk Assessment 2014](#)

### Actions:

ECDC is monitoring the event through its epidemic intelligence activities.

**Last time this event was included in the Weekly CDTR: -**

## Events under active monitoring

- Dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 25 July 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 25 July 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 25 July 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 25 July 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 25 July 2025
- Seasonal surveillance of dengue – 2025 - last reported on 25 July 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 25 July 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 25 July 2025
- Vibriosis non-cholerae - Poland - 2025 - last reported on 25 July 2025
- Expert deployment - last reported on 22 August 2025
- Circulating vaccine-derived poliovirus type 1 (cVDPV1) - Israel - 2025 - last reported on 22 August 2025
- Chikungunya outbreak in China - last reported on 22 August 2025
- Chikungunya virus disease – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 22 August 2025
- Autochthonous malaria in Mayotte, France - 2025 - last reported on 15 August 2025
- Listeriosis - Multi-country (EU/EEA) - 2024-2025 - last reported on 15 August 2025
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 15 August 2025
- Nipah virus disease – India – 2025 - last reported on 08 August 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 08 August 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 08 August 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 01 August 2025
- SARS-CoV-2 variant classification - last reported on 01 August 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 01 August 2025
- Iatrogenic botulism associated with cosmetic procedures in England - last reported on 01 August 2025