WEEKLY BULLETIN

Communicable disease threats report

Week 35, 23–29 August 2025

This week's topics

Executive Summary

Overview of respiratory virus epidemiology in the EU/EEA

- Primary and secondary care consultation rates for respiratory illness have been at baseline or low levels during the summer period. Overall, influenza and RSV circulation have remained low following the winter epidemics.
- Following a winter period with limited SARS-CoV-2 circulation, a steady increase in indicators of SARS-CoV-2 circulation has been observed in several countries. However, overall SARS-CoV-2 hospital admissions, ICU admissions, and deaths remain lower than during the same period in 2024.
- Influenza detections and positivity remained low in week 34 in most reporting countries both in sentinel and non-sentinel specimens. Overall, positivity is 2.5% in primary care specimens, and 0.8% in SARI specimens.

Locally acquired rabies – Romania – 2025

- Romania reported a locally acquired human rabies case in Iași county.
- A few months before symptom onset the patient was bitten by an unidentified stray dog; however, they did not receive post-exposure prophylaxis against rabies.
- Central nervous system symptoms started in mid-June, and the patient died in mid-July 2025.
- The risk of contracting rabies for people residing in or visiting Romania is very low.

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

Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025

- In August 2024, France reported the first autochthonous case of chikungunya virus disease in 10 years in Réunion, with onset of symptoms on 12 August. A decrease in surveillance indicators (primary care visits and emergency department visits) for chikungunya virus disease has been observed since week 17, with a stabilised low weekly number of cases and number of communes infected for the last three weeks.
- Since the beginning of the year, and as of 17 August 2025, 54 545 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since the beginning of the outbreak, 28 deaths, mostly in people over 65 years old, have been classified as chikungunya virus disease related.
- The regional health agency initiated a vaccination campaign for prioritised individuals on 7 April.
- On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 1 August 2025, 1 201 confirmed cases of the disease have been reported on the island, with a decrease observed since week 22 (end of May).

Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025

- Since the beginning of 2025 and as of 27 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 27 August 2025, three countries in Europe have reported cases of dengue: France (14), Italy (five), and Portugal (two).
- This week France and Italy reported new cases.

Weekly seasonal surveillance of West Nile virus infection – 2025

- Since the beginning of 2025, and as of 27 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.

Seasonal surveillance of chikungunya virus disease – 2025

- Since the beginning of 2025 and as of 27 August 2025, two countries in Europe have reported cases of chikungunya virus disease: France (227) and Italy (63).
- This week, France reported 71 new locally acquired cases of chikungunya virus disease, while Italy reported reported 34 new locally acquired cases.

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 until the end of August.

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

Overview:

- Data reported in week 34, 2025 showed that consultation rates for syndromic indicators of respiratory infections remained at baseline for all reporting EU/EEA countries. 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.
- Overall, SARS-CoV-2 pooled ILI/ARI test positivity in primary care specimens was at 19% in week 34. The activity indicators remained varied in the different countries.

- In secondary care SARI specimens, the pooled test positivity increased to 14% in week 34, mainly driven by data from Ireland, Malta and Spain. The numbers of reported hospitalisations and deaths remain at relatively low levels.
- 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 and across age groups. For several weeks, hospital admissions have been increasing in Ireland and SARS-CoV-2-related laboratory-confirmed deaths have been increasing in Portugal.
- Influenza activity remained low in week 34 in most reporting countries. This was reflected in both sentinel and non-sentinel specimen detections and positivity. Overall, positivity is 2.5% in primary care specimens and 0.8% in SARI specimens.

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 have been at baseline or low levels during 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.

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 of 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.

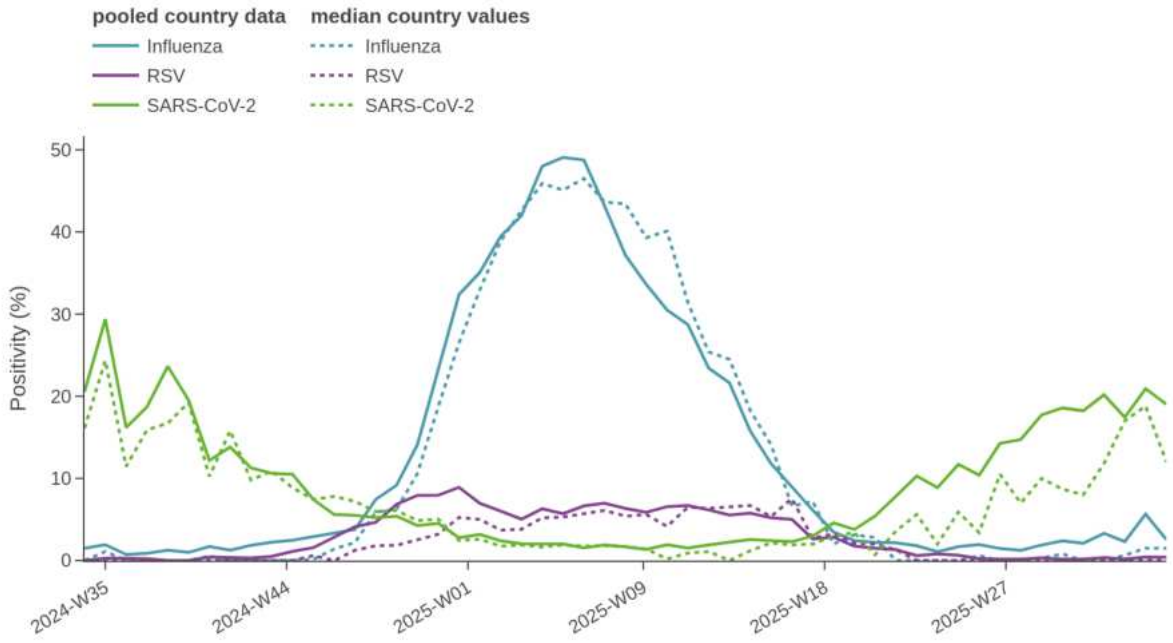
Wearing masks in settings such as high-risk wards and long-term care facilities can help protect populations at high risk of severe disease.

Sources: ERVISS

Last time this event was included in the Weekly CDTR: 22 August 2025

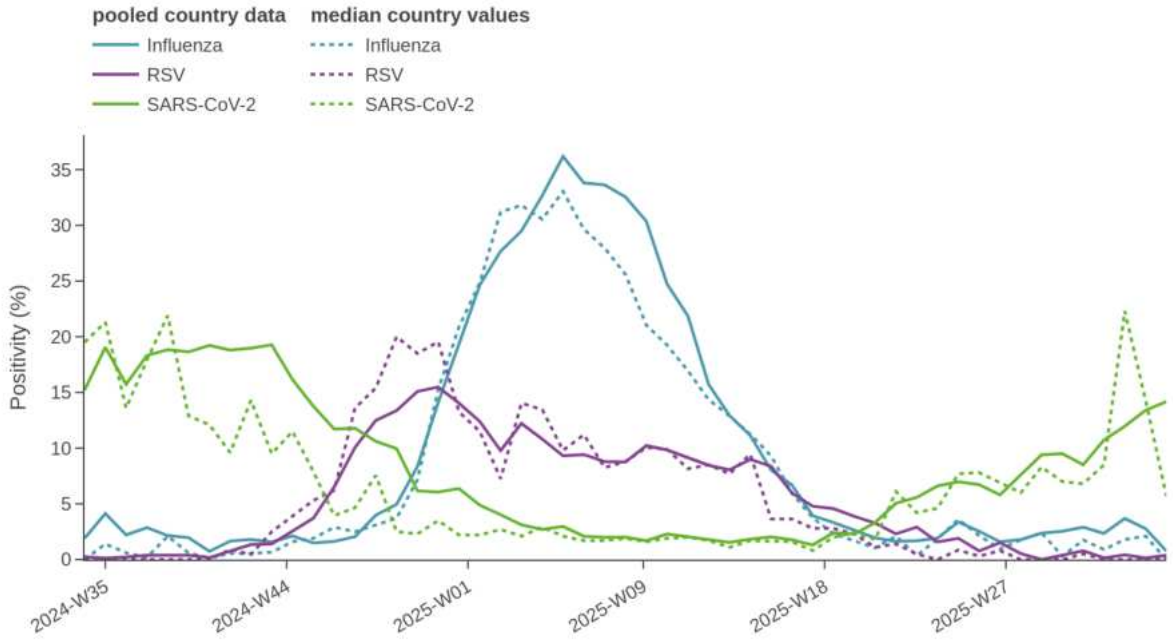
Maps and graphs

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 34, 2025

		Reporting countries		EU/EEA summary		
Indicator	**Syndrome or pathogen**	**Week 34**	**Week 33**	**Description**	**Value**	**Comment**
ILI/ARI consultation rates in primary care	ARI	11 rates (9 MEM)	12 rates (9 MEM)	Distribution of country MEM categories	9 Baseline	
	ILI	14 rates (14 MEM)	15 rates (14 MEM)		14 Baseline	
ILI/ARI test positivity in primary care	Influenza	12	12	Pooled (median; IQR)	2.5% (1.5; 0-3%)	The ILI/ARI test positivity of Denmark dropped from 25% in week 33 to 8.3% in week 34. The other reporting countries had test positivity values below 4%.
	RSV	11	10		0.4% (0; 0-0%)	
	SARS-CoV-2	11	11		19% (12; 8.2-17%)	The pooled ILI/ARI test positivity decreased from week 33 (21%) to 19% in week 34. Three countries had a test positivity above 10%: Spain (27.5%), Norway (17.2%) and Greece (15.7%).
SARI rates in hospitals	SARI	7	9	-	-	
SARI test positivity in hospitals	Influenza	5	7	Pooled (median; IQR)	0.8% (0; 0-1.3%)	While Estonia reported positivity 10% (out of 10 specimens), Spain reported test positivity of 1.3% (ouf of 234 specimens). Malta reported decreasing influenza detections from the non-sentinel sources as well as decreasing number of laboratory-confirmed, hospitalised cases.
	RSV	5	6		0.4% (0.2; 0-0.4%)	
	SARS-CoV-2	5	7		14% (5.7; 0-24%)	The pooled SARI test positivity increased to 14% from 6% in week 33. Of five countries reporting a minimum of 10 tests in week 34, two (Ireland and Spain) reported a test positive above 20%.
Intensity (country-defined)	Influenza	17	18	Distribution of country qualitative categories	14 Baseline 3 Low	
Geographic spread (country-defined)	Influenza	15	17	Distribution of country qualitative categories	8 No activity 7 Sporadic	

Source: ECDC

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

	Week 34, 2025		Week 40, 2024 - week 34, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**13**	**-**	**25608**	**-**
Influenza A	13	100	15104	60
A(H1)pdm09	11	100	7334	57
A(H3)	0	0.0	5521	43
A (unknown)	2	-	2249	-
Influenza B	0	0.0	10226	40
B/Vic	0	-	4670	100
B/Yam	0	-	1	0.0
B (unknown)	0	-	5555	-
Influenza untyped	0	-	278	-
RSV	**2**	**-**	**4772**	**-**
RSV-A	0	-	868	44
RSV-B	0	-	1115	56
RSV untyped	2	-	2789	-
SARS-CoV-2	**97**	**-**	**4568**	**-**

Source: ECDC

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

Figure | Table

	Week 34, 2025		Week 40, 2024 - week 34, 2025	
Pathogen	**N**	**%[a]**	**N**	**%[a]**
Influenza	**4**	-	**13824**	-
Influenza A	3	75	5865	82
A(H1)pdm09	1	100	1747	60
A(H3)	0	0.0	1162	40
A (unknown)	2	-	2956	-
Influenza B	1	25	1271	18
B/Vic	0	-	164	100
B (unknown)	1	-	1107	-
Influenza untyped	0	-	6688	-
RSV	**2**	-	**5733**	-
RSV-A			792	48
RSV-B			870	52
RSV untyped	2	-	4071	-
SARS-CoV-2	**76**	-	**4948**	-

Source: ECDC

Figure 6. Genetically characterised influenza virus distribution, week 40, 2024 to week 34, 2025

Subtype distribution			Subclade distribution		
Subtype	**N**	**%**	**Subclade**	**N**	**%**
A(H1)pdm09	5697	40	5a.2a(C.1.9)	3782	67
			5a.2a.1(D)	737	13
			5a.2a(C.1.9.3)	700	12
			5a.2a.1(D.3)	283	5
			5a.2a(C.1)	157	3
			Not assigned	38	-
A(H3)	4343	30	2a.3a.1(J.2)	3399	79
			2a.3a.1(J.2.2)	593	14
			2a.3a.1(J.2.1)	247	6
			2a.3a.1(J)	43	1.0
			2a.3a.1(J.1)	39	0.9
			2a.3a.1(J.4)	3	0.1
			Not assigned	19	-
B/Vic	4334		V1A.3a.2(C.5.1)	2496	58
			V1A.3a.2(C.5.7)	939	22
			V1A.3a.2(C.5.6)	784	18
			V1A.3a.2(C)	79	2
			V1A.3a.2(C.5)	17	0.4
			Not assigned	19	-

Source: ECDC

Figure 7. SARS-CoV-2 variant distribution, weeks 32–33, 2025

Variant	Classification[a]	Reporting countries	Detections	Distribution (median and IQR)
BA.2.86	VOI	3	8	5% (4-6%)
XFG	VUM	3	118	72% (46-84%)
NB.1.8.1	VUM	3	12	7% (4-16%)
LP.8.1	VUM	3	10	4% (3-14%)

Source: ECDC

2. Locally acquired rabies – Romania – 2025

Overview:

Romania reported a locally acquired human rabies case in Iași county. The onset of central nervous system (CNS) symptoms was in mid-June 2025. The patient was hospitalised nine days after symptom onset and passed away in mid-July.

Rabies virus antigens and nucleic acid were detected in saliva and cerebrospinal fluid samples. Postmortem tests also detected rabies virus nucleic acid in central nervous system and skin tissue samples, as well as rabies virus-specific antibodies in serum samples.

A few months before symptom onset the patient was bitten by an unidentified stray dog; however, they did not receive post-exposure prophylaxis against rabies and tetanus.

ECDC assessment:

This is the first autochthonous human rabies case in Romania since 2012.

Human-to-human transmission through bites or saliva is theoretically possible but has never been confirmed; therefore, the risk of further transmission is very low. The risk of contracting rabies for people residing in or visiting the eastern counties of Romania is very low. However, preventive measures should be followed, such as avoiding contact with wild mammals, as well as dogs with unknown vaccination status.

Rabies is one of the animal diseases for which a comprehensive set of rules has been developed at the EU level. EU Member States must notify the EU Animal Disease Information System if outbreaks of infection with rabies virus are identified in non-flying animals. Moreover, those who are not free from rabies throughout their territory must establish a programme for its eradication. Vaccination is the primary measure of rabies eradication programmes. Regular oral rabies vaccination campaigns in wild fauna are organised in Romania. Vaccination of dogs is also a legal requirement in Romania (Legea 258/2013, Ordinul nr. 9/2024 on veterinary campaigns). In addition, Regulation (EU) No 576/2013 requires that dogs, cats, and ferrets must be vaccinated against rabies if they are to travel between EU Member States or enter the EU from non-EU countries.

For the year 2024, Romania reported 28 rabies cases in animals (11 in cattle, 9 in foxes and 8 in dogs).

If a person has been bitten or scratched by a dog, cat, fox, bat or other mammal in an area where rabies virus is circulating, they are advised to seek medical help immediately. Timely prophylaxis in the event of exposure to a potentially infected animal is of utmost importance and knowledge of the epidemiological situation is vital to decide on appropriate post-exposure measures. Treatment consists of local wound care, vaccination and passive immunisation with immunoglobulin if indicated. To be effective, treatment must be administered as soon as possible after exposure.

Based on individual risk assessment, pre-exposure immunisation should be offered to people at risk of exposure to rabid animals.

Actions:

ECDC continues monitoring rabies in humans.

Last time this event was included in the Weekly CDTR: –

3. Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025

Overview:

Update:
According to the French National Health Authority, since the beginning of the year and as of 17 August 2025, 54 545 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since week 17, a decrease in surveillance indicators has been observed. In week 32, eight confirmed cases were reported, compared with six in week 31. Eight communes were affected, with a maximum of five cases per commune. The estimated number of emergency department visits for chikungunya virus disease in week 33 was one and this figure remains stable. Since the beginning of the year and as of 17 August, 28 deaths have been classified as chikungunya virus disease related.

As of 5 August 2025, 78% (714/914) of imported cases in mainland France were coming from Réunion.

On 25 July 2025, the European Medicines Agency (EMA) lifted the temporary restriction on vaccinating people 65 years old and above with the Ixchiq vaccine. Vaccination remains open in Réunion for people 18–64 years old who have comorbidities and vector control professionals, only.

On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 1 August 2025, 1 201 confirmed cases of the disease have been reported on the island. The number of cases has been decreasing since week 22 and remained stable in weeks 29 and 30 (less than 10 cases reported weekly). No deaths have been reported.

Background:
In August 2024, France reported the first autochthonous case of chikungunya virus disease in Réunion in 10 years, with symptom onset on 12 August.

ECDC assessment:

The last major chikungunya virus disease epidemic in Réunion was in 2005–2006. The mosquito *Aedes albopictus*, which is a known vector of chikungunya virus (CHIKV), is established in Réunion. The surveillance data indicate that the outbreak has been decreasing in Réunion since week 17, with a low circulation of the virus. However, the French authorities report a stable weekly number of cases and number of communes affected for the last three weeks. Therefore, the epidemic is still active but at a low level. The probability of infection for residents and travellers to Réunion is assessed as low.

The impact in terms of hospitalisation has mainly been seen in vulnerable individuals such as infants, older adults, people with chronic illnesses and pregnant women, in whom the disease can be serious.

In Mayotte, both the mosquito *Aedes albopictus*, and the mosquito *Aedes aegypti* (which is also a known vector of CHIKV) are widely established. Although surveillance data indicate a low weekly number of cases, this must be interpreted with caution, as several factors limit the quality and completeness of the surveillance system's data. The probability of infection for residents and travellers to Mayotte is assessed as low.

Chikungunya virus disease risk assessment for mainland EU/EEA can be found on the dedicated ECDC website: Chikungunya virus disease risk assessment for mainland EU/EEA.

Actions:

To avoid virus spread, the local authorities implemented reinforced prevention and control measures. The population is being encouraged to remove objects around homes that could contain

water and serve as potential mosquito propagation sites, to protect themselves against mosquito bites, and to consult a doctor if symptoms occur.

Pregnant women, especially in the third trimester, are strongly advised to protect themselves from mosquito bites by using effective, pregnancy-safe repellents, and to sleep under a mosquito net. This precautionary measure is useful throughout pregnancy, given that fever during pregnancy can also lead to miscarriage. Newborns and infants should also be protected from mosquito bites by using effective and age-appropriate mosquito repellents (from three months of age) and nets.

ECDC will continue monitoring the situation in Réunion and Mayotte through its epidemic intelligence activities and worldwide monthly updates on chikungunya virus disease.

ECDC is also monitoring the situation on locally acquired chikungunya virus disease cases in the EU/EEA. For more information, see ECDC's seasonal surveillance report for chikungunya virus disease.

Further information:

Travellers to Réunion 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* mosquitos are established should continue to apply personal protective measures after their return for a period of three weeks.

In the context of the outbreak, following the recommendations of the French health authorities, the national blood services have put the following measures in place for blood safety:

- CHIKV NAT for all donors in the overseas department of Réunion;
- CHIKV-NAT, or a 28-day temporary deferral period, for travellers who have stayed at least one night in Réunion 28 days prior to donation.

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

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

Overview:

Since the beginning of 2025 and as of 27 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 the 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 occurred 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 the 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 cases reporting a history of exposure 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: 22 August 2025

5. Seasonal surveillance of dengue – 2025

Overview:

Since the beginning of 2025 and as of 27 August 2025, three countries in Europe have reported cases of dengue: France (14), Italy (five), and Portugal (two).

In the past week, France reported three new locally acquired cases of dengue, two cases in a new cluster in Langon and one case in Rognac. The cumulative number of locally acquired cases in France has reached 14, distributed across seven clusters. Three clusters in France are currently active.

Italy reported one new case without an associated cluster or LAU level. Two clusters in Italy are currently active.

No other countries reported dengue cases in the past week.

Please find the full report on seasonal surveillance of dengue in the EU/EEA on ECDC's dedicated webpage. 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: 22 August 2025

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

Overview:

Since the beginning of 2025, and as of 27 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, 88 areas are known to be affected.

The report is available online.

Last time this event was included in the Weekly CDTR: 22 August 2025

7. Seasonal surveillance of chikungunya virus disease – 2025

Overview:

Since the beginning of 2025 and as of 27 August 2025, two countries in Europe have reported cases of chikungunya virus disease: France (227) and Italy (63).
In the past week, France has reported 71 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 227, distributed across 30 clusters. Twenty-three clusters are currently active. The largest cluster is located in Vitrolles and consists of 36 cases.

Italy reported 34 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 63, distributed across six clusters (including one cluster without an associated NUTS 3 or LAU level). Five clusters are currently active. The largest cluster is located in Carpi and San Prospero, and consists of 53 cases.

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

ECDC assessment:

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: 22 August 2025

8. 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.

The deployment is scheduled to finish by the end of August.

Last time this event was included in the Weekly CDTR: 22 August 2025

Events under active monitoring

- Expert deployment - last reported on 29 August 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 29 August 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 29 August 2025
- Seasonal surveillance of Crimean-Congo haemorrhagic fever – 2025 - last reported on 29 August 2025
- Seasonal surveillance of dengue – 2025 - last reported on 29 August 2025
- Weekly seasonal surveillance of West Nile virus infection – 2025 - last reported on 29 August 2025
- Seasonal surveillance of chikungunya virus disease – 2025 - last reported on 29 August 2025
- Locally acquired rabies – Romania – 2025 - last reported on 29 August 2025
- Mass gathering monitoring – Jubilee of 2025 in Italy - last reported on 25 July 2025
- Imported Oropouche virus disease cases - EU/EEA and UK - 2024/2025 - last reported on 25 July 2025
- 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
- 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
- Seasonal surveillance of West Nile virus infections – 2025 - last reported on 15 August 2025
- Listeriosis - Multi-country (EU/EEA) - 2024-2025 - last reported on 15 August 2025
- Nipah virus disease – India – 2025 - last reported on 8 August 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 8 August 2025

- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 8 August 2025
- Iatrogenic botulism associated with cosmetic procedures in England - last reported on 1 August 2025
- SARS-CoV-2 variant classification - last reported on 1 August 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 1 August 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 1 August 2025