WEEKLY BULLETIN

Communicable disease threats report

Week 22, 24 - 30 May 2025

This week's topics

Executive summary

SARS-CoV-2 variant classification

- Since the last update on 25 April 2025, and as of 28 May 2025, **NB.1.8.1** (XDV descendant) was added as a **variant under monitoring (VUM)**.
- Note that for this update, sufficient data for estimating variant proportions during the reporting weeks is only available from two EU/EEA countries. The statistics below therefore only represent a limited part of the EU/EEA.
- The VOI and VUM median proportions in the EU/EEA for weeks 19-20, based on two reporting countries, are currently:
    - KP.3 32.8% (range: 8.5%-57.1%)
    - BA.2.86 19.1% (range: 7.1%-31.0%)
    - XEC 7.8% (range: 7.1%-8.5%)
    - LP.8.1 33.2% (range: 21.4%-45.1%)

Hepatitis A - Multi-country (EU) - 2024-2025

- More reported cases of hepatitis A virus (HAV) infection than expected have been observed during November 2024 – May 2025 in Austria, Czechia, Hungary, and Slovakia. In addition, Germany has reported two HAV cases that are genetically linked to this event.
- Sequencing analyses of a subset of the samples have identified two closely-related clusters, with one nt difference. One cluster consists of cases from Germany and Hungary. The other cluster consists of cases from Austria and Slovakia.
- No food source is suspected at this point, but rather person-to-person transmission in groups of people living in poor sanitary conditions.

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.
- Since the beginning of the year, and as of 18 May 2025, close to 51 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since the beginning of the outbreak, 12 deaths in individuals over 70 years with comorbidities were classified as chikungunya-virus-disease-related.
- The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate groups who are at higher risk of severe disease and vector control professionals. The regional health agency initiated a vaccination campaign for prioritised individuals on 7 April.
- On 26 April 2025, the **French Ministry of Health and Access to Care** reported three serious adverse events following vaccination against chikungunya with the Ixchiq vaccine in Reunion, including one death. As result, the health authorities suspended the vaccination of people over 65 years, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18–64 years with comorbidities.
- On 7 May 2025, the European Medicine Agency (EMA) stated that the agency's safety committee (PRAC) has started a review of the Ixchiq vaccine following the reports of serious adverse events in older adults. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above. More information can be found in Communicable disease threats report, 3 May - 9 May 2025, week 19.
- On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 18 May 2025 (week 20), 326 confirmed cases of the disease have been reported on the island. Due to the intensified circulation of locally acquired cases of chikungunya, the ORSEC plan has transitioned to phase 2B to control the outbreak and better prepare for a possible epidemic phase.

Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia - 2025

- In 2025, the annual Islamic Hajj pilgrimage will take place in the Kingdom of Saudi Arabia from 4 to 9 June.
- ECDC is monitoring this event through its epidemic intelligence for mass gathering activities between 26 May and 13 June 2025 in collaboration with the Gulf CDC.
- Weekly reporting is foreseen in the Communicable Disease Threats Report (CDTR) as well as ad hoc reporting in the case of a detected event or a public health threat.
- The likelihood of infection with communicable diseases and the impact for EU/EEA citizens during Hajj are considered low if public health recommendations are followed. The impact and the overall risk are considered moderate for people with underlying conditions, the elderly, and pregnant women.

Risk Assessment under production

- ECDC is preparing a Rapid Risk Assessment on the multi-country outbreak of Hepatitis A in the EU/EEA, with a planned date for publication on 16 June 2025.

1. SARS-CoV-2 variant classification

Overview:

Since the last update on 25 April 2025, and as of 28 May 2025, NB.1.8.1 was added as a variant under monitoring (VUM) and de-escalated variants.

NB.1.8.1 is a descendent of the XDV lineage, which in turn descended from BA.2.86. NB.1.8.1 features the following additional mutations relative to BA.2.86: T22N, F59S, G184S, A435S, L455S, F456L, T478I and Q493E. While T22N, F59S, L455S, F456L and Q493E have featured in other BA.2.86 descendants such as KP.3, XEC and LP.8.1, three are unique to NB.1.8.1: G184S, A435S and T478I.

VUM classification is based on evidence of an increased growth rate, relative to other circulating variants, globally, with a limited number of sequences (n=18) reported in the EU/EEA as of 25 May 2025. While this VUM classification serves to highlight the evolution of a SARS-CoV-2 variant that is outcompeting other strains, it is too early to assess if NB.1.8.1 will have any substantial epidemiological impact in the EU/EEA, with current SARS-CoV-2 circulation at very low levels. There is currently no evidence of increased severity for NB.1.8.1 and no significant impact on vaccine effectiveness against severe disease is anticipated for currently available vaccines, although further laboratory and clinical studies are awaited [1, 2, 3, 4].

The VOI median proportions in the EU/EEA for weeks 19-20, based on two reporting countries, are currently:
KP.3: 32.8% (range: 8.5%-57.1%, IQR: 20.6%-45.0%)

BA.2.86: 19.1% (range: 7.1%-31.0%, IQR: 13.1%-25.0%).

The VUM median proportions in the EU/EEA for weeks 19-20, based on two reporting countries, are currently:

XEC: 7.8% (range: 7.1%-8.5%, IQR: 7.5%-8.1%)

LP.8.1: 33.2% (range: 21.4%-45.1%, IQR: 27.3%-39.2%).

The calculations are based on data reported to GISAID, as of 25 May 2025. Note that for this update, sufficient data for estimating variant proportions during the reporting weeks is only available from two EU/EEA countries. The statistics below therefore only represent a 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 individuals, those with underlying conditions, and individuals 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 individuals 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 variant 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: 2 May 2025

2. Hepatitis A - Multi-country (EU) - 2024-2025

Overview:

Several countries in EU have observed an increase in reported cases of hepatis A genotype 1B. In particular, Austria, Czechia and Hungary have observed more reported cases than expected between November 2024 to May 2025. The increase of HAV infection is mainly affecting adults that are experiencing homeless, people with a drug addiction and people living in poor sanitary conditions.

Two genetically closely related clusters of HAV 1b have been identified (cluster a and cluster b). The clusters only differ with one nt.

ECDC assessment:

The outbreak is likely driven by person-to-person transmission among people living in poor hygienic conditions. Homelessness, co-morbidities, addiction to drugs and alcohol are observed among the reported cases, making the group vulnerable to severe disease. The chain of transmission is ongoing, and new cases are likely to occur.

In the context of the current outbreaks, if feasible, targeted single dose pre-exposure hepatitis A vaccination programmes for unvaccinated populations who are at higher risk of infection, such as persons who inject drugs or persons experiencing homelessness, are recommended. Also, providing post-exposure prophylaxis by administering hepatitis A vaccine, or in certain circumstances hepatitis A immunoglobulins, in accordance with national guidelines to prevent secondary cases.

Actions:

- ECDC is preparing a risk assessment to be published on June 16. ECDC continues monitoring this situation through EpiPulse and will continuously assesses the available epidemiological information.
- Further sequencing support is offered to the affected countries.
- Countries are kindly requested to keep the event information in EpiPulse continuously updated.

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 18 May 2025, close to 51 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since week 17, a decrease in surveillance indicators has been observed. The estimated number of primary care visits and emergency department visits for chikungunya virus disease on week 20 was 4 730 and 116, respectively. This represents a 42% decrease in primary care visits and 30% decrease in emergency department visits, compared with week 19, but data are still being consolidated. Cases have been reported in all municipalities.

So far, 391 people with the disease have been hospitalised for more than 24 hours, including 342 for which chikungunya virus disease was the reason for admission. For the other cases, the diagnosis was confirmed incidentally during hospitalisation. To date, 71 severe cases (i.e. those with at least one organ failure) have been reported. These cases were in 39 adults over 65 years with comorbidities, nine people under 65 years (including six with co-morbidities) and 23 infants under three months.

Since the beginning of the year, 12 deaths occurring between weeks 11 and 17 have been classified as chikungunya-related (10 directly and two indirectly related). These deaths occurred in people over 70 years (range: 71–95 years) with co-morbidities (mainly chronic pathologies). Thirty-eight other deaths (elderly and those with comorbidities) are currently being investigated for chikungunya-related chronic pathologies), including one neonatal death.

The Haute Autorité de Santé (HAS) has advised public decision-makers to vaccinate people over 65 years, those over 18 years with comorbidities, and vector control professionals with Ixchiq vaccine, as a reactive short-term measure to prevent severe disease. On 7 April, the regional health agency initiated a vaccination campaign for prioritised individuals and extended the group of prioritised individuals on 17 April. On 26 April 2025, the **French Ministry of Health and Access to Care reported** that it was informed on 23 April 2025 by the French National Agency for the Safety of Medicines (ANSM) of the occurrence of two serious adverse events following vaccination against chikungunya with the Ixchiq vaccine in Reunion, including one death, and a third serious adverse event on 25 April. The three events occurred in people over 80 years with comorbidities. Two of them experienced symptoms similar to those of a severe form of chikungunya a few days after vaccination and one died. The third person was discharged from hospital. On 25 April, the French National Authority for Health (HAS) advised a revision of the vaccination recommendations. As a result, the health authorities suspended the vaccination of individuals aged 65 years and above, with or without comorbidities, pending a risk/benefit reassessment. Vaccination remains open for people aged 18–64 years with comorbidities. In this context, travellers aged 65 years and above should also not be vaccinated with the Ixchiq vaccine.

On 7 May 2025, the European Medicine Agency (EMA) stated that the agency's safety committee (PRAC) has started a review of the Ixchiq vaccine, following the reports of severe adverse events in older adults. EMA reports that many of the people affected also had other illnesses and the exact cause of these adverse events and their relationship with the vaccine have not yet been determined. The Committee is temporarily recommending restricting the use of the vaccine. As a temporary measure while an in-depth review is ongoing, Ixchiq must not be used in adults aged 65 years and above.

On 26 March 2025, an autochthonous case of chikungunya virus disease was reported in Mayotte. As of 18 May 2025 (week 20), 326 confirmed cases of the disease have been reported on the island. Case numbers have risen steadily since week 15, indicating sustained local transmission. From week 16 onwards, all cases of which the transmission mode is known, have been locally acquired. The disease has now almost spread among the entire island, particularly in Mamoudzou (132 cases), Pamandzi (66 case), Dzaoudzi (47 cases), and Koungou (14 cases). Since week 10, ten chikungunya cases were hospitalised, which included six pregnant women admitted as a precaution due to an elevated risk of complications. No deaths have been reported. The actual number of chikungunya cases is likely underestimated: Due to increasing pressure on the emergency departments, case confirmation has been suspended and general practitioners are also requesting fewer tests. Combined with limited

healthcare access for parts of the population, this situation contributes to underreporting. Due to the intensified circulation of locally acquired cases of chikungunya, the ORSEC plan has transitioned to phase 2B to control the outbreak and better prepare for a possible epidemic phase. Several management and surveillance measures will be implemented to control the outbreak and better prepare for a possible epidemic phase.

Background:
In August 2024, France reported the first autochthonous case of chikungunya virus disease in Réunion for 10 years, with onset of symptoms on 12 August. In recent weeks, the number of cases has increased sharply, as well as the geographical spread.

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 probability of infection for residents and travellers to Réunion is currently high; the current period of austral summer is favourable for the spread of arboviruses. The epidemic is active throughout the island. Nonetheless, the surveillance data indicate decreasing intensity of the outbreak.

The impact of hospitalisation is observed among vulnerable individuals, infants, older adults, people with chronic illnesses and pregnant women, in whom the disease can be serious.

In Mayotte, surveillance data indicate increasing intensity of the outbreak.

The environmental conditions in the areas of the EU/EEA where *Ae. albopictus* or *Ae. aegypti* are established are currently becoming favourable for mosquito activity and virus replication in mosquitoes; therefore, locally acquired transmission might occur in early summer.

Actions:

To avoid virus spread, reinforced prevention and control measures have been implemented by the local authorities. 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 is monitoring the situation through its epidemic intelligence activities.

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).

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 La 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: 23 May 2025

4. Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia - 2025

Overview:

Summary
This year, the annual Islamic Hajj pilgrimage will take place in the Kingdom of Saudi Arabia (KSA) between 4 and 9 June. Pilgrims aged 12 years and above are allowed to attend the pilgrimage. Over 1.8 million pilgrims are expected to attend Hajj from all over the world, including from EU/EEA countries.

In 2025, and as of May 12, 10 MERS-CoV cases have been reported, including two fatalities. All cases were reported in Saudi Arabia. Of these, seven cases were part of the same cluster in Riyadh, including one patient with no history of contact with camels and six healthcare workers who acquired a nosocomial infection from the patient. Of the six healthcare workers, two developed mild symptoms and four were asymptomatic. From the remaining two cases, one had history of indirect contact with camels, and one had no history of contact with camels.

Since April 2012, 2 638 laboratory-confirmed cases of MERS-CoV, including 957 deaths, have been reported worldwide.

The Ministry of Health of Saudi Arabia issued a list of requirements for 2025 Hajj and Umrah pilgrims, which includes vaccination requirement with quadrivalent meningococcal vaccine (ACYW) polysaccharide vaccine 10 days prior to arrival and should not exceed three years. Quadrivalent (ACYW) conjugated vaccine within the last five years, and at least 10 days prior to arrival.

In addition, since it is a densely populated event and there is a heightened risk of respiratory infectious diseases, KSA Ministry of Health recommends to:

- regularly wear face masks when in crowded places;
- wash hands frequently, with soap and water or a disinfectant, especially after coughing, sneezing, after using toilets, before handling and consuming food, and after touching animals;
- use disposable tissues when coughing or sneezing and dispose of used tissues in wastebaskets;
- avoid contact with those who appear ill and avoid sharing personal belongings;
- avoid visits and contact with camels in farms, markets, or barns;
- avoid drinking unpasteurised milk or eating raw meat or animal products that have not been thoroughly cooked, as well as applying measures to avoid insect bites during the day and night.

Travellers arriving to Hajj areas for Hajj, seasonal work or other purposes are recommended to observe the following:
- wash hands before and after eating and after going to the toilet;
- clean and wash fresh vegetables and fruit;
- cook food thoroughly and store at safe temperatures;
- keep raw and cooked food separated.

Pilgrims are recommended to take necessary measures to avoid mosquito bites during the day and evening, which include:
- wearing protective clothing (preferably light-coloured) that covers as much of the body as possible;
- using physical barriers such as window screens and closed doors;
- applying insect repellent (as per the label instructions on the product) to skin or clothing that contains DEET, IR3535 or Icaridin.

ECDC assessment:

The likelihood of infection with communicable diseases for the EU/EEA citizens during the 2025 Hajj is considered to be low, due to the vaccination requirements for travelling to Mecca and Medina and the preparedness plans by Saudi Arabia that address the management of health hazards before, during, and after Hajj. The risk of infection is considered to be moderate for people with underlying conditions, the elderly, and pregnant women, with a low probability of infection and moderate impact. As with other mass gathering events, the risk of communicable disease outbreaks is higher for respiratory, food-, waterborne, and vector-borne diseases.

The risk of vaccine-preventable and vector-borne diseases is considered low if preventive measures are applied. A risk of infection and importation of cases to Europe after the Hajj remains. For pilgrims visiting the Hajj and Umrah zones in KSA who are already vaccinated with the quadrivalent meningococcal vaccine, the likelihood of infection is

low, as they are protected from the vaccine induced immunity. For unvaccinated pilgrims, the likelihood of infection is moderate.

ECDC published a rapid risk assessment on Hajj on 2 July 2019. The risks and advice to pilgrims attending the Hajj remain valid for this year.

Actions:

ECDC is monitoring this event through its epidemic intelligence for mass gathering activities between 26 May to 13 June 2025 in collaboration with the Gulf CDC, and including weekly updates in the Communicable Disease Threats Report (CDTR).

5. Risk Assessment under production

- ECDC is preparing a Rapid Risk Assessment on the multi-country outbreak of Hepatitis A in the EU/EEA, with a planned date for publication on 16 June 2025.

Events under active monitoring

- SARS-CoV-2 variant classification - last reported on 28 May 2025
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 28 May 2025
- Risk Assessment under production - last reported on 28 May 2025
- Hepatitis A - Multi-country (EU) - 2024-2025 - last reported on 28 May 2025
- Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia - 2025 - last reported on 28 May 2025
- Overview of respiratory virus epidemiology in the EU/EEA - last reported on 25 April 2025
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 25 April 2025
- Poliomyelitis – Multi-country – Monthly monitoring of global outbreaks - last reported on 25 April 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 23 May 2025
- Mpox due to monkeypox virus clade I and II – Global outbreak – 2024–2025 - last reported on 23 May 2025
- Outbreak of Corynebacterium diphtheriae ST-574 among migrants, people experiencing homelessness, older adults and unvaccinated people – Germany – 2025 - last reported on 16 May 2025
- Human cases with avian influenza A(H10N3) – Multi-country (World) - last reported on 16 May 2025
- Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring - last reported on 16 May 2025
- Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update - last reported on 16 May 2025
- Nipah virus disease – India – 2025 - last reported on 16 May 2025
- Serious adverse events to IXCHIQ chikungunya virus disease vaccine - last reported on 08 May 2025
- Yellow fever – South America – 2024–2025 - last reported on 02 May 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 02 May 2025