

WEEKLY BULLETIN

Communicable disease threats report

Week 23, 31 May – 5 June 2025

This week's topics

- [1. *Salmonella* Infantis outbreak among small children in Germany and Austria](#)
- [2. Crimean-Congo haemorrhagic fever, Spain 2025](#)
- [3. Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025](#)
- [4. Chikungunya and dengue – Multi-country \(World\) – Monitoring global outbreaks – Monthly update](#)
- [5. Influenza A\(H5N1\) – Multi-country \(World\) – Monitoring human cases](#)
- [6. Middle East respiratory syndrome coronavirus \(MERS-CoV\) – Multi-country – Monthly update](#)
- [7. Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia - 2025](#)

Executive summary

Salmonella Infantis outbreak among small children in Germany and Austria

- An outbreak of *Salmonella* Infantis mainly affecting young children has been reported by Germany (52 cases including 21 confirmed by WGS) and Austria (13 WGS-confirmed cases). Known symptom onset dates have been between 31 March and 20 May 2025.
- The confirmed case isolates in Austria and Germany are genetically closely related.
- The suspected food product is ready-to-eat cashew mousse, that has been distributed to Austria, Bosnia and Herzegovina, Croatia, Czechia, Germany, Hungary, Italy, Poland, Slovakia, and Slovenia.
- The product has been recalled from the market, but it has a long shelf life so more cases might occur.

Crimean-Congo haemorrhagic fever, Spain 2025

- Spain reported the first confirmed Crimean-Congo haemorrhagic fever (CCHF) case in 2025 in the autonomous community of Castile and León.
- The patient was bitten by a tick on 25 May in a village in the province of Salamanca and developed symptoms (fever, headache, and vomiting) two days later. The case was admitted to a hospital on 27 May and tested positive for CCHF virus RNA by PCR.
- CCHF cases have been reported in the same area in previous years.

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 4 June 2025, close to 53 000 confirmed autochthonous cases of chikungunya virus disease have been reported in Réunion. Since the beginning of the outbreak, 20 deaths in people aged over 64 years with comorbidities and in two children below six months of age 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 Réunion, including one death. As a 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 Medicines Agency \(EMA\)](#) stated that the agency's safety committee (PRAC) had 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 02 June 2025, 560 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 3 to control the outbreak and better prepare for a possible epidemic phase.

Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

- Since the beginning of 2025, and as of May, approximately 220 000 CHIKVD cases and 80 CHIKVD-related deaths have been reported in 14 countries/territories. Cases have been reported in the Americas, Africa, and Asia, and while no cases have been reported in mainland Europe, in Réunion and Mayotte (outermost regions of the European Union), a CHIKVD outbreak is ongoing.
- Since the beginning of 2025, over three million dengue cases and over 1 400 dengue-related deaths have been reported from 90 countries/territories globally. In mainland Europe, no autochthonous cases have been reported in 2025. However, cases have been reported from the EU outermost regions.
- The environmental conditions in the areas of the European Union/European Economic Area (EU/EEA) where *Ae. albopictus* or *Ae. aegypti* are established are currently becoming favourable for mosquito activity and virus replication in mosquitoes. There is therefore an increasing risk of locally-acquired chikungunya and dengue virus transmission occurring in the coming weeks.

Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

- On 28 May 2025, one new fatal human case with avian influenza A(H5N1) infection was reported in a child in Cambodia.
- The investigation revealed there were sick and dying birds in the backyard of the child's home one week prior to their illness.
- The investigations did not reveal instances of human-to-human transmission around this case.
- The ECDC risk assessment for A(H5N1) remains unchanged.
- Since 2003, and as of 2 June 2025, there have been 976 human cases of A(H5N1) worldwide, including 471 deaths.

Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

- Since the previous update on 12 May 2025, and as of 3 June 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.
- Since the beginning of 2025, and as of 3 June 2025, 10 MERS cases, including two fatalities, have been reported with date of onset in 2025 in Saudi Arabia.
- The risk of sustained human-to-human transmission in Europe remains very low, and the current MERS-CoV situation poses a low risk to the EU/EEA.

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

- As of 5 June 2025, no relevant public health events related to communicable diseases have been detected in connection with the annual Islamic Hajj pilgrimage.
- ECDC is monitoring this event through its epidemic intelligence for mass gathering activities between 26 May and 13 June 2025 in collaboration with Gulf CDC.
- 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.

1. *Salmonella* Infantis outbreak among small children in Germany and Austria

Overview:

An outbreak of *Salmonella* Infantis affecting young children was reported by Germany on May 23. As of June 6 Germany has reported 52 cases, including 21 confirmed by WGS) and Austria has reported 13 WGS confirmed cases. The reported cases in Germany are between 0–4 years old, and in Austria the reported cases are between 0–69 years old. Symptom onset varies between 31 March and 20 May 2025. A large proportion of hospitalisation has been reported from Germany (24/38 (63%) of cases with complete information). In Germany, interviews have been conducted with the parents of 18 cases, and all 18 reported consumption of a specific food product: ready-to-eat cashew mousse. In Austria, interviews have been conducted with the parents of eight cases, and in six of these, consumption of the same food product was reported. In the two remaining cases where no relevant consumption was reported during the interview, the cases are members of the same family.

The *S. Infantis* strain belongs to ST603, and to HC5_ 628053 (Enterobase cgMLST).

Czechia, Denmark, Estonia, Finland, France, Ireland, the Netherlands, Norway, Poland, Portugal, Slovenia, Sweden and the United Kingdom report no linked cases as of 4/6/2025.

ECDC assessment:

This is a multi-country outbreak of *S. Infantis* with 65 cases (including 34 WGS confirmed cases) mostly among young children aged 0–4 years. Symptom onset has been between 31 March and 20 May 2025.

Interviews with parents in both Germany and Austria pointed to a cashew mousse food product, ready-to eat and with a long shelf-life. The product was distributed to [Austria](#), Bosnia and Herzegovina, Croatia, Czechia, [Germany](#), Hungary, Italy, Slovakia, and Slovenia. To protect consumers and as preventive measure, in May 2025, the food product was recalled. The food safety authorities of the countries concerned by the food distribution reported the implementation of official control measures, including the issue of public warnings.

Given the long shelf-life, there might still be a possibility for the food products to be present in consumers' homes, if it has not been returned to the stores or discarded after the recall. Therefore, the occurrence of additional *S. Infantis* cases associated with consumption of the food product is possible. Countries are kindly asked to update the information in EpiPulse should any linked cases be detected.

For more information please see the [RASFF notification 2025.4018](#)

Actions:

ECDC is monitoring this event in EpiPulse, the ECDC-EFSA One Health WGS system and is collaborating with EFSA and the European Commission. Countries are encouraged to:

- update the information in EpiPulse should any linked cases be detected
- to update RASFF with the outcome of further food investigation, if any
- to share genomic data of the *Salmonella* isolates linked to the present cluster, if available, in the ECDC-EFSA One Health WGS system.

Further information:

As of 5 June 2025, the closest human isolate in ECDC WGS database is from a non-EU/EEA country 7 AD, reported in 2024.

2. Crimean-Congo haemorrhagic fever, Spain 2025

Overview:

Spain reported the first confirmed Crimean-Congo haemorrhagic fever (CCHF) case in 2025 in the autonomous community of Castile and León. The patient was bitten by a tick on 25 May in a village in the province of Salamanca and developed symptoms (fever, headache, and vomiting) two days later. The case was admitted to a hospital on 27 May and tested positive for CCHF virus RNA by PCR at the National Reference Centre Laboratory the following day. The patient was transferred to a High-Level Isolation and Treatment Unit, as established by the national protocol. At the latest update, the patient is clinically stable but in serious condition.

Local authorities immediately took sanitary measures. A team of specialists was deployed to the scene and recovered seven specimens of *Hyalomma marginatum* around the case's country house. Local public parks were also inspected without any findings. The media was notified, and measures were taken to raise public awareness.

ECDC assessment:

From 2016 to 2024, a total of 16 autochthonous CCHF cases have been reported in Spain with dates of disease onsets between April and August. The province of Salamanca is a hotspot for CCHF, with 50% of the cases being exposed to ticks. In the same locality as the current case, two cases have been detected in the previous years. 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 showed seroprevalence higher than 70% for CCHF virus. The current event is 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 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](#). Additional information on CCHF can be found in ECDC [factsheet](#) and information on the occurrence of CCHF cases in the EU/EEA can be found on the ECDC [website](#). In December 2023, ECDC published a [report](#) on the spatial distribution of CCHF based on predicted ecological suitability.

Actions:

ECDC continues monitoring the CCHF situation in the EU/EEA and regularly updates information on its occurrence on the agency's website. To facilitate this process, countries are encouraged to report CCHF surveillance data to EpiPulse Cases in a timely manner.

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 4 June 2025, close to 53 000 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 22 was 1 800 and 53, respectively. This represents a 55% decrease in primary care visits and 15% decrease in emergency department visits, compared with week 21, but data are still being consolidated. Cases have been reported in all municipalities.

To date, 464 people with the disease have been hospitalised for more than 24 hours, including 405 for which chikungunya virus disease was the reason for admission. For the other cases, the diagnosis was confirmed incidentally during hospitalisation.

Since the beginning of the year, 20 deaths occurring between weeks 11 and 19 have been classified as chikungunya virus disease-related (15 directly and five indirectly related). These deaths occurred in people over 64 years (range: 65–95 years) with co-morbidities (mainly chronic pathologies) and in two children under six months of age.

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 Réunion, 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 Medicines Agency \(EMA\)](#) [stated](#) that the agency's safety committee (PRAC) had 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 02 June 2025, 560 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 number of cases on week 21 increased by 42% compared to week 20. The disease has now almost spread among the entire island, particularly in Mamoudzou (210 cases), Pamandzi (102 cases) and Dzaoudzi (95 cases). Since week 10, 15 chikungunya cases have been hospitalised, which included five children under one year of age and eight 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 C on 27 May 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 surveillance data indicate that the outbreak is in decreasing phase in Réunion. Nonetheless, the epidemic is still active throughout the island and the probability of infection for residents and travellers to Réunion remains high.

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: 28 May 2025

4. Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update

Overview:

Chikungunya virus disease (CHIKVD)

Since the beginning of 2025, and as of beginning of June, approximately 220 000 CHIKVD cases and 80 CHIKVD-related deaths have been reported in 14 countries/territories. Cases have been reported in the Americas, Africa, and Asia, and while no cases have been reported in mainland Europe, in Réunion and Mayotte (outermost regions of the European Union), CHIKVD outbreaks are ongoing.

In 2025 to date, the Americas account for the highest number of CHIKVD cases reported worldwide. As of June 2025 (data collected on 26 May 2025), the countries reporting the highest number of CHIKVD cases are Brazil (141 436), Argentina (2 521), Bolivia (605) and Peru (46). A complete list of the countries of the Americas reporting CHIKVD cases can be found on [PAHO's dedicated website](#).

As of beginning of June 2025, over 33 000 CHIKVD cases were reported in Asia from [India](#), [Sri Lanka](#) and [Pakistan](#). In Africa, CHIKVD cases in 2025 have been reported by [Senegal](#).

To date, no autochthonous cases of CHIKVD have been reported in mainland Europe in 2025. However, over 51 000 CHIKVD cases have been reported from the French outermost region [Réunion](#) as of end May 2025. Cases have been reported in all of the island's municipalities. Level 4 of the ORSEC 'Arboviruses' system remains activated, which corresponds to the circulation of a medium-intensity epidemic. In [Mayotte](#), 560 autochthonous cases of CHIKVD have also been reported. According to the [bulletin published on 2 June 2025](#), Mayotte has been moved to the epidemic phase (phase 3), which indicates intense and widespread transmission of the virus throughout the territory.

Dengue

Since the beginning of 2025, over three million dengue cases and over 1 400 dengue-related deaths have been reported from 90 countries/territories in the WHO 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 mainland Europe, no autochthonous cases have been [reported](#) in 2025. However, cases have been reported from the EU's outermost regions.

In Madeira, two locally acquired cases were [reported](#) on 18 February, with symptoms 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 current situation is classified as epidemic of phase 4 level 1 (confirmed epidemic) ([Epidemiological Bulletin of French Antilles, 23 May 2025](#)). The decreasing trend observed since earlier in the year continues. The most prevalent serotype continues to be DENV-3 ([Epidemiological Bulletin of French Antilles, 23 May 2025](#)). In Martinique, the [epidemiological situation](#) is characterised as phase 1 (sporadic cases reported; [Epidemiological Bulletin of French Antilles, 23 May 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 only sporadic cases or outbreaks without epidemiological links among them reported ([Epidemiological Bulletin of French Antilles, 23 May 2025](#)).

In French Guiana, case numbers have decreased in the past months and show a stable trend at lower levels with an average of 10 cases per week ([Health surveillance in French Guiana. Bulletin of 15 May 2025](#)). The most prevalent circulating serotype is DENV-2. The trends are monitored ([Health surveillance in French Guiana. Bulletin of 15 May 2025](#)).

In Mayotte, 21 dengue cases have been reported this year ([Chikungunya and dengue in Mayotte. Bulletin 30 May 2025](#).) In Réunion, 44 dengue cases, of which 17 confirmed, have been reported

since the beginning of the year and as of 25 May 2025 ([Health surveillance in Réunion. Bulletin of 30 May 2025.](#)).

A summary of recent epidemiological trends of dengue outside EU/EEA of the first 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 19 of 2025, over 2.7 million cases have been reported of which 40% are laboratory confirmed. The currently reported cases are 71% less compared to the cases reported in the same period in 2024 and 13% above the average of the last 5 years, according to the [WHO PAHO report published on 29 May 2025](#). While all serotypes have been reported as of week 19 of 2025, their distribution differs in the different countries of PAHO ([Report on the epidemiological situation of dengue in the Americas](#)).

In Bangladesh, according to the [country report](#) published on 25 May 2025, the total number of dengue cases in 2025 is higher compared to the same period in 2024, while the number of death in 2025 is lower (3 972 cases and 23 deaths as 25 May 2025 vs 2 853 cases and 41 deaths in May 2024).

According to the [SEARO report published on 27 May 2025](#), Thailand reported total of 2 271 dengue cases in April 2025 and a total of 10 992 cases since the beginning of the year. Compared to previous years, although continuous, dengue circulation is at lower levels in Thailand.

In Laos, Malaysia, Vietnam and Singapore in 2025 so far dengue cases are lower than those reported in 2024 (Laos: 1 040 cases as 25 April 2025; Malaysia: 21 679 cases as of 3 May 2025; Vietnam: 20 832 cases as of 18 May 2025; Singapore: 1 895 cases as of 17 May 2025 [WPRO Dengue Situation update of 29 May 2025](#)).

In Afghanistan (EMRO), in 2025, the number of suspected dengue fever cases shows an increase compared in the last weeks, with 345 cases [reported](#) as of 17 May 2025.

In 2025, in Africa, over 7 000 cases and six deaths had been reported from Burkina Faso, Cabo Verde, Comoros, Guinea, Mali, Senegal and Sudan ([Africa CDC Epidemic Intelligence Report of 1 June 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 and 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.

The environmental conditions in the areas of mainland Europe where *Ae. albopictus* or *Ae. aegypti* are established are currently becoming favourable for mosquito activity and virus replication in mosquitoes. The risk of locally acquired chikungunya and dengue virus transmissions is therefore increasing. All past autochthonous outbreaks of [CHIKVD](#) and [dengue](#) in mainland Europe to date have occurred between June and November.

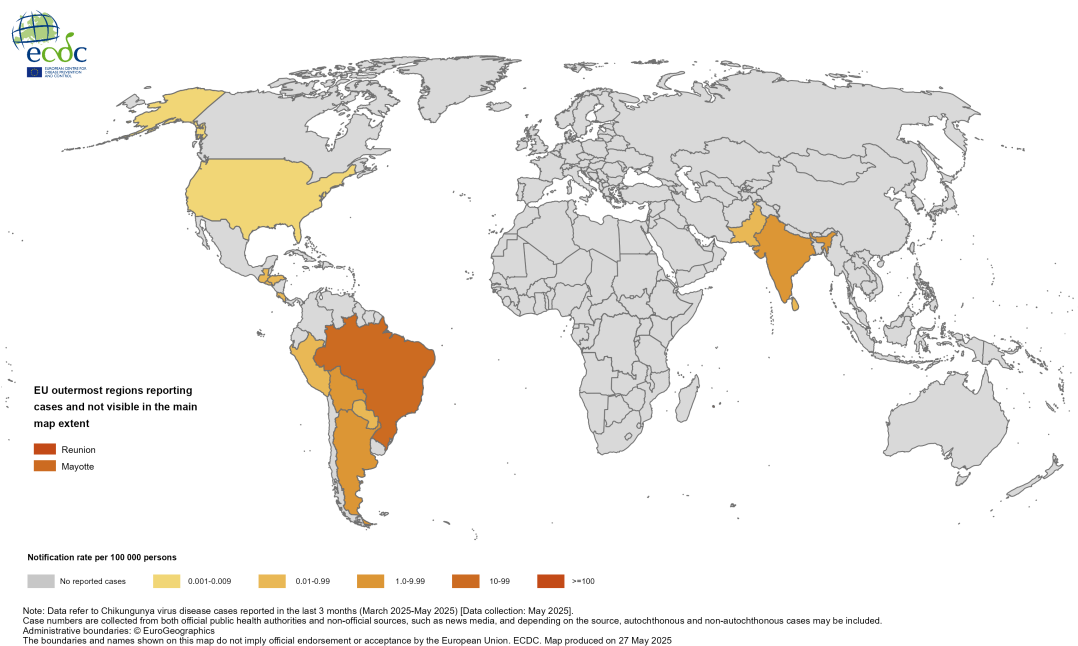
More information on autochthonous transmission of [chikungunya](#) and [dengue](#) virus in the EU/EEA is available on ECDC's webpages, and in ECDC's factsheets on [dengue](#) and [CHIKVD](#).

Actions:

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

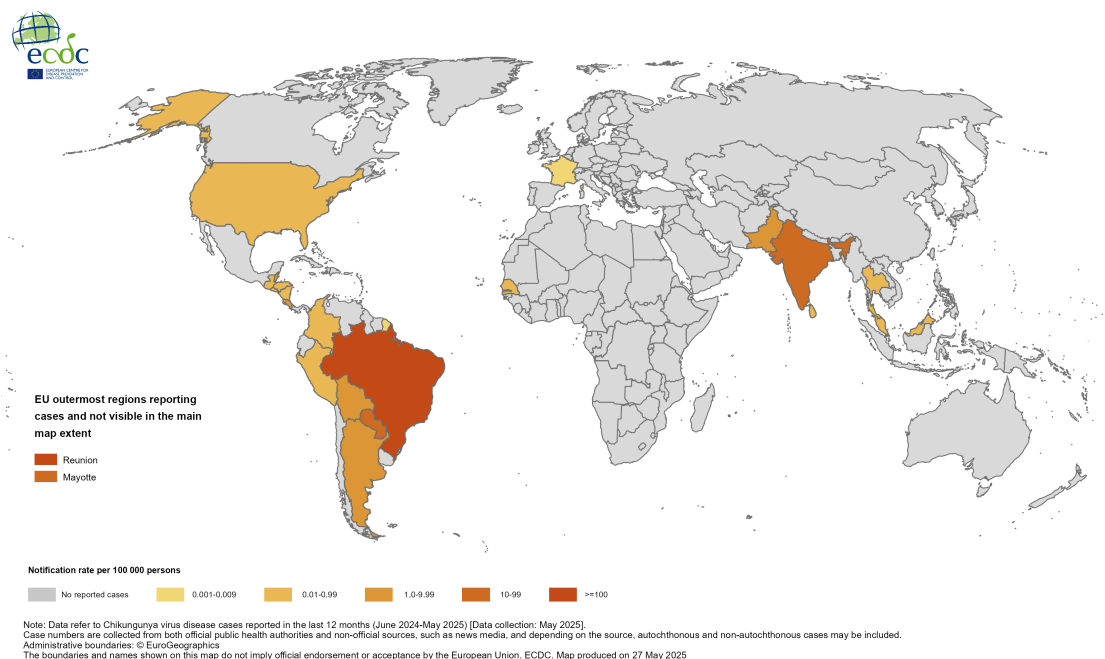
Last time this event was included in the Weekly CDTR: 28 March 2025

Figure 1. Three-month Chikungunya virus disease case notification rate per 100 000 population, March to May 2025

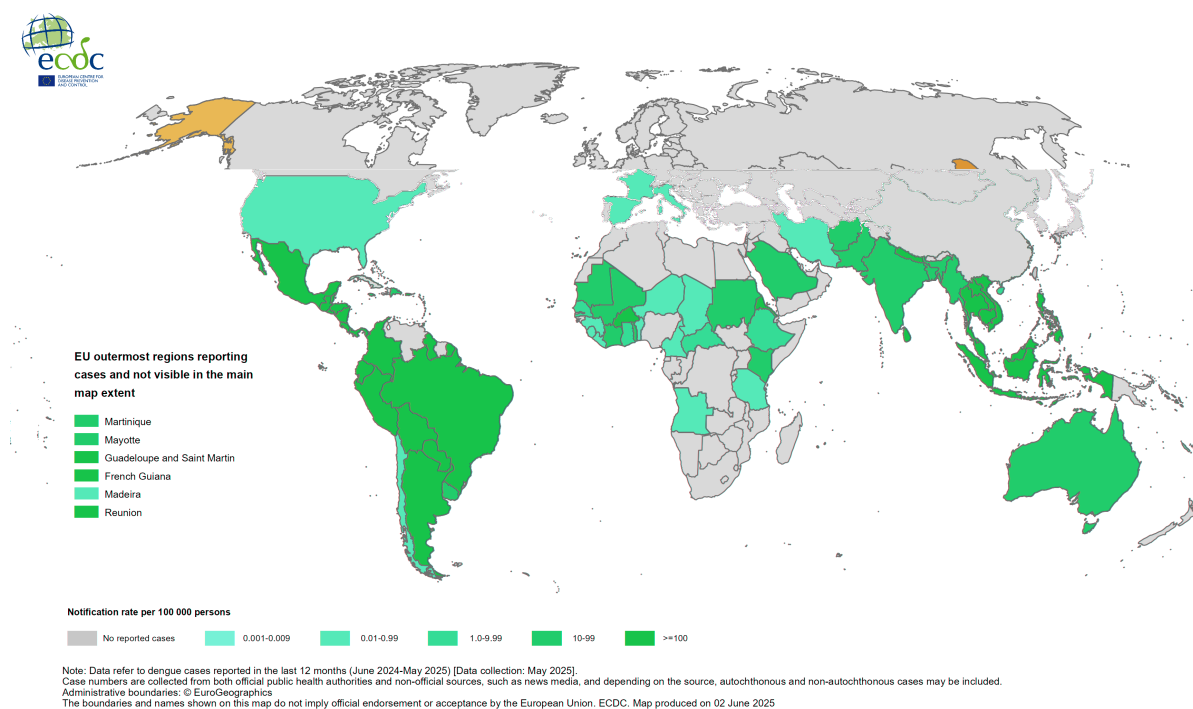


Source: ECDC

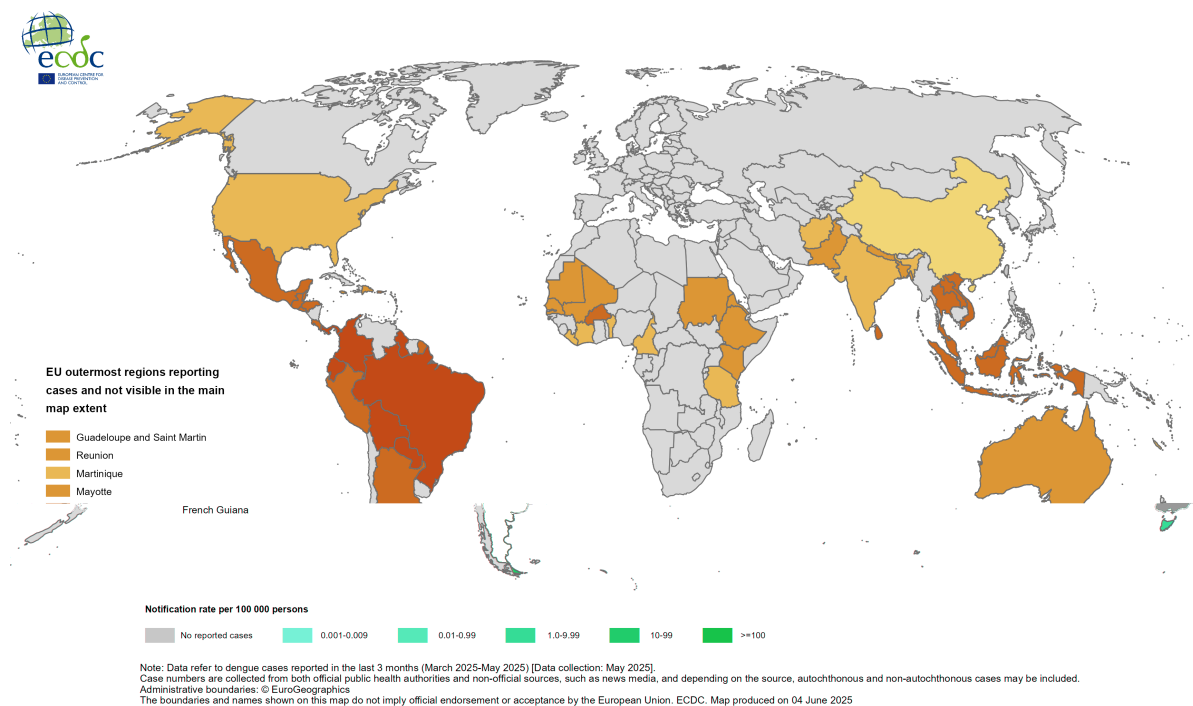
Figure 2. Twelve-month Chikungunya virus disease case notification rate per 100 000 population, June 2024 to May 2025



Source: ECDC

Figure 3. Twelve-month dengue case notification rate per 100 000 population, June 2024 to May 2025

Source: ECDC

Figure 4. Three-month dengue case notification rate per 100 000 population, March to May 2025

Source: ECDC

5. Influenza A(H5N1) – Multi-country (World) – Monitoring human cases

Overview:

On 28 May 2025, the Ministry of Health of the Kingdom of Cambodia issued [a press release](#) on Facebook regarding a death of an 11-year-old child with avian influenza A(H5N1) infection. The child from Samrong Tong district, Kampong Speu province, died on 27 May 2025 at a hospital where they were admitted in a serious condition. The diagnosis was confirmed by the Pasteur Institute of Cambodia on 27 May 2025. The patient presented with fever, cough, shortness of breath and severe difficulty breathing. Investigation revealed that there were sick and dying birds (chickens and ducks) near the child's house one week before the disease onset. The outbreak investigation is ongoing, including the identification of the close contacts of the case. Information on clade is pending.

This is the fourth human death reported in Cambodia in 2025 associated with avian influenza A(H5N1) infection.

Summary:

Since 2003, and as of 2 June 2025, there have been 976 human cases of avian influenza A(H5N1) infection worldwide*, including 471 deaths (case fatality among reported cases: 48%). These cases have been reported in 25 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, India, Indonesia, Iraq, Laos, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Viet Nam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

***Note:** this includes detections due to suspected environmental contamination, with no evidence of infection, that were reported in 2022 and 2023 by Spain (two detections), the United States (1), and the United Kingdom (4, 1 inconclusive). Human cases of A(H5) epidemiologically linked to A(H5N1) outbreaks in poultry and dairy cattle in the United States are included in the reported number of cases of A(H5N1).

*Acknowledgements: we gratefully acknowledge all data contributors (*i.e. the authors and their originating laboratories responsible for obtaining the specimens, and the submitting laboratories for generating the genetic sequence and metadata and sharing via the GISAID Initiative, on which this research is based.*

ECDC assessment:

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current virological evidence suggest that circulating A(H5N1) viruses retain genetic characteristics consistent with avian-adapted influenza viruses. Given the widespread transmission of avian influenza viruses in animals, transmission to humans with avian influenza remains infrequent and no sustained transmission between humans has been observed.

Overall, the risk of zoonotic influenza transmission to the general public in EU/EEA countries is considered low. The risk to occupationally exposed groups, such as farmers and cullers, is considered low-to-moderate.

Direct contact with birds and other infected animals, their secretions or a contaminated environment is the most likely source of infection, and the use of personal protective measures for people exposed to dead animals or their secretions will minimise the associated risk. The recent severe cases in Asia and the Americas in children and people exposed to infected, sick or dead backyard poultry underlines the risk of unprotected contact with infected birds in backyard farm settings. This supports the importance of using appropriate personal protective equipment.

Actions:

ECDC monitors avian influenza strains through its influenza surveillance programme and epidemic intelligence activities in collaboration with the European Food Safety Authority (EFSA) and the EU Reference Laboratory for Avian Influenza in order to identify significant changes in the virological characteristics and epidemiology of the virus. Together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report on the [avian influenza situation](#).

Last time this event was included in the Weekly CDTR: 23 May 2025

6. Middle East respiratory syndrome coronavirus (MERS-CoV) – Multi-country – Monthly update

Overview:

Update: Since the previous update on 12 May 2025, and as of 3 June 2025, no new MERS cases have been reported by the World Health Organization (WHO) or national health authorities.

WHO has developed a global comprehensive dashboard displaying key variables and summary statistics of MERS human cases reported by Member States through International Health Regulations (IHR).

Summary: Since the beginning of 2025, and as of 3 June 2025, 10 MERS cases, including two fatalities, have been reported with date of onset in 2025 in Saudi Arabia.

Since April 2012, and as of 3 June 2025, a total of 2 638 cases of MERS, including 957 deaths, have been reported by health authorities worldwide.

Sources: [ECDC MERS-CoV page](#) | [WHO MERS-CoV](#) | [ECDC factsheet for professionals](#) | [WHO updated global summary and assessment of risk \(November 2022\)](#) | [Qatar MoPH Case #1](#) | [Qatar MoPH Case #2](#) | [FAO MERS-CoV situation update](#) | [WHO DON Oman](#) | [WHO DON Saudi Arabia](#) | [WHO DON UAE](#) | [WHO DON Saudi Arabia 1](#) | [WHO IHR](#) | [WHO EMRO MERS Situation report](#) | [WHO DON Saudi Arabia 2](#) | [WHO DON Saudi Arabia 3](#) | [WHO DON Saudi Arabia 4](#) | [WHO DON Saudi Arabia 5](#)

ECDC assessment:

Human cases of MERS continue to be reported in the Arabian Peninsula. However, the number of new cases detected and reported through surveillance has dropped to the lowest levels since 2014. The risk of sustained human-to-human transmission in Europe remains very low. The current MERS-CoV situation poses a low risk to the EU/EEA, as stated in the [Rapid Risk Assessment](#) published by ECDC on 29 August 2018, which also provides details on the last person reported with the disease in Europe.

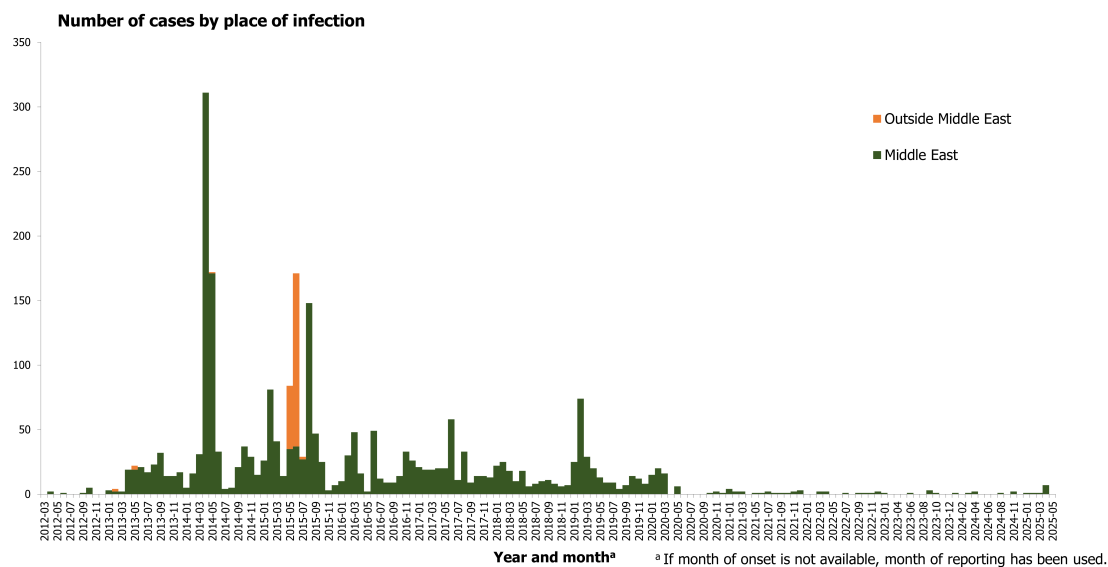
ECDC published a technical report, '[Health emergency preparedness for imported cases of high-consequence infectious diseases](#)', in October 2019 that is still useful for EU Member States wanting to assess their level of preparedness for a disease such as MERS. ECDC also published '[Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) – Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#)' on 22 January 2020.

Actions:

ECDC is monitoring this situation through its epidemic intelligence activities, and reports on a monthly basis or when new epidemiological information is available.

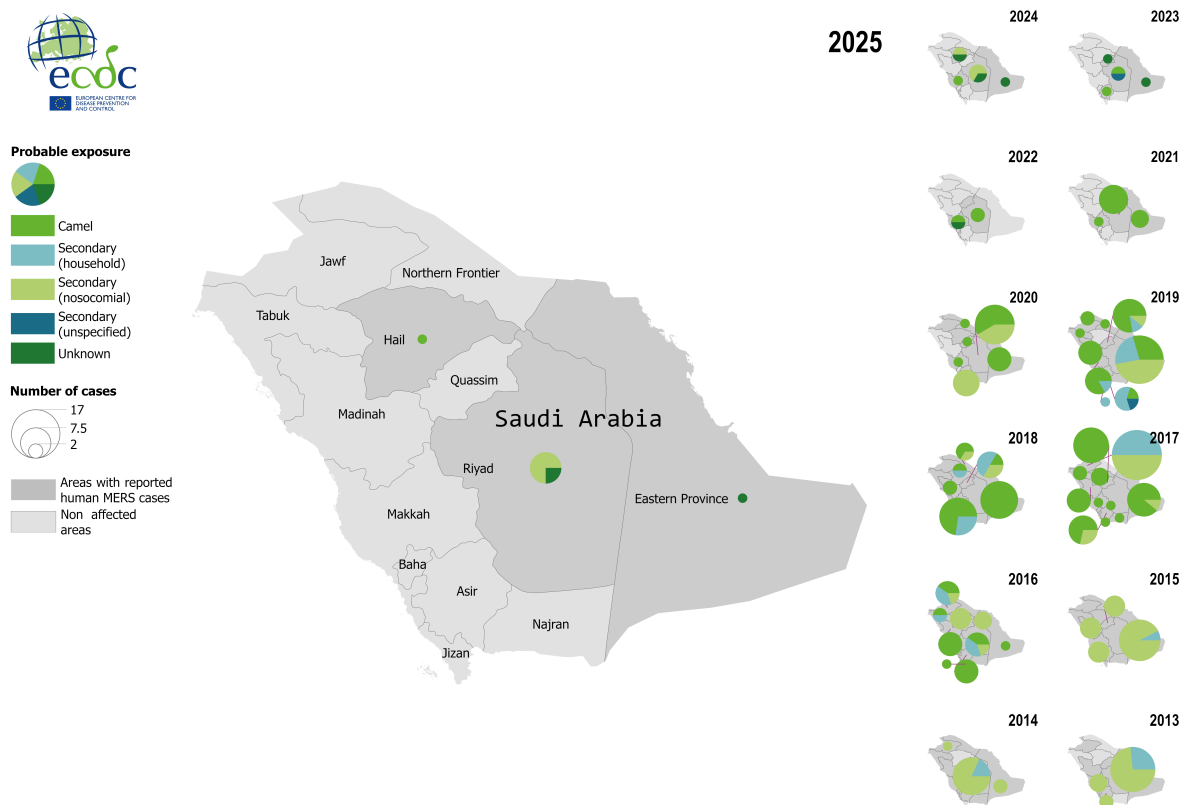
Last time this event was included in the Weekly CDTR: 16 May 2025

Figure 5. Distribution of confirmed cases of MERS by place of infection and month of onset, April 2012 to May 2025



Source: ECDC

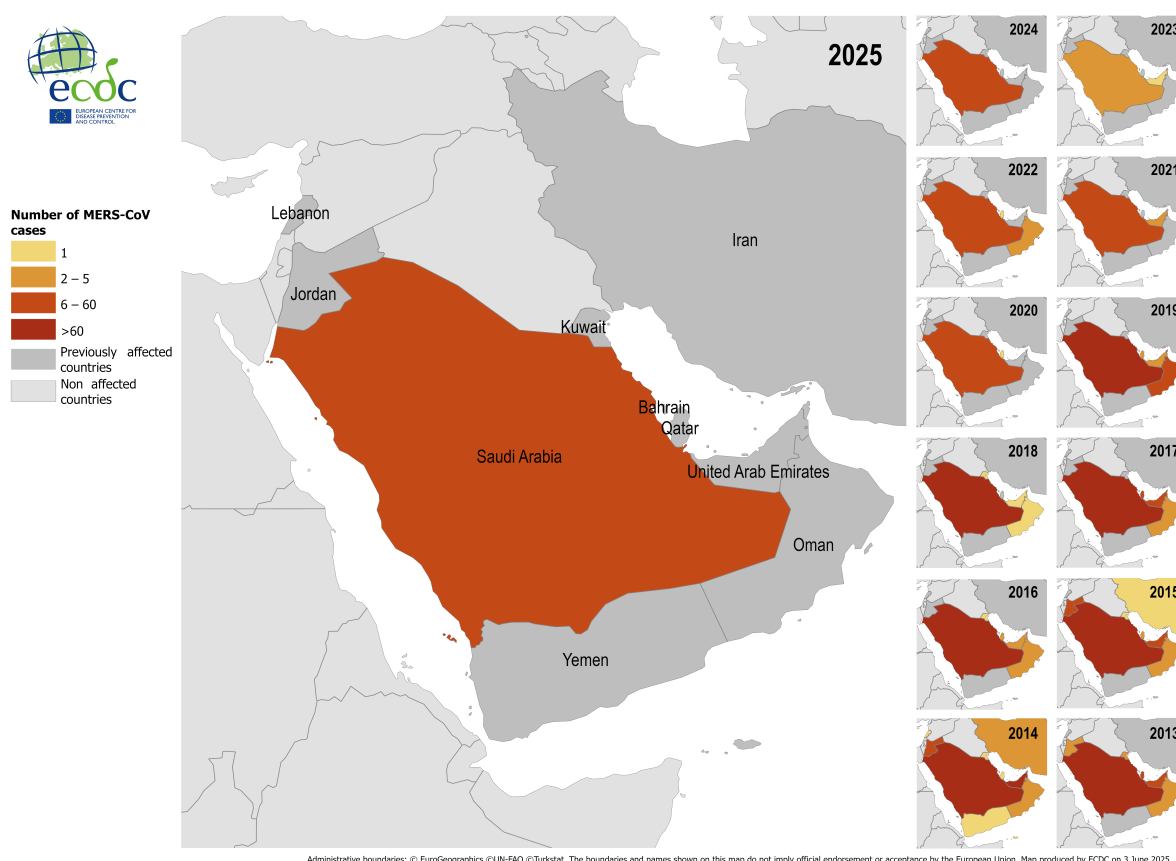
Figure 6. Geographical distribution of confirmed cases of MERS in Saudi Arabia by probable region of infection and exposure, with dates of onset from January 2013 to May 2025



Administrative boundaries: © EuroGeographics ©UN-FAO ©Turkstat. The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. Map produced by ECDC on 3 June 2025

Source: ECDC

Figure 7. Distribution of confirmed cases of MERS by place of infection and year of onset, January 2013 to May 2025



Source: ECDC

7. Mass gathering monitoring – Hajj – Kingdom of Saudi Arabia – 2025

Overview:

Update

As of 5 June 2025, no relevant public health events related to communicable diseases have been detected in connection with the Hajj.

Summary

In recent months, cases of invasive meningococcal disease (IMD) serogroup W have been reported to ECDC through EpiPulse. France has reported through [EpiPulse](#) an outbreak linked to travellers or contacts of travellers returning from the Umrah pilgrimage in the Kingdom of Saudi Arabia (KSA). Travellers eligible for vaccination should be counselled to receive the quadrivalent (ACWY) meningococcal vaccine at least 10 days before departure.

In 2025, and as of June 3, 10 MERS-CoV cases have been reported, including two fatalities. All cases were reported in KSA. 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.

Background

This year, the annual Islamic Hajj pilgrimage will take place in KSA from June 4 to 9. 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.

The [Ministry of Health of KSA](#) 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](#), the KSA Ministry of Health recommends:

- regularly wearing face masks when in crowded places;
- washing 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;
- using disposable tissues when coughing or sneezing and disposing of used tissues in wastebaskets;
- avoiding contact with those who appear ill and avoiding sharing personal belongings;
- avoiding visits and contact with camels in farms, markets, or barns;
- avoiding 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).

Last time this event was included in the Weekly CDTR: 28 May 2025

Events under active monitoring

- SARS-CoV-2 variant classification - 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
- Autochthonous chikungunya virus disease – Réunion and Mayotte, France, 2024–2025 - last reported on 28 May 2025
- Mass gathering monitoring - Hajj - Kingdom of Saudi Arabia - 2025 - last reported on 28 May 2025
- Mpox in the EU/EEA, Western Balkan countries and Türkiye – 2022–2025 - last reported on 23 May 2025
- Overview of respiratory virus epidemiology in the EU/EEA - 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
- Influenza A(H5N1) – Multi-country (World) – Monitoring human cases - last reported on 23 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
- Human cases with avian influenza A(H10N3) – Multi-country (World) - last reported on 16 May 2025
- Nipah virus disease – India – 2025 - last reported on 16 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
- Avian influenza A(H9N2) – Multi-country (World) – Monitoring human cases - last reported on 16 May 2025
- Serious adverse events to IXCHIQ chikungunya virus disease vaccine - last reported on 08 May 2025
- Salmonella Infantis outbreak among small children in Germany and Austria - last reported on 05 June 2025
- Chikungunya and dengue – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 05 June 2025
- Crimean-Congo haemorrhagic fever, Spain 2025 - last reported on 05 June 2025
- Cholera – Multi-country (World) – Monitoring global outbreaks – Monthly update - last reported on 02 May 2025
- Yellow fever – South America – 2024–2025 - last reported on 02 May 2025