



## Update 155 FHP-Update 23 January 2025



### News:

- **USA/WHO:** The USA announced on 21 January 2025, that the country intends to withdraw from WHO. The United States was a founding member of WHO in 1948, and therefore the [World Health Organization regrets the announcement of the USA](#) and hope that the United States will reconsider the decision for the benefit of the health and well-being of millions of people around the globe.
- **WHO/Gaza:** Even with the indented Gaza ceasefire, hostage and prisoner release deal [WHO emphasis that the health challenges ahead are immense](#). More than 46 600 people have been killed and over 110 000 have been injured. The real figures are likely much higher. Only half of Gaza's 36 hospitals remain partially operational, nearly all hospitals are damaged or partly destroyed, and just 38% of primary health care centres are functional. An estimated 25% of those injured – around 30 000 people – face life-changing injuries and will need ongoing rehabilitation. Specialized health care is largely unavailable, medical evacuations abroad are extremely slow. Transmission of infectious diseases has massively increased, malnutrition is rising, and the risk of famine persists. The breakdown of public order, exacerbated by armed gangs, raises further concerns.
- **WHO:** On 18 December 2024, the World Health Organization (WHO) [prequalified the first diagnostic test for glucose-6-phosphate dehydrogenase \(G6PD\) deficiency](#) which can help to safely deliver WHO-recommended treatments to prevent relapse of *Plasmodium vivax* (*P. vivax*) infection. The prequalification of this test immediately followed the [prequalification, in early December, of two new tafenoquine products](#) for anti-relapse treatment of *P. vivax* malaria, and these therapeutics were recommended in updated [WHO malaria guidelines](#) released a few days earlier, in late November.
- **COVID-19 vaccination:** Given the breadth in immune responses demonstrated by monovalent JN.1 lineage vaccines against circulating variants, the [WHO TAG-CO-VAC advises retaining the current COVID-19 vaccine antigen composition, i.e. a monovalent JN.1 lineage variant](#) as one approach to induce enhanced neutralizing antibody responses to JN.1 and its descendent variants. Vaccine antigens derived from more recent variants or alternative formulations, could also be considered. As per the WHO Director General's [standing recommendations for COVID-19](#), Member States are recommended to continue to offer COVID-19 vaccination based on the recommendations of the [WHO SAGE](#).
- **CDC:** together with the USDA, and the DOI released the first-ever [National One Health Framework to Address Zoonotic Diseases and Advance Public Health Preparedness in the United States](#).
- **WHO:** launched a [dashboard of global experiences on refugee and migrant health](#) in December 2025. The Dashboard compiles **140 cases and experiences from 63 Member States**, documented between **2022 and 2023**. It offers a unique, comprehensive overview of global efforts, showcasing the successes and challenges in implementing health policies, systems, and action plans tailored for refugee and migrant populations.
- **ECDC:** still labels the [overall risk for the EU/EEA population low for the transmission of monkeypox virus clade I](#). Eleven individuals with MPXV clade I have been reported in the EU/EEA since August 2024 (SWE, DEU, BEL). Only the United Kingdom and China have reported secondary transmission of mpox due to MPXV clade I outside the EU/EEA and Africa.

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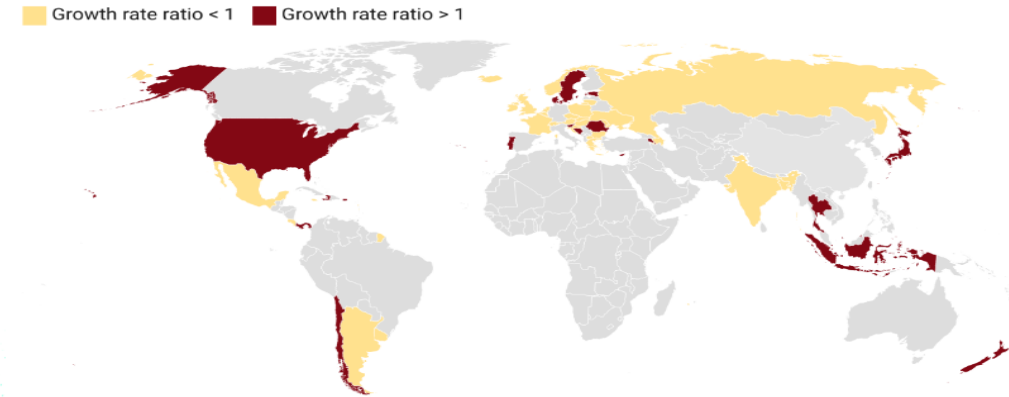
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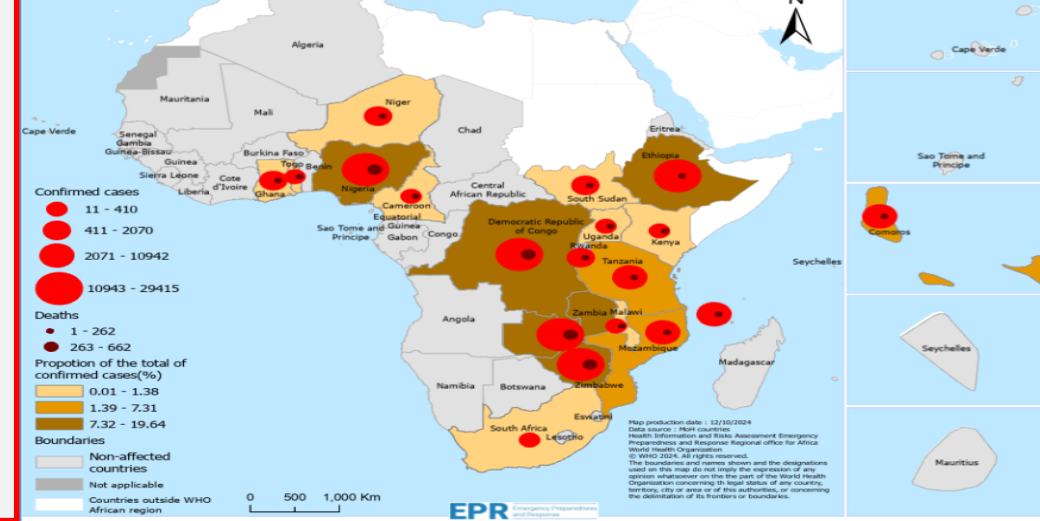
### Growth Rate Ratio of COVID-19 Case Rate

Ratio of COVID-19 case rate in the most recent four-week period (01-Dec-2024 to 28-Dec-2024) compared to the previous four-week period (03-Nov-2024 to 30-Nov-2024)



Source: BlueDot's Human Cases and Deaths – Indicator-Based Surveillance API. Source data provided by World Health Organization. • Created with Datawrapper

### Distribution of cholera cases and deaths in WHO African Region 1 January 2022 – 30 November 2024

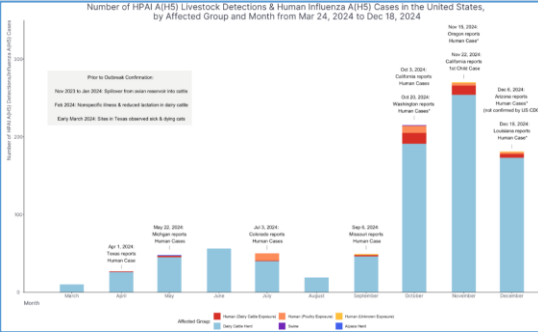


# Notable Outbreaks of 2024, as of 20 December 2024

2024 has been marked by many notable outbreaks and infectious disease trends, from emerging and re-emerging vector-borne and zoonotic diseases to endemic influenza-like illnesses (ILIs) and vaccine preventable diseases. Four diseases stand out due to being newly emerging or re-emerging diseases or having an outsized impact with the potential to become a more severe epidemic globally. Namely, the pathogens of most concern this year are avian influenza (H5N1), mpox (clade Ib), Oropouche virus (OROV), and poliovirus.

## Influenza A (H5N1)

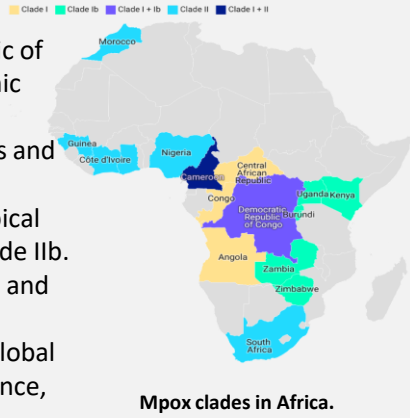
- A novel strain adapted to infecting livestock has emerged, particularly affecting cattle, goats, and alpacas, with subsequent zoonotic human cases.
- The genotype B3.13 of clade 2.3.4.4b was implicated, first detected in the U.S., with human cases in Texas, California, and other states.
- There are concerns of underreporting due to limited screening in livestock and at-risk workers.
- Risks of recombination with seasonal influenza viruses are increased during overlapping circulation periods in agricultural and poultry settings.



**Outlook:** Active surveillance nationally across the US dairy industry will provide clearer understanding of the true prevalence of disease in cattle and the associated risk to dairy workers. Ongoing cases in humans and cattle increases the likelihood of mutations and/or reassortment producing strains that are more virulent or have an enhanced ability to transmit between humans. Enhanced biosecurity, preventative measures, and additional resourcing at all levels of responses are needed to contain the current outbreak to prevent such outcomes.

## Mpox Clade Ib

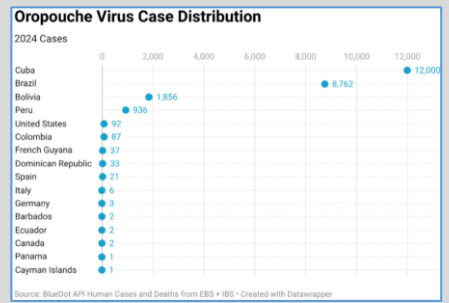
- Clade Ib was identified as an emerging strain in the Democratic Republic of Congo (DRC), spreading regionally and beyond, including in non-endemic countries like Rwanda, Kenya, and Uganda.
- It is characterized by sexual transmission among heterosexual networks and close contact transmission in households.
- Children under 15 are predominantly affected, marking a shift from typical patterns observed from predominantly zoonotic transmission or for clade IIb.
- Public health efforts are hampered by inadequate surveillance capacity and data.
- Spread to non-endemic regions suggests an evolving risk of sustained global outbreaks, especially without enhanced vaccination coverage, surveillance, and robust public health responses.



**Outlook:** Unless the response issues are resolved and WHO recommendations are further implemented in national responses, it is likely that mpox clade Ib cases will continue to increase and spread within the region and internationally in the foreseeable future. There are several MCMs that are approved for use against mpox including vaccines, anti-virals, and diagnostics.

## Oropouche Virus (OROV)

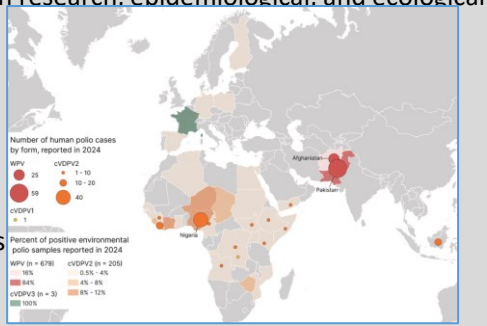
- A lesser-known vector-borne disease, OROV has been spreading in urbanized and deforested areas of South America in areas where it has never been detected before. Transmitted primarily through the bites of infected midges and possibly mosquitoes.
- 2024 with unprecedented surge in cases in endemic regions, importation of cases to new locations and local transmission in regions previously unaffected.
- Mutations in the virus and the emergence of a new lineage are associated with its increased spread.
- The potential for human outbreaks increases with urban mosquito proliferation, raising concerns of regional epidemic risk in immunologically naive populations.
- Surveillance gaps exist in regions with limited healthcare access and vector control measures in place.



**Outlook:** The lack of knowledge on host reservoir species and the contribution of the different vectors in maintaining both sylvatic and urban transmission cycles make predicting the potential future status difficult. More robust surveillance is needed. A One Health approach is urgently needed in research, epidemiological, and ecological studies to better assess and predict the potential impact of OROV.

## Poliovirus

- Resurgence of the virus has been observed in areas with low vaccination coverage.
- Environmental detection of vaccine-derived polio has been occurring in countries with historically little to no circulation.
- Ramping up immunization campaigns in vulnerable communities to prevent the global re-establishment of the virus is crucial.
- Continued cases and/or environmental detection in regions previously declared polio-free demonstrate the fragility of eradication efforts and the importance of sustained immunization drives.



**Outlook:** The global increase in wild poliovirus and VDPV cases underscores the need for sustained and innovative public health interventions. Efforts must prioritize expanding vaccine coverage, addressing vaccine hesitancy, educating on the risks of polio, ensuring the security of polio teams in the endemic region and enhancing early detection systems in high-risk areas.

# Snakebite Envenoming Data Reporting

Snakebite envenoming represents a critical yet neglected global health issue, disproportionately affecting impoverished, rural populations with limited medical infrastructure. Previously summarized WHO data collected by Ministries of Health in several countries in Sub-Saharan Africa revealed significant heterogeneity in snakebite data reporting across that region. The progress has continued afterwards with improvements in both granularity and extent of data reporting.

WHO provides countries with a snakebite reporting module within the WHO Integrated Data Platform (WIDP). Countries are provided annually reporting of national and sub-national level data on snakebite cases and related deaths.

For the period 2021–2023 data was provided by 25 snakebite-endemic countries (59.5%). With one exception (Ethiopia), the submitted data were collected by passive surveillance. As more countries contribute data, the granularity of data and its usefulness in spatial analysis of disease burden distribution has improved.

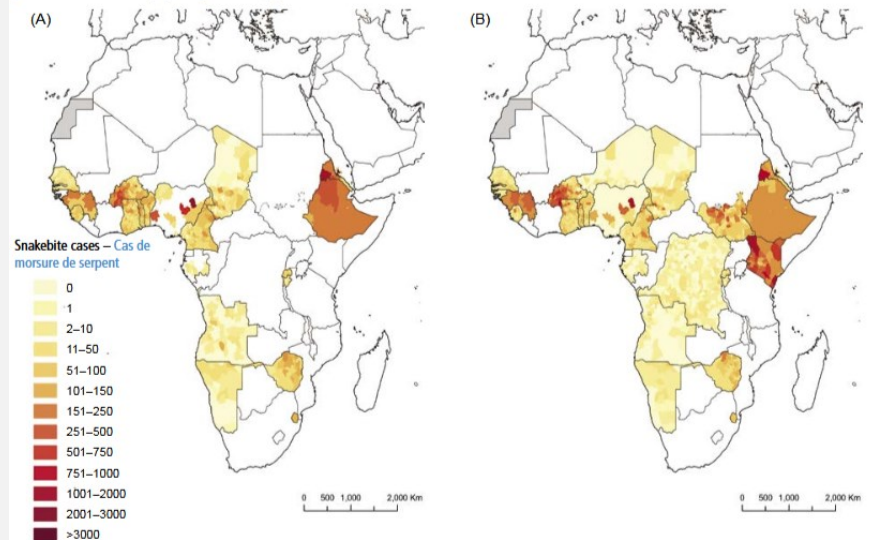
## Discussion

As with other NTDs, the very characteristics that define snakebite envenoming as a neglected tropical disease (high rural burden, poor socioeconomic demographics, limited access to health care, weak public health investment), predispose it to underreporting, and deny it the visibility essential to drive the political will needed for social inclusion, policy development and resource allocation.

Cultural and socioeconomic circumstances mean that in some African countries more than 80% of snakebite victims defer to traditional medicine practitioners following snake bites and escape routine hospital-based surveys of disease burden. Also, in hospitals routine reporting of snakebite to health authorities is not universal. To improve the quality of data, health care workers first need to be able to clearly differentiate non-envenomed and envenomed cases, and standardized data collection tools will need to be modified to capture the distinction.

WHO expect that, as the granularity of data continues to improve, deeper analysis of environmental, social, cultural and economic factors and their impacts will be facilitated.

Figure 1a Most recent snakebites cases reported by African countries in highest available resolution up to 2020 (A) and since 2020 (B)  
Figure 1a Cas de morsure de serpent les plus récents signalés par les pays africains, avec la meilleure résolution disponible, pour les périodes avant 2020 (A) et après 2020 (B)\*



\* Note the increase in coverage and in reported granularity with many countries now submitting administrative 2 level data. – On constate une augmentation de la couverture

Table 1 Number of annual snakebite cases and deaths reported to WHO by 24 Member States\*  
Tableau 1 Nombre annuel de cas de morsures de serpent et de décès en découlant notifiés à l'OMS par 24 États Membres\*

Country – Pays	Subnational reporting level – Niveau de notification infranational	Year – Année							
		2020		2021		2022		2023	
		Cases – Cas	Deaths – Décès	Cases – Cas	Deaths – Décès	Cases – Cas	Deaths – Décès	Cases – Cas	Deaths – Décès
Angola	L1	657	99	572	41	99	1	–	–
Benin – Bénin	L1, L2	1 682	14	1 360	2	1 336	4	769	20
Burkina Faso	L1, L2	12 054	242	15 755	–	15 671	–	14 749	–
Burundi	L1	1 637	3	1 695	0	1 576	3	1 660	0
Cameroon – Cameroun	L1, L2	8 549	107	10 436	79	9 238	95	–	–
Chad – Tchad	L1, L2	2 965	32	3 350	22	3 219	32	2 847	26
Democratic Republic of the Congo – République démocratique du Congo	L1, L2	–	–	–	–	2 752	406	–	–
Eritrea – Érythrée	L1	1 798	0	1 864	8	1 518	12	–	–
Eswatini	L1	481	5	245	2	–	–	–	–
Ethiopia – Éthiopie	L1	1 941	21	1 334	21	–	–	–	–
Gabon	L1, L2	–	–	–	–	–	–	116	0
Gambia – Gambie	L1	–	–	909	1	–	–	–	–
Ghana	L1, L2	11 084	0	10 783	0	10 054	0	7 001	0
Guinea – Guinée	L1	875	49	1 089	73	1 468	79	–	–
Guinea-Bissau – Guinée-Bissau	L1, L2	–	–	–	–	34	1	53	2
Kenya	L1	–	–	20 987	0	17 851	0	–	–
Namibia – Namibie	L1, L2	321	5	318	1	435	2	606	5
Niger	L1, L2	–	–	–	–	798	12	–	–
Rwanda	L1, L2	1 239	3	1 834	2	954	0	–	–
Senegal – Sénégal	L1, L2	879	–	942	–	890	–	460	–
Sierra Leone	L1, L2	670	–	1 770	26	645	29	–	–
South Sudan – Soudan du Sud	L1, L2	–	–	7 135	40	6 625	36	8 967	33
Togo	L1, L2	3 001	54	2 593	39	2 176	37	2 660	44
Zimbabwe	L1, L2	4 230	23	3 933	32	–	–	–	–
<b>Total reported – Nombre total notifié</b>		<b>54 098</b>	<b>657</b>	<b>75 370</b>	<b>387</b>	<b>67 451</b>	<b>712</b>	<b>39 888</b>	<b>128</b>

\* The relevant case and death data are publicly available on WHO's Snakebite Envenoming Information and Data Platform (<https://snbdotainfo.who.int/?page=Snakebite-Burden-Data>, accessed November 2024). – Les données sur les cas et les décès sont disponibles en accès public sur la Plateforme OMS d'information et de données sur l'envenimation par morsure de serpent (<https://snbdotainfo.who.int/?page=Snakebite-Burden-Data>, consulté en novembre 2024).

Only countries for which the completeness of subnational data >80% at administrative level 1 or 2 are listed. – Seuls les pays pour lesquels l'exhaustivité des données infranationales est >80% aux niveaux administratifs 1 ou 2 figurent dans la liste.

# WHO Health Highlights, Breakthroughs and Challenges in 2024

In 2024 WHO Member States achieved several milestones in tackling major global health challenges. For example, seven countries (Brazil, Chad, India, Jordan, Pakistan, Timor-Leste, and Viet Nam) eliminated a neglected tropical disease in 2024, including human African trypanosomiasis, leprosy, lymphatic filariasis, and trachoma. [Egypt became malaria-free](#) after a century-long battle; and [Cabo Verde](#) joined the ranks of malaria-free countries. The Region of the Americas was [reverified as measles-free](#). Maternal and neonatal tetanus have been eliminated in Guinea. Mother-to-child transmission of HIV and syphilis have been eliminated in [Belize, Jamaica and Saint Vincent and the Grenadines](#), and [Namibia](#) reached a key milestone towards elimination of mother-to-child transmission of HIV and hepatitis B.

## **Tackling the burden of noncommunicable diseases and mental health**

Noncommunicable diseases (NCDs), including heart disease, cancer, diabetes, and respiratory conditions, are the leading cause of death and disability globally. Because they are largely preventable, investments in prevention and control are cost-effective. [Nearly 1.8 billion adults worldwide are at risk of developing serious diseases such as heart disease, type 2 diabetes, and some cancers as a result of insufficient physical activity, according to new data](#). Collective efforts based on partnerships between government and nongovernmental stakeholders and increased investments in innovative approaches will be needed to reach the least active people and to reduce inequalities in access to measures that promote and improve physical activity. [Neurological conditions are now the leading cause of illness and disability worldwide, hunger remains a serious problem worldwide, new data released this year showed an alarming rise in diabetes](#) the data show that one in eight people are now living with obesity, and the number of adults living with diabetes worldwide has surpassed 800 million.

The first ever [Global Report on the Commercial Determinants of Health](#) will be launched in 2025 to support countries in addressing the commercial practices that act as barriers to action on NCDs.

## **Celebrating a life-saving anniversary**

Today immunization is the single greatest contribution of any health intervention to ensuring that babies not only see their first birthdays but also continue leading healthy lives into adulthood. Today [84% of infants are protected](#) with three doses of the vaccine against diphtheria, tetanus and pertussis (DTP), the global marker for immunization coverage. In 2024, 17 countries introduced the malaria vaccine, the WHO [HPV vaccine single-dose schedule](#) enabled more girls to be protected against cervical cancer, and a [new meningitis vaccine](#) offered a powerful shield against the five major strains of the meningococcal bacteria in a single shot.

## **Battling misinformation and disinformation**

WHO continues to focus on this great challenge to global health. Inaccurate information about diseases, treatments and vaccines undermines trust in science and public health.

## **Strengthening global health security**

[Member States successfully concluded negotiations on a package of amendments to the International Health Regulations \(2005\) \(IHR\)](#), and [made concrete commitments to finish negotiations on a global pandemic agreement](#). The goal of both important initiatives is to ensure that robust systems are in place in all countries to protect the health and safety of all people from the risk of future outbreaks and pandemics. [WHO responded to numerous health emergencies throughout 2024](#), from Gaza to Sudan to the mpox public health emergency of international concern.

## **Transforming the world's health organization**

WHO ran its first [Investment Round](#) in 2024 to ensure predictable, flexible and resilient financing for WHO's Fourteenth General Programme of Work (GPW14) from 2025 through 2028. The Investment Round has also successfully broadened WHO's donor base; since its launch in May, there have been 71 new pledges from Member States, and philanthropic and private sector donors, 40 of which are contributing voluntary funds for the first time. Seven of these new donors are low-income countries and 22 are middle-income countries, representing a shift in WHO's funding base. This shift also demonstrates [broad-based recognition](#) of the need to invest in health and in WHO. Numerous examples from across the globe reveal [WHO's impact at country level](#).

## **Making WHO reliable, effective and relevant in every country: strengthening work at country level**

In 2024 WHO took significant steps to [strengthen the capabilities of country offices](#), continuing the organizational effort to provide tailored solutions at country level and reaffirming its commitment to achieving meaningful health outcomes where it matters most. Strengthening WHO's work in countries highlights the Organization's dedication to achieving universal health coverage, accelerating progress towards the SDGs and leaving no one behind.

## **WHO Academy in Lyon**

[The World Health Organization's Academy](#) campus and online learning platform in Lyon are part of a [lifelong learning ecosystem](#) for health workers, policy-makers and WHO staff, offering opportunities to professionals to tackle current and future health challenges.

# Measles – Multi-country (World) – Monitoring European outbreaks – monthly monitoring

## **EU cases**

In November 2024, 249 measles cases were reported by 11 countries and zero cases by 13 countries.

In the most recent 12-month period, from 1 December 2023 to 30 November 2024, **30** EU/EEA countries reported a total of **17 329 cases of measles**.

Between 1 December 2023 and 30 November 2024, of the 17 329 cases with known age, **43.8%** cases were in **children under five years old** and **29.3%** cases were in individuals aged **15 years or above**.

Of 14 364 cases with a known age and vaccination status, **87.2%** were **unvaccinated**, **8.4%** were **vaccinated with one dose** of a measles-containing vaccine, **4.2%** were vaccinated with **two or more doses**, and **0.2%** were vaccinated with an **unknown number of doses**.

**Nineteen deaths** (CFR: 0.1) attributable to measles were reported to ECDC during 2024 by **Romania (18)** and **Ireland (1)**.

**68 new measles** cases reported since the **last monthly ECDC** (10 January 2025) **update**. New cases were reported in **nine EU countries**: Austria (new: 20; total: 529), Czechia (new: 1; total: 35), Germany (new: 10; total: 646), Hungary (new: 1; total: 32), Ireland (new: 31; total: 213), Spain (new: 12; total: ?), the Netherlands (new: 3; total: 190); Norway (new: 1; total: 10) and Sweden (new: 1; total: 38). **No** measles-related **deaths** have been reported in recent months.

## **Non-EU cases**

Outside the EU according to media reports, on 30 December 2024 the Moroccan health authorities provided an update on the ongoing nationwide measles epidemic in Morocco. The outbreak began in the Souss-Massa region in October 2023 and has since spread nationwide.

Since October 2023, 19 515 cases have been reported, with an **incidence rate of 52.5 cases per 100 000 population**. The authorities have reported **107 deaths** due to measles (0.55% of the reported cases), of which approximately half were in children under 12 years.

In 2024 alone, authorities reported 17 999 measles cases (5 094 confirmed) and 104 deaths. The increase in measles cases is attributed to **declining vaccination rates** following the COVID-19 pandemic and vaccine hesitancy.

**WHO Regional Office for Europe** (WHO/EUROPE) reported **106 237 measles cases in 2024**. The **five non-EU/EEA countries** reporting the most measles cases were: Kazakhstan (28 066), Russian Federation (21 682), Azerbaijan (16 685), Kyrgyzstan (13 203), and the United Kingdom (2 915).

**WHO Regional Office for Africa** (WHO AFRO) has reported **59 358 measles cases in 2024**. The highest numbers of cases were reported from Ethiopia (28 139), Nigeria (10 237), Burkina Faso (7 147), Cote d'Ivoire (6 464) and the Democratic Republic of the Congo (4 489).

**WHO Regional Office for Africa** (WHO AFRO) has reported **59 358 measles cases in 2024**. The highest numbers of cases were reported from Ethiopia (28 139), Nigeria (10 237), Burkina Faso (7 147), Cote d'Ivoire (6 464) and the Democratic Republic of the Congo (4 489).

**WHO Regional Office for the Americas** (WHO PAHO) has reported **455 measles cases in 2024**. Most cases were reported from the United States (284) and Canada (141).

**WHO Regional Office for the Eastern Mediterranean** (WHO EMRO) has reported **90 007 measles cases in 2024**. The highest numbers of cases were reported from Iraq (32 179), Pakistan (23 596), Yemen (19 988), Afghanistan (9 596) and Somalia (1 303).

**WHO Regional Office for South-East Asia** (WHO SEARO) has reported **32 838 measles cases in 2024**. The highest numbers of cases were reported from India (19 852), Thailand (7 507), Indonesia (4 718), Sri Lanka (296), and Nepal (222).

**WHO Regional Office for the Western Pacific** (WHO WPRO) has reported **10 484 measles cases in 2024**. The following five countries reported the most cases: the Philippines (3 985), Malaysia (3 904), Viet Nam (1 408), China (1 026), and Australia (48).

## **ECDC Assessment**

The overall number of measles cases in the EU/EEA **steadily increased** between **June 2023 and March 2024** and **decreased between April 2024 and October 2024**. In **November 2024**, a **slight increase** in case numbers compared with October 2024 was observed.

**Measles cases may continue to increase in the EU/EEA in the coming months.**

This is due to reported **suboptimal vaccination coverage** for measles-containing vaccines (MCV) in a number of EU/EEA countries (<95% in many of these countries), as well as a **high probability of importation from areas experiencing high circulation**.

In addition, **the majority** of recently reported cases have acquired the disease within the reported country **through community/local transmission, indicating a higher probability of being exposed to the virus within the EU/EEA than in previous months**.

ECDC's latest advice on measles is available in the Threat Assessment Brief '[Measles on the rise in the EU/EEA: Considerations for a public health response](#)', published in February 2024 and the **conclusions remain valid**. **Additional information on the risk classification** and ECDC recommendations can be found in this report.

# Community-associated outbreaks of impetigo by fusidic acid-resistant MRSA - multi-country - 2024

On 13 **December 2024**, Denmark (SSI) reported **isolation of fusidic acid-resistant MRSA among children with impetigo, and their close contacts**. The cases were identified in the summer months of 2023 (36 cases) and 2024 (43 cases). Several cases had documented contact with kindergartens. The outbreak strain was spa type t272, MLST ST121, CC121, SeqSphere cgMLST CT4265, and was positive for exfoliative toxins eta and etb, and virulence factor edinC, but negative for pvl. WGS analyses in Denmark suggested that there were several introductions of a clone into **different geographical areas of Denmark**. They also identified a **close genetic relatedness** to strains published by the **Netherlands** ([Vendrik K, Eurosurveillance 2022](#)) and to strains shared by the **Belgium** national reference laboratory (NRL).

The **prevalence** of fusidic acid-resistant MRSA appears to be **increasing globally**, from 1.4% pre-2000 to 3.2% in 2010–2020 ([Hajikhani B, 2021](#)).

The **Netherlands** reported outbreaks to ECDC involving the same strain as Denmark in **October 2019** and **February 2023**, and in Eurosurveillance in **December 2022** (Vendrik K et al.) and **November 2024** ([Landman et al.](#)), including accession numbers for outbreak strains.

**Retrospective investigations** by national MRSA surveillance in the Netherlands identified the **outbreak strain in only three samples from before 2019** (first sample from 2014). During the **summer of 2019**, several general practitioners in the **east of the Netherlands** noted **rapidly increasing numbers of impetigo cases that were unresponsive to topical fusidic acid treatment**. This is the first-line empiric treatment choice for community-onset impetigo in the Netherlands, and flucloxacillin is the second choice. Therefore, this MRSA strain is of special concern for the Netherlands, given the **co-resistance to both treatment options**.

Between 2018 and 2020 in total, **57 people were subsequently identified** in the Netherlands, including **47 children**, with **infection** (n=49 cases) or **colonisation** (n=8 cases) with the outbreak strain (MLST-type ST121, MLVA-type MT4627). The cases were **community onset**, with **no cases admitted to hospital** at time of sampling. Only one case was later admitted to hospital, for severe generalised bullous impetigo. **No cases** are reported to have **died**.

In **2023**, the Netherlands reported identification of **50 cases in 2021–2022**. At least four of the 50 cases had a more severe disease, such as scalded skin syndrome (two neonates) or osteomyelitis (two adults).

In **2024**, the Netherlands reported identification of **51 cases in 2023** and **106 cases in 2024** (as of 17 December 2024).

To date, **four other countries** have reported an update to ECDC regarding national investigations into **similar cases**:

- The NRL in **Belgium** reported that they had only received voluntary submissions from sporadic impetigo cases, with 1–2 MRSA strains sharing the same microbiological characteristics as the RIVM strains, collected each year during the period **2019 to 2024**. In Belgium, if MRSA is isolated from an impetigo case, mupirocin is the recommended topical treatment rather than fusidic acid.
- **Spain** reported identification of **15 paediatric cases** with community onset of impetigo with fusidic-acid resistant methicillin-sensitive *S. aureus* (MSSA). Five of these were identified in Asturias in August 2022, with spa type t1994. The remaining 10 cases were reported in Castilla y León in August 2023. The NRL in Spain identified all 10 as CC121, nine strains were MLST ST121, 'most' were resistant to fusidic acid, and four strains were 'genetically related' by cgMLST.
- **Luxembourg** reported identification of **one paediatric impetigo** case in January 2020, with an MRSA strain sharing the same microbiological characteristics as the RIVM strains. **A 'family member' had recently travelled to Amsterdam**.
- The NRL in **Norway** identified **12 MRSA** cases since March 2020 that were spa type t272/CC121. Of these, nine strains were fusidic-susceptible, and three strains were fusidic-acid-resistant. The **three resistant strains** were obtained in 2024 from **adults in different parts of Norway**. WGS (NGS of the core genome) identified two of the three strains as being closely clustered.
- **Ireland** reported that **no isolates typed** at the NRL **matched the outbreak strain**.

## **ECDC Assessment**

There is an **increasing number** of reports from EU/EEA countries of **community-focussed outbreaks of MRSA-associated impetigo during summer months, with resistance to a topical treatment** used in many European countries. To date, **only a few cases** are reported to have had disease sequelae **more severe than impetigo**, with **one reported hospitalisation**, and **no deaths**. There is a **high likelihood** of **further cases** of impetigo caused by this strain among children in the EU, prompting the actions recommended below:

- **Health authorities** in EU/EEA countries should **ensure that healthcare professionals are aware** of fusidic-acid-resistant MRSA as a **potential diagnosis** for impetigo among children, to prevent and control outbreaks.
- **Health authorities** EU/EEA countries should **continue to monitor** this event and **provide relevant national findings** from epidemiological and microbiological analyses, when available. **Reference laboratories** in EU/EEA countries should **consider increased monitoring of fusidic acid resistance among *S. aureus* strains, sharing sequences** with NRLs that identify similar strains.

# Mass gathering monitoring Jubilee of 2025 in Rome, Italy

Source: [ECDC](#)

# Overview of respiratory virus epidemiology in the EU/EEA, as of 17 January 2025

The Jubilee 2025 is a special holy year which occurs once every 25 years, involving major religious mass gathering events in Rome which are attended by millions of pilgrims from all around the world. [In 2025](#), starting from 24 December 2024 until December 2025, it is [estimated that more](#) than 35 million pilgrims will visit Rome.

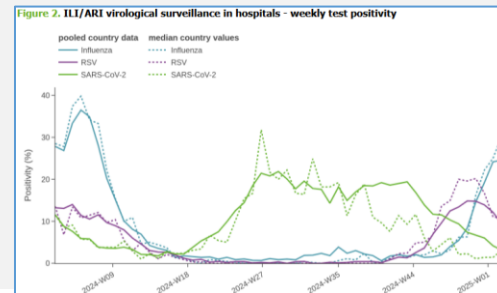
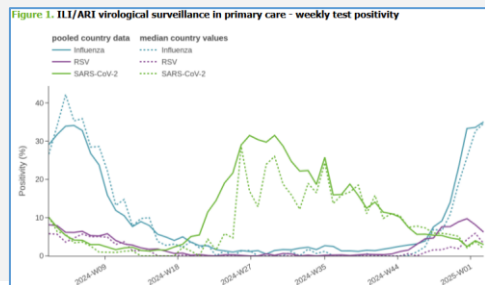
In 2000, 26 million pilgrims [attended the Jubilee in Rome](#). Although there were visitors from all continents, the majority were from Italy. There was no noted increase in the incidence of communicable diseases during the year of the event. Nevertheless, cases of Legionnaires' disease and foodborne outbreaks [increased among tourists](#), with limited impact at regional level. Outside of Italy, no public health events were reported that were linked to attending the Jubilee.

## ECDC Assessment

Mass gathering events involve a large number of visitors in one area at the same time. Multiple factors can lead to the emergence of a public health threat, such as an imported disease, increased numbers of susceptible people, risk behaviour, sale of food and beverages by street vendors, etc. At the same time, non-communicable health risks, including heat stroke, crowd injury, and drug- and alcohol-related conditions should also be considered by the organisers and the public health authorities of the hosting country.

The Jubilee is a mass gathering that comprises multiple events taking place throughout the year. Therefore, the context differs slightly from other mass gatherings. The general assessment provided below refers to the probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee. However, if specific public health events with potential impact at local, national and EU/EEA level are identified, they will be assessed separately.

**The probability of EU/EEA citizens becoming infected with communicable diseases during the Jubilee 2025 is low if general preventive measures are applied** (e.g. being fully vaccinated according to national immunisation schedules, following advice regarding hand and food hygiene and respiratory etiquette, self-isolating with flu-like symptoms until they resolve, wearing a mask in crowded settings, seeking prompt testing and medical advice as needed, and practising safe sex). This is particularly important in relation to vaccine-preventable diseases that may be on the rise in the EU/EEA, such as [measles](#), [whooping cough](#), and COVID-19.



## Overview

- Of the 20 countries reporting influenza-like illness (ILI)/acute respiratory infection (ARI) activity with the moving epidemic method (MEM), most (15 countries) reported **above-baseline activity**.
- Influenza activity remains high**, with 19 countries reporting primary care test positivity rates at or above 10% in primary care. Since Week 40, about 50% of severe acute respiratory infection (SARI) cases with influenza are aged 65 years and above. Non-sentinel indicators of severe disease (hospital admissions, ICU admissions, and deaths) have been increasing since week 48.
- RSV test positivity has decreased** over the past two weeks in primary care and since Week 51 among SARI cases. Since Week 40, about 70% of SARI cases with RSV are children under five years of age and about 20% are people aged 65 years and above. **Hospital admissions** and ICU admissions due to RSV remain **elevated**.
- SARS-CoV-2** activity in primary care and hospitals has **continued to decrease or remain stable** at the EU/EEA level in recent weeks.
- EuroMOMO pooled estimates of weekly excess all-cause mortality are at expected levels, however, increased mortality has been observed in some countries.

## ECDC Assessment

There is currently significant respiratory virus activity in the EU/EEA. **Influenza activity remains high** and continues to *increase* in some EU/EEA countries.

**RSV** activity is **decreasing** in primary care at the EU/EEA level, but **admissions** to hospital and ICU **remain elevated**.

The levels of respiratory virus activity currently observed **may place pressure on healthcare systems** and strain hospital capacity, particularly where capacity is already limited.

The age of those most impacted by severe disease differs, with **RSV** cases mostly observed in **very young children** and **severe influenza** cases in those aged **65 years and above**.

## Vaccine Information

- WHO recommends that **trivalent vaccines** for use during the 2024–2025 influenza season in the **northern hemisphere** contain the following (egg-based and cell culture or recombinant-based vaccines respectively): an A/Victoria/4897/2022 or A/Wisconsin/67/2022 (H1N1)pdm09-like virus (subclade 5a.2a.1); an A/Thailand/8/2022 or A/Massachusetts/18/2022 (H3N2)-like virus (clade 2a.3a.1 (J)); and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus (subclade V1A.3a.2).
- Antigenic characterisation** data presented in the WHO 2025 **southern hemisphere vaccine** composition meeting report indicate that **current northern hemisphere vaccine components are well matched** to circulating 5a.2a and 5a.2a.1 A(H1N1)pdm09 subclades and V1A.3a.2 B/Victoria subclades. The components also appear well matched for the A(H3N2) 2a.3a.1 (J) clade viruses, but **less well matched** for some of the more recent subclade 2a.3a.1 (J2) viruses characterised by S145N, N158K or K189R HA substitutions (alone or in combination).
- The majority of the A(H3N2) viruses identified worldwide since February 2024 belong to the subclade 2a.3a.1 (J2).**

## Poliomyelitis – Multi-country

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



Source: [ECDC](#)

Global public health efforts to eradicate polio are continuing through the immunisation of every child until transmission of the virus stops, and the world becomes polio-free. On **5 May 2014**, polio was declared a **public health emergency of international concern (PHEIC)** by the World Health Organization (WHO) due to concerns over the increased circulation and international spread of wild poliovirus in 2014. On **6 November 2024**, the [40th meeting](#) of the Polio Emergency Committee under the International Health Regulations (IHR) (2005) was held to discuss the international spread of poliovirus and it was **agreed that it remains a PHEIC**. It was decided that the temporary recommendations would be extended for a further three months. **In June 2002, the WHO European Region was officially declared polio-free.**

### Summary

Wild poliovirus type 1 (WPV1):

**In 2025**, as of 13 January 2025, **two cases of AFP caused by WPV1** have been reported in [Pakistan](#).

**In 2024**, as of 13 January 2025, **95 cases of AFP caused by WPV1** have been [reported](#), 70 in [Pakistan](#) and 25 in [Afghanistan](#).

Circulating vaccine-derived poliovirus (cVDPV):

**In 2025**, as of 13 January 2025, **no cases of AFP** due to cVDPV1, cVDPV2 or cVDPV3 have been reported.

**In 2024**, as of 13 January 2025, **ten cases of AFP** caused by **cVDPV1** have been [reported](#) by the [Democratic Republic of Congo \(DRC\)](#) (nine cases), and [Mozambique](#) (one case).

**In 2024**, as of 13 January 2025, **253 cases of AFP** caused by **cVDPV2** have been reported from 17 countries: [Nigeria](#) (94), [Yemen](#) (35), [Chad](#) (29), [Ethiopia](#) (27), [Niger](#) (15), [Democratic Republic of Congo](#) (14), [South Sudan](#) (10), [Angola](#) (7), [Indonesia](#) (7), [Guinea](#) (5), [Somalia](#) (3), [Cameroon](#) (2), [Benin](#) (1), [Liberia](#) (1), [Mali](#) (1), [Palestine](#)\* (1) and [Senegal](#) (1).

**In 2024**, as of 13 January 2025, **three cases of AFP** caused by **cVDPV3** have been [reported](#) by [Guinea](#).

\*This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Member States on this issue.

Sources: [Global Polio Eradication Initiative](#) | [ECDC](#) | [ECDC dashboard](#) | [WPV3 eradication certificate](#)

### ECDC Assessment

The **WHO European Region**, including the EU/EEA, has **remained polio-free** since 2002. Inactivated polio vaccines are used in all EU/EEA countries.

As long as there are **non-vaccinated or under-vaccinated population groups** in European countries and poliomyelitis is **not eradicated globally**, the **risk of the virus being reintroduced in Europe remains**.

In the EU/EEA, one country (**Romania**) is considered to be at **high risk** and five countries (**Austria, Estonia, Hungary, Poland and Slovenia**) are considered to be at **intermediate risk** of a sustained polio outbreak following wild poliovirus importation or the emergence of circulating vaccine-derived poliovirus (cVDPV). This is due to **suboptimal vaccination programme** performance and **low population immunity**.

See also: [ECDC comment on risk of polio in Europe](#) | [ECDC risk assessment](#)

The last human case was reported on 10 January 2025, as a fatal case of human infection with influenza A(H5N1) was reported by the Cambodia Ministry of Health. The case was in an adult male from Kampong Cham province in central Cambodia. The case was laboratory confirmed by the National Institute of Public Health on 9 January 2025. The patient passed away on 10 January, following severe illness with symptoms including fever, cough, fatigue, and difficulty breathing. According to investigation, the patient raised backyard poultry and had prepared and consumed meat from sick chickens.

**Since 2003, and as of 10 January 2025, there have been 963 human cases worldwide\***, including 466 deaths (case fatality among reported cases: 48%), with avian influenza A(H5N1) infection reported in 24 countries (Australia (exposure occurred in India), Azerbaijan, Bangladesh, Cambodia, Canada, Chile, China, Djibouti, Ecuador, Egypt, Indonesia, India, Iraq, Laos, Myanmar, Nepal, Nigeria, Pakistan, Spain, Thailand, Türkiye, Vietnam, the United Kingdom, and the United States). To date, no sustained human-to-human transmission has been detected.

*\*Note:* this includes six detections due to suspected environmental contamination with no evidence of infection that were reported in 2022 by Spain (two detections) and the United States (1), as well as in 2023 by the United Kingdom (3). 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).

### ECDC Assessment

Sporadic human cases of different avian influenza A(H5Nx) subtypes have previously been reported globally. Current epidemiological and virological evidence suggests that A(H5N1) viruses remain avian-like. **Transmission to humans remains a rare event 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-medium**.

**Direct contact** with infected birds or a contaminated environment is the **most likely source of infection**, and the **use of personal protective measures** for people exposed to dead birds or their droppings will minimise the remaining risk.

The recent severe cases in Asia and South America 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.

**For more information, together with EFSA and the EU Reference Laboratory for Avian Influenza, ECDC produces a quarterly updated report of [the avian influenza situation](#).**



# Other Infectious Disease Outbreaks - Africa

## **Marburg Virus Disease - Tanzania**

On 20-Jan-2025, the WHO Director-General, held a media briefing in the United Republic of Tanzania to confirm a new outbreak of Marburg Virus Disease (MVD) in the northwestern Kagera region. The WHO reported a suspected outbreak of MVD on 14-Jan-25 which affected nine people including eight deaths that remained under investigation across two districts – Biharamulo and Muleba. There is limited information on how or if the number of affected/deaths changed since 14-Jan-2025, but health officials confirmed one case of MVD while twenty-five other samples were negative. The suspected index case was a 27-year-old pregnant female in the 24th week of gestation. Details are unclear about the date and specific symptoms onset, but the patient passed away on 16-Dec-2024. A healthcare worker who was directly involved in the care of the patient fell ill (unspecified symptoms) and died on 27-Dec-2024.

Treatment centers and a mobile laboratory for testing samples have been deployed. National rapid response teams are active in the affected areas. No restrictions on international travel or trade are currently advised, reflecting confidence in Tanzania's response measures.

Source: [WHO](#), [WHO2](#), [GovTZ](#), [Ministry of Health](#), [AfricaCDC](#), [ECDC](#), [NewsMedia](#)

## **Chikungunya - Reunion**

On 17-Jan-2025, health authorities in Reunion, announced the activation of Level 3 of the ORSEC "Arboviruses" system, in response to a low-intensity chikungunya epidemic on the island. This escalation follows a significant rise in reported cases since August 2024. 192 reported cases since August 23, 2024, with the most affected regions of the Southern municipalities, including L'Étang-Salé (90 cases) and the West coast areas, including Hermitage and Saline. As of 13 January 2025, 192 cases of autochthonous chikungunya virus disease have been confirmed. Seven active clusters have been defined.

Source: [ECDC](#), [NewsMedia](#), [NewsMedia2](#)

## **Cholera – Angola**

Angola's Ministry of Health (MINSa) has declared a cholera outbreak. First cholera symptoms were observed on 31-Dec-2024 and the first case was confirmed on 07-Jan-2025. The majority of cases have been reported in Cacuo Municipality, a suburban area in Angola's capital province of Luanda, home to over 1.2 million people. As of 10 January 2025, 119 cases have been reported, including 12 associated deaths. 14 cases confirmed through laboratory testing. Cases have been reported in Luanda Province (113 cases, 11 deaths) and neighbouring Bengo Province (six cases, one death). 11 of the 12 associated deaths were reported in Cacuo municipality. Of the 119 cases, 53% are female and 47% are male. Affected individuals range from two to 70 years of age.

Source: [ProMed](#), [NewsMedia](#), [NewsMedia2](#)

## **Mpox – Sierra Leon**

On 11-Jan-2025, Sierra Leone's National Public Health Agency (NPHA) reported the **country's first mpox cases** with two confirmed infections in the country's Western Area Urban and Western Area Rural districts. The cases, have no known travel history, and 25 contacts are being monitored, according to the CDC.

On 16 January 2025, The Minister of Health, officially declared the MPox situation in Sierra Leone a **public health emergency**.

Source: [Ministry of Health](#), [Health Policy Watch](#), [NewsMedia](#), [NewsMedia2](#)

## **Measles - Niger**

Niger has been experiencing a measles outbreak which has affected all its eight regions since the beginning of 2024. A total of 51 health districts out of the 72 in the country experienced a measles outbreak at least once in 2024. Five health districts had active measles outbreaks in December 2024, and 46 health districts managed to control their measles outbreaks that year. Cumulatively, from week 1 to week 47 (ending 24 November), 2024, a total of 4 703 measles cases, including 1 053 laboratory-confirmed and 20 deaths (CFR. 0.4%), were reported in Niger from all the eight regions of the country. The capital city, Niamey, has reported the most cases and deaths, with 1 477 cases and nine deaths. It also has the highest incidence with 99.0 per 100 000 inhabitants, followed by Agadez region with 74.7 per 100 000 inhabitants; Dosso region has the lowest incidence so far (6.2 per 100 000). The overall incidence is 17.9 per 100 000 inhabitants in the entire country.

Vaccination coverage is still below the required levels for eradication. The second dose of the measles-containing vaccine reached only 77% this year and 72% last year, falling short of the national target of 95%.

Source: [WHOAFRICA](#)

## **Malaria - Namibia**

The Ministry of Health and Social Services of Namibia has released on 20 December 2024 a media statement reporting an outbreak of Malaria affecting six regions and 16 health districts of the country.

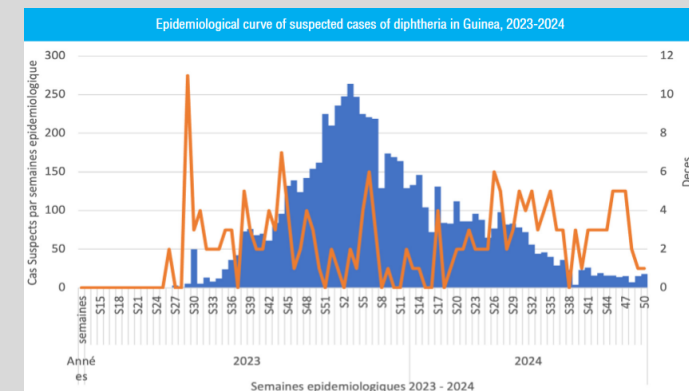
From 4 November, the start of the malaria transmission, to 15 December 2024, a total of 2 210 cases and nine deaths have been reported. There were 265 admissions and nine deaths on week 50 (ending 15 December). Enhana (30%) and Okongo (15%) districts are the districts reporting most cases.

Source: [WHOAfrica](#)

## **Diphtheria – Guinea**

Guinea has been battling a diphtheria outbreak since Week 27 of 2023, with cases reported in several regions, including Conakry, Faranah, Kankan, Labé, Mamou, Kindia, and N'Zérékoré. Kankan, region and particularly the Siguiri health district. In epidemiological week 50, 2024, 18 new suspected cases were reported in four districts: Ratoma (10 cases, 55.6%), Lelouma (2 cases, 11.1%), Siguiri (5 cases, 27.8%), and Mandiana (1 case, 5.6%). A death was also reported during this week, bringing the cumulative number of deaths to 207 since the outbreak began.

Source: [WHOAFRICA](#)



# Other Infectious Disease Outbreaks - Africa

## **Marburg Virus Disease – Rwanda - summary**

On 20 December 2024, the Ministry of Health of Rwanda declared the end of the Marburg virus disease (MVD) outbreak, per the WHO recommendations.

With 66 confirmed cases reported, this is the third largest MVD outbreak reported to date, with majority of confirmed cases reported among health workers. The source of the outbreak is reported to be of zoonotic origin, linked to exposure in a cave inhabited by fruit bats. There remains a risk of re-emergence of MVD even following the declaration of the end of the outbreak linked to a new spillover from interactions with the animal reservoir. The virus may also persist for an extended period in the body fluids (mostly semen) of people who recovered from the disease, noting the importance of their participation in the recovery care program. This was the first documented outbreak of MVD reported in Rwanda. Other MVD outbreaks were recently declared over in the Equatorial Guinea and the United Republic of Tanzania in 2023.

Source: [WHOAFRICA](#)

## **Acute Respiratory Infections complicated by malaria - Democratic Republic of Congo**

Panzi Health Zone in Kwango Province in the Democratic Republic of the Congo has been responding to an outbreak of an undiagnosed disease (which has since been named Acute Respiratory Infections complicated by malaria). The outbreak onset was on 18 October 2024 with suspected cases and deaths initially recorded across three health areas: Kasanji, Makita, and Tshakalapanzi.

As of 16 December, laboratory analysis of 430 samples revealed positive results for malaria and various common seasonal respiratory viruses, including Influenza A (H1N1, pdm09), rhinoviruses, SARS-CoV-2, human coronaviruses, parainfluenza viruses, and human adenovirus. Further laboratory testing is ongoing. Preliminary findings indicate that the outbreak is likely driven by a combination of viral respiratory infections and falciparum malaria, exacerbated by acute malnutrition.

Source: [WHOAFRICA](#), [ECDC](#)

## **Malaria - Ethiopia**

In 2024, Ethiopia has experienced a significant surge in malaria cases making it the highest annual count in the past seven years. From January to October 2024, Ethiopia reported over 7.3 million malaria cases and 1,157 deaths, resulting in a case fatality rate of 0.02%.

Source: [NewsMedia](#)

## **Cholera report – Africa, November 2024**

The cholera outbreak in the WHO African Region in 2024 has affected 18 countries (Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Niger, Nigeria, South Africa, South Sudan, Togo, United Republic of Tanzania, Uganda, Zambia and Zimbabwe). In November 2024, cases increased significantly in Burundi, Ghana, Mozambique, South Sudan, and the United Republic of Tanzania. Since the beginning of the year 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 30 November was 149 820 and 2 744 respectively, with a case fatality ratio of 1.8%. The Democratic Republic of the Congo (DRC), Ethiopia, Nigeria, Zambia, and Zimbabwe account for 75.9% (113 688) of the total cases and 85.5% (2 344) of total deaths reported this year.

Source: [WHOAFRICA](#)

## **Humanitarian crisis – South Sudan**

The humanitarian crisis in South Sudan continues to worsen, driven by a combination of protracted conflict, the intensifying effects of climate change, disease outbreaks, an economic downturn, and the spillover impact of the ongoing conflict in neighbouring Sudan. By December 2024, an estimated 9 million people required humanitarian assistance, including 6.3 million in need of health services and 2 million internally displaced. In 2024, South Sudan experienced some of its worst flooding recently, with 1.4 million people affected by November. Simultaneously, drought silently affected all ten states, impacting 36.0% of the population.

Disease outbreaks also remain concerning. From January to December 2024, over 2.7 million suspected malaria cases with 1 800 related deaths were reported. Cholera and other waterborne diseases continue to threaten communities with limited access to safe drinking water and sanitation. The health system is fragile and overstretched, with only 44.0% of the population accessing functioning health facilities.

On 22-Dec-2024, health authorities in Unity State, South Sudan, reported an **escalating cholera outbreak** with 73 fatalities in a single week among 3,700 registered cases. Most deaths were recorded at Rubkona Hospital, Bentiu Hospital, Rihriak Payam Health Facility, and the Bentiu IDP Camp.

Source: [WHOAFRICA](#), [ProMed](#)

## **Cyclone Chido – Southern Africa**

Cyclone Chido began its destructive path on 13 December 2024, hitting **Mayotte** and causing severe damage. It continued through the Indian Ocean, affecting the **Comoros** on 14 December, with property damage but no major injuries.

On 15 December, Chido made landfall in **Mozambique**, bringing winds up to 80 km/h, over 250 mm of rain, and severe flooding. At least one person died, 35 were injured, and 24,102 people were affected, with more than 5 800 houses and 41 classrooms damaged. Cabo Delgado's Mecufi district was hardest hit. Persistent rainfall and the risk of flash floods continue to pose challenges for emergency responders as the region grapples with the storm's aftermath. Power outages and communication breakdowns have compounded the challenges of reaching affected areas. Blocked roads in Mecufi and Chiure further delayed relief efforts, making it difficult for humanitarian teams to deliver essential supplies and conduct assessments.

In **Malawi**, by 16-17 December heavy rains and winds affected 8 100 people, killing three. Machinga, Phalombe, and Blantyre Rural were the worst hit, with homes, schools, and health centres damaged. Health centers, maternity units, and schools suffered significant damage, adding to the recovery challenges. In total, 1 800 households were affected across the country. Emergency services continue to assess the situation, but the ongoing rains hamper operations.

**Zimbabwe** issued evacuation warnings but reported no major damage as the storm weakened. Heavy rains remain a threat across southern Africa

**Cyclone Chido is a reminder of the growing frequency and intensity of extreme weather events in southern Africa, likely exacerbated by climate change. The storm's destruction has not only claimed lives but also left thousands displaced and at heightened risk of disease outbreaks, food insecurity, and economic instability.**

Source: [WHOAFRICA](#)

# Other Infectious Disease Outbreaks and disasters – Europe/Middle East



## **Mpox Clade I - United Kingdom**

On 20-Jan-2025, the UK Health Security Agency (UKHSA) has confirmed an additional case of clade Ib mpox in East Sussex, England. This is the sixth case of clade Ib mpox confirmed in England since October 2024 and it has no epidemiological links to the previously reported cases.

The affected individual had recently returned from Uganda, where there is ongoing community transmission of clade Ib mpox. No further details about the affected individual have been released.

Close contacts are being monitored by UKHSA and partner organizations and will be offered care, testing, and vaccination where needed to prevent further infections. Rapid identification and diagnosis by clinicians and specialist laboratories that contributed to the detection of this new case.

Source: [UKHSA](#)

## **Mpox Clade Ib – Europe**

**BEL:** On 18-Dec-2024, the Belgian health authorities reported the first confirmed case of mpox Clade Ib. The case had a travel history to an African country where clade Ib is circulating. In January 2025, the Belgian health authorities have confirmed a second case of mpox Clade Ib in the country (a child, a household contact of the index case). Health authorities are closely monitoring the situation and state risk of infection for the general population in Belgium is extremely low.

**FRA:** On 7 January 2025, France reported an mpox case due to monkeypox virus clade Ib. The case did not report recent travel to Africa but has been in contact with people returning from central Africa. Epidemiological investigations are ongoing to identify the index case and to clarify the likely transmission route. Considering the measures implemented by France, the risk for the general population in the EU/EEA related to this importation remains low, given a very low likelihood of further spread and a low impact.

**EU:** A total of eleven MPXV clade Ib cases have been reported in the EU/EEA since August 2024. On 15 August 2024, Sweden reported the first imported case of mpox due to MPXV clade Ib in EU/EEA countries. Seven cases have been reported by Germany (one in October, five in December 2024 and one in January 2025), two cases by Belgium in December 2024 and one case by France in January 2025. All individuals had mild disease.

Source: [ECDC](#), [ECDC2](#), [Laboratory](#), [Travel Health UK](#)

## **Toscana Virus Infection - Italy**

Recent literature describes increasing trends of neuroinvasive Toscana Virus (TOSV) infection in Italy between 2016 to 2023 with the majority of infections occurring in north-central Italy.

Since first detected, at least 1,381 human cases of TOSV infections have been reported globally up until 2023, of which Italy contributed 79% of autochthonous cases (1,064) and was the origin location of most imported cases. Human cases have been identified in several countries in southern Europe and in Northern Africa.

In 2024, Italy reported 90 human cases, with Emilia-Romagna (33 cases), Toscana (20 cases), and Marche (12 cases) regions reporting the most cases. Between 2016 to 2023, 607 autochthonous neuroinvasive cases were reported, including 580 hospitalizations and two deaths. Italy observed increasing trends of neuroinvasive TOSV infections between 2016 to 2023 with a 2.6-fold increase in the number of infections comparing the two time periods (2022-2023 vs 2016-2021).

**Seasonality:** While cases are typically reported between May to November, peaking in August, the 2022 to 2023 period observed additional increases between August and September. [Eurosurveillance](#), [epicentro](#), [ECDC](#), [Journal of infection](#)

## **Poliomyelitis - Israel**

On 25-Dec-2024, the Israeli Ministry of Health reported a confirmed case of poliomyelitis in the Jerusalem area. There are no further details about the case and the strain (wild or vaccine-derived polio) has not been specified. Official information indicates that the individual has not received any poliovirus immunization.

Source: [NewsMedia](#), [NewsMedia2](#)

## **Mpox Clade I in United Arab Emirates**

Exported cases of mpox clade Ib (origin in the United Arab Emirates (UAE)) have been confirmed across at least two different geographies since early December 2024.

**PAK:** On 2-Dec-2024, the International Health Regulations (IHR) National Focal Point of Pakistan notified the WHO of the country's first confirmed case of mpox caused by clade Ib. The affected individual is an adult male residing in the UAE who travelled to Pakistan on 28-Nov-2024.

**OMN:** On 10-Dec-2024, the IHR National Focal Point of the Sultanate of Oman reported the country's first mpox case linked to mpox clade I (pending subclade). The affected individual is an adult male resident of Oman who had travelled to the UAE between 20–25 Nov-2024, before symptom onset on 30-Nov-2024.

The UAE has not reported any mpox cases caused by mpox clade Ib at the time of the confirmation of this case from Oman or Pakistan to the WHO.

Source: [WHO](#)

## **Cholera - Yemen**

As of 1-Dec-2024, Yemen has reported 249,900 suspected cholera cases and 861 associated deaths since the beginning of the year, accounting for 35% of the global cholera burden, and 18% of global reported mortality, according to a recent report from the WHO. Cholera cases have been reported across multiple governorates in Yemen, with a 37% increase in cases and a 27% increase in deaths in November 2024 compared to the same period in 2023. Limited access to safe drinking water, poor community hygiene practices, and restricted access to timely treatment, are exacerbating the spread of cholera.

Source: [Reliefweb](#)

----- North Africa -----

## **Measles - Morocco**

On 21-Jan-2025, the Moroccan Ministry of Health declared a measles epidemic due to a significant resurgence of measles cases, likely linked to declining vaccination rates. 25,000 cases and 116 deaths have been reported across Morocco. The outbreak originated in the Souss-Massa region, in June 2024 and has spread to other areas such as Marrakech-Safi, Tangier-Tetouan-Al Hoceima, and Fez-Meknes. Remote areas have been particularly hard hit, including isolated villages like Amskerdad in the Chichaoua province, where the lack of hospitals and healthcare infrastructure has severely complicated the situation.

The scientific community has highlighted a significant decline in vaccination coverage linked to the COVID-19 pandemic. According to the WHO immunization dashboard, Morocco has maintained measles vaccine coverage at 99% (acceptable as per WHO measles herd-immunization target) for both first and second doses since 2019-2023.

There is no data available for 2024 to easily support declining coverage thus far.

Source: [NewsMedia](#), [NewsMedia2](#), [ProMed](#)

# Other Infectious Disease Outbreaks – Americas/Oceania



## Highly Pathogenic Avian Influenza A H5N1 - United States – human update -

As of 07-Jan-2025, influenza A(H5N1) has been officially identified in 10 states with 66 affected humans (40 infected cattle exposures, 23 infected poultry exposures, one backyard poultry exposure, and two unknown exposures). Since the last update in Dec-2024, California confirmed a new human case through the US CDC, while Louisiana reported the first H5N1-related death in the US.

Source: [CDC](#), [CDC2](#), [USDA](#)

## Highly Pathogenic Avian Influenza A H5N1 - United States (animal update)

As of 17-Jan-2025, HPAI A(H5N1) has been identified in 16 states with 929 affected livestock herds associated with the B3.13 genotype. Two states have reported detections in the last 30 days; California and Michigan.

Since the last assessment on 03-Jan-2025, 13 new livestock detections have been reported. 12 of those detections occurred in the current biweekly period, between 03-Jan and 14-Jan-2025. This is a decrease (-66%) in the number of biweekly detections compared to the previous reporting period, where 35 detections have been confirmed. On 30-Dec-2024, a new infected herd was confirmed in Michigan, 112 days since their last detection. All 12 detections in the current period were reported in California.

As of 10-Jan-2025, four states (California, Nevada, Texas, and Michigan) have been classified as affected in the national bulk milking testing strategy (NMTS). Texas currently is not enrolled in either state-level or national plant silo monitoring but has identified affected herds in the last 30 days.

15 new states have been included in the NMTS. In total, 28 states have implemented either state-specific surveillance or national plant silo monitoring.

The remaining 25 states with ongoing surveillance have been classified as provisionally unaffected.

Poultry: Since the last assessment on 03-Jan-2025, 43 new outbreaks have been reported in poultry flocks across 21 states between 02-Jan to 15-Jan-2024. The top five states reporting the largest number of outbreaks in this period are Ohio (+8), Idaho (+6), California (+3), Florida (+3), and Michigan (+3).

Wild: In the last 30 days, 77 HPAI A(H5) detections were officially confirmed, of which 4 samples across 3 states were collected in the same timeframe.

Other mammals: In the last 30 days, 38 HPAI A(H5) detections were officially confirmed, of which eight samples across three states (South Dakota, California, and Colorado) were collected in the same timeframe. The most affected species were domestic cats (18 detections) across several states.

Source: [USDA](#), [UDSDA2](#), [USDA3](#), [BioRxiv](#)

## Vibrio Vulnificus Infection – United States

The Florida Department of Health has reported a significant rise in infections caused by *Vibrio (V) vulnificus*, a potentially deadly flesh-eating bacterium. The state has reported 83 confirmed cases and 17 deaths in 2024, nearly double the 46 cases and 11 deaths reported in 2023. The increase in cases has been attributed to:

1. Recent environmental changes following hurricanes Helene and Milton, and
2. The range of disease involving more northern geographical areas as overall global warming takes effect.

Source: [ProMed](#), [FloridaHealth.gov](#)

## Dengue - Brazil

The state of Rio de Janeiro has confirmed its **first case of dengue serotype type 3** (DENV-3) in 2025. This is the first case of DENV-3 reported in the state since 2007. In 2023 and 2024, the predominant dengue serotypes in the country and the state were serotypes 1 (DENV-1) and 2 (DENV-2). In 2024, two isolated cases of DENV-3 were recorded in Paraty, in the Costa Verde region, and another in Maricá, in Metropolitan Region II. In 2024, Rio de Janeiro reported high dengue activity with 302,674 probable cases and 232 deaths across the state.

Source: [NewsMedia](#), [ScienceDirect](#), [NewsMedia2](#)

## Chapare haemorrhagic fever- the Plurinational State of Bolivia

On 7-Jan-2025, the International Health Regulations (IHR) National Focal Point for the Plurinational State of Bolivia notified the World Health Organization (WHO) of a laboratory-confirmed case of Chapare virus (CHAPV) infection from La Paz Department. Epidemiological investigations revealed a significant rodent infestation around the patient's home, with environmental conditions conducive to rodent activity.

No secondary cases or symptomatic contacts have been reported as of 13-Jan-2025.

The virus was first identified in 2003 in Bolivia and has been associated with **five documented outbreaks** to date, all occurring within the country. These outbreaks have primarily affected rural areas in the La Paz Department.

There is **no significant risk of international spread** of the disease, as **person-to-person transmission** of the Chapare virus is **possible but remains rare** in the general population.

Source: [WHO](#), [CIDRAP](#)

## Oceania

## Vaccine-derived Poliomyelitis - Australia

On 23-Dec-2024, the Department of Health in Victoria, Australia released a health advisory notifying medical practitioners of a positive environmental sample of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Melbourne metropolitan area.

Source: [DepartmentofHealth](#), [GOV AUS](#)

## Dengue - Australia

A local case of dengue virus infection has been reported in Townsville, a city on the north-eastern coast of Queensland, Australia. This is the first locally acquired case after five years.

This is a **breakthrough case** in context of the successful "Eliminate Dengue" project, which resulted in a broad elimination of dengue in the region over years following the release of mosquitoes carrying dengue-resistant *Wolbachia* bacteria into the community.

Although the species is currently restricted to Queensland, there are past records of *Aedes aegypti* being found in New South Wales, the Northern Territory and Western Australia.

Source: [NewsMedia](#), [NewsMedia2](#)

# Other Infectious Disease Outbreaks – Asia



## **Unknown Illness - India**

On 15-Jan-2025, health officials in Jammu and Kashmir reported on investigations of a localized outbreak of an unknown illness in Badhaal village, Rajouri district, located in the northwestern region of India close to the border with Pakistan.

Since 07-Dec-2024, 38 individuals from three families in the village of Badhaal have been affected. This includes 14 deaths (eight in December and six in January), with at least 11 amongst children.

Limited information exists about symptoms and suspected cause of illness/death. News media describes symptoms as 'food poisoning-like' and that children experienced sweating and anxiety before their conditions worsened. The deceased were described as in good health without underlying disease or infection prior to illness.

Health officials in Jammu and Kashmir reported that multiple national laboratories tested an unspecified number of patient, water, and food samples. All tests have returned negative for unspecified viruses, bacteria, and microbes. Unspecified health experts said samples from the deceased were positive for certain neurotoxins. Results from the Forensic Science Laboratory are pending.

Notable unknown illness reports involving toxins in India in recent years include: a [toxic substance found in lychee fruit](#) in 2019 (100 deaths mostly amongst children), and [contaminated cough/anti-allergy medication](#) manufactured in India in 2023 (at least 140 deaths amongst children globally).

Source: [NewsMedia](#), [NewsMedia2](#), [NewsMedia3](#) (Media sources reference similar statements from health officials, however, these statements have not been verified.)

## **Mpox Clade I - China**

On 09-Jan-2025, the China CDC reported **the first cluster** of mpox Clade Ib human cases in the country. The outbreak originated from a foreigner with a history of residence in the Democratic Republic of the Congo (DRC). However, the specific locations in China and the DRC, the dates of travel, and points of entry have not been specified by the CDC. Investigations were leading to the identification of four secondary cases among close contacts of the index case (traveller from the DRC). All secondary cases were infected through close personal contact with the index case. No cases have been identified among general contacts. All cases presented mild clinical outcomes.

Source: [NewsMedia](#)

## **Highly Pathogenic Avian Influenza A H5N1 - Cambodia**

On 10-Jan-2025, the Cambodian Ministry of Health confirmed the first human death in 2025 due to influenza A(H5N1) in the southeastern province of Kampong Cham.

The affected individual is a 28-year-old male from Chamkar Andong Commune, Chamkar Leu District, Kampong Cham Province. The patient was confirmed positive for influenza A(H5N1) virus on 09-Jan-2025 and experienced symptoms of fever, cough, shortness of breath, and difficulty breathing before passing away on 10-Jan-2025. The individual has a recent known exposure history to sick and dead backyard poultry and had prepared and consumed meat from sick chickens. Health authorities are investigating the source of infection in both animals and humans, monitoring and distributing anti-viral medication (oseltamivir) to close contacts and conducting health education campaigns in the affected village.

Cumulatively in 2024, Cambodia confirmed ten human cases including two deaths; nine cases and both deaths were in children. The last death was in August 2024. All affected individuals had suspected or known recent contact with sick or deceased poultry before symptom onset.

Typically, cases in Cambodia have involved viruses belonging to influenza A(H5N1) clade 2.3.2.1c, which is endemic to the region. Research has shown that since October 2023, circulating H5N1 viruses represent a novel genotype resulting from a reassortment of segments from clades 2.3.2.1c and 2.3.4.4b (the latter is responsible for the ongoing global epizootic). It is said this novel clade 2.3.2.1c genotype has replaced the endemic clade 2.3.2.1c within poultry in the region and has infected a majority of the human cases reported in Cambodia since February 2023.

Source: [Ministry of Health](#), [WHO](#), [MedRxiv](#), [ECDC](#)

## **Measles - Vietnam**

The Ministry of Health in Vietnam reported a substantial increase in measles cases in 2024 compared to the previous year. Health officials expect that measles activity, and other vaccine preventable diseases will continue to increase in 2025.

In 2024, Vietnam reported 38,364 suspected measles cases, including 6,725 confirmed cases and 13 deaths. According to the ministry, confirmed cases in 2024 were 130 times greater than cases in 2023. In 2025, at least 906 cases have been reported. The country reported a national immunization coverage of 82% with a single dose of a measles containing vaccine in 2023 (WHO/UNICEF estimate). A decline in vaccination rates has been observed since 2020. An insufficient measles vaccine supply in 2022 and 2023, combined with growing vaccine hesitancy, have led to a widening of immunization gaps observed during the early phases of the COVID-19 pandemic.

Source: [MinistryofHealth](#)

# Animal Infectious Disease Outbreaks 2025

## **Influenza A viruses of high pathogenicity (Inf. with) (non-poultry including wild birds), H5N5**

**ROU:** Recurrence of an eradicated disease. Outbreak started on 14 January 2025. An infected swan was diagnosed in a natural park in Lilienci, Bacau ([Latitude, Longitude 46.641888, 26.864393](#)).

**DEU:** One new case has been reported on 10 January 2025. This is an ongoing event which started in December 2024 on the island of Helgoland, Schleswig Holstein ([54.186, 7.913](#) (Approximate location)).

**BEL:** Since December 2024 cases have been reported with the last occurrence on 10 January 2025 where one bird was tested positive by Sciensano in Oostende ([51.226483, 2.899411](#) (Approximate location)).

## **High pathogenicity avian influenza viruses (poultry), H5N1**

**GBR:** Cases have been reported since December 2024 with the last confirmation date of 10 January 2025. In total 5 cases have been confirmed by the Animal and Plant Health Agency (APHA), Weybridge in Angus, Scotland ([56.7, -3.08](#) (Approximate location)).

**HUN:** On 6 January 2025, the Veterinary Diagnostic Directorate of the National Food Chain Safety Office confirmed the Virus in 1300 domestic birds in a fattening duck holding in Nyírbátor, Szabolcs-Szatmár-Bereg ([47.80057, 22.15085](#) (Approximate location)).

The rest of the flock (n=113935) was killed and disposed.

**PRT:** On 3 January 2025, the Instituto Nacional de Investigação Agrária e Veterinária confirmed the Virus in 3600 dead domestic birds in a fattening duck holding in São João das Lampas, Lisboa ([38.898732, -9.400721](#) (Approximate location)).

The rest of the flock (n=55148) was killed and disposed.

## **Foot and Mouth Disease, Genotyp O**

**DEU:** Since 10 January 2025, three case of foot-and-mouth disease in water buffaloes were confirmed in the rural district of Märkisch-Oderland in the federal state of Brandenburg, Germany ([52.55, 13.63](#) (Approximate location)).

The cases occurred in a free-range holding water buffalo herd with low density of cloven-hoofed animals in the surrounding and no trade activities within the epidemiological relevant time frame. So far, no indications for further infections have been recorded. All cloven-hoofed animals within the 10 km zone where tested negative (lab tests). An immediate stand still was imposed by Brandenburg and Berlin for five days. The disease has not occurred in Germany since 1988.

## **African swine fever virus**

**UKR:** New cases in domestic swine have been reported on 17 January 2025. This is an ongoing event with the last case reported on 12 November 2024. Dnipropetrovsk Regional State Laboratory, State Service of Ukraine for Food Safety and Consumer Protection determined six out of 12 suspected cases in domestic swine as positive by PCR. Last cases have been found in Andriyivka-Klevcove, Donetsk region ([48.04, 36.59](#) (Approximate location)).

Two wild boar case have been reported on 15 January 2025 (last cases reported July 2024) by Ivano-Frankivsk Regional State Laboratory of State Service of Ukraine on Food Safety and Consumer Protection. Carcasses have been found on the Bessarabian Hunter Hunting Grounds, Chernivtsi ([48.4548, 27.192](#) (Approximate location)).

**MNE:** Two dead wild boars were found not far from the border of neighboring country Bosnia Herzegovina. On 04 January 2025, the Diagnostic Veterinary Laboratory confirmed ASF in both carcasses. Cases were found in Tatarovina-Ploce Village, Pljevlja ([43.4243, 19.0692](#) (Approximate location)).

## **Rabies virus**

**ARM:** Two cases of rabies in domestic dog has been verified by the Republican Veterinary-sanitary and Phyto-sanitary Center of Laboratory Services SNCO, on 15 January 2025. The dogs are suspected to had contact with wild animals before the infection. Both dogs were unvaccinated. The case occurred in Dzoraghbyur, Yerevan ([40.1203, 44.5261](#) and [40.2048, 44.6375](#) (Approximate locations)).

## **West Nile Virus**

**EST:** On 7 January 2025, a case of WNF was confirmed by the National Centre for Laboratory Research and Risk Assessment (LABRIS) in a death Northern Goshawk in Kehtna, Rapla district ([58.93064, 24.866998](#) (Approximate location)).

Sampling for West Nile virus was carried out within the framework of the OH4Surveillance project. All samples collected in 2024 are sampled and no new cases were identified.

World Neglected Tropical Diseases Day  
30 January 2025

