



Update 156 FHP-Update 27 February 2025



info.fhpb@coemed.org

Branch Chief
Phone: +49 89 1249 4003
Branch Admin
Phone: +49 89 1249 4001

News:

- **PAHO:** The Pan American Health Organization (PAHO) has issued an [epidemiological alert about an increasing number](#) and geographical expansion of yellow fever (YF) confirmed cases in several countries in the Americas, including Brazil.
- **ECDC:** The data from the latest [ECDC annual epidemiologic reports](#) on STIs show the notification rate for confirmed gonorrhoea cases in European Union/European Economic Area countries rose by 31% in 2023 compared with 2022 and has risen by 321% since 2014. The increase was observed across different age groups and demographics but was steepest in women aged 20 to 24 (46%). Men who have sex with men (MSM) accounted for 58% of gonorrhoea cases.
- **WHO:** released its [global research agenda for antimicrobial resistance \(AMR\)](#) in human health beginning of February 2025. The agenda includes 33 research priorities for bacterial and fungal infections organized into four themes: Prevention, diagnosis, treatment and care, and cross-cutting. An additional seven research priorities focus on drug-resistant tuberculosis (TB).
- **CDC:** Several pages on the [US CDC website remain offline amid a move by the Trump administration](#) to remove all language related to gender identity and LGBTQ issues from government communications. Pages containing data from the CDC's Youth Risk Behavior Surveillance System are also unavailable, as is the Health Equity Guiding Principles for Inclusive Communication page. Later, a note was added to the CDC website that states, "CDC's website is being modified to comply with President Trump's Executive Orders." Additionally the CDC has instructed its scientists to retract or pause the publication of any research manuscript being considered by any medical or scientific journal. The order was to ensure that those manuscripts do not include now-forbidden terms, such as "gender, transgender, pregnant person or pregnant people, LGBTQ, transsexual, nonbinary, assigned male or female at birth, and biologically male or biologically female."
- **WHO/ARG:** Two weeks after the withdraw if the US from WHO, [Argentina government also is planning, to pull out of the international organization.](#)
- **CEPI:** The [Coalition for Epidemic Preparedness Innovations \(CEPI\)](#) announced an award of \$5 million funding award to Ethris, a German biotechnology firm working on next-generation RNA vaccines. The award will help Ethris develop spray-dried RNA vaccines that remain stable at room temperature and are suitable for nasal delivery.
- **Polio:** [Afghanistan and Pakistan each recorded wild poliovirus type 1 \(WPV1\) cases.](#) The WPV1 case in Afghanistan was in Badghis province, and it marks the country's first WPV1 case of 2025. The two WPV1 cases reported in Pakistan were in Sindh province, with paralysis onset on December 15, 2024, and January 30. Pakistan has now reported 74 WPV1 cases for 2024 and 2 for 2025.
- **Zoetis/USA:** On 14 February the U.S. Department of Agriculture (USDA), Center for Veterinary Biologics (CVB) has issued Zoetis a [conditional license for its Avian Influenza Vaccine, H5N2 Subtype, Killed Virus.](#) The vaccine is labelled for use in chickens. The conditional license was granted on the demonstration of safety, purity, and reasonable expectation of efficacy based on serology data.
- **WHO:** and partners launched a [first-ever clinical efficacy trial for a vaccine from Ebola from the Sudan species](#) of the virus in Uganda early February. This is the first trial to assess the clinical efficacy of the vaccine. It is also the first clinical trial of the vaccine during an outbreak.

Disclaimer:
This update provided by the NATO Centre of Excellence (NATO MILMED COE) on its website is for general information purposes only and cannot be considered as official recommendation. All national and international laws, regulations, and guidelines as well as military orders supersede this information.
All information is provided in good faith, however, the NATO MILMED COE makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information.
The information published on this website is not intended to substitute professional medical advice, diagnosis or treatment.
The NATO MILMED COE disclaim any liability in connection with the use of this information.



CDC finds antibodies against H5 bird flu in 3 vet practitioners working with cattle*

Continued testing of herds, milk tanks, and those at increased risk of exposure can help better protect vets and other animal workers

bit.ly/mm7404a2
FEBRUARY 13, 2025

* Among 150 veterinary practitioners with exposure to cattle in the past 3 months, September 2024

MMWR

Stop the spread of dengue and other viruses by helping control mosquitoes

Mosquitoes lay eggs in containers with standing water

Once a week:

- Drain
- Scrub
- Dry
- Turn over
- Or throw away

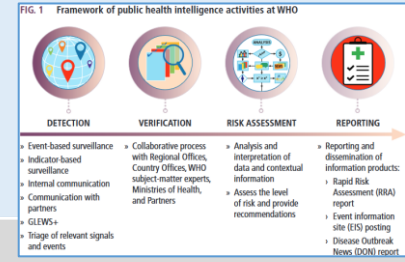
Any items where water can collect.



bit.ly/mm7405a1
FEBRUARY 20, 2025

MMWR

Global public health intelligence report 2023



Detecting health threats early is a crucial aspect of addressing health emergencies. Early detection plays a vital role in the comprehensive strategy of the WHO towards emergency response. Public health intelligence encompasses the identification, confirmation, analysis, evaluation, interpretation, and dissemination of information for the purpose of raising awareness, taking action and spreading knowledge.

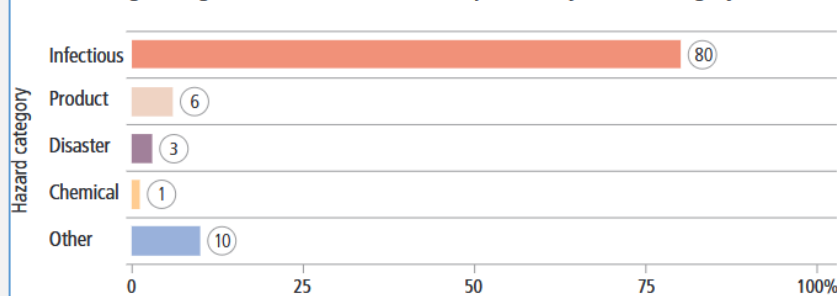
Between 2004 and 2023, a total of 5910 events were reported, averaging **296 events per year**. Notably, half of these events took place in both the **African Region (25%)** and the **Region of the Americas (22%)**. **Infectious diseases** have consistently been the **most common hazard type globally** over the past two decades. Nevertheless, there has been a **rise in the number** of reported events caused by **natural disasters** in various WHO regions in recent years.

An important measure of tracking PHI efforts is timeliness, particularly in the detection, notification, verification, and information sharing. During the last five years (2019–2023), the **median time to detect events was four days**, the median time to notify events to WHO was two days, and the median time to respond was within a day. To disseminate information to alert Member States and the wider public health community about public health events more than 125 EIS bulletins or announcements and 68 Disease Outbreak News (DON) reports were published in 2023.

WHO's Early Warning, Alert and Response System (EWARS)

Rapid identification of disease outbreaks is crucial for establishing an efficient public health response to mitigate severe consequences and further spread of diseases. In 2015 WHO developed a tool to assist with implementing the EWARS. EWARS Mobile, is a simple and cost-effective tool which enables rapid electronic reporting of epidemic-prone diseases and integrates easy and automated visualizations to support decision making in disease surveillance operations by combining many surveillance mechanisms into a defined set of indicators. EWARS Mobile services are rapidly deployable (within 48 hours) and scalable to support emergency response and fragile states and can also be integrated or interoperated with routine surveillance tools to complement it. Reporting can be done by anyone, including medical doctors, nurses, midwives, community health workers, community volunteers or community members themselves.

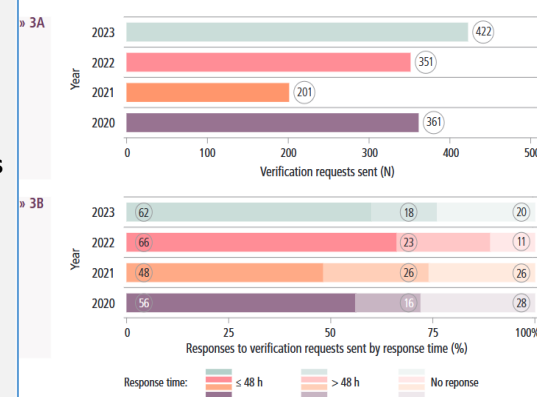
2 Percentage of signals detected at WHO headquarters, by hazard category, 2023



Detection

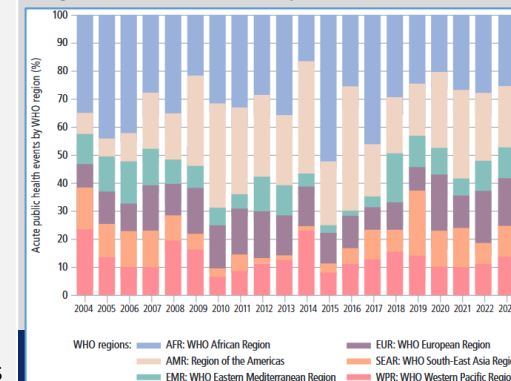
In 2023, 1470 signals of potential public health threats were detected. The majority were due to infectious hazards (80), followed by product-related hazards (6%), disasters (3%), or chemical hazards (1%).

FIG. 3 (A) Number of verification requests and (B) percentage of responses to verification requests sent by response time, 2020–2023



Acute public health events by year and WHO region

In 2023, there were 365 acute public health events reported globally. The number of reported acute public health events varied by WHO region. In 2023, the highest number of events were reported in the African Region (25%) and the Region of the Americas (22%). The European Region reported 17% of events followed by the Western Pacific Region (14%), and the Eastern Mediterranean and South-East Asia Regions, which each reported (11%) events.



Verification of signals

Detected signals are triangulated and triaged by PHI analysts, a group of epidemiologists with multidisciplinary backgrounds. After assessment, verification requests are sent for those signals for which verification by NFPs. In 2023, 422 requests for verification were sent by WHO regional and country offices. This is an increase of 20% compared to 2022.

A response was received for the majority (76%) in 2023. Among those for which a response was received, 225 (62%) were received within 48 hours of the request being sent. Compared to 2022, the overall response rate decreased by 9% and the response rate for those received within 48 hours decreased by 6%.

Acute public health events for the most frequently reported diseases, conditions or hazards of an infectious nature

No.	Disease/Condition/Hazard	Annually					Five-year period 2019–2023
		2019	2020	2021	2022	2023	
1	Acute hepatitis of unknown aetiology	—	—	—	11	—	—
2	Anthrax	6	—	—	—	9	—
3	Chikungunya	9	—	—	—	—	—
4	Cholera	23	6	20	43	19	111
5	COVID-19	—	226	44	—	—	278
6	Crimean–Congo haemorrhagic fever	9	—	—	12	8	36
7	Dengue fever	42	16	15	23	33	129
8	Diphtheria	—	6	—	11	12	35
9	Gastroenteritis	6	—	—	—	—	—
10	Influenza due to identified avian or animal influenza virus	—	6	17	17	18	62
11	Influenza due to identified human influenza virus	12	—	—	—	—	—
12	Lassa fever	7	—	5	—	—	—
13	Malaria	—	8	5	—	—	—
14	Measles	45	8	11	23	21	108
15	Meningitis	—	—	—	13	—	—
16	Mpox	—	—	—	90	10	100
17	Multisystem inflammatory syndrome in children (MIS–C)	—	18	8	—	—	—
18	Poliomyelitis	21	8	19	13	16	77
19	Yellow fever	—	14	10	—	8	46



Public Health actions needed after detections of poliovirus in sewage samples

Between September and December 2024, four countries in the EU/EEA (Finland, Germany, Poland, Spain) and the United Kingdom reported detections of circulating vaccine-derived poliovirus type 2 (cVDPV2) in sewage samples. This is the first time cVDPV2 has been detected in EU/EEA countries from environmental surveillance. To date, no human polio cases have been reported, and the EU/EEA continues to be polio-free, but such findings call for increased vigilance. Laboratory analyses likely indicate that the virus has been repeatedly introduced from an unknown area where that specific form of the virus is still in circulation. These recent importations may pose a threat to public health in the EU/EEA and should be monitored closely.

Poliovirus is highly infectious and can be transmitted easily and silently across wide geographical areas. Therefore, while the EU/EEA continues to remain polio-free, it is vital to **maintain adequate vaccine-induced immunity**, as vaccination is the only effective method of protecting against the disease.

Although the **majority** of EU/EEA countries report **vaccination coverage above 90%** at the national level, **subnational data** reveal a much more heterogeneous picture, with **only 39%** of reporting districts reaching 90% vaccination coverage, which requires constant assessment of vaccination strategies and vaccination coverage from both national and sub-national perspectives. Additionally, according to ECDC estimates, **around 600 000 children aged 12–23 months may not have received a full primary polio vaccination course in 2022 and 2023.**

ECDC risk assessment

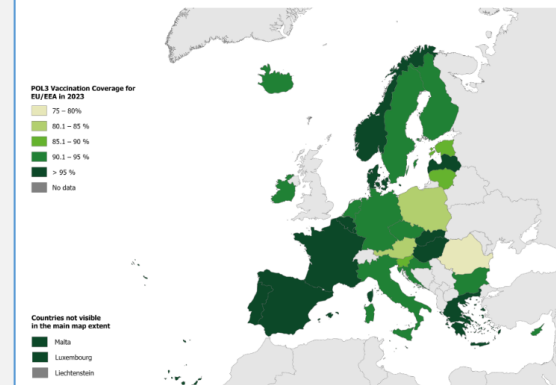
The **overall risk among vaccinated populations is assessed to be very low**, irrespective of the extent of vaccination coverage. The overall risk **among under or unvaccinated populations** is assessed to be **low in areas with high vaccination coverage and moderate in areas with low vaccination coverage.**

Table 1. Assessment of the current risk of polio in the EU/EEA, by population group and vaccination coverage

	Areas of high vaccination coverage		Areas of low vaccination coverage	
	Vaccinated	Under-/un-vaccinated	Vaccinated	Under-/un-vaccinated
Probability of disease	Very low	Moderate	Very low	Moderate
Impact*	Very low	Very low	Very low	Low
Risk	Very low	Low	Very low	Moderate

* Impact at population level and on health services

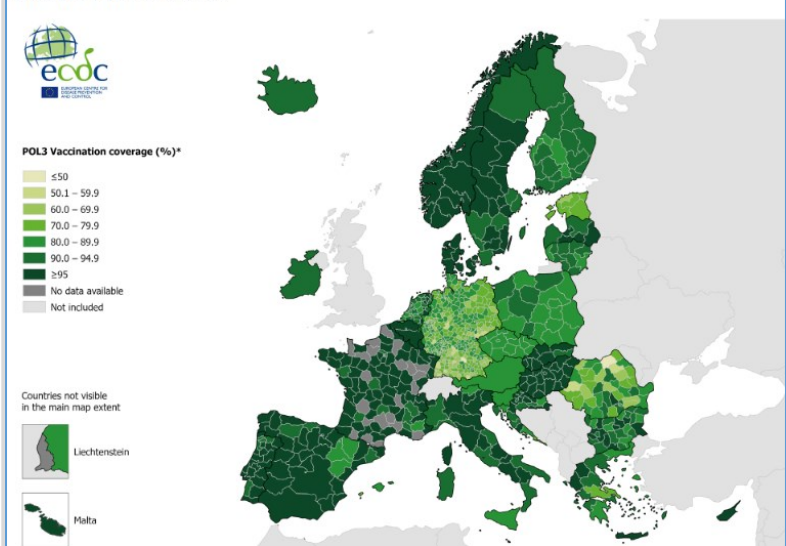
Figure 2. Vaccination coverage for third dose of polio containing vaccine (POL3), EU/EEA, 2023*



Public Health actions

- If polio cases occur, Member States should **activate national poliomyelitis response plan**; clinicians, particularly paediatricians, should be made aware regarding the possibility of acute flaccid paralysis (AFP) cases caused by poliovirus.
- ECDC recommends public health authorities **reinforce routine childhood vaccination programmes to achieve and maintain at least 90% coverage across all levels of society**. It also calls for timely immunisation catch-up **campaigns targeting individuals with incomplete or unknown vaccination status**, particularly in areas of suboptimal coverage or where environmental sampling has detected the virus.

Figure 3. Vaccination coverage for third dose of polio containing vaccine (POL3) at subnational level, EU/EEA, 2023; France 2022



- Additionally, authorities are advised to **maintain adequate stocks of inactivated polio vaccine (IPV)** and to ensure that all populations with unknown polio vaccination history, receive the vaccine.
- Countries are also encouraged to **strengthen environmental surveillance** to quickly detect any further introductions or circulation of the virus. By improving data collection and surveillance systems, EU/EEA countries can better identify gaps in vaccination, adapt response strategies, and communicate effectively with the public.

- Furthermore, public health authorities should **develop tailored, context-specific, culturally sensitive interventions to increase vaccination uptake and conduct risk communication activities** to highlight the importance of ensuring timely routine vaccination.

Acute Febrile Syndrome - Democratic Republic of the Congo

Source: [WHO Africa](#), [WHO Africa2](#)

On 13 February 2025, health authorities in the Democratic Republic of the Congo reported a new cluster of cases and deaths due to an unknown disease in Bomate Village, Basankusu Health Zone, Équateur Province, in the country's northwest. This marks the second cluster of cases and deaths from an unknown disease in the province in less than a month. The case-patients presenting with acute febrile syndrome due to an unknown aetiological agent

Outbreak Summary:

The latest outbreak in Bomate Village was initially reported to provincial health authorities on 9 February 2025. The primary clinical manifestations include fever, chills, headache, myalgia, body aches, sweating, rhinorrhea, neck stiffness, cough, vomiting, diarrhoea, and abdominal cramps. Close to half of the deaths (48.9%, n=22) occurred within 48 hours of symptom onset.

This outbreak follows an earlier cluster of cases and deaths reported to Équateur provincial health authorities on 21 January 2025 from Boloko Village, Bolomba Health Zone. Preliminary investigations traced the outbreak's origin to three community deaths among children under five years old in Boloko Village between 10 and 13 January 2025. The affected children reportedly developed fever, headache, diarrhoea, and fatigue, which later progressed to haemorrhagic signs and symptoms, including subconjunctival haemorrhage, epistaxis, and haematemesis, before succumbing to the illness. Reports indicate that the children had **consumed a bat carcass** prior to onset of signs and symptom.

On 22 January 2025, during field investigation, an additional fatal case with epidemiological links to the previous deaths in Boloko Village was identified in a nearby Village, Danda Village, along with four active cases (three in Boloko and one in Danda). By 27 January 2025, a total of 12 cases with 8 deaths, had been reported in Boloko Village, which recorded 10 cases with 7 deaths, and Danda Village, which recorded 2 cases with 1 death.

Laboratory Results:

The National Institute of Biomedical Research (INRB) in Kinshasa tested five specimens of the first cluster and thirteen cases of the second cluster, **negative for Ebola and Marburg viruses** by PCR.

On 26 February updated information highlighted that among 571 samples tested for **malaria** in the Basankusu cluster using rapid diagnostic tests, 309 (54.1%) **returned positive**.

Differential diagnoses under laboratory investigation include malaria, viral hemorrhagic fever, food or water poisoning, typhoid fever, and meningitis.

Case Count:

As of 15 February 2025, a total of **955 cases with 60 deaths** (CFR 6.3%) have been reported across the two health zones in Équateur Province.

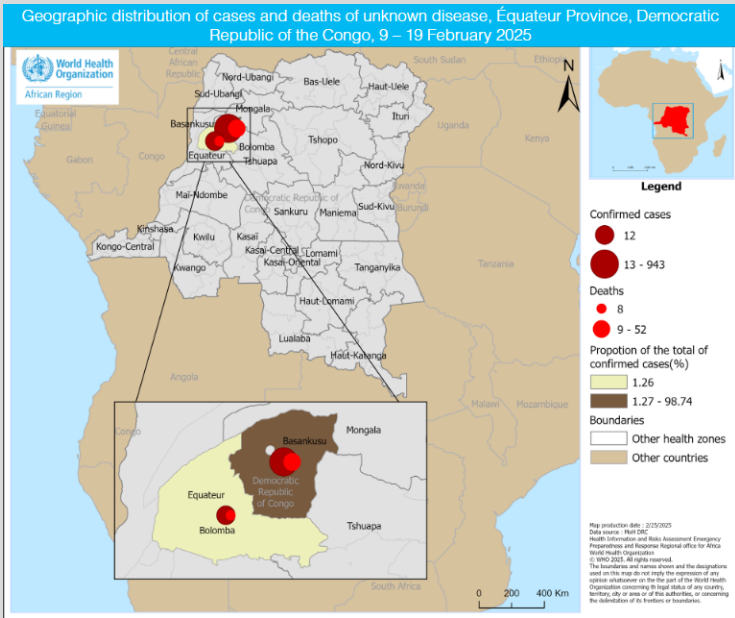
Bolomba Health Zone has recorded **12 cases with 8 deaths** (CFR 66.7%) while Basankusu Health Zone has recorded **943 cases with 52 deaths** (CFR 5.5%) (524 new cases with 7 death since 16 February).

Epidemiological Link:

The **exact circumstances** of exposure or the **epidemiological links** have **not yet been established in both outbreaks**. Metagenomic sequencing and additional investigations are ongoing to determine the **cause of illness and deaths** in the two health zones.

Situation Interpretation:

- The outbreak has been officially notified to the national level by the provincial health authorities. A joint meeting involving local health authorities and partners was held to assess the situation and plan response actions.
- Case investigations and active case search are ongoing in the affected areas, including in communities, churches, and health facilities. Cases are being line listed.
- Local health facilities in Basankusu and Ekoto are overwhelmed, only able to provide clinical services to the extent possible to some of the patients. Isolation rooms have set up at Basankusu and Ekoto Health Centres to accommodate affected individuals. Infection prevention and control measures include decontaminating isolation rooms and installing handwashing stations at isolation sites to reduce transmission risk.
- Risk communication and community engagement efforts included multiple sensitization meetings with leaders and residents of affected and neighbouring villages, as well as training sessions for community health workers on active case search and surveillance reporting are ongoing.
- The situation in Équateur Province presents significant public health risk, with two clusters of an unknown disease-causing high morbidity and mortality. The overall case fatality ratio, and the rapid disease progression raise concerns about a severe infectious or toxic agent. The lack of clear epidemiological links between the two health zones may suggest separate health events. The remote geography and limited healthcare infrastructure exacerbate response challenges, with overwhelmed health facilities struggling to manage cases.
- Despite ongoing response efforts, significant gaps remain, including limited laboratory capacity, unclear transmission dynamics, and weak surveillance. Infection prevention measures, while initiated, may be inadequate if the disease is highly transmissible. Urgent support is needed to reinforce health services, accelerate diagnostic testing, and engage communities to prevent further transmission, improve early detection and reporting.



Measles in the USA in 2025

Measles was declared eliminated from the United States in 2000 by the WHO due to the success of vaccination efforts. However, it continues to be reintroduced by international travelers, and in recent years, anti-vaccination sentiment has allowed for the reemergence of measles outbreaks.

In late January 2025, measles cases were reported in the **South Plains region of Texas**. By mid-February the outbreak had grown to 48 cases centred around Gaines County with several also reported in the neighbouring state of New Mexico. Around 27% of cases have required hospitalisation.

On 25-Feb-2025, state health officials in **Texas** reported **124 cases of measles**, marking the largest outbreak in the region in decades. Eighteen of the patients have been hospitalized. Most patients were admitted for respiratory issues and have been needing supplemental oxygen and respiratory support to help them get over viral pneumonia linked to the measles. The bulk of the cases, 80, remain in Gaines County, but there has also been spread to nine additional counties.

Health professionals warn that the 124 cases identified in Texas are likely an undercount as some children may not be seeking medical care or could still be waiting for laboratory confirmation. Texas health officials have listed several public spaces, including a university campus, a museum and convenience stores, where measles exposures may have occurred in recent weeks.

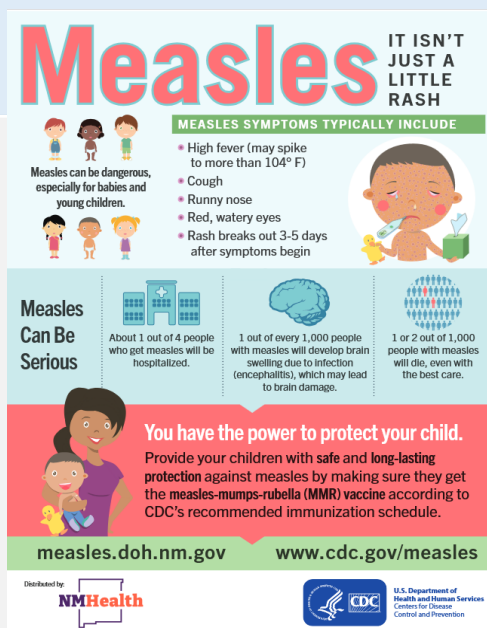
Five of the 124 cases are vaccinated. The rest are unvaccinated, or their vaccination status is unknown. The outbreak, has been attributed to the low vaccination rates and is expected to grow.

On 26 February, a **school-aged child died due to Measles**. The child was unvaccinated and had been hospitalized in Lubbock. This is the **first US measles death since 2015**, when a woman in Washington state died.

The **New Mexico** Department of Health is reporting an outbreak of measles in Lea County, near Gaines County, Texas. As of 25 February 2025, 9 cases have been reported.

Texas reported a **measles-containing vaccine coverage of 94.3%** in 2024 among kindergarten-aged children, close to the required 95% coverage recommended for herd immunity. However, vaccination coverage in **Gaines County is low** (82%) with one of the highest exemption rates (18%) among school-aged children in the state. The affected area includes a large Mennonite community, which typically has low vaccination rates due to religious beliefs. **Nationally, only 12 states recorded vaccine coverages over the 95% threshold in 2024.**

Source: [FloridaHealth.gov](#), [DSHS_Texas](#), [DSHS](#), [CIDRAP](#), [NMHHHealth](#), [NewsMedia](#), [DSHS Texas](#), [nmHealth](#), [CDC](#), [DSHS Texas](#), [CNN](#), [CIDRAP](#)



STI cases continue to rise across Europe

The ECDC has released its latest Annual Epidemiological Reports on sexually transmitted infections (STIs), revealing continued increases across the EU/EEA in 2023. The findings highlight the urgent need for increased public awareness, prevention, testing, and treatment efforts to address this growing public health concern.

Considerable increases were seen in reported cases of syphilis and gonorrhoea in 2023, relative to 2022, and continues the increasing trend seen in 2022. The trends for all STIs that ECDC provides surveillance data on underscore the need for immediate action to prevent further transmission and mitigate the impact of STIs on public health.

In 2023, nearly 100 000 confirmed cases of **gonorrhoea** were reported in EU/EEA countries, showing a 31% increase compared to 2022 and a striking increase of more than 300% compared to 2014. This surge was observed across different age groups and demographics, including men who have sex with men (MSM), and heterosexual men and women. The highest rates among women were within the age group 20 to 24 and this is also the group with the steepest increase in 2023 (46%). For men, the highest rates were seen in the 25 to 34-year-old age group. If left untreated, gonorrhoea can lead to significant health problems, such as pelvic inflammatory disease, and infertility in both men and women.

Syphilis cases also continue to rise. In 2023, 41 051 confirmed cases were reported in 29 EU/EEA countries, representing a 13% increase compared to 2022, and a doubling compared to 2014. Syphilis is more common among men, with seven men diagnosed for every one woman. The highest rates were seen among men aged 25 to 34. The majority of syphilis cases (72%) were reported in MSM. Still, compared to 2022, rates of syphilis increased among women of all age groups. Untreated syphilis can cause long-term complications in the heart and nervous system and if a pregnant woman has untreated syphilis, the baby may suffer severe complications.

Despite a slowdown in the increase of **chlamydia notifications** in 2023, it remains the most frequently reported bacterial STI in Europe. In 2023, more than 230 000 cases were reported across EU/EEA countries, representing an increase of 13% since 2014. The infection continues to disproportionately affect young people, with the highest rates among women aged 20 to 24.

Aside from the rise in the number of reported cases of STIs, a particular concern is the **increasing threat of antimicrobial resistance (AMR) in gonorrhoea**. The emergence of drug-resistant strains threatens the effectiveness of current treatments, making it crucial to emphasise prevention and promote responsible antibiotic use. ECDC actively monitors AMR trends in Neisseria gonorrhoea and works with countries to strengthen surveillance and implement strategies to combat resistance.

There are several hypotheses as to why cases of STIs have increased. **More testing** for STIs in some populations likely accounts for some of the increase. Other possible explanations that need further study include **changes in sexual risk behaviours**, such as less condom use, and higher numbers of sexual partners.

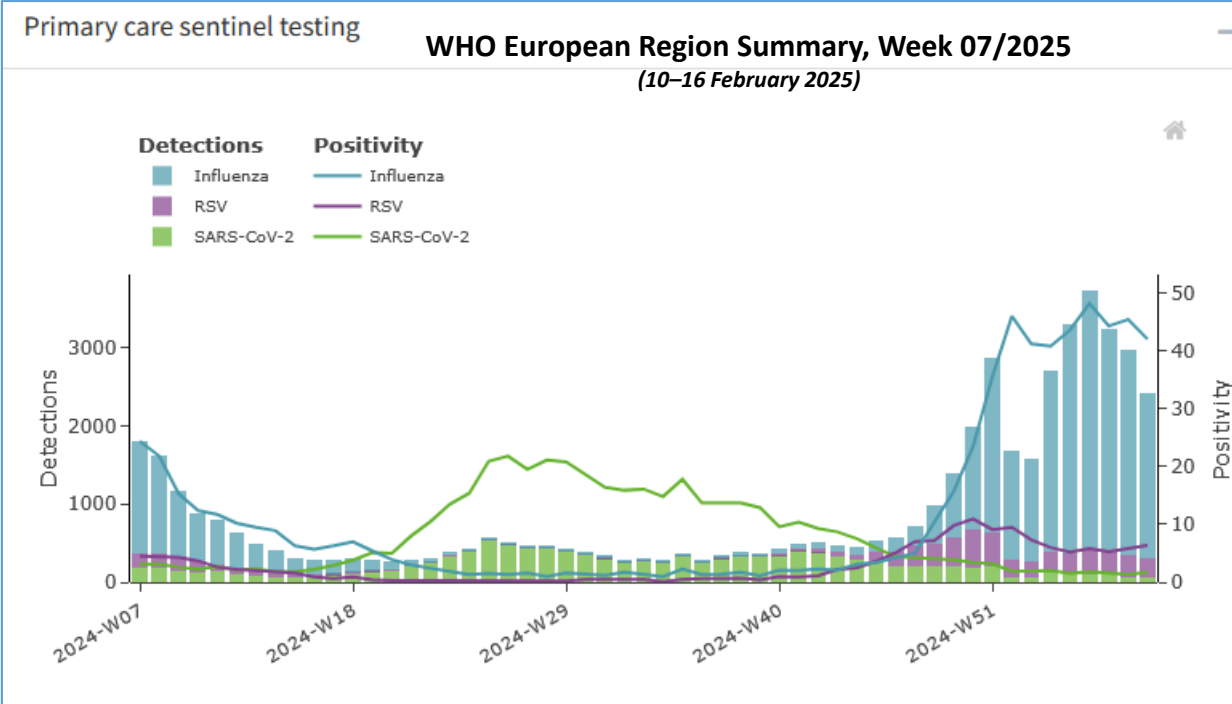
ECDC emphasises the importance of proactive measures to address the rising STI rates. Using condoms consistently for vaginal, anal and oral sex is crucial for prevention. Open and honest communication about sexual health with partners can also help reduce the risk of STI transmission.

Novel Coronavirus identified in bats/ STI cases continue to rise across Europe

A recent study published in the scientific journal 'Cell' has garnered a great deal of media attention. According to the study, a team of researchers from China have isolated and investigated a novel coronavirus (merbecovirus BtHKU5-CoV-2) from bats.

While the study provides valuable laboratory characterisation data on the virus' ability to bind to human ACE2 receptors, it **cannot be seen as evidence of an infection or transmission risk in humans**. In fact, the authors themselves caution against overstating the significance of their results. Many coronaviruses and influenza viruses of animal origin can replicate in human cells, however their replication in a laboratory does not necessarily mean that these viruses can successfully transmit from animals to humans, or between humans. There are many other factors which influence the ability of a virus to infect humans. **What these findings do highlight, however, is the need for continued surveillance of coronaviruses and other pathogens with pandemic potential.**

Source: [ECDC](#)



Meta-analysis estimates 14% global COVID-flu coinfection rate

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

The **global prevalence of COVID-flu coinfection is 14%**, with Asia and Europe having the highest rates of influenza A/B coinfection, but with wide variation among studies, estimates a [meta-analysis](#) of 38 studies published in BMC Infectious Diseases.

The meta- analysis included 38 primary studies investigating co-infection of SARS-CoV-2 with influenza in confirmed cases of COVID-19, published between December 2019 and July 2024.

Co-infections with respiratory viruses (such as SARS-CoV-2 and influenza) can worsen disease severity and complicate clinical management, these co-infections are of great concern. Multiple pathogens can cause immune overload, with the body's immune response having an insufficient response to either virus when faced with these co-infections. In patients coinfecting with both SARS-CoV-2 and influenza A virus, this phenomenon can worsen respiratory symptoms such as pneumonia, sinus infection, bronchitis, and cardiovascular disease and increase the risk for severe respiratory failure.

Viruses can also worsen the effects of other viruses, complicating clinical interpretation and leading to more hospitalizations and higher death rates. And because both COVID-19 and flu have similar symptoms, and diagnostic assays may not be able to distinguish between them, diagnosis and treatment can be challenging.

Results

The estimated rate of COVID-flu coinfections was 14% (95% confidence interval [CI], 8% to 20%). Significant heterogeneity was seen in the random-effects model for influenza A (11%; 95% CI, 5% to 18%) and B (4%; 95% CI, 2% to 7%) in co-infected patients, which could limit generalizability of the findings.

The highest rates of influenza A/B (21%), influenza A (17%), and influenza B (20%) were observed in Asia and Europe. The co-prevalence of COVID-19 and influenza A/B was similar in the pre- and post-2021 periods (14% [95% CI, 5% to 23%] for pre-2021 and 6% to 22% for 2021 and after), a subgroup analysis by year showed.

The overall prevalence of influenza A and B in COVID-19 patients was 11% and 4%, respectively, with no significant difference between the periods before and after 2021, but heterogeneity was very high in both time periods (99.83% and 99.97%, respectively), indicating wide differences among studies.

Conclusion

The analysis shows significant heterogeneity between studies, as indicated by an I^2 statistic of 99.97%. The combination of SARS-CoV-2 with influenza and other respiratory viruses requires the best treatment protocols to reduce the severity of the disease. In this approach, **high vaccination coverage against seasonal influenza and SARS-CoV-2 could reduce the risk of co-infection in the recent pandemic.**

Other Infectious Disease Outbreaks - Africa



Marburg Virus Disease – Tanzania – UPDATE -

As of 10 February 2025, a cumulative of 10 cases have been reported including two confirmed and eight probable cases. All cases resulted in death, including eight who died before the confirmation of the outbreak. The two cases confirmed since the outbreak declaration died while in isolation at a designated MVD treatment centre. Affected districts are Biharamulo and Muleba, all in Kagera Region. One case was a healthcare worker, highlighting the risk of nosocomial transmission. **The source of the outbreak is still unknown.** 281 contacts were identified, with 241 having completed the 21-day follow-up. 79 of those have been tested, all negative.

A retrospective investigation linked the index case to a cluster of 8 deaths between December 2024 and early January 2025 in the Biharamulo and Muleba districts. None of these individuals were tested before burial.

- The **risk** of this MVD outbreak is assessed as **high at the national level** due to several concerning factors.
- The **regional risk** is considered **high** due to Kagera's strategic location as a transit hub, with significant cross-border movement of the population to Rwanda, Uganda, Burundi and the Democratic Republic of the Congo.
- The **global risk** is currently assessed as **low**.

Source: [MesVaccins](#), [WHO Africa](#), [WHO](#)

Sudan Virus Disease – Uganda - UPDATE -

As of 20 February 2025, a total of nine confirmed cases of Sudan virus disease, including one death have been reported from Uganda, since the outbreak was declared on 30 January 2025. Eight cases received care at treatment centres in the capital Kampala and in Mbale and were discharged on 18 February after two negative tests 72 hours apart. As of 20 February 2025, 58 contacts that have been identified are still under follow up in designated quarantine facilities located in Jinja, Kampala, and Mbale.

Uganda, WHO, and partners launched the **first-ever clinical efficacy trial for a Sudan Ebola vaccine** just three days after the outbreak declaration. The IAVI-rVSV candidate vaccine is being tested in a ring vaccination trial targeting contacts and contacts of contacts. 2,160 doses of the vaccine were pre-positioned in Uganda as part of outbreak preparedness.

On top of the vaccine trial achievement, **Uganda released genome sequencing information** for the current SUDV in record time, just three days after the confirmation of the case. Genome sequencing for 2025-SUDV outbreak suggests there is no current link to Uganda's 2022-SUDV outbreak. Phylogenetic analysis indicates similarity to the 2012 Luwero lineage, suggesting a new spillover event from an animal reservoir, rather than ongoing human transmission from prior outbreaks. The source of infection remains unknown, increasing concerns about possible undiscovered cases.

SUDV is enzootic and present in animal reservoirs in the region. Uganda reported five SVD outbreaks (one in 2000, one in 2011, two in 2012, and one in 2022). The current outbreak is the sixth SVD outbreak in Uganda.

In the absence of licensed vaccines and therapeutics for the prevention and treatment of SVD, the **risk of potential serious public health impact is high**. Community deaths, care of patients in private facilities and hospitals and other community health services as well as at traditional healers with limited protection and infection prevention and control measures entail a high risk of many transmission chains.

Source: [MesVaccins](#), [WHO AFRICA](#), [CDC Africa](#), [WHO](#), [WHO2](#), [ECDC](#)

Complex Humanitarian Crisis – Eastern Democratic Republic of the Congo –

The humanitarian crisis in North and South Kivu provinces continues to worsen, marked by escalating violence and mass displacement. The humanitarian impact remains severe. As armed groups expand their control, humanitarian access has become increasingly difficult. Electricity disruptions in Goma due to damage to the high-voltage power line from Bukavu continue to affect hospitals and water infrastructure. Many families still rely on untreated water from Lake Kivu, increasing the risk of waterborne diseases, particularly cholera. Recent looting of humanitarian warehouses and supply disruptions continue to worsen food and medical shortages, with displaced people facing severe malnutrition risks.

The health crisis continues to escalate, with **cholera outbreaks spreading**. In Buhimba health area in Goma, 70 new cholera cases were reported within a week, with 80% of all cases in North Kivu stemming from displacement camps. Of the **128 mpox patients** who fled Goma treatment centres during the armed clashes, only 33 have been found a week later. **Medical facilities remain overwhelmed**, having treated 4 260 injured individuals since 26 January 2025, including 1 178 admitted between 5 and 10 February. The Red Cross has buried over 2 000 bodies, while 900 remain in **overcrowded morgues, posing serious public health concern**. The **disruption of epidemiological surveillance** due to ongoing violence is complicating outbreak response efforts.

Source: [WHO Africa](#), [WHO Africa2](#)

Lassa fever - Nigeria

Lassa fever cases and deaths are on the rise in Nigeria, following the expected seasonal increase during the dry season. From 30 December 2024 to 26 January 2025, a cumulative total of 290 laboratory-confirmed cases with 53 deaths (CFR 18.3%) have been reported from 10 states across the country. Ondo, Edo, Bauchi, and Taraba are the most affected states, which together accounts for 91.4% of the total confirmed cases and 75.5% of the deaths. Comparing the outbreak in 2025 to the same period in 2024, there has been a 12.4% increase in cases and a 10.4% increase in deaths, signalling a concerning trend.

The rising case numbers, coupled with infections among healthcare workers, emphasize the urgent need for improved infection prevention and control measures. The recurrent outbreaks highlight the urgent need for enhanced surveillance, early detection, and effective response strategies.

Source: [WHOAFRICA](#)

Mpox - Kenya

Kenya's ongoing mpox outbreak, first declared on 31 July 2024, remains a significant public health event, with 48 confirmed cases and one death as of 21 February 2025. The outbreak has been reported from 12 counties, notable spread along the A104 trade corridor, **mainly affecting truck drivers and sex workers**.

With mpox outbreaks already reported in several countries in the East African subregion, the presence of the more severe clade 1b strain heightens the risk, especially considering the outbreak's potential for further regional spread across East Africa.

Source: [WHOAFRICA](#)

Other Infectious Disease Outbreaks - Africa

Mpox Clade I – Uganda – UPDATE -

Uganda continues to report the most cases of mpox Clade Ib outside of the Democratic Republic of the Congo (DRC), and Burundi. There have been at least three cases of mpox Clade Ib imported from Uganda since the beginning of 2025, with two recent cases in less than a week. This highlights that the true scope of the outbreak might be larger than what is currently being reported in Uganda.

Since the outbreak began in July 2024, Uganda has reported 2,479 confirmed cases and 16 deaths (as of 28-Jan-2025). Community transmission is ongoing, with cases reported in 78 out of 146 districts (53%). The outbreak remains concentrated in and around Kampala, particularly in Nakasongola and Mbarara districts. The only detected strain is Clade Ib MPXV, linked to the outbreak in eastern DRC. Severe cases are predominantly seen among immunocompromised individuals (e.g., those with HIV/AIDS, malnutrition, diabetes, sickle cell disease, etc.).

On 2-Feb-2025, the Ugandan Ministry of Health, in collaboration with the WHO and Africa CDC, launched an **mpox vaccination campaign targeting high-risk populations in Kampala**, the current epicentre of the outbreak in Uganda. The campaign aims to curb human-to-human transmission of the virus, which has been spreading predominantly through close physical contact.

Phase 1 Target Groups: High-risk populations, including sex workers, bar attendants, commuter taxi drivers, commercial motorcyclists, and roadside vendors in Kawempe and Makindye divisions of Kampala. Frontline health workers in areas with active transmission. Close contacts of confirmed cases.

Expansion Plan: The campaign will extend to other divisions of Kampala and the central districts of Wakiso and Mukono.

Vaccine Supply: Uganda has received 2,000 doses of the mpox vaccine from the Africa CDC, sufficient to vaccinate 1,000 individuals (each requiring two doses).

Source: [AllAfrica](#), [CIDRAP](#), [Reliefweb.int](#)

Mpox Clade I - South Sudan

On 7 February 2025, the Ministry of Health (MoH) of South Sudan declared a mpox Clade I outbreak in Juba, Central Equatoria State, following the confirmation of a case by the National Public Health Laboratory on 6 February 2025. The index case was identified as a Ugandan national residing in Kupuri Camp, Juba. The MoH and WHO have mobilized a response team to conduct field investigations, contact tracing, and case management. 141 suspected cases have been tested using enhanced diagnostic methods.

South Sudan is now the 22nd country in Africa affected by the ongoing mpox outbreaks. The increasing frequency and geographic expansion of mpox outbreaks in both endemic and non-endemic regions highlight the need for enhanced regional surveillance.

Source: [WHO](#)

Cholera - Africa

Since the beginning of 2025, a **total of 15,954 cases** (639 confirmed; 45 probable; 15,270 suspected) and **399 deaths** (CFR: 2.50%) of cholera have been reported from eight AU MS: Angola (1 ,710 cases; 59 deaths), Ghana (1 ,285; 8), Malawi (80; 2), South Sudan (10,560; 272), Sudan* (1 ,989; 47), Uganda (87; 1), Zambia (131; 8), and Zimbabwe (108; 2).

In epidemiological week 5, a total of 1,070 cases and 29 deaths of cholera were reported from six AU MS: Angola, Ghana, Malawi, Sudan, Zambia, and Zimbabwe.

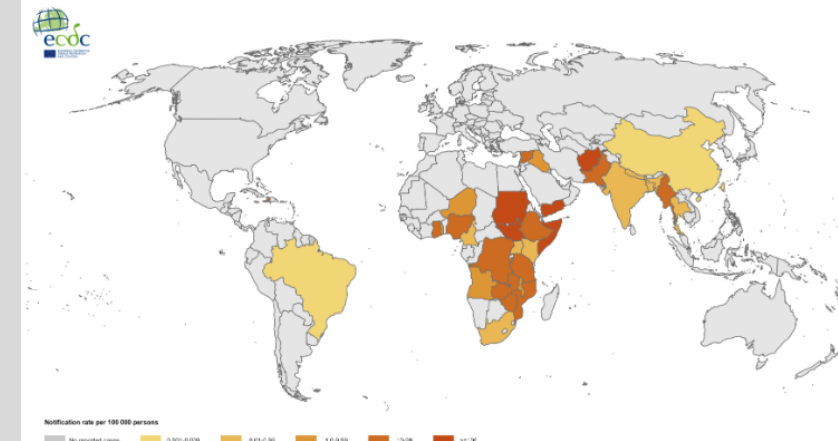
In **Sudan** most recently, a **sudden spike in cases and deaths** (at least 1,200 cases and 58 deaths) over a three-day period 20-23 February, has been reported in the southern city of Kosti, located in the state of White Nile just south of the country's capital Khartoum. MSF reports an **overwhelmed healthcare facility with over 800 individuals being treated** for symptoms of acute watery diarrhoea, dehydration, vomiting, and sunken eyes, while running out of treatment beds and medical consumables. News media reports that the outbreak has **spread to the nearby state capital of Rabak**, resulting in dozens sick and at least eight deaths.

The conflict between Sudan's army and RSF has been ongoing for nearly two years. It has resulted in **70% of hospitals in conflict zones becoming non-operational** and significant **drop in the national vaccination coverage** for multiple diseases.

A cholera outbreak is ongoing in **Angola**, with a **rapid increase in cases and geographic spread**. A major concern is the high case fatality ratio reported during the first six weeks of the outbreak. In response, the country has launched a single- dose oral cholera vaccination campaign in the three most affected provinces. However, the outbreak continues to spread to new areas, particularly during the current rainy season, when water sources are more likely to be contaminated.

Source: [CDC Africa](#), [NewsMedia](#), [MSF](#), [WHO Africa](#), [WHO Africa 2](#), [ECDC](#)

Figure 1. Geographical distribution of cholera cases reported worldwide from December 2024 to February 2025



Other Infectious Disease Outbreaks and disasters – Europe



Mpox Clade Ib – United Kingdom – UPDATE -

On 31-Jan-2025, the UK Health Security Agency (UKHSA) confirmed an additional case of clade Ib mpox in London. This is the **eighth 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. This is the third clade Ib mpox case with recent travel history to Uganda reported in January in England. The previous cases were reported on 20-Jan-2025 and 27-Jan-2025. No epidemiological links have been identified between the cases. Source: [GOV.UK](#)

Highly Pathogenic Avian Influenza A H5N1 - United Kingdom – HUMAN cases -

On 27-Jan-2025, the UK Health Security Agency (UKHSA) confirmed a human case of avian influenza A(H5N1) in England. The affected individual is from the West Midlands region who is reported to have caught avian influenza on a farm where they had close and prolonged contact with a large number of infected birds. The case was detected after the Animal and Plant Health Agency (APHA) identified an outbreak of avian influenza in a flock of birds. The UKHSA then carried out routine monitoring on people who had been in close contact with the infected birds. The affected birds were infected with the D1.2 genotype, one of the viruses known to be circulating in birds in the UK this season. **This is the first human case of avian influenza in the UK since May 2023 when two people, including a poultry culler, caught the disease from infected birds.** Source: [UKHSA](#), [NewsMedia](#)

Dengue - Portugal

Health authorities in Madeira, Portugal, confirmed two local cases of dengue fever. These are the first dengue fever autochthonous cases in Madeira since the first-ever local outbreak of dengue in 2012. The cases were detected in the third week of January in Funchal, Madeira. Dengue virus was detected in *Aedes aegypti* mosquitoes in a monitoring trap in Funchal, the capital of Madeira, it is well-established in Madeira, posing a continuous risk of local dengue outbreaks. No new suspected cases have been identified in the region.

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

Diphtheria - Germany

On 29-Jan-2025, health authorities in Berlin reported the death of a 10-year-old boy from diphtheria following months of treatment. According to news media, the child had **not been vaccinated against diphtheria**. There is no available information if the child had any underlying health conditions, or if there was any delayed between symptom onset and diphtheria diagnosis. Contact tracing identified an immediate family member who had been vaccinated and experienced a mild case of diphtheria. The source of exposure remains unknown, and it is unclear where they or their family member contracted the infection.

Germany reported 169 cases from early 2022 to March-2023 in refugees. Genome sequencing suggests Afghan and Syrian refugees acquired infections along the Balkan route, underscoring the need for active case finding and outbreak detection in transit countries.

The WHO estimates that in 2023, third-dose diphtheria-tetanus-pertussis (DTP) immunization coverage among one-year-olds in Germany was 91%, exceeding the global average of 84% and the recommended 80–85% vaccine coverage needed for community protection.

Source: [CIDRAP](#), [Ärzteblatt](#), [Ministry of Health](#)

Measles - United Kingdom

On 19-Feb-2025, the UKHSA raised concerns over a potential measles outbreak in Bristol. Bristol currently has the highest number of measles cases and lowest vaccination rates in the region (27 cases). In 2024, 2,911 measles cases were recorded in England, the highest annual count since 2012. In 2024 only 85.1% of five-year-olds in Bristol had received both MMR doses, meaning 14.9% remain unprotected.

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

Leprosis - Ireland

A peer-reviewed non-autochthonous leprosy clinical case in Ireland was described in Eurosurveillance on 23-Jan-2025. The patient, a migrant from a South American country with endemic leprosy, presented significant challenges in diagnosis, contact tracing, and public health management due to the rarity of leprosy in Ireland and the absence of tailored national or EU guidelines. This marked the first case of leprosy in this region in the last decade.

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

Meningococcal Disease - France

French health authorities' data indicate that there is an increase of invasive meningococcal disease (IMD) during the 2024-2025 season, with an exceptionally high number of cases in January 2025 (90+). This increase has been linked to a concurrent severe influenza epidemic. A total of 615 cases were reported in 2024, marking the highest annual case count in France since 2010. Between July 2024 and January 2025, 50 deaths have been confirmed.

Source: [Sante Public France](#), [NewsMedia](#)

Malaria-free status - Georgia

Following a nearly century-long effort, Georgia has been certified malaria-free by the(WHO at the end of January 2025. Malaria has plagued Georgia since ancient times. In the post-war period, Georgia launched an intensive programme aimed at eliminating malaria, using newer medicines, insecticide spraying and robust entomological surveillance. The campaign successfully interrupted the transmission of malaria. Georgia remained malaria-free for 25 years, but by 2002, malaria had reemerged in the country with 474 cases reported. Intensified interventions followed and significantly reduced malaria incidence in Georgia, with the last indigenous case recorded in 2009.

Source: [WHO](#)

Mumps - Russia

On 05-Feb-2025, an outbreak of mumps was reported in the Kursk region, Russia, marking the **first occurrence of a large outbreak in over 30 years**.

There are currently 16 confirmed cases – 12 in children under 17 years old and four in adults. All cases belong to a closed religious' community, where families typically have six to ten children, and all attend educational institutions.

Resembles past outbreaks in similar insular communities, such as the 1998 mumps outbreaks in New York and North London. In both cases, vaccine hesitancy and low immunization coverage contributed to disease resurgence. This underscores the ongoing risk of mumps outbreaks in under-vaccinated groups and the importance of targeted immunization strategies to prevent further cases.

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

Other Infectious Disease Outbreaks – Americas



Highly Pathogenic Avian Influenza A H5N1 - United States

– human update -

On 08-Jan-2025, news media reported an influenza A(H5N1) case under investigation in a dairy worker in Nevada, where cattle herds affected by the genotype D1.1 viruses were previously confirmed. Details about the case are currently limited. According to the USDA, the affected herds did not display clinical signs when identified through bulk milk surveillance but have since become symptomatic. Large wild bird die-offs were reported near the affected dairies.

In updates on February 21, the US CDC confirmed H5N1 in samples from an Ohio poultry worker as well as a recently reported patient from Wyoming.

The CDC has **confirmed 70 cases, one of them fatal**, since early 2024. The agency has also recorded seven probable cases.

Source: [Gov Nevada](#), [NewsMedia](#), [USDA](#), [CDC](#), [CIDRAP](#), [CDC](#), [ECDC](#)

Highly Pathogenic Avian Influenza A H5N1 - United States - animal update -

Livestock: As of 24-Feb-2025, HPAI A(H5N1) has been identified in 17 states with 973 affected livestock herds. More recently, the USDA confirmed **the first detection of genotype D1.1 in livestock herds in Nevada**.

Poultry: On 24 February APHIS reported outbreaks in more poultry flocks in four states, including another massive layer farm in Ohio, the nation's second biggest poultry producer.

Recently several states within the same Pacific Flyway are observing a large number of outbreaks. This emphasizes the high levels of virus circulating in wild birds and/or present in the environment.

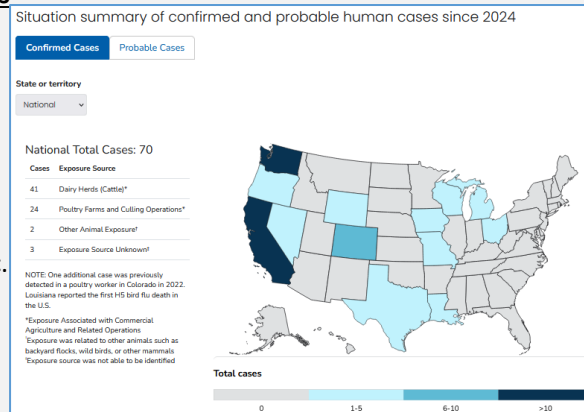
A conditional license for the avian influenza A(H5N2) vaccine developed by Zoetis was issued by the USDA recently based on early safety studies and serology data.

Over the last 30 days alone, ongoing H5N1 outbreaks have led to the loss of nearly 19 million birds in the US.

Domestic cats: APHIS confirmed three more H5N1 detections in **domestic cats**, which includes an infected stray cat in California's San Mateo County on February 6. Additionally, a cat from Montana's Flathead County that was sampled on December 5, 2024, and a cat from Oregon's Multnomah County that was sampled on February 3. More recently Oregon reported two affected cats exposed through contaminated raw food products.

Other mammals: USDA reported HPAI detections in **black rat species** in California for the first time. However, previously other scavenger animals have been affected in other states.

Source: [USDA](#), [USDA](#), [USDA](#), [CIDRAP](#), [APHIS](#), [CIDRAP](#), [CIDRAP](#), [Zoetis](#), [Oregon DA](#), [APHIS](#), [APHIS](#)



Swine Influenza A H1N2 - United States

On 07-Feb-2025, the US CDC reported a human case of swine influenza A(H1N2) variant (A(H1N2)v) in Iowa. This information was released through the CDC's weekly influenza surveillance report, and details about the case are currently limited. The patient was 18 years or older and did not report direct or indirect exposure to swine. They had sought medical care during the week ending 18-Jan-2025 and required hospitalization but have since recovered. No cases have been identified among the patient's close contacts.

Since 2011, Iowa has reported three human cases of A(H1N2)v with the last case reported during the 2020-2021 influenza season.

In 2024, Pennsylvania was the only state to report human cases of A(H1N2)v, while other subtypes of novel influenza A viruses were identified in Ohio, Colorado, Michigan, and Minnesota.

Historically, majority of past sporadic swine flu cases involved exposure to swine; fewer than 20% had no known exposure.

Source: [CDC](#), [FLUVIEW](#)

Listeria – United States

On 22-Feb-2025, a nationwide recall of frozen nutritional shakes (4-oz Lyons ReadyCare and Sysco Imperial frozen supplemental shakes) was issued by the US FDA, after a listeria outbreak has resulted in multiple hospitalizations and deaths across the United States. 38 cases of infection have been reported. According to the CDC, this outbreak includes cases from as early as 2018, with an escalation of cases in 2024 (16/38 cases) and 2025 (4/38 cases). Of the 38 cases, 37 have been hospitalized and **12 deaths have been reported**.

21 states have been affected: Alabama; California; Colorado; Connecticut; Florida; Illinois; Indiana; Maryland; Michigan; Minnesota; Missouri; North Carolina; Nevada; New York; Ohio; Oklahoma; Pennsylvania; Tennessee; Texas; Washington; and West Virginia.

The CDC has stated that the total number of affected individuals is likely higher than the case number reported, as many with listeria recover without medical care and/or are not tested.

Source: [CDC](#), [FDA](#), [NewsMedia](#)

Highly Pathogenic Avian Influenza A H5N1 – Canada – antiviral drug resistance -

Researchers at the Canada Food Inspection Agency (CFIA) describe their discovery of a mutated H5N1 avian flu strain resistant to the antiviral drug oseltamivir (Tamiflu) on eight chicken farms in British Columbia in October 2024. The virus was identified as a clade 2.3.4.4b A(H5N1) strain, with a neuraminidase surface protein derived from a low-pathogenic flu virus from a North American lineage. Isolates reveal a mutation in the neuraminidase protein (H275Y) that is exceptionally rare among clade 2.3.4.4b viruses (present in 0.045% of publicly available clade 2.3.4.4b isolates). It's unclear whether the mutated virus is still circulating.

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

Other Infectious Disease Outbreaks – Americas



Pertussis – United States

The Spokane Regional Health District (SRHD) first week of February announced Washington state's **first pertussis (whooping cough) death since 2011**, which involved a child younger than 5 years old who died in November 2024. The death was recently confirmed by the US CDC, which in early January warned that cases in 2024 were higher than levels seen before the COVID pandemic. The SRHD said though pertussis was the cause of death, the child had other health factors that may have contributed. The child had received some doses of the diphtheria-tetanus-acellular pertussis vaccine (DTaP) vaccine but had not gotten the whole series.

Source: [SRHD](#), [CDC](#), [CIDRAP](#)

Measles - Canada

Canadian health authorities are warning about a recent rebound of measles cases, with increasing outbreaks in Ontario and Québec. The recent resurgence is being attributed to declining vaccination rates and international travel-related introductions. As of 24-Feb-2025, confirmed measles cases have been reported by two jurisdictions in Canada 57 confirmed cases of measles, and six probable cases have been reported in Ontario with 99% of the cases among unimmunized individuals. And two separate outbreaks have been identified in Québec. 24 confirmed cases since 21 February following a previous outbreak with 51 confirmed cases between Feb-Jun 2024. A few sporadic cases were reported between the two outbreaks. The outbreaks have been initially linked to international travel but are now sustained by local transmission, emphasizing the need for increased vaccination coverage and public health interventions.

Current vaccination rates in Canada have declined to 82.5%, well below the 95% threshold required for herd immunity, with only 70% of seven-year-olds in Ontario fully vaccinated in 2024.

Source: [Public Health Ontario](#), [CAN.gov](#)

Dengue - Ecuador

On 30-Jan-2025, the Undersecretary of Surveillance, Prevention, and Epidemiological Control of Ecuador's Ministry of Health, announced that Ecuador is experiencing a dengue epidemic. This declaration follows a significant recent increase in cases and the first two dengue-related deaths of 2025.

Dengue cases more than doubled in 2024, increasing from 27,838 in 2023 to 61,329 cases, with 76 fatalities, including 28 children. In 2025 (as of epidemiological week 4), a total of 4,500 cases have been recorded across multiple provinces: Napo 899 cases; Orellana: 626 cases; Manabí: 296 cases; Zamora: 271 cases; Guayas: 172 cases (including 71 in Guayaquil and 27 in Durán). A 17-year-old adolescent and a 65-year-old woman (with co-morbidities) have died due to severe dengue already in 2025.

Official information indicates that three of the four dengue virus serotypes are currently circulating in Ecuador. Type-2 dengue (DENV-2) has been responsible for 99% of the reported cases.

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

Yellow fever - Brazil

PAHO has issued an epidemiological alert about an increasing number and geographical expansion of yellow fever (YF) confirmed cases in several countries in the Americas, including Brazil.

On 21-Jan-2025, the Sao Paulo State Health Department confirmed the **first human yellow fever (YF) case and death of the year** in the state of Sao Paulo, Brazil, where the disease had **re-emerged in 2000** after many years with no cases. **As of 06-Feb-2025, there have been seven confirmed cases**, including four fatal cases, all in the state of Sao Paulo, Brazil. The probable places of exposure of the cases were the municipalities of Socorro (four cases), Tujuti (one case) and Joanópolis (two cases). None of the cases had a history of vaccination against YF. All cases had a history of exposure in wild and/or forested areas, due to work or ecotourism activities, and were laboratory-confirmed by PCR.

In **2024**, Brazil had **eight confirmed cases** of yellow fever were reported, including four fatal cases. The cases were reported in the states of Amazonas (n=2 fatal cases), Pará (n=1 case), Minas Gerais (n=2 cases, including one fatal case) and in the state of Sao Paulo (n=3 cases, including one fatal case). Only one of the cases had a history of yellow fever vaccination. All cases had a history of exposure in wild and/or wooded areas, due to occupational activities, and were laboratory-confirmed by PCR. Official information from the WHO immunization dashboard indicates that Brazil has a 70% YF coverage in 2023, which is below the 90% recommended target for herd immunity. However, it has increased from 61% (2022), 58% (2021), and 57% (2020). There is no immunization coverage data available for 2024.

PAHO has **issued an alert about a recent increase in human cases of YF in the last months of 2024 and the beginning of 2025 across several countries of the Americas Region**. In 2024, YF cases were mainly recorded throughout the **Amazon region of Bolivia, Brazil, Colombia, Guyana, and Peru**. In 2025, however, cases have been concentrated mainly in the **state of Sao Paulo in Brazil; the department of Tolima, in Colombia; and areas outside the Amazon region of both countries**.

Source: [PAHO](#), [ProMed](#), [NewsMedia](#), [WHO](#)

Dengue - Peru

Peru continues to report a sharp increase in dengue cases, with almost 8,000 cases and six fatalities nationwide in the first month of 2025. Multiple provinces across the San Martin Region (the hardest hit) have entered an epidemic phase, prompting an epidemiological alert. There were 280,726 cases and 259 associated deaths between Jan-Dec 2024 (the highest caseload in Peru's history). Similar to 2023 (274,227 cases/ 441 deaths), trends were three times bigger in cases for 2022 and a four-fold increase in deaths (49,274 cases/50 deaths) than average of previous years, denoting increased trends and severity.

The **dengue vaccination pilot plan**, launched in November 2024, targeted Tumbes, Piura, Loreto, and Ucayali. The goal was to vaccinate 222,750 children and adolescents (ages 10-16) with two doses. However, **only 33% of the target population has received the first dose**. Experts warn of slow progress at the current pace, first-dose coverage may not even reach 50% before the second dose period begins.

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

Other Infectious Disease Outbreaks – Asia/ Middle East



Vaccine-derived Poliomyelitis - Singapore

The Ministry of Health of Singapore has reported a case of vaccine-associated paralytic poliomyelitis in a five-month-old child who had arrived in the country on 26-Jan-2025 for medical treatment.

The immunocompromised child had previously received a single dose each of the oral polio vaccine (OPV) and the inactivated polio vaccine (IPV) in Indonesia. The child developed symptoms of fever and acute paralysis of the lower limbs in December 2024. Three close contacts, including family members and caregivers, have been quarantined as a precautionary measure.

The last locally acquired case of polio in Singapore was reported in 1978, whereas the last imported case was reported in 2006. The country had phased out OPV use by 2021 and has consistently maintained a high polio vaccination coverage (WHO/UNICEF Estimates of National Immunization Coverage for a third dose in 2023 was 97.6%).

Source: [Ministry of Health](#)

Guillain-Barre Syndrome - India

The ongoing Guillain-Barré Syndrome (GBS) outbreak in Pune, Maharashtra, India, continues to escalate in trends and severity (deaths and patients requiring ventilatory support), suggesting severe neurological involvement. As of 21 February, in total 211 GBS cases, of which 183 are diagnosed with autoimmune disorder and 28 are suspected GBS cases were still active. 42 patients are from Pune Municipal Corporation (PMC), 94 from newly added villages in PMC area, 32 from Pimpri Chinchwad Municipal Corporation, 33 from Pune rural and 10 are from other districts of Maharashtra. Of these patients, 144 have been discharged till now, 36 are in ICU and 16 are on ventilator. The fatality counts rose to 11, of these 4 deaths were confirmed as GBS and 7 were reported suspected deaths.

Source: [NewsMedia](#), [Gavi](#), [WHO](#), [NewsMedia](#), [NewsMedia](#)

Zika virus disease - India

Between 1 January and 31 December 2024, a cumulative total of 151 Zika virus disease (ZVD) cases were reported from three states in India (Gujarat, Karnataka, and Maharashtra states). Maharashtra State reported a cumulative total of 140 ZVD cases. Among the 140 cases, the majority (125 cases) were reported from Pune district, 11 from Ahmednagar district, and one case from each of Kolhapur, Sangli and Solapur districts and Mumbai suburban area. Additionally, Karnataka state reported ten cases in 2024, with seven reported from Bengaluru urban district and three from Shivamogga district. Gujarat state reported one Zika case in Gandhinagar Corporation in 2024.

As of 31 December 2024, no cases of microcephaly and/or Guillain-Barre syndrome (GBS) associated with this outbreak have been reported.

Source: [WHO](#)

Highly Pathogenic Avian Influenza A H9N2 – China – HUMAN cases -

China has reported two more H9N2 avian flu infections in humans, both of them patients from Hunan province in the southern part of the country, according to a weekly avian flu update from the Hong Kong Centre for Health Protection (CHP). One of the patients is a 2-year-old boy whose symptoms began on December 27, which would raise the total for 2024 to 18. The second patient is a 15-year-old boy whose symptoms began on January 8, which would mark the first H9N2 case of the new year. On 18 February two additional cases have been reported in adults, a 72- and a 56-year-old woman from Guangdong province.

Source: [Ministry of Health](#), [CIDRAP](#), [CIDRAP](#), [CHP.gov](#)

Highly Pathogenic Avian Influenza A H5N1 – Cambodia - HUMAN case -

On 25-Feb-2025, the Cambodian Ministry of Health confirmed the country's **second human death** due to influenza A(H5N1) for 2025, in the southeastern province of Prey Veng. The affected individual is a 2-year-old child from Romchek commune, Preah Sdach district, Prey Veng province. The child may have been exposed to sick backyard poultry, and was known to play near the household chicken coop. Some sick birds were identified at the patient's house among the 15-bird flock. The testing of these animals was not specified. Epidemiological investigations are underway to identify additional suspected cases within the community. Health authorities continue to conduct health education campaigns in the affected village and distributing anti-viral medication (oseltamivir).

Cumulatively in 2024, Cambodia confirmed ten human cases including two deaths; nine cases and both deaths were in children. Two cases and one death were reported in the Prey Veng Province.

Source: [Ministry of Health](#)

Mpox - Pakistan

On 23-Feb-2025, news media reported the **first locally transmitted** case of mpox in Pakistan's northernmost province of Khyber Pakhtunkhwa. This case is linked to the country's third imported mpox case of the year, involving an individual with recent travel to an unspecified Gulf country.

Since 2022, the country has reported at least 18 cases, of which seven were reported in Khyber Pakhtunkhwa. For 2025, the first confirmed case involved a 35-year-old individual returning from Dubai who had tested positive upon arrival on 25-Jan-2025. The second confirmed case was reported on 31-Jan-2025 and involved a five-month-old child who was returning with their parents from recent travel to Qatar.

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

Poliomyelitis - Gaza

Gaza polio outbreak response continuing – emergency outbreak response in the Gaza Strip is continuing, with a mass vaccination campaign scheduled from 22-26 February, to reach more than 571,000 children. The campaign will aim to address residual immunity gaps, with a subsequent round being planned in April, after Ramadan. Recent detection from environmental samples, three cVDPV2-positive environmental samples in week 8, confirms that the strain is still circulating and continues to pose a threat to children with low or no immunity, both in Gaza and throughout the region.

Source: [PolioGEI](#)

Animal Infectious Disease Outbreaks 2025

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

ITA: A cat which is assumed to have had contact with an infected wild species was confirmed on 16 January 2025 by the National Reference and OIE/FAO Laboratory. The case was in Bologna, Emilia-Romagna.
(Latitude, Longitude [44.545434](#) , [11.164076](#))

DEU: One new case has been reported on 02 February 2025 in Vogtlandkreis, Sachsen. And another case was reported on 3 February in Burgendlandkreis, Sachsen-Anhalt. Another case was reported on 07 February 2025 in Bremerhaven, Bremen.
([50.34](#) , [12.1](#) (Approximate location)); [53.562](#) , [8.567](#) (Approximate location))

BEL: One wild goose was tested positive by Sciensano, Stormont on 18 February 2025 in Middelkerke.
([51.19308](#) , [2.824998](#) (Approximate location))

NOR: One goose was tested positive by Norwegian Veterinary Institute (NVI) on 4 February 2025 in Eigersund, Rogaland. This is an ongoing outbreak with an unknown or inconclusive source of event or origin of the infection.
([58.4448](#) , [5.9869](#) (Approximate location))

GBR: 7 wild birds were tested positive by AFBI, Vet Sciences Division, Stormont on 2 February 2025 in Moyle, Northern Ireland. On 18 February [two grey seals](#) found near Norfolk were tested positive for H5N5.
([55.22](#) , [-6.53](#) (Approximate location))

UKR: On 1 February 2025, 40 swans were found dead in Sokal's'kyi, L'viv. H5N1 was confirmed in one sample. This is a first occurrence in a zone or a compartment. On 8 February 37 domestic birds were tested positive. Found in Romens'kyi, Kalynivka.
([50.3564](#) , [24.2546](#) (Approximate location)); [50.81](#) , [33.41](#) (Approximate location))

GRC: Two dalmatian pelicans were tested positive by the Department of Veterinary Pathology of Thessaloniki, on 15 February 2025 in Lake Chimaditida, Amyntaio. And Lake of Lesser Prespa, Prespes.
([40.6](#) , [21.57](#) ; [40.76](#) , [21.11](#) (Approximate location))

PRT: 23 great cormorant were tested positive by the Instituto Nacional de Investigação Agrária e Veterinária, on 31 January 2025 in Tornada, Caldas da Rainha.
([39.448356](#) , [-9.128741](#) (Approximate location))

BHI: Four mute swans were tested positive by the Veterinary faculty in Sarajevo, on 02 February 2025 in MZ Babice Donje, Tuzla.
([44.5027](#) , [18.4594](#) (Approximate location))

High pathogenicity avian influenza viruses (poultry), H5N1

BIH: 80 cases have been reported in domestic birds on 7 February 2025. On 10 February the Veterinary Faculty, University of Sarajevo confirmed H5N1 via RT-PCR testing. Carcasses were located at Istočno Sarajevo, Republika Srpska.
([43.84322](#) , [18.93866](#))

GBR: On 9 February 2025, the APHA Weybridge, United Kingdom confirmed H5N1 in 37 of 464 suspected domestic bird samples. Birds have been located in Bodmin, Cornwall. On 20 February 9300 domestic birds died after contact with wild species in Newsmill, Dungannon, Mid Ulster, Northern Ireland.
([50.45](#) , [-4.74](#) and [54.59](#) , [-6.75](#) (Approximate location))

The affected population was a 480 mixed free-range commercial broiler and layer unit and about 63,000 68 and 78-week-old layers across four houses.

BEL: On 17 February 2025, the Sciensano Laboratory confirmed H5N1 in 603 domestic bird samples. All 149690 susceptible birds have been culled. The flock was located in Sint-Gillis-Waas, Oost-Vlaanderen.
([51.224839](#) , [4.102725](#) (Approximate location))

HUN: 361 cases have been reported in domestic birds on 30 February 2025. On 31 February the Veterinary Diagnostic Directorate of the National Food Chain Safety Office confirmed H5N1 via PCR testing. Carcasses were located at Gödöllő, Pest.
([47.621](#) , [19.3835](#))

PRT: 22 domestic birds were tested positive by the Instituto Nacional de Investigação Agrária e Veterinária, on 31 January 2025 in Angeja, Albergaria-a-Velha.
([40.675658](#) , [-8.559449](#) (Approximate location))

CAN: Highly pathogenic H5N5 avian flu has been detected in a backyard poultry flock in Newfoundland and Labrador. The poultry outbreak at Gander Bay began on January 15 and killed all 34 birds at the location. The virus is similar to European-like viruses that came to Canada by the Atlantic flyway. The viruses have fully European H5N5 genome segments.
([49.33](#) , [-54.48](#) (Approximate location))

TUR: 42 domestic birds were tested positive by the Bornova Veterinary Control Institute, on 08 February 2025 in Pasakoy, Merkez.
([36.366921](#) , [36.240227](#) (Approximate location))

Animal Infectious Disease Outbreaks 2025

Newcastle Disease

SVN: 156 domestic birds were tested positive by the National Veterinary Institute on 14 February 2025 in Pesnica, Podravska.
(Latitude, Longitude [46.628](#) , [15.689](#) (Approximate location))

Bluetongue

GBR: A new strain in a zone or a compartment of Bluetongue virus was confirmed in a cattle on 7 February 2025 in Ashford, Kent.
([51.09](#) , [0.69](#) (Approximate location)).

POL: A first occurrence in a zone or a compartment of Bluetongue virus was confirmed in a cattle on 9 January 2025 in Lidzbark, Warmińsko-Mazurskie.
([54.144858](#) , [20.135191](#))

SVN: Bluetongue virus was confirmed in three cattle on 04 February 2025 in Šmartno pri Slovenj Gradcu, Slovenj Gradec and in Zreče, Savinjska.
([46.473](#) , [15.134](#); and [46.364](#) , [15.399](#))

NOR: Bluetongue virus was confirmed in eight cattle on 20 February 2025, by the Norwegian Veterinary Institute (NVI) in different areas in the after a newborn calf tested because of clinical signs. The results indicate infection in utero.
([For specific locations see map.](#))

Peste des petit ruminants

HUN: On January 23, 2025, a pestes des petits ruminants was identified at three animal farm in Szentgyörgyvölgy, Zala county, Western Hungary. This marks the first occurrence in the country. 416 sheep have been confirmed with the virus.
([46.75391](#) , [16.39619](#))

African swine fever virus

UKR: A new case in a wild boar has been reported on 31 January 2025. This is an ongoing event with the last case reported on 8 January 2025. The case was found in in Biliacvs'kyi, Odessa. Four cases in domestic swine were reported on the 14 February 2025 from Bila Krynytsia, Velykooleksandrivs'kyi.
([46.4165](#) , [30.5966](#); and [47.3445](#) , [33.189](#) (Approximate location))

EST: Three wild boars were found in the Estonian forest. On 04 and 10 February 2025, the Diagnostic Veterinary Laboratory confirmed ASF in two carcasses. One case was found found in Mikitamäe, Polva and two cases in Antsla, Võru.
([58.012831](#) , [27.529558](#); [57.744203](#) , [26.569321](#)).

HRV: A new case in a wild boar has been reported on 10 February 2025. This is an ongoing event with the last case reported on 14 August 2024. The case was found in in Nijemci, Vukovarsko-Srijemska.
([45.05724](#) , [18.89549](#))

DEU: Several new cases in wild boars have been reported since the beginning of 2025, especially in the south-western region of the country. This is an ongoing event with distribution of cases due to carcasses floating along the river Rhein.
([For specific locations see map.](#))

HUN: A new casen in a wild boars have been reported on 08 and 12 February 2025. This is an ongoing event with the last case reported on 19 January 2025. The cases were found in in Nyíradony, Hajdúhadház.
([47.65195](#) , [21.86347](#))

HRV: A new case in a wild boar has been reported on 10 February 2025. This is an ongoing event with the last case reported on 14 August 2024. The case was found in in Nijemci, Vukovarsko-Srijemska.
([45.05724](#) , [18.89549](#))

Rabies virus

ARM: One cases of rabies in a wild mouse-like hamster has been verified by the Republican Veterinary-sanitary and Phyto-sanitary Center of Laboratory Services SNCO, on 28 January 2025. The case occurred in Yerevan ([40.226](#) , [44.5556](#) (Approximate locations)). One dog was tested positive on 21 February in Armavir, Khanjyan ([40.1855](#) , [43.9825](#)).

West Nile Virus

DEU: On 21 January 2025, a case of WNF was confirmed by the Friedrich-Loeffler Institute at the Herzogtum Lauenburg, Schleswig-Holstein
([53.4](#) , [10.53](#) (Approximate location)).

European
Commission

Source: **ADIS**