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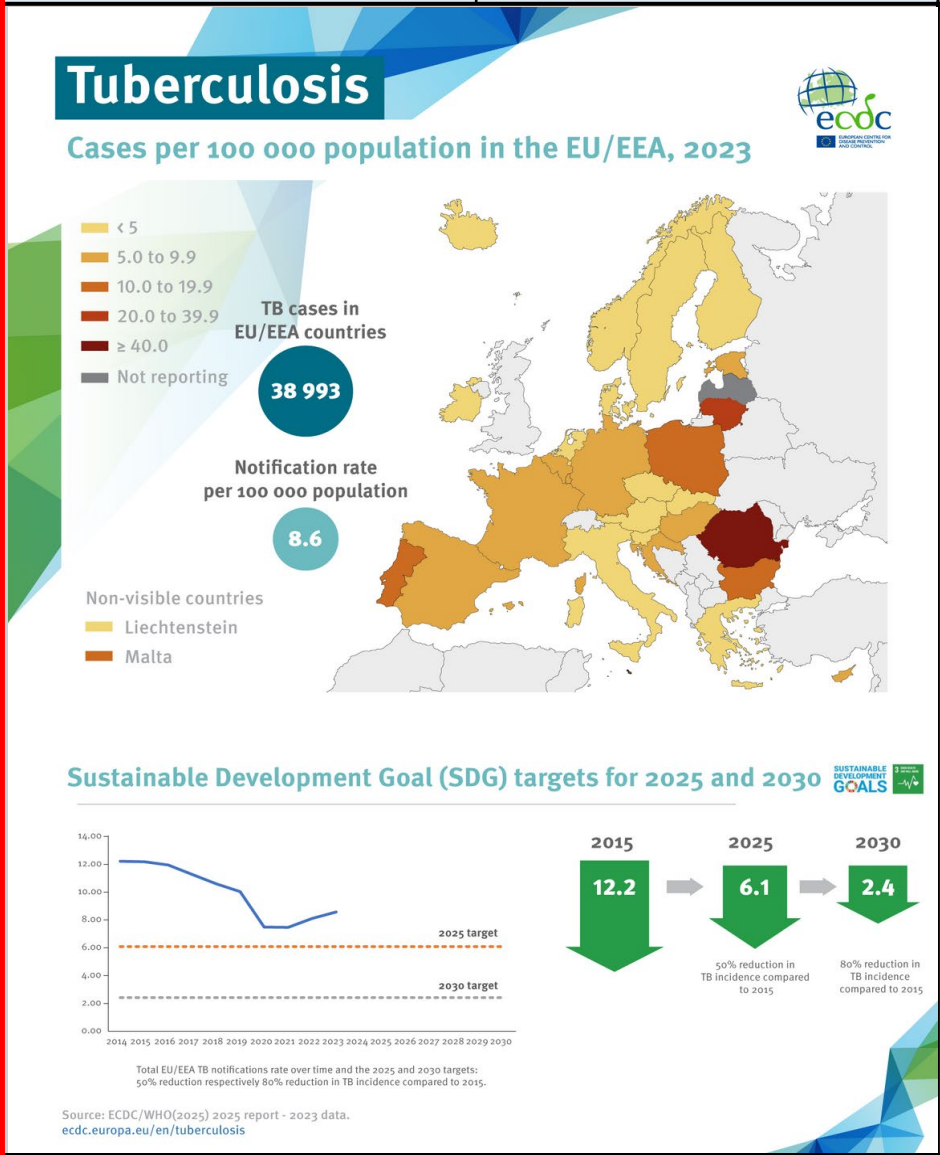
News:

- **WHO member states:** finalized a draft Pandemic Accord agreement that will be presented at the World Health Assembly (WHA) for a vote in May. The accord's goal is to strengthen global collaboration to help prevent, prepare for, and respond to future pandemic threats.
- **WHO/UNICEF/GAVI**: warn about the increases in vaccine-preventable disease outbreaks, that threaten years of progress. Immunization efforts are under growing threat as misinformation, population growth, humanitarian crises and funding cuts jeopardize progress and leave millions of children, adolescents and adults at risk, as outbreaks of vaccine-preventable diseases such as measles, meningitis and yellow fever are rising globally, and diseases like diphtheria, that have long been held at bay or virtually disappeared in many countries, are at risk of re-emerging.
- **WHO/USA**: Finally on 11 March 2025, the International Health Regulation (2005) (IHR) National Focal Point (NFP) of the United States of America (United States) notified WHO on the ongoing measles outbreak in the country. At beginning of April, the Texas Department of State Health Services was reporting the second measles death of a Texas resident in the ongoing outbreak centered in the state's South Plains region.
- **Colombia**: The National Institute of Health (INS) and the Ministry of Health of Colombia have declared a health emergency due to increasing yellow fever cases in the country.
- **WHO/African CDC**: have updated their Joint Continental Response Plan for mpox on April 17th, as health officials in the region see some promising signs of a downturn in cases. The revised strategy focuses on controlling outbreaks, while expanding vaccination coverage and transitioning toward a longer-term, sustainable response.
- **Sabin Vaccine Institute**: announced on 16 April the launch of a multisite phase 2 clinical trial of its candidate vaccine against Marburg virus. The first doses were administered to study participants in Melbourne, Florida. The trial builds on phase 2 testing in Kenya and Uganda, with initial findings expected in the months ahead.
- **University of Amsterdam**: published a study that concludes that politically conservative Americans are more skeptical of science than previously thought, including that from fields that contribute to the economic growth and productivity they typically value. The study also showed that short interventions do not work to make science more transparent and reliable for certain groups and that stronger and longer interventions that make science truly personal are needed.
- **Valneva**: announced on April 14, 2025 that the Brazilian Health Regulatory Agency (ANVISA) has granted marketing authorization to its single-dose vaccine IXCHIQ® for the prevention of disease caused by the chikungunya virus in individuals 18 years of age and older. The ANVISA decision marks the world's first approval of a chikungunya vaccine in an endemic country.
- **ESCAID**: is organised annually by ECDC and is Europe's leading public health conference dedicated to sharing knowledge on infectious disease epidemiology, public health microbiology, and related scientific fields. The first call for abstracts for ESCAIDE 2025 open until 14 May through the dedicated online platform, and notifications of acceptance or rejection will be sent by 27 June.
- **ECDC**: has published a set of recommendations for preparedness planning for public health threats, offering tailored guidance for improving readiness for future health emergencies across EU/EEA countries, at both national and regional levels.



Summary of ILI Activities this Season in the Northern Hemisphere

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As the 2024–2025 influenza-like illness (ILI) season winds down, all countries in the northern hemisphere (with available data) have now peaked and entered a period of decline.

Overall ILI Season

All countries in the northern hemisphere with adequate data that were included in the analyses have now passed peak influenza and RSV activity.
RSV activity is **decreasing** across almost all countries and is **below high levels of activity**.
While influenza levels are **also decreasing**, they **remain high across several countries**.
With **lower levels** of **COVID-19 activity** observed throughout the **northern hemisphere winter**, and **average levels of RSV activity** compared to **last year**, **influenza** likely **contributed to a larger proportion** of the overall ILI burden.

Seasonal Influenza Activity

Compared to last season (2023-2024), approximately **one-third of all countries** observed a **peak** in influenza activity at a **similar timing**, while about **40% observed a later peak**, and **25% observed** an **earlier peak**. Almost all countries (90%) have observed a **higher cumulative magnitude** of influenza detections this year and a **longer period of high influenza activity** compared to last season. This indicates a higher level of community burden this season, that is **still continuing on as activity subsides**.

RSV Activity

Over **half** of all countries observed a **later peak in RSV activity** compared to last year, while about **40%** observed a peak at a **similar timing**, and only **6% observed an earlier peak**. Additionally, **75%** of all countries observed **similar or shorter periods of high RSV activity** compared to last year, while only **25%** of countries observed a **longer time period of high activity**, indicating that the burden of the 2024-2025 RSV season was **lower than or similar to last year**.

Event-Based Surveillance

Respiratory infections continue to **impact global health systems**, with **notable surges** in acute respiratory illnesses (**ARIs**) across Europe, South America, and Oceania. **Italy and Poland** have faced their **worst flu seasons in years**, while **COVID-19** remains a concern in the **UK and Thailand**. **Russia** reported **declining COVID-19 trends**, though flu and RSV activity persists.
In the southern hemisphere, **ILI season is beginning** in countries including Brazil. Children are disproportionately affected in **Australia and Paraguay**, where **hospitalization rates are high**.
Low vaccine uptake in Poland and targeted campaigns in Argentina and Bolivia signal **ongoing gaps**.
Meanwhile, Japan and the US are advancing efforts in ARI monitoring and long-term pediatric COVID-19 research.

Conclusion

- Compared to last season, most countries observed peaks in **influenza and RSV later or at a similar time**. Almost all countries are experiencing **low levels of RSV now**, while several countries are **still at high levels of influenza**, though activity appears to be **decreasing**. Compared to last season, most countries are observing a **longer influenza season, with a higher magnitude of cases** reported to date this season.
- The northern hemisphere largely observed **lower COVID-19 activity this winter season** compared to last winter, and an **RSV season similar to the previous one**; hence, in many regions, a **relatively high** proportion of the **ILI burden** was attributed to **influenza**.
- Data from event-based surveillance indicate that **many countries in the southern hemisphere** have already **started their influenza season**, with Australia's influenza activity already surging higher compared to the same time last year. Many countries in the southern hemisphere have begun their **influenza and COVID-19 vaccination campaigns**.

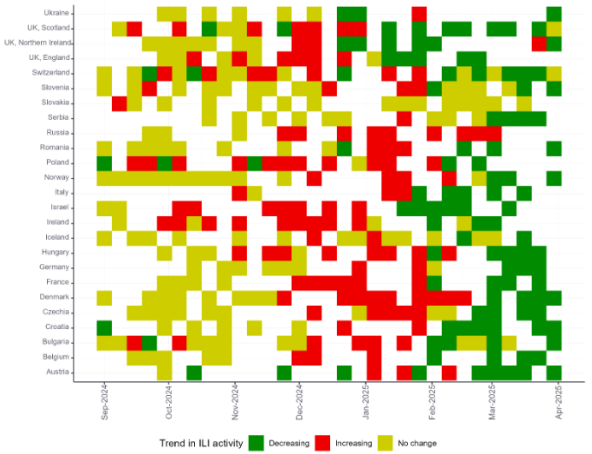
Seasonal Influenza

Below is a table comparing the current (2024-2025) season to date to the last season (2023-2024). Countries observing a higher magnitude compared to last season are highlighted in red.

Country	Magnitude of current season (to date) compared to last season
Austria	+14%
Belgium	+34%
Bulgaria	+49%
Canada	+23%
Switzerland	+40%
Czechia	+100%
Germany	+6%
Denmark	+25%
Spain	+16%
France	+60%
Croatia	+10%
Hungary	+138%
Ireland	+50%
Northern Ireland, UK	+56%
Iceland	-24%
Israel	+35%
Italy	+69%
South Korea	-20%
Luxembourg	+1,639%
Norway	+189%
Poland	+77%
Portugal	+1%
Romania	+30%
Russia	+19%
Serbia	-49%
Slovakia	+1,151%
Slovenia	+1%
Sweden	+27%
Ukraine	+31%
England, UK	+67%
Scotland, UK	+61%
United States	+33%

Trends in Overall ILI Activity

The 'Trend in ILI activity' variable is shown as reported by the WHO. It represents the level of respiratory disease activity compared to the previous week.



Data Source: FluID. Global Influenza Programme. World Health Organization

Data Source: BlueDot's **Human Influenza Cases – Global** API. Source data provided by World Health Organization. Global Influenza Programme. FluNet.

Europe not on track to reach 2030 Sustainable Development Goal targets on HIV, TB, viral hepatitis B and C and STIs

Source: ECDC

Although progress has been made towards the Sustainable Development Goal (SDG) target 3.3 to end the epidemics of HIV, tuberculosis (TB), and combatting viral hepatitis B and C and sexually transmitted infections (STIs) by 2030, the European Union/European Economic Area (EU/EEA) is off track for many of the targets, according to the first monitoring report on the SDGs released by the ECDC.

The first in a series of progress reports planned until 2030 presents the **latest data on incidence, prevention, testing, treatment, and mortality** across the EU/EEA for the four disease groups being monitored by ECDC for the SDGs.

Although progress has been made in some areas, many countries are not on track to meet the 2030 targets, and **significant data gaps hinder** a complete assessment.

The estimated number of new HIV infections has **declined by 35% since the 2010 baseline** in the EU/EEA, but **progress is slower** than needed to reach the 2025 interim target. HIV testing and treatment progress is encouraging, but reaching the undiagnosed and ensuring linkage to care remains a challenge across the EU/EEA. The **use of prevention tools**, such as pre-exposure prophylaxis (PrEP) for HIV, is **increasing** but needs further scaling-up.

For TB, the estimated incidence has **decreased by 35% since 2015**, but success rates for **TB treatment remain below the 90% target**, particularly for drug-resistant TB.

Viral hepatitis B and C cause the **majority** of the nearly 57 000 annual **deaths** attributed to AIDS, TB and viral hepatitis in the EU/EEA. For hepatitis B and C, the available information suggests **significant shortfalls** in **reaching testing and treatment coverage** targets, and **mortality rates show no signs of decline.**

Reported cases of STIs such as syphilis and gonorrhoea are **increasing** across the EU/EEA, reaching the **highest numbers** since surveillance by ECDC began in 2009. **Data on testing and treatment** coverage for STIs are **largely unavailable**, complicating the overall picture.

In order to reach the 2030 targets, efforts must be made to **scale up prevention interventions** like PrEP for HIV, hepatitis B vaccination, and harm reduction services for people who inject drugs, alongside promoting condom use. It is also crucial to **expand integrated testing services** for multiple infections in various settings, including community-based testing, to reach those at risk at an earlier stage. **Improving linkage to care and supporting treatment adherence** is vital for improving individual outcomes and preventing onward transmission, especially for TB and viral hepatitis.

Strengthening the quality and **completeness of surveillance** and monitoring data is essential, as is collecting data specific to the key populations most affected by these infections. To reduce mortality from preventable diseases, sustained efforts are needed, and improving the availability and quality of surveillance data is fundamental to track progress accurately.

Incidence

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Number of estimated incident HIV infections per year	75% reduction from a 2010 baseline	90% reduction from a 2010 baseline	35% decrease
Tuberculosis (TB)	TB incidence per 100 000 population	50% reduction from a 2015 baseline	85% reduction from a 2015 baseline	35% decrease
Hepatitis (HBV and HCV)	Number of new HBV infections per year	11 new infections per 100 000 population	Two new infections per 100 000 population	No data
	Number of new HCV infections per year	13 new infections per 100 000 population	Five new infections per 100 000 population	No data
Sexually transmitted infections STIs	Number of new syphilis and gonorrhoea cases per year	20% reduction from a 2020 baseline	90% reduction from a 2020 baseline	No data

Prevention

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people at very high and moderate risk of HIV acquisition accessing Pre-exposure prophylaxis (PrEP)	50% of those at very high risk; 5% of those at moderate risk	50% of those at very high risk; 5% of those at moderate risk	No data (ECDC measures the number of people receiving PrEP annually).
	Number of people on PrEP	500 000 people on PrEP in World Health Organization (WHO) European Region	1.1 million people on PrEP in WHO European Region	160 000 people in EU/EEA[a]
HIV, hepatitis	Needles and syringe programme (NSP), number distributed per PWID. Percentage of high-risk opioid users receiving opioid agonist treatment (OAT).	200 per year 40%	300 per year 40%	NSP: Fifteen countries reached 2025 target[b] OAT: five countries reached 2025 target (four countries reached both targets[c]).
HIV, hepatitis, STIs	Condom use at last sex	90%	90%	Men who have sex with men (MSM): 26–72%[a] Sex workers: 51–100%[a] People who inject drugs (PWID): 14–46%[a]
TB	TB preventive treatment coverage among a) people living with HIV and	99% coverage	99% coverage	No data
	b) childhood TB contacts aged <5 years	90% coverage	95% coverage	Six countries reached target[b]
Hepatitis B	Childhood HBV vaccination coverage (third dose).	95% coverage	95% coverage	Eleven countries reached 2025 target[a].

Testing

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people living with HIV diagnosed (first 95 target)	95%	95%	92% (28–97%); seven countries reached target[f]
Tuberculosis	Percentage of estimated new and relapse TB patients who have been notified (TB case-detection rate)	85%	85%	94% (80–100%); 27 countries reached target[m]
Hepatitis	Percentage of people living with HBV who have been diagnosed	60%	90%	33–57% (four countries); no country reached 2025 target[a]
	Percentage of people living with HCV who have been diagnosed	60%	90%	11–100% (four countries); three countries reached 2025 target[a]
STIs	Percentage of priority populations* screened for syphilis and gonorrhoea.	Syphilis: 80% Gonorrhoea: 20%	90%	No data

Treatment

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Percentage of people diagnosed with HIV who are receiving treatment (second 95 target)	95%	95%	93% (range 52-99%); 11 countries reached target[a]
	Percentage of people diagnosed with HIV on treatment who have suppressed viral loads (third 95 target)	95%	95%	93% (range 49-100%); 15 countries reached target[a]
TB	Percentage of all new and relapse TB patients who were successfully treated (TB treatment success rate)	90%	90%	68% (0.5-89%); no country reached the target[a]
Hepatitis	Percentage of people living with HBV who were treated	50%	80%	2-13%; no country reached 2025 target[f]
	Percentage of people living with HCV who were treated and cured	50%	80%	5-11%; no country reached 2025 target[a]
STIs	Percentage of priority populations* screened positive for syphilis and gonorrhoea who receive treatment	90%	95%	No data

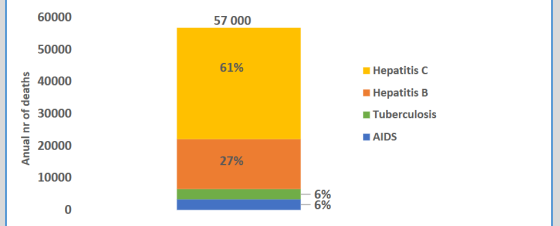
Mortality

Infection	Indicator	2025 target	2030 target	2023 status
HIV	Number of AIDS-related deaths per year	50% reduction from a 2010 baseline	75% reduction from a 2010 baseline	30% decrease
TB	Number of TB deaths per year	75% reduction from a 2015 baseline	85% reduction from a 2015 baseline	15% decrease
Hepatitis	Number of deaths due to HBV per year	Seven deaths per 100 000 population	Four deaths per 100 000 population	No decline
	Number of deaths due to HCV per year	Three deaths per 100 000 population	Two deaths per 100 000 population	No decline

** Priority populations should be defined by countries based on their epidemiological and social contexts.*

2025 target met or exceeded | *Within 5% of target* | *2025 target not met* | *No or insufficient data available*

Annual number of deaths in the EU/EEA (2021)



Sources: UNAIDS estimates (HIV mortality); WHO Global TB Programme estimates (TB mortality); Global Burden of Disease estimates (hepatitis mortality).

2025 European Tuberculosis Surveillance and Monitoring Report

The Joint 2025 Tuberculosis surveillance and monitoring report, released by ECDC and the WHO Regional Office for Europe shows that In 2023, 38 993 cases of TB were reported in 29 European Union and European Economic Area (EU/ EEA) countries, resulting in a notification rate of 8.6 per 100 000 population in the EU/ EEA. This represented a continuation of the slight increase observed in most countries for 2022, while the overall trend has continued to decrease over the last five years. Exceptions to this trend were Cyprus, Greece, Iceland and Slovakia where an increase of 1–3% was observed in 2023 against data reported for 2019. However, the rates for 2020–2021 should be interpreted with caution, given the measures implemented to mitigate the COVID-19 pandemic and their impact on TB data collection and patient access to health services.

Children under 15 years of age accounted for 4.3% of those with new and relapsed tuberculosis (TB) in the WHO European Region, representing a worrying 10% surge in paediatric TB for 2023, compared to the previous year. This signifies an increase for the third year in a row.

These findings of increased TB among children show that **transmission** of TB in the European Region is **still ongoing**, and **immediate public health measures are needed to control and reduce** the growing TB burden. The findings also highlight the escalating burden of the disease in younger populations, as overall TB notifications continue to rise, with over 650 additional TB cases among children reported between 2022 and 2023. A major concern is that for one in five children with TB in the EU/EEA, it is unknown whether their treatment has been completed. This **uncertainty regarding completion of treatment** may result in deteriorating health outcomes such as the emergence of drug-resistant TB (DR-TB) and its further transmission.

In **2023**, the number of people **diagnosed and treated** for TB began to **increase again**, following an unprecedented drop in 2020 due to COVID-19-related disruptions.

In the WHO European Region, covering Europe and Central Asia, over **172 000 people with new and relapsed TB** were reported in 2023, **similar to 2022** levels. Meanwhile in the EU/EEA, nearly 37 000 people were diagnosed, an **increase** on the 35 000 reported the previous year.

In the European Region, the *treatment success rate* among people with new and relapsed TB who started treatment with first-line drugs in 2022 was **75.5%**. Similar to previous years, the treatment success rate **in 2023 was lower** in the EU/EEA countries than in the rest of the WHO European Region (67.9% versus 77.2%, respectively).

This represents a **substantial gap between the current treatment success rates and the global targets** set by the WHO, which aim for successful outcomes in **at least 90% of patients**.

Worryingly, *multidrug-resistant tuberculosis (MDR-TB)* remains a significant challenge in the WHO European Region, with **treatment success rates for MDR-TB patients falling far below expectations**.

In 2023, the reported treatment success rate for MDR-TB in the Region using traditional treatments often involving injectables was **only 59.7%,** indicating the continued difficulties in managing these complex cases. The situation is even worse for the EU/EEA, with a **56.3% treatment success rate** among MDR-TB patients.

These figures are of concern, as they highlight the **continuing struggles to manage drug-resistant strains effectively,** probably due to issues such as **treatment adherence, delays in diagnosis, and insufficient access to appropriate therapies.**

Despite **improvements in TB diagnostics and care**, the persistence of MDR-TB and other drug-resistant forms of TB underscores the urgent need for **more effective treatment strategies** and **better patient management**, such as new and shorter injection-free oral treatment regimes.

HIV co-infection remains a persistent issue for TB patients in Europe. In 2023, over **15%** of patients with new and relapsed TB were reported to be **co-infected with HIV**. In the WHO European Region, this translates to over 19 000 people with TB and HIV co-infection while in the EU/EEA that figure was over 600. Available data indicate that **one in five people** with HIV/TB co-infection in the European Region may **not be receiving antiretroviral therapy** (ART) at all.

However, the picture is far from complete; **only 21 countries provided information** on the uptake of ART for HIV among TB patients and **only four** of these were in the **EU/EEA**. This emphasises the need for continued efforts to **improve the reporting of HIV co-infection**.

Progress toward TB elimination in the WHO European Region

To address these challenges and accelerate progress towards the global goal of ending TB, ECDC and WHO's Regional Office for Europe **emphasise the need to scale up efforts** in order to **detect and treat people with TB more effectively**. This includes expanding access to shorter, fully oral treatment regimens, which have shown promise in improving outcomes for patients with drug-resistant TB.

Further critical measures for reducing the burden of TB and drug-resistant TB include **strengthening TB testing** and ensuring that TB **preventive treatments are available** to all those at risk. Only by increasing efforts in these areas will it ultimately be possible to achieve the targets set for TB elimination in the Region.

To accelerate progress towards elimination, it is crucial to place a stronger **focus on high-priority countries**, **enhance TB prevention strategies**, and **address the burden of TB and HIV co-infection**.

There have never been so many tools and opportunities to control TB, from new diagnostic tests and treatments to new vaccines in the pipeline. **If countries commit to cross-country collaboration, sharing data transparently and addressing gaps and challenges together then eliminating TB is within the grasp.**

Source: ECDC

Epidemic Intelligence from Open Sources (EIOS) system for early detection of public health threats

Source: WHO

Epidemic intelligence, which integrates event- and indicator-based surveillance, requires systematic, organized collection, analysis and interpretation of information from diverse sources to detect, verify and investigate potential acute public health threats to ensure early warning and response to those threats.

Among the types of information used for event-based surveillance are those that are publicly available and accessible through the Internet, such as from social networks and media publications. Systematic use of these sources according to well-defined criteria and verification increases the sensitivity of public health surveillance and is therefore a key component of early warning and response.

The Epidemic Intelligence from Open Sources (EIOS) initiative comprises both global collaboration to strengthen public health intelligence around the world and a web-based system designed to enhance event- based surveillance for all public health hazards. It combines new and existing initiatives, networks and systems in a One Health approach to early detection, verification, assessment and communication of public health risks and threats from publicly available information. The EIOS system sifts through and collates hundreds of thousands of publicly available articles and content from a wide range of sources daily, including traditional media, certain social media channels, government and official websites, newsreaders, blogs, think tanks and collaborative initiatives. Trained analysts can then more easily review and screen the content in the EIOS system to determine its relevance and risk to public health.

In view of the volume of information available online, public health authorities who conduct event-based surveillance can benefit from use of AI-supported systems such as EIOS to reduce the burden of scanning thousands of articles each day and to improve the sensitivity and specificity of signals that could represent acute public health risks.

Uptake of AI technology among public health professionals has challenges, however, including lack of proper training and technical support and its integration into routine workflows.9 Therefore, training in the use of the EIOS system, which has a standardized core curriculum, user guides and ongoing technical support, can ensure that public health professionals can use this powerful tool and network in daily event-based surveillance to detect signals more rapidly.

In the WHO Region of the Americas, the Pan American Health Organization (PAHO) has been building Member States' capacity in epidemic intelligence, including effective event-based surveillance. Since 2019, PAHO has conducted training sessions on EIOS for Member States in the Region to improve event-based surveillance for epidemic intelligence, which has also contributed to strengthening the global network for epidemic intelligence.

A study how the impact of using those systems for member states have been could be found here.

Mpox activity in Africa on pace to pass 2024 total

Mpox activity continues to fluctuate among different countries in Africa, but as a whole the situation continues to escalate, with the region in the first 3 months of the new year nearly reaching 50% of the cases reported for all of 2024.

Uganda, Burundi, and the Democratic Republic of the Congo (DRC) accounted for **95% of the confirmed** cases in recent weeks, but the **full picture in the DRC is hazy**, because test coverage is low, at 18.4%, due to ongoing conflict in the eastern part of the country and problems collecting samples and transporting them to labs owing to foreign aid cuts.

The DRC is also grappling with a **major measles outbreak**, about 12,000 measles cases have been reported this year, along with 180 deaths, in 26 provinces, though most are from **measles in DRC 2025** provinces, which are difficult to access because of armed conflict.

Ghana reported its first mpox case after going **11 weeks with no new cases**. The patient is a 29-year-old man with **no travel history** or recent contact with wildlife. He works as a skin aesthetician and was involved in treating a patient with "large pimples." Lab results determined that the worker's infection involved the clade 2 virus. The new case in Ghana is a reminder of the importance of **beefing up surveillance**, even in countries that aren't current mpox hot spots.

Officials said they are seeing a mixed picture in different countries, with **cases rising in Tanzania**, one of the newer hot spots. However, cases in **Uganda trended downward**, as the country prepares to launch the second phase of its **mpox vaccine campaign**.

Africa CDC released a concept paper on health financing in "a new era," which comes amid a historic 70% drop in official development assistance from 2021 to 2025 alongside deep-rooted vulnerabilities, which include unprecedented outbreaks and rising debt.

The paper focuses on three pillars, which include **boosts in domestic health financing** and **innovative financing tools**, such as a levy on airline tickets. The third is **blended financing measures**, such as manufacturing medical countermeasures in Africa, and improving the data connectivity and supply chain infrastructure.

Additionally, the Africa CDC and WHO have updated their joint response plan to **address the changing dynamics of the Mpox outbreak**. The revised plan focuses on scaling up vaccination, enhancing surveillance and laboratory capacity, and strengthening long-term outbreak preparedness. It also outlines a transition toward a sustainable response model rooted in regional coordination and community engagement.

Source: CIDRAP, African CDC, African CDC

Measles in the USA, 2025 – UPDATE –

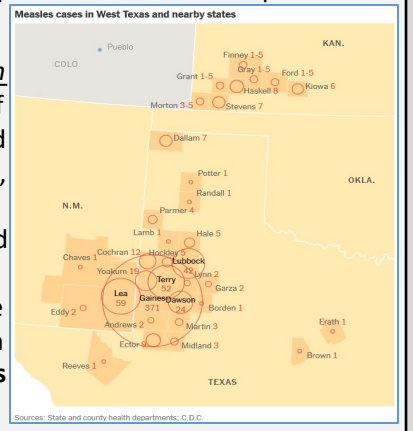
Second deaths confirmed in Texas

Source: Leeds

Finally on 11 March 2025, the NFP of the United States notified to WHO an ongoing outbreak of measles in the United States. There have been 10 outbreaks (defined as 3 or more related cases) reported in 2025, and 94% of confirmed cases (751 of 800) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.

From 1 January to 17 April 2025, **800 confirmed cases have been reported from 26 States** including: Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and Washington. **Three deaths** have also been reported; **two confirmed in Texas** and one **under investigation in New Mexico**. The majority of cases (69%) are in **children who are unvaccinated (96%, 602 cases)** or have unknown vaccination status. The hospitalization rate is 11%.

Ninety four percent of the confirmed cases have been associated with **ten distinct outbreaks** (defined as three or more related cases) reported in 2025, while the **remainder are sporadic cases** that are part of the larger outbreak and are mostly travel-linked cases.



From late January until 22 April 2025, the *Texas Department of State Health Services* reported **624 cases** in the South Plains and Panhandle regions of Texas. Based on the most recent data, DSHS has identified designated outbreak counties with ongoing measles transmission: Cochran, Dallam, Dawson, Gaines, Garza, Lynn, Lamar, Lubbock, Terry and Yoakum.

Of these 624 confirmed cases, **64 patients have been hospitalized**, and **99% were unvaccinated** or with unknown vaccination status.

There have been two fatalities in school-aged children who lived in the outbreak area. The children were not vaccinated and had no known underlying conditions. **This marks the first deaths in the United States related to measles in a decade.**

As of 22 April, the *New Mexico Department of Health* reported **65 cases** of measles in four counties. Of the 63 cases, **46 were unvaccinated, six were vaccinated with at least one dose,** and **11 had unknown vaccination status**.

Oklahoma has also reported a few cases linked to the Texas outbreak, and today the *Oklahoma State Department of Health* reported one more confirmed case, bringing its **total to 13**, which included 10 confirmed and 3 probable cases. **All were unvaccinated**. The state's most recent exposures were at a **mall in Norman and at a town hall in Slaughterville**.

Meanwhile, *Kansas health officials* are battling an outbreak in the **southwestern part** of the state that has been **genetically linked** to the event in **Texas**. So far, **37 cases** have been reported from **eight counties**, which officials today said is probably only the beginning of the case reporting.

In other developments, states reported a few more cases, according to **local media reports**.

Minnesota reported its **second case** of the year, which involves an infant **diagnosed in another country** who was **too young to be vaccinated**.

In *Arkansas*, officials reported the **state's third case**, which involves an **unvaccinated child** from Saline County whose exposure to the virus is still under investigation.

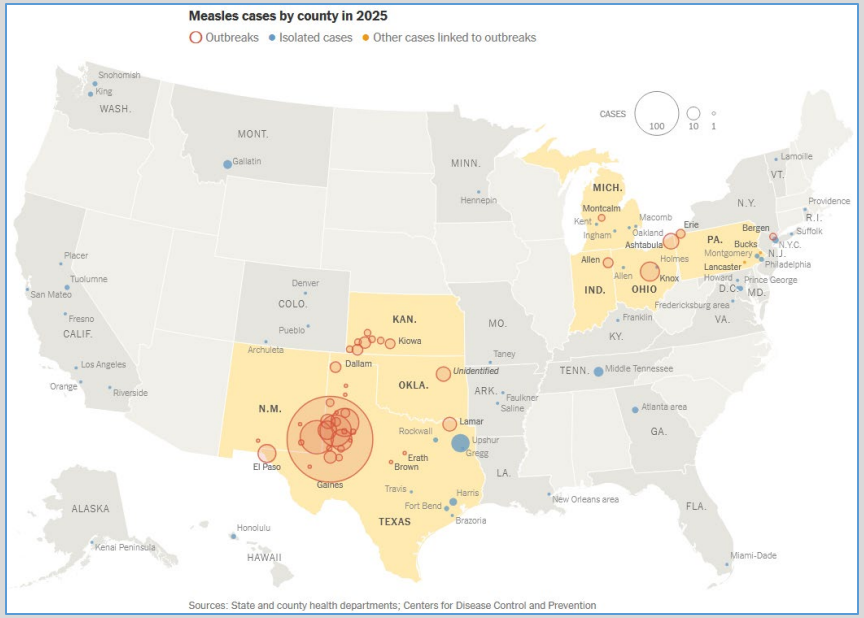
Also, *Louisiana* reported its **second case** in the greater New Orleans area who, like the first, was **unvaccinated** and had **recently traveled abroad**, citing the state's Surgeon General.

From 1 January 2025 to 20 March 2025, the US CDC reported 128 measles DNA sequences. Texas submitted 92 identical DNA sequences in **genotype D8**; while 10 DNA sequences from New Mexico and one DNA sequence from Kansas were identical to those from Texas. Texas also reported three genotype D8 sequences (a total of 19 D8 sequences have been reported from the affected States) with single nucleotide substitutions. Additionally, a total of five distinct **genotype B3** sequences were reported from the States of Alaska, California, Florida, Kentucky, New York, Rhode Island, Texas, and Washington.

The source of this outbreak is unknown. Currently, there is no evidence of decreased vaccine effectiveness or changes in the virus that would result in increased severity.

In **2000, measles was declared eliminated** in the United States and, since then, imported cases of measles have been detected in the country since the disease remains endemic in many parts of the world. **The United States last verified the ongoing elimination of measles in 2024**.

In 2023, the **vaccination coverage rate for two doses** of measles, mumps, and rubella (MMR) vaccine among children in kindergarten in the United States was **92.7%**, therefore **below the WHO-recommended 95% threshold**, creating pockets of susceptibility in the population.



Source: WHO DON, WHO, CDC, nmhealth.org, dshs.Texas.gov, dshs.Texas.gov, NewsMedia, CIDRAP

CDC advisers update vaccines recommendations

Following a 2-month delay, the Centers for Disease Control and Prevention (CDC) vaccine advisory committee (ACIP), after meetings this week, made recommendations for three vaccines. The CDC will consider the ACIP recommendations before making a final decision.

Meningococcal Vaccine:

- when the quadrivalent (four-strain) and meningitis B vaccine are indicated at the same visit the GSK's pentavalent vaccine (*Penmenvy)*, designed to protect against A, B, C, W, and Y serogroups and approved in February, should be used.
- Recommendation applies to healthy people ages 16 to 23 years old on a routine vaccine schedule when shared clinical decision-making favors meningitis B vaccination.
- Also applies to people ages 10 years and older who are at increased risk of meningococcal disease.
- The vaccine will be recommended for the Vaccines for Children (VFC) program, which provides free doses for eligible children, passed unanimously.

RSV Vaccine:

- Was previously recommended for all adults ages 75 and older and for those ages 60 to 74 years old who are at increased risk of severe disease.
- **Now also recommended for adults ages 50 to 59** who are at increased risk of severe disease.
- RSV vaccination is recommended as a **single dose only**. Persons who have already received RSV vaccination are NOT recommended to receive another dose.

Chikungunya Vaccines:

Recommendation made for both vaccines; Bavarian Nordic's newly approved chikungunya vaccine (*Vimkunya*) and the *Valneva*'s live-attenuated chikungunya vaccine:

- Recommended for adults who are traveling to a country or a territory experiencing an outbreak,
- may be considered for adults before traveling or moving to a country or territory without an outbreak but at an elevated risk for a period of 6 months or longer,
- and for lab workers who are potentially exposed to the chikungunya virus.
- For the live-attenuated Valneva vaccine the committee added a wording noting that **being age 65 and older is a precaution.**

Source: CDC, CIDRAP, ASCP

Updated joint FAO/WHO/WOAH public health assessment of recent influenza A(H5) virus events in animals and people Assessment based on data as of 1 March 2025

Food and Agriculture Organization of the United Nations

World Health Organization

World Organisation for Animal Health

At the present time, based on available information, FAO-WHO-WOAH assess the **global public health risk of influenza A(H5) viruses to be low**, while the **risk of infection for occupationally exposed persons is low to moderate** depending on the risk mitigation measures in place and the local avian influenza epidemiological situation.

Transmission between animals continues to **occur** and, to date, a growing yet still **limited number of human infections are being reported.**

Although **additional human infections** associated with exposure to infected animals or contaminated environments **are expected** to occur, the **overall public health impact** of such infections at a global level, at the present time, is **considered minor**.

The assessment could change if and when additional epidemiological or virological information becomes available.

New H5N1 PCR test

HealthTrackRx, a diagnostic testing company based in Denton, Texas, yesterday announced the **development of a PCR test for H5N1 avian influenza** that was created in a partnership with the US Centers for Disease Control and Prevention (CDC) as part of emergency preparedness. The test is designed for rapid deployment should the outbreak escalate.

Health experts emphasize that H5N1 testing is crucial for public health as it enables early detection, promotes public health responses, and prevents future pandemics by continued surveillance of the spread of infection.

HealthTrackRx's partnership with the CDC included ongoing data-sharing, validation support, and integration with the CDC's surveillance network.

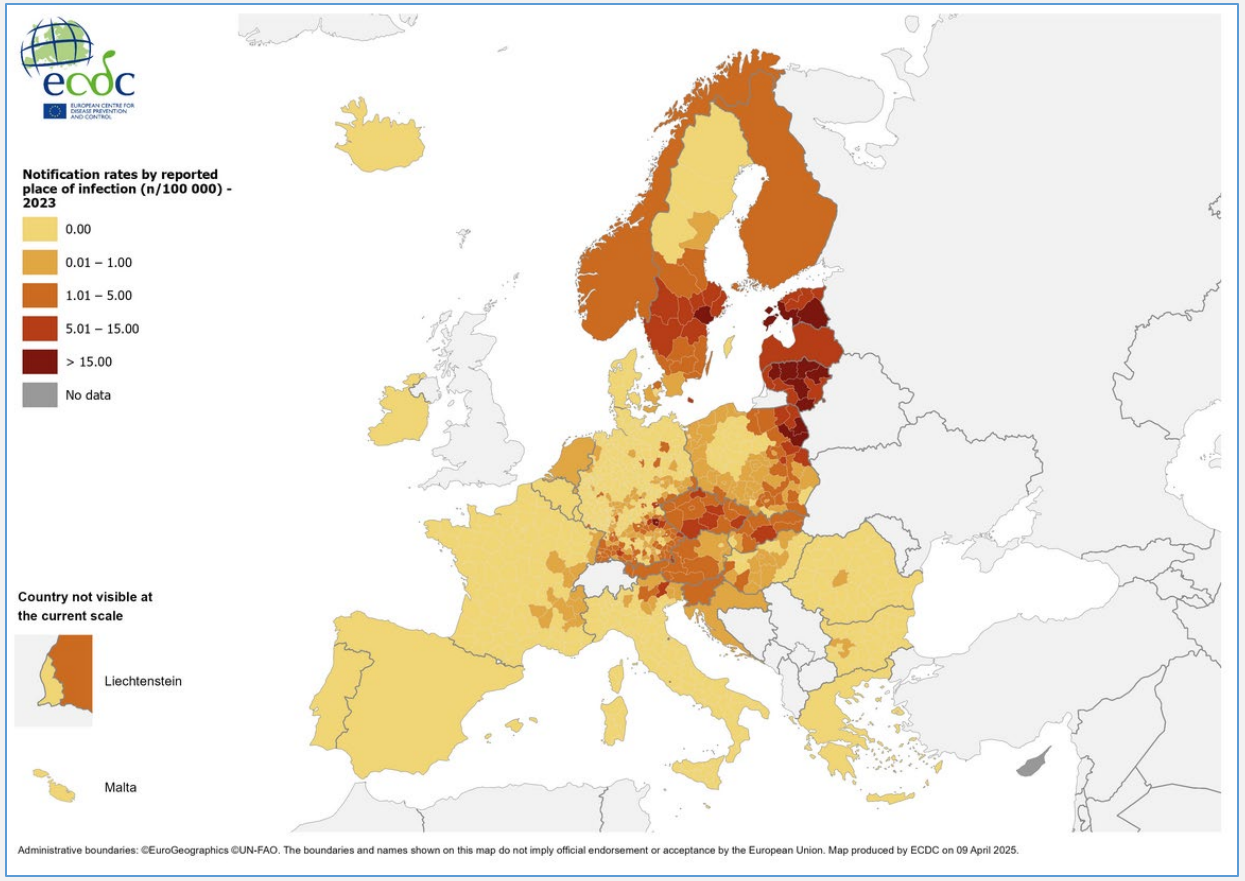
Source: WHO, prnewswire.com

Tick-borne encephalitis (TBE) in Europe: new maps published

as of 15 April 2025

New maps published by ECDC show that hotspots for tick-borne encephalitis (TBE) in the EU are mainly concentrated in Central, Eastern, and Northern Europe, based on 2023 notification rates of locally-acquired cases.

With the arrival of warmer weather, tick season has now begun across much of Europe. Ticks are typically active from spring to autumn, especially in forested or grassy areas.



Notification rates of locally-acquired cases reported for 2023

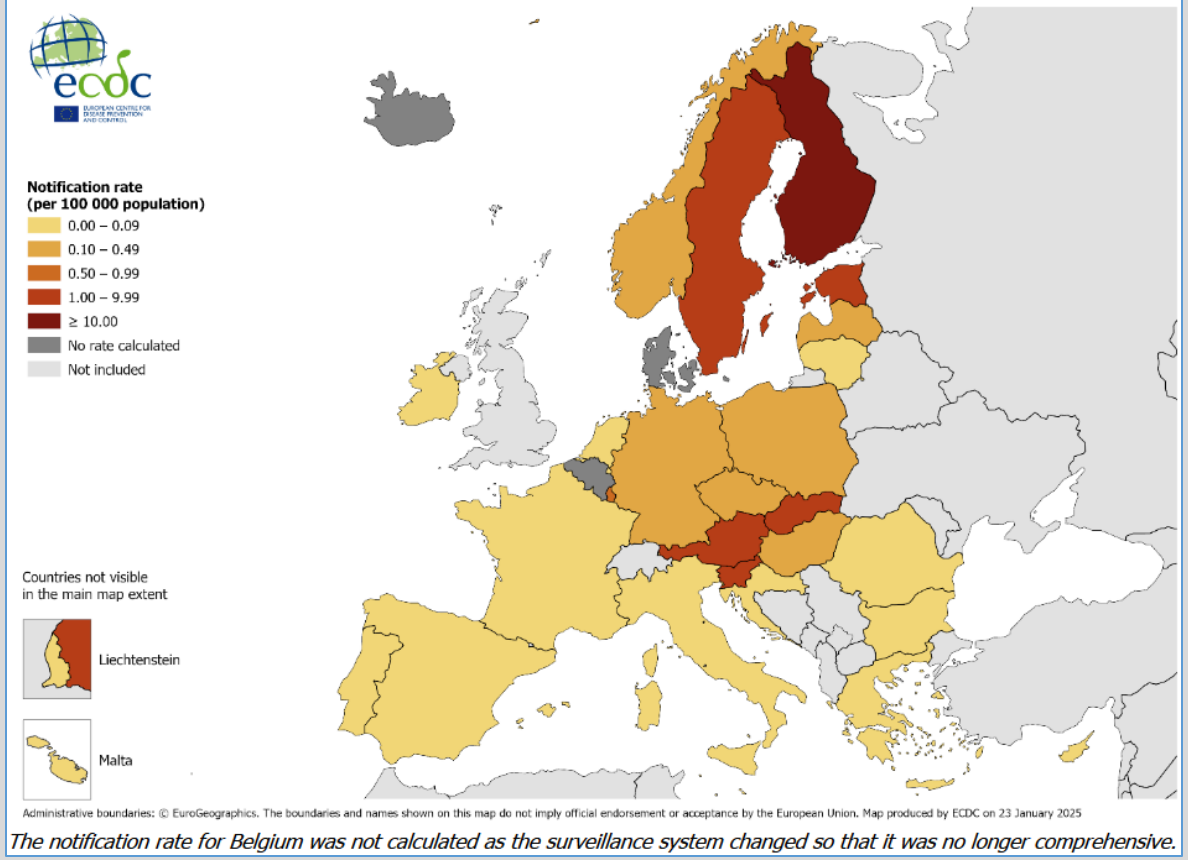
Source: ECDC

Hantavirus infection - Annual Epidemiological Report for 2023

as of 7 March 2025

*For 2023, 28 EU/EEA countries reported 1 885 cases of hantavirus infection (0.4 cases per 100 000 population). The year, along with 2020, marked the **lowest rate recorded over the 2019–2023 period**. During this time, the overall notification rate fluctuated between 0.4 and 1.1 cases per 100 00 population. **Two countries (Finland and Germany) accounted for 60.5% of all reported cases**. Prevention mainly relies on rodent control, avoidance of contact with rodent excreta (urine, saliva or droppings), and disinfecting areas contaminated by rodent excreta.*

Figure 1. Distribution of hantavirus infection rates per 100 000 population by country, EU/EEA, 2023



The notification rate for Belgium was not calculated as the surveillance system changed so that it was no longer comprehensive.

Source: ECDC

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Cholera- Democratic Republic of the Congo

On 31-Mar-2025, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) issued an alert about a **resurgence of cholera in North Kivu province**, DRC. The crisis has been intensified by the suspension of support of the four Cholera Treatment Units (CTUs) Mugunga, Don Bosco, Kasika, and Rusayo, following NGO withdrawal due to lack of funding.

As of 04-April-2025 a total of, nine out of 11 health zones in the province are affected, with more than 1,450 confirmed cases and 27 deaths reported since January – a six-fold increase compared to the same period last year. The most affected zones are Goma, Karisimbi, Nyiragongo, and Kirotshe, which together account for the overwhelming majority of reported cases. Cholera cases are concentrated in urban and peri-urban zones of North Kivu, where population density, poor sanitation, and limited clean water access heighten vulnerability.

Humanitarian actors warn that with **disrupted surveillance, inaccessible care**, and **diminished vector control**, case counts are **likely underreported and spread to new areas** remains possible.

Additionally, at least 33 people have died, and hundreds have been displaced following torrential rains that caused severe flooding and landslides in Kinshasa on the night of 4 to 5 April 2025. The most affected communes include Mont-Ngafula, Ngaliema, Barumbu, Limete, Matete, and Masina. This event could become a casedriver for cholera also in other parts of DRC.

While this event centers on North Kivu, cholera has been a recurrent endemic and epidemic threat in multiple provinces of the DRC. In 2023, the DRC reported over 50,000 cholera cases, among the highest in Africa. WHO-AFRO has consistently flagged the **Great Lakes region** (including eastern DRC, Burundi, Rwanda, and Uganda), **particularly eastern DRC, as a cholera hotspot** due to: Protracted conflict and displacement, shared weak water and sanitation infrastructure, and limited healthcare access and surveillance capacity. Coordinated cross-border response is challenging.

This resurgence in North Kivu occurs within the broader context of **complex humanitarian needs** and **multiple overlapping disease outbreaks** including; *Measles, Mpox, Polio (VDPV2) and Arboviruses and Malaria*: The country remains hyper-endemic for malaria and faces recurrent outbreaks of yellow fever and chikungunya, further taxing the health system.

Source: WHO, UN, , Reliefweb, NewsMedia, WHO

Yellow Fever - Uganda

On 10-Apr-2025, health authorities in Uganda launched a mass yellow fever vaccination campaign in response to **six confirmed cases reported in the Eastern Region** of the country. The mass vaccination campaign in Eastern Uganda aims to immunize approximately 4.3 million individuals, including both children and adults aged 12 months to 60 years, across 19 districts.

Uganda is endemic for yellow fever and is classified by WHO as a high-risk country. In 2024, one case of yellow fever was confirmed in the Kasese District, in Western Uganda. Recurrent outbreaks since 2010 reflect Uganda's ongoing risk of yellow fever transmission, driven by low national immunity, lack of routine vaccine coverage, and proximity to endemic countries like South Sudan and the DRC, with frequent population movement increasing cross-border spread potential.

Source: NewsMedia, Ministry of Health

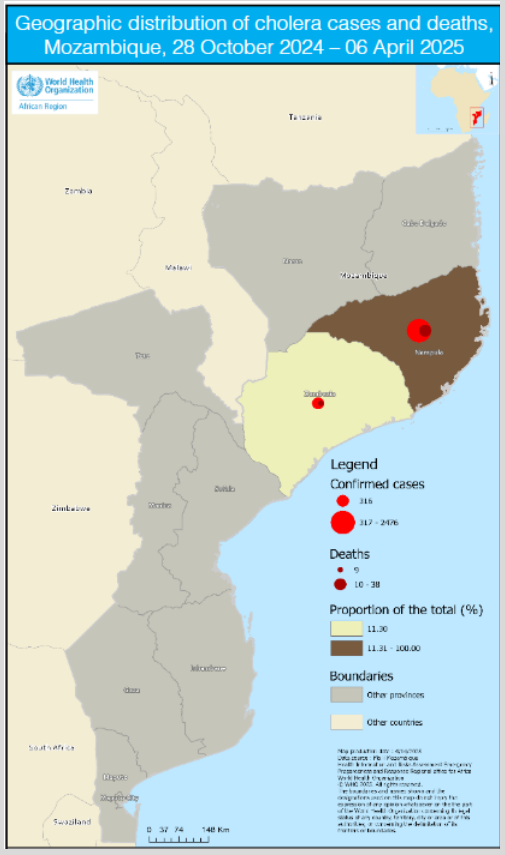
Cholera - Mozambique

Amid ongoing recovery from recent cyclones and persistent challenges to water and sanitation systems, Mozambique continues to battle an outbreak of cholera in two provinces. In epidemiological week 14 (week ending 06 April 2025), a total of 299 new cases were reported from **Nampula** (n = 288) and **Zambezia** (n = 11) provinces. One death was reported from Nampula province.

From 28 October 2024 to 06 April 2025, a **cumulative total of 2 792 cases with 50 deaths** (CFR 1.8%) have been reported from Nampula (2 476 cases, 38 deaths) and Zambezia (316 cases, 12 deaths) provinces.

In Nampula, health authorities have cited **inadequate water supply coverage** and **non-compliance** with hygiene practices as key drivers of transmission. **Community mistrust** has further complicated response efforts and has sparked resistance to interventions. In Mogovolas district in Nampula Province, this has escalated to the **vandalism of cholera treatment centres** and disruption of vaccination campaigns, hindering outbreak control efforts.

Source: WHO



Anthrax - Uganda

An anthrax outbreak was detected in **Kabale District** on 7 April 2025. The first case developed signs and symptoms on 1 April 2025. Initially a total of **seven people involved in the slaughtering of dead cattle** have presented with signs and symptoms of cutaneous anthrax. Of five samples collected, three have tested positive for *Bacillus anthracis*.

Since the beginning of January, a total of **16 cases** have been reported across **six districts** in the country, with Sembabule district in the **central part of the country hardest hit**. No deaths have been reported. **Source:** WHO, CIDREP

Cholera – Angola

Since January 2025, Angola has been experiencing a substantial cholera outbreak. As of 23 March 2025, a total of 8543 cases and 329 deaths (Case Fatality Rate (CFR) 3.9%) have been reported, with one-third of the deaths occurring in the community. The outbreak has rapidly spread to 16 out of Angola's 21 provinces, affecting individuals of all age groups.

Given the rapidly evolving outbreak, ongoing rainy season, and cross-border movement with neighbouring countries, WHO assesses the **risk of further transmission in Angola and surrounding areas as very high**.

Source: WHO DON, Reliefweb

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Ascites of undetermined aetiology - Niger

Niger is facing a concerning **recurrence of an illness characterized by ascites**, fluid buildup in the abdomen, causing swelling and discomfort, primarily affecting children and adolescents four districts in the **Dosso and Maradi regions**, with **eight deaths** already reported. From 1 January – 13 April 2025, a cumulative total of 253 cases with eight (8) deaths (CFR 3.2%) have been. The majority of cases are concentrated in Dogondoutchi (n=132) and Tibiri (n=103) districts in the Dosso Region, accounting for 92.9% of the total caseload. The other districts with cases are Guidan Roumdji (n=16) and Dioundiou (n=2) in the Maradi and Dosso regions respectively. All eight deaths occurred in Dogondoutchi (n=7) and Tibiri (n=1) districts. The age group 5 – 14 years is the most affected.

The syndrome has re-emerged after a similar cluster in 2024, and despite preliminary investigations, **no infectious cause has been identified**, pointing to possible **environmental** or **toxicological exposure**. The concentration of cases in specific districts suggest a localized and possibly shared source of contamination.

Source: WHO

Unknown Gastroenteritis - Kenya

An outbreak under-investigation has been reported by news media in **Kakamega district** in the west of Kenya with affected individuals reporting **gastrointestinal symptoms and one case resulting in death**.

At least 11 people in Kakamega district are hospitalized in critical condition with reports of prolonged symptoms including chest pains, vomiting, and diarrhea. One individual from Mumbaka village in the district has died after being unable to receive medical attention due to financial barriers. The outbreak is speculated to be related to water contamination.

Source: NewsMedia, NewsMedia

Unknown Illness - Ghana

Media reports have reported cases of an unknown illness affecting residents of **Avetakpo enclave**, a farming community in Ho West District, **Volta Region**, Ghana. The outbreak has been described as a communicable skin disease with 46 affected individuals also experiencing sleep deprivation and acute and prolonged bodily pains. Cases are reported to have spread to neighbouring communities in adults and children. Reports indicate a lack of access to clean drinking water, with residents sharing water sources with cattle and other animals.

Source: NewsMedia

Chikungunya – La Réunion

News media highlights potentially strained healthcare capacities as the Chikungunya outbreak nears peak activity in Réunion. On 14-Mar-2025, Réunion Island escalated their response to the ongoing Chikungunya epidemic described as medium intensity. At the time, cases were increasing but there were no reports of healthcare strains. Since January 2025, 33,835 cases and six deaths were reported, a substantial increase from the last alert of 8,600 cases and two deaths. Previous epidemiological estimates suggested that the epidemic would **peak mid-April**. Official reports suggest early signs of declining trends based on community indicators; however, levels remain high. The director general of the University Hospital Center of Réunion Island requested additional medical personnel to support the current increase in utilization. They reported a 12% increase in emergency department activity in the last month, with a 95% occupancy rate and insufficient beds to accommodate the influx.

Source: NewsMedia, News Media, Sante France

Mpox - Malawi

On 17-Apr-2025, the Ministry of Health in Malawi confirmed the country's first two cases of mpox. This marks the **first time the virus has been officially reported in Malawi**, a country in **southeastern Africa** with no prior history of documented mpox outbreaks. The confirmed cases were identified through routine clinical surveillance. According to a press release from the Ministry of Health on 17-Apr-2025, the first suspected case was reported by Bwaila Hospital on 20-Mar-2025, while the second was reported on 9-Apr-2025. There is no information on the probable source of the infection and whether the cases are related.

Malawi shares borders with Tanzania, Zambia, and Mozambique, and is in proximity to the Democratic Republic of the Congo (DRC), which has the highest transmission of mpox Clade Ib and triggered the second declaration of a PHEIC. Malawi's healthcare system faces substantial resource constraints, with limited laboratory capacity for rapid mpox testing and uneven access to care, especially in rural districts. The country has limited prior experience with orthopoxvirus surveillance, and there are no current national vaccination or antiviral treatment programs for mpox. Given the country's surveillance infrastructure, delays in case detection and confirmation are likely, especially in remote or under-resourced settings.

Source: NewsMedia, NewsMedia

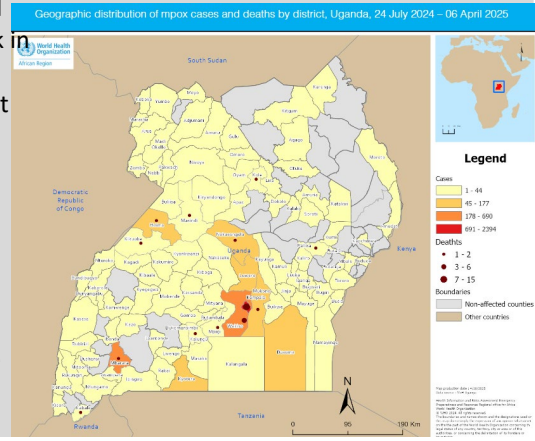
Mpox – Uganda – UPDATE -

Source: WHO

The mpox outbreak in Uganda remains a **significant public health concern**, characterized by **sustained transmission across 70% of the districts**, with rising case numbers and increasing clinical severity.

From 24 July 2024 to 06 April 2025, a cumulative total of 5 162 cases with 37 deaths (CFR 0.7%) have been reported from 107 out of 146 districts in Uganda. In epidemiological week 14 alone (week ending 06 April 2025), 269 new cases with zero deaths were reported across the country, a **23% increase in new cases** compared to the previous week. As of 06 April 2025, 85 cases were in admission, including 18 critically-ill patients. Close to 79% of these admissions were admitted at Entebbe (n=41) and Mbarara (n=26) treatment units.

Uganda currently reports the **second highest number of confirmed mpox cases in the African Region** following the DRC. The outbreak remains largely **concentrated in and around the capital, Kampala**. So far, clade 1b MPXV, linked to the outbreak in eastern DRC, has been detected in the country from 2 543 samples with genomic sequence results, and current evidence indicates that transmission of the virus is occurring largely through close, **physical human-to-human contact**.



Key challenges include **limited vaccination coverage**, **strained treatment capacity**, and **inadequate supplies**.

Urban and peri-urban centres remain major hotspots, and the transmission dynamics, particularly among young adults, require more targeted risk communication. High-level priorities include scaling up vaccination in high-risk areas, strengthening clinical care and logistics, enhancing surveillance, and supporting decentralized diagnostics and genomic surveillance to guide a timely response.

Other Infectious Disease Outbreaks and disasters – Europe/Middle East

bluedot

Mpox Clade I – Germany – Update-

The first mpox clade Ib case in Germany was announced on 22-Oct-2024 among a returning traveller with unknown travel origin or destination in Germany. On 09-Apr-2025, Lower Saxony State Health Office (NLGA) announced that an adult case of mpox clade Ib was confirmed in Harburg district on 07-Apr-2025. The case was directly linked to a stay in an unspecified location in Africa. NLGA states that neither the index case nor the additional household member have required hospitalization. As mpox is primarily transmitted through close physical contact, NLGA considers the risk of further spread in the region to be low.

Source: NLGA, NewsMedia

Mpox Clade I - Switzerland

On 08-Apr-2025, the Ministry of Health confirmed the **first imported case of mpox clade Ib** in Switzerland.

The affected individual is a traveller who returned to Switzerland from Africa in early April and is currently isolated. Officials have stated that there is no risk of infection to others.

Source: Health Agency CHE

Mpox Clade I – United Kingdom

As of 07-Apr-2025, the UK Health Security Agency (UKHSA) has detected a **confirmed human case of clade Ib mpox** with **no reported travel history and no reported link with previously confirmed cases** in the UK.

The affected individual is a resident in the **Northeast of England**. No further details regarding the affected individual have been released. All contacts have been followed up with, and no further cases have been identified. Officials are investigating how the individual contracted the disease.

Source: GOV.UK, NewsMedia

Dengue – United Kingdom

On 1-Apr-2025, the United Kingdom Health Security Agency (UKHSA) released a public health advisory following a **substantial increase in imported dengue virus infections**. This marks the highest number of dengue cases reported in England, Wales, and Northern Ireland since national surveillance began in 2009. In 2024, 904 dengue cases were confirmed among returning travellers, up from 631 in 2023. All reported cases were associated with **international travel, particularly to Southern and South-Eastern Asia**. The Joint Committee on Vaccination and Immunization (JCVI) has **recommended dengue vaccination for select travellers**.

Other imported mosquito-borne infections also showed increases: *Chikungunya*: 112 cases in 2024 (up from 45 in 2023). *Zika virus*: 16 cases in 2024 (compared to 8 in 2023), primarily in travellers returning from South-Eastern Asia.

Source: GOV.UK

Invasive meningococcal disease (IMD) - Saudi Arabia

On 13 March 2025, the International Health Regulations (IHR) National Focal Point (NFP) for the Kingdom of Saudi Arabia (KSA) reported 11 cases of IMD to WHO. Additionally, between 11 February and 18 March 2025, the WHO Eastern Mediterranean Regional IHR contact point received reports of six isolated cases of IMD. These cases involve individuals who had recently returned from Umrah. Among the 11 confirmed cases, four were reported from three countries in the WHO Eastern Mediterranean Region, while the remaining cases are individuals with travel history from countries in the WHO South-East Asia Region and none had a history of vaccination against meningococcal disease. Serogrouping tests identified the causative strain as *Neisseria meningitidis (N. meningitidis)* serogroup W135.

Meningococcal disease remains a global public health concern, particularly in the **context of mass gathering events such as Hajj and Umrah.**

The government of Saudi Arabia regularly issues health requirements for Hajj and Umrah, including vaccination policies. As of 10 March 2025, KSA health authorities estimated that only 54% of international Umrah pilgrims had complied with the meningococcal vaccination requirements. The significant number of pilgrims traveling to KSA from countries with varying levels of meningococcal disease incidence presents a risk of international spread during these gatherings.

Source: WHO DON

Sandstorm - Iraq

Thousands of people have sought care in hospitals after a sandstorm swept across central and southern Iraq, leading to serious respiratory problems. Sandstorms in Iraq are increasingly frequent and intense, in part because of climate change. Emergency rooms across the south had received 3,747 patients suffering respiratory problems as a result of the storm. More than 1,000 of those were recorded in Basra, where the storm was especially severe on Monday, and 451 were in Najaf a smaller city nearby. Also badly affected were residents of Muthanna Province, which shares a long border with Saudi Arabia.

Source: NASA, NewsMedia, NewsMedia

Vaccine-derived Poliomyelitis - Israel

On 03-Apr-2025, a news outlet highlighted that Israel's Ministry of Health reported the detection of **two genetically unrelated environmental (wastewater)** samples of circulating vaccine-derived poliovirus strain 2 (cVDPV-2) in routine sewage surveillance conducted in **central Israel and Jerusalem**. Genomic sequencing confirmed that the two strains are not genetically linked to one another, **nor are they connected** to the ongoing **poliovirus outbreak in the Gaza Strip** and **not related** to recent environmental detections in **Europe**, but is most closely linked to a strain that originated in **Nigeria's Zamfara state**. Both viruses are believed to be imported, with characteristics typical of circulation in under-vaccinated populations abroad. cVDPV2 was not included in the live attenuated oral polio vaccine (OPV) used in Israel for the past decade, further supporting the hypothesis that the source is international.

Source: Vaxbefortravel.com

Other Infectious Disease Outbreaks – Americas

bluedot

Mayaro Virus Disease in Bolivia

On 08-Apr-2025, two cases of Mayaro virus disease were reported in La Paz, Bolivia. The affected individuals are aged 11 and 16 and reside in the municipalities of Palos Blancos and La Asunta, La Paz.

Mayaro virus is transmitted by the bite of female mosquitoes of the *Haemagogus genus* in jungle and rural areas and by *Aedes aegypti* and *Aedes albopictus* in urban areas, located between 0 and 2,200 meters above sea level. The disease causes an acute febrile illness that is non-fatal and self-limiting in general, lasting 3-5 days, with a 10% to 50% asymptomatic presentation reported.

Source: NewsMedia, CDC

Pertussis – Mexico – Update-

Mexico's National Epidemiological Surveillance Committee issued a second emergency alert for pertussis (whooping cough). The first notice was released on 28-Feb-2025 due a significant rise in cases across the country.

As of 15-Apr-2025, 2,549 probable and 696 confirmed cases have been reported with 37 deaths across 14 states. The states reporting the highest number of cases are Chihuahua, Mexico City, Aguascalientes and Nuevo León. News media also highlighted San Luis Potosi as experiencing substantial activity.

Source: NewsMedia, HealthAgency_Mexico

Highly Pathogenic Avian Influenza A H5N1 in Mexico – Human Death -

On 08-Apr-2025, the Mexican Ministry of Health announced the **death of the first confirmed human case of influenza A(H5N1) in the country**. The deceased is described as a three-year-old girl from the north-central state of Durango who didn't have any underlying health conditions. Along with the initial unsubtypable influenza A virus, tests also identified parainfluenza 3. The H5N1 finding was confirmed by polymerase chain reaction (PCR) testing on April 1, and **genetic sequencing** revealed that the virus belonged to the **2.3.4.4b clade and the D1.1 genotype**, the same one **linked to serious infections** in the **United States and British Columbia, Canada**.

Contact tracing of 91 people found **no other infections**, and the source of the girl's illness remains under investigation. There is **no indication of human-to-human transmission** as no additional potential cases have been identified at this time.

Mexico's Ministry of Agriculture has confirmed that there is **no detection** of HPAI A(H5N1) in **commercial poultry** operations to date, but there were some H5N1 detections in a vulture at a zoo, **Canadian geese at a dam**, and a **bird from a park** in the state.

The WHO updated **risk assessment** said that the **global risk remains low** but is **low to moderate** for people who are exposed to the virus through their **occupations**, based on risk mitigation steps in place and the local avian flu epidemiologic picture.

Source: WHO, NewsMedia, HealthAgency_Mexico, WHO/FAO/WOAH, CIDRAP

Yellow Fever – Colombia –UPDATE-

The National Institute of Health (INS) and the Ministry of Health have **declared a health emergency due to increasing yellow fever cases** in the country.

As of 17-Apr-2025, as many as **75 confirmed cases and 34 deaths** have been reported. According to the latest INS bulletin, the **mortality rate** of yellow fever in Colombia is **45,3%** in 2025.

Of the 75 cases reported in 2025, **59** have been reported in the department of **Tolima**, a region where **no patients** have been reported **since 2007**. The remaining cases in 2025 have been reported in the eight departments of **Putumayo (7), Nariño (2), Caquetá (2), Huila (1), Vaupés (1), Cauca (1), Meta (1)**, and **Caldas (1)**. Deaths have been reported from the department of Tolima (23), Putumayo (5), Caquetá (1), Nariño (1), Caldas (1), Cauca (1), Huila (1) y Meta (1).

According to Ministry figures, more than **380 municipalities are currently at high risk for yellow fever.**

Additionally, Yellow fever has been confirmed in **six dead primates** in the municipalities of Purificacion, Ataco, and Cunday, in **Tolima department**, which resulted in the generation of a **health and environmental alert**. Primates **do not transmit the yellow fever virus**, but act as a "**ecological sentinel**" meaning that their illness or death is an indicator of the active circulation of the virus.

The minister of health has announced the reintroduction of **mandatory vaccination cards for travelers to high-risk areas** as part of the measures to contain the outbreak.

Source: Gov.CO, PAHO, NewsMedia, NewsMedia, CIDRAP

Pertussis - Colombia

On 17-Apr-2025, health authorities in Bogotá, Colombia, issued an alert in response to a recent significant increase in cases of pertussis. According to the National Institute of Health (INS), 1,104 cases of whooping cough have been reported in Colombia in 2025 by the end of March.

This figure represents a 75% increase compared to the 1,473 cases reported by the INS during all of 2024. The majority of possible cases are reported, in the departments of Antioquia (445), Bogotá (333), Cundinamarca (70), Chocó (69), and Huila (29). Data from 2023 WHO/UNICEF estimates of national immunization coverage shows that coverage for DTP-containing pertussis vaccines (1st dose, 3rd dose) remains high, around 90% but the coverage for booster doses at 18 months and 5 years are lower, with rates of around 50-70%. Additionally, there's a degree of heterogeneity in coverage rates between different municipalities in Colombia, with absolute coverage ranging from 46% to 90% and timely coverage ranging from 8% to 52%. The Bogotá Health Secretariat has expanded vaccination services to over 200 points city-wide, prioritizing children and pregnant women.

Source: NewsMedia, NewsMedia

Other Infectious Disease Outbreaks – Americas/Oceania

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Dengue - Uruguay

On Mar-2024, the Uruguayan Ministry of Public Health (MSP) confirmed the **first locally-acquired case of dengue fever in the country since 2020**, signalling a concerning resurgence of the virus in a country historically considered non-endemic. By 15-Apr-2025, local health officials reported a third locally-acquired dengue case, along with multiple suspected dengue infections under investigation. The case was reported from Montevideo and belong to DENV-1 serotype while the first case was from Maldonado and due to DENV-2 serotype. The third case was reported in Paysandú, northwestern Uruguay. Authorities also confirmed multiple suspected dengue infections under investigation in the same region, alongside 10 imported cases from Brazil, Argentina, and Mexico.

Source: NewsMedia, News Media

Malaria - Belize

On 15-Apr-2025, Belize's Ministry of Health and Wellness reported the **first locally acquired malaria cases** in the country **in over six years** in the **western district** of Cayo.

Four confirmed cases were reported in 2025 with the first detected on 17-Jan-2025 and most recent detection on 05-Apr-2025. While one case was imported from Guatemala, the remaining three have been classified as **local transmission** in Santa Elana Town and Cristo Rey Village in Cayo District. The cases were detected through routine surveillance of public and private healthcare facilities.

Belize was previously certified malaria-free June 2023 with the last local case reported in 2018.

Source: Gov Belize

Chikungunya - Guadeloupe

On 19-Apr-2025, an **imported case** of Chikungunya was confirmed in Guadeloupe. The patient had recently returned from Réunion. The *Aedes aegypti* mosquito, the vector for the chikungunya virus (CHIKV), is present in Guadeloupe and can transmit both CHIKV and the dengue virus. A dengue epidemic, which began in Guadeloupe in November 2024, remains ongoing.

Source: NewsMedia, NewsMedia

Chikungunya – Brazil

On 6-Apr-2025, health officials **confirmed a severe chikungunya outbreak in Santa Catarina, Brazil**, marked by a **568.2% increase** in probable cases compared to the same period in 2024. This surge is part of a broader, ongoing chikungunya epidemic across Brazil, which has seen persistent virus circulation since 2014. According to PAHO, there were 420,139 chikungunya cases including 236 related deaths. This is the highest number of confirmed cases reported historically in Brazil. The three Brazilian states with the most CHIKV cases were Pernambuco, São Paulo, and Paraíba.

On 14 April the Valneva vaccine was granted marketing authorization. **This marks the world's first approval of a chikungunya vaccine in an endemic country.**

The CDC (as of Jan 2025) **advises that chikungunya vaccination** may be considered for travellers to Brazil, especially in high-transmission areas.

Source: NewsMedia, GOV:BR, Valneva

Mpox Clade I - United States

On 22-Apr-2025, North Carolina Department of Health and Human Services announced positive wastewater detections for mpox Clade I at the treatment plant in Greenville, NC on three separate collection dates late March. To date, there have been no confirmed human cases of mpox Clade I in North Carolina.

Nationally four confirmed cases of mpox Clade Ib have been reported in the United States in Georgia, New Hampshire, New York, and California since 2024, with the most recent case reported in February.

The majority of cases have reported recent travel to countries with sustained mpox transmission.

Source: NCDHHS

Dengue – Fiji

Dengue virus infections reported in Fiji during the first quarter of 2025 were **2.5 times higher than the total reported cases for all of 2024**, with activity expected to continue to **increase** as heavy rainfall seasons typically last through April. 5,128 confirmed cases and three deaths were reported nationally as of early April, 2025 compared to 2,033 cases reported in 2024. Distribution by Division includes Western (2,841 cases), Central (1,090), Northern (1,095), and Eastern (102). The current outbreak has been attributed to DENV-2 and DENV-3 serotypes.

Source: NewsMedia, NewsMedia, Reliefweb, WHO

Dengue – Tonga

On 06-Apr-2025, the Ministry of Health in Tonga confirmed a total of **492 cumulative dengue cases** in an ongoing outbreak caused by dengue virus type 2 (DENV-2) in 2025. A total of 6 cases are currently hospitalized (5 in Vaiola, 1 Prince Ngu). One case in ICU and the rest are in STABLE condition. This is Tonga's **largest outbreak** in recent years, with all **four main island** groups now affected.

Tonga is not considered endemic; however, it experiences intermittent outbreaks, typically following introduction from nearby South Pacific countries (e.g., Fiji, Samoa).

Source: Reliefweb, Reliefweb

Measles - Australia

On 15-Apr-2025, Australia's Chief Medical Officer issued an alert following a notable surge in measles cases, marking a re-emergence of the disease within the country.

As of 15-Apr-2025, there have been 58 measles cases reported nationally in 2025, exceeding the totals in all of 2024 (57). The regions with the highest case numbers were New South Wales (NSW) (20), Victoria (18), and Western Australia (WA)(14), followed by South Australia (3), Queensland (QLD) (2), and the Northern Territory (1). No cases have been reported in the Australian Capital Territory (ACT) or Tasmania in 2025 so far. National coverage for five-year-olds is 93.8%; two-year-olds 90.7%, and one-year-olds 92.5%; all below the 95% threshold needed for herd immunity.

Source: NewsMedia, NewsMedia, Department of Health, Sydney Health, Department of Health

Other Infectious Disease Outbreaks – Asia

bluedot

World Health Organization

Highly Pathogenic Avian Influenza A H5N1 - Vietnam –Human cases-

On 18-Apr-2025, the Ho Chi Minh City Department of Health submitted a rapid report to the Ministry of Health regarding a suspected case of encephalitis caused by avian influenza A(H5N1) in a child currently being treated at Children's Hospital 1. The girl is from Tay Ninh province, located in southern Vietnam between Phnom Penh and Ho Chi Minh City.

While preliminary laboratory results have confirmed the presence of the virus in cerebrospinal fluid, formal confirmation from the Ministry of Health is still pending.

The patient is currently isolated in intensive care, on ventilatory support, with stable vital signs and no respiratory involvement. It is also highlighted that the affected child has a history of congenital heart disease (ventricular septal defect) and had surgery at two months old. Preliminary findings indicate the child had direct contact with dead chickens at her grandmother's residence roughly two weeks before symptom onset. Vietnam has reported multiple sporadic H5N1 human cases since 2022 predominantly linked to direct contact with poultry.

Source: NewsMedia, CIDREP

Pertussis - Japan

Japan is reporting a sharp increase in pertussis (whooping cough) cases in 2025. The 5,652 cases including one deaths reported until 06-Apr-2025 exceeds the 4,054 cases reported for all of 2024. The five prefectures reporting the highest number of cases are Niigata (445 cases), Osaka (433 cases), Tokyo (393 cases), Okinawa (321 cases) and Hyogo (316 cases).

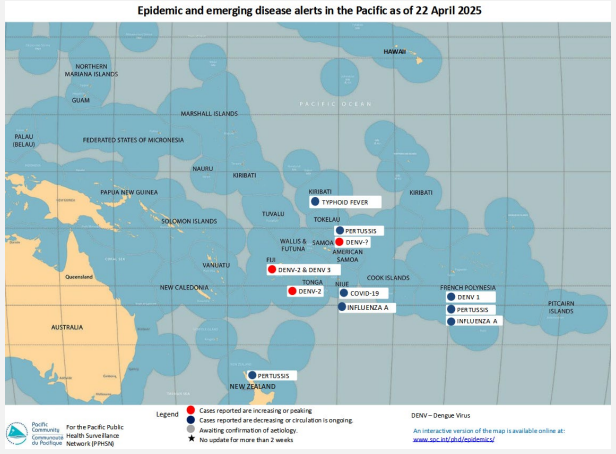
Vaccination rate in 2023 was high with 98% for the first and third dose. A drug-resistant strain in circulation this season could be the driving factor behind the sharp increase in 2025.

Source: WHO, Health Surveillance Japan, NewsMedia

Country	Number of Cases
Yemen	10,794
India	7,201
Pakistan	6,217
Ethiopia	5,309
Afghanistan	5,236
Thailand	5,142
Kyrgyzstan	4,502
Romania	4,077
Indonesia	2,751
Nigeria	1,892

Source: World Health Organization

Top 10 countries with measles outbreaks



Measles – Cambodia

As of 21-Dec-2024, Cambodia's Ministry of Health confirmed 375 active measles cases across 17 provinces. WHO also noted that Cambodia reported the highest number of measles cases in Southeast Asia for 2024, totaling 544 cases. While transmission is ongoing in 2025, the full scale of current case counts remains unknown. The highest incidence is occurring in communities near border regions, where access to healthcare services remains limited. Both MMR1 and MMR2 coverage falls highly below the WHO-recommended 95% threshold, creating pockets of susceptibility in the population.

Source: NewsMedia, WHO, WHO

Measles – Belize

On 13-Apr-2025, the Belize Ministry of Health & Wellness reported **two confirmed cases** of measles in the country. This marks the **first confirmed cases in Belize in over 30 years**. The affected individuals are from Corozal and Cayo districts, Belize and had recently travelled to Mexico.

Source: NewsMedia, PHAO, WHO

Measles - Mongolia

Mongolia is reporting an upward trend in measles cases in early 2025, signalling renewed vulnerability to a disease once declared eliminated in the country. On 13-Apr-2025, the National Center for Communicable Diseases (NCCD) highlighted that the national tally is 506 cases. There have been 11 confirmed measles cases within a 24-hour window, with more than half among school-age children who had received only one dose of the measles vaccine.

While MMR1 coverage is very high, MMR2 coverage falls slightly below the WHO-recommended 95% threshold, creating pockets of susceptibility in the population. These gaps may be contributing to the current outbreak, especially in regions or communities with uneven vaccine uptake

Source: NewsMedia, WHO, NewsMedia, WHO

Measles - Taiwan

According to news media, measles activity in Taiwan has reached a **six-year high** in 2025 with 22 confirmed cases.

As of 07-Apr-2025, cases have exceeded more than 50% of the total confirmed cases in the entire year of 2024 (32 cases). Comparing similar periods, cases in 2025 are two times greater than cases as of April 2024 (11 cases). Imported cases account for majority of the 2025 cases (14 cases; 64%), all linked to Vietnam. The remaining 8 cases were locally acquired. Seven out of the 22 counties have reported cases, with the top five affected locations being Taoyuan City (6 cases, 2 local), Taichung City (5 cases, 2 local), Changhua City (4 cases, all local), Taipei City (3 cases), Kaohsiung City (2 cases).

Most cases have been reported in adults between 20 to 44.

Source: CDC Taiwan, NewsMedia, National Statistics, NewsMedia

World Organisation for Animal Health

Animal Infectious Disease Outbreaks 2025

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

***EST*:** A wild Barnacle Goose was tested psoitive on 15 April 2025 by the National Centre for Laboratory Research and Risk Assessment (LABRIS). The case was in Kunda, Lääne-Viru.
(59.520573 , 26.536189 *(Approximate location)*)

LTU: Between 08 to 23 April 2025 two wild Mute Swans have been tested positive by the National Food and Veterinary Risk Assessment Institute (NFVRAI). Cases were found in Kauno.
(*54.923113 , 23.910593, 54.9026652 , 23.8868026* (Approximate location))

ISR: On first April 2025, one booted eagle was tested positive by the Kimron Veterinary Institute, Avian Diseases Division. The eagle was found in KEFAR HAHORESH, HaZafon.

(32.701 , 35.2725 *(Approximate location)*)

DEU: Two red foxes were tested positive by the Friedrich Löffler Institute, on 14 and 21 April 2025 in Wurschen, Bautzen and Essen, NRW.
(51.19 , 14.57 and 51.39 , 7.07 (*Approximate location*))

High pathogenicity avian influenza viruses (poultry), H5N1/H7N9

DEN: 9024 dead birds have been reported on first April 2025. Cases and carcasses were located at Gundsømagle, Roskilde and Aalestrup, Vesthimmerland.
(55.7411 , 12.175, and 56.6803 , 9.4133 *(Approximate location)*)

GBR: On second April 2025, the Animal and Plant Health Agency (APHA) Weybridge, United Kingdom confirmed H5N1 in 9 of 40 suspected domestic bird samples. Birds have been located in Stanhope, Durham. The affected population was from a backyard flock of 40 chickens. Increased mortality and other clinical signs were reported. Depopulation (04/04/25) and preliminary cleaning and disinfection completed (05/04/2025). Another 30 domestic birds have been tested positive by the Institute between 26 to 29 March. Small ~53 chicken backyard flock, commercial premises (egg sold).
(54.73 , -2.14 and 54.9 , -1.72 *(Approximate location)*)

DEU: 40 domestic birds were tested positive by the Friedrich Löffler Institute, on 29 March 2025 in Kemberg, Wittenberg, Saxony.
(51.76 , 12.67 *(Approximate location)*)

Equid herpesvirus-1

EST: On April 14, 2025, three domestic horses were tested positive at the National Centre for Laboratory Research and Risk Assessment (LABRIS). The cases occurred in Harjumaa, Saue.
(59.384171 , 24.551011 *(Approximate location)*)

Tularemia

LUX: On third and 16 April 2025 two European brown hare have been tested positive for *Francisella tularensis* at LABOklin DEU. Cases occurred in Wellenstein and Junglinster, Grevenmacher.
(49.52446 , 6.34645 and 49.7012 , 6.25409 *(Approximate location)*)

Scrapies

MLT: On February 13, 2025, one positive sheep brain sample was identified by the National Veterinary Laboratory, MLT. The sheeps were located at 136, Triq Birkirkara, San Gwann.
(35.9114 , 14.4891 *(Approximate location)*)

Equine infectious anaemia

***NLD*:** One horse was tested positive by the Wageningen Bioveterinary Research National Reference Laboratory, Lelystad during an export blood examination on 20 March 2025. The cases located at Sint-Michielsgestel, Noord-Brabant.
(51.65196 , 5.34393 *(Approximate location)*)

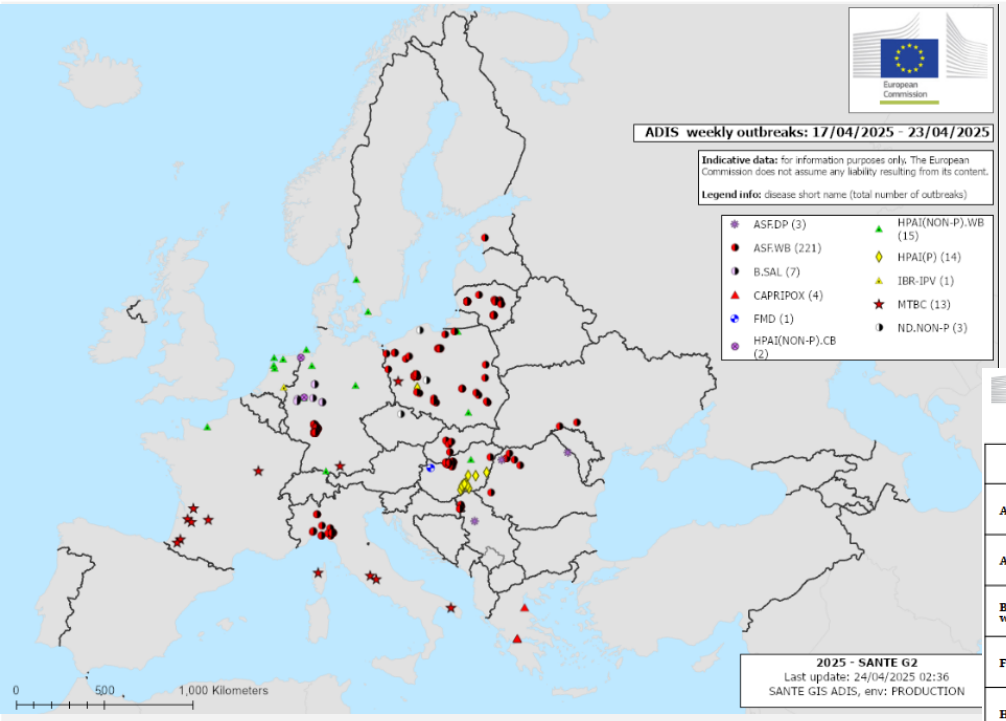
Rabies virus

ARM: Five cases of rabies in a dogs has been verified by the Republican Veterinary-sanitary and Phyto-sanitary Center of Laboratory Services SNCO, on 22 and 27 March and 01, 02, 08 and 22 April 2025. The case occurred in Mayisyan and Vardavank, Syunik and Aparan, Aragatsotn and Ararat and Vahagni, Lori and Pokr Mantash, Shirak.
(39.2419 , 46.4986 and 40.8432 , 43.8349 and 40.5897 , 44.3517 and 39.8589 , 44.6885 and 40.9007 , 44.6021 and 40.6384 , 44.0379 *(Approximate locations)*).

Summary of animal diseases / disease types by species and administrative division;

reporting period: 17/04/2025 - 13/04/2025

Source: ADIS



Source: ADIS

Total of outbreaks by disease / disease type and country

Reporting period: 17/04/2025 - 23/04/2025

Disease / Disease type	CZ	DE	EE	FR	GR	HU	IT	LT	NL	PL	RO	SK	SE	RS	UA
A.S.F. in domestic pigs	/	/	/	/	/	/	/	/	/	/	2 22/04/25	/	/	1 23/04/25	/
A.S.F. in wild boar	/	102 23/04/25	1 18/04/25	/	/	24 22/04/25	18 23/04/25	22 22/04/25	/	37 22/04/25	6 22/04/25	5 22/04/25	/	4 23/04/25	2 17/04/25
Batrachochytrium salamandrivorans (Inf. with)(2014-)	/	7 23/04/25	/	/	/	/	/	/	/	/	/	/	/	/	/
Foot and mouth disease virus (Inf. with) / O	/	/	/	/	/	1 23/04/25	/	/	/	/	/	/	/	/	/
HPAI(NON-P) in Captive Birds / H5N1	/	2 17/04/25	/	/	/	/	/	/	/	/	/	/	/	/	/
HPAI(NON-P) in Wild Birds / H5 (N untyped)	/	/	/	1 23/04/25	/	/	/	/	/	/	/	/	/	/	/
HPAI(NON-P) in Wild Birds / H5N1	/	5 17/04/25	/	/	/	1 22/04/25	/	/	4 23/04/25	2 23/04/25	/	/	2 23/04/25	/	/
High pathogenicity avian influenza viruses (poultry) (Inf. with) / H5N1	/	/	/	/	/	12 23/04/25	/	/	/	2 22/04/25	/	/	/	/	/
Infectious bovine rhinotracheitis/infectious pustular vulvovaginitis	/	1 17/04/25	/	/	/	/	/	/	/	/	/	/	/	/	/
Mycobacterium tuberculosis complex (Inf. with)(2019-)	/	1 22/04/25	/	8 23/04/25	/	/	3 17/04/25	/	/	1 17/04/25	/	/	/	/	/
Newcastle disease virus in non-poultry for AHL	1 17/04/25	/	/	/	/	/	/	/	/	2 18/04/25	/	/	/	/	/
Sheep pox and goat pox	/	/	/	/	4 22/04/25	/	/	/	/	/	/	/	/	/	/

Legend
- Number: total number of outbreaks for a given country and disease
- Date: last submitted outbreak date for a given country and disease, format: DD/MM/YYYY
- '/': no outbreak reported