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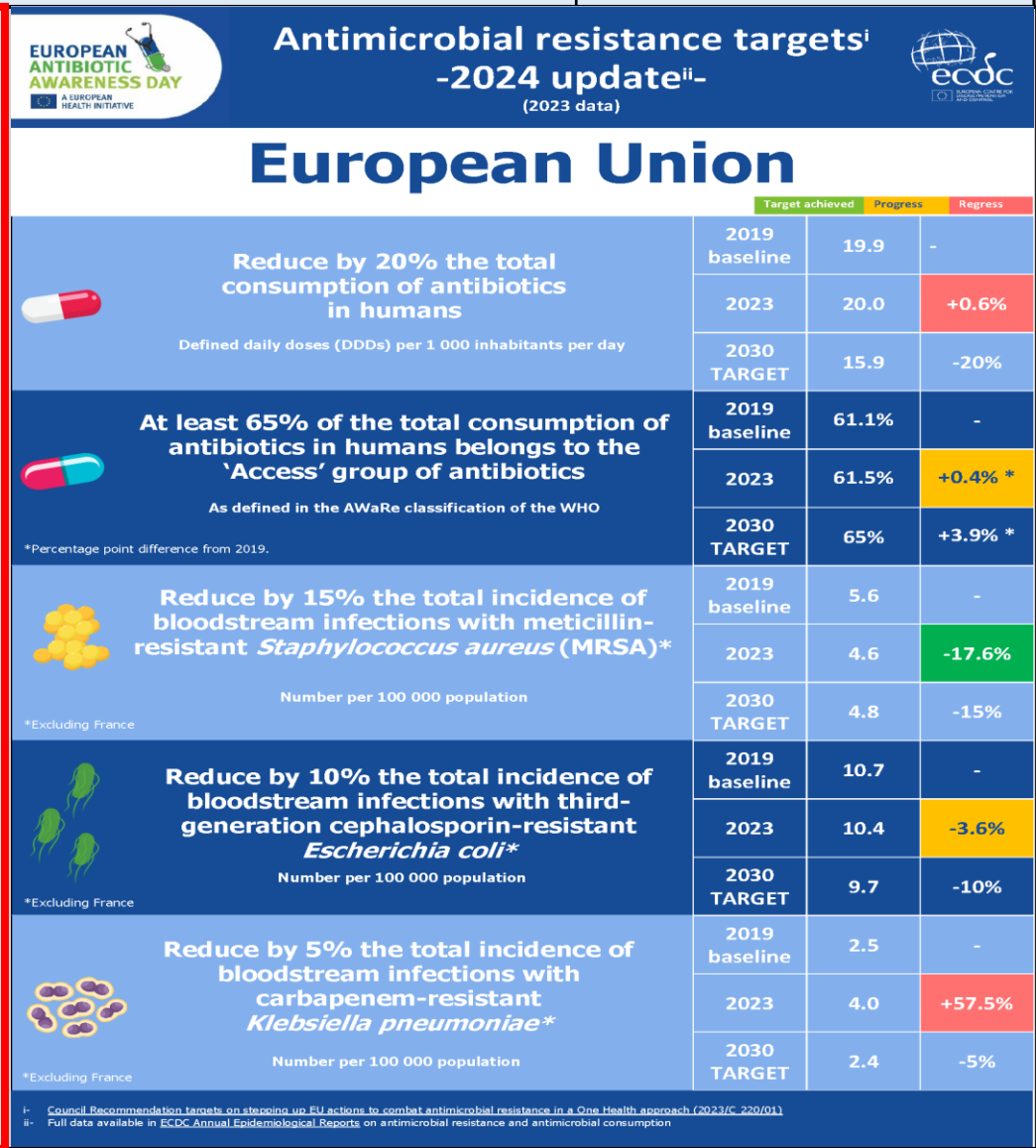
News:

- **WHO:** The WHO Director-General commented on the impact of the US cuts and seek to bolster other alliances and ways to boost domestic spending to address urgent health threats. It was reported that if disruptions continue, hot spot countries could see 15 million malaria cases and 107,000 deaths this year alone, reversing 15 years of progress. The suspensions of most funding for AIDS Relief has led to an immediate stop in HIV treatment, testing, and prevention in more than 50 countries. And regarding tuberculosis, 27 countries in Africa and Asia are experiencing crippling response breakdowns, with 9 reporting failing supply chains for TB drugs. The United States was encouraged to reconsider its support for global health, which saves lives and also makes the United States safer.
- **WHO**: informed that funding shortages in Afghanistan could force the closure of 80% of WHO-supported essential health care services. As of 4 March 2025, 167 health facilities had shut down due to funding shortages, cutting off lifesaving medical care to 1.6 million people across 25 provinces. Without urgent intervention, over 220 more facilities could close by June 2025, leaving an additional 1.8 million Afghans without access to primary health care
- **CDC**: announced the launch of a new tool that is designed to increase transparency about current and past members of the Advisory Committee on Immunization Practices (ACIP). Members are asked to declare any actual or perceived conflicts of interest that arise during their ACIP tenure and that at each meeting the ACIP chair calls for conflict-of-interest disclosures at the beginning of the meeting and ahead of each vote.
- **SAGE**: The Strategic Advisory Group of Experts on immunization is meeting this week at WHO in Geneva, following last week's meeting of the IHR Emergency Committee on Polio Eradication (IHR EC). Among a wide range of immunization topics, SAGE is expected to review the global poliovirus epidemiology and current status of bivalent OPV cessation planning and preferred routine immunization schedule with whole-cell pertussis hexavalent vaccine; while the IHR EC reviewed latest international detections of WPVs and cVDPVs.
- **FDA**: announced the strains it recommends manufacturers include in seasonal flu vaccines for the 2025-26 flu season on 14 March, and they mirror recommendations announced by the WHO last month. This year the open session that includes a public hearing have been suspended this administration. In addition, there wasn't input from any vaccine company representatives or those from the WHO Collaborating Center for Surveillance Epidemiology and Control of Influenza. Nevertheless, the FDA recommendations are the same as for last month's WHO advisory committee recommendation for the 2025-26 Northern Hemisphere vaccines, which switch to a different H3N2 influenza A strain for the egg- and cell-based vaccines.
- **WHO**: certified Egypt (October 2024) 1 and Georgia (January 2025) as malaria-free, adding them to the official list of malaria-free countries and territories.
- **WHO**: At the third meeting of the International Health Regulations (2005) Emergency Committee regarding the upsurge of mpox 2024 the Committee was unanimous in expressing the views that the ongoing upsurge of mpox **still meets the criteria of a PHEIC** and that the Director-General be advised accordingly.



Mpox - Assessment of Exportation Risks and Under-detection

as of February 2025

bluedot

The mpox clade Ib Public Health Emergency of Internation Concern (PHEIC), an epidemic originating in the Democratic Republic of the Congo (DRC), is steadily continuing since it was declared as a PHEIC in August 2024. Regionally, the virus has been spreading to at least 6 countries in the region such as Burundi and Uganda for several months, with approximately 76,000 cases and 750 deaths reported in sub-Saharan Africa since August 2024. Mpox clade Ib is also spreading internationally, with exported cases in several more distant countries including Thailand, UK, USA, Sweden, Canada, and Germany. So far, there has been limited secondary transmission detected. However, not all countries connected to epidemic countries in the hotspot region have robust surveillance systems for mpox clade Ib, and imported cases may be spreading undetected.

At least 12 countries outside the continent have confirmed clade Ib cases as of 07-Feb- 2025. In order of reporting, they are: Sweden, Thailand, India, Germany, UK, USA, Canada, Pakistan, Oman, Belgium, China, and France. Secondary transmission from these cases has been reported in the UK, Germany, Belgium, China, and France, accounting for 12 cases. The transmission mode for these cases has been through close contact and/or among household contacts, including at least three children.

In recent weeks, mpox cases have been reported in individuals with a history of travel to countries where surveillance systems may not have recently detected mpox clade II or may have never reported mpox clade I (e.g. UAE) before February 2025. The overlap between these individuals' travel periods and the mpox incubation period suggests exposure within the countries they visited. This raises a concern about the potential for undetected mpox transmission in countries with limited surveillance, which could become unrecognized sources of international spread.

The absence of reported cases in such regions may not accurately reflect the true extent of transmission within their borders and risk to other internationally-connected locations. Surveillance challenges hinder efforts to track and manage the disease and increase the risk of global spread.

BlueDot Exported Cases Estimation

Based on the locations of exported cases out of Africa, it is likely that there are regions with undetected exported cases, since cases have been reported in countries (such as Sweden and Thailand) that are not as highly connected to the DRC.

Using BlueDot's approach for estimating outbreak size in the origin (DRC), the company was able to back calculate how many cases may have been exported out of the DRC. Based on BlueDot's calculations, there have likely been **at least 120 cases exported out** of the **DRC**.

Calculation details and assumptions

- Outbreak length – 184 days (01-Aug-2024 to 31-Jan-2025)
- Number of international travellers from the DRC in that time period – 356,911 air travellers
- Proportion of travellers assumed to be residents of DRC = 0.5
- Proportion of travellers assumed to be tourists = 0.5

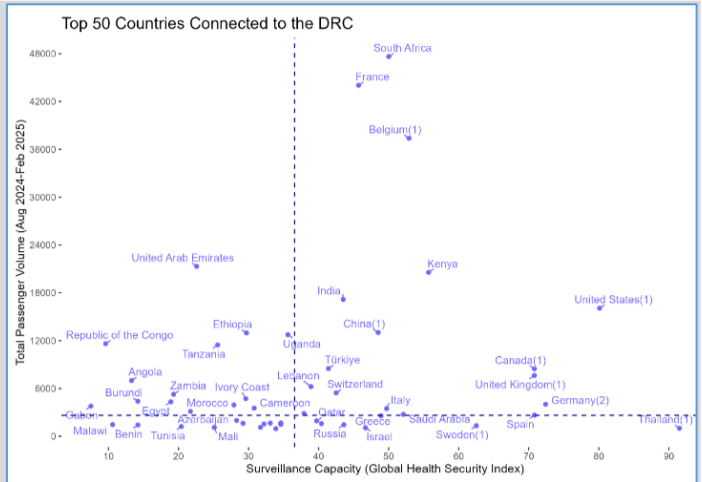


Figure 1: Top 50 countries receiving the highest number of travellers from the DRC between August 2024 to February 2025, along with their surveillance capacity as assessed by the Global Health Security Index). The number of exported cases through air travel that have been reported are indicated in brackets next to each country label. Quadrants are divided based on the mean of both variables.

The above figure shows countries that received or are forecasted to receive the highest volume of travellers from the DRC, along with their surveillance capacity index score (Global Health Security Index, Mean: 36.6), as a measure to determine a country's capacity to detect potential exported cases of mpox clade Ib.[1]

The upper left quadrant shows **countries that are relatively well connected to DRC** but have **limited surveillance capacities**. Notably, countries that have detected cases are among those with a relatively high surveillance score (well above 50, with the exception of China) and so are more likely to detect cases despite not being as well connected to DRC (e.g., Sweden and Thailand). This reinforces the hypothesis that there is **likely under-detection of exported cases** in countries that are highly connected to the DRC but may be going undetected.

Countries of note include Ethiopia with low surveillance score, and South Africa which is highly connected with a moderate score. The UAE, for example, has high connectivity, yet only recently detected its first case, despite a number of potential exportations reported as early as September in India, followed by Oman and Pakistan in December.[2] France's recent detection in an individual without travel history but epidemiologically linked to individuals with travel history to Africa, suggests a degree of under-detection and local transmission may be occurring as well in this highly connected country.

Measles on the rise again in Europe

Data on measles cases in the European Union and European Economic Area (EU/EEA) for the last twelve months show a considerable rise in notifications compared to 2023. This indicates that the virus is circulating in the region, and the number of cases will probably increase during the spring of 2025.
Eight out of ten people who were diagnosed with measles in the EU/EEA in the last year were not vaccinated.

Data presented in the monthly measles and rubella update by the ECDC indicate **ongoing transmission** of measles across a number of countries in EU/EEA, with a steep rise in cases reported during 2024. After a period of unusually low measles activity during the COVID-19 pandemic, an uptick was initially noted in 2023, with 3 973 reported cases in the EU/EEA.

Between 1 February 2024 and 31 January 2025, a total of 32 265 people were diagnosed with measles. During this period, Romania (27 568), Italy (1 097), Germany (637), Belgium (551) and Austria (542) reported the highest number of cases across the EU/EEA. During the period, Romania recorded 18 deaths attributed to measles and Ireland also recorded one death.

The ongoing transmission **indicates gaps in vaccination coverage** against this preventable illness — among children, adolescents and adults alike.

In 2024, the **peak** in measles cases reported across the EU/EEA was **observed in the first six months** of the year. In line with the seasonal pattern of the disease, a further increase in the number of cases is expected during the spring of 2025.

Prevention of measles outbreaks and protection of vulnerable populations requires that **at least 95% of the population eligible for vaccination receive two doses** of the MMR vaccine. However, vaccination levels in the EU/EEA still fall short of this target, with estimates from 2023 showing that **only four countries (Hungary, Malta, Portugal and Slovakia) report such coverage for both doses**.

Among those diagnosed with measles between the beginning of 2024 and early 2025 with information available on their vaccination status, **86% were unvaccinated** .

This leaves many communities vulnerable to measles, including children who are too young to be vaccinated or those who cannot be immunised for medical reasons and therefore rely on a high vaccination coverage in the overall population.

Source: ECDC

Rapid outbreak assessment - cross-border multi-serovar *Salmonella* outbreak in EU/EEA

Source: ECDC

A cross-border multi-serovar Salmonella enterica outbreak linked to the consumption of sprouted seeds has been ongoing in Europe since 2023.

Between January 2023 and January 2025, 509 confirmed cases of salmonellosis meeting the European case definition were identified in nine EU/EEA countries: Belgium (1), Denmark (4), Estonia (1), Finland (94), France (3), Germany (30), Netherlands (9), Norway (257) and Sweden (110). One case was also reported by the United Kingdom. The outbreak encompasses eight *Salmonella* serotypes, several of which are rarely reported in the EU/EEA. Sprouts were identified as the vehicle of infection in multiple national investigations, which was confirmed by EU centralised whole genome sequencing (WGS) analysis.

Sharing of epidemiological, traceability, and WGS data across countries in both public health and food safety sectors, was crucial in linking seven national outbreaks in Finland, Germany, Norway and Sweden to a **common seed supplier in Italy**. Further food investigations linked the common supplier to three **seed growers located in the same geographical area of Italy**. The role of the environment in the seed contamination at grower level, and of cross-contaminations along the seed supply chain contributing to the multi-strain occurrence, should be further investigated.

Food safety authorities in the countries concerned implemented control measures, including withdrawal and recall of investigated batches. This significantly decreased case notifications. However, several countries have detected new cases, indicating that contaminated seed batches may still be in circulation and further interventions needed. Cases may continue to occur until the point(s) where the seeds were contaminated with Salmonella can be identified and properly controlled. Seed producers should apply all procedures necessary (e.g. Good Agricultural Practices (GAP)) to prevent microbial contamination of seeds intended for sprouting and sprout producers should implement adequate food safety management systems to ensure only safe products reach the market.

Table 2. Demographic summary of laboratory confirmed *Salmonella* outbreak cases, stratified by country and serotype in nine EU/EEA countries (n = 509 cases), January 2023 – January 2025

Country	Outbreak strain	N confirmed cases			Age (years)	Epidemiological and microbiological evidence			
		Total	Female	Male	Median (range)	Interviews[1]	Receipts[2]	Study[3]	Sprout isolates[4]
Belgium	*S.* Enteritidis 11	1	0	1	* (30–40)	-	-	-	-
Denmark	*S.* Typhimurium 36a	2	1	1	42 (20–65)	-	-	-	-
	S. Typhimurium 36b	2	0	2	65 (50–80)	-	-	-	-
Estonia	*S.* Typhimurium 36b	1	1	0	* (40–50)	-	-	-	-
Finland	*S.* Enteritidis 11	75	49	26	40 (2–90)	Trawling	-	Case-case	*S.* Enteritidis 11
	S. Kinondoni 5447	1	1	0	* (30–40)	-	-	-	-
	S. Typhimurium 36b	18	8	10	36 (14–66)	Trawling	-	-	*S.* Kisarawe 5805
France	*S.* Enteritidis 11	3	1	2	17 (5–28)	-	-	-	-
Germany	*S.* Adelaide 10506	14	9	5	41 (11–76)	Trawling	-	-	*S.* Adelaide 10506
	S. Enteritidis 11	13	9	4	11 (1–81)	-	-	-	-
	S. Kinondoni 5447	1	0	1	* (80–90)	-	-	-	-
	S. Newport 31	1	1	0	* (70–80)	-	-	-	-
	S. Typhimurium 36b	1	1	0	* (20–30)	-	-	-	-
The Netherlands	*S.* Adelaide 10506	1	0	1	* (65–75)	-	-	-	-
	S. Kinondoni 5447	2	2	0	38 (20–55)	-	-	-	-
	S. Kisarawe 5805	3	2	1	25 (20–85)	-	-	-	-
	S. Typhimurium 36b	3	1	2	75 (20–85)	-	-	-	-
Norway	*S.* Hvittingfoss 446	12	8	4	52 (20–71)	Trawling	Yes	-	-
	S. Kinondoni 5447	2	2	0	29 (1–58)	Targeted	-	-	*S.* Kinondoni 5447
	S. Kisarawe 5805	3	2	1	45 (45–56)	Targeted	-	-	*S.* Kisarawe 5805
	S. Newport 31	105	74	31	49 (1–90)	Trawling/ .targeted	Yes	Case-control	*S.* Newport 31
	S. Richmond 909	1	1	0	* (80–90)	-	-	-	-
	S. Typhimurium 36a	14	10	4	44 (6–78)	Trawling	Yes	-	-
	S. Typhimurium 36b	120	81	39	54 (2–87)	Targeted	Yes	-	-
Sweden	*S.* Kinondoni 5447	4	1	3	28 (8–59)	-	-	-	-
	S. Newport 31	1	1	0	* (80–90)	-	-	-	-
	S. Richmond 909	5	5	0	63 (38–76)	Trawling	-	-	-
	S. Typhimurium 36b	100	65	35	43 (1–89)	Trawling	Yes	Case-control	-
Total for EU/EEA countries		**509**	**336**	**173**	**44 (1–90)**				
United Kingdom	*S.* Typhimurium 36b	1	0	1	* (50–60)	-	-	-	-

Potential risk of multidrug-resistant bacteria in burn victims from North Macedonia fire

Source: ECDC

The ECDC is closely monitoring the situation following the tragic fire at the Pulse nightclub in Kočani, North Macedonia. Many patients with burn injuries are being transferred to hospitals across EU Member States and neighbouring countries for urgent medical care.

ECDC is highlighting **the risk** of severe infections in patients with burn injuries from the fire in North Macedonia caused by **bacteria resistant to carbapenems**, a last-line group of antibiotics. Burn wounds are often colonised by gram-negative bacteria, such as *Pseudomonas aeruginosa, Acinetobacter spp.* and Enterobacterales, including *Klebsiella pneumoniae*; which are **often resistant to multiple antibiotics**, including carbapenems, and which can spread in healthcare settings. **Carbapenem-resistant (CR) bacteria pose a serious threat to patient safety as infections caused by them can be very difficult to treat.**

Data from North Macedonia in 2023 **indicate a high incidence of CR bacteria***. The transfer of patients across borders, while necessary, **can also lead to the spread of CR bacteria**. A similar nightclub fire in Bucharest, Romania, in 2015, saw burn victims developing serious CR bacterial infections, underscoring this risk.

Ensuring those injured in the fire receive the best care is extremely important, alongside **vigilance regarding public health risks antibiotic resistance**. Healthcare systems taking appropriate precautions can help protect patients. ECDC encourages countries to **share information on any CR bacteria cases found** in transferred patients to support a coordinated response.

The rise of multidrug-resistant bacteria, including CR bacteria, is a growing public health threat in Europe, and ECDC is actively working to address it.

Recommendation

ECDC recommends hospitals receiving patients from North Macedonia implement precautions to prevent the potential spread of CR bacteria. These include **isolating patients** in single rooms immediately upon admission or grouping such patients, **screening for multidrug-resistant** bacteria including CR bacteria, **ensuring strict hand hygiene and environmental cleaning**, and using **antibiotics judiciously**.

**AMR Dashboard*. *The AMR dashboard is an interactive tool, created by the WHO European Office, that allows users to explore bacterial antimicrobial resistance (AMR) data from the WHO European Region.*

The EU summary report on antimicrobial resistance in zoonotic and indicator bacteria from humans, animals and food in 2022–2023

Recent surveillance data reveal that resistance to commonly used antimicrobials — such as ampicillin, tetracyclines, and sulfonamides— remains persistently high in both humans and animals for key pathogens including Salmonella and Campylobacter. This means that a comprehensive One-Health approach is essential to tackling AMR. Robust surveillance systems, prudent antimicrobial use, and cross-sector collaboration are critical to mitigate the risk posed by antibiotic-resistant bacteria that can spread between animals and humans.

The high resistance to ciprofloxacin, a critically important fluoroquinolone antimicrobial for treatment of *Salmonella* and *Campylobacter* infections, is a growing concern. **Resistance to ciprofloxacin** was found to be increasing in *Salmonella Enteritidis* and *Campylobacter jejuni* from humans **in over half of the European countries** that submitted data. **High to extremely high proportions of ciprofloxacin resistance** have been observed in *Campylobacter* from **food-producing animals**, and in *Salmonella* and *E. coli* from poultry specifically. These trends are particularly worrying as the 2024 WHO list of harmful bacteria classifies fluoroquinolone-resistant non-typhoidal *Salmonella* (*Salmonella* serotypes that do not cause typhoid fever) as a high priority.

In contrast, **resistance to other critically important antimicrobials** used in human medicine **remains uncommon** for *Salmonella* and *Campylobacter*, both for humans and food-producing animals.

Although **carbapenem resistance remains rare**, the occasional detection of carbapenem resistant *E. coli* in food and animals calls for sustained vigilance and further epidemiological investigations.

However, there are also **positive trends**, with data revealing significant progress in **reducing resistance** levels in several reporting countries. Nearly half of the European countries that submitted data indicated a **decline in resistance of *Campylobacter* to macrolide antibiotics**, in both *C. jejuni* and *C. coli*, in human cases. Furthermore, **resistance of *Salmonella Typhimurium*** isolates from humans **to penicillins and tetracyclines has decreased over time**.

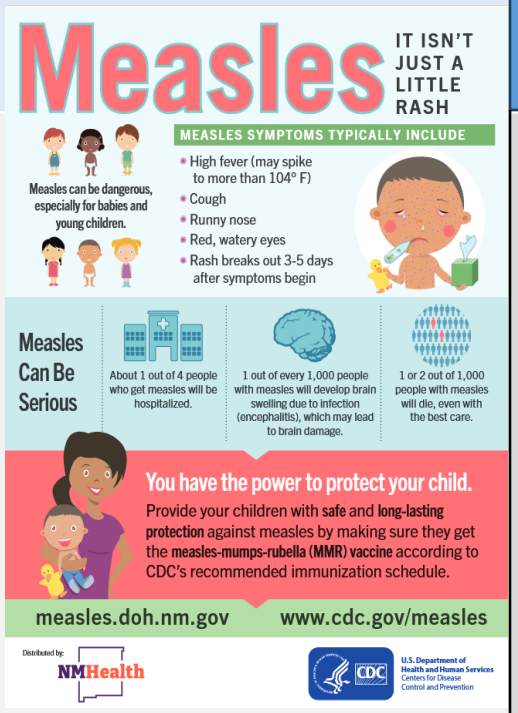
The **significant increasing** trends in the key outcome indicator for **complete susceptibility of *E. coli***, as well as the **significant decreasing** trends in the key outcome indicator for **prevalence of ESBL-/AmpC-producing *E. coli*** show that there has been **encouraging progress** in **reducing AMR in food-producing animals** in several EU Member States over the last 10 years.

Conclusion

Despite some improvements, antimicrobial resistance remains a **major public health threat** that requires coordinated action with a One-Health approach. Key measures include promoting the responsible use of antimicrobials, improving infection prevention and control, investing in research for new treatments, and implementing strong national policies to combat resistance effectively.

Source: ECDC

Measles in the USA in 2025 – UPDATE -



The measles outbreak in Texas has risen by 56 cases, pushing the US case count for the year past the number for all of 2024.

The outbreak of the highly contagious virus, which began in late January and is centered in the western part of the state, now stands at 279 cases, according to the latest update from the Texas Department of State Health Services (DSHS). Of those patients, 257 are **either unvaccinated or have unknown vaccination status**, and 201 are **children ages 17 or younger**. **Thirty-four patients have been hospitalized**, with **one death** in an unvaccinated child who had no known underlying conditions.

Eleven counties to date have reported cases, **but two thirds** of the cases (174; 67%) are in **Gaines County**, which has one of the highest rates of school-aged children in Texas who have opted out of at least one vaccine. The county is home to a large **Mennonite community with low vaccination rates.**

DSHS officials said they have determined that three of the case-patients previously listed as vaccinated were not vaccinated. Two had received their measles, mumps, and rubella (MMR) vaccine doses 1 to 2 days before their symptoms started and after they had been exposed to the virus. The third had a vaccine reaction that mimicked a measles infection and has been removed from the case count.

In New Mexico, meanwhile, the case count in that state's outbreak has grown by two and now stands at **38.** Of those patients, **33 are either unvaccinated or have unknown vaccine status**. Thirty-three of the cases are in **Lea County**, which borders Gaines County in Texas, and 2 are in neighboring Eddy County.

Nationwide, a total of 301 measles cases have been reported by **15 jurisdictions**, according to an update from the US CDC. **A total of 285 cases were reported in all of 2024**.

Fifty of the case-patients (17%) have been **hospitalized, and two measles-related deaths** have been reported for the year. In addition to the child who died in Texas, New Mexico health officials reported last week that their lab had confirmed the presence of the virus in an **unvaccinated adult who recently died**. The cause of that death is still under investigation.

Source: CIDRAP, CIDRAP2

Breakthrough in next-generation polio vaccines

Source: Leeds

A more affordable, lower-risk polio vaccine is on the horizon, research led by the University of Leeds has found.

Researchers have taken a major step towards producing a **more affordable and lower-risk polio vaccine** using virus-like particles (VLPs). These particles mimic the outer protein shell of poliovirus but are empty inside. This means there is no risk of infection, but the VLP still causes the immune system to respond.

A research project at the University of Leeds, has tested the effectiveness of using different yeast, insect, mammalian and plant cells as expression systems to generate VLPs.

In a paper published in Nature Communications, the findings show that VLPs produced in **both yeast and insect cells** can **perform equally or better** than the current **inactivated polio vaccine** (IPV), which creates an immune system response by using a killed version of the poliovirus.

Currently, **IPV is relatively expensive** to produce because it requires high levels of bio-containment to minimise the risk of leaks of live poliovirus, which could result in outbreaks. VLPs are non-infectious and would not need to be handled under such stringent bio-safety conditions.

Oral polio vaccine (OPV), which contains live but weakened vaccine-virus, is also used in vaccination against polio.
However, once all remaining strains of wild poliovirus have been successfully eradicated, OPV use will need to stop to eliminate a small risk of circulating variant poliovirus that can be associated with its use. In populations where large numbers of people are unvaccinated and sewage disposal is poor, such strains can cause an outbreak through contact with faeces, often via contaminated water.

At this time, IPV will be the only polio vaccine available to populations, but expensive manufacturing procedures make it unaffordable for lower-income countries.

Non-infectious VLPs are easier to produce than current IPVs and the research has shown they are more temperature stable, thanks to genetic alteration of the outer shell. As they are non-infectious, this means they will be less expensive to produce, helping to improve equitable access to vaccination.

VLPs are already used in vaccines for hepatitis B and human papillomavirus (HPV) - and researchers have been working for over a decade to apply this successful technology to help eradicate polio.

The next generation of polio vaccinations are likely to be produced in yeast or insect cells, as the research showed these were effective when tested on rats and mice. These cell expression systems are also favoured by companies and are used for existing vaccinations, due to their low cost.

Seasonal Influenza Activity

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

Country	Magnitude of current season (to date) compared to last season
Austria	-5%
Belgium	+12%
Bulgaria	+37%
Canada	-16%
Switzerland	+25%
Czechia	+78%
Germany	-17%
Denmark	-16%
Spain	+1%
France	+51%
Croatia	-4%
Hungary	+85%
Ireland	+37%
Northern Ireland, UK	+43%
Iceland	-37%
Israel	+10%
Italy	+41%
South Korea	-39%
Luxembourg	+1496%
Norway	+123%
Poland	+71%
Portugal	-16%
Romania	+3%
Russia	-40%
Serbia	-67%
Slovakia	+909%
Slovenia	-18%
Sweden	-16%
Ukraine	-36%
England, UK	+51%
Scotland, UK	+48%

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

Recommendations announced for influenza vaccine composition for the 2025-2026 northern hemisphere influenza season

World Health Organization

On 28-Feb-2025, the WHO announced the recommendations for the viral composition of influenza vaccines for the 2025-2026 influenza season in the northern hemisphere.

The WHO recommends that **trivalent vaccines** for use in the 2025-2026 season:

Egg-based vaccines	• An A/Victoria/4897/2022 (H1N1)pdm09-like virus • An A/Croatia/10136RV/2023 (H3N2)- like virus • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
Cell-culture-, recombinant protein- or nucleic acid-based vaccines	• an A/Wisconsin/67/2022 (H1N1)pdm09-like virus • an A/District of Columbia/27/2023 (H3N2)-like virus • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

The recommendations for the B/Yamagata lineage component of **quadrivalent influenza vaccines** remains similar to previous years recommendations:

- ***A B/Phuket/3073/2013 (B/Yamagata lineage)- like virus***

Source: WHO

Other Infectious Disease Outbreaks - Africa

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World Health Organization
African Region

Marburg Virus Disease – Tanzania – UPDATE -

Tanzania's government on 13 March **declared the end of the country's Marburg virus outbreak**, after passing 42 days—two incubation periods—with no new cases following the death of the last patient.

Regarding the 100% case fatality rate, the WHO said in a separate overview that the high level was concerning but had been seen in earlier outbreaks. It added that the eight probable cases are a sign of late health seeking behavior, which increases the risk of further transmission.

So far, the source of the outbreak still isn't known, and the risk of re-emergence from a new spillover from the animal reservoir remains.

Source: CIDRAP, WHO, WHO DON

Sudan Virus Disease – Uganda - UPDATE -

As of 6 March, a probable new cluster of cases and deaths unlinked to the primary confirmed chain of transmission has been reported. The location of the new cluster has been detected in Kampala city; if confirmed, this is the first Ebola virus outbreak that originated in a major and highly connected city of more than 4 million people, which may challenge further control efforts.

Five new total cases, of which (3) probable, and (2) confirmed, constitute a second cluster in the ongoing outbreak. The five new confirmed cases, includes a 4-year-old child who died from Ebola last week. As of 6-Mar-20205, there are a total of 14 cases, 12 confirmed, with four deaths, two confirmed and two probable. There are now five districts affected, while there were three at the beginning.

Source: WHO Africa, CIDRAP, NewsMedia, WHO DON

Lassa Fever – Nigeria – UPDATE -

Nigeria continues to report upward trends in Lassa Fever (LF), more recently the outbreak has raised serious concerns due to limited personal protective equipment (PPE), high case fatality rates (CFR), high transmission rates, and the absence of an approved vaccine which are making outbreak containment challenging, thus increasing the risks of further spread beyond borders. The Nigeria Centre for Disease Control and Prevention (NCDC) activated its Emergency Operations Centre for Lassa fever in December 2024, classifying the ongoing outbreak as high-risk. As of 14-Feb-2025, 1,913 suspected cases and 413 confirmed cases have been reported (including 80 deaths). The Case Fatality Rate (CFR) was 19.4%, while in January it was 18.5%.

10 States have recorded at least one confirmed case across 58 Local Government Areas. Seventy-five (75%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi). Healthcare facilities in states such as Taraba, Ondo, Bauchi, and Edo are struggling to manage the influx of cases according to local media sources.

As of 14-Feb-2025, there have been 11 healthcare workers affected. Media reports have highlighted that limited PPE availability has forced some health workers to purchase their protective gear or request supplies from patients (including gloves, face masks, and protective suits).

As of today, there are no approved Lassa fever vaccines. Ongoing Phase II clinical trials for a Lassa fever vaccine candidate are being conducted in Nigeria since 2024. Research estimates that a vaccine rollout across 15 West African countries could save 3,300 lives over 10 years and prevent economic losses exceeding $128 million.

Source: WHO, GAVI, NCDC, NewsMedia

Vaccine-derived poliovirus type 2 (cVDPV2) – Africa

Three African countries—Chad, the Democratic Republic of the Congo (DRC), and Nigeria—reported a total of seven new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases, according to an update from the Global Polio Eradication Initiative (GPEI) as of 13 March 2025.

Chad noted 3 cVDPV2 cases, 1 each in the nation's capital, N'Djamena, and Ouaddai province (with onset of paralysis in November 2024), and in Logone Oriental province (with onset of paralysis in February 2025), bringing the total number of cVDPV2 cases in 2024 to 39, and for 2025 to 3.

The *DRC* confirmed 1 cVDPV2 case, in Mai-Ndombe province, and it is included in the country's 2024 total, which has now grown to 15.

Nigeria has 3 new cases, all with paralysis onset in January, bringing the country's cVDPV2 total this year to 6. They are in Borno and Jigawa states in the north. The country saw 98 such cases in 2024.

Source: WHO Africa, WHO Africa2

Cholera - Ethiopia

On 14-Mar-2025, the WHO intensified response efforts to control a rapidly spreading cholera outbreak in Ethiopia's Gambella region. The situation is exacerbated by the arrival of displaced populations fleeing conflict in neighbouring South Sudan, which declared a cholera epidemic in October 2024.

Over 1,500 cholera cases, including 31 fatalities, were reported in the past month. The outbreak initially detected in Akobo Woreda (district) (11-Feb-2025), has now spread to at least other eight districts and four refugee camps. Mass displacement, poor sanitation, and lack of healthcare access is fueling the spread.

Source: News Media

Cholera - Namibia

On 13-Mar-2025, Namibia's Ministry of Health and Social Services confirmed the country's **first cholera case in a decade. Africa CDC) issued an alert following laboratory confirmation of Namibia's first documented cholera case since 2015.** The case involves a 55-year-old woman from the Kunene region who exhibited diarrhea symptoms; she has since recovered and has been discharged. No recent travel history outside Namibia was reported, raising concerns about potential undetected transmission within the country. Africa CDC linked the case to Angola's ongoing cholera outbreak, emphasizing the increased risk of cross-border transmission due to Kunene's proximity to Angola's southern border.

Source: WHOAFRICA, News Media

Diphtheria - Chad

Chad is experiencing an ongoing outbreak of diphtheria. In epidemiological week 9 (week ending 2 March 2025), 122 suspected cases with zero deaths were reported from four provinces, namely, Barh Elgazel (n=68), Batha (n=49), Hadjer Lamis (n=2), and Lamis (n=3). From 1 January to 2 March 2025, a cumulative total of 1578 suspected cases with 19 deaths (CFR 1.2%) have been reported across the country. Of these, *Corynebacterium diphtheriae*, the causative agent of diphtheria, has been isolated by culture from samples of three suspected cases. According to WHO-UNICEF immunization estimates, the vaccination coverage against diphtheria using DPT3 (diphtheria-pertussis-tetanus third dose) was 65% in 2023.

Source: WHOAFRICA

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Mpox Clade II – Sierra Leone – UPDATE -

On 9-Mar-2025, the Ministry of Health of Sierra Leone, with support from the World Health Organization (WHO), reported a significant escalation in the ongoing mpox outbreak. The outbreak was first reported to WHO on 11-Jan-2025 and has since intensified, particularly in urban areas. A total of 72 confirmed cases reported including one death. Case fatality rate (CFR): 1.4%. Affected regions are eight districts namely: Western Area Urban (52 cases, 1 death), Western Area Rural (7), Bombali (3), Tonkolili (3), Port Loko (2), Moyamba (2), Bo (2), and Karene (1). 36 patients have required hospitalization, while only 13 cases have been managed through home care. A total of 415 contacts identified, with 374 completing the 21-day monitoring period, while 41 remain under follow-up.
Analysis confirmed **Clade IIb as the circulating strain**, which was responsible for the 2022–2023 global outbreak.
Source: WHO Africa

Mpox Clade I – Uganda –UPDATE -

Uganda continues to report a steady increase in the number of mpox Clade Ib cases and deaths in major urban centres. Uganda has now the second-highest total number of confirmed cases in the region following the Democratic Republic of the Congo (DRC), with over 40% of all confirmed cases reported in Africa over the last six weeks. As of 4-Mar-2025, Uganda has reported a cumulative total of 3,833 confirmed cases and 31 deaths, with a case fatality rate (CFR) of 0.8%. The outbreak, ongoing since 24-Jul-2024, remains widespread, affecting 95 out of 146 districts across the country. The majority of new cases have emerged from high-density urban and peri-urban areas, particularly Kampala, Wakiso, Mbarara, and Mukono. Together, these four districts account for 63% of all confirmed cases in the country. Kampala remains the most affected district, with 15 cumulative deaths, followed by Wakiso (5), Masaka City (3), and Mukono (2). Current epidemiological data confirm that clade Ib linked to the eastern Democratic Republic of the Congo (DRC) outbreak, has been detected in Uganda. The predominant mode of transmission remains close, physical human-to-human contact.
Uganda received 10,000 doses of the MVA-BN mpox vaccine from the EU's Health Emergency Preparedness and Response Authority (HERA) in January 2025. Rollout began in early February 2025, targeting female sex workers.
Ring vaccination strategy was used in Kampala city. Authorities are waiting for more vaccines to administer second doses to those already vaccinated. Future rounds of vaccination will cover a larger and more diverse high-risk populations.
Source: WHO, WHO Africa, NewsMedia

Mpox - Tanzania

On 10-Mar-2025, the Ministry of Health provided laboratory-confirmation of the first two cases of mpox in Tanzania. One of the cases involved a cargo driver who travelled from a neighbouring country (not specified) to Dar es Salaam, Tanzania. Both individuals have been isolated in the Majani ya Chai area in Kipawa, Dar es Salaam.
Source: NewsMedia, News Media

Mpox Clade I – South Africa

On 21-Feb-2025, South African health authorities confirmed the first three historical cases of mpox clade I. This marks the first confirmed case of mpox in South Africa since September 2024, which all belonged to Clade II. The index case is a 30-year-old male from Ekurhuleni, Gauteng Province who had a recent travel history to Kampala, Uganda.
Source: MesVaccins

Chikungunya - Mauritius

On 16-Mar-2025, the Ministry of Health reported the **first indigenous case of chikungunya in Mauritius in over a decade**. This is the first case reported in the country since 2009. The affected individual is a resident of La Preneuse, Black River District, on the west coast of the country. The affected individual has no recent travel history. The case is reported to be stable and currently admitted to a private clinic. Mosquito fumigation is underway in the western region of the country.
Source: NewsMedia, News Media

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 **Source:** CDC Africa, NewsMedia, MSF, WHO Africa, WHO Africa 2, ECDC

Unknown Gastroenteritis - Kenya

On 04-Mar-2025, the WHO and Kenya's Ministry of Health (MOH) reported an ongoing outbreak of an unknown disease in South Mugirango, Kisii County, Kenya. Investigations are ongoing, with initial reports linking the outbreak to **water contamination from a community well**. The outbreak was first detected approximately three weeks ago and has affected over 200 individuals across three villages in South Mugirango, Kisii County: Nyabigege, Nyamarondo, and Nyarigiro.
Kenya has historically experienced outbreaks of waterborne diseases, particularly during the rainy season or in regions with poor sanitation infrastructure.
Source: NewsMedia, News Media

Unknown Illness - Democratic Republic of the Congo –UDATE -

On 3-March-2025, the WHO released a risk assessment regarding the cluster of unknown illnesses in the Basankusu Health Zone, Equateur Province, Democratic Republic of the Congo (DRC). This cluster is one of two reported in the province since January.
The initial cluster of 24 unexplained deaths occurred in a single village in Ekoto Health Area, Basankusu Health Zone. The number of reported deaths increased to 53, with the last fatality occurring on 22-Feb-2025.
The WHO's working hypothesis for the source of illness include chemical poisoning or a rapid-onset bacterial meningitis cluster. Initial laboratory testing ruled out Ebola and Marburg viruses. Further testing is underway, including cerebrospinal fluid analysis and toxicological investigations of environmental samples.
As of 25-Feb-2025, 1,318 suspected cases were identified based on a broad surveillance definition; approximately 50% of malaria tests performed on these cases tested positive for malaria, the cases identified through this enhanced surveillance therefore likely reflect the various febrile illnesses in the area. There is no confirmed epidemiological link between this event and a prior cluster of community deaths in Bolomba Health Zone, Equateur Province, which occurred earlier in January 2025.
With the available information, WHO assesses the **local public health risk as moderate**, and the **national and global public health risk as low**.
Source: WHO DON

Other Infectious Disease Outbreaks and disasters – Europe/Middle East

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Measles – Netherlands

The Dutch National Institute for Public Health and the Environment (RIVM) has issued a warning about multiple measles clusters across various Municipal Health Services (GGD) regions in the Netherlands. Some cases are primarily linked to individuals who contracted the disease abroad and their contacts.

Since the start of 2025 and as of 11-Mar-2025, there have been 65 total measles cases reported, this is comparable to the 64 cases reported during the same time period in 2024. While no national outbreak has been declared, various clusters have been identified:

Brabant-Zuidoost GGD Region: A cluster of children who attend the same school.

West-Brabant and Rotterdam-Rijnmond: GGD Regions: Several family clusters.

Travel-related cases: 16 cases were traced to travel in Morocco, and three cases were linked to travel in Romania.

Both Morocco and Romania are experiencing large measles epidemics, with Morocco reporting tens of thousands of cases and over 100 deaths.

European measles cases have been increasing since 2024, with outbreaks in multiple countries.

Source: NLD PH, OutbreakNewsToday

Measles - Spain

Substantial measles activity has been ongoing in Spain in the first two months of 2025, with cases equivalent to 50% of the total for 2024. A large number of healthcare workers have been affected.

In total 101 cases (compared to one case reported by end of Feb-2024) were reported until 26 February.

The top three affected locations include Euskal Autonomia Erkidegoa (Basque Country) with 41 cases. Andalusia: with 12 cases and Castilla-La Mancha with 6 cases. According to the ECDC Communicable Disease Threats Report as of 14-Feb-2025, 39% of the 64 reported cases were imported and 50% were linked to an imported case. Healthcare workers representing 18% of national cases.

Nationally, in 2023 the country reported a 96% first dose and 92% second dose coverage according to the WHO. First dose coverage has consistently been above the required 95% threshold in previous years, while the second dose vaccine coverage has been below the 95% threshold since 2016.

Source: ECDC, EUSCADIS, EUSKADI

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. This increase has been linked to a concurrent severe influenza epidemic.

In January 2025, at least 90 cases of IMD have been reported (unconsolidated data). A total of 615 cases were reported in 2024, marking the highest annual case count in France since 2010 according to official data. Between July 2024 and January 2025, 50 deaths have been confirmed, yielding a case fatality rate (CFR) of 13.7%. CFR by serogroup: Serogroup W: 19.8% (highest lethality), Serogroup B: 12.5%, and Serogroup Y: 10.4%. Serogroup B remains the most common. IMD W and Y have increased sharply in recent years compared to pre-pandemic levels.

Source: NewsMedia, Sante Publique France

Babesiosis in Moldova – African Origin -

On 25-Feb-2025, the National Agency for Public Health (ANSP) of the Republic of Moldova reported the country's **first imported case of babesiosis**, a tick-borne parasitic disease. The epidemiological investigation determined that the patient had travelled to an unspecified African country for two weeks in January.

Source: NewsMedia

Highly Pathogenic Avian Influenza A H5N1 - Belgium

Belgium's Federal Agency for the Safety of the Food Chain on March 4 announced the detection of H5 avian flu in two outdoor cats owned by a poultry farmer in East Flanders. The farm had experienced an avian flu outbreak in poultry in the middle of February. The two cats were euthanized after experiencing severe symptoms. Other cats at the farm remain healthy and show no symptoms. Officials said the sick cats probably contracted the virus by eating contaminated eggs or drinking contaminated water. The **infections in cats are Belgium's first**, though the country has reported avian flu in other mammal species before, including foxes, polecats, and domestic ferrets, which officials said were likely exposed through eating bird carcasses or contaminated eggs.

Source: GOV.BEL, CIDRAP

Middle Eastern Respiratory Syndrome (MERS) - Saudi Arabia

On 13-Mar-2025, the WHO released a bi-annual update on Middle East respiratory syndrome coronavirus (MERS-CoV) infections reported from the Kingdom of Saudi Arabia (KSA). The report indicates that there have been recent cases and deaths, highlighting the ongoing risk of sporadic human infections due to zoonotic transmission and nosocomial spread in healthcare settings.

Between 06-Sep-2024 and 28-Feb-2025, the KSA Ministry of Health reported four laboratory-confirmed cases, including two deaths. Cases were from: Hail (2 cases), Riyadh (1 case), and Eastern Province (1 case).

All cases were males aged 27 to 78 years, with underlying comorbidities.

All cases have been healthcare Exposure (Nosocomial). Two cases came from the same hospital tested positive in November 2024, with one of them acquiring the infection from sharing a hospital room with the initial patient. Three cases had no known direct or indirect contact with dromedary camels, the primary reservoir of the virus. All cases were confirmed through real-time polymerase chain reaction (RT-PCR) testing.

Source: CIDRAP, WHO DON

Mpox Clade I in United Arab Emirates

On 07-Feb-2025, the WHO received the first laboratory confirmation of a case of mpox Clade Ib in the UAE. There are no details about the affected individual, apart from a recent travel history to Uganda. Additionally, there have been at least sich exported cases, with no further transmission so far. One case have been exported to India, Pakistan and Oman, respectively. And there have been at least three laboratory-confirmed mpox Clade Ib cases in Thailand with a history of travel to UAE.

Source: MesVaccins, WHO, NewsMedia

Other Infectious Disease Outbreaks – Americas

bluedot

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

As of 26-Feb-2025, influenza A(H5N1) has been officially confirmed in 13 states with 70 affected humans (41 infected cattle exposures, 24 infected poultry exposures, two backyard poultry exposure, and three unknown exposures). Since the last update, Ohio and Wyoming confirmed new human cases through the US CDC.

This alert also provides a summary spotlight on **human cases linked to genotype D1.1**. There have been at least 15 cases of D1.1. including one hospitalization in 2024. It was first identified in birds migrating south during the 2024 fall migration season. It has since quickly become the dominant genotype in wild birds and poultry across the US. Confirmed cases were reported from the states of Iowa, Louisiana, Oregon, Washington, and Wisconsin, and all were exposed to infected birds. The Louisiana case marked the first severe case, and the first case linked to an infected backyard flock in the US, while all other states included affected individuals who experienced mild symptoms and were exposed through the culling of infected poultry. In 2025, at least 3 of the 5 (60%) confirmed human cases of influenza A(H5N1) in the US have been linked to genotype D1.1. At the end of January, the USDA confirmed the first detection of genotype D1.1 in dairy cattle in Nevada

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

Source: CNHD, CDC, CDC

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

As of 06-Mar-2025, HPAI A(H5N1) has been identified in **17 states with 979 affected livestock herds**. Nationally there has been a decrease in the number of new livestock herds and flocks affected, however, there has concurrently been an uptick in the number of domestic cats affected.

Livestock: Since the last assessment on 20-Feb-2025, 7 new livestock detections have been reported. This is a **44% decrease** compared to the previous period. New detections in the current biweekly period were reported from **California, Idaho, and Nevada**. Among the states with recent detections in the last 30 days, California has made up 56% (9/16) of new reported detections.

Poultry: The number of poultry **outbreaks nationally has decreased** with an average of 27 outbreaks reported weekly over the past month. Ohio continues to report the largest number of poultry outbreaks in 2025 with Mercer and Darke counties reporting the most affected commercial poultry layer operations and Portage county reporting the state's second affected backyard flock in 2025.

Domestic cats: USDA has reported HPAI detections in domestic cats in Colorado, New Jersey, Oregon, and Washington. Since January 2025, the total number of detections in cats has more than doubled, including retrospective additions. According to the USDA, at least 90 domestic cats have tested positive for HPAI A(H5) since 2024 (59 in all of 2024, 31 in 2025 so far) across 18 states. In 2025, majority of detections are reported by Oregon followed by California with 11 and five affected cats reported, respectively.

Source: USDA, NJHealth, OregonVMA, Ohio.gov, NewsMedia

Measles – CAN – UPDATE -

Canada continues to experience a sharp increase in the number of measles cases reported in 2025, mainly driven by **locally acquired cases in unvaccinated children in the southern region of the province of Ontario**. Canadian health authorities strongly urge vaccination against measles, especially given the spring break travel season and numerous outbreaks presently occurring both locally and internationally.

From the start of 2025 until 01-Mar-2025 there were 224 cases of measles reported (173 confirmed, 51 probable). This marks a 53% increase since the week before on 22-Feb-2025, when 146 cases were reported in Ontario 140 cases (+25 cases), Quebec: 26 cases (+2 cases), Manitoba: 5 cases (no change) and British Columbia: 2 cases (no change).

Current vaccination rates in Canada have declined to 82.5%, well below the 95% threshold required for herd immunity. In 2024, only 70% of seven-year-olds in Ontario were fully vaccinated against measles, down from 94% in 2013.

Source: Québec, Canada.ca, PH Ontario, PH Manitoba

Risk to People in the United States from Highly Pathogenic Avian Influenza A(H5N1) Viruses

Population	Risk
General U.S. population	Low
Populations in the United States in contact with potentially infected animals or contaminated surfaces or fluids	Moderate to High
Confidence level in assessment	Moderate

Risk posed by H5N1 viruses to the United States. Please see methods section for further information on definitions of terms.

Other Infectious Disease Outbreaks – Americas

bluedot

Measles - Mexico

On 6-Mar-2025, health authorities in Mexico confirmed an outbreak of measles, with multiple cases reported in the states of Oaxaca and Chihuahua. The outbreak in Chihuahua state is likely linked to the ongoing measles outbreak in Texas, United States, where 160 cases and one associated death have been confirmed.

The index cases of Oaxaca state were a five-year-old female, US citizen residing in Oaxaca who was unvaccinated. He had a travel history of visiting Thailand, Laos, Vietnam, Japan, and the US from Oct-2024 to Jan-2025, arriving in Mexico on 29-Jan-2025. The rash onset was on 10-Feb-2025. The second case was a 16-year-old male, fully vaccinated against measles. With no travel history and rash onset on 14-Feb-2025.

The index case of the 16 Chihuahua State Cases was a 9-year-old unvaccinated male with rash onset on 11-Feb-2025, with a 15-day transmissibility period, in which he may have had contacts within his community. Unclear if this case triggered the local ongoing outbreak, and the history of travel to US. 15 cases were reported from Cuauhtémoc and one in Namiquipa municipalities within Chihuahua State. Media indicate that all the cases in the state are linked to the ongoing measles outbreak in Texas, US. Seven cases in Cuauhtémoc municipality have been confirmed as a local transmission chain.

Source: PAHO, NewsMedia

Pertussis - Mexico

On 28-Feb-2025, Mexico's Ministry of Health issued an epidemiological notice following a significant rise in pertussis (whooping cough) cases across the country. The number of confirmed cases (120) in early 2025 represents an eight-fold increase when compared to 15 cases during the same period in 2024. Cases have been identified in 21 states, with Nuevo León, Mexico City, and Oaxaca reporting the largest cluster of cases. The DTP 1st dose coverage dropped from 91% (2020) to 88.9% (2023), while the DPT 2nd dose coverage dropped from 85.9% to 83.6%. Coverage of 95% or greater is recommended to reach herd immunity in order to protect communities.

Source: NewsMedia, NewsMedia

Zika - Argentina

Surveillance data from the PAHO indicates that there is an increase in Zika virus cases in Argentina, marking a notable shift in the country's epidemiological pattern. As of 27-Feb-2025, Argentina has confirmed 288 cases of Zika virus, which is almost half of the total 564 cases throughout 2024. Brazil, which neighbours Argentina continues to report the highest number of Zika virus cases annually, with over 42,000 infections recorded in 2024.

Source: PAHO, NewsMedia

Dengue - Paraguay

As of 07-Mar-2025, health authorities in Paraguay have detected two cases of dengue DENV-3 serotype. This is the **first time the DENV-3 serotype has been detected** in the country in the last nine years (last case detected in 2016). The cases identified are both pediatric patients in the city of Aregua, Central Department, 20 km from Asuncion, the capital city of Paraguay. Both cases have travel history to Argentina.

Source: PAHO, NewsMedia

Mpox Clade I - Brazil

On 08-Mar-2025, the Ministry of Health confirmed the **first case** of mpox Clade Ib in the state of Sao Paulo. This is the first case of mpox Clade I reported **in Latin America**. To date, no secondary cases have been identified. The municipal surveillance team continues to track possible contacts. The case does not have recent travel history to locations with current outbreaks of the disease but has received visitors from the Democratic Republic of the Congo (DRC).

Source: NewsMedia, NewsMedia

Other Infectious Disease Outbreaks – Asia

bluedot

World Health Organization

Rabies - India

On 15-Mar-2025, reports indicate that human rabies deaths in India more than doubled in 2024. India remains endemic for rabies, accounting for 36% of the world's rabies deaths, according to the WHO.

A total of 54 rabies deaths were reported in 2024, compared to 50 in 2023 and 21 in 2022. There have been over four deaths per month due to rabies in 2024.The most affected state was Maharashtra with 14 reported deaths in 2024.

In India, the majority of human rabies cases have been associated with dog bites, reinforcing the importance of annual pet vaccinations to curb the spread. 30–60% of rabies cases in India occur in children under 15 years, as many bites go unreported. The number of dog bite consultations per year was in, 2022: 21,800 consultations, 21 human rabies deaths; in 2023: 30,430 → 50 deaths, and in 2024: 21,950→ 54 deaths. A high underreporting could be assumed here as well.

There is a limited post-exposure prophylaxis (PEP) awareness and access in some regions.

Source: NewsMedia

Rabies - Philippines

On 15-Mar-2025, the Philippine Department of Health (DOH) released an annual report indicating that there were 426 rabies cases in 2024. The report highlights that all reported rabies cases in 2024 were fatal, underscoring the disease's high lethality and the urgent need for improved prevention measures.

The Philippines has reported one of the highest human rabies incidences in Asia, with case numbers rising in recent years—exceeding 350 cases annually in 2022 and 2023. The COVID-19 pandemic disrupted access to post-exposure prophylaxis (PEP) and dog vaccination programs, potentially contributing to the increase in rabies incidence. The DOH states that 45% of cases were caused by pet bites, reinforcing the importance of annual pet vaccinations to curb transmission.

Source: The Lancet, NewsMedia, NewsMedia2

Measles - Philippines

On 1-Mar-2025, the Department of Health (DOH) of the Philippines reported an increase in measles cases across the country. Public health measures, including intensified vaccination campaigns, surveillance, and community awareness, remain critical to controlling the outbreak.

A total of 922 measles cases have been recorded from 1-Jan-2025 to 1-Mar-2025, marking a 35% increase compared to the same period in 2024 (683 cases). **68%** (625 cases) of those affected had **either not received or had incomplete measles vaccinations**. Continued increases in cases were observed in Ilocos, Bicol, Western Visayas, Soccsksargen, the Cordilleras, and the National Capital Region (NCR).

The DOH has launched a catch-up immunization campaign for children aged 13 to 59 months in Central Luzon, Calabarzon, Soccsksargen, and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

Source: NewsMedia, NewsMedia2

Measles – Vietnam

Vietnam continues to experience a rapid increase in measles cases with a lagging vaccination campaign. Thus, there is an increased risk that Vietnam will face a prolonged and severe measles epidemic unless urgent intervention measures are implemented immediately.

As of March 2025, Vietnam has recorded nearly 40,000 suspected measles rash fever cases and 3,500 lab-confirmed measles cases. In contrast, 70,000 suspected cases were recorded for the entire year of 2024. Five deaths related to measles have been reported in the first two months of the 2025. The proportion of measles cases among rash fever cases in various provinces ranges from 8% to 57%.

Low vaccination coverage has been the key factor contributing to the ongoing outbreak. Many localities in Vietnam have a **vaccination rate of only 40% to 50% or lower**. The **measles vaccination rollout is significantly lagging behind the spread of the di**sease, with some provinces only approving their vaccination campaign plans in late February and March. Vaccine hesitation in parents has led to gaps in immunity. The increasing rate of home births in certain regions, further complicating access to vaccinations.

Source: NewsMedia, NewsMedia2

Zika - Bangladesh

On 3-Mar-2025, the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) reported the detection of a Zika virus cluster in Dhaka, Bangladesh. This marks the **first documented** instance of multiple Zika virus infections **identified in the same location** within the country. The cluster was identified through retrospective genomic sequencing and PCR analysis of patient samples collected in 2023. Five cases of Zika virus infection were identified among 152 patient samples tested at ICDDR,B's diagnostic facility in Dhaka. All five cases were detected in just over a month of each other and lived within a one-kilometre radius but came from different social and professional backgrounds. None of the five had a history of foreign travel in the past two years, suggesting local transmission..

The newly identified 2023 cluster suggests ongoing, undetected transmission in the country.

Source: PLOS, NewsMedia, NewsMedia

Highly Pathogenic Avian Influenza A H5N1 – Cambodia –Human Cases -

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.

Source: Gov.kh

World Organisation for Animal Health

Animal Infectious Disease Outbreaks 2025

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

ESP: A Peregrin falcon which is assumed to had contact with an infected wild species was confirmed on 03 February 2025 by the Laboratorio Central de Veterinaria de Algete. The case was in LITORAL, Cadiz.
(36.499788 , -6.264108 *(Approximate location)*)

SWE: Between 27 February and 12 March 2025 5 wild birds have been tested positive by the Swedish Veterinary Agency (SVA). Cases were found all over the country.
(Approximate location)

UKR: On 12 March 2025, 27 birds were found death in Balakliya, Balakliis'kyi. H5N1 was confirmed in 41 chickens, 24 ducks, 20 pheasants, 4 swans, 3 guinea fowls, 3 geese, 2 pigeons, 1 jay, 1 falcon.
(49.44 , 36.83 *(Approximate location)*)

RUS: Nine Carrion Crow were tested positive by the Federal Centre for Animal Health (FGBI "ARRIAH"), on 15 January 2025 in Khal'gaso, Solnechnyy rayon.
(50.691966 , 136.926892 (*Approximate location*))

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

DEU: 10000 plus 5000 dead birds have been reported on 12 March 2025. Cases and carcasses were located at Feuchtwangen, Bavaria and Grimma, Leipzig, Saxony.
(49.131 , 10.36, and 51.24 , 12.89*(Approximate location)*)

GBR: On 4 March 2025, the Animal and Plant Health Agency (APHA) Weybridge, United Kingdom confirmed H5N1 in 578 suspected domestic bird samples. Birds have been located in Thirsk and Malton, North Yorkshire. The affected population where in two fattening turkeys' flock´s.
(54.22 , -1.42 and 54.22 , -1.43 *(Approximate location)*)

ALB: On 03 March 2025, the Food Safety and Veterinary Institute confirmed H5N1 in 2900 domestic bird samples. All 65986 susceptible birds have been culled. The flock was located in Xhafzotaj, Durrësit.
(41.330729 , 19.537997 *(Approximate location)*)

SWE: 90 cases have been reported in domestic birds on 26 February 2025 in Kristianstad. Animals were from a farm with pheasants for game restocking. The holding also keeps 18 captive birds. A protection zone (3km) and a surveillance zone (10 km) have been put in place around the infected farm and all other restrictions and necessary measures according to Regulation (EU) 2016/429 and (EU) 2020/687.
(56.024561 , 14.371384)

USA: Highly pathogenic avian influenza (HPAI) H7N9 of North American wild bird lineage was detected in a commercial broiler breeder chicken flock in Noxubee County, Mississippi. 47654 birds have been killed and disposed.
(36.366921 , 36.240227 (*Approximate location*))

Peste des petits ruminants virus

ROU: On March 05, 2025, 6 domestic sheep were identified with peste des petits ruminant's virus in Gepiu, Cefa.
(46.93326 , 21.801885 *(Approximate location)*)

Foot and Mouth Disease

HUN: On March 06, 2025, Foot and Mouth Disease was identified in 1064 cattle's in Kisbajcs, Győr-Moson-Sopron. This marks the first occurrence in the country since 1973.
(47.74548 , 17.69484)

Newcastle disease virus

MKD: On March 03, 2025, 45 domestic birds were identified with NCD in Prelubishte, Jegunovtse. This marks the first occurrence in a zone or a compartment.
(42.0342 , 21.0991 *(Approximate location)*)

African swine fever virus

UKR: Four new case in wild boars have been reported on 14 March and 6 on 17 March 2025. The cases were found in Kniazha Krynytsia, Kryzhopil's'kyi and Sukhorichchia, Pustomytivs'kyi, respectively.
(48.4104 , 28.7946 ; 49.8612 , 24.343 ; 50.0261 , 25.7067*(Approximate location)*)

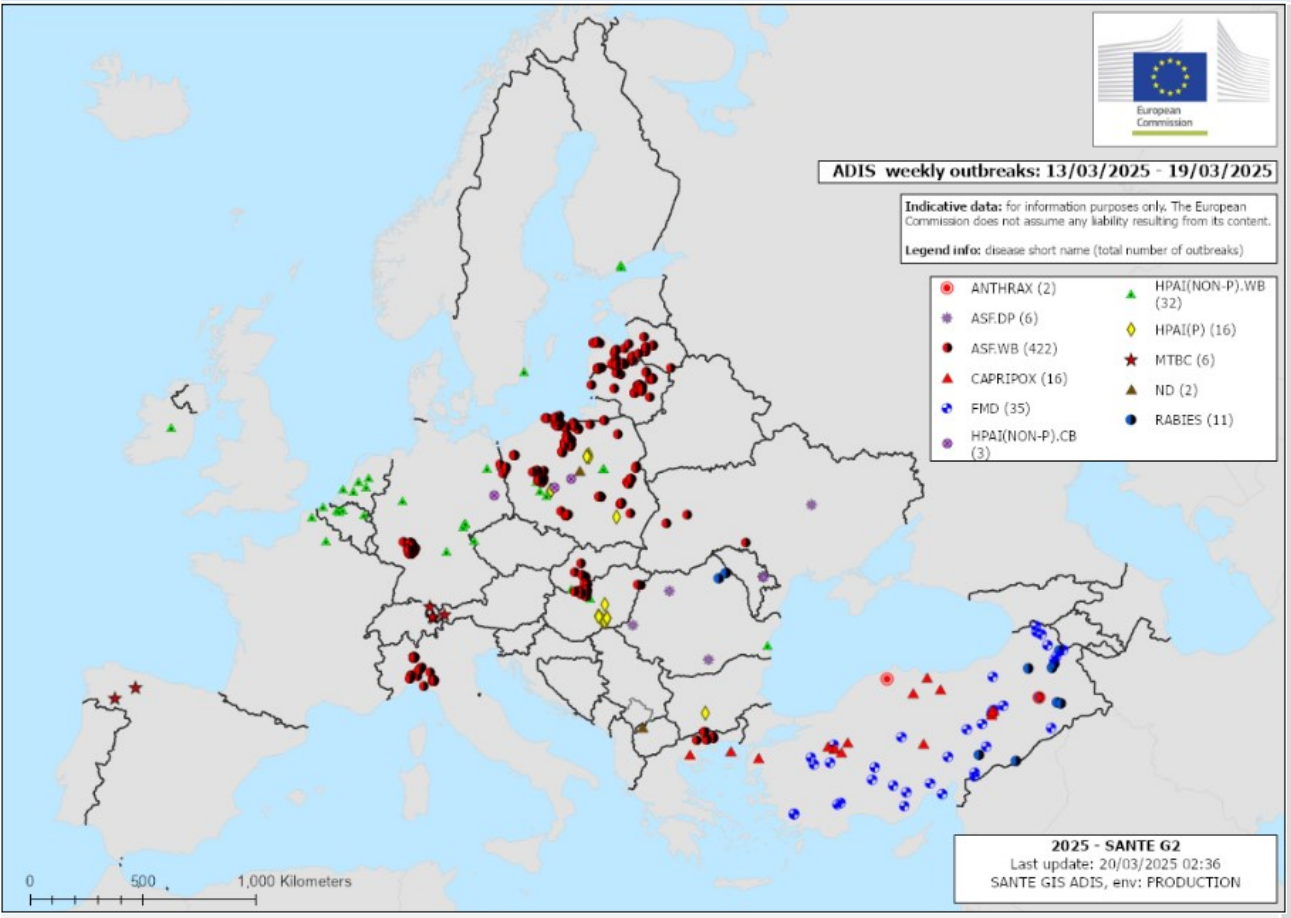
Rabies virus

ARM: One cases of rabies in a dog has been verified by the Republican Veterinary-sanitary and Phyto-sanitary Center of Laboratory Services SNCO, on 04 March 2025. The case occurred in Ayntap, Ararat. Another dog was tested positive by the laboratory on 20 March 2025. origin from Mets Mantash, Shirak.
(40.226 , 44.5556 and 40.6423 , 44.0618 *(Approximate locations)*).

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

reporting period: 13/03/2025 - 19/03/2025

Source: ADIS



Source: ADIS

Country	Disease / Disease type and Outbreak references	Species (cases or dead)	Smallest Administrative division
Austria	Mycobacterium tuberculosis complex (Inf. with)(2019-) AT-MTBC-2025-00008, AT-MTBC-2025-00009, AT-MTBC-2025-00010, AT-MTBC-2025-00011	Cattle	St. Gallenkirch Tschagguns Landeck Lauterach
Belgium	HPAI(NON-P) in Wild Birds / HSN1 BE-HPAI(NON-P)-2025-00026, BE-HPAI(NON-P)-2025-00027, BE-HPAI(NON-P)-2025-00028, BE-HPAI(NON-P)-2025-00029, BE-HPAI(NON-P)-2025-00030	Canada Goose Eurasian buzzard (common buzzard) Grey Heron Chaffinch Herring Gull	Sint-Niklaas Gent Hasselt Oostende
Bulgaria	High pathogenicity avian influenza viruses (poultry) (Inf. with) / H5N1 BG-HPAI(P)-2025-00006	Birds	Rodopi
Czech Republic	HPAI(NON-P) in Wild Birds / HSN1 CZ-HPAI(NON-P)-2025-00011	Mute Swan	Cheb
Finland	HPAI(NON-P) in Wild Birds / HSN1 FI-HPAI(NON-P)-2025-00003, FI-HPAI(NON-P)-2025-00004	Northern Goshawk Canada Goose	Helsinki
France	HPAI(NON-P) in Wild Birds / HSN1 FR-HPAI(NON-P)-2025-00014, FR-HPAI(NON-P)-2025-00015	Mute Swan Herring Gull	Saint-Quentin Saint-Omer
Germany	A.S.F. in wild boar DE-ASF-2025-00702, DE-ASF-2025-00703, DE-ASF-2025-00704, DE-ASF-2025-00705, DE-ASF-2025-00706, DE-ASF-2025-00707, DE-ASF-2025-00708, DE-ASF-2025-00709, DE-ASF-2025-00710, DE-ASF-2025-00711, DE-ASF-2025-00712, DE-ASF-2025-00713, DE-ASF-2025-00714, DE-ASF-2025-00715, DE-ASF-2025-00716, DE-ASF-2025-00717, DE-ASF-2025-00718, DE-ASF-2025-00719, DE-ASF-2025-00720, DE-ASF-2025-00721, DE-ASF-2025-00722, DE-ASF-2025-00723, DE-ASF-2025-00724, DE-ASF-2025-00725, DE-ASF-2025-00726, DE-ASF-2025-00727, DE-ASF-2025-00728, DE-ASF-2025-00729, DE-ASF-2025-00730, DE-ASF-2025-00731, DE-ASF-2025-00732, DE-ASF-2025-00733, DE-ASF-2025-00734, DE-ASF-2025-00735, DE-ASF-2025-00736, DE-ASF-2025-00737, DE-ASF-2025-00738, DE-ASF-2025-00739, DE-ASF-2025-00740, DE-ASF-2025-00741, DE-ASF-2025-00742, DE-ASF-2025-00743, DE-ASF-2025-00744, DE-ASF-2025-00745, DE-ASF-2025-00746, DE-ASF-2025-00747, DE-ASF-2025-00748, DE-ASF-2025-00749, DE-ASF-2025-00750, DE-ASF-2025-00751, DE-ASF-2025-00752, DE-ASF-2025-00753, DE-ASF-2025-00754, DE-ASF-2025-00755, DE-ASF-2025-00756, DE-ASF-2025-00757, DE-ASF-2025-00758, DE-ASF-2025-00759, DE-ASF-2025-00760, DE-ASF-2025-00761, DE-ASF-2025-00762, DE-ASF-2025-00763, DE-ASF-2025-00764, DE-ASF-2025-00765, DE-ASF-2025-00766, DE-ASF-2025-00767, DE-ASF-2025-00768, DE-ASF-2025-00769, DE-ASF-2025-00770, DE-ASF-2025-00771, DE-ASF-2025-00772, DE-ASF-2025-00773, DE-ASF-2025-00774, DE-ASF-2025-00775, DE-ASF-2025-00776, DE-ASF-2025-00777, DE-ASF-2025-00778, DE-ASF-2025-00779, DE-ASF-2025-00780, DE-ASF-2025-00781, DE-ASF-2025-00782, DE-ASF-2025-00783, DE-ASF-2025-00784, DE-ASF-2025-00785, DE-ASF-2025-00786, DE-ASF-2025-00787, DE-ASF-2025-00788, DE-ASF-2025-00789, DE-ASF-2025-00790, DE-ASF-2025-00791, DE-ASF-2025-00792, DE-ASF-2025-00793, DE-ASF-2025-00794, DE-ASF-2025-00795, DE-ASF-2025-00796, DE-ASF-2025-00797, DE-ASF-2025-00798, DE-ASF-2025-00799, DE-ASF-2025-00800	Wild boar	Schwedt/Oder Letschin Darmstadt Lampertheim Viernheim Mannheim Groß-Gerau Eltville am Rhein Modautal Mühltal Bensheim Ober-Ramstadt Heppenheim (Bergstraße) Seeheim-Jugenheim Mörfelden-Walldorf Rüsselsheim Gernsheim Biblis Einhausen Eich

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

reporting period: 27/02/2025 - 05/03/2025

European Commission

Source: ADIS

Country	Disease / Disease type and Outbreak references	Species (cases or dead)	Smallest Administrative division
Germany	HPAI(NON-P) in Captive Birds / H5N1 DE-HPAI(NON-P)-2025-00124	Birds	Luckau
Germany	HPAI(NON-P) in Wild Birds / H5N1 DE-HPAI(NON-P)-2025-00123, DE-HPAI(NON-P)-2025-00125, DE-HPAI(NON-P)-2025-00126, DE-HPAI(NON-P)-2025-00127, DE-HPAI(NON-P)-2025-00128, DE-HPAI(NON-P)-2025-00129, DE-HPAI(NON-P)-2025-00130	Anatidae (unidentified) Cygnus (unidentified) Laridae (unidentified)	Liebenwalde Uehlfeld Welver Seenplatte Triptis Kelsterbach
Greece	A.S.F. in wild boar GR-ASF-2025-00048, GR-ASF-2025-00049, GR-ASF-2025-00050, GR-ASF-2025-00051, GR-ASF-2025-00052, GR-ASF-2025-00053, GR-ASF-2025-00054	Wild boar	Xanthi Topiros Prosotsani Doxato Drama
Greece	Sheep pox and goat pox GR-CAPRIPOX-2025-00046, GR-CAPRIPOX-2025-00047	Sheep	Samothraki Volvi
Hungary	A.S.F. in wild boar HU-ASF-2025-00333, HU-ASF-2025-00334, HU-ASF-2025-00335, HU-ASF-2025-00336, HU-ASF-2025-00337, HU-ASF-2025-00338, HU-ASF-2025-00339, HU-ASF-2025-00340, HU-ASF-2025-00341, HU-ASF-2025-00342, HU-ASF-2025-00343, HU-ASF-2025-00344, HU-ASF-2025-00345, HU-ASF-2025-00346, HU-ASF-2025-00347, HU-ASF-2025-00348, HU-ASF-2025-00349, HU-ASF-2025-00350, HU-ASF-2025-00351, HU-ASF-2025-00352, HU-ASF-2025-00353, HU-ASF-2025-00354, HU-ASF-2025-00355	Wild boar	Szob Rétság Dorog Pilisvörösvár Nyírbátor Szentendre Budaörs Tatabánya
Hungary	HPAI(NON-P) in Wild Birds / H5N1 HU-HPAI(NON-P)-2025-00019	Eurasian buzzard (common buzzard)	Budapest
Hungary	High pathogenicity avian influenza viruses (poultry) (Inf. with) / H5N1 HU-HPAI(P)-2025-00031, HU-HPAI(P)-2025-00032, HU-HPAI(P)-2025-00033, HU-HPAI(P)-2025-00034, HU-HPAI(P)-2025-00035, HU-HPAI(P)-2025-00036, HU-HPAI(P)-2025-00037, HU-HPAI(P)-2025-00038	Birds	Kiskőrös Kiskunmajsa Cegléd Kistelek
Ireland	HPAI(NON-P) in Wild Birds / H5N1 IE-HPAI(NON-P)-2025-00006	Mute Swan	Offaly
Italy	A.S.F. in wild boar IT-ASF-2025-00188, IT-ASF-2025-00189, IT-ASF-2025-00190, IT-ASF-2025-00191, IT-ASF-2025-00192, IT-ASF-2025-00193, IT-ASF-2025-00194, IT-ASF-2025-00195, IT-ASF-2025-00196, IT-ASF-2025-00197, IT-ASF-2025-00198, IT-ASF-2025-00199, IT-ASF-2025-00200, IT-ASF-2025-00201, IT-ASF-2025-00202, IT-ASF-2025-00203, IT-ASF-2025-00204, IT-ASF-2025-00205, IT-ASF-2025-00206, IT-ASF-2025-00207, IT-ASF-2025-00208, IT-ASF-2025-00209, IT-ASF-2025-00210, IT-ASF-2025-00211, IT-ASF-2025-00212, IT-ASF-2025-00213, IT-ASF-2025-00214, IT-ASF-2025-00215, IT-ASF-2025-00216, IT-ASF-2025-00217, IT-ASF-2025-00218, IT-ASF-2025-00219, IT-ASF-2025-00220, IT-ASF-2025-00221, IT-ASF-2025-00222, IT-ASF-2025-00223	Wild boar	Gropparello Rocca Grimalda Casasco Roccaforte Ligure Cerano Berceto Lavagna Calvignano Cigognola Montesegale Silvano d' Orba Molare
Latvia	A.S.F. in wild boar LV-ASF-2025-00417, LV-ASF-2025-00418, LV-ASF-2025-00419, LV-ASF-2025-00420, LV-ASF-2025-00421, LV-ASF-2025-00422, LV-ASF-2025-00423, LV-ASF-2025-00424, LV-ASF-2025-00425, LV-ASF-2025-00426, LV-ASF-2025-00427, LV-ASF-2025-00428, LV-ASF-2025-00429, LV-ASF-2025-00430, LV-ASF-2025-00431, LV-ASF-2025-00432, LV-ASF-2025-00433, LV-ASF-2025-00434, LV-ASF-2025-00435, LV-ASF-2025-00436, LV-ASF-2025-00437, LV-ASF-2025-00438, LV-ASF-2025-00439, LV-ASF-2025-00440, LV-ASF-2025-00441, LV-ASF-2025-00442, LV-ASF-2025-00443, LV-ASF-2025-00444, LV-ASF-2025-00445, LV-ASF-2025-00446, LV-ASF-2025-00447, LV-ASF-2025-00448, LV-ASF-2025-00449, LV-ASF-2025-00450, LV-ASF-2025-00451, LV-ASF-2025-00452, LV-ASF-2025-00453, LV-ASF-2025-00454, LV-ASF-2025-00455, LV-ASF-2025-00456, LV-ASF-2025-00457, LV-ASF-2025-00458, LV-ASF-2025-00459, LV-ASF-2025-00460, LV-ASF-2025-00461, LV-ASF-2025-00462, LV-ASF-2025-00463, LV-ASF-2025-00464, LV-ASF-2025-00465, LV-ASF-2025-00466, LV-ASF-2025-00467, LV-ASF-2025-00468, LV-ASF-2025-00469	Wild boar	Bērzaunes Tārgales Naudītes Smārdes Jūrmalas Puzes Popes Carnikavas Dāviņu Codes Vilces Elejas Vītiņu Kokneses Vaiņodes Degoles Iecavas Vaives Taurupes Vecsalienas Īles Annenieku Bēnes Gramzdas Birzgales Menģeles

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

reporting period: 27/02/2025 - 05/03/2025

European Commission

Source: ADIS

Country	Disease / Disease type and Outbreak references	Species (cases or dead)	Smallest Administrative division
Lithuania	A.S.F. in wild boar LT-ASF-2025-00172, LT-ASF-2025-00173, LT-ASF-2025-00174, LT-ASF-2025-00175, LT-ASF-2025-00176, LT-ASF-2025-00177, LT-ASF-2025-00178, LT-ASF-2025-00179, LT-ASF-2025-00180, LT-ASF-2025-00181, LT-ASF-2025-00182, LT-ASF-2025-00183, LT-ASF-2025-00184, LT-ASF-2025-00185, LT-ASF-2025-00186, LT-ASF-2025-00187, LT-ASF-2025-00188, LT-ASF-2025-00189, LT-ASF-2025-00190, LT-ASF-2025-00191, LT-ASF-2025-00192, LT-ASF-2025-00193, LT-ASF-2025-00194, LT-ASF-2025-00195, LT-ASF-2025-00196, LT-ASF-2025-00197, LT-ASF-2025-00198, LT-ASF-2025-00199, LT-ASF-2025-00200, LT-ASF-2025-00201, LT-ASF-2025-00202, LT-ASF-2025-00203, LT-ASF-2025-00204, LT-ASF-2025-00205, LT-ASF-2025-00206, LT-ASF-2025-00207, LT-ASF-2025-00208, LT-ASF-2025-00209, LT-ASF-2025-00210, LT-ASF-2025-00211, LT-ASF-2025-00212, LT-ASF-2025-00213, LT-ASF-2025-00214, LT-ASF-2025-00215, LT-ASF-2025-00216, LT-ASF-2025-00217, LT-ASF-2025-00218, LT-ASF-2025-00219, LT-ASF-2025-00220, LT-ASF-2025-00221, LT-ASF-2025-00222, LT-ASF-2025-00223	Wild boar	Anykščių Šiaulių Kėdainių Jonavos Vilniaus Ukmergės Panevėžio Klaipėdos Šilalės Kupiškio
Netherlands	HPAI(NON-P) in Wild Birds / H5N1 NL-HPAI(NON-P)-2025-00119, NL-HPAI(NON-P)-2025-00120, NL-HPAI(NON-P)-2025-00121, NL-HPAI(NON-P)-2025-00122, NL-HPAI(NON-P)-2025-00123	Great black-backed Gull Mallard Mute Swan Eurasian buzzard (common buzzard) Herring Gull	Dutch Exclusive Economic Zone Barneveld Muiden Dronten Bergambacht
Poland	A.S.F. in wild boar PL-ASF-2025-01105, PL-ASF-2025-01106, PL-ASF-2025-01107, PL-ASF-2025-01108, PL-ASF-2025-01109, PL-ASF-2025-01110, PL-ASF-2025-01111, PL-ASF-2025-01112, PL-ASF-2025-01113, PL-ASF-2025-01114, PL-ASF-2025-01115, PL-ASF-2025-01116, PL-ASF-2025-01117, PL-ASF-2025-01118, PL-ASF-2025-01119, PL-ASF-2025-01120, PL-ASF-2025-01121, PL-ASF-2025-01122, PL-ASF-2025-01123, PL-ASF-2025-01124, PL-ASF-2025-01125, PL-ASF-2025-01126, PL-ASF-2025-01127, PL-ASF-2025-01128, PL-ASF-2025-01129, PL-ASF-2025-01130, PL-ASF-2025-01131, PL-ASF-2025-01132, PL-ASF-2025-01133, PL-ASF-2025-01134, PL-ASF-2025-01135, PL-ASF-2025-01136, PL-ASF-2025-01137, PL-ASF-2025-01138, PL-ASF-2025-01139, PL-ASF-2025-01140, PL-ASF-2025-01141, PL-ASF-2025-01142, PL-ASF-2025-01143, PL-ASF-2025-01144, PL-ASF-2025-01145, PL-ASF-2025-01146, PL-ASF-2025-01147, PL-ASF-2025-01148, PL-ASF-2025-01149, PL-ASF-2025-01150, PL-ASF-2025-01151, PL-ASF-2025-01152, PL-ASF-2025-01153, PL-ASF-2025-01154, PL-ASF-2025-01155, PL-ASF-2025-01156, PL-ASF-2025-01157, PL-ASF-2025-01158, PL-ASF-2025-01159, PL-ASF-2025-01160, PL-ASF-2025-01161, PL-ASF-2025-01162, PL-ASF-2025-01163, PL-ASF-2025-01164, PL-ASF-2025-01165, PL-ASF-2025-01166, PL-ASF-2025-01167, PL-ASF-2025-01168, PL-ASF-2025-01169, PL-ASF-2025-01170, PL-ASF-2025-01171, PL-ASF-2025-01172, PL-ASF-2025-01173, PL-ASF-2025-01174, PL-ASF-2025-01175, PL-ASF-2025-01176, PL-ASF-2025-01177, PL-ASF-2025-01178, PL-ASF-2025-01179, PL-ASF-2025-01180, PL-ASF-2025-01181, PL-ASF-2025-01182, PL-ASF-2025-01183, PL-ASF-2025-01184, PL-ASF-2025-01185, PL-ASF-2025-01186, PL-ASF-2025-01187, PL-ASF-2025-01188, PL-ASF-2025-01189, PL-ASF-2025-01190, PL-ASF-2025-01191, PL-ASF-2025-01192, PL-ASF-2025-01193, PL-ASF-2025-01194, PL-ASF-2025-01195, PL-ASF-2025-01196, PL-ASF-2025-01197, PL-ASF-2025-01198, PL-ASF-2025-01199, PL-ASF-2025-01200, PL-ASF-2025-01201, PL-ASF-2025-01202, PL-ASF-2025-01203, PL-ASF-2025-01204, PL-ASF-2025-01205, PL-ASF-2025-01206, PL-ASF-2025-01207, PL-ASF-2025-01208, PL-ASF-2025-01209, PL-ASF-2025-01210, PL-ASF-2025-01211, PL-ASF-2025-01212, PL-ASF-2025-01213, PL-ASF-2025-01214, PL-ASF-2025-01215, PL-ASF-2025-01216, PL-ASF-2025-01217, PL-ASF-2025-01218, PL-ASF-2025-01219, PL-ASF-2025-01220, PL-ASF-2025-01221, PL-ASF-2025-01222, PL-ASF-2025-01223, PL-ASF-2025-01224, PL-ASF-2025-01225, PL-ASF-2025-01226, PL-ASF-2025-01227, PL-ASF-2025-01228, PL-ASF-2025-01229, PL-ASF-2025-01230, PL-ASF-2025-01231, PL-ASF-2025-01232, PL-ASF-2025-01233, PL-ASF-2025-01234, PL-ASF-2025-01235, PL-ASF-2025-01236, PL-ASF-2025-01237, PL-ASF-2025-01238, PL-ASF-2025-01239, PL-ASF-2025-01240, PL-ASF-2025-01241, PL-ASF-2025-01242, PL-ASF-2025-01243, PL-ASF-2025-01244	Wild boar	Kleszczewo Mosina Stęszew Kórnik Brodnica Skoki Nisko Węgorzewo Prostki Stargard Szczeciński Nowe Papowo Biskupie Łasin Stolno Zębowice Pokój Milejewo Tolkmicko Dębno Mielnik Wilczęta Olesno Oborniki Ostroróg Puszczykowo Komorniki Tarłów Warlubie Pasłęk Młynary Przysucha Gielniów Trzcińsko-Zdrój Krynica Morska Prabuty Ryjewo Jastarnia Kock Konstantynów Radzyń Podlaski (rural)

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

reporting period: 27/02/2025 - 05/03/2025

European Commission

Source: ADIS

Poland	HPAI(NON-P) in Captive Birds / H5N1 PL-HPAI(NON-P)-2025-00036, PL-HPAI(NON-P)-2025-00037	Birds	Kotlin Olszówka
Poland	HPAI(NON-P) in Wild Birds / H5N1 PL-HPAI(NON-P)-2025-00031, PL-HPAI(NON-P)-2025-00032, PL-HPAI(NON-P)-2025-00033, PL-HPAI(NON-P)-2025-00034, PL-HPAI(NON-P)-2025-00035	Mute Swan Greylag Goose	Jutrosin Krzemieniewo Stęszew Nieporęt
Poland	High pathogenicity avian influenza viruses (poultry) (Inf. with) / H5N1 PL-HPAI(P)-2025-00044, PL-HPAI(P)-2025-00045, PL-HPAI(P)-2025-00046, PL-HPAI(P)-2025-00047, PL-HPAI(P)-2025-00048, PL-HPAI(P)-2025-00049, PL-HPAI(P)-2025-00050	Birds	Lipowiec Kościelny Radzanów Szreńsk Osiek Koźmin Wielkopolski
Poland	Newcastle disease virus (Inf. with) PL-ND-2025-00027	Birds	Gostynin (rural)
Romania	A.S.F. in domestic pigs RO-ASF-2025-00167, RO-ASF-2025-00168, RO-ASF-2025-00169	Swine	Trivalea-mosteni Catcau Fantanele
Romania	HPAI(NON-P) in Wild Birds / H5N1 RO-HPAI(NON-P)-2025-00005	Caspian Gull	Romanian Exclusive economic Zone
Romania	Rabies virus (Inf. with) / RABV RO-RABIES-2025-00012, RO-RABIES-2025-00013	Red Fox Cattle	Todiresti Sipote
Slovakia	A.S.F. in wild boar SK-ASF-2025-00086, SK-ASF-2025-00087, SK-ASF-2025-00088, SK-ASF-2025-00089, SK-ASF-2025-00090, SK-ASF-2025-00091, SK-ASF-2025-00092, SK-ASF-2025-00093, SK-ASF-2025-00094	Wild boar	Komárno Nové Zámky Krupina Zlaté Moravce Turcianske Teplice Levice
Slovakia	HPAI(NON-P) in Wild Birds / H5N1 SK-HPAI(NON-P)-2025-00007	Mute Swan	Komárno
Spain	Mycobacterium tuberculosis complex (Inf. with)(2019-) ES-MTBC-2025-00010, ES-MTBC-2025-00011	Cattle	TERRA DE TRIVES VILLABLINO
Sweden	HPAI(NON-P) in Wild Birds / H5N1 SE-HPAI(NON-P)-2025-00005	Barnacle Goose	Mörbylånga
Moldova	A.S.F. in domestic pigs MD-ASF-2025-00030, MD-ASF-2025-00031	Swine	Anenii Noi
North Macedonia	Newcastle disease virus (Inf. with) MK-ND-2025-00001	Birds	Jegunovtse
Türkiye	Anthrax TR-ANTHRAX-2025-00004, TR-ANTHRAX-2025-00005	Cattle	Hanönü Merkez
Türkiye	Foot and mouth disease virus (Inf. with) / A TR-FMD-2025-00058	Cattle	Bucak