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FHP-Update
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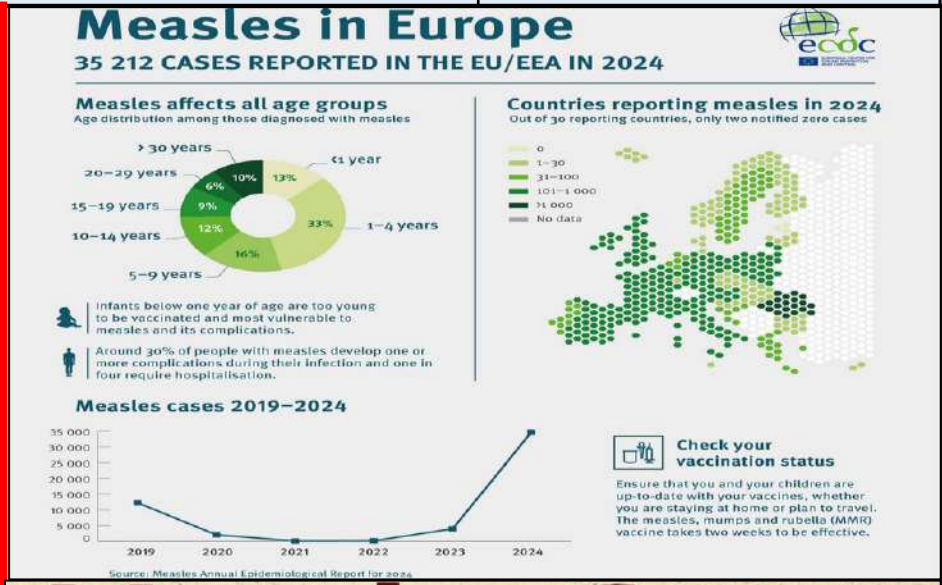
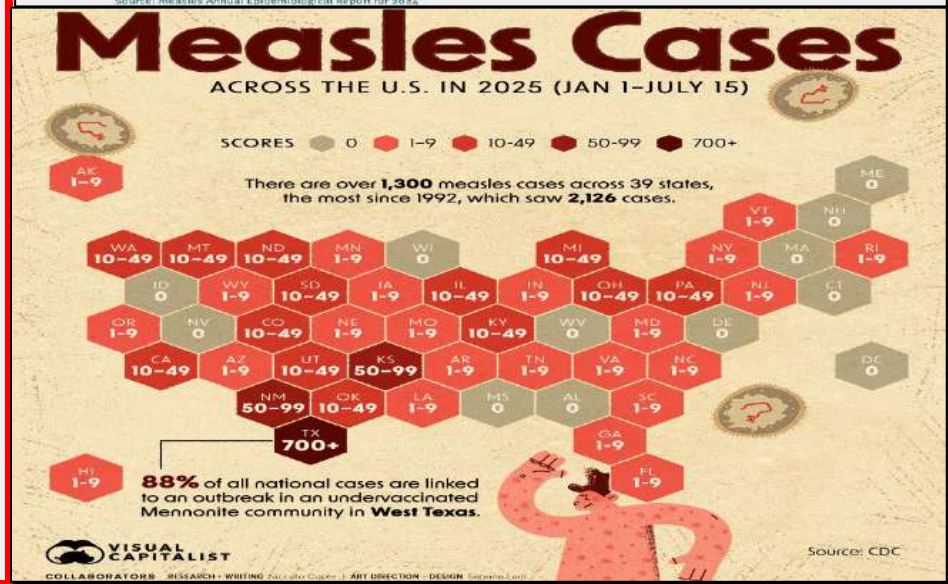
News:

- **Ivermectin:** A new study in the New England Journal of Medicine showed, that ivermectin reduced the incidence of malaria by 26% in a cluster randomized trial conducted in Kenya. It reduces malaria transmission by killing the mosquitoes that feed on people taking it. Six months after the first round of treatment, the incidence of malaria was 2.20 per child-year at risk in the ivermectin group and 2.66 per child-year at risk in the albendazole group. The adjusted incidence rate ratio (ivermectin vs albendazole) was 0.74 (95% CI, 0.58 to 0.95), for a 26% reduced risk. The rate of serious adverse events did not differ between the two groups.
- **Pfizer**: Announced that the European Medicines Agency (EMA) has recommended marketing authorization for its LP.8.1-adapted monovalent COVID-19 vaccine, to be used to prevent COVID-19 caused by SARS-CoV-2 in infants 6 months of age or older.
- **EMA**: has lifted a temporary restriction on vaccinating people aged 65 years and older with the Chikungunya vaccine Ixchiq. Side effects from the vaccine were reviewed, and patients 65 years of age or older have been deemed eligible for vaccination but are advised to take precautions when receiving this medication.
- **Africa CDC**: Launched a new initiative with the European Commission to strengthen Mpox testing and sequencing across Africa. This Africa-EU partnership will accelerate Mpox testing and will boost diagnostics and outbreak response capabilities in Mpox-affected African countries.
- **WHO**: Announced that it had declared Timor-Leste malaria-free. Timor-Leste has become the third country in the WHO South-East Asia Region to be certified as malaria-free by the WHO.
- **UK**: Sexual health clinics began offering vaccination against gonorrhoea to patients at the highest risk of sexually transmitted infections (STIs) recommending an existing vaccine for meningococcal B disease (4CMenB) to gay and bisexual men who have a recent history of multiple sexual partners and a bacterial STI within the past 12 months. Multiple studies have shown that the 4CMenB vaccine, which protects against four serogroups of Neisseria meningitidis, also provides moderate cross-protection against N gonorrhoeae, with vaccine effectiveness ranging from 30% to 40%.
- **CDC**: recent published data show that vaccination coverage for all children entering kindergarten in the 2024-25 school year declined for all reported vaccines from the year before. The vaccine exemption rate rose to 3.6%. This comes the same time as the American Academy of Pediatrics (AAP) reaffirmed its call for an end to nonmedical exemptions for routine childhood vaccinations.
- **Polio**: Pakistan reported three cases of wild poliovirus type 1 (WPV1), bringing its WPV1 total for the year to 17 cases. Cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Yemen (43), Nigeria (5), and Ethiopia (1). The 43 cVDPV2 cases in Yemen were primarily from 2024, bringing that year's total to 107 cases, with 12 reported in 2025.
- **UNICEF**: is warning that an estimated 80,000 children in West and Central Africa could be at high risk of cholera as the rainy season begins, driven by active outbreaks in the Democratic Republic of the Congo (DRC) and Nigeria, which is raising the threat of cross-border outbreaks in neighboring countries.
- **WHO**: released a new guidelines for clinical management of the arboviral diseases dengue, chikungunya, Zika and yellow fever.





Global COVID-19 Update

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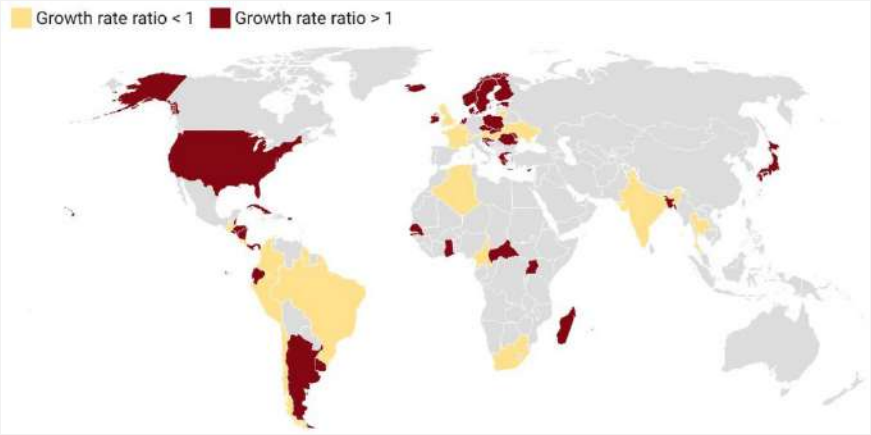
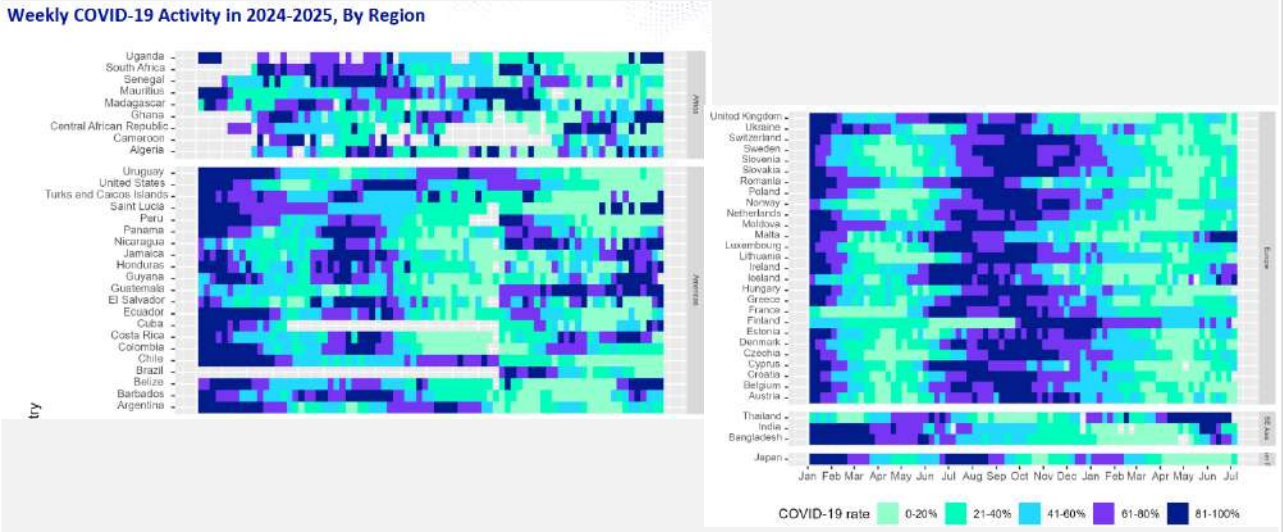
Growth Rate Ratio of COVID-19 Case Rate



Ratio of COVID-19 case rate in the most recent four-week period (09-Jun-2025 to 06-Jul-2025) compared to the previous four-week period (12-May-2025 to 08-Jun-2025)



Data Source: BlueDot's **Human Cases and Deaths – Indicator-Based Surveillance API**. Source data provided by World Health Organization.
Note: COVID-19 case rates for each country were binned into quantiles where the weeks with the lowest case rates are in the "0-20%" category, while weeks when the highest case rates were reported are in the "81-100%" category. The heatmap above shows these binned categories. Case rate comparisons between countries are not made due to differences in testing and reporting rates.

Disease Activity and Healthcare Burden

- COVID-19 activity is rising across 25 **US** states, with the Pacific Northwest and Southeast regions experiencing higher transmission; while hospitalizations remain below previous peaks, an average of 150 deaths per week is being reported, driven by summer travel and gatherings ahead of an anticipated late-July or August peak.[1]
- **Australia**'s healthcare system is under heavy strain, with over 200 outbreaks in long term care homes involving 138 resident deaths. [2,3]
- PAHO issued an alert for increased respiratory disease activity in **Latin America**, with a seasonal "tripledemia" of COVID-19, influenza, and RSV leading to rising COVID-19 cases by 20% and significant hospitalizations, particularly among young children.[4]
- COVID-19 cases in the **United Kingdom** have risen by 9% as of mid-July, though overall case numbers remain lower than in previous summers, and death rates are at their lowest since March 2020.[5]
- **Spain** is experiencing increased hospital admissions and a rise in respiratory illnesses among young children as COVID-19 case rates reach 252.7 per 100,000 residents, placing a greater burden on healthcare services.[6]

Vaccine Coverage

- **Germany** has administered over 188 million COVID-19 vaccine doses, achieving 76.3% coverage, mainly among adults aged 35–59, while maintaining a low nationwide incidence rate despite the presence of the Nimbus variant.[7]
- Vaccination efforts have been intensified in **Australia**, with free vaccines being offered to children, pregnant women, and high-risk groups, alongside public education campaigns to boost uptake and reduce disease burden. [8,9]
- In **Spain**, vaccination coverage among people over 80 has dropped from 65.3% to 47.9%, prompting intensified public health campaigns to improve uptake and protect vulnerable populations.[11]
- Health experts in **Slovakia** are urging vaccination for healthcare workers and high-risk patients ahead of an expected autumn and winter wave, with a new tailored vaccine anticipated to become available in the fall.[10]
- COVID-19 cases and hospital admissions have risen sharply in **Cyprus** over the past two weeks, with concerns heightened by low vaccination coverage of under 50% among people over 80 and reduced population immunity.[12]

Conclusion

- Most countries are reporting **increases in COVID-19 cases** in recent weeks, suggesting that a rise in epidemic waves may be coming soon in different regions. The COVID-19 variant NB.1.8.1 is continuing to spread globally but is beginning to subside in some regions. Since May 2025, **variant XFG has emerged** and is now the dominant variant.
- **Vaccines remain effective against emerging variants and prevent severe health outcomes, including hospitalizations.**

Proseko
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Novel Pathogen Emergencies and Healthcare System Resilience: Lessons from Latin America

Source: Proseko

Healthcare systems are designed to manage predictable disease patterns through established protocols, supply chains, and surge capacity planning. However, the emergence of novel pathogens presents unique challenges that extend beyond traditional emergency preparedness frameworks. Latin America's experience with several novel infectious disease emergencies over the past two decades provides valuable insights into how healthcare systems respond when confronted with entirely unfamiliar threats.

COVID-19: Infrastructure Limitations Under Novel Pathogen Pressure

The COVID-19 pandemic represents the most comprehensive example of healthcare system response to a novel pathogen. The complete absence of population immunity and established treatment protocols created unprecedented demand patterns that revealed critical infrastructure vulnerabilities.

In Manaus, Brazil, during January 2021, oxygen production capacity fell to less than one-third of demand, resulting in complete system failure. This represented not merely a supply shortage but a fundamental mismatch between infrastructure design and actual requirements during a novel pathogen emergency. Brazil's healthcare system experienced 21 states with over 80% ICU occupancy, with 14 states exceeding 90% capacity.

Peru's experience highlighted the vulnerability of healthcare systems with limited baseline capacity. With only 100 ICU beds available nationally during peak demand, the system was structurally incapable of responding to the surge requirements of a novel respiratory pathogen affecting the entire population.

Ecuador's Guayaquil demonstrated the cascading effects of healthcare system collapse, with over 400 bodies recovered from public spaces when morgue capacity was exceeded and hospitals could no longer accept patients. **This illustrates how novel pathogen emergencies can overwhelm not just treatment capacity but entire public health infrastructure**.

H1N1: Epidemiological Pattern Disruption

The 2009 H1N1 pandemic originating in Mexico demonstrated how novel pathogens can disrupt established epidemiological assumptions. Unlike seasonal influenza, which primarily affects elderly populations, H1N1 caused 80% of deaths in individuals under 65 years of age.

This atypical age distribution simultaneously stressed pediatric and adult critical care systems, revealing how pandemic planning based on historical patterns becomes inadequate when facing pathogens with novel characteristics. Mexico City's healthcare infrastructure required closure of most public facilities as existing capacity proved insufficient for the unexpected demographic distribution of severe cases.

Zika Virus: Unknown Clinical Consequences

The 2015-2016 Zika epidemic in the Americas exemplifies the challenges of novel pathogens with initially unknown clinical consequences. Brazil reported over 7,830 suspected microcephaly cases by June 2016, representing a 10-fold increase from baseline rates within weeks.

The emergence of congenital Zika syndrome created unprecedented demands on obstetric, neonatal, and specialized neurological services. Healthcare systems faced the challenge of managing clinical presentations they had never encountered while simultaneously developing diagnostic and treatment protocols in real-time.

The temporal disconnect between infection and recognition of consequences meant that healthcare systems were managing the crisis without understanding its full scope until well into the epidemic.

Chikungunya: Novel Pathogen Introduction

Chikungunya virus's introduction to the Western Hemisphere in 2013 affected over 30 countries with 900,000+ cases. In Martinique and Guadeloupe, 4% of confirmed cases required hospitalization, with neurological complications necessitating ICU admission in 2.82% of cases.

The complete absence of population immunity led to explosive transmission rates that overwhelmed emergency departments. Healthcare systems lacked established treatment protocols for managing chikungunya's severe arthralgia and complications, requiring real-time protocol development during peak patient volumes.

Re-emergence of Eliminated Diseases

Haiti's 2010 cholera outbreak illustrates the vulnerability created when eliminated diseases re-emerge. With cholera absent from Haiti for over 100 years, healthcare systems lacked institutional memory, treatment protocols, and appropriate supplies.

The outbreak required a 79% hospitalization rate during its 2022 resurgence, with peak periods experiencing patient arrivals every 3.5 minutes at some facilities. This demonstrates how the loss of institutional knowledge creates novel pathogen-like challenges even with historically familiar diseases.

Venezuela's diphtheria resurgence (2016-2019) resulted in 3,033 suspected cases amid critical shortages of antitoxin and appropriate antibiotics. Healthcare systems required emergency staff retraining for a disease that had been eliminated from medical practice for decades.

Implications for Healthcare System Design

These experiences indicate that traditional emergency preparedness frameworks, focused on surge capacity for known threats, are insufficient for novel pathogen emergencies. Healthcare systems require capabilities that extend beyond capacity expansion to include rapid adaptation and learning.

Effective novel pathogen response requires healthcare systems designed for uncertainty rather than specific scenarios. This includes flexible infrastructure that can be rapidly reconfigured, distributed critical care capacity, cross-trained personnel capable of emergency redeployment, resilient supply chains with rapid procurement capabilities, and institutional learning systems that can quickly develop and disseminate new protocols.

Conclusions

Novel pathogen emergencies represent a distinct category of healthcare system stress that differs fundamentally from surge capacity challenges with familiar diseases. Latin America's experience demonstrates that healthcare systems designed for predictable patterns are structurally vulnerable to diseases that operate outside established epidemiological, clinical, and operational frameworks.

Future healthcare system resilience will depend not on predicting specific novel threats, but on building adaptive capacity that can respond effectively to unpredictable challenges. This requires a fundamental shift from scenario-based planning to systems designed for uncertainty and rapid learning.

As the frequency of novel pathogen emergence increases due to ecological and social changes, healthcare systems must develop capabilities that match the pace of disease emergence with institutional adaptation. The alternative is repeated system failure with each encounter with the unknown

Surveillance on California dairy farms reveals multiple sources of H5N1

Source: CIDRAP, bioRxiv

Though H5N1 avian flu outbreaks on US dairy farms have declined sharply over the past several months, scientists are still sorting out how the virus spreads on farms, and new findings from California outbreak hot spots suggest that airborne spread and contaminated wastewater may play roles.

Few outbreaks have been reported over the summer, but sporadic H5N1 detections continue in dairy cows. The national total since early 2024 is about 1,078 cases from 17 states. Of those, 771 of the detections have come from herds in California.

Infectious virus in air during milking

Early on in the outbreaks, contaminated milking equipment and direct contact with contaminated milk were thought to play major roles in the spread of the virus among dairy cows. As explosive outbreaks hit states like Colorado and California, research groups set out to get a fuller picture of how the virus spreads among animals and occasionally to people. For a new study, a group of researchers from Emory University and their colleagues from California, Colorado, Michigan, and Virginia conducted extensive air, farm wastewater, and milk sampling from 14 of California's outbreak farms across two different farming regions.

In the initial air sampling phase, the group used three different air-sampling devices, one of them an open-face polytetrafluoroethylene (PTFE) filter cassette worn on a backpack to model exposure to facility workers. On each farm, they collected aerosols and droplets from exhaled breath of individual cows or rows of cows, both within milking parlors during milking and within housing areas. Of 71 air samples tested for viral RNA in sampling of exhaled breath in milking parlors and housing areas, 6 were positive, including one from the open-face PTFE filter sampler.

Additional testing on nine more farms, including some in southern California, done within days of milk bulk tank positives, found H5N1 viral RNA in 21 of 35 air samples, with infectious virus found in 4 of the samples. "Together, these results indicate that H5N1 viral RNA can be found in the air on farms and conclusively demonstrates that infectious H5N1 virus is present in the air during the milking process," the team wrote.

Wastewater as another source of spread

To look at wastewater as a potential transmission mode, the group collected samples of reclaimed wastewater on multiple farms, which included water used to clean milking equipment and dairy parlors and samples collected at drains, sump pumps, fields, and manure lagoons. "H5N1 viral RNA was detected at each point of the waste stream, including in manure lagoons that are widely used by migratory birds and in fields with grazing cows," researchers noted.

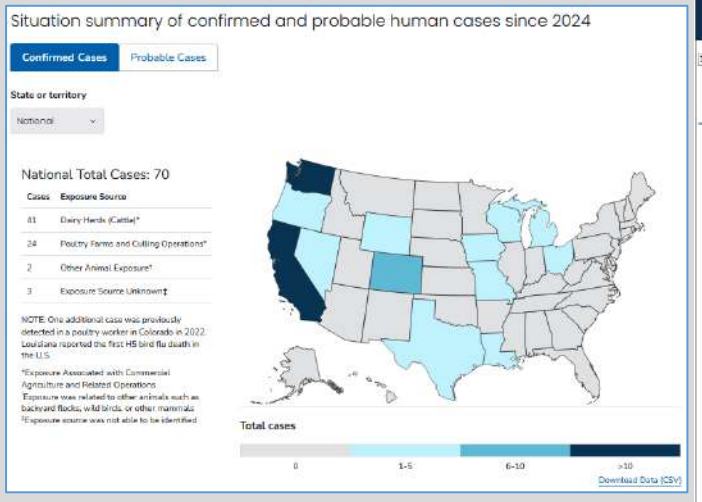
Of samples with high viral loads, two wastewater samples yielded infectious virus. "These results demonstrate that H5N1 is prevalent in reclaimed farm wastewater sites across dairy farms and may serve as another source of H5N1 spread between cows, to humans, and to peri-domestic animals," they wrote.

Lessons for outbreak investigations and mitigation

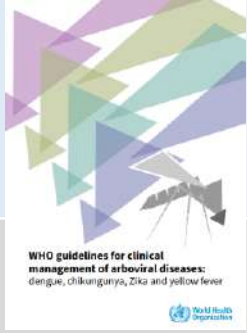
In other experiments, whole-genome sequencing on a subset of air and water virus samples found amino acid variants in several samples, including some with changes in the hemagglutinin segment that didn't appear to be maintained. The group also observed on-farm differences in variants that the authors said might be useful for tracking intra-herd transmission patterns.

They sampled milk from individual udders to look for any patterns, which found a high prevalence of subclinical H5N1 infection and a heterogeneous distribution of infected quarters that maintained a consistent pattern over time. The team said their findings suggest multiple modes of H5N1 transmission likely occur on farms, which could include aerosols generated withing milking parlors and teat contact with contaminated water.

The findings support the need for multiple mitigations, including respiratory and ocular protection for farm workers, disinfection of milking equipment, treatment of contaminated milk and wastewater to inactivate the virus, and identification of infected cows, even those that aren't showing clinical symptoms.



WHO´s Integrated Guidelines on the Clinical Management of Arboviral Diseases



Arboviral diseases, primarily transmitted by Aedes mosquitoes, pose an increasing threat to global health, particularly in the context of climate change, urbanization, and growing human mobility. With over 5.6 billion people worldwide at risk of arboviral infection, it is essential that healthcare professionals have access to evidence-based recommendations to effectively manage these infections in patients.
The new WHO guidelines provide clinical management recommendations for four of the most widespread arboviruses affecting humans: ***dengue, chikungunya, Zika, and yellow fever****.*
An integrated approach is vital, as these four diseases often present with similar symptoms, especially in the early stages of infection, and multiple arboviruses may circulate simultaneously in certain regions. This makes clinical differentiation challenging, particularly where diagnostic testing is not readily available.

Recommendations summary

Recommendations for patients with non-severe, suspected or confirmed arboviral diseases (dengue, chikungunya, Zika and yellow fever):

- WHO suggests the use of **protocolized oral fluid treatment** compared with **non- protocolized oral fluid treatment** in patients with suspected or confirmed non-severe arboviral disease. [Conditional recommendation, low certainty evidence]
- WHO suggests the use of **paracetamol** for the treatment of **pain and/or fever** in patients with suspected or confirmed non-severe arboviral disease. [Conditional recommendation, low certainty evidence]
- WHO suggests the use of **metamizole** for the treatment of **pain and/or fever** in patients with suspected or confirmed non-severe arboviral disease. [Conditional recommendation, low certainty evidence]
- WHO recommends **against the use of non-steroidal anti-inflammatory medications** (NSAIDs) in patients with acute suspected or confirmed arboviral disease, irrespective of severity. [Strong recommendation, low certainty evidence]
- WHO suggests **against using corticosteroid treatment** in patients with acute suspected or confirmed non-severe arboviral disease [Conditional recommendation, low certainty evidence]

Recommendations specific to patients with severe (hospitalized), suspected or confirmed arboviral disease (dengue, chikungunya, Zika and yellow fever):

- WHO suggests using **crystalloid fluid rather than colloid fluid** in patients who require intravenous fluid treatment for suspected or confirmed severe arboviral disease. [Conditional recommendation, low certainty evidence]
- WHO recommends the **use of capillary refill time** to guide intravenous fluid management in patients with suspected or confirmed severe arboviral disease. [Strong recommendation, low certainty evidence]
- WHO recommends the **use of lactate measurement in addition to standard care** to guide intravenous fluid management in patients with suspected or confirmed severe arboviral disease. [Strong recommendation, moderate certainty evidence]
- WHO suggests the use of **passive leg raise test in patients in shock**, with suspected or confirmed arboviral disease, when the clinician is uncertain if further intravenous fluid administration is warranted. [Conditional recommendation, low certainty evidence]
- WHO suggests **against the use of systemic corticosteroids** in the treatment of patients with suspected or confirmed severe arboviral disease. [Conditional recommendation, very low certainty evidence]
- WHO suggests **against the use of immunoglobulins** in the treatment of patients with suspected or confirmed severe arboviral disease. [Conditional recommendation, very low certainty evidence]
- WHO suggests **against the use of prophylactic platelet transfusion** in patients with suspected or confirmed severe arboviral disease and platelet count of <50,000 platelets/microlitre who have no active bleeding. [Conditional recommendation, low certainty evidence]
- WHO suggests the **use of intravenous N-acetylcysteine** in the treatment of patients with liver failure due to suspected or confirmed yellow fever. [Conditional recommendation, very low-certainty evidence]
- WHO recommends the **use of monoclonal immunoglobulin TY014** in the treatment of patients with yellow fever only in research settings. [Use only in research]
- WHO recommends the **use of sofosbuvir** in the treatment of patients with yellow fever only in research settings. [Use only in research]

This guideline will be updated according to emerging evidence.

Source: WHO

Statement of the Forty-second meeting of the Polio IHR Emergency Committee

World Health Organization

Source: WHO

The Emergency Committee reviewed the data on wild poliovirus (WPV1) and circulating vaccine derived polioviruses (cVDPV) in the context of the global target of interruption and certification of WPV1 eradication by 2027 and interruption and certification of cVDPV2 elimination by 2029, at their last meeting on 18 June 2025.

Wild poliovirus

Since the last EC meeting, **nine new WPV1 cases** were reported, one from Afghanistan and eight from Pakistan bringing the total to **13 WPV1 cases in 2025**. A total of 275 WPV1 positive environmental samples have been reported in 2025 so far (as of 04 June), 30 from Afghanistan and 245 from Pakistan.

The **upward trend** in WPV1 cases and environmental detections has **persisted in both endemic countries** throughout 2024. WPV1 transmission in Afghanistan's East Region has significantly declined during the first half of 2025, indicating enhanced population immunity. But the Committee noted with concern the geographic expansion of WPV1 to new provinces and districts in both endemic countries during 2024 and 2025.

Recent review of the molecular epidemiology shows an **increase in the genetic biodiversity in 2024**, necessitating a **split of two genetic clusters into eight genetic clusters**. **Three genetic clusters are active** in 2025. The remaining chains of transmission continue to circulate in populations and geographic areas with persistently low immunization coverage, including the bordering districts of the southern and northern epidemiological corridors across the two endemic countries.

In addition to seasonal population movements within and between the two endemic countries, the continued return of undocumented migrants from Pakistan to Afghanistan further compounds the challenges faced by the eradication programme.

In summary, available data indicate that **global WPV1 transmission** remains **geographically confined to the two endemic countries**. However, during 2024 and 2025, there has been **geographic spread** alongside continued transmission within core reservoir areas in both the endemic countries.

Circulating vaccine derived polioviruses (cVDPV)

In 2025, a total of **67 cVDPV cases** have been reported to date, 65 of which are cVDPV2 and two are cVDPV3. No cVDPV1 cases have been reported in 2025. Additionally, **69 environmental samples** have tested positive for cVDPV, all of which are type 2. Since the last meeting of the Emergency Committee, a **cVDPV2 outbreak has been reported from Papua New Guinea** in the WHO Western Pacific Region.

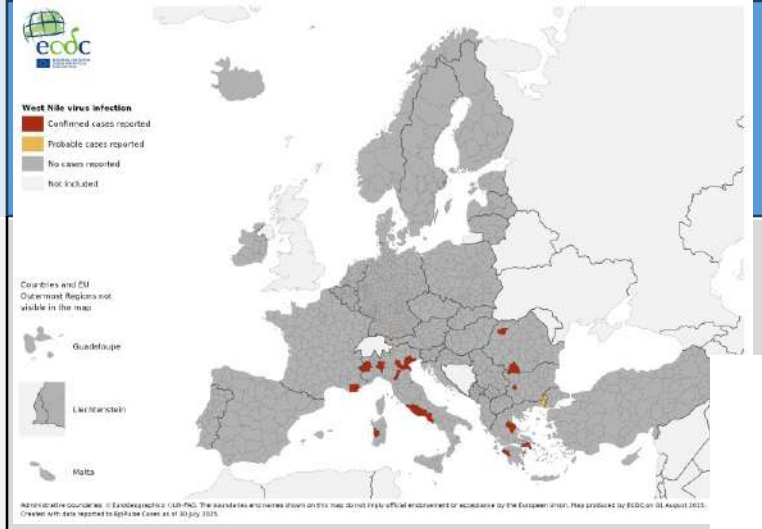
In 2025, a total of 15 circulating cVDPV2 emergence groups have been detected to date, two are newly detected this year and are derived from the novel OPV2 (nOPV2) vaccine. The Committee noted that nOPV2 continues to demonstrate significantly greater genetic stability and a substantially lower risk of reversion to neurovirulence compared to Sabin OPV2.

The Committee noted the encouraging development of the **closure of the cVDPV1 outbreak** in Madagascar, following more than 18 months without detection, and supported by vigorous response efforts.

Guinea is the only country to report **cVDPV3** cases in 2025 to date, with **two cases confirmed**. The continuation of the cVDPV3 outbreak in Guinea from 2024 into 2025, as well as the co-circulation of both cVDPV2 and cVDPV3 in the country was noted with concern.

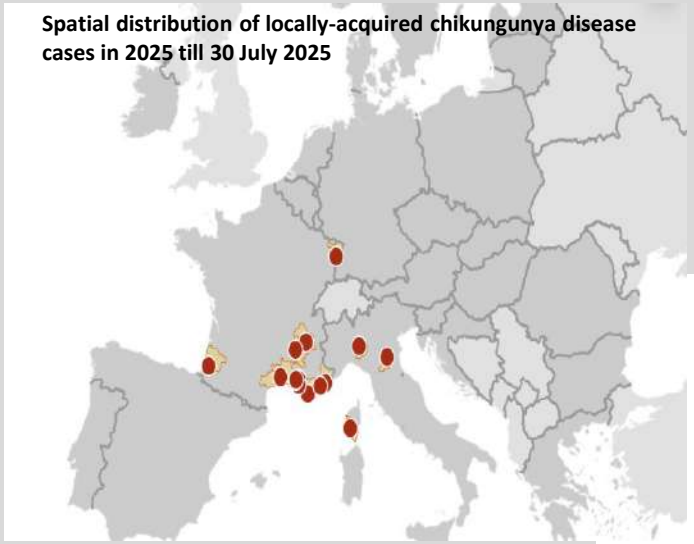
Locally-acquired Cases for West Nile Fever, Dengue, Chikungunya and CCHF in Europe 2025

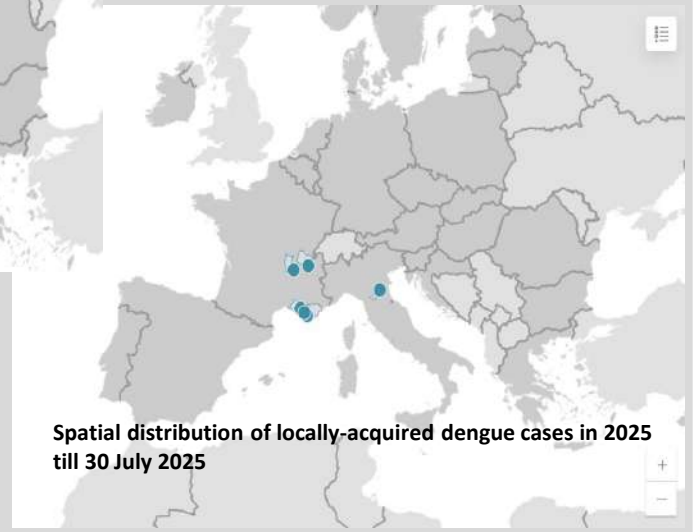
ecdc



Spatial distribution of locally-acquired vector-borne Crimean-Congo haemorrhagic fever disease cases in 2025 till 30 July 2025

Spatial distribution of locally-acquired chikungunya disease cases in 2025 till 30 July 2025





Spatial distribution of locally-acquired dengue cases in 2025 till 30 July 2025

Source: ECDC

SARS-CoV-2 Detections in Wastewater

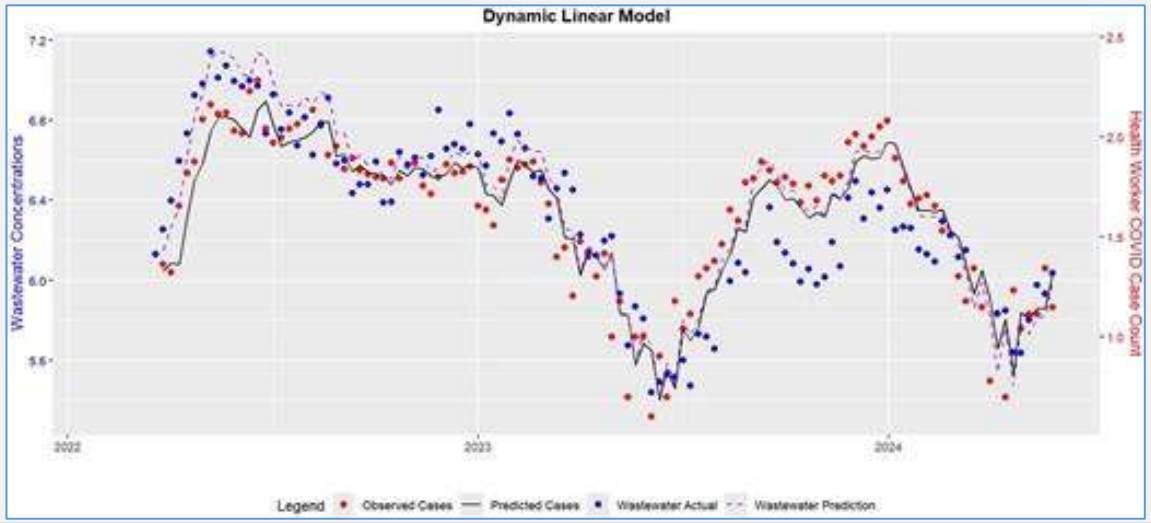
Source: Journal of Infectious Diseases

A new study from the University of Minnesota found that SARS-CoV-2 levels in wastewater accurately predicted the subsequent COVID-19 case count the following week in the community, adding further evidence to the usefulness of wastewater detection.

The study took place from January 2022 through August 2024 and analyzed the correlation between symptomatic COVID-19 in healthcare employees and SARS-CoV-2 wastewater community levels in 215 wastewater samples from the Twin Cities Wastewater Treatment Plant. Approximately 57% of the total people living in the Twin Cities metropolitan area have been sampled.

The researchers collected 215 wastewater samples from the Twin Cities Wastewater Treatment Plant over a 32-month interval. Over that period, there were 6879 positive SARS-CoV-2 test results reported to Fairview Employee Health from individuals who lived in the wastewater catchment area. We found that SARS-CoV-2 levels in wastewater accurately predicted the subsequent COVID-19 case count the following week in the community.

In the 32 months of the study, 3 distinct surges in case counts and correlative levels of virus in wastewater were observed. The first began in January 2022 with a rapid increase in concentrations that did not resolve until the spring of 2023. The second was in July 2023 and the third in June 2024. Each surge was characterized by a rapid increase in case counts and quantity of virus in wastewater.



Relationship between employee absence with symptomatic COVID-19 infection and levels of SARS-CoV-2 in wastewater from the same area. The red circles represent the frequency of cases reported in that weekly interval, and the blue circles represent the number of copies of SARS-CoV-2 per litre of wastewater measured in that same interval. The dotted line is the prediction from model

Multidrug-Resistant Bacteria in Hospitalized Ukrainian Refugees

Source: CMI, CDC, CIDRAP

A new study of Ukrainian refugees reveals how the country's war with Russia may be helping promote the spread of multidrug-resistant (MDR) bacteria throughout Europe

Researchers from Helsinki University Hospital in Finland assessed MDR bacterial carriage among 166 Ukrainian refugees treated at the hospital in the 2 years after the Russian invasion of Ukraine in February 2022.

They found that significant proportions of previously hospitalized Ukrainians, especially those who had been treated for war wounds, carried MDR strains. Previously hospitalized patients also had the highest rates of MDR infections.

Patients were screened for carriage of several MDR pathogens, including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococcus* (VRE), extended-spectrum beta-lactamase-producing Enterobacterales (ESBL-PE), carbapenemase-producing Enterobacterales (CPE), multiresistant *Acinetobacter baumannii* (MRAB), and multiresistant *Pseudomonas aeruginosa* (MRPA). They were grouped based on hospitalization abroad in the prior year: No hospitalization (102 patients, 61.4%), hospitalization without war-related injuries (50, 30.1%), and hospitalization with war injuries (14, 8.4%).

While only **17.6% of the non-hospitalized** patients carried MDR bacteria (primarily ESBL-PE and MRSA), MDR bacterial carriage was found in **46% of those hospitalized without war injuries** and **78.6% of those hospitalized with war injuries**.

The MDR bacteria carried by **previously hospitalized** patients included the **most highly-resistant** pathogens. Among the **war-injured**, carriage rates for CPE, MRAB, and MRPA were **35.7%, 28.6%, and 21.4**%, respectively. In those hospitalized **without war injuries**, **16% harbored CPE, 4% carried MRAB, and 2%** carried MRPA.

Although most of the MDR carriage was asymptomatic, more than 1 in 5 (21.2%) developed clinical MDR infections. Most of the infections were wound-related. The MDR infection rate was 45.5% among MDR carriers with war wounds and 17.4% among those hospitalized without war injuries.

MDR screening and strict contact precautions for patients hospitalised in and from conflict zones should be targeted also in European hospitals treating Ukrainian patients.

Other Infectious Disease Outbreaks - Africa

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World Health Organization
African Region

Mpox Clade I - Malawi

Malawi is reporting a **sudden increase in confirmed mpox cases** in the country since the first-ever detections in April. As of 17-Jul-2025 the country has reported over 50 suspected and confirmed mpox cases, though official public data has only acknowledged 11 confirmed cases as of late May. This discrepancy suggests significant under-reporting and ongoing challenges with testing and surveillance.

The affected population in Malawi includes immunocompromised individuals, with reports of some HIV patients stopping antiretroviral therapy (ART) due to medicine shortages following cuts to U.S. healthcare aid programs.

Source: NewsMedia, WHO

Mpox - Gambia

A single mpox case has been detected in the Gambia, marking the **country's first confirmed outbreak**. The source is unknown, and testing is underway to identify the virus clade.

Source: Ministry of Health

Mpox - Togo

Mpox is spreading in Togo, marking the country's **first recorded outbreak** with cases rising and affecting multiple districts. From 01-Jan to 06-Jul-2025, Togo has reported 45 confirmed cases of mpox. No deaths have been reported. Recent data shows a consistent increase in weekly confirmed cases, indicating sustained community transmission. Cases have been detected across multiple districts, reflecting a geographic expansion of the outbreak.

Source: WHOAfrika

Mpox - Ghana

Mpox cases are rising in Ghana, with the Western Region as the epicentre and regional spread increasing. Official data indicate a cumulative total of 170 mpox cases nationwide. A spike in new cases occurred during the week ending 30-Jun-2025, with 30 cases reported. Mpox Clade II has been identified as the circulating strain.

Source: WHOAfrika

Mpox - Guinea

An urban outbreak of mpox Clade IIb is spreading in Greater Conakry, Guinea, with confirmed human-to-human transmission. On 10-Jul-2025, Guinea's National Health Security Agency (ANSS) released laboratory confirmation of 112 cases of mpox, primarily centred in the Greater Conakry area.

Source: WHOAfrika, NewsMedia

Malaria – Zimbabwe

Zimbabwe's Ministry of Health and Child Care (MoHCC) reported a 180% increase in malaria cases and a 218% rise in malaria-related deaths between the beginning of the year and the week ending 26-Apr-2025, compared to the same period in 2024. 115 outbreaks have been described in the country, of which only 23 were under control. By comparison, 2024 reported only one outbreak.

The most affected provinces include the north-eastern Mashonaland Central, Manicaland, and Mashonaland West. Manicaland and Mashonaland West have the second and third highest populations in the country. Harare, the capital province, has the highest population and is bordered by both Manicaland and Mashonaland West.

Artisanal mining and agricultural are common in these areas, which are often conducted at dawn and dusk. This increases exposure during periods of highest mosquito activity.

The increased activity is also accelerated by heavy La Niña-induced rainfall, increasing the stagnant water that serves as mosquito breeding grounds.

Source: ministryofhealth, Reliefweb, WHO Africa

Malaria – Comoros

In 2024, 55,277 malaria cases were reported in the Comoros, of which 98% (approximately 54,171 cases) originated from Ngazidja Island, with Moroni as the epicenter. While case data for 2025 is currently unavailable. Historical surveillance indicates a troubling resurgence: cases nearly doubled from 10,537 in 2021 to 20,675 in 2022, with a 55% increase in mortality rate compared to 2015. This is threatening the country's goal to eliminate the disease. Ngazidja remains the last and most significant focus of malaria transmission in the country. Community adherence to malaria control measures in Ngazidja is below 50%, compared to over 85% in the other two islands.

Source: NewsMedia, frontiers

Cholera – Sudan

Cholera is rapidly spreading across Sudan, with North Darfur's Tawila area facing severe risk due to conflict, poor sanitation, and limited healthcare access.

Since the declaration of the outbreak on 12-Aug-2024, Sudan has reported more than 94,170 cholera cases and over 2,370 deaths, resulting in an estimated Case Fatality Ratio (CFR) of 2.52%. This is significantly higher than the typically expected cholera CFR (<1%) under timely and adequate treatment, suggesting severe challenges in outbreak management. The outbreak has been recorded in 17 of Sudan's 18 states, indicating near-nationwide transmission.

Source: UNICEF, NewsMedia

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Cholera - Mozambique

Cholera is spreading across five central and northern provinces since October 2024, with most deaths occurring outside healthcare settings. Due to poor water access, flooding, and limited health infrastructure, the outbreak risk may worsen. The Ministry of Health reported a total of 4,262 confirmed cases and 64 deaths, reflecting a case fatality ratio (CFR) of 1.5%. The province of Nampula remains the most affected, accounting for 3,547 cases and 40 deaths. Additional affected areas include: Zambézia Province, Sofala Province, Tete Province, and Manica Province.

The outbreak in Mozambique is part of a wider resurgence of cholera across the African continent.

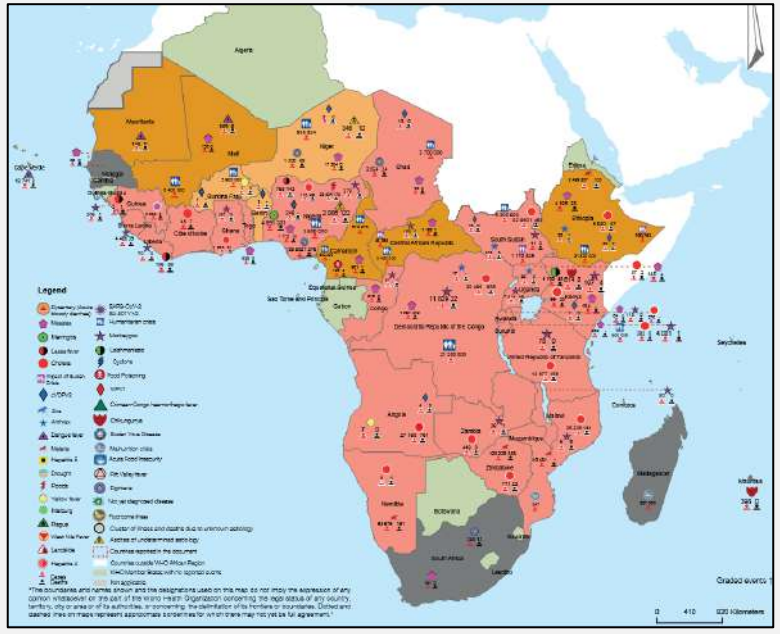
Source: NewsMedia, WHO, UNICEF

Yellow Fever - Angola

Seven yellow fever cases were confirmed across five provinces in Angola in unvaccinated individuals. This is important due to low vaccination rates and potential spread in urban centres with high travel. Cases have been identified across five provinces: Luanda, Benguela, Malanje, Huíla, and Huambo.

Angola has experienced several yellow fever outbreaks in the past due to lying within the yellow fever endemic belt. In 2024, national yellow fever vaccination coverage was estimated at 67%, leaving a significant portion of the population at risk of infection, additionally vaccination coverage varies by province.

Source: WHO, Outbreak News Today



Measles – La Reunion

On 17-Jul-2025, health authorities in Réunion Island confirmed the first indigenous case of measles in over six years. The case involves a 23-month-old baby. The case was identified through routine clinical detection. Contact tracing has identified 16 contacts, including five adults and 11 children. Of the children, two were found to be unvaccinated.

The last indigenous measles case in Réunion was reported in 2019. Since then, cases in the region had been imported or travel-related until this 2025 incident. Vaccination coverage for two doses of the Measles-Mumps-Rubella (MMR) vaccine in Réunion is currently at 80%, significantly below the 95% threshold needed for herd immunity, creating pockets of susceptibility that increase the risk of large outbreaks.

Source: NewsMedia, NewsMedia

Measles – Yemen

On 04-Aug-2025, a report from the Health Cluster and the WHO indicated a significant measles outbreak in Houthi-controlled areas of Yemen. Between 01-Jan-2025 and 14-Jul-2025, 20,823 suspected measles cases and 178 related fatalities were reported, yielding a case fatality ratio (CFR) of 0.85%. The highest numbers of cases have been recorded in the Al Hudaydah, Dhamar, and Amanat Al-Asimah governorates. Districts particularly affected include Al Zaidiya and Al Hali in Al Hudaydah, and Al Hada in Dhamar. The affectedareas are under the control of the Houthi movement (Ansar Allah), which has governed much of northern and western Yemen since 2014.

The measles CFR in Yemen's Houthi-controlled areas is roughly four to eight times higher than the global baseline CFR of 0.1%–0.2% observed in countries with adequate healthcare access.

According to WHO/UNICEF estimates, measles-containing vaccine (MCV1) coverage in Yemen was approximately 68% and MCV2 around 41% in 2023, well below the 95% coverage needed to prevent outbreaks. In Houthi-controlled areas, coverage rates are likely even lower due to conflict-related disruptions to immunization campaigns, limited cold-chain capacity, and access restrictions for health workers.

Source: CDC, NIH, Reliefweb, NewsMedia

Measles – Libya

Measles and rubella outbreaks have been confirmed in three southern Libyan municipalities. Low vaccination rates, especially among migrant and local children, raise the risk of wider spread.

Libya's estimated first-dose measles-containing vaccine (MCV1) coverage was 75% and the MCV2 below 60% in 2023, significantly below the 95% threshold needed for herd immunity.

Source: WHO

Other Infectious Disease Outbreaks – Europe

bluedot

Dengue and Chikungunya - Italy

On 16-Jul-2025, the ECDC reported the **first locally-acquired dengue case of 2025** in Italy, detected in the province of Bologna. From 1-Jan to 15-Jul-2025, 83 cases of dengue were reported, of which 82 were travel-associated. Additionally, 51 cases of chikungunya (spread by the same vectors) were confirmed, comprising 50 travel-associated and one local case, and highlighting the continued risks due to global connectivity.

On 13-Jul-2025, local health authorities in Piacenza city, in the Emilia-Romagna region of Northern Italy, confirmed the **first locally acquired case of chikungunya virus infection in the province in history**.

Source: ECDC, NewsMedia, NewsMedia, Nature

West Nile Fever - France

A local case of West Nile virus has been confirmed in southern France, indicating the start of summer mosquito-borne disease activity.

On 30-Jul-2025, Santé publique France reported the **first autochthonous (local) human case** of West Nile virus (WNV) infection in mainland France. The case was identified in the Provence-Alpes-Côte d'Azur region (PACA), with symptom onset on 15-Jul-2025. The infected individual had no recent travel history to known endemic areas within the 15 days preceding symptom onset, confirming local transmission.

Source: sante magazine, NewsMedia

West Nile Fever - Italy

News media highlights the first autochthonous (locally acquired) cases of West Nile virus (WNV) identified in the Lazio region (Central Italy). The two cases appear unrelated.

Since 2022, human cases have ranged between 300 and 700 cases. most human cases have been reported in the Po Valley in northern Italy. This includes Veneto, Lombardy, Emilia Romagna, Piedmont and Sardinia.

Source: ECDC, NewsMedia

Chikungunya - Spain

On 24-Jul-2025, Spanish health authorities reported the **first suspected locally acquired** case of chikungunya virus infection in Hendaia (Hendaye), located in the province of Gipuzkoa, Basque Country, northern Spain. The case was confirmed in a resident without recent travel history, and two additional suspected cases have been identified in the same area, marking what may be the first autochthonous (local) transmission of chikungunya in Spain.

Affected areas include Hendaia and surrounding municipalities such as Irun, Hondarribia, Donostia, Lezo, Pasaia, Oiartzun, and Errenteria.

Source: department de salud, NewsMedia, NewsMedia

Lyme Disease - Germany

On 04-Aug-2025, the Bavarian Ministry of Health reported a significant rise in Lyme borreliosis (Lyme disease) cases in Bavaria, Germany. Between January and July 2025, a total of 2,940 cases have been recorded, representing an increase of over 500 cases compared to the same period in 2024.

Source: Ministry of Health, NewsMedia

Botulism – United Kingdom

The UK Health Security Agency (UKHSA) issued a public health warning due to a rising number of botulism cases associated with cosmetic procedures across multiple regions in England. The alert was raised due to the size and geographic spread of cases within a short duration.

Between 04-Jun-2025 and 14-Jul-2025, 38 cases of iatrogenic botulism (i.e., related to medical treatment) have been reported in the United Kingdom. Earlier cases were detected in the Northeast Region, whereas these new cases are related to procedures performed in the East of England and East Midlands. Ongoing investigations suggest that the outbreak is related to the use of unlicensed Botox-like products. However, there are no known links with the recent cluster and previously diagnosed cases in Northeast.

Adverse effects include symptoms of difficulty swallowing, slurred speech, and respiratory complications requiring supportive ventilation.

Source: Gov.UK

Rabies - Romania

According to news media, for the first time in 13 years, a death due to rabies has been reported in Romania. The deceased individual is described as a 44-year-old male from Iasi County, in north-eastern Romania, which borders with Moldova. The deceased individual was bitten by a stray dog in February 2025. At the time he was prescribed antibiotics but did not receive post-exposure prophylaxis (PEP). After symptoms developed in June 2025, the man was hospitalized and in a coma for three weeks before he succumbed to the illness.

Source: Rabies Bulletin Europe, RBE, ADIS, Travel, NewsMedia

Malaria - Romania

A malaria case has been confirmed in Bucharest, Romania in a man with no recent travel history to an endemic country, raising concern about possible local transmission—the first since the 1960s. The affected individual is in stable condition and is undergoing treatment at a hospital for infectious and tropical diseases.

Source: Ministry of Health, NIH, NewsMedia

Other Infectious Disease Outbreaks – Americas

bluedot

World Health Organization

Legionnaire's disease – USA

The New York City Health Department (NYC Health) reported 36 more Legionnaire's disease infections on August 5th, along with 1 more death, in a Central Harlem outbreak. The total in the outbreak, which was first announced in late July, now stands at 58 cases, 2 of them fatal.

NYC Health added that remediation has now been completed on 11 cooling towers that initially screened positive for *Legionella pneumophila*.

Source: NYC HEALTH

Pneumonic plague – USA

Arizona's Coconino County, near Flagstaff, has reported a pneumonic plague death, its first since 2007. The Arizona resident, who suffered a severe lung infection caused by the *Yersinia pestis* bacterium, had no connection to a prairie dog die-off in the Townsend Winona area, northeast of Flagstaff.

Officials said the **overall risk** to the public is **low**. According to the CDC, only about seven people in the US are sickened with plague annually.

Source: AZ.gov, CIDRAP

Chagas disease threat – USA

Researchers have found kissing bugs carrying the Chagas disease parasite in homes across multiple Florida counties. This raises concern for local spread, as the parasite can silently cause serious heart or digestive issues. Over the past 10 years, more than 300 kissing bugs have been collected across 23 Florida counties. 30% of the bugs tested positive for *Trypanosoma cruzi*, indicating a sustained environmental presence of the pathogen. More than one-third of the insects were collected from inside people's homes, signalling an elevated risk of domestic vector-human contact.

Source: PLOS, NewsMedia

Measles – USA - UPDATE

CDC reports the national total for the year at 1,356 cases, the most since the US achieved measles elimination in 2000. One more state reported cases, Wisconsin, lifting the number of affected states to 41. Three more outbreaks were reported, putting the nation's total at 32 for the year. For comparison, the country had 16 outbreaks for all of 2024.

Of confirmed illnesses this year, 87% were part of outbreaks, compared with 69% for 2024. And of infected patients, 92% were unvaccinated or had unknown vaccination status. Though about 65% of cases occurred in children, 34% were recorded in adults ages 20 years and older.

Source: CDC, CIDRAP

Dengue – American Samoa

A dengue fever outbreak with six confirmed cases has been declared in American Samoa, with both travel-related and local cases identified. This is important due to ongoing regional outbreaks and high local risk.

Source: PIHOA, NewsMedia, CDC, CIDRAP, CDC, Reliefweb

Rocky Mountain Spotted Fever in a dog – Canada

A rare fatal case of Rocky Mountain spotted fever has been confirmed in a dog after visiting Long Point, Ontario, with several recent local canine cases reported. A veterinary infectious disease specialist confirmed that five dogs in Ontario have tested positive for RMSF in 2025, four of which had a history of visiting Long Point.

RMSF is transmitted locally by the American dog tick (*Dermacentor variabilis*), which is established in Ontario.

Source: NewsMedia, MERCK, VetClinic

Measles – Brazil

A measles outbreak has been confirmed in Campos Lindos, Tocantins, linked to unvaccinated individuals recently returned from Bolivia. All nine confirmed cases are individuals from a culturally isolated community of approximately 400 people with low vaccine coverage. All were unvaccinated and had recently travelled to Bolivia, where an ongoing measles outbreak is occurring.

Source: NewsMedia, gov.br

New World screwworm – Mexico

Mexico's health ministry has reported a death from New World screwworm, which involves an 86-year-old woman from the city of Candelaria in Campeche state. The woman had been hospitalized since May with skin lesions complicated by myiasis.

Mexico has reported 35 human cases this year, mostly from Chiapas state.

The disease is spread by the fly *Cochliomyia hominivora*, which deposits larvae that burrow into the flesh of livestock, wildlife, pets, and sometimes people, causing severe damage.

Source: CDC Mexico, NewsMedia

Varicella - Uruguay

Chickenpox cases have surged in Uruguay, especially among adolescents and young adults, due to gaps in full vaccination coverage. As of 21-Jun-2025, Uruguay's Ministry of Public Health (MSP) has reported a 71.5% increase in varicella cases. In 2025, 307 cases have been reported compared to 179 cases during the same period in 2024.

Uruguay's first-dose varicella vaccine coverage consistently exceeds 90%, aligning with WHO benchmarks. However, second-dose coverage, introduced more recently, remains below 85%. WHO) recommends ≥85–90% coverage for both doses to achieve herd immunity and effectively prevent outbreaks.

Source: Salud Publica, NewsMedia

Other Infectious Disease Outbreaks – Asia

bluedot

World Health Organization

Mpox Clade I – China

New Mpox Clade I cases have been confirmed in China. Although many are linked to travellers from outbreak regions, local transmission is also occurring. This is concerning due to the virus' high transmissibility and signs of undetected spread. Since the beginning of 2025 and as of 31-Jul-2025, there have been 23 confirmed cases, with no additional suspected cases or deaths reported. Of the 23 cases, seven have been linked to travellers from endemic or regions with active transmission of mpox, including Uganda (2), Tanzania (2), the Democratic Republic of the Congo (2). However, there are cases linked to countries with limited local transmission information including Nepal (1), and the United Arab Emirates (2). The remaining 16 cases appear from local transmission; however, the precise setting of exposure (i.e., within households or other close contacts) remains unclear.

Source: WHO, WHO

Chikungunya - China

Chikungunya is rapidly spreading in Guangdong, Southern China. As of 20-Jul-2025, the chikungunya fever outbreak in Foshan, Guangdong Province, China has escalated rapidly, with 2,285 confirmed cases reported across Shunde, Nanhai, and Chancheng Districts. The majority of cases remain concentrated in Shunde District (2,158 cases), particularly in Lecong, Beijiao, and Chencun Towns. Nanhai District has reported 58 cases, and Chancheng District 69 cases. All cases are reported as mild, with no severe cases or deaths confirmed to date.

Notably, at least two confirmed chikungunya cases have been exported to Macao, indicating the outbreak has spread beyond Guangdong and reinforcing concerns of regional dissemination.

Source: gcs.gov.mo, CDC

Chikungunya - Macao

Macao has reported its first ever locally acquired chikungunya case, involving a 34-year-old male who resides in Macao and works at a construction site in nearby Zhuhai, China. The affected individual remains hospitalized in isolation and is in stable condition. Given the timeline of travel to Zhuhai, symptom onset, and laboratory confirmation, this case has been classified as a locally acquired case of CHIKV.

Macao has reported six imported CHIKV cases since 18-Jul-2025; four of which had recent travel to Foshan City, China. One had recent travel to the Philippines, and one was a resident of Macao but lived in Zhuhai, China.

Source: macao.gov, Hong Kong gov

Nipah Virus - India

A 32-year-old man who is the son of a man who died from a confirmed Nipah virus infection in India's Kerala state has tested positive in preliminary hospital testing. This lift the current outbreak total to four with two fatal cases.

Gavi yesterday in an update on Nipah virus vaccine development said human trials for two candidate vaccines will soon launch in Bangladesh, one of the countries to report ongoing sporadic human cases.

Source: GAVI, WHO

Leptospirosis - Philippines

Leptospirosis cases are rising in Quezon City and nationwide in the Philippines, worsened by flooding during the rainy season and Typhoon Co-may. From 01-Jan to 19-Jul-2025, 3,037 cases of leptospirosis have been reported across the nation. In roughly the same time period last year (01-Jan to 27-Jul-2024) there were 1,444 cases of leptospirosis reported nationwide. The start of the rainy season in the Philippines was officially declared on 02-Jun-2025. 1,114 cases (37%) were reported after 08-Jun-2025.

The Philippines Department of Health highlighted the increased demand on hospitals with 569 hospital cases recorded from 13-Jul to 31-Jul-2025.

Source: gov.ph, NewsMedia, surveillance.gov

Rabies – Timor-Leste

Between May and mid-June 2025, Timor-Leste confirmed **four human rabies deaths** in the municipalities of Bobonaro (n=2), Ermera (n=1) and Oecusse (n=1). All cases involved individuals exposed to dogs' bites months prior to symptom onset.

Since March 2024, a total of 106 animal rabies cases—mostly in dogs—have been reported, and over 1400 dog bites or scratches have occurred, with a total of six fatalities. Access to and completion of post-exposure prophylaxis remains limited. The spread of rabies into non-border areas like Ermera signals a growing public health concern.

Based on the current available information, the WHO assesses the **risk** posed by this event as **high at the national level, moderate at the regional level**, and **low at the global level**.

Source: WHO DON

Dengue - Vietnam

Dengue cases are increasing in Vietnam, especially in the south, with a shift toward the more severe DENV-2 strain. This raises concerns due to greater risks in people with prior infections.

From 01-Jan to 08-Jul-2025, Vietnam has recorded 32,189 dengue fever cases, with more than 70% of cases reported in the Southern region. Ho Chi Minh City alone reported 15,538 cases as of 13-Jul-2025 (epidemiological week 28), a 159% increase compared to the same period in 2024 when 5,990 cases were reported. A total of 10 deaths have been confirmed in Ho Chi Minh City to date in 2025.

All four dengue virus serotypes (DENV-1 to DENV-4) are circulating, with DENV-2 now dominant over DENV-1, the previously common strain. DENV-2 raises concerns as it is a serotype associated with more severe disease in individuals previously infected with another dengue serotype due to antibody-dependent enhancement. Severe cases are increasingly being reported in adults, with complications such as shock, liver failure, and internal bleeding, especially among those with underlying conditions like diabetes and hypertension.

Source: Statistics.gov, NewsMedia, NewsMedia

Other Infectious Disease Outbreaks – Asia/Middle East

bluedot

Measles in Israel

Measles cases are increasing in Israel, particularly in Jerusalem and Beit Shemesh, with most cases in unvaccinated children. 245 confirmed measles cases have been reported over the past three months. Of these, 91 individuals remain ill, and almost half of the new cases were identified within the last week.

87% of cases involve children, the vast majority of whom were not vaccinated. 69 individuals (28% of total cases) have been hospitalized, 56 of them children, and 14 patients required intensive care. Twelve children under six years old are currently hospitalized, three of whom have vaccine status under verification.

Source: Ministry of Health

Meningococcal Meningitis - Russia

Russia is seeing a sharp rise in meningococcal meningitis cases, mainly among adults and labour migrants, with outbreaks concentrated in Moscow. In the first five months of 2025, 1,266 cases of meningococcal meningitis were registered in Russia, including 948 adults and 318 children, compared to slightly over 600 cases reported for the entirety of 2024. The mortality rate in 2025 is approximately 16% among adults, and over 30% among those aged 60 and above. The overall fatality rate increased by one percentage point from 2024. Serogroups A, B, and C are responsible for the majority of cases, with serogroup A currently predominant. Additional circulation of W and Y serogroups has been noted across regions.

Source: NewsMedia

Malaria – South Korea

As of 05-Jul-2025 (epi week 27), 233 locally acquired malaria cases have been confirmed across South Korea. The country has recently recorded a seasonal uptick in cases, although case counts remain below those reported during the same period in 2024 and 2023, when 255 and 321 cases were reported, respectively. Local authorities have issued malaria alerts for Paju City, Goyang City, and Yeoncheon County, all in northern Gyeonggi Province, a high-risk region for malaria in South Korea.

Source: CDC Korea

Tetanus – Thailand

An 8-year-old boy with incomplete vaccination was clinically diagnosed with tetanus at a government hospital. Tetanus is rare in Thailand due to widespread immunization efforts, but sporadic cases occur in unvaccinated individuals. In 2024, the country reported a high coverage for the infant doses (first and second tetanus containing vaccine) above 90%.

Source: NewsMedia, WHO, WHO

Hand Foot And Mouth Disease – Philippines

The Provincial Health Office of Negros Occidental has documented 828 HFMD cases from Jan to late-Jun-2025, marking a 246.44% increase compared to 239 cases during the same period in 2024. No HFMD-related fatalities have been reported.

Source: NewsMedia

Melioidosis - Taiwan

Taiwan is reporting an increasing number of melioidosis cases following heavy rainfall and flooding brought on by Typhoon Danas earlier in July. Additional cases are expected given that melioidosis outbreaks tend to peak in the month following typhoon activity. Between 15-Jul and 21-Jul-2025, six cases and two deaths were confirmed in Kaohsiung City, southern Taiwan directly after the typhoon.

The affected individuals were older adults (50 to 90 years) reporting chronic health conditions such as hypertension, diabetes, cardiovascular disease, and liver disease. Two individuals had a known history of exposure to sewage sludge during or after the typhoon.

According to Taiwan's National Infectious Disease Statistic System, 27 locally acquired melioidosis cases have been reported this year to date (22-Jul-2025), of which 22 occurred in Kaohsiung. Confirmed cases in 2025 show a **fourfold increase** compared to the seven cases reported in 2024 over a similar period.

Source: macao.gov, Hong Kong gov

H5N1 avian flu - Cambodia

Cumulatively this year, Cambodia has confirmed 15 infections, seven of which have been fatal. Eight cases, including four deaths, have been in individuals under the age of 19. In 2025, 36% of cases (5/15) have been reported from the northern province of Siem Reap. All cases to date have had suspected or known recent contact with sick or deceased birds before symptom onset. No human-to-human transmission has been detected.

The last two cases have been reported in a 26-year-old man from Kravan Village, Nokor Thom Commune, Siem Reap City, Siem Reap Province. This commune is notable as it covers Angkor Archaeological Park, which is home to the well-known temple complex, Angkor Wat. He got sick after slaughtering poultry before falling ill. Another reported case was in a 6-year-old girl from Takeo province on Cambodia's southern border. Investigators found that there were nearly 1,000 sick or dead chickens in the girl's village over the past month, including at the child's home, where there were 30 sick and dead chickens. Her mother had brought the dead chickens to cook shortly before the girl became ill.

Source: WAHIS, Gov, CIDRAP

Highly Pathogenic Avian Influenza A H5N1 – Bangladesh and India

A third child from **Chittagong division on the southeastern coast of Bangladesh** was confirmed to have influenza A(H5N1) in 2025. The child had contact with backyard poultry before symptoms began. It recovered and no further cases were detected. These three cases come after a decade of no documented human cases in the country. With this confirmation, there have been 11 cases of influenza A(H5N1) reported to the WHO from Bangladesh since 2008.

According to WHO **India's** case involves a man from Karnataka state whose sample was obtained in May and has since died from his infection. Few details were available about his exposure. However, the report said the virus belongs to the 2.3.2.1a clade known to circulate in Bangladesh and India. India reported its last case in April, which involved a 2-year-old girl from Andhra Pradesh state who died from her infection.

Source: WHO, CIDRAP

Animal Infectious Disease Outbreaks 2025

World Organisation for Animal Health

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

***HUN*:** On July 29, 2025, two Greylag Gooses were tested positive by the Veterinary Diagnostic Directorate of the National Food Chain Safety Office. The carcase was found in Tap, Győr-Moson-Sopron.
(47.540322 , 17.875851 *(Approximate location)*)

***FRA*:** On July 23 and 30, 2025, one Yellow-legged Gull and four Herring Gull were tested positive by the ANSES - Laboratoire de Lyon. The carcase was found in Rochefort, Nouvelle-Aquitain and Dunkerque, Hauts-de-France .
(45.91889491463874 , -0.9801178544940189 , 51.05345217 , 2.4470149 *(Approximate location)*)

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

GBR: On July 28/29, 1167, on July 30, 6000 and on August 1, 2025, 4400 domestic birds were tested positive by the Animal and Plant Health Agency (APHA). The cases occurred at Dulverton, Somerset, Snetterton, Norwich and Aberdeenshire, Scotland.
(51.11 , -3.54 and 52.47 , 0.95 and 57.62 , -2.58) *(Approximate location)*)

IRL: On July 30, 2025, 1 domestic bird was tested positive by the Central Veterinary Research Laboratory. The 7 remaining birds of the backyard flock were euthanised and have tested negative for AI PCR. The case occurred at Donegal.
(54.64096 , -8.09376 *(Approximate location)*)

Newcastle disease virus

BGR: 387 cases in domestic birds have been verified by the National Reference Laboratory for avian influenza and Newcastle disease, BGR, on 25 July 2025. 2,000 unvaccinated juvenile birds in a registered livestock holding adapted for the rearing of wild birds used for game hunting have been under suspection. The cases occurred in Elhovo, Yambol.
(42.2012 , 26.5589 *(Approximate locations)*).

Rabies virus

ARM: One case of rabies in dog has been verified by the Republican Veterinary-sanitary and Phytosanitary Center of Laboratory Services SNCO, on July 30 and 5 August. Cases occurred in Aygeshat and Sardarapat, Armavir.
(40.1239 , 44.0044 , 40.227 , 44.2855 *(Approximate locations)*).

African swine fever

UKR: On July 7, 2025, one wild boar was tested positive at the Odesa Regional State Laboratory . The cases occurred in Kodyms'kyi, Odessa. (48.0485 , 28.8651 *(Approximate location))*

Sheep and goat pox

TUR: On July 7, 2025, in total 2 positive sheep sample were identified by the Pendik Veterinary Control Institute. The sheeps were located at Büyükevren, Edirne. Sheep and goat pox disease has not been observed in the region since 2017. As part of the disease control and combat program, the entire small ruminant population in the country is under the vaccination program. Considering the high prevalence of the disease in neighboring countries and the proximity of these foci to the affected region along with factors such as intense seasonal vector activity it is believed that the disease was introduced via vector-borne transmission from outbreaks in neighboring regions.
(40.64 , 26.22 *(Approximate location)*)

***ROU*:** 13 cases in sheep have been confirmed by the National Reference Laboratory for sheep and goat pox on July 17, 2025. The case occurred in Tufeni and Crampoia.
(44.282714 , 24.917448 *(Approximate location)*)

***BGR*:** 30 cases in sheep and 14 cases in sheep/goats mixed herd have been confirmed by the Institute for Diagnosis and Animal Health (IDAH) on July 21, 2025. The case occurred in Maritsa, Plovdiv.
(42.2363 , 24.8297 *(Approximate location)*)

Bluetongue

POL: On July 10 two cattle have been tested positive by the National Veterinary Research Institute. Cases occurred in Damnica, Slupsk.
(54.52362 , 17.32934 *(Approximate location)*).

BGR: The bluetongue outbreak is in backyard that is highly isolated from civilization, difficult to access, and located in a high mountain area. From 25 sheep during the inspection found that only two animals showed clinical signs. Vector control measures have been implemented to limit the spread of the disease. Cases occurred in Kyustendil.
(42.1969 , 22.6726 *(Approximate location)*).

HRV: On July 28 two cattle have been tested positive by the Croatian Veterinary Institute - branch SPLIT. The two cattle died due to anthrax. Additional laboratory investigations confirmed BTV serotype 8. Cases occurred in Vrlika, Splitsko-Dalmatinska.
(43.88977 , 16.4054 *(Approximate location)*).

SVN: On July 18 one sheep has been tested positive by the National Veterinary Institute. The Case occurred in Ilirska Bistrica.
(45.56387 , 14.15789 *(Approximate location)*).