Force Health Protection Branch
NATO MilMed COE
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Update 162

FHP-Update
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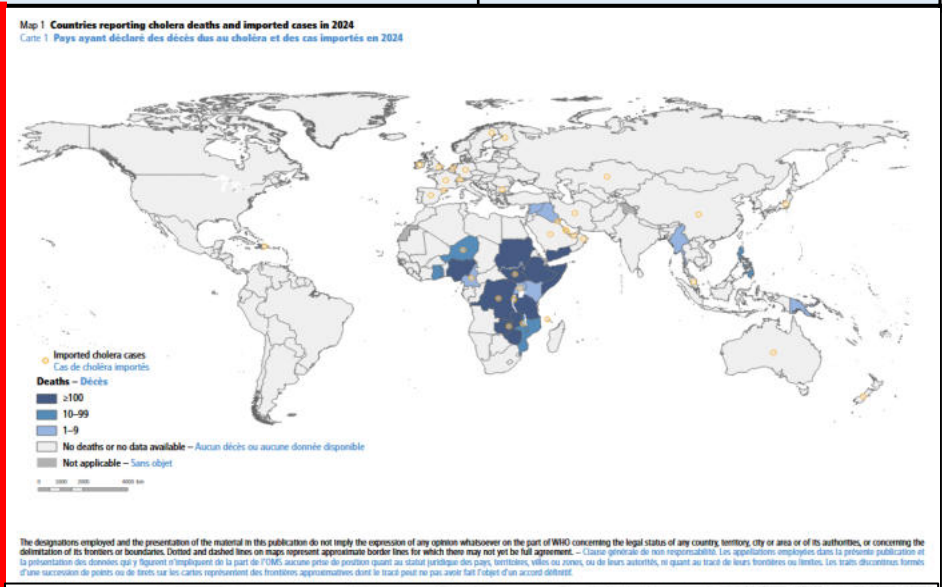
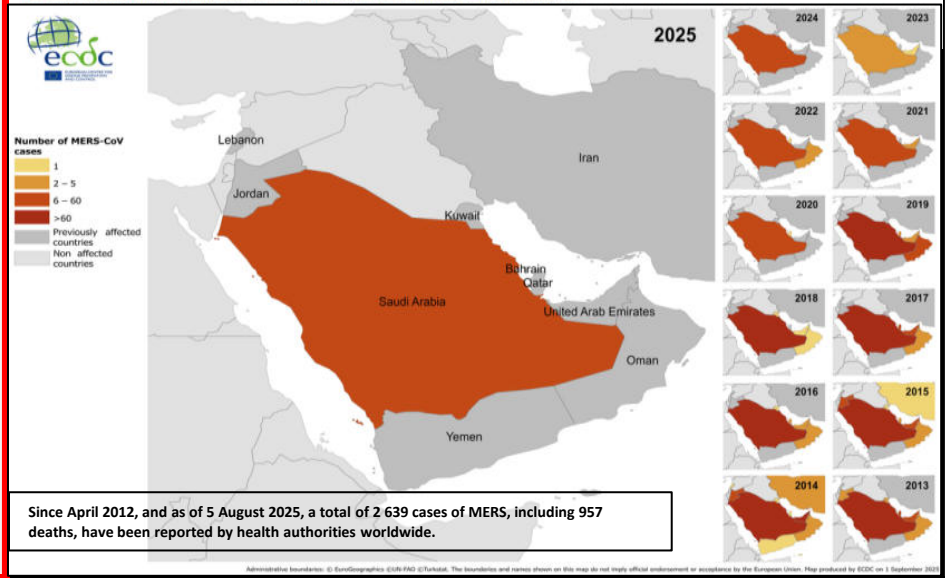
News:

- **WHO:** has released updated editions of its Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc), adding new treatments for various types of cancer and for diabetes with associated comorbidities such as obesity. Medicines for cystic fibrosis, psoriasis, haemophilia and blood-related disorders are among the other additions.
- **Pfizer/BioNTech**: reported strong phase 3 clinical data for 2025-26 COVID vaccine Comirnaty. The data show at least a fourfold increase in neutralizing antibodies, reinforcing preclinical data, and Pfizer has submitted these data to the FDA.
- **Moderna**: announced promising preliminary immunogenicity data for its 2025-26 formulation of Spikevax COVID-19 vaccine, which targets the LP.8.1 variant. Spikevax prompted a greater than eight-fold increase in neutralizing antibodies against LP.8.1 in people ages 12 through 64 years with at least one underlying condition that puts them at high risk for severe COVID complications, as well as adults aged 65 and older in the ongoing phase 4 clinical trial.
- **PAHO**: issued another alert urging countries to bolster their surveillance, medical management, and vector-control activities in ongoing battles against chikungunya and Oropouche viruses. The chikungunya outbreaks are linked to a shift in the circulating genotypes. Since 2014, cases in the Americas region have mainly involved the Asian genotype, but this year the most affected countries are also seeing circulation from the East/Central/South African (ECSA) genotype.
- **FDA**: as suspended the license for French drugmaker Valneva's chikungunya vaccine. The decision was based on serious safety concerns related to Ixchiq, a live-attenuated vaccine that was approved by the FDA in 2023. There had been one death from encephalitis directly attributable to the vaccine, and over 20 reported serious adverse events that were consistent with chikungunya-like illness, with 21 hospitalizations and 3 deaths. Furthermore, the clinical benefit of the vaccine has not yet been verified in confirmatory clinical studies.
- **OSVIAX**: announced the launch of a phase 2b trial of OVX836, its broad-spectrum influenza A candidate vaccine for pandemic and seasonal flu preparedness. In a statement, the France-based company said the randomized, double-blind, multicenter trial will enroll 2,850 adults ages 18 to 59 years old at 16 sites across Europe.
- **CDC**: The last meeting of the Advisory Committee on Immunization Practices (ACIP) beginning of September set even more vaccine sceptic as it now including multiple anti–COVID mRNA vaccine activists. The Vaccine Integrity Project is working with a team of experts to help to clarify the ACIP statements to the public. They recently screened the most recent literature, consisting of more than 17,000 scientific abstracts; reviewed 1,406 full articles; and extracted detailed data from 590 studies published since the last CDC review of COVID, RSV and flu immunization literature. They found no new significantly elevated safety risks from US-licensed immunizations.
- **USA**: To address the surveillance gap in measles outbreak visualisations, a national data collection and reporting infrastructure was invented that provides near–real-time, county-level measles case data beginning in January 2025, and shared via a public dashboard and open data repository since May. County-level imported, and community-acquired measles cases and demographic data are collected twice a week from state and local public health department websites, dashboards, news releases, and public health bulletins.





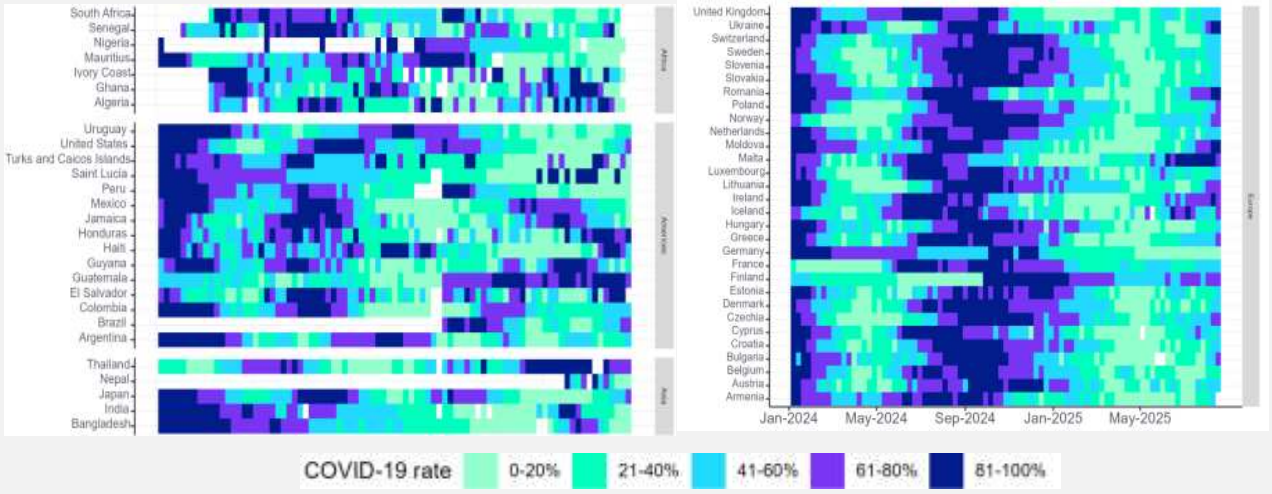
Global COVID-19 Update

bluedot

Growth Rate Ratio of COVID-19 Case Rate

Ratio of COVID-19 case rate in the most recent four-week period (28-Jul-2025 to 24-Aug-2025) compared to the previous four-week period (30-Jun-2025 to 27-Jul-2025)

Weekly COVID-19 Activity in 2024-2025, by Region



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.

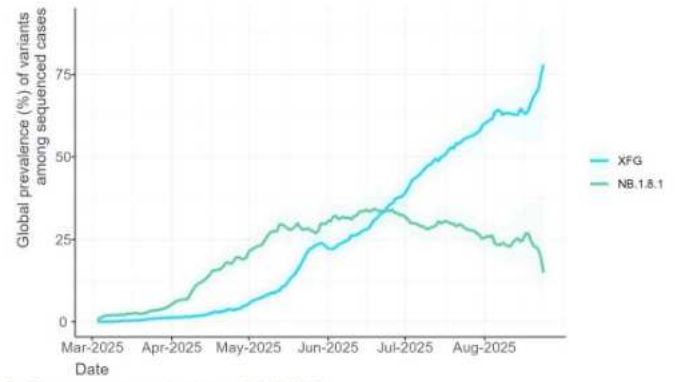
Disease Activity

- In August 2025, COVID-19 case rates increased across two-thirds of all countries with adequate data (38 of 57), including countries in North and South America, Europe, and Japan. While NB.1.8.1 is dominant in Japan, XFG is dominant and increasing across North America and Europe. Though several regions are observing increases in COVID-19 cases, disease levels remain relatively low compared to previous waves in many regions.
- COVID-19 activity is increasing in the United States (US) as measured by reported cases, percent positivity, wastewater activity, emergency department visits, hospitalizations, as well as deaths, and is largely being driven by the XFG variant. However, activity levels across most indicators remain lower than any wave in the previous two years, at a national level. Schools reopening at the beginning of September in most regions in the US may contribute to increased disease spread; however, the impact remains to be seen [1, 2].
- An additional quarter (25%) of all countries (14 of 57) reported moderately high levels of activity between 61 to 80% (fourth highest category), indicating that these countries are reporting higher than mean levels of activity compared to the previous two years.

Variant Update

- No notable new SARS-CoV-2 variants emerged in August, and NB.1.8.1 and XFG remain dominant globally. While NB.1.8.1 is showing a decreasing growth advantage, XFG is increasing across several regions.
- A phase 3 clinical trial showed that the Novavax JN.1 vaccine boosted protection against multiple circulating and emerging Omicron variants, including XFG, and was generally safe, with only mild side effects.

Global Summary



Data Source: cov-spectrum.org. Input data provided by GISAID.

	Variant Details	Notable Sublineages (And their prevalence among all parent sequences)	Prevalence As of 31-Aug-2025 (95% CI)	Estimated Growth Advantage (In the past 2 months)
XFG	Recombinant of LF.7 and LP.8.1.2	• XFG.3 (16.9%) • XFG.2 (11.2%) • XFG.5 (10.0%)	**78.0%** (56.4 to 90.7%)	**18%** (17 to 20%)
NB.1.8.1	Sublineage of the recombinant XDV.1.5.1	• PQ.2 (15.6%) • PQ.17 (8.2%) • PQ.1 (6.2%)	**14.9%** (5.2 to 35.8%)	**-6%** (-7 to -4%)

Data Source: cov-spectrum.org. Source data provided by GISAID.

World Health Organization
African Region

Ebola situation report DRC II
as of 15 September 2025

Situation update

Cases	Deaths	CFR
54	27	50.0%

On 4 September 2025, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola Virus Disease in Bulape Health Zone, Kasai Province, following laboratory confirmation by RT-PCR and GeneXpert assays at the National Institute of Biomedical Research (INRB) in the capital Kinshasa. This is the 16th outbreak of Ebola virus disease in the Democratic Republic of the Congo.

The presumptive index case, a 34-year-old pregnant woman with 34 weeks of gestation from Tshitekeshi, Bulape Health Area, Bulape Health Zone, reportedly developed symptoms on 10 August 2025 and was admitted in labour to the Obstetrics and Gyneacology ward at a local hospital on 20 August 2025, with high-grade fever and acute onset of bloody watery diarrhoea. She died on 26 August 2025 while on admission and was subsequently buried in the community without adherence to safe and dignified burial practices. No sample was collected prior to burial. The source of infection of the index case is still under investigation.

On 22 August 2025, a nurse who provided care to the presumptive index case developed similar signs and symptoms and later died on 1 September 2025. Two other health workers, a laboratory technician and another nurse from the same hospital, also experienced onset of signs and symptoms on 24 and 28 August 2025 respectively and subsequently died.

As of 14 September 2025, a total of 54 cases, including 27 deaths (case fatality ratio 50.0%) have been reported from Bulape Health Zone, Kasai Province, Democratic Republic of the Congo1. Of these, 35 are laboratory confirmed cases, including 16 deaths (CFR 45.7% among confirmed cases). Four of the cases are among health workers. A total of 885 contacts have been listed and under follow-up, with 715 (80.8.0%) seen on 14 September 2025. There are 12 confirmed cases currently in admission undergoing clinical care.

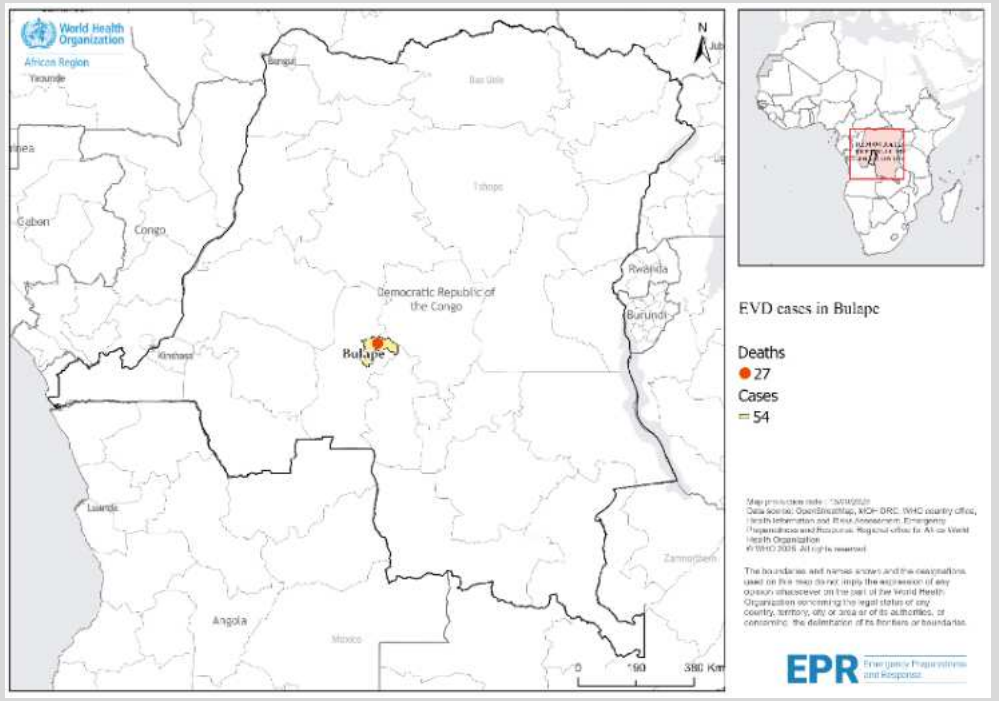
Genomic analysis showed a 99.5% similarity to the genome of the 1976 Yambuku-Mayinga outbreak, suggesting that the current outbreak represents a new zoonotic spillover event and is not directly linked to the previous outbreaks in the province.

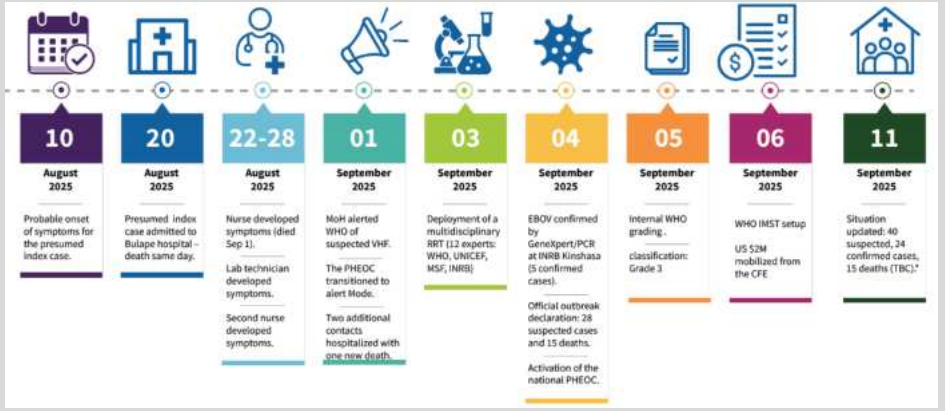
On September 16 the first two Ebola virus patients have been released from treatment, according to announcements from Doctors Without Borders (MSF) and the World Health Organization (WHO).

On X today, WHO Director-General Tedros Adhanom Ghebreyesus, PhD, said the outcome reflects the joint work of the WHO, MSF, the Alliance for International Medical Action (ALIMA), the community, and other health partners.

Source: AFRO, WHO DON

Geographical distribution of Ebola virus disease cases and deaths, Kasai province, Democratic Republic of the Congo, 14 September 2025





Timeline of key events

World Health Organization
African Region

Cholera Disease Outbreaks
Global Situation-2025

Source: WHO, AfricaCDC

Current situation:

Cholera remains a major public health threat worldwide. Between 1 January and 17 August 2025, a total of 409,222 cases and 4,738 deaths were reported from 31 countries. Compared with the same period in 2024, this represents a 20% decrease in reported cases but a 46% increase in deaths, indicating gaps in case management and delayed access to care. Six countries recorded case fatality rates (CFR) above 1%, exceeding the target for effective outbreak control.

Geographical distribution (2025):

- *Africa*: 172,750 cases and 3,763 deaths (CFR 2.2%). The heaviest burden is in South Sudan (71,825 cases), Sudan (48,768), Democratic Republic of the Congo – DRC (46,800), and Chad (776 cases, CFR 6.8%). These outbreaks are expanding geographically, often linked to flooding, displacement, and fragile health systems.
- *Eastern Mediterranean Region*: 230,991 cases and 943 deaths (CFR 0.4%). Yemen alone accounts for nearly 90% of the region's cases.
- South-East Asia: 2,985 cases, 1 death. Bangladesh remains endemic with stable high reporting.
- *Americas*: 2,496 cases and 31 deaths, almost all from Haiti.
- *Europe & Western Pacific*: No active outbreaks, only sporadic imported cases.

Key drivers:

- Humanitarian crises and armed conflict (Sudan, South Sudan, DRC).
- Natural disasters and climate extremes (flooding, drought, cyclones) disrupting water and sanitation systems.
- Population displacement and cross-border transmission.
- Fragile health systems and limited access to safe water, sanitation, and hygiene (WASH).

Response actions*:*

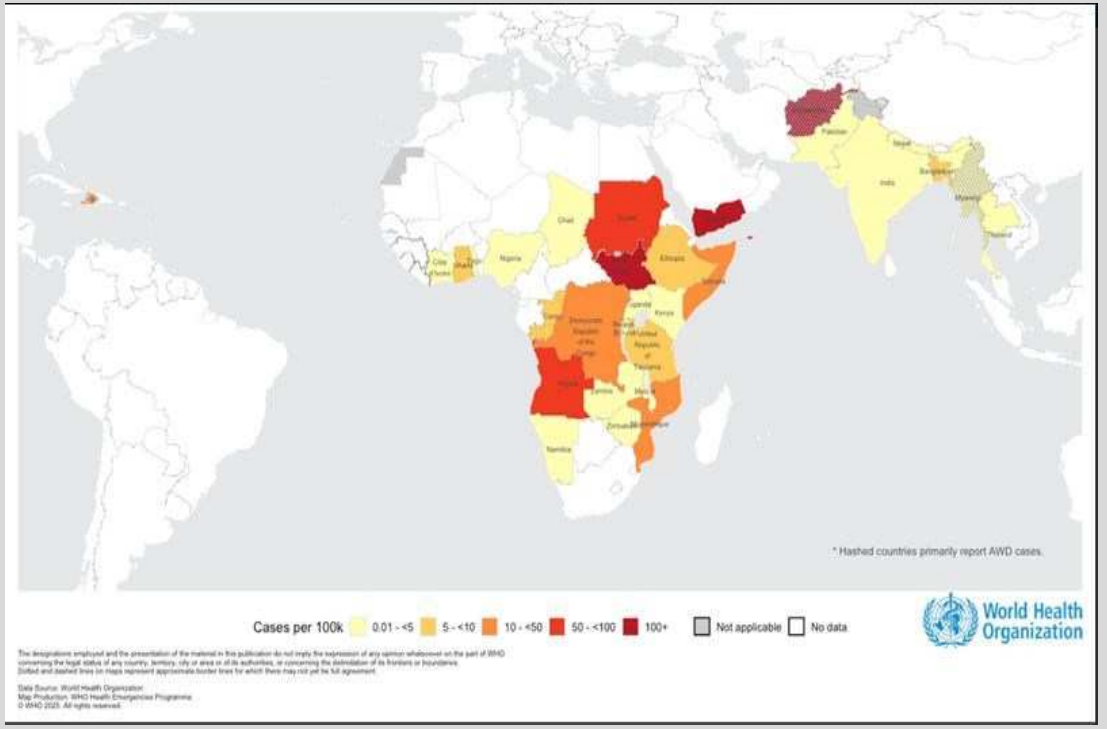
Vaccination: Due to global shortages, oral cholera vaccine (OCV) campaigns mostly use a one-dose strategy. In 2024, 40 million doses were deployed in 16 countries. In 2025, mass campaigns continue in Kinshasa (DRC), South Sudan, Sudan, and Chad.

Africa CDC & WHO: A Continental Cholera Emergency Preparedness and Response Plan was launched in August 2025, aiming to strengthen surveillance, WASH interventions, vaccination, and cross-border coordination.

Community interventions: Establishment of oral rehydration points, rapid diagnostic testing, and awareness campaigns to promote early treatment and hygiene practices.

Outlook:

The global risk remains very high. Without urgent and coordinated measures, further spread within and across countries is likely. Achieving the Global Roadmap to End Cholera by 2030—a 90% reduction in deaths and elimination in at least 20 countries—will require sustained investment in WASH infrastructure, improved case management, stronger surveillance, and reliable vaccine supply.



World Health Organization
African Region

Cholera Disease Outbreaks
Africa

Source: WHO, AfricaCDC

Current situation:
Cholera continues to pose a severe challenge across Africa. Between 1 January and 31 July 2025, 200,709 suspected cases, 5,945 confirmed cases, and 4,372 deaths (CFR 2.1%) were reported from 23 African Union Member States. Compared to the same period in 2024, this is a 55% increase in cases and 115% increase in deaths. Africa currently accounts for nearly 60% of global cases and over 95% of global cholera deaths.

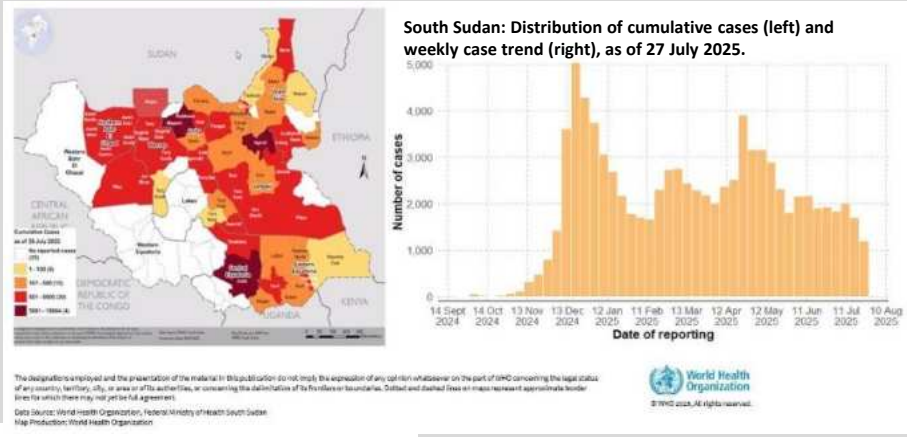
Most affected countries:
- *South Sudan*: 71,825 cases, 1,194 deaths (CFR 1.7%). Widespread outbreak across 8 states, fueled by flooding and mass displacement.
- *Sudan*: 48,768 cases, 1,094 deaths (CFR 2.2%). All 18 states affected; highest numbers in Khartoum, North Kordofan, White Nile, and Darfur.
- *Democratic Republic of the Congo* (DRC): 46,800 cases, 1,362 deaths (CFR 2.9%). Concentrated in Kinshasa, North/South Kivu, and Tshopo; Kinshasa shows especially high CFR (up to 8%).
- *Angola*: 27,666 cases, 773 deaths (CFR 2.7%). Outbreak linked to drought and flooding.
- *Chad & Republic of the Congo*: Emerging outbreaks in 2025 with very high CFRs (6.8% and 7.7% respectively), highlighting gaps in timely access to treatment.

Regional trends:
- *Eastern Africa* (South Sudan, Sudan, Ethiopia, Somalia, Tanzania, Kenya, Uganda, Comoros, Rwanda): 126,388 suspected cases, 2,250 deaths. South Sudan and Sudan alone account for >90% of the region's burden.
- *Central Africa* (DRC, Congo, Chad, Burundi): 40,769 suspected cases, 1,127 deaths. DRC drives nearly all cases and deaths.
- *Southern Africa* (Angola, Mozambique, Zambia, Zimbabwe, Malawi): 28,600 suspected cases, 852 deaths. Angola is the epicenter (84% of cases).
- *Western Africa* (Ghana, Côte d'Ivoire, Nigeria, Togo): 4,898 suspected cases, 93 deaths. Smaller outbreaks but persistent risks linked to cross-border movement.

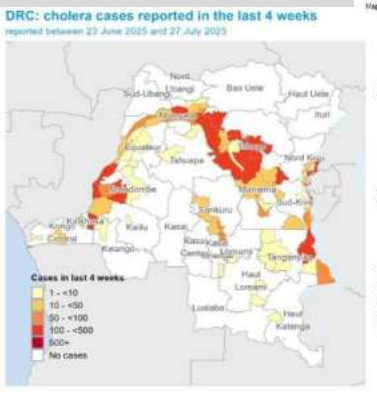
Key drivers:
- *Climate extremes*: Floods, droughts, and cyclones contaminate water sources and displace populations.
- *Conflict & displacement*: Ongoing crises in Sudan, South Sudan, DRC, and Chad exacerbate transmission and delay treatment.
- *Weak WASH systems*: Limited access to safe drinking water and sanitation in overcrowded settings.
- *Health system strain*: Multiple concurrent outbreaks (measles, malaria, mpox) reduce capacity for cholera control.
- *Limited vaccine supply*: OCV shortages hinder large-scale campaigns.

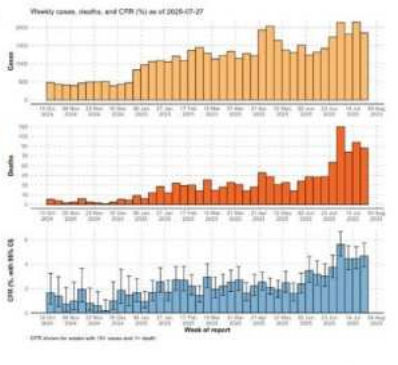
Response:
- Africa CDC & WHO launched a Continental Cholera Emergency Preparedness and Response Plan (August 2025) to coordinate cross-border action, scale up vaccination, and strengthen WASH interventions.
- Vaccination campaigns ongoing in DRC, South Sudan, Sudan, Chad, Angola, and Ghana; most using one-dose strategy due to global OCV shortages.
- Rapid response teams, ORS distribution, and treatment centers have been established in high-burden areas, but access remains difficult in conflict zones.

Outlook:
Cholera burden in Africa is rising sharply, with fragile states most affected. Without urgent action, further spread and high mortality are expected. Achieving the 2030 Roadmap goal of 90% reduction in deaths will require sustained investment in WASH, reliable vaccine supply, stronger surveillance, and community-based care.



South Sudan: Distribution of cumulative cases (left) and weekly case trend (right), as of 27 July 2025.





Chikungunya in France in 2025

*The chikungunya outbreak in France has reached an **all-time high relative to historic outbreaks** in Europe. Local spread, indicating a risk for rapid expansion of cases in larger populated areas.*

A **substantial increase in indigenous cases** was noted mid-to-late August, however cases have since declined. Additional weeks are required to assess whether these are sustained trends.

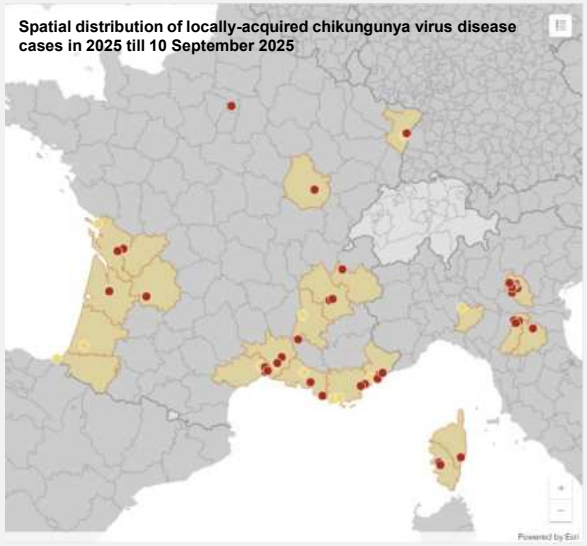
Local spread has been seen in urban regions including the **first case of 2025 in Paris** in the Île-de-France region and a local chikungunya case confirmed in **Orléans, which marks the first occurrence in the Centre-Val de Loire** region located just south of the Île-de-France region , indicating a risk for rapid expansion of cases in larger populated areas. The Orleans patient did not report any travel history to endemic regions.

The overall reported case number since May 2025 (confirmed and probable) include **966 imported cases and 382 locally acquired cases**.

There have been **28 active outbreak locations**, with the largest clusters reported in communes (i.e., municipality, city, or town) of Antibes (71 cases), Bergerac (54), Fréjus (51), Vitrolles (46), and Eybens (29).

<u>*Breakdown of total cases by administrative region:*</u>

- *Provence-Alpes-Côte d'Azur*: 194 cases across 12 communes
- *Nouvelle-Aquitaine*: 76 cases across seven communes
- *Occitanie*: 45 cases across seven communes
- *Auvergne-Rhône-Alpes*: 39 cases across five communes
- *Corse*: 18 cases across three communes
- *Bourgogne-Franche-Comté*: Seven cases in one commune
- *Grande Est*: Two cases across two communes
- *Île-de-France*: One case in one commune



Provence-Alpes-Côte d'Azur remains the **most affected region**, with several active large case clusters as well as several notable urban centres affected (e.g. Nice, Antibes, Marseille metro area). Other relevant locations across the remaining regions include Paris, Dijon, Strasbourg, Bordeaux, and Montpellier metro areas.

Source: Sante.fr, Sante.fr, NewsMedia, ECDC

Africa's Mpox Battle

*Though **mpox activity is declining** in Africa's highest burden countries, trends are on the upswing in others, including Kenya, Liberia, Ghana, and Nigeria.*

WHO wound down the global mpox emergency beginning of September, but Africa CDC has continued the public health emergency of continental security due to the fragility of progress over the past several months and the need to keep momentum going until the outbreaks are under control. Also, the African region is **battling several other outbreaks**, including cholera, measles, dengue, Lassa fever, and most recently Ebola.

Though suspected and confirmed cases were up in the most recent reporting week, the overall trend continues to reflect a decline. Over the past year, cases have already **outpaced the total for 2024,** and officials have especially been worried about **deaths, which rose sharply this year**, especially in groups affected by underlying health conditions such as HIV.

<u>*Liberia*</u> is seeing significant and sustained activity, with Montserrado County, home to the capital city Monrovia, accounting for 66% of confirmed cases. 88% of the country's active cases are being managed through home isolation. <u>*Kenya's*</u> outbreak is still expanding with no sign of a plateau and cases concentrated in three counties: Mombasa, Busia, and Nairobi.

Eleven countries have rolled out their mpox vaccination programs, most recently Kenya. <u>*Malawi and Zambia*</u> are expected to receive doses of the MVA-BN vaccine over the next week.

Sharp cholera rises in Chad and Republic of Congo

Regarding cholera, <u>*Chad*</u> and the <u>*Republic of Congo*</u> are reporting new outbreaks. The drivers in Chad include the movement of **refuges from Sudan**, overcrowded refugee camps, and hygiene challenges in affected areas. In the <u>*Congo*</u>, cases are focused on vulnerable areas along the Congo River and places where sanitation is poor.

Elsewhere, cases are on the rise in <u>*Burundi*</u>, and to a lesser degree <u>*Ethiopia*</u>.

Though <u>*Sudan*</u> remains the country with the **highest case numbers**, health officials are seeing some stabilization. <u>*Sudan, South Sudan, and the DRC*</u> remain the **highest burden countries**, accounting for 75% of the region's cases and deaths.

Twenty-three of Africa's countries have battled **cholera outbreaks** this year. As a whole, cholera cases declined by 33% over the past 6 weeks, with deaths down slightly.

In a related development, the WHO released its global cholera report for 2024, which reflects that cases rose 5% compared to 2023, with deaths up 50%.

Source: WHO, African CDC

Global leprosy (Hansen disease) update, 2024

*The chikungunya outbreak in France has reached an **all-time high relative to historic outbreaks** in Europe. Local spread, indicating a risk for rapid expansion of cases in larger populated areas.*

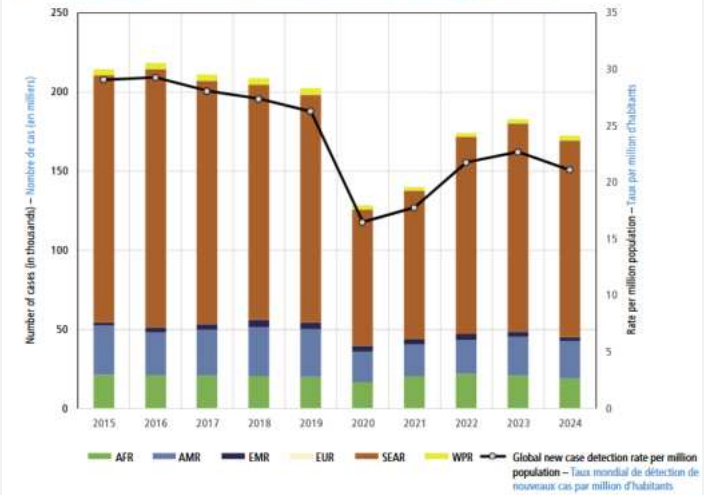
Data on leprosy for 2024 were received from 188 countries and territories in all 6 WHO regions. The number of countries that provide information on leprosy has increased significantly over the years. The regional distribution of countries and territories that reported data for 2024 was as follows: **47** in the *African Region* (AFR), **43** in the *Region of the Americas* (AMR), **20** in the *Eastern Mediterranean Region* (EMR), **38** in the European Region (EUR) (includes Mayotte and La Reunion), **11** in the South-East Asia Region (SEAR) (including Indonesia) and **29** in the *Western Pacific Region* (WPR). All countries in the AFR and SEAR provided reports. Reports were received from **all 23 global priority countries** for leprosy.

During 2024, a total of 172 717 new cases were reported globally, corresponding to a rate of new case detection of 21.1 per million population. The number was 5.5% lower than in 2023. New cases were reported from all 6 WHO regions (Figure 1). *SEAR* accounted for 72%, followed by *AMR* (13.7%), *AFR* (11.1%), *WPR* (1.8%), *EMR* (1.4%) and *EUR* (<1%).

The **23 global priority countries for leprosy accounted for 95.9% (165 578) of all new cases** detected in 2024. During the past decade, >95% of global new cases have remained clustered in these countries. A **decrease** in cases was observed in **13 global priority countries**, ranging from 36.4% in South Sudan to 2% in Nepal. Among the **10 other global priority countries**, **more new cases were detected** than in the previous year, *Philippines* reporting an increase of 25.8% and *Comoros and Sudan* reporting increases of 24.5% each.

New cases of **multibacillary (MB) leprosy** comprised **69.6%** (120 262) of all new cases detected in 2024. In the global priority countries, Indonesia, Nigeria and United Republic of Tanzania reported **>90% MB** among their total new cases detected.

Figure 2 **Trends in new leprosy case detection with corresponding new case detection rates, by WHO Region, 2015–2024**
Figure 2 **Évolution du nombre et du taux de nouveaux cas de lèpre détectés, par Région OMS, 2015-2024**



AFR – African Region; AMR – Region of the Americas; EMR – Eastern Mediterranean Region; EUR – European Region; SEAR – South-East Asia Region; WPR – Western Pacific Region. – AFR – Région africaine; AMR – Région des Amériques; EMR – Région de la Méditerranée orientale; EUR – Région européenne; SEAR

Source: WHO

Outbreak of Neisseria meningitidis Conjunctivitis in Military Trainees — Texas, February–May 2025

A study in CDC´s Morbidity and Mortality Weekly Report describes an outbreak earlier this year of Neisseria meningitidis conjunctivitis of an unknown source among young military trainees living in dormitories on a Texas Air Force base.

In February 2025, two cases of *Neisseria meningitidis* bacterial conjunctivitis were identified in otherwise healthy basic military trainees at Joint Base San Antonio-Lackland in San Antonio, Texas; an investigation was conducted to identify the source of the outbreak and to make recommendations for treatment. During February 23–May 9, 2025, a **total of 79 cases of mucopurulent conjunctivitis** were identified among 11,797 trainees who started BMT in San Antoni: beside the positive **41 *N. meningitidis***, and **32 *Haemophilus* species cases**, four (5%) patients received *negative culture results*, **one** patient's ocular culture was positive for ***Corynebacterium macginleyi***, and for **one** patient, **no specimen was collected** for culture.

To prevent invasive meningococcal and streptococcal disease outbreaks, **all trainees receive quadrivalent meningococcal** (Groups A, C, Y, and W) (Menveo) vaccine within 72 hours of arrival and a **single dose of penicillin G benzathine** injectable suspension, respectively, within 7 days of arrival. Penicillin-allergic trainees receive weekly oral azithromycin to prevent streptococcal disease during BMT

One patient was hospitalized with periorbital cellulitis and received intravenous antibiotics; all other patients were treated successfully with topical antibiotics. Whole genome sequencing of isolates from the first two cases suggested that the organism was unencapsulated (nongroupable) and that the cases were related.

Investigation of **basic trainee hygiene** and cleaning practices found that all **protocols were followed**; no source for the outbreak was found.

Eighty percent of patients reported a recent upper respiratory infection.

Discussion:

This outbreak occurred in a group of young persons with few comorbidities, all of whom had recently received the quadrivalent meningococcal vaccine, which is not expected to protect against the unencapsulated organisms detected in this outbreak. Whole genome sequencing was used to determine that the outbreak was caused by an unencapsulated strain, supporting the decision to treat with topical antibiotics only, which was associated with rapid improvement of patient symptoms. The source of this outbreak and mechanism of transmission was not identified.

Despite this high likelihood of colonization, invasive meningococcal disease is rare, and only one case of meningococcal meningitis has been previously reported among military trainees at this base in 2021.

Given the timing of the N. meningitidis cases and the association with trainees who had received penicillin (but not azithromycin) streptococcal prophylaxis, the outbreak might be related to the penA gene mutation conferring decreased sensitivity to penicillin noted in isolates from the first two cases, combined with the subsequent decline in serum levels of benzathine penicillin approximately 3 weeks after administration (10).

A definitive cause of the outbreak was not identified during this period.

Source: CDC

WHO Long Term Rapid Risk Assessment on COVID-19

*In its latest assessment of the public health threat from SARS-CoV-2, the World Health Organization (WHO) changed its risk level from **high to moderate**, though it noted that **confidence** in its assessment is **low**.*

The step-down in risk stems from **declining hospitalizations** and **deaths** since 2022 due to **high population immunity** and **improved clinical management**.

The group added that most viruses are members of the **Omicron JN.1 lineage**, which has shown **immune escape** but **not increased illness severity**.

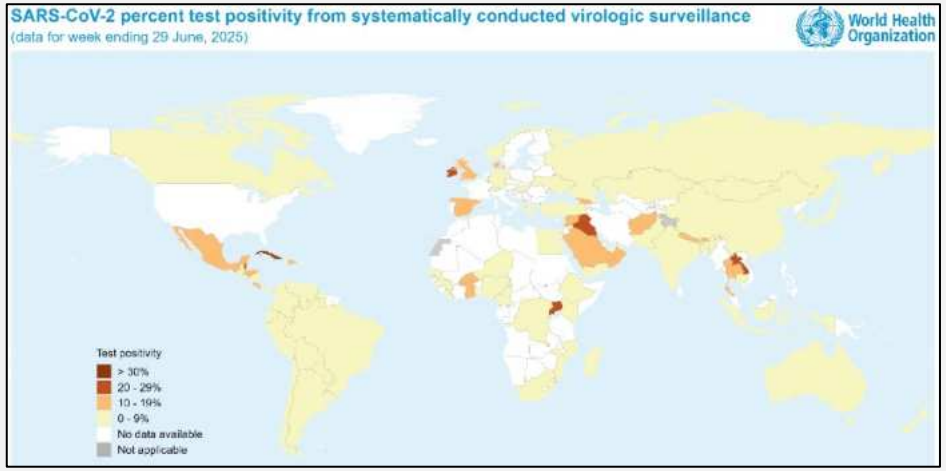
It warned that a **gap in surveillance data and genomic sequencing**, especially from low- and middle-income countries, **undermines a more accurate risk assessment**.

The WHO emphasized that COVID continues to circulate alongside other respiratory viruses and estimated that post-COVID symptoms occur in about 6% of people who have symptomatic infections.

WHO encourages **integration of COVID-19 monitoring into broader respiratory disease surveillance** systems and recommends **ongoing vaccination of high-risk populations**.

While **available vaccines remain effective** against severe disease and death even in light of variant emergence, **global vaccine uptake among high-risk groups was low** in 2024, raising concerns amid continued virus evolution.

Overall, while the direct impact of COVID-19 has lessened, **ongoing circulation and virus evolution** – both in human populations and established animal reservoirs, **low vaccine uptake**, and **insufficient burden and genomic surveillance data** contribute to **risk-estimate uncertainty**, requiring continued vigilance.



Source: WHO

Drug-resistant fungus Candidozyma auris confirmed to spread rapidly in European hospitals

The latest survey from the European Centre for Disease Prevention and Control (ECDC), the fourth of its kind, confirms that Candidozyma auris (formerly Candida auris) continues to spread quickly across European hospitals, posing a serious threat to patients and healthcare systems. Case numbers are rising, outbreaks are growing in scale, and several countries report ongoing local transmission. The findings highlight the importance of early detection and control of transmission to avoid widespread rapid dissemination.

Candidozyma auris (*C. auris*) is a fungus that usually spreads within healthcare facilities, is often resistant to antifungal drugs, and can cause severe infections in seriously ill patients. Its ability to persist on different surfaces and medical equipment and to spread between patients makes it particularly challenging to control.

Between 2013 and 2023, EU/EEA countries reported over 4 000 cases, with a significant jump to 1 346 cases reported by 18 countries in 2023 alone. Five countries – **Spain, Greece, Italy, Romania, and Germany** – have accounted for **most of the cases** over the decade.

Recent outbreaks have been reported in **Cyprus, France and Germany**, while **Greece, Italy, Romania** and **Spain** have indicated they can **no longer** distinguish specific outbreaks due to widespread regional or national dissemination. In several of these countries, **sustained local transmission has occurred** within only a few years **after the first documented case**, highlighting a critical window for early interventions to stop its spread.

While some countries have showed positive results in limiting **C. auris** outbreaks, many are facing key gaps. Despite rising case numbers, **only 17 of 36** participating countries currently have a **national surveillance system** in place for **C. auris**. Only **15 countries** have **developed specific national infection prevention and control guidance**. Laboratory capacity is comparatively stronger, with **29 countries** reporting access to a **mycology reference or expert laboratory** and **23 offering reference testing** for hospitals.

While the number of **C. auris** infections is clearly rising, without systematic surveillance and mandatory reporting, the **true scale of the problem is likely under-reported.**

ECDC has regularly assessed the epidemiological situation, laboratory capacity and preparedness for **C. auris** in four surveys since 2018 and published rapid risk assessments including options for infection prevention and control. This is to support Member States in improving their preparedness and early response capacities to prevent or contain **C. auris** outbreaks in a timely manner and prevent further transmission.

Source: ECDC

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Polio - Chad, Nigeria, Algeria, Tanzania, Angola, Benin, Niger and Somalia

All countries reported vaccine-derived types.

Chad reported **two** circulating vaccine-derived poliovirus type 2 (cVDPV2) cases in patients with late July illness onsets, raising its **total for the year to 18**. The country also reported a circulating vaccine-derived poliovirus type 3 (cVDPV3) case with a July onset, its second such case of 2025.

Nigeria reported **four cVDPV2 cases**, 1 with a May paralysis onset and 3 with onsets in July, pushing its **total to 28**.

Somalia reported **one new cVDPV2 case** with a June paralysis onset, putting its **total at eight**.

Algeria and *Tanzania* reported **one cVDPV2-positive environmental sample**, respectively.

As of 28 July 2025, **five human cases** of type 2 (cVDPV2) were reported from *Angola*, with the most recent case having an onset of paralysis on 6 May 2025. In 2024, 9 cVDPV2 cases were reported.

Benin reported **one case** of cVDPV2 from Plateau region with paralysis onset on 10 May. This is the first confirmed case in 2025. In comparison, one confirmed case was reported throughout 2024.

Niger reported **one cVDPV2 case** from Niamey, with paralysis onset on 18 April. This brings the total number of cVDPV2 cases reported in 2025 to three.

Source: GPEI, WHO-Africa

Measles - Angola

A measles outbreak is ongoing in Cacuaco, Luanda Province, with rapid spread among young children across multiple neighbourhoods. between 01-Jan and 31-Aug-2025, 320 measles cases have been confirmed, including 144 cases in August alone. The outbreak spans 38 neighborhoods, with the highest case concentrations in Pedreira, Belo Monte, Cerâmica, and Kikolo. The affected population includes a high proportion of young children, primarily those under five years of age.

Local health authorities, supported by provincial teams, are conducting targeted vaccination efforts, contact tracing, and community awareness activities to control the outbreak. In 2024 the overall vaccination rate for the 2nd dose of measles was only 31%.

Source: NewsMedia, WHO, NewsMedia, WHO

Measles - Cameroon

A large measles outbreak is ongoing across all 10 regions of Cameroon. Since the beginning of this year, as of 17-Aug-2025, a total of 2,288 measles cases have been reported including one death. The Littoral Region has reported the highest case burden (43%, n=754), while the Centre Region, including Yaoundé, reported the highest number of laboratory confirmed cases. Most cases are in children: 58.9% are under 5 years. 64% of confirmed cases were unvaccinated.

Source: WHOAfrica, WHO

Bacterial Meningitis – Ghana, Mali, Togo and Zambia

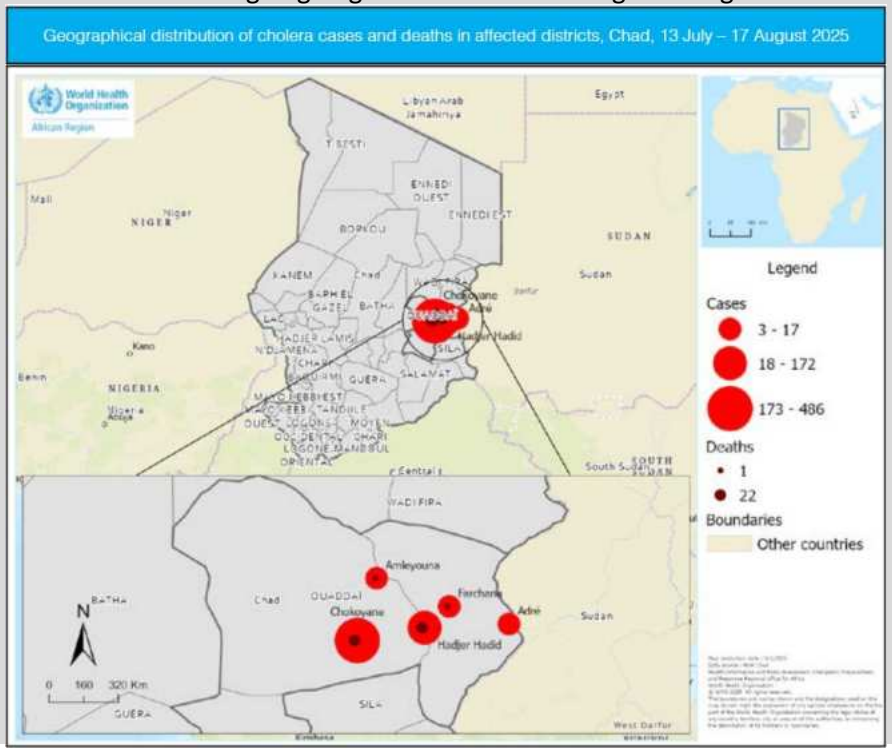
Since the beginning of 2025, a total of 1,100 cases (156 confirmed; 944 suspected) and 27 deaths (CFR:2.45%) of bacterial meningitis have been reported from four AU MS: Ghana (439 cases; 20 deaths), Mali (531; 0), Togo (47; 7) and Zambia (83; 0).

Source: CDC Africa

Cholera - Chad

On 25-Jul-2025, the Ministry of Public Health declared a cholera outbreak in Ouaddai province, in the eastern part of Chad. Initial cases were reported in the Dougui refugee camp in Chokoyane district, with the outbreak expanding into multiple districts across Ouaddai province. From 13-Jul-2025 to 17-Aug-2025, 684 suspected cases were recorded, including 39 deaths (case fatality ratio [CFR]: 5.7%). Five districts have reported cases: Chokoyane (486 cases), Hadjer Hadid (172), Adré (17), Amleyouna (6), and Farchana (3). The outbreak occurs amid a large humanitarian crisis involving over 870,000 Sudanese refugees and 300,000 Chadian returnees fleeing ongoing armed conflict in neighbouring Sudan.

Source: WHOAfrica



Other Infectious Disease Outbreaks – Europe

bluedot

Measles - France

Measles is spreading widely in France, with several active clusters and low vaccination rates fuelling continued transmission. While the number of new cases has declined since May, several active clusters and low vaccination coverage remain pressing concerns.

A total of 828 confirmed measles cases have been reported in France in 2025 as of 31-Aug, exceeding the 483 cases recorded in 2024. Two fatalities were recorded among immunocompromised individuals.

289 patients (35%) required hospitalization, including 12 admissions to intensive care. 111 cases (13%) reported complications, most commonly pneumonia (65 cases), with one case of encephalitis. Age groups most affected included children aged 1–4 years (15%), teenagers aged 15–19 years (12%), and adults aged 40+ (14%); the median age was 16.6 years. Among cases with known vaccination status, 65% were unvaccinated or only partially vaccinated. The outbreak has affected 70 departments, with major clusters in Nord, Bouches-du-Rhône, Aude, Haute-Savoie, and Isère. Three clusters remained active as of late August 2025.

Source: sante magazine, NewsMedia

***Salmonella Enterica* serovar Strathcona ST2559 – Multi-country**

A **cross-border outbreak** of *Salmonella enterica* serovar Strathcona ST2559 is ongoing in the EU/EEA and the UK. From 1 January 2023 to 4 September 2025, a total of 289 confirmed cases of S. Strathcona ST2559 have been identified in 16 EU/EEA countries: Austria (59), Croatia (3), Czechia (11), Denmark (10), Estonia (1), Germany (68), Finland (3), France (24), Ireland (3), Italy (78), Luxembourg (2), the Netherlands (4), Norway (4), Slovakia (5), Slovenia (8), Sweden (6). Cases were also identified in three countries outside the EU/EEA: the UK (29), the US (8), and Canada (5). Among travel-associated cases, **Italy was the most frequently reported destination**.

The epidemiological, microbiological and traceability investigations in Austria (2023) and Italy (2024) confirmed that **small tomatoes from the Sicily region of Italy** were the vehicle of infection.

The **risk for new infections remains** as long as the seasonal delivery of contaminated produce continues. **New outbreaks are likely to occur** in future seasons until the root cause of the contamination has been identified and control measures implemented.

Source: ECDC

Mpox Clade I - Türkiye

A case of mpox Clade Ib was confirmed in Turkey, its first known detection. The patient had recently travelled to the UAE, creating concern about undetected transmission in Turkey or UAE. To date, no local cases have been reported in the UAE or Turkey.

Source: NewsMedia

West Nile Virus – Europe 2025

Since the beginning of 2025, and as of 3 September 2025, nine countries in Europe have reported human cases of West Nile virus infection: **Albania, Bulgaria, France, Greece, Hungary, Italy, Romania, Serbia**, and **Spain**. Currently, 100 areas are known to be affected.

Source: ECDC

Dengue Virus – Europe 2025

Since the beginning of 2025, and as of 3 September 2025, three countries in Europe have reported cases of dengue: **France** (19), **Italy** (four), and **Portugal** (two).

In the past week, **France** reported five new locally acquired1 cases of dengue; two cases in a new cluster in Aubange, one case in a new cluster in Beaulieu, and one in the cluster of Langon. The cumulative number of locally acquired cases in France has reached 19, distributed across 10 clusters. Six clusters in France are currently active.

The cumulative number of locally acquired cases in **Italy** is four, distributed across two clusters. Italy has discarded one case without an associated cluster or LAU level. One cluster (Brendola) in Italy is currently active. No other countries have reported dengue cases in the past week.

Source: ECDC

Chikungunya Virus – Europe 2025

Since the beginning of 2025 and as of 3 September 2025, two countries in Europe have reported cases of chikungunya virus disease: **France** (301) and **Italy** (107).

In the past week, **France** has reported 74 new locally acquired cases of chikungunya virus disease. The cumulative number of locally acquired cases in France has reached 301, distributed across 34 clusters. Twenty-five clusters are currently active. The largest cluster is located in Vitrolles and consists of 47 cases.

Italy reported 44 new locally acquired cases of chikungunya virus disease. The total number of locally acquired cases in Italy is 107, distributed across seven clusters. Six clusters are currently active. The largest cluster is located in Carpi, San Prospero and Soliera, and consists of 85 cases.

Source: ECDC

Crimean-Congo haemorrhagic fever – Europe 2025

Since the beginning of 2025, and as of 3 September 2025, two countries in Europe have reported cases of Crimean-Congo haemorrhagic fever (CCHF): **Spain (**three) and **Greece** (two).

The cases in **Greece** that occurred in the Thessaly region are unexpected, as this region and neighbouring regions have not previously reported CCHF cases or CCHF virus circulation in animals.

The primary case was likely infected through a tick bite, while the secondary case occurred in a healthcare professional who provided care to the primary case. These are the first cases in the country since 2008.

Source: ECDC

Other Infectious Disease Outbreaks – Americas

bluedot

World Health Organization

Seasonal Influenza 2024/2025 – USA

Among a surveillance sample of the U.S. population, 2024–25 was a **high severity influenza season**. The cumulative influenza-associated **hospitalization rate was the highest since 2010–11**. During the 2024–25 season, the percentages of patients admitted to an intensive care unit (16.8%) and who received invasive mechanical ventilation (6.1%) were similar to past seasons' estimates. Approximately one third of hospitalized patients were vaccinated. Children aged 5–17 years were the lowest percentage of hospitalized patients receiving antiviral treatment (61.6%).

Source: CDC, CIDRAP

Measles – USA

More measles infections have been reported this year in the United States than in any year in more than three decades, with 1,356 confirmed cases from 42 counties by mid-August, notes a report featuring a daily county-level case map and state-level epidemic curves published in September in JAMA.

Before the measles vaccine became available in 1963, over 90% of US residents were infected by the virus before they were 15 years old, with the 3 million to 4 million annual infections leading to about 48,000 hospital admissions. But after the vaccine was rolled out, national efforts to end local measles transmission through increased vaccination in school-aged children, surveillance, and outbreak control officially eliminated endemic measles in 2000. From 2000 to 2024, annual US measles infections averaged less than 200 cases. The surge in measles cases since 2020 also coincides with declining vaccination coverage in the US, further increasing the risk of measles outbreaks and threatening the US' current endemic elimination status.

Source: JAMA, CIDRAP

Leptospirosis – USA

Multiple leptospirosis cases have been reported in northwest Chicago. Links to rodent exposure suggests a local growing risk of zoonotic spillovers. Six human cases have been reported since the beginning of the year, exceeding the city's historical median of two cases reported annually. The majority of recent cases have been mild. The four recent cases reported either direct exposure to rodent urine or indirect contact through gardening or yard work, particularly in areas with visible rat activity. No large-scale flooding events were reported during the exposure window, suggesting localized environmental or sanitation issues may be contributing factors.

Source: PLOS, NewsMedia

Jamestown Canyon Virus – USA

Vermont has reported its **first-ever human case** of Jamestown Canyon virus, following recent detections in local mosquitoes. This event suggests the virus is spreading more widely than previously known. JCV is endemic in the Upper Midwest and Northeastern U.S., especially in Wisconsin, Minnesota, and around the Great Lakes. Climate change may be expanding the geographic range of the virus and its mosquito vectors.

Source: CDC, healthvermont,

Mpox Clade II – USA

Between June and August 2025, mpox cases in California have shown a steady increase from an average of four cases per week in June, to eight in July, and 13 in August, especially in the San Francisco Bay Area, mainly among gay, bisexual, and other men who have sex with men.

Source: CDPH

Rocky Mountain Spotted Fever - Canada

On 03-Sep-2025, a confirmed case of Rocky Mountain Spotted Fever (RMSF) was reported in Prince Albert, Saskatchewan, Canada, the **first historical human case in the province**. It marks the second local confirmed human infection in the country in 2025, following an earlier case in Quebec province. Additionally, RMSF was detected in dogs in the province of Ontario earlier this year.

Source: NewsMedia

Eastern Equine Encephalitis - Canada

A locally acquired human case of Eastern Equine Encephalitis (EEE) has been confirmed in Hamilton, Ontario, with recent equine cases also reported. It marks the **first human case** of Eastern Equine Encephalitis Virus (EEEV) in Canada **for 2025**. The case coincides with the known seasonal peak of EEE activity in Ontario, which typically spans from August through October.

Source: NewsMedia

Varicella – Costa Rica

On 12-Sep-2025, the Ministry of Health of Costa Rica released updated epidemiological data indicating an ongoing outbreak of varicella (also known as chickenpox) in the country. The report highlights a total of 2,238 cases reported since the beginning of the year, with particular concern around a localized outbreak in a correctional facility.

Geographically, the highest concentration of cases is in the Central South and Central North regions, with 650 and 356 cases, respectively. A localized outbreak has been reported since 31-Mar-2025 in the San José correctional facility, which houses approximately 1,160 individuals.

First-dose vaccination coverage has remained high, ranging between 88–93% from 2020–2023. Second-dose coverage is limited, as Costa Rica does not currently implement a routine second dose, which is recommended by WHO to reduce breakthrough infections.

Source: NewsMedia

Venezuelan Equine Encephalitis – Brazil

Three confirmed cases of Venezuelan equine encephalitis (VEE) have been reported in the city of Tabatinga, Amazonas State, Brazil. This marks the **first officially confirmed detection of human** VEE cases in Brazil.

Source: NewsMedia, medRxIV

Other Infectious Disease Outbreaks – Asia

bluedot

World Health Organization

Mpox Clade I – Japan

A woman in Kobe, Japan, has been diagnosed with mpox Clade Ib after returning from Central Africa. This is the **first time this strain has been detected in Japan**. As of 16-Sep-2025, her condition remains stable.
There is no current indication of community transmission in Japan, according to national health authorities.
This case brings the national total to 255 confirmed mpox cases, including one death.
Source: NewsMedia,

Cutaneous Anthrax - Bangladesh

A **suspected cutaneous anthrax outbreak** has emerged in Pirgacha, Bangladesh, following exposure to infected cattle. This is concerning due to widespread symptoms, delayed response, and limited access to testing or treatment.
Two individuals, a 38-year-old farmer and a 48-year-old housewife, died between late August and early September 2025 after exposure to meat from sick cattle. More than 200 people are reported to be showing anthrax-like symptoms across at least two unions in Pirgacha Upazila, with patients presenting with fever, skin rashes, boils, and necrotic lesions. According to local health officials, anthrax testing is not available at the upazila-level hospital, and confirmation of human cases is pending laboratory testing by the Institute of Epidemiology, Disease Control and Research (IEDCR).
Veterinary services confirmed anthrax in five out of 16 livestock samples collected from five villages. Mass livestock vaccination began on 02-Sep-2025, and over 34,000 cattle have reportedly been vaccinated to date. Residents report that dozens of cattle have died in recent weeks and that many cases may have gone unreported.
Source: NewsMedia, NewsMedia

Typhoid - India

A surge of typhoid fever has been reported in Varanasi, India, linked to contaminated drinking water and poor sanitation. The number of confirmed cases has risen by 30% compared to the previous month, with over 250 patients testing positive since early August 2025. Areas most affected include Bhelupur, Lahartara, Ramnagar, and Cantt, where waterlogging and sewer leakage are widespread.
Source: NewsMedia

Avian Influenza A H9N2- China

On 9-Sep-2025, Hong Kong's Centre for Health Protection (CHP) reported four new human cases of avian influenza A(H9N2) in children in China, as part of its weekly Avian Influenza Report. Cases occurred across four provinces: A two-year-old boy from Anhui Province (onset: 5-Aug-2025); a six-year-old boy from Chongqing Municipality (onset: 30-Jul-2025; a two-year-old boy from Hunan Province (onset: 21-Aug-2025), and a one-year-old boy from Sichuan Province (onset: 28-Jul-2025). These bring the total to 26 human cases of A(H9N2) in 2025 (including 4 with onset in late 2024), with 19 reported in the last 6 months, primarily affecting young children.
Source: chp.gov.hk, ECDC

Plague - Mongolia

Three plague cases, including one death, have been confirmed in Khövsgöl Province, Mongolia.
Plague is endemic to Mongolia, particularly in rural regions with wildlife exposure, such as Khövsgöl, Govi-Altai, and Bayan-Ölgii provinces. From 2005 to 2025, 31 confirmed human cases of plague were reported, with an average of 1–2 cases annually.
Source: gov.mn, NewsMedia

Cholera – China

On 04-Sep-2025, local health authorities in Tongzhou District, Nantong City, Jiangsu Province, China, reported a confirmed case of cholera. In-depth epidemiological investigations determined that the suspected exposure site was the Erjia Farmers' Market in Erjia Town, Tongzhou District. Although not confirmed as the definitive source, the site underwent environmental disinfection. The case coincides with the seasonal increase in enteric diseases typically observed during late summer and early fall in China.
Source: NewsMedia

Cholera – Nepal

A rapidly growing cholera outbreak is affecting Birgunj and nearby districts. The spread is worsened by contaminated water, poor sanitation, and the monsoon season. Case counts have increased from 28 confirmed cases on 23-Aug to over 600 by 28-Aug, indicating a more than 20-fold rise within five days. Three fatalities have now been reported and linked to the outbreak. Health facilities such as Narayani Hospital, Birgunj Health Care, Terai Hospital, National Medical College, and Ali Ortho Center are overwhelmed, with severe strain on their capacity to isolate and treat patients.
The city recently addressed a drinking water shortage by drilling deep boreholes, which public health authorities suspect may have introduced contaminated groundwater into public use. Poor sanitation infrastructure and high population density in Birgunj have likely exacerbated disease transmission.
Source: Gov.Nepal, NewsMedia

Japanese Encephalitis - Nepal

Japanese Encephalitis cases are rising across 14 districts in Nepal during the monsoon season, mainly affecting unvaccinated people. As of end of August, 103 confirmed cases and 20 associated fatalities have been reported, signalling an unusually severe seasonal outbreak. In addition, and particularly of concern the outbreak is affecting at least 14 districts, including newly affected areas.
Source: PUB MED, NewsMedia

Measles - Indonesia

Indonesia is experiencing ongoing measles outbreaks across the country, with major hotspots in East Java and North Sumatra. Ongoing surges are driven by low vaccine coverage and rising hesitancy. 23,128 cases (including 18 deaths) have been reported including 3,444 laboratory-confirmed cases.
Source: NewsMedia

Other Infectious Disease Outbreaks – Asia/Middle East

bluedot

Unknown Respiratory Illness in Palestinian Territory

An unidentified influenza strain is spreading rapidly across Gaza, particularly affecting displaced people in overcrowded shelters. The outbreak is worsened by medicine shortages, collapsing health services, and poor sanitation. Information gaps persist and it is unclear whether this is a new influenza strain or other seasonal respiratory illness. The number of infections has reached several thousand, with daily increases, especially among children, the elderly, and individuals with chronic illnesses. Symptoms noted in news articles include high fever, persistent cough, severe headaches, vomiting, and diarrhea. Contributing factors include overcrowding, lack of clean water and ventilation, and the deterioration of healthcare infrastructure under sustained conflict and blockade restrictions.

No coordinated or large-scale public health response has been reported, largely due to systemic collapse of health services and ongoing hostilities. Limited efforts have been made by remaining health workers to provide symptomatic relief and isolate suspected cases within shelters. Appeals have been issued for urgent international assistance, including deployment of mobile clinics, field hospitals, and supply corridors for antiviral drugs, PPE, and diagnostic tools

Source: palinfo, NewsMedia, NewsMedia

Meningococcal Meningitis - Israel

On 4 August 2025, Israel notified WHO of a circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak. Between February and July 2025, nine genetically linked virus isolates were found in environmental samples from seven sites, mainly in Jerusalem and the Central Region. No human cases of paralytic polio have been reported. Laboratory analyses and whole-genome sequencing (WGS) indicate that these viruses are genetically linked to each other and to multiple Sabin-like viruses isolated from environmental samples since October 2024.

Prior to this outbreak a Sabin-like type 1 virus (SL1), related to SL1 viruses detected in environmental surveillance, was the cause of an acute flaccid paralysis (AFP) case in an unvaccinated 17-year-old male from Jerusalem that was reported on 23 December 2024 and classified as vaccine-associated paralytic poliomyelitis (VAPP).

Source: WHO-DON

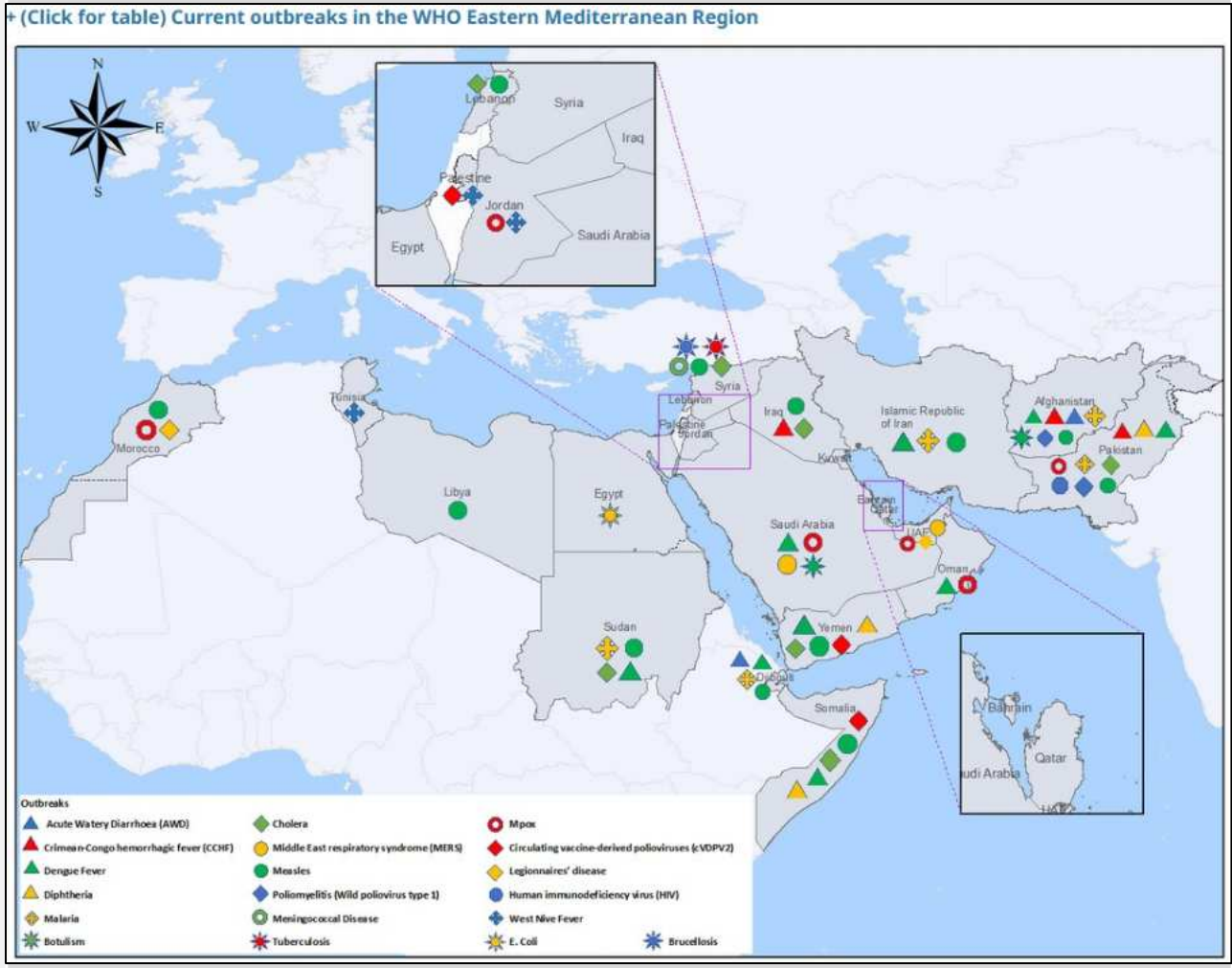
Plague - USA

The New Mexico Department of Health (NMDH) confirmed the state's **first human plague case of the year**, which involves a 43-year-old man from Valencia County who was hospitalized but has since been discharged. Health officials said he may have been exposed to *Yersinia pestis* while camping in Rio Arriba County in northern New Mexico near the Colorado border. Officials said plague is known to circulate in the western United States. California reported a plague case recently involving a South Lake Tahoe resident who like the New Mexico patient is thought to have been exposed while camping.

Source: NMDH, NewsMedia

Polio cVDPV2 – Papa New Guinea

+ (Click for table) Current outbreaks in the WHO Eastern Mediterranean Region



Source: EMRO

Animal Infectious Disease Outbreaks 2025

World Organisation for Animal Health

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

***DEU*:** In August 2025, one Accipitridae was tested positive by the Friedrich Löffler Institut. The carcase was found in Hamburg.
(53.55 , 10.11 *(Approximate location)*)

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

USA: On September 15, the USDA Animal and Plant Health Inspection Service (APHIS) announced the first detection H5N1 avian flu in Nebraska dairy cattle, following an initial detection from pre-movement milk sampling.
Source: CIDRAP, APHIS

GBR: In August 2025, 1170 domestic birds were tested positive by the Animal and Plant Health Agency (APHA) Weybridge, United Kingdom. The cases occurred in Devon in three different bird holder facilities. (50.72 , -3.11) *(Approximate location)*)

DEU: In September 2025, 360 domestic birds were tested positive by the Friedrich Löffler Institut (FLI). The cases occurred in Tessin and Zarnewatz in Mecklenburg-Vorpommern. Another 150 were tested positive in Hadenfeld, Schleswig-Holstein.
(54.06 , 12.4; 54.06 , 12.49 and 54.03 , 9.45) *(Approximate location)*)

NOR: In September 2025, 7500 domestic bird were tested positive by the Norwegian Veterinary Institute (NVI). The case occurred at Hadsel, Nordland.
(68.51307 , 14.72709 *(Approximate location)*)

PRT: In September 2025, 23,605 domestic bird were tested positive by the Instituto Nacional de Investigação Agrária e Veterinária. The case occurred at Samora Correia, Santarem.
(38.829589 , -8.710556 *(Approximate location)*)

BGR: In August 2025, 60 domestic bird were tested positive by the National Reference Laboratory for avian influenza and Newcastle disease. The case occurred at Rakovski, Plovdiv.
(42.2973 , 24.9177 *(Approximate location)*)

Rabies virus

ARM: One case of rabies in a dog and one case in a cat has been verified by the Republican Veterinary-sanitary and Phytosanitary Center of Laboratory Services SNCO, in September 2025. The cases occurred in Yeghvard, Kataky and Koghb, Tavush.
(40.3336 , 44.4993 and 41.1867 , 44.9828 *(Approximate locations)*).

West Nile Fever

DEU: Two cases in horses have been verified by the Friedrich Löffler Institut in September 2025. The cases occurred in Leimen and Weinheim, Baden Württemberg.
(49.33 , 8.75; 49.57 , 8.61 *(Approximate locations)*).

African Swine Fever

***UKR*:** 3 cases in sheep have been confirmed by the Lviv Regional State Laboratory of State Service of Ukraine on Food Safety and Consumer Protection in August 2025. The case occurred in Berehivskyi, Transcarpathia.
(47.9595 , 22.9193 *(Approximate location)*)

***BGR*:** 6 cases in wild boars have been confirmed by the National Reference Laboratory for classical swine fever and African swine fever in July, August and September 2025. The case occurred in Smolyan (4), Razgrad (1) and Smolyan (1).
(41.63152 , 24.82618, 43.5104 , 26.50086, 41.58025 , 24.68152 *(Approximate location)*)

Bluetongue

HUN: In September 2025 15 cattle have been tested positive by the Veterinary Diagnostic Directorate of the National Food Chain Safety Office. Cases occurred in Kadarkút, Somogy.
(46.1834 , 17.684253 *(Approximate location)*).

Anthrax

BIH: In August 2025 eleven cattle have been tested positive by the Veterinary Faculty, University of Sarajevo. The cases occurred in Gornji Kazanci.
(44.0296 , 16.5995 *(Approximate location)*).

ROU: In September 2025 one goat has been tested positive by the Institute for Diagnosis and Animal Health (IDAH). The cases occurred in Ciorasti, Vrancea.
(45.399739 , 27.358155 *(Approximate location)*).

Brucellosis

DEN: On 1 August 2025, a laboratory suspicion of Brucella suis was sent to the Danish Veterinary and Food Administration in a free-range pig herd in the municipality of Herning. Abortion sample material was sent to the reference laboratory ANSES for sequencing for species. On 22 August 2025 ANSES reported Brucella suis biovar 2. On 3 & 4 September 2025 in total five contact herds was confirmed positive for Brucella spp. by i-ELISA.
(56.4383 , 8.8551 *(Approximate location)*)