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Update 163
FHP-Update
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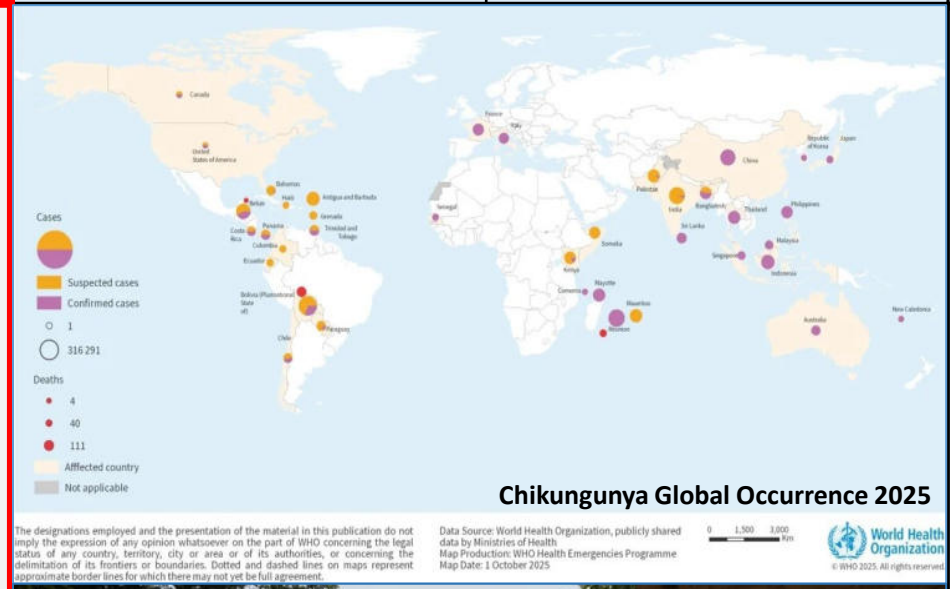
News:

- **WHO:** Two new reports suggest that the development of new treatments and tests for drug-resistant infections is lagging. According to the analysis, the number of antibiotics in the clinical pipeline has fallen from 97 in 2023 to 90 in 2025. According to the analysis, the number of antibiotics in the clinical pipeline has fallen from 97 in 2023 to 90 in 2025. Similarly, the WHO analysis of diagnostic tests that are currently available or in the development pipeline identifies several persistent gaps in the ability to quickly detect and identify priority pathogens, particularly in resource-limited settings that have been most affected by AMR.
- **FDA**: announced, that despite the federal government shutdown critical activities related to public health emergencies, including detecting and responding to public health emergencies, managing recalls, mitigating drug shortages, responding to foodborne illness and infectious disease outbreaks will continue. But many other activities will be delayed or paused for the length of the shutdown, like they will not be accepting new or generic drug applications, conducting some its regulatory science research, or working on longer-term food safety initiatives, among other activities.
- **Valneva**: reported strong antibody persistence for Ixchiq, its live-attenuated vaccine against chikungunya. Data from 254 healthy adults suggested that 95% retained an antibody response above the seroresponse threshold for 4 years after a single dose. Following reports of severe adverse events in seniors and those with underlying health conditions earlier this year, the European Medicines Agency temporarily paused use of the vaccine in those groups in May, but in July reversed the pause after a thorough review. The US Food and Drug Administration, however, suspended Valneva's license for the vaccine.
- **GAVI**: reported for 2024, that Gavi-supported vaccines saved a record 1.7 million lives, 400,000 more than in 2023. Major progress in boosting vaccine campaigns in some of the countries experiencing some of the biggest humanitarian challenges was also reported. Coverage for all Gavi-supported vaccines rose in 2024, including in fragile and conflict settings. Mali, Syria, and Haiti experienced major improvements in basic vaccine coverage. However, some countries struggling with humanitarian crises, such as Yemen and Sudan, saw major declines.
- **SAGE**: recommended that countries consider issuing recommendations for targeted use of currently licensed A(H5) vaccines based on risk of exposure to avian flu. Lab workers who handle H5 viruses, first responders in zoonotic flu outbreaks, health workers who evaluate and manage suspected or confirmed human cases, and people with ongoing contact with animals or their environments where animal and human infections have been reported should be targed for immunization.
- **PAHO**: has reported 11,313 cases by countries in 10 countries of the Americas region so far this year, 23 of them fatal. The number represents a 31-fold increase compared to last year at this time. Almost all (96%) of the cases and all of the measles deaths have been recorded in Canada (4,849 cases, 1 death), Mexico (4,553 cases, 19 deaths), and the United States (1,454 cases, 3 deaths).




Desinfection during the Ebola outbreak 2014

Chikungunya Spread Global Update
(as of Oct 2025)

WHO announced several countries have reported a resurgence of chikungunya, with spikes in some countries, declines in others compared to recent years, and various factors in place for significant further spread of the mosquito-borne virus.

The Americas region has reported the highest numbers of cases this year, followed by the European region, most of which involved illnesses reported from French overseas departments in the Indian Ocean.

So far this year, more **than 445,000 cases and 155 deaths** have been reported from **40 countries**. The **uneven distribution** of cases makes it **difficult** to call the situation a **global rise**, but ongoing transmission and several risk factors boost the potential for further spread.

The WHO warned that infections in **sick travelers** can **introduce the virus to new areas**, which can lead to **local transmission** if *Aedes* mosquito populations are present.

Drivers for outbreaks also include:

- **low population immunity** in previously unaffected areas,
- **favorable environmental conditions** for mosquitoes to breed,
- **surveillance gaps**, and
- **increased human mobility and trade**.

The WHO said that before 2025, 119 countries had reported previous or current local chikungunya spread. It warned that 27 countries or territories across six WHO regions with competent *Aedes aegypti* populations haven't yet reported local spread.

Meanwhile, other countries have *Aedes albopictus* mosquitoes, which can transmit chikungunya, with even more efficiency for virus lineages that have the E1 226V mutation.

In large populations, transmission can persist, leading to sustained outbreaks that can put a heavy burden on health systems.

Region	Suspected cases	Confirmed cases	Deaths	Source
African region	2 197	108	0	Country SITREPs/epi bulletins
Eastern Mediterranean Region	1 596	67		Country SITREPs/epi bulletins
European Region	-	56 456	40	ECDC[1], ARS Reunion[2] and ARS Mayotte[3]
Region of the Americas	228 591	100 329	115	PLISA[4], Epidemiological Alert: Chikungunya and Oropouche in the Americas Region, 28 August 2025[5], IHR NFP Cuba and Bolivia.
South- East Asia region	31 208	3 420	0	Bangladesh[6], India[7], Sri Lanka[8], Thailand[9]
Western Pacific Region	-	21 299	0	IHR reports and the official government website: China[10], Philippines[11], Singapore[12]
Total	263 592	181 679	155	

Source: ECDC, WHO, CIDRAP

Hot spots in multiple world regions

Brazil has been **the main hot spot in the Americas**, making up **96% of cases and deaths**, with the **virus following a seasonal pattern**.

Fourteen countries have reported cases, including an outbreak in Cuba that prompted a recent travel advisory from the US Centers for Disease Control and Prevention.

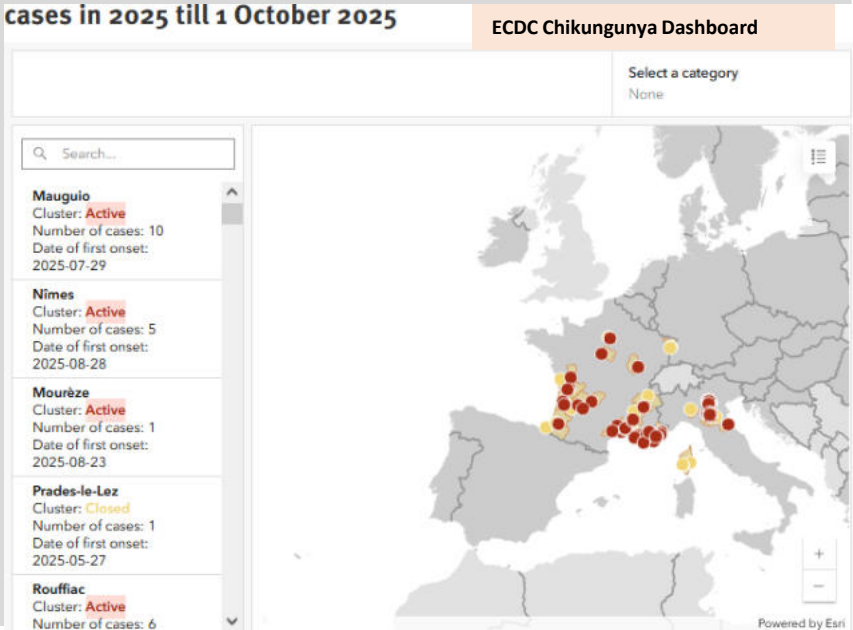
Europe's cases have been **led by a large outbreak in the French overseas territory La Reunion** in the early months of the year, marking the **island's first local spread since 2014**. Two **travel-related cases prompted** an **outbreak in Mayotte**, triggering the **first local spread** of the virus.

In other notable European developments, the **French mainland** and **Italy have both reported local spread**. In updates today, the *European Centre for Disease Prevention and Control reported:*

- **64 new local chikungunya cases from France**, bringing the country's total to 637 cases across 68 clusters.
- **55 new local cases from Italy**, lifting its number to 323 cases spread across four clusters.

Other hot spots this year have included **India and Bangladesh**. Meanwhile, the WHO said that a large outbreak in **China's Guangdong province** has been the country's **largest documented outbreak to date**, piling up more than 16,000 cases from 21 cities.

The group urged countries to step up **surveillance, lab capacity, healthcare capacity**, and **vector-control activities.**



Control of epidemic meningitis in countries in the African meningitis belt, 2024

In recognition of the heavy toll, the World Health Assembly in 2020 endorsed the "global road map to defeat meningitis by 2030", and WHO launched its implementation the following year.1 The road map addresses the 4 main causes of acute bacterial meningitis: Streptococcus pneumoniae (Spn), Haemophilus influenzae, Neisseria meningitidis (Nm) and S. agalactiae. The 3 visionary goals to be achieved by 2030 are: (1) elimination of bacterial meningitis epidemics; (2) reduction by 50% in the number of cases and by 70% in the number of deaths from vaccine-preventable meningitis; and (3) a reduction in disability and an improvement in the quality of life after meningitis due to any cause.

Introduction and use of meningococcal conjugate vaccines

The average WHO/UNICEF estimate of national immunization coverage in the 15 countries that use MenACV in routine programmes was **60% in 2024**.

Epidemiological surveillance

For ease of analysis and comparison, the meningitis epidemic season is defined as the period between epidemiological weeks 1 and 26. Countries that participate in the enhanced surveillance (ES) regional network collect and send district epidemiological data and laboratory results weekly to the WHO AFRO.

During the 2024 meningitis epidemic season, the 25 countries reported a total of **19 164 suspected cases, including 1101 deaths**, resulting in a case fatality rate (CFR) of 5.7%. This confirmed the **increasing trend** in suspected case numbers compared to previous years.

The countries that reported the largest numbers of suspected cases during the 2024 season were **Ethiopia (3669), Niger (3468), Nigeria (3221**) and the **Democratic Republic of the Congo (DRC; 3119)**, accounting for **70.3%** of all reported cases during the season.

Pathogen Distribution

During 2024, laboratory results were reported by 18 of the 25 countries in the surveillance network; 17 countries reported seasonal laboratory results. 37% of all reported suspected cases have been sampled.

Overall, ***Nm*** represented **72% of all the pathogens** identified, 62% of the isolates were for *Nm C*. For 7 consecutive years, no cases of *Nm A* were detected, further confirming the disappearance of this serogroup from the meningitis belt.

Spn was the second most frequently isolated pathogen, identified in **27% positive samples** overall.

H. influenzae non type b was identified in 86 (4%) of all positive samples, whereas ***H. influenzae type b*** (Hib), represents only in 2% of all isolates.

Molecular surveillance

The circulation of meningococcal strains in the meningitis belt is monitored regularly with the support of the 3 WHO collaborating centres for bacterial meningitis. Results were reported for a few samples in 2024.

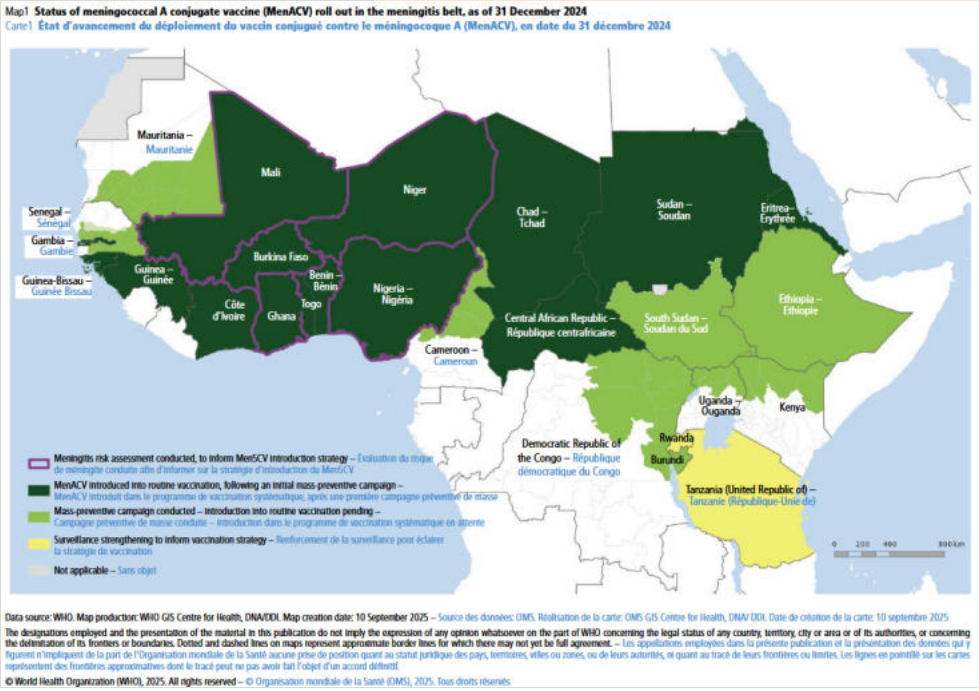
Outbreaks

During 2024, meningococcal outbreaks were confirmed in Niger and Nigeria during the meningitis epidemic season. In Nigeria, 3221 suspected cases, including 259 deaths, were reported. In Niger, a total of 3468 suspected cases, including 250 deaths (CFR, 8%) were reported.

Conclusion

The 2024 meningitis season demonstrated both the **persisting risk of large outbreaks** and the **unprecedented opportunities to move closer to elimination**.

Status of meningococcal A conjugate vaccine (MenACV) roll out



Source: WHO

Ebola situation report – DRC
(as of 05 Oct 2025)

Situation update	Cases	Deaths	CFR
	64	43	67.2%

Source: ECDC, AFRO, WHO DON, WHOAfrica

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 (HZ), Kasai Province. This is the 16th outbreak of Ebola virus disease in the DRC.
In their last situation report WHO Africa said that the outbreak shows signs of containment, with no new confirmed or probable cases reported since their last update from 28 Sep.
The outbreak is ***linked to new zoonotic spillover*** *(Ebola Zaire strain),* ***not related to previous events****.*

Disease Activity and Healthcare Burden

- As of 05 Oct 2025: 64 cases (53 confirmed, 11 probable), including 43 deaths (CFR 67.2%).
- Cases spread across six health areas: Bambalaie, Bulape, Bulape Communautaire, Dikolo, Ingongo, and Mpianga. With the epicentres in Dikolo (26 cases, 15 deaths) and Bulape (24 cases, 20 deaths) Health Areas, which together account for 78.1% of the total cases reported and 81.4% of all deaths.
- The initial phase of the outbreak was characterized by nosocomial transmission and a superspreading event linked to the funeral of the presumptive index case.
- Children under 15 years old are the most affected group.
- There have been five cases among health workers (four nurses and one laboratory technician), three of whom have died.
- A total of 1 985 contacts remain under follow-up, over the past week, six patients have been treated and discharged from the ETC, bringing the total number of recoveries to 15 since the onset of the outbreak. Six confirmed cases remain hospitalized and are receiving clinical care.
- As of 05 October, 2025, a total of 30 persons were in admission, with six confirmed cases and 24 suspected cases undergoing clinical management.

Vaccine Coverage

- Vaccination campaign with rVSVΔG-ZEBOV-GP (Everbo) Ebola vaccine ongoing: as of 05 October 2025, a total of 20 190 individuals had been vaccinated over a period of 23 days, including healthcare and frontline workers, contacts, and potential contacts of cases. A total of 6 729 vaccine doses are still in stock in Bulape Health Zone.

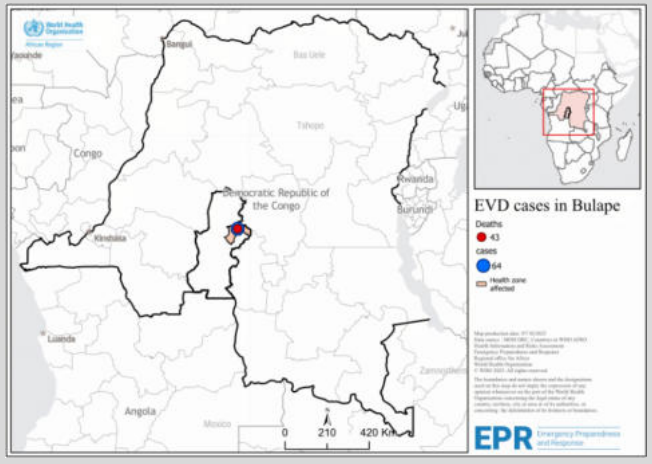
Healthcare Capacity:

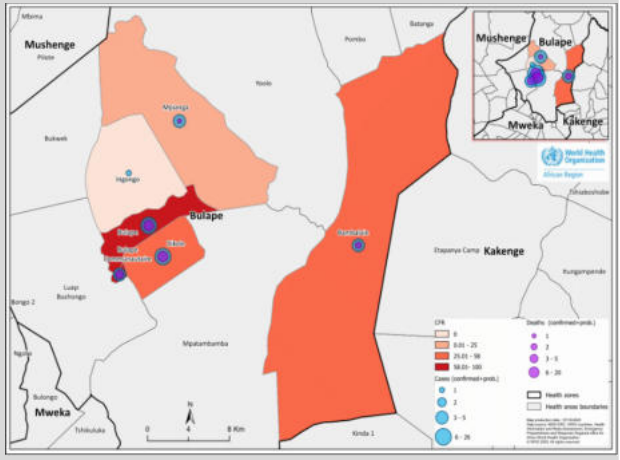
- There have been 26 total hospitalizations since the outbreak began.
- There are now two functional Ebola Treatment Centres (ETCs). One is located in the Bulape Health Area, supported by WHO and MSF-Belgium.
- Bed occupancy rate is 59.1% despite expanded treatment capacity (49 beds now available at Bulape Ebola Treatment Centers).
- 31 patients have received monoclonal antibody treatment (mAb114).

Conclusion

- The outbreak remains confined to Bulape HZ but with high CFR and impact on children and HCWs. There are **some signs of decline**, with transmission now more localized and less explosive than in the initial phase.
- Vaccination, surveillance and contact tracing are underway and need to be sustained.
- **Overall risk LOW outside DRC, but locally significant.**

Geographical distribution of Ebola virus disease cases and deaths, Kasai province, DRC, as of 28 September 2025





Mpox trends in 2025 and Important Risks

(as of 30 Sep 25)

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Current situation: Since 2022 Mpox has shifted from a regional disease to a global health challenge with clade II spreading and clade Ib emerging in new nations. Transmission has broadened beyond men who have sex with men (MSM) networks seen in 2022, affecting wider populations. In 2025 alone **38,671 confirmed cases across 92 countries**, already higher than 2024.

Most affected countries (last 12 months):

- DRC: >80,000 cases (22,132 confirmed cases), 45 deaths (underestimation is likely).
- Uganda: >12,500 cases, 37 deaths, Sierra Leone: 6,826 cases, 56 deaths and Burundi 5,155.
- Outside Africa: USA, China, Spain, Mexico, New Zealand reported highest monthly counts in August 2025.

Drivers and challenges:

- Limited diagnostic capacity in some countries and underestimation of true burden.
- Variations in national case definitions and weak surveillance in several countries.
- High mortality among populations with comorbidities (HIV).
- Limited vaccine access continues to hinder containment efforts in Africa.

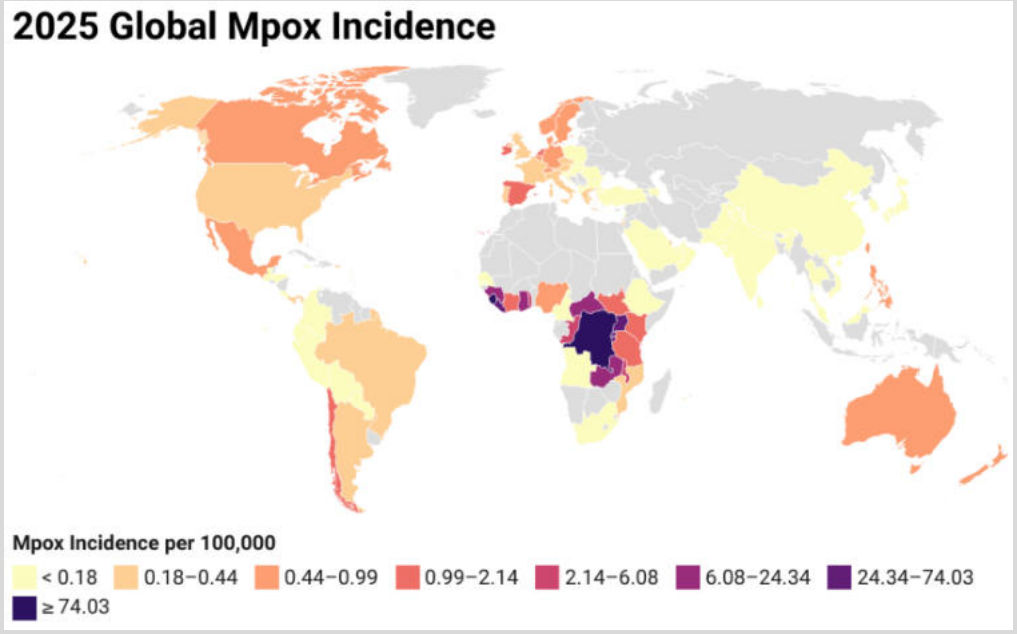
Response:

- **WHO** declared end of the global emergency (5th of Sep 2025). Africa CDC's Continental Emergency remains in effect focusing on ongoing surveillance, outbreak response teams and WHO/Africa CDC coordination.
- Vaccination is expanding but uneven: >3.1M doses shipped, >1M people vaccinated (mainly in Africa), still far below the 10M target.

Outlook: Global trend declining overall but risk of importation and resurgence remains, especially in countries with strong travel links to high-burden areas. Surveillance gaps and under-reporting mean the true burden is likely higher. Progress fragile: sustained control depends on expanded vaccination, better diagnostics, and stronger surveillance.

Global confirmed mpox cases and deaths reported to the WHO since 2022.

Year	Countries reporting cases	Total Cases	Total Deaths
2022	108	84,880	138
2023	76	9,697	45
2024	85	26,375	78
2025	92	38,671	163



Hospital Surge Capacity in Africa: Lessons from 25 Years of Infectious Disease Outbreaks

Africa's healthcare systems face unique challenges in managing sudden influxes of critically ill patients during infectious disease outbreaks. A comprehensive analysis of the past 25 years reveals important patterns in how hospitals have responded to unexpected patient surges, offering valuable insights for health system preparedness.

The Challenge of Surge Capacity

Hospital surge capacity—the ability to rapidly expand patient care capabilities beyond normal operating levels—becomes critical during infectious disease outbreaks. Recent data shows that Africa experiences significant infectious disease outbreak activity, with public health emergencies rising 41% from 152 in 2022 to 213 in 2024.

Viral Hemorrhagic Fevers: The Most Challenging Surges

Ebola: A System-Wide Test (2014-2016)

The West Africa Ebola epidemic remains the most significant surge event in recent history, affecting Guinea, Liberia, and Sierra Leone. With 28,616 confirmed cases and 11,310 deaths, the outbreak revealed critical vulnerabilities in surge capacity management.

The most challenging aspect was not just the volume of patients, but the **rapidity** with which treatment facilities became overwhelmed. Health authorities noted that "effective isolation of patients became increasingly difficult as hospitals, clinics, and temporary Ebola treatment units were **filled beyond capacity**." The situation became so acute that symptomatic patients were frequently turned away from treatment facilities, creating secondary transmission risks.

The outbreak also demonstrated the vulnerability of healthcare workers, with many becoming infected while providing care, further reducing available capacity at the worst possible time.

Marburg: High-Mortality, Rapid-Onset Events

The 2005 Angola outbreak, centered in Uige Province, saw 266 cases with 244 deaths—a 92% case fatality rate.

What made this particularly challenging for hospitals was the **speed of deterioration**: most patients died within one to two days of admission. This created an unusual surge pattern where bed turnover was extremely rapid but with devastating outcomes.

More recently, Rwanda's 2024 Marburg outbreak demonstrated how these events can particularly impact urban health facilities. **Over 70% of confirmed cases** were **healthcare workers** from just **two facilities in Kigali**, showing how quickly nosocomial transmission can amplify patient numbers within hospital settings.

Regional Patterns and Multi-Country Events

Rift Valley Fever: Cross-Border Surge Management

The 2006-2007 Rift Valley Fever outbreak across Kenya, Somalia, and Tanzania illustrated the challenges of **managing surge events** that **span multiple countries** simultaneously. Kenya reported 684 cases with 234 deaths, while Somalia and Tanzania recorded 114 and 264 cases respectively.

This outbreak highlighted the importance of **regional coordination** during surge events, as patients often crossed borders seeking care, potentially overwhelming facilities in neighboring countries.

Yellow Fever: Unexpected Resurgence

Nigeria's experience with yellow fever between 2017-2019 demonstrated how **previously controlled diseases** can create **unexpected surge scenarios**. After 21 years without confirmed cases, the country suddenly faced 4,004 suspected cases nationwide, with 287 laboratory-confirmed cases.

The **resurgence caught health systems off-guard**, as yellow fever **vaccination coverage had declined below protective thresholds** in many areas. This created surge conditions in regions that hadn't experienced yellow fever cases in decades.

Implications for Health System Planning

- **Infrastructure Requirements;** The data suggests that effective surge capacity requires more than just additional beds. Critical care capabilities, isolation facilities, and rapid diagnostic capacity are equally important.
- **Workforce Considerations;** Healthcare worker infections during surge events create a double burden.
- **Early Warning Systems**

Looking Forward

Africa's experience with infectious disease surges over the past 25 years **provides valuable insights for health system strengthening**.

The statement about a "**70% decline in Official Development Assistance from 2021 to 2025**" reflects one of the most significant shifts in global health financing in recent history. To understand its implications for surge capacity, we need to examine what this means in practical terms. **See next slide.**

Source: Proseko

70% decline in Official Development Assistance from 2021 to 2025 in Africa, An Examination

What is Official Development Assistance?

Official Development Assistance (ODA) represents **foreign aid provided by wealthy countries** and international organizations to support development programs in lower-income countries. For African health systems, ODA has been crucial—in 2020, it represented **10% of total health spending** across the continent, with some countries far more dependent than others.

The Scale of the Decline

According to the Africa CDC, the **70% decline** from 2021 to 2025 represents an unprecedented financing crisis. It coincides with **several global factors**:

- *Post-COVID Reallocation*: The COVID-19 pandemic triggered an unprecedented rise in health ODA, peaking at $37.13 billion in 2021 and $36.21 billion in 2022. Much of the current "decline" represents a return to pre-pandemic levels of around $20-22 billion annually.
- *Ukraine War Impact*: Aid to Ukraine now represents more than 12% of total ODA from donor countries.
- *Domestic Political Pressures*: Several major donor countries have announced ODA budget cuts. Seven DAC (Development Assistance Committee) members—Belgium, France, Germany, the Netherlands, Switzerland, the UK, and the US—announced reductions in their ODA budgets for 2025.

Impact on Health Systems

A recent WHO assessment found that an **expected 40% reduction** in health ODA could **lead to**:

- *Workforce Shortages:* Africa is projected to see an increase in health workforce shortage of 600,000 workers by 2030.
- *Reduced Absorptive Capacity*: Budget cuts are expected to reduce countries' ability to **hire new health workers,** precisely when surge capacity depends on having adequate staffing.
- Program Cuts: Critical health programs including **pandemic preparedness, maternal and child health services, and disease control programs** are all at risk.

The Perfect Storm

What makes this particularly concerning for surge preparedness is the timing. As ODA declines by 70%, public health emergencies in Africa are simultaneously surging by 41%—from 152 in 2022 to 213 in 2024. This creates a "perfect storm" where health systems face more emergency situations with significantly fewer resources.

The financing crisis is compounded by Africa's debt burden. Countries are expected to service $81 billion in debt by 2025—surpassing anticipated external financing inflows—further reducing fiscal space for health investments. Only 29% of African countries currently have updated National Health Development Plans supported by financing strategies.

Why This Makes Surge Preparedness Critical

With less international funding available, African health systems must be far more strategic about surge preparedness. They can no longer rely on emergency ODA injections during crises. This means:

- *Prevention Focus*: Systems must invest more heavily in **preventing outbreaks** rather than responding to them
- *Efficiency Maximization*: Limited resources must be deployed with **maximum effectiveness**
- *Regional Cooperation*: Countries must **work together more effectively** to share surge capacity
- *Domestic Resource Mobilization*: The 2001 Abuja Declaration target of allocating 15% of national budgets to health becomes more critical than ever

The patterns observed—from the catastrophic Ebola surge of 2014-2016 to the ongoing Marburg outbreaks in East Africa—demonstrate both the **vulnerability and resilience of health systems under extreme pressure**. **Understanding these patterns** is essential for building more robust surge capacity capabilities.

As the frequency of public health emergencies continues to rise, the **lessons learned from past surge events become increasingly valuable** for preparing health systems to manage future challenges. The key insight is that surge capacity is **not just about having more resources available, but about having the right resources, in the right places, with the right protocols, activated at the right time.**

Source: Proseko

Cholera Disease Outbreaks - Global Situation
(as of 26 Sep 2025)

World Health Organization
African Region

Source: WHO, Africa CDC

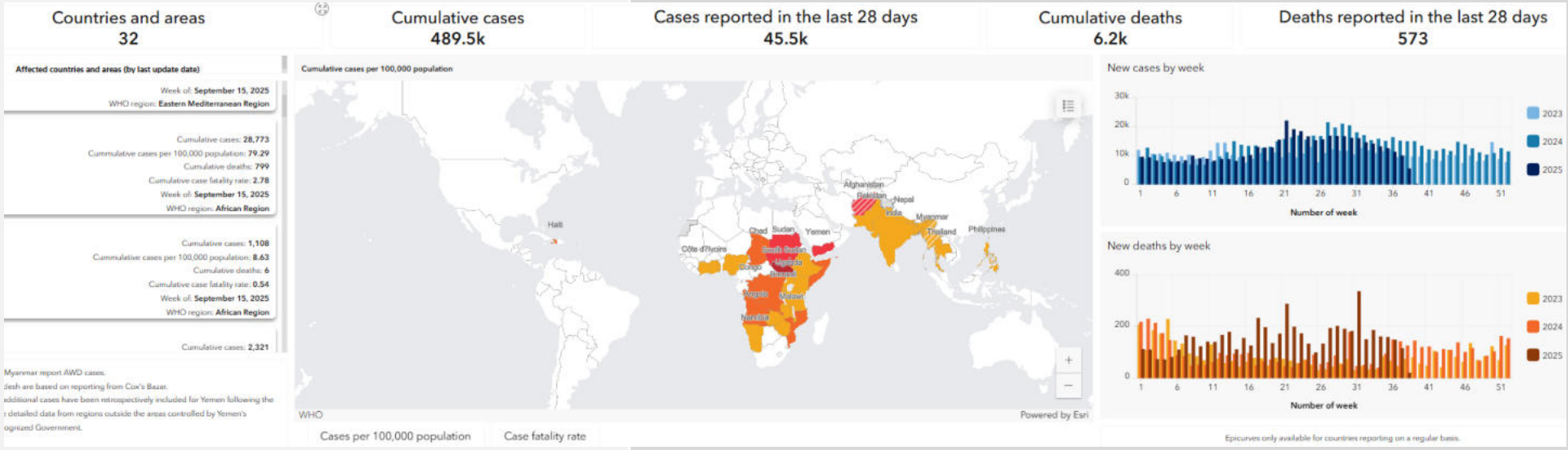
Current situation:
Cholera remains a major global threat. Since 1 Jan 2025, a total of 489,500 cases and 6,200 deaths have been reported across 32 countries. Compared with 2024, this reflects a slight decline in cases but a 45% increase in deaths, underlining gaps in case management and delayed access to care. At least six countries continue to report CFR >1%, exceeding the target for effective outbreak control.

Geographical distribution:
- Africa: 193,500 cases and 4,368 deaths (CFR >2%).
- Eastern Mediterranean: 288,400 cases, 1,800 deaths (CFR 0.6%). Yemen and Afghanistan account for most cases.
- South-East Asia: 5,100 cases, 1 death. Bangladesh remains endemic. **Nepal and Myanmar outbreaks reported.**
- Americas: 2,500 cases, 31 deaths – almost all from Haiti.
- Europe & Western Pacific: no active outbreaks, sporadic imported cases only.

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

Response actions:
- WASH interventions, vaccination, and cross-border coordination. Vaccination: one-dose only oral cholera vaccine (OCV) campaigns.
- Africa CDC & WHO launched a Continental Cholera Preparedness & Response Plan (26 Aug 2025) with a joint Incident Management Team, aiming to strengthen surveillance,

Outlook: The global risk remains **VERY HIGH.** Without urgent and coordinated measures, further spread within and across countries is likely.



WHO Global Cholera and AWD Dashboard. Cumulative cases and deaths reported from 01 January to 26 September 2025. World Health Organization. Available at: https://who-global-cholera-and-awd-dashboard-1-who.hub.arcgis.com/ — accessed 2 October 2025.

Measles and Rubella Global Update
(as of Sep 2025)

World Health Organization

Source: WHO Immunization data portal

Current situation: Measles is experiencing a dangerous resurgence worldwide. Large outbreaks are ongoing in South Asia, Africa and conflict-affected countries, while North America and Europe are seeing sharp increases due to vaccine gaps. Transmission persists in all WHO regions with elimination targets off track. Between January–September 2025 there have been **360,321 suspected cases** reported from 173 countries. With **164,582 confirmed cases** by either laboratory, clinical, or epidemiological linkage (vs. 359,589 in 2024, 54% decrease).

Regional burden and major hotspots:

- Africa: 38,686 cases – major outbreaks in Nigeria (12,262), Ethiopia (5,066) and DRC (2,726).
- Eastern Mediterranean: 56,639 cases – Yemen (32,037) and Pakistan (21,461).
- Europe: 29,300 cases – Romania (7,883), Kyrgyzstan (8,374), Serbia, Georgia.
- Americas: 10,117 cases (huge rebound) – Canada (4,220), Mexico (4,353) and USA (1,431).
- South-East Asia: 14,490 cases – India (13,416), Pakistan (16,009) and Afghanistan (8,459).
- Western Pacific: 15,350 cases – Indonesia (6,337), Philippines (3,314) and Viet Nam.

Risks factors: Immunization gaps after COVID-19 disruptions. Humanitarian crises fuelling outbreaks. Misinformation and vaccine hesitancy in high-income countries (Canada, USA and parts of Europe). Surveillance weaknesses in several regions leading to underreporting.

Response: Mass vaccination campaigns (SIAs and outbreak response immunization) planned in Nigeria, Uganda, Chad, DRC (late 2025–2026). Routine immunization strengthening.

Outlook: 2025 shows fewer cases vs. 2024, but persistence in fragile settings and re-emergence in high-income countries highlight ongoing risk. The 2025–2030 Global Measles & Rubella Strategic Framework prioritizes: Mass “catch-up” vaccination campaigns. Strengthened outbreak detection and response. Cross-border coordination and crisis-zone immunization.

Current situation: Rubella incidence is declining globally, but transmission persists in several regions. Between January–September 2025, 6,109 confirmed cases were reported worldwide (vs. 23,563 in 2024, 74% decrease). While most high-income regions are nearing elimination, Africa, South-East Asia, and the Eastern Mediterranean still face ongoing outbreaks.

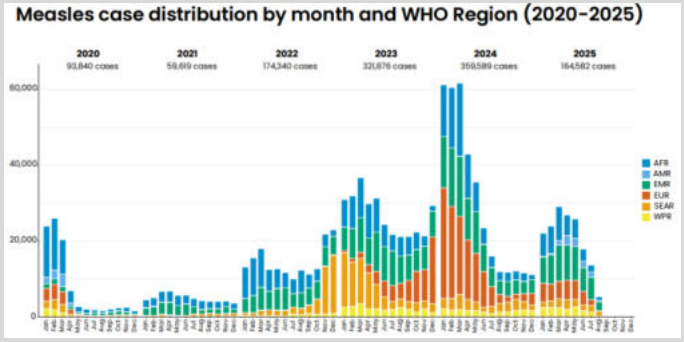
Regional burden and major hotspots:

- Africa: 1,679 cases.
- Eastern Mediterranean: 1,285 cases – mainly Yemen, Pakistan and Afghanistan.
- Europe: small clusters in Russia and Poland.
- Americas: 1,231 cases – Brazil, Peru and Venezuela.
- South-East Asia: 1,500 cases – India and Myanmar.
- Western Pacific: 414 cases – Viet Nam, Philippines.

Risks factors: Low routine immunization coverage in African and Asian countries. Fragile health system in conflict settings. Surveillance weaknesses in several regions leading to underreporting.

Response: Mass vaccination campaigns (SIAs and outbreak response immunization) planned in Nigeria, Uganda, Chad, DRC (late 2025–2026). Routine immunization strengthening.

Outlook: Rubella elimination verified in the Americas and Europe, but is still endemic in Africa, South-East Asia Region an Eastern Mediterranean regions. Declines in 2025 show progress, but sustained commitment is needed to reach rubella and CRS elimination goals by 2030.



Human case of swine influenza A(H1N1) variant
(as of 24 Sep 2025)

Source: ECDC

Current situation*: *On 18 September 2025, Germany reported a **human case** of avian-like swine influenza A(H1N1) variant virus (clade 1C.2.2) in a **29-year-old male**. The patient was hospitalized in August 2025 following worsening of a long-standing respiratory symptoms with onset in November 2024. The patient worked in a meat processing plant, where he mainly had exposure to pork; The virus is presumed to have been contracted occupationally.

Virological findings:

- PCR weakly positive for influenza A; sequencing confirmed swine-origin A(H1N1)
- Virus closely related to 2022–2023 German swine strains.
- Contained K356R mutation in PA segment (linked to increased polymerase activity in mammals).
- No mutations for human receptor adaptation detected.

***Epidemiology*:**

- **No evidence of human-to-human transmission**.
- Two close contacts remained asymptomatic (5-week follow-up).

***Risks factors*:**
Direct pig exposure.

***Response*:**
ECDC continues close monitoring to detect any changes in transmissibility. Human cases of infection with zoonotic influenza in the EU/EEA should be immediately reported to the Early Warning and response System (EWRS) and International Health Regulations (IHR).

***Outlook*:**

- **Sporadic zoonotic cases are exp**ected in Europe.
- **Human-to-human transmission remains rare** and unsustained.

Human case of Rabies – France
(Occitanie Region, Sep 2025)

Source: ECDC

Current situation: A **fatal human case of rabies** was confirmed in **southern France (Occitanie region)** in September 2025. The case was identified through post-mortem analysis conducted by the National Reference Centre for Rabies. The infection was caused by the **classical rabies virus (RABV)**.

Epidemiology:

- The patient had **no recent history of travel abroad** or known animal bites, making this **an autochthonous human case** under investigation.
- France has been considered **free of terrestrial rabies** since 2001, with only sporadic imported cases linked to infected animals from endemic regions.
- Investigations by national and regional veterinary and public-health authorities are focused on identifying the infection source—possibilities include **bat exposure** or **imported pets**.
- No secondary human exposures have been reported to date.

Risks factors:

- *Direct exposure* (occupational, recreational and/or unrecognized bat exposure).
- *Unvaccinated pets* smuggled from endemic regions continue to pose a re-introduction risk.

Response:

- **Contact tracing and post-exposure prophylaxis** (PEP) were implemented for healthcare workers and individuals who had contact with the patient prior to death.
- Enhanced **animal-health surveillance** and **public awareness campaigns** have been initiated across the Occitanie region to reinforce reporting of suspect animals.
- The event does not change **France's official rabies-free status**, but authorities continue to monitor for possible re-introduction risks via illegal animal movements and wildlife reservoirs.

Outlook: This case underscores the importance of maintaining high vigilance for **zoonotic re-emergence** of rabies even in countries with elimination status and of ensuring timely **PEP access** and **bat-handling precautions**.

Hepatitis A — Czech Republic (2025)

Source: National Institute of Public Health in Prague

Current situation:
Since early 2025 the Czech Republic is experiencing a large nationwide surge of hepatitis A, with **1,842 cases and 21 deaths reported by 5 Oct 2025**. The clinical burden is high: **1,491 hospitalizations (80.9%)** have been recorded. Transmission involves **multiple age groups**, with notable adult involvement and **severe outcomes** in people with comorbidities and social vulnerabilities. **Eleven outbreaks (8 ongoing)** account for **272 cases (14.8%)**.

Most affected areas:
Prague 737, Central Bohemia **302**, Moravian-Silesian **150**; lowest counts in **Vysočina 26**, Hradec Králové **27**, Plzeň **35**.

Drivers and challenges:
- **Large susceptible population** after many low-incidence years.
- **Risk groups** heavily represented among cases: **homelessness (209 entries), injection drug users (196) and incarceration (27).**
- Adult fatalities (n=21) concentrated in people with **chronic liver disease and other comorbidities**; most deaths are in men.

Response:
- Ongoing **outbreak investigation and control** across affected districts.
- Public-health advice emphasises in **hand hygiene**, safe food/water, and **HAV vaccination (2-dose schedule)** for risk groups and contacts; healthcare services are focusing on **clinical management of severe adult cases**.

Outlook:
Activity remains elevated with continued risk of **cluster expansion** in urban centres and vulnerable communities. Short-term control hinges on **targeted vaccination, outreach to risk groups, and strict hygiene measures**; medium-term risk persists due to the **large susceptible pool**.

Chagas Disease — USA (2025)

Source: CDC

Current situation:
New data from the CDC and UCLA Health confirm that Chagas disease (Trypanosoma cruzi infection) is now considered **endemic in parts of the southern United States**, shifting from an imported to a **locally sustained infection**. Previously thought to occur only in Latin America, multiple autochthonous cases have now been identified across **Texas, Louisiana, Arizona, and California**, marking a **notable epidemiological change**.

Most affected areas:
Texas and **southern Arizona** report the highest number of locally acquired infections; Endemic transmission suspected in **border and rural areas**, particularly among populations with limited housing quality or exposure to vector habitats.

Drivers and challenges:
- **Underdiagnosis:** up to 300,000 people in the U.S. estimated to live with chronic Chagas infection, many undiagnosed.
- **Limited awareness and screening** in healthcare settings since most U.S. physicians rarely test for T. cruzi.
- **Blood safety risk:** sporadic detection in blood donors continues, though routine screening mitigates transfusional spread.

Response:
The **CDC** and partner institutions are expanding **vector surveillance** and **serologic testing** for at-risk populations; **Public health messaging** encourages clinicians to include Chagas in differential diagnoses for at-risk patients (those from endemic Latin America or living in vector zones); **Research focus** on improving diagnostic tools, understanding autochthonous transmission, and evaluating treatment options for chronic infection.

Outlook: Chagas disease is now an **emerging endemic infection** in the USA, with **low but persistent local transmission**. The **public health priority** is early diagnosis and treatment to prevent cardiac and gastrointestinal complications in chronically infected individuals. **Vector surveillance and awareness** remain key to controlling spread.

Influenza and RSV – Southern Hemisphere Retrospective 2025

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Overview:
The 2025 southern hemisphere influenza and RSV season (April–August) was **moderate-to-high intensity**, characterized by **a delayed peak, longer duration**, and **mixed co-circulation** of influenza, RSV, and SARS-CoV-2. The season's epidemiological patterns are expected to foreshadow **northern hemisphere trends** in late 2025–early 2026.

Australia:
Influenza: more than 4.4 % case increase compared to 2024; the season showed a slower decline and extended plateau lasting into August. Over **370 influenza-associated deaths** reported between January–June 2025. Circulating subtypes: **A(H1N1)pdm09** and **A(H3N2)** dominated; limited B lineage activity.
RSV: decrease of 3.3% vs 2024, but sustained high transmission in **young children and infants**, with hospitalizations peaking in July. COVID-19: decrease of 30% vs 2024, though continued low-level circulation overlapped with influenza and RSV surges.
Vaccination: Influenza vaccine coverage reached only **30.4 %** (below pre-pandemic levels). COVID-19 vaccine uptake remained low (11.1 %) in adults aged 18–64. Authorities highlight vaccine fatigue and risk perception as key barriers.

Southern Hemisphere Patterns:
Similar trends reported in **New Zealand, Chile, and South Africa**, where **co-circulation of influenza and RSV** extended hospital strain into August. Chile experienced a sharp mid-season RSV rebound following a mild 2024 season. South Africa observed **earlier onset of influenza B** and rising RSV in under-fives.

Outlook:
Overall, 2025 southern data indicate **moderate-to-high viral respiratory activity** and underscore the need for improved **vaccine coverage, public communication**, and **coordinated surveillance** ahead of the northern winter season.

Global COVID-19 situation report

Source: WHO, ECDC

Disease Activity and Healthcare Burden

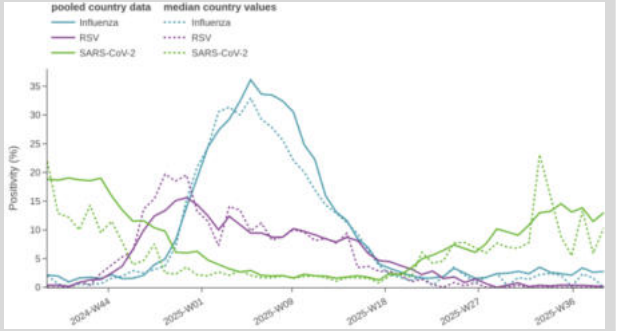
- WHO Global Risk Assessment v8 (16 Sep 2025): Global risk now **MODERATE**. Deaths and hospitalizations declining since 2022; circulation dominated by JN.1 Omicron sub-lineages with immune escape but no increase in severity.
- Recent activity (1–7 Sep 2025): 48,737 samples sequenced from 72 countries; 6.5% positive. Global activity stable, but heterogeneous across regions.
- Americas: PAHO reports co-circulation of COVID-19, influenza and RSV; rising pediatric hospitalizations in several countries.
- Europe: ECDC notes low but sustained COVID-19 transmission, with no excess mortality above baseline observed.

Vaccine Coverage

- 2025–26 campaigns are beginning in Europe and other regions, prioritizing older adults, healthcare workers and risk groups.
- WHO & ECDC recommend **integrating COVID-19 vaccination with influenza/RSV campaigns** to boost uptake.
- Coverage data for the new campaign not yet consolidated; early reports suggest uptake is slower than influenza vaccines.

Conclusion

- Vaccination remains **critical to protect vulnerable groups** and sustain the downward trend in severe cases.
- Focus now is on maintaining **surveillance, ensuring equitable vaccine access, and preparing health systems** for the autumn/winter respiratory virus season.



Virological surveillance in hospitals - weekly test positivity

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Rift Valley Fever (RVF) – Senegal (Saint-Louis Region), Mauretania

On 26-Sep-2025, the Ministry of Health and Social Action of Senegal released a public statement confirming an outbreak of Rift Valley fever (RVF) in the Saint-Louis region, located in northern Senegal near the border with Mauritania. As of 25-Sep-2025, **ten laboratory-confirmed human cases** of RVF have been reported in Saint-Louis region, **including four deaths**, resulting in a case fatality ratio (CFR) of 40%.

On 27-Sep-2025, the Ministry of Health of Mauritania reported a fatal case of Rift Valley Fever (RVF) in Rosso, a city located near the southern border with Senegal. This marks the **first confirmed human death from RVF in Mauritania since 2022**. The case involves a citizen who had recently arrived from an unspecified neighboring country.

The outbreaks were reported shortly after the end of the rainy season, a period typically associated with increased RVF activity in rural areas where mosquito populations and livestock interactions are prevalent.

Source: Ministry of Health Senegal; **BlueDot Alert 27 Sep 2025.,** NewsMedia. NewsMedia

Measles – Cameroon and Angola (updated)

Cameroon: The outbreak continues across all 10 regions (as of Week 33, Aug 2025).
Earlier estimate: 2,288 cases (1 death), 64 % of confirmed cases unvaccinated children < 5
Angola: Significant escalation in 2025, ongoing outbreaks reported in **Cuanza Sul** province (with hospitalizations of children. Reported in media: ~6,472 measles cases nationwide (Jan–Sep 2025) in several provinces (unverified WHO figure). Earlier base: 320 confirmed cases in Luanda Province (144 in August) with very low 2nd-dose coverage (~31 %).
Ongoing response: community surveillance, rapid case detection, vaccination in outbreak areas

Source: NewsMedia, WHO, NewsMedia, WHO, WHOAfrica, WHO

Malaria – South Africa (Free State Province)

Malaria has been detected in a **non-endemic part** of South Africa, among a household on a farm in Luckhoff, Letsemeng Local Municipality (Xhariep district) with no reported travel. The source of infection is under investigation. Rising regional activity increases the risk of transporting infected mosquitoes to new areas. Vector investigation and indoor residual spraying was initiated.

Source: BlueDot Alert 03 Oct 2025., Africa CDC, NewsMedia

Unknown Hemorrhagic Fever in Nigeria (Abuja)

Two suspected viral haemorrhagic fever cases were reported in Abuja in late September 2025. Both tested **negative for Ebola and Marburg viruses** at the National Reference Laboratory. Additional testing for **Lassa fever and dengue** is ongoing. No secondary cases have been identified among healthcare contacts or the community, and the event is currently considered **contained**. Investigations continue to determine the etiology and confirm possible exposure routes.

Source: Nigeria Centre for Disease Control (NCDC) Situation Update, 22 Sep 2025; BlueDot Alert.

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

Multiple countries report circulating **vaccine-derived poliovirus types 1 and 2**. Chad (18 cVDPV2 + 2 cVDPV3 cases), Nigeria (28 cVDPV2), Somalia (8 cVDPV2). New detections in Algeria and Tanzania (environmental), Benin (1 case), Niger (3 cases), and Angola (5 cases). Regional synchronised immunisation response is underway.

Source: GPEI, WHO-Africa, Bluedot

Yellow Fever – Angola

The Ministry of Health of Angola has officially notified the WHO of the confirmation of seven yellow fever cases. These cases were confirmed by the WHO Regional Reference Laboratory for Yellow Fever (Centre Pasteur du Cameroun) from samples collected through routine surveillance between July 2024 and February 2025. The confirmed cases originated from five provinces: Luanda, Benguela, Malanje, Huíla, and Huambo. All cases were unvaccinated individuals aged between 12 and 30 years, except for one infant under one year. No deaths have been reported to date.

Source: WHO-Africa

Diphteria - Mauretania

On 5-Oct-2025, the Ministry of Health of Mauritania released an official update confirming a diphtheria epidemic following a significant rise in cases during 2025. The outbreak has since expanded across four wilayas: Hodh El Gharbi, Hodh Charghi, Assaba, and Gorgol. The term wilaya refers to Mauritania's equivalent to a state or province. While there is conflicting information regarding the total number of cases and deaths and their geographical distribution, local media quoting official data suggests at least 202 cases of diphtheria have been reported nationally in 2025.

Source: BlueDot Alert 27 Sep 2025., NewsMedia

Other Infectious Disease Outbreaks – Europe

Mpox Clade I – Spain

On 23-Sep-2025, the Department of Health of the Community of Madrid reported the country's first confirmed case of mpox Clade Ib infection. The patient is a 32-year-old man who had recently travelled to Tanzania in August 2025. During his stay abroad, the individual engaged in high-risk sexual activity and later developed symptoms consistent with mpox upon returning to Spain.

Source: ECDC, NewsMedia

Mpox Clade I – Ireland

On 21-Sep-2025, Ireland's Health Service Executive (HSE) confirmed a cluster of mpox Clade I involving three linked cases. This is the second recorded detection of Clade I in Ireland, following a single case in February 2025. The geographic location of the current cluster has not been disclosed by HSE.

Source: NewsMedia, Beacon

West Nile Virus – Greece

On 24-Sep-2025, the **first historical local human case of West Nile virus** (WNV) infection was confirmed **on the island of Crete**, Greece. The case involves a 60-year-old immunosuppressed man from a rural village in the Municipality of Heraklion. According to official information, the case is considered domestic, with no recent travel history reported. No additional suspected or confirmed WNV cases have been reported in Crete to date.

Source: ECDC, NewsMedia

Dengue Virus – Europe 2025

Since the beginning of 2025 and as of 1 October 2025, three countries in Europe have reported cases of dengue: **France** (26), **Italy** (four), and **Portugal** (two). Ten clusters reported by France, two by Italy and one by Portugal. The cluster in Portugal was reported in Madeira, an outmost region of Portugal.

In the past week, **France** has reported two new locally acquired cases of dengue in a cluster in Aubagne. Three clusters in France are currently active. No other countries have reported dengue cases in the past week

Source: ECDC

Crimean-Congo hemorrhagic fever virus (CCHFV) – France (animal related)

The first serologic survey of animals in southern France reveals that Crimean-Congo hemorrhagic fever virus (CCHFV), which is fatal in up to 40% of people, has been circulating among cattle and wildlife for years, with antibodies against the tickborne virus identified in over 2% of samples. In total, 2.04% of cattle and 2.25% of wild animals tested positive for CCHFV antibodies, with higher rates seen in the Pyrenees-Orientales and Hautes-Pyrenees regions along the Spanish border.

Source: PLOS

Chikungunya Virus – France

On 12-Sep-2025, regional health authorities reported the **first known local case** of chikungunya in the **Centre-Val de Loire region**. The region is located just south of Île-de-France, where the first local case for 2025 was recently reported. The patient was in the commune of Orléans-Loiret and did not report any travel history to endemic regions.

Source: ECDC, SANTE

Lyme Disease – Slovakia

Cases: 3 127 cases (Jan–17 Sep 2025) ≈ 3 × higher than the annual average (1 171). Peak in 2023 was 2 021. Drivers: Extended tick season due to warm and moist autumn; increased human exposure. Challenges: No vaccine available; frequent misdiagnosis and under-reporting obscure true burden. Public Health Advice: Tick prevention measures should continue until temperatures drop below 5 °C.

Source: BlueDot Watchlist Alert (2 Oct 2025)., nczi, NewsMedia

Probable Plasmodium falciparum malaria introduction - Greece - 2025

Greece reported two P. falciparum malaria cases where there is evidence of probable local transmission/ introduction (first generation transmission).

Plasmodium falciparum malaria case with undetermined place and mode of infection - Greece - 2025

Greece reported one P. falciparum malaria case for which the place and mode of transmission is considered undetermined.

Source: ECDC

Other Infectious Disease Outbreaks – Americas

bluedot

World Health Organization

Seasonal Influenza 2024/2025 – USA

Influenza activity remains **low nationally**, with **A(H1N1)pdm09** dominant. **Hospitalizations** have returned to baseline after a high-severity 2024–25 season (highest since 2010–11). Early vaccination campaigns for 2025–26 are underway.

Source: CDC, CIDRAP

Measles – USA

The US continues to face its largest measles resurgence in over 30 years, with 1,544 confirmed cases across 43 states as of early October 2025. Among these, 1,523 cases are from USA. jurisdictions and 21 are in international visitors to the USA. There have been **3 confirmed deaths** from measles in 2025. **86% of confirmed cases** (1,333 of 1,544) are associated with known outbreaks. Vaccination status: ~92% of cases are in people who are **unvaccinated or of unknown vaccination status**.

Source: JAMA, CIDRAP, CIDRAP, CDC

Chikungunya – USA

A Long Island resident, a 60-year-old woman from the Town of Hempstead, Nassau County, tested positive for chikungunya in late August 2025, despite having no recent international travel. This marks the first possible locally acquired (autochthonous) chikungunya case reported in New York State history; confirmatory testing is pending at the state laboratory.

Source: Beacon, NewsMedia

Powassan Virus – USA

On 25-Sep-2025, United States (U.S.) public health officials reported a confirmed case of Powassan virus (POWV) infection in the state of Illinois—the **first known human case reported** from the state. It remains unclear whether the infection was acquired locally or during travel, as no travel history was disclosed. The CDC is urging increased tick surveillance and preventive measures in Illinois.

Source: CIDRAP, IDPH

Eastern Equine Encephalitis (EEE) – USA

Fatal EEE cases have been reported in **Beaufort County, South Carolina** — first in over 20 years and **Madison County, New York**, marking the first fatality in Central New York since 2015. Marks the 2nd and 3rd U.S. case this year (1 in Maine earlier). **No human vaccine available**; vector control and repellent use remain key preventive measures. Detected EEE-positive horses in multiple counties signal broader ecological activity.

Source: BlueDot Alert #01 (19 Sep 2025 and 1 Oct), CDC, NewsMedia, Beacon, UNMC

Mpox Clade II – USA

California, New York, and Texas report ongoing mpox Clade IIb activity, with **sustained clusters among MSM** and some heterosexual transmission. Vaccination uptake remains low outside high-risk populations.

Source: CDPH

West Nile Virus – Canada

First **locally acquired human case since 2020** confirmed in Brant County (Ontario) after positive mosquito pools in the area. Warm and wet conditions in 2025 favoured mosquito breeding and vector activity. Public health advisories and surveillance continue; no widespread transmission detected.

Source: BlueDot Alert #01 (18 Sep 2025), PHAC

Measles – Canada

Canada has reported **5 006 measles cases** (4 646 confirmed; 360 probable) including two death, across 10 jurisdictions (Alberta, BC, Manitoba, Ontario, Quebec, Saskatchewan and others) since Jan 2025 — 97 % linked to the same multi-jurisdictional outbreak. Measles vaccine uptake ↑ 52 % since April. Situation slowing from the spring peak but remains active nationally.

Source: BlueDot Alert #13 (3 Oct 2025), PHAC

Rocky Mountain Spotted Fever - Brazil

A public health emergency has been declared in Caeté, Minas Gerais, Brazil following two deaths from Rocky Mountain spotted fever, first reported death after four years. In total 27 confirmed and probable case have been reported in 2025 in Mina Gerais state. Spotted fever is endemic in southern and southeastern Brazil, with Minas Gerais being one of the most affected states in recent years with increasing disease activities. Other hotspots include the states of Espírito Santo, São Paulo, Rio de Janeiro, and Santa Catarina.

Source: NewsMedia

Chikungunya – Cuba

An escalating outbreak is ongoing in Matanzas Province, expanding from Perico to Cárdenas and Santa Marta. Local reports describe widespread febrile illness and joint pain, with up to 70% of some neighborhoods affected. The outbreak coincides with record **mosquito infestation**, dengue co-circulation and poor sanitation conditions.

Response: Community vector control campaigns and public messaging ongoing amid strained healthcare capacity.

Source: PAHO

Other Infectious Disease Outbreaks – Asia

bluedot

World Health Organization

Mpox imported Clade Ib cases – Asia (Japan, Australia, Thailand)

According to **WHO External Situation Report 58 (26 Sept 2025)**, Japan, Australia, and Thailand have each reported **imported Clade Ib mpox infections**.

The Japanese case (Kobe, 16 Sept 2025) involved a woman recently returned from Central Africa—the **first detection of Clade Ib in Japan**. The patient is clinically stable; **no community transmission** identified.

Thailand's imported case was detected during routine screening of a traveler from West Africa. Australia's case was similarly travel-related with no onward spread.

These detections confirm **ongoing global dissemination of Clade I lineages** outside Africa, though all remain **sporadic and contained**.

Source: WHO Multi-Country Mpox Situation Report No. 58 (26 Sep 2025).

Rabies alert - Bangkok, Thailand - 2025

Bangkok's Department of Livestock Development issued a rabies alert in September 2025 after detecting **several rabies-positive stray animals** in Bang Khae, Lat Krabang, and Thonburi districts. Veterinary services initiated **emergency animal vaccination** drives and **post-exposure prophylaxis** (PEP) for exposed persons. Thailand remains endemic for canine rabies, but Bangkok had seen a decline in cases since 2021; this marks the first urban re-emergence signal in three years.

Source: Thai Ministry of Public Health News Release, Sept 2025.

Nipah virus - Bangladesh

WHO has reported four deaths from Nipah virus (NiV) infection in Bangladesh that have occurred between 1 January and 29 August 2025 (Barisal, Dhaka, Rajshahi divisions). One pediatric case had no known exposure; three adults consumed raw palm sap. No secondary transmission detected. Since 2001, when the first case was detected, Bangladesh has reported 347 NiV cases, including 249 deaths (CFR 71.7%).

Source: CIDRAP Daily News 18 Sep 2025; WHO SEARO Weekly Bulletin.

Dengue – Philippines and India

Case counts plateauing but remain above 2024 levels. Philippines: >320 000 suspected cases, >900 deaths (CFR 0.3 %); transmission active in Luzon and Visayas. India: >250 000 cases to date (30 % increase vs 2024), especially in Maharashtra and Kerala. Health authorities report continued pressure on hospital capacity; vector-control campaigns ongoing.

Source: ReliefWeb – WHO Dengue Situation Update, 2 Oct 2025.

Anthrax - Afghanistan

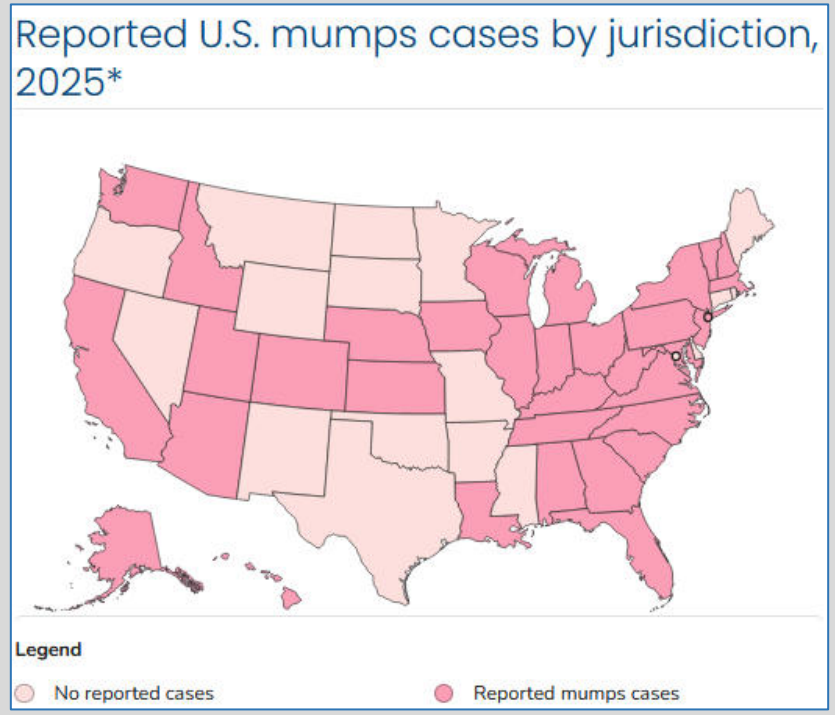
Cases of anthrax have been detected in the Kokcha region of Takhar, following illness linked to **eating contaminated sheep meat**, with more suspected cases in the area. **At least one fatality** has been reported. Limited veterinary oversight and access to healthcare for both humans and animals increase the risk of further spread.

Source: BlueDot 03 October 2025., NewsMedia

Mumps - USA

A locally acquired mumps case was confirmed on Hawai'i Island, raising concern about possible community spread. The MMR vaccination rate among kindergartners in Hawai'i is approximately 90%, below the 95% threshold recommended to prevent community transmission of measles, mumps, and rubella.

Source: Dep. Of Health, Johns Hopkins



Other Infectious Disease Outbreaks – Asia/Middle East

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Measles – Israel

Status: As of 28 Sept 2025 **six child deaths have been reported** (three within a week) and **21 hospitalized cases**, mostly unvaccinated children < 6 years.

Hotspots: Jerusalem, Bet Shemesh, Bnei Brak, Harish, Modi'in Illit, Nof Hagalil.

Concerns: Low immunization rates in ultra-Orthodox communities. Nosocomial and community spread ongoing. Risk of **regional spillover** due to high travel volume.

Response: Emergency vaccination centers in outbreak zones and intensified community outreach with local leaders.

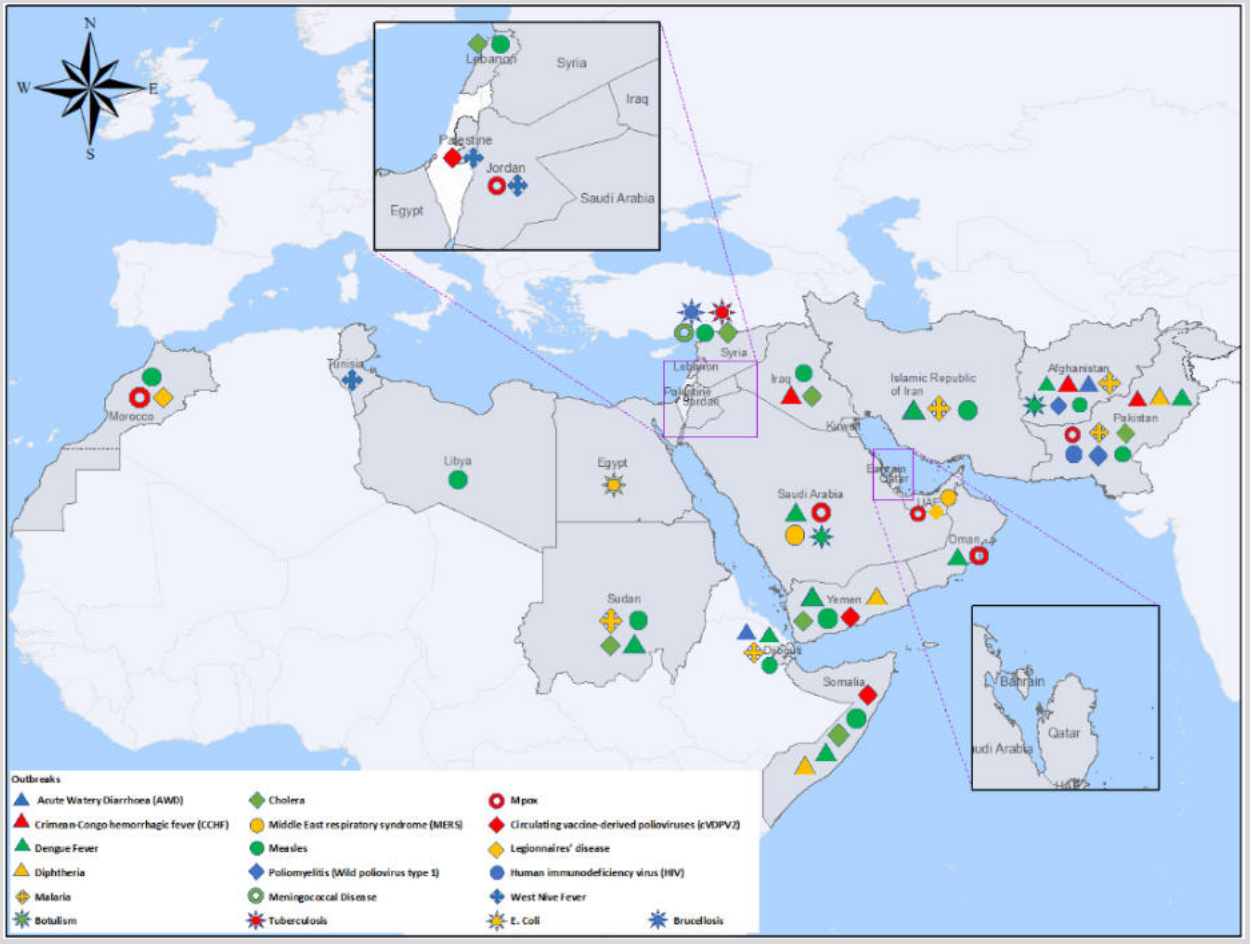
Assessment: *Medium concern* — rapid escalation, preventable pediatric deaths, and low vaccine trust.

Source: BlueDot Alert (29 Sep 2025); Israel MOH reports., NewsMedia

Chikungunya – Asia

As of early August 2025, over **40,000 CHIKV cases** reported across Asia — especially in India (Maharashtra), Sri Lanka (Colombo, Gampaha, Kandy), Pakistan (Khyber Pakhtunkhwa, Sindh), and China (Guangdong, Macau).

Source: ECDC



Source: EMRO

Glossary

Abbreviation	Meaning
AFR	WHO African Region
AFRO	WHO Regional Office for Africa
AMR	Region of the Americas
ARI	Acute Respiratory Infection
CDC	Centers for Disease Control and Prevention
CEPI	Coalition for Epidemic Preparedness Innovations
CHIKV	Chikungunya virus
CIDRAP	Center for Infectious Disease Research and Policy (University of Minnesota)
CHP	Center for Health Protection (Hong Kong SAR)
CCHF	Crimean-Congo Hemorrhagic Fever
cVDPV1 / cVDPV2 / cVDPV3	Circulating vaccine-derived poliovirus
CRF/CFR	Case Fatality Rate
DENV	Dengue virus
DON	WHO Disease Outbreak News
DRC	Democratic Republic of the Congo
ECDC	European Centre for Disease Prevention and Control
EEE / EEEV	Eastern Equine Encephalitis virus
EMR	Eastern Mediterranean Region
EMRO	WHO Regional Office for Eastern Mediterranean
EW	Epidemiological Week
EU / EEA	European Union / European Economic Area
FHP	Force Health Protection
GPEI	Global Polio Eradication Initiative
HCM	Healthcare worker
HPAI / LPAI	Highly / Low Pathogenic Avian Influenza
H9N2 / H5N1 / H1N1	Influenza A virus subtypes
IEDCR	Institute of Epidemiology, Disease Control and Research (Bangladesh)
ILI	Influenza-like Illness
JE	Japanese Encephalitis
LP.8.1 / XFG / NB.1.8.1	SARS-CoV-2 genetic lineages under monitoring
MOH / MOHP	Ministry of Health / Ministry of Health and Population
MVA-BA	Modified Vaccinia Ankara (mpox vaccine)
NiV	Nipah virus
Nirsevimab	Long-acting monoclonal antibody for RSV prevention in infants
OCV	Oral Cholera Vaccine
PAHO	Pan American Health Organization
PEP	Post-Exposure Prophylaxis
PHAC	Public Health Agency of Canada
PHEIC	Public Health Emergency of International Concern
POWV	Powassan virus
RABV	Rabies virus
RSV	Respiratory Syncytial virus
SAR-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SEAR	South-East Asia Region
SEARO	WHO Regional Office for South-East Asia
SitRep	Situation Report
VEE / VEEV	Venezuelan Equine Encephalitis virus
VHF	Viral Hemorrhagic Fever
VPD	Vaccine-Preventable Disease
WASH	Water, Sanitation and Hygiene
WNV	West Nile virus
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific
ZIKV	Zika virus