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Update 165

FHP-Update
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News:

- WHO has released its first global guideline on using GLP-1 medicines to treat obesity, recognizing the condition as a chronic, relapsing disease affecting over 1 billion people worldwide. The guidance conditionally recommends GLP-1 therapies for long-term treatment in adults, alongside intensive behavioural interventions. WHO stresses that medication alone cannot reverse the obesity epidemic and highlights the need for healthier environments, early intervention, and equitable access, as costs and limited supply may restrict availability.
- WHO has issued an alert about falsified SIMULECT (basiliximab) vials detected in Rwanda, Bulgaria, and Türkiye, containing no active drug and instead ascorbic acid. These fake products (notably with batch number **SFYD2**) put transplant patients at risk of organ rejection, severe infection, or toxic reactions. SIMULECT should only be obtained via licensed suppliers; any suspected product should not be used and must be reported to national authorities, with urgent medical review for exposed patients.
- Europe is seeing a sharp rise in avian influenza A(H5N1) detections in wild birds and poultry this autumn, increasing the risk of occasional human exposure. ECDC has released new guidance to help countries detect and respond to animal-related influenza threats, from the current low-risk situation to potential human transmission scenarios. The framework emphasizes early warning, rapid public health action, strengthened surveillance and laboratory capacity, and a One Health approach linking human, animal, and environmental health.
- Serious Listeria infections are rising across Europe, driven partly by an ageing population and increased consumption of ready-to-eat foods, according to the new EFSA–ECDC One Health Zoonoses Report. Listeria caused the highest proportion of hospitalisations and deaths among all foodborne infections in 2024, despite low contamination levels in most foods. Campylobacter and Salmonella remain the most common causes of illness, with several EU countries failing to meet Salmonella-control targets. Authorities emphasize strengthened surveillance, safe food production, and good household hygiene—especially for vulnerable groups.
- WHO has released its first global guideline on infertility, urging countries to make fertility care safer, fairer and more affordable. Infertility affects 1 in 6 people worldwide, yet access to diagnosis and treatment—often costing more than a year's household income—remains highly unequal. The guideline includes 40 recommendations on prevention, testing, treatment pathways, and psychosocial support, stressing integration into national health systems and protection of reproductive rights. WHO calls for tackling risk factors, improving public awareness, and ensuring evidence-based, person-centred fertility care for all.
- PAHO has launched the Regional Alliance for HIV Elimination in the Americas, a multisector platform aimed at reducing new infections by 90% and achieving zero AIDS-related deaths by 2030. The region reported 170,000 new HIV infections and 38,000 AIDS-related deaths in 2024, with persistent gaps in prevention and care. The Alliance focuses on expanding timely diagnosis (including self-testing), scaling up oral and injectable PrEP—such as the new twice-yearly Lenacapavir—and optimizing antiretroviral treatment. PAHO highlights that scientific advances now make HIV elimination achievable but require equitable access, strong policies, and coordinated regional action.

Marburg Virus Disease – Ethiopia

Source: WHO, MOH, ECDC

Current Situation:

Ethiopia is experiencing its **first documented outbreak** of **Marburg virus disease (MVD)**, initially confirmed on **14-Nov-2025**. As of 9-**Dec-2025**, authorities report: **13 confirmed cases**; **8 deaths** (CFR ≈ 62%); **4 recoveries** and **1 active case in treatment; and 3 probable fatal cases** epidemiologically linked but not tested.

More than 1,616 samples have now been tested nationally. **206 contacts** identified; follow-up is ongoing and expected to expand as the investigation progresses.

Clinical features include **high fever, severe headache, vomiting, abdominal pain, watery/bloody diarrhoea**, and in many cases haemorrhagic symptoms consistent with multi-organ failure. WHO has confirmed **fruit bats (Rousettus aegyptiacus)** are present in affected areas, consistent with known MARV reservoirs. The **source of the outbreak remains unknown**.

Geographic Spread:

- **Jinka (Ari Zone)** remains the outbreak epicentre.
- **Hawassa**, a major urban and transport hub ~530 km from Jinka, has one linked confirmed case – raising concerns about wider spread due to population mobility.

Public Health Response:

- Ethiopia activated a **National Taskforce**, Emergency Operations Centres and the **Incident Management System (IMS)** at national and regional levels.
- Rapid response teams have been deployed for **contact tracing, surveillance, case management and IPC strengthening** in health facilities.
- **Two hospitals** have been designated as MVD treatment centres.
- **Testing capacity** has expanded substantially, though WHO recommends additional inter-laboratory verification.
- **Safe and dignified burial teams**, community engagement efforts, and risk-communication campaigns are ongoing to address misinformation and promote early care-seeking.
- WHO, Africa CDC, and partners are supporting **coordination, logistics, testing, IPC, and technical guidance**.

Regional Measures:

- **South Sudan, Kenya, Djibouti, Egypt, and Yemen** have boosted border and traveller screening due to proximity and mobility links.
- No international spread detected to date.

Prevention and Countermeasures:

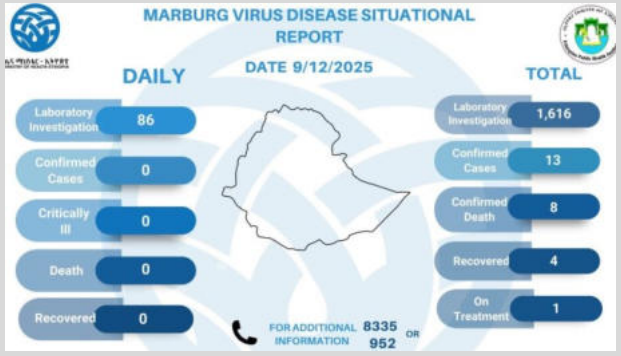
- No licensed vaccines or treatments; only **experimental candidates** exist.
- Prevention relies on: early detection and isolation; strict **infection prevention and control** (IPC); appropriate **PPE for healthcare workers**; avoiding contact with sick individuals; safe burials procedures and a**voiding exposure to bat habitats**.

Drivers and challenges:

- **Continued rise in cases** and deaths suggest ongoing transmission.
- Spread across both **rural** Jinka and **urban** Hawassa.
- **Unknown outbreak source** complicates containment efforts.
- Likely **underreported healthcare** worker **exposures**.
- Cross-border transmission risk due to **high mobility and porous borders**.
- **Limited treatment options** and concurrent outbreaks (cholera, measles, dengue) **stretching heath systems** capacity.

Assessment / Outlook

WHO assesses **national risk as high**, **regional risk as moderate**, and **global risk as low**.



Global Influenza-like Illnesses – Situation Update

bluedot

Source: bluedot, ECDC

Current Situation:

Respiratory virus circulation is rising across the **Northern Hemisphere** as the winter season intensifies. About half of reporting countries now show **primary-care consultations above baseline**, signaling widespread ILI activity. Influenza circulation continues to accelerate, with **A(H3N2)** dominant and affecting mostly children (ages 5–14). Hospitalizations are increasing, especially among adults ≥65 years. RSV activity is rising gradually but remains **below recent seasonal peaks**, with early-season pediatric admissions noted in several countries.

Globally and in Europe, **COVID-19 activity is decreasing**, though pockets of higher rates persist in some European countries, consistent with the ILI Pulse findings that only **9 of 44 countries** show increasing trends, while 15 report high or very high case rates.

Drivers and Challenges:

- **A(H3N2) subclade K** is driving rapid influenza growth, with epidemic signals detected in multiple countries earlier than last year (e.g., Germany, Malta).
- **Low influenza vaccine uptake** in some regions increases the risk of severe disease and pediatric pressure, also noted in event-based surveillance (e.g., US, Egypt).
- **RSV season delayed** in parts of Europe but now increasing, especially in children under five.
- **SARS-CoV-2 continues to circulate** and may add hospital strain during concurrent waves.
- Seasonal factors—school terms, holiday gatherings and cold weather—facilitate accelerated transmission.

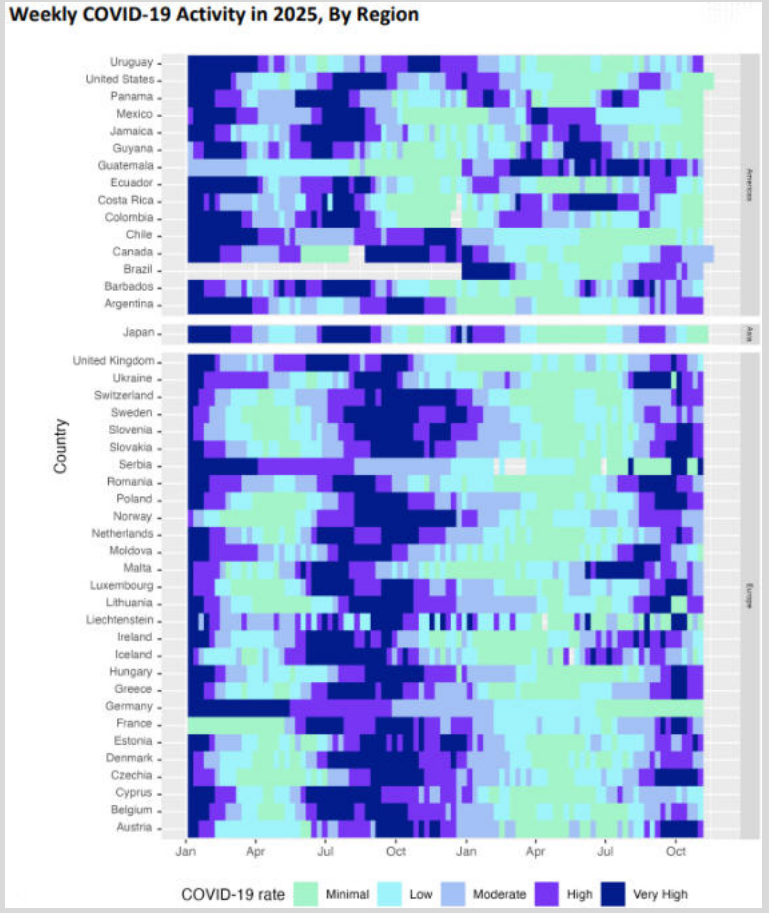
Public Health Response:

- Countries are scaling testing, outbreak detection and hospital capacity, particularly pediatric services—mirroring actions observed internationally (China, Russia, Spain).
- Vaccination campaigns continue for influenza and COVID-19, with ECDC urging **>95% MMR-like coverage** for flu vaccination strategies in high-risk groups.
- Sentinel surveillance and genomic monitoring continue to evaluate influenza A(H3N2) evolution and detect localized RSV surges.
- Some countries have reinstated **infection-prevention measures** in elder-care settings.

Assessment / outlook:

Respiratory virus activity in the EU/EEA is expected to **continue rising over the coming weeks**, driven largely by influenza A(H3N2), with RSV contributing gradually and COVID-19 remaining at lower but steady circulation. Pediatric services may experience strain, and hospitalizations in adults ≥65 years may increase as influenza spreads into older age groups.

Overall, the risk level for EU/EEA remains **moderate**, with sustained vigilance required due to variable vaccine uptake, continued A(H3N2) growth and the pressure of multiple co-circulating respiratory viruses.



World Health Organization
African Region

Ebola situation report – DRC

Source: ECDC, AFROWHO

Situation update	Cases	Deaths	CFR
	64	45	70.3%

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.

Current situation:

As of **1 December 2025**, the **Ebola outbreak in Bulape Health Zone, Kasaï Province** has been **officially declared over** after completing the WHO-required **42 days without new cases** since the last patient was discharged on **19 October**.

In total, **64 cases** were reported (53 confirmed, 11 probable) and **45 deaths** (CFR **70.3%**). Five healthcare workers were infected, three of whom died. All cases occurred within **six health areas of Bulape**, with Dikolo and Bulape serving as the main epicentres.

Early transmission was linked to **nosocomial exposure** and a **high-transmission funeral event**, with children and young adults disproportionately affected. No new cases have been detected since **26 September**.

Timeline summary:

- **4 Sep** – Outbreak confirmed after several hemorrhagic deaths; index case was a pregnant woman with onset on 20 August.
- **Early Sep** – Rapid escalation due to poor contact tracing and unsafe burials; multiple health areas affected.
- **Late Sep** – Situation stabilized following strengthened surveillance and community engagement.
- **19 Oct** – Last confirmed patient discharged.
- **1 Dec** – Outbreak declared over after completion of 42-day monitoring period.

Genomic sequencing shows the virus belongs to **Zaire ebolavirus**, genetically distinct from earlier Kasaï outbreaks (2007–2009) and closest to the historic **1976 Yambuku-Mayinga strain**, indicating a **new zoonotic spillover**.

Response and control measures:

The multisectoral response—led by the MoH, WHO, Africa CDC, ALIMA, IMC and MSF—implemented:

- **Vaccination:** > **47,500 people** vaccinated with Ervebo using a ring strategy (frontline workers, contacts, and geographic targeting).
- **Case management:** A new **32-bed Ebola Treatment Centre** built in Bulape; 31 patients received **mAb114** therapy.
- **Diagnostics & surveillance:** Deployment of a mobile laboratory, extensive contact tracing (>97% followed), and active case finding.
- **Community engagement:** Targeted risk communication, safe-burial support, and early care-seeking campaigns.

Outlook:

With transmission interrupted, the DRC has entered a **90-day enhanced surveillance period** to rapidly detect any re-emergence or missed transmission chains. Continued vigilance is essential given recurrent zoonotic spillovers and persistent structural vulnerabilities in rural Kasaï.

Risk assessment:

Local risk: LOW, with residual vigilance needed due to potential viral persistence or undetected cases in remote areas.

Regional/EU risk: VERY LOW – no exportation risk and robust border health measures in place.
Global concern: NONE – outbreak contained and officially closed.

African Swine Fever – Spain

World Organisation for Animal Health

Source: WOAH, GOV.UK

Current Situation

Spain has detected **African swine fever (ASF)** for the first time in over 30 years, after two **wild boars** were found dead on 26–27 November near Barcelona tested positive. The virus genotype is not yet known, though **genotype II** circulates widely in Europe. This detection occurs in an area with **high densities of both urban wild boar and commercial pig farms**, raising concern for potential spillover into domestic herds. No infected pigs have been identified to date.

Drivers and Challenges

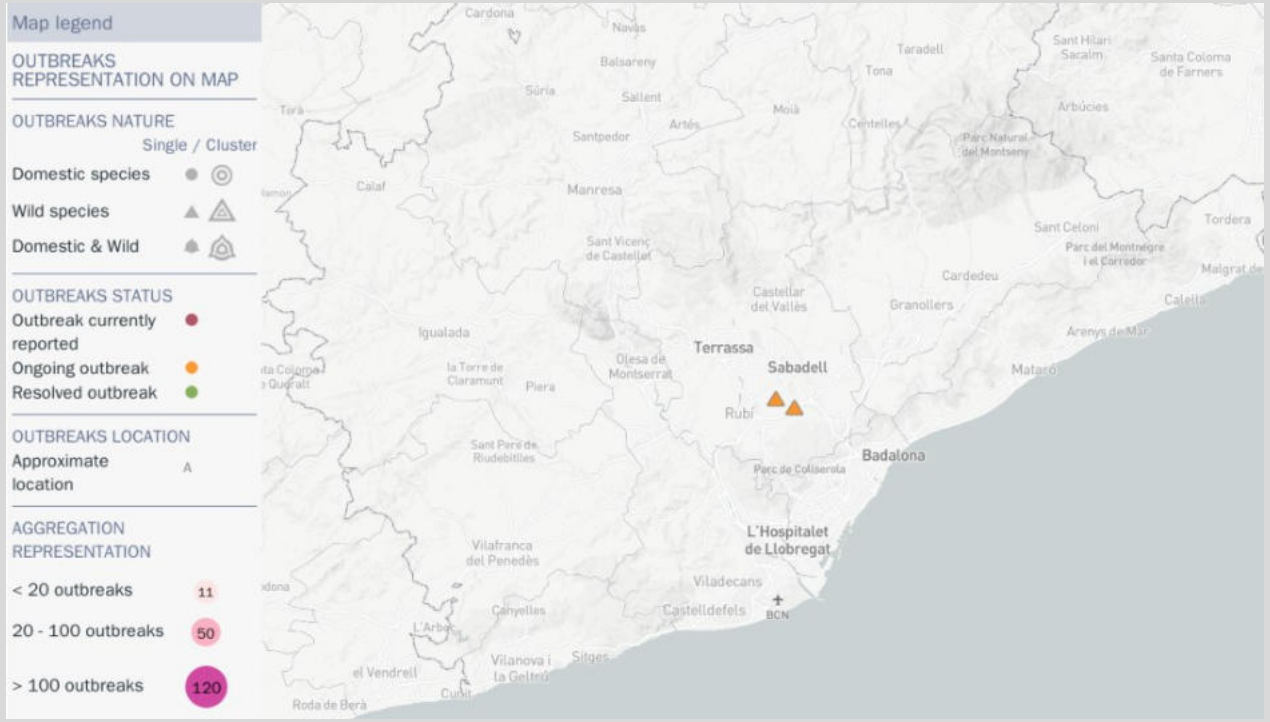
- **Unknown source** of introduction; ASF's pattern of long-distance jumps in Europe suggests **human-mediated spread** remains the most likely pathway.
- **High-density pig production** in Catalonia increases economic vulnerability.
- **Presence of Ornithodoros ticks** in parts of Spain and Portugal—historic reservoirs for ASF genotype I—raises long-term ecological concerns.
- **Urban wild boar populations** near Barcelona increase the risk of wider local spread.
- **Strong evidence of non-compliant pork imports** entering Great Britain from ASF-affected EU regions underscores broader regional risk dynamics.

Public Health & Veterinary Response

- Catalonia has implemented **20 km infected zones**, hunting bans, active carcass searches and reinforced surveillance and biosecurity under EU Regulation 2020/687.
- **Movement restrictions** have been imposed on farms within the control area; 39 farms have undergone clinical checks and sampling, all negative so far.
- Additional **40 wild boar carcasses** are being tested.
- Authorities continue strict messaging on **biosecurity**, swill-feeding bans and restrictions on personal pork imports into Great Britain.

Assessment / Outlook

- ASF remains a **major transboundary animal disease** and this detection represents a significant epidemiological event.
- The current risk of ASF spread through **wild boar movement** is low due to distance from known outbreaks, but the **risk of human-mediated introduction and onward spread remains high**, especially via illegal or non-commercial pork products.
- Continued vigilance, rapid genotyping, and strict farm-level biosecurity will determine whether Spain can prevent domestic pig involvement, as Belgium and Italy have previously achieved in urban wild-boar outbreaks.



Dengue – Global Situation Update

bluedot

Source: Bluedot

Overview:

Dengue transmission remains **intense across multiple regions** in 2025, with several countries reporting higher activity than during the same period last year. Shifts in seasonality—particularly earlier onset and delayed decline—are increasingly evident, driven by climatic variability, rapid urbanization, and persistent vector control challenges.

Global Patterns

Sustained activity continues across **South Asia, Southeast Asia, Latin America, and the Western Pacific**, with outbreaks amplified by prolonged heat, irregular rainfall, and high Aedes mosquito densities. Many countries now report dengue transmission beyond traditional peak months.

Key Highlights

Bangladesh

Bangladesh is experiencing **one of its most prolonged seasons in recent years**, with 79,722 cases and 315 deaths as of 10-Nov-2025. Unlike previous years, transmission has **not yet declined** in November. Dhaka, Barishal, and Chattogram remain the main hotspots, and hospital capacity is increasingly strained.

Pakistan

Sindh Province reports **over 12,000 suspected cases** this season, particularly in Karachi and Hyderabad. Poor drainage, flooding, and urban congestion continue to fuel Aedes breeding, pushing health facilities beyond capacity.

Latin America

Multiple Brazilian states and neighbouring countries report **persistently high case counts**, linked to climate variability, rapid urban growth, and widespread vector presence. Regional mobility continues to facilitate spread.

Western Pacific & Southeast Asia

Vietnam, the Philippines, and Malaysia are seeing **steady increases** ahead of expected seasonal peaks. Urban centres continue to drive transmission due to dense populations and favourable breeding conditions.

Drivers and Challenges

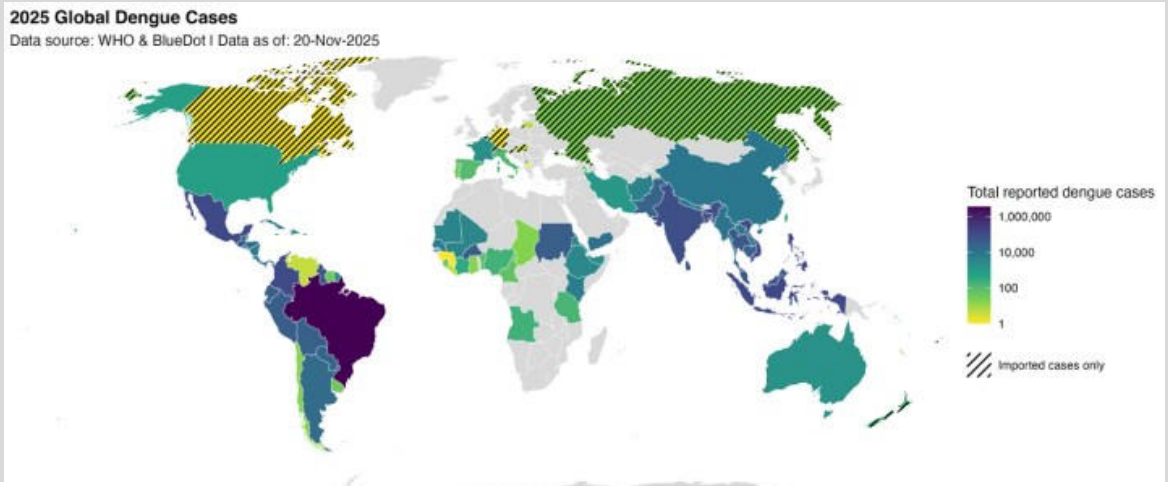
- Climate variability (heatwaves, altered rainfall)
- High urban density and inadequate sanitation
- Growing insecticide resistance
- Strained health systems in high-burden regions
- Gaps in community engagement and household prevention

Public Health Response

Countries are expanding vector control (fogging, larval source reduction), strengthening hospital surge capacity, and increasing access to diagnostics. Several settings continue implementing **Wolbachia-based interventions** and enhanced risk communication campaigns to promote personal protection and early care-seeking.

Assessment

Dengue activity in 2025 remains **elevated and geographically widespread**, with prolonged transmission seasons and increasing case numbers in several regions. The overall global risk remains **high**, particularly in densely populated urban areas with limited capacity for vector control and clinical management.



World Malaria report

Source: WHO

Current Situation

The *WHO World Malaria Report 2025* highlights a global stagnation in malaria control efforts, with cases and deaths no longer declining and in some regions increasing. In 2024, five countries accounted for over half of all global malaria cases: **Nigeria (27%)**, **DRC (12%)**, **Uganda (5%)**, **Mozambique (4%)**, and **Niger (4%)**. Deaths remain heavily concentrated in sub-Saharan Africa, where children under five represent ~80% of global fatalities. **Drivers and Challenges**

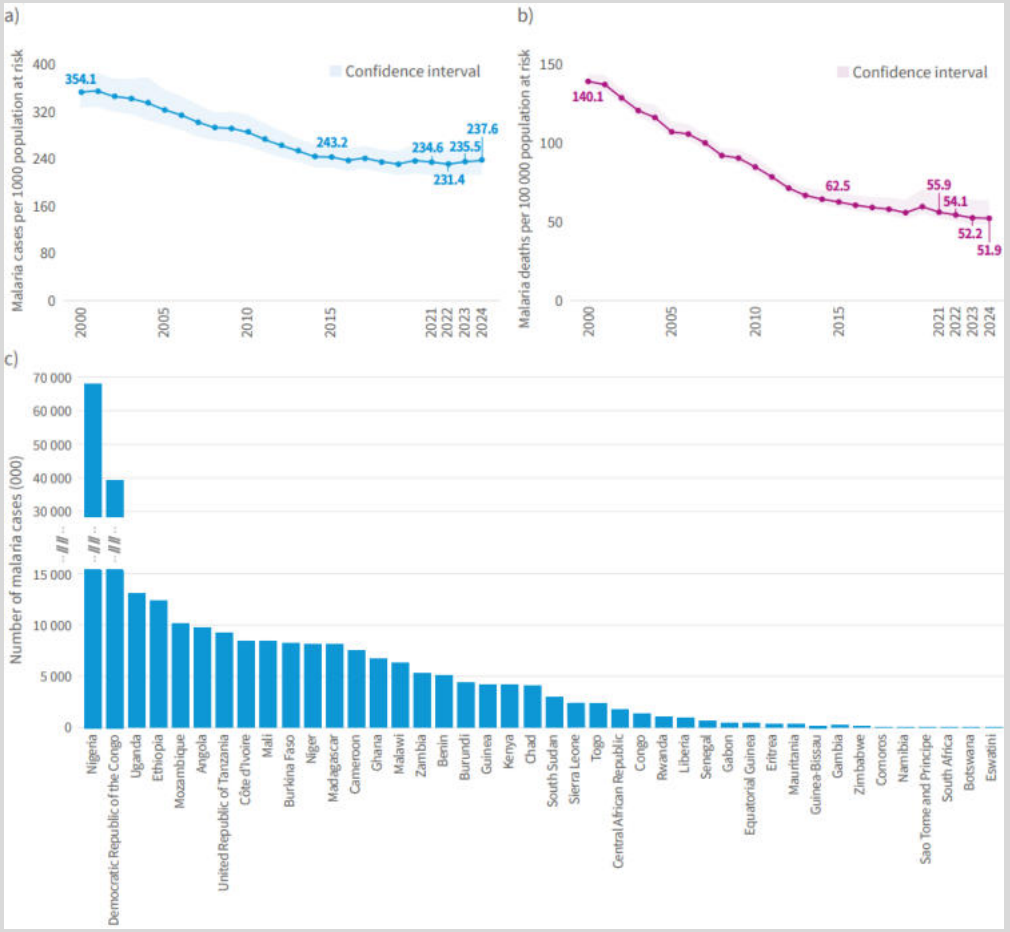
- **Drug and insecticide resistance**: Artemisinin partial resistance is spreading across Africa, and vector resistance to pyrethroids remains widespread, reducing the effectiveness of core tools such as ACTs and LLINs.
- **Severe resource shortfalls**: Global malaria financing remains less than 50% of what is needed annually. Many programmes report shortages of diagnostics, treatments and mosquito nets.
- **Rising climate and conflict pressures**: Climate variability, flooding, and conflict-related displacement are expanding transmission windows and overwhelming fragile health systems.
- **High-burden concentration**: A small group of countries accounts for the majority of global cases, many with persistent health system gaps, limited surveillance coverage and delayed treatment access.

Public Health Response

WHO underscores the urgent need for expanded surveillance, improved monitoring of resistance, and rapid adoption of new tools. These include next-generation insecticide-treated nets, broader deployment of malaria vaccines (RTS,S and R21/Matrix-M), and continued development of new antimalarial drugs such as ganaplacide. Countries are encouraged to strengthen health system capacity, diversify vector control strategies, and secure sustainable financing to maintain essential commodities and services.

Assessment & Outlook

Malaria control efforts face mounting pressure from drug resistance, funding gaps, and climate-driven transmission shifts. Progress has stalled particularly in high-burden African countries, where malaria continues to cause the majority of global morbidity and mortality. Without significant investment and rapid scale-up of new tools, global malaria targets for 2030 are unlikely to be achieved.



Graphics show trends in a) malaria case incidence (cases per 1000 population at risk) and b) mortality rate (deaths per 100 000 population at risk), 2000–2024; and c) malaria cases by country in the WHO African Region, 2024.

Measles - World

Source: ECDC

Current Situation (EU/EEA):

Measles activity in Europe has declined since March 2025, consistent with seasonal trends, though transmission persists. In **September 2025**, 28 EU/EEA countries reported data, with **90 cases across 11 countries**, while 17 reported zero cases. Italy, the Netherlands, Germany, Belgium and Romania reported the highest monthly counts.

From **Oct 2024–Sept 2025**, EU/EEA countries reported **10,195 cases**, 71% laboratory-confirmed. Young children remain disproportionately affected: **41%** of cases were in those <5 years, with the highest incidence among infants. **Over 81%** of cases with known vaccination status were unvaccinated, highlighting persistent immunity gaps. Eight deaths were reported (Romania, France, Netherlands).

Country Highlights:

- **Austria**: 152 cases in 2025; small recent increase.
- **France**: 858 cases YTD, two deaths; low recent activity.
- **Germany**: 267 cases, rising slightly.
- **Italy**: 459 cases through September.
- **Netherlands**: 526 cases; travel-related in 62 cases, mostly from Morocco.
- **Romania**: 8,433 cases and eight deaths; decreasing trend but still high burden.
- **Spain**: 379 cases; one active outbreak in Canary Islands.

Global Context:

- **UK**: 811 confirmed cases; downward trend since summer but continued transmission in children.
- **Ukraine**: 1,446 cases (Jan–Sept).
- **Canada**: 5,162 cases; loss of measles elimination status.
- **USA**: 1,723 confirmed cases, including three deaths; 87% linked to outbreaks.
- **Mexico**: 5,257 cases and 23 deaths, concentrated in Chihuahua.
- **Africa (20 countries)**: 129,680 cases, 1,110 deaths (CFR 0.79%).

Drivers and Challenges:

- Persistent immunity gaps in multiple EU/EEA countries (MCV2 <95%).
- Ongoing travel-related introductions.
- Increasing population movement during holiday periods.
- Delayed detection due to variable surveillance quality.
- Low vaccine uptake in underserved populations.

Public Health Response

- **Closing immunity gaps** and ensuring timely MMR vaccination (>95% two-dose coverage).
- **Strengthening surveillance** and rapid outbreak detection.
- **Improving clinical awareness**, including travel history screening.
- **Targeted messaging** to increase vaccine acceptance.
- **Addressing structural barriers** among underserved groups (e.g., migrants, remote communities).
- Ensuring healthcare workers are fully vaccinated.
- Pre-travel vaccination checks before the holiday season.

Assessment / Outlook

Measles transmission remains active within and beyond Europe, with ongoing risk of outbreaks fueled by low vaccination coverage and continued importations. Although case numbers have declined from early 2025 peaks, **the risk of further transmission remains elevated**, particularly during the winter season and increased travel periods.
Sustained high coverage, enhanced surveillance and targeted interventions are essential to prevent resurgence and protect vulnerable populations.

Hepatitis A – EU

Source: ECDC

Current Situation

A large, multi-country hepatitis A outbreak continues across Central Europe, with **over 6,000 cases and 39 deaths** reported in 2025. The hardest-hit countries—**Czechia (2,310 cases), Slovakia (2,482), Hungary (1,548) and Austria (216)**. Most affected populations include **people experiencing homelessness, people who use drugs** and individuals living in poor sanitary conditions. No evidence of foodborne transmission has been found.

Drivers and Challenges

- **Person-to-person spread** in settings with overcrowding, limited sanitation and unstable housing.
- **High vulnerability** among affected populations due to co-morbidities, substance use, and reduced healthcare access.
- **Two closely related outbreak clusters (A and B)** circulating across multiple countries, highlighting persistent cross-border transmission.
- **Vaccination gaps** in high-risk groups, especially young children in low-sanitation areas of Slovakia and Hungary.
- **Diagnostic and surveillance limitations** contribute to underreporting and delays in outbreak control.

Public Health Responses

- Countries have expanded surveillance, sequencing and outbreak investigations.
- **Post-exposure prophylaxis and targeted vaccination** offered to contacts and high-risk groups.
- Hygiene promotion, community outreach and risk communication intensified in affected areas.

Assessment and Outlook

The outbreak remains **moderate–to–high risk** for populations with limited sanitation or healthcare access and **low-to-moderate risk** for the general public. Transmission is expected to continue given entrenched structural vulnerabilities and incomplete vaccination uptake. Continued surveillance, community engagement, and improved vaccination coverage are essential to prevent further spread.

MERS – France (Imported Cases)

Source: MOH, ECDC, MediaNews

Current Situation:

On 4-Dec-2025, the French Ministry of Health confirmed two laboratory-confirmed MERS cases in members of the same tour group returning from the Arabian Peninsula. Both individuals were hospitalized as a precaution and remain in stable condition. No secondary cases have been detected among close contacts or within healthcare facilities.

Epidemiological Context:

- MERS-CoV is endemic in dromedary camels in the Arabian Peninsula, with sporadic human infections reported each year.
- Saudi Arabia has confirmed 12 cases (3 deaths) in 2025; several lacked known camel contact, highlighting gaps in understanding of transmission routes.
- Globally, 2,640 cases and 958 deaths have been reported since 2012, with a case fatality ratio of ~35%.
- Imported cases into Europe remain rare but continue to occur due to international travel.

Disease Information:

- **Transmission:** Primarily zoonotic (camel exposure), with human-to-human spread occurring mainly in healthcare settings.
- **Symptoms:** Fever, cough, shortness of breath; severe pneumonia and renal failure may develop in high-risk individuals.
- **Incubation period:** Up to 14 days.

Public Health Response:

- France has isolated both cases, initiated comprehensive contact tracing and notified international partners.
- Travellers and healthcare workers are being advised to maintain vigilance for respiratory symptoms.

Assessment / Outlook:

The event is currently assessed as low concern, given the imported nature of the cases, absence of local transmission and containment within healthcare settings. However, vigilance is warranted due to the known nosocomial outbreak potential of MERS-CoV and ongoing sporadic cases in the Arabian Peninsula.

Shigellosis - Cape Verde

Source: ECDC

Current Situation:

A recurrent multi-country outbreak of *Shigella sonnei* linked to travel to Cape Verde has resurged in 2025, with at least **193 cases** reported across EU/EEA countries and the UK. Most recent cases (Sept–Nov 2025) involve travellers returning from **Sal (Santa Maria)** and **Boa Vista**, largely from five-star all-inclusive resorts. Several countries also report additional gastrointestinal pathogens among returning travellers.

Drivers and Challenges:

- **Persistent circulation of a specific outbreak strain**, indicating a common, unresolved source of contamination or sustained transmission route.
- **Environmental or food-handling vulnerabilities** in tourist areas may be contributing to multi-year recurrence.
- **Co-circulation of other GI pathogens** in returning travellers suggests broader hygiene or sanitation issues.
- Limited available investigation results from Cape Verde mean **the vehicle of infection remains unknown**.

Public Health Response:

- National authorities are conducting **case interviews, laboratory confirmation, and genomic comparisons** with the known outbreak strain (HC5_181425).
- ECDC is **monitoring the genomic cluster in EpiPulse**, coordinating with WHO EURO and INFOSAN.
- Countries have issued **travel advisories** emphasising safe food and water practices and attention to GI symptoms after returning from Cape Verde.
- Continued emphasis on **diagnostic testing**, particularly for severe or persistent diarrhoea in travellers.

Assessment and Outlook:

ECDC currently assesses the **risk to EU/EEA travellers to Cape Verde as *moderate***, with uncertainty pending further investigations. Recurrence over multiple years suggests **ongoing contamination in tourism settings**, making additional cases likely during peak travel periods. Until environmental and food-safety issues are addressed locally, **sporadic or clustered cases in returning travellers are expected to continue**.

HIV/AIDS – EU/EEA | 2024 Surveillance Update

Source: ECDC

Current Situation:

In 2024, 4,164 HIV diagnoses were reported in 30 EU/EEA countries (5.3/100,000), a **14.5% decline since 2015**. Sex between men accounted for **48%** of cases, heterosexual transmission **34%**, and migrants **47%** of all diagnoses. **Late presentation** remains high at **48%**, especially among women, adults >40, heterosexuals, PWID, and migrants. There were **2,215 AIDS cases**, a **30% decrease** over the past decade.

Drivers and Challenges:

- Persistent **late diagnosis** undermines treatment and increases transmission.
- Growing role of **heterosexual transmission** and high burden in migrant communities.
- **Structural barriers** limit prevention, testing, and care for key populations.
- Reporting delays and under-detection complicate interpretation of trends.
- Continued vulnerabilities among PWID despite low overall case numbers.

ECDC highlights the need to:

- Expand testing through **self-testing, community programmes, and indicator-condition screening**.
- Ensure **rapid linkage to care** and immediate ART.
- Strengthen **PrEP access**, especially for migrants and key populations.
- Broaden PrEP provision beyond specialist clinics.
- Improve early detection of heterosexual transmission.
- Maintain robust **harm-reduction services** and integrated HBV/HCV testing.
- Enhance surveillance, including CD4 reporting and migrant data.

Assessment and Outlook:

While declines may partly reflect reporting artefacts, improvements in **testing, treatment, and PrEP uptake** likely contribute to real progress.

However, **late diagnosis**, rising heterosexual infections, and unequal access to care require stronger, targeted strategies.

Sustained investment is essential to maintain progress toward **SDG 3.3** and **UNAIDS 95-95-95** goals.

Scrub Typhus – India

bluedot

Source:Study, Medianews

Current Situation:
Scrub typhus cases have risen sharply in **Andhra Pradesh**, with **1,346 lab-confirmed infections** reported in 2025 and widespread activity across multiple districts, including **urban centres such as Visakhapatnam and Kakinada**. At least **three deaths** have been confirmed. The surge follows an earlier **imported case in India from a traveller returning from Dubai**, which first raised awareness of possible overlooked transmission risks.

About disease:
Scrub typhus is caused by *Orientia tsutsugamushi* and is transmitted through the bite of infected larval mites ("chiggers"), typically acquired in grassy, scrub, or forested areas. The disease presents with fever, headache, muscle pain, and sometimes an eschar at the bite site; without early treatment, it can progress to pneumonia, encephalitis, or multi-organ failure.

Drivers and Challenges:
- **Unusual geographic spread**, with higher activity in urban/peri-urban districts than in traditionally high-risk forested zones.
- **Rising annual trend** and evidence of **significant underdiagnosis**, with surveillance detecting many more cases than clinical reporting.
- **High-risk populations** (agricultural workers, outdoor labourers) exposed during monsoon/post-monsoon seasons.
- **No vaccine**, and delayed recognition increases risk of complications.

Public Health Response:
Authorities have expanded **ELISA diagnostic testing** statewide, increased drug stockpiles, issued advisories for early care-seeking and strengthened surveillance and cross-border coordination with Telangana.

Assessment / Outlook:
The situation remains as **medium concern nationaly** due to sustained growth in cases, atypical spread and diagnostic limitations. While global risk remains **low**, India is likely to continue reporting elevated seasonal activity, with potential for further increases if surveillance and early treatment gaps persist.

Avian Influenza A(H5N2) – Mexico

Source: WHO, ECDC, CaseStudy

Current Situation:
Mexico's October avian influenza A(H5) case in Mexico City has now been confirmed as a **novel reassortant H5N2 virus**, the *first documented human infection with this highly pathogenic subtype*. The 23-year-old patient developed severe pneumonia on 14 Sep, tested positive for H5 on 30 Sep, and recovered after antiviral treatment. All **41 identified contacts** tested negative. Environmental sampling found **bird droppings and a pet dog positive for H5**, suggesting local spillover.

Genomic Characterization:
Sequencing shows a **new H5N2 reassortant** combining clade 2.3.4.4b **H5N1 genes** with **local LPAI H5N2 genes** (provisional genotype B3.14). Mutations linked to mammalian adaptation (HA T192I/T199I, PB2 E627K/K526R) were present, but **no antiviral resistance markers** were detected.

Context: Avian Influenza in Mexico
Mexico has now reported **three human H5 infections since 2024**, including:
- A fatal **LPAI H5N2** infection (2024)
- A fatal **H5N1 genotype D1.1** infection (2025)
- The present **novel H5N2 high-pathogenicity reassortant** (2025)

Multiple Mexican states continue to report H5 outbreaks in poultry, supporting ongoing zoonotic spillover risk.

Assessment:
Risk remains **low** for the general public with no evidence of human-to-human transmission. However, the emergence of a **new reassortant H5N2** highlights active viral evolution and the need for strengthened surveillance in affected animal and human populations.

Avian Influenza A(H5N1) – Cambodia

bluedot

Source: MOH, ECDC

Current Situation:
Cambodia has confirmed a **fatal human H5N1 infection in Phnom Penh**, the first recorded case in the capital. The patient, a **22-year-old man** from Chroy Changvar District, developed fever, cough, and severe respiratory distress before dying on **15 Nov 2025**. Exposure history remains unknown, but most previous Cambodian cases have involved **contact with sick or dead birds**, which remains the likely route.

Analysis:
- This is Cambodia's **18th H5N1 case in 2025**, including **7 deaths**.
- Atypical location: most prior cases occurred in southern provinces; 2025 saw increased activity in **Siem Reap** and now Phnom Penh.
- No evidence of **human-to-human transmission**.
- Genomic sequencing for this case is pending; previous 2025 cases belong to the **reassortant clade 2.3.2.1e**, containing genes from both local and global H5N1 lineages.

Public health response:
- Emergency teams are conducting case finding, tracing contacts, and distributing **Oseltamivir.** Community messaging urges people to **avoid handling sick or dead poultry**.

Assessment / Outlook:
The event aligns with Cambodia's pattern of sporadic zoonotic H5N1 cases. While concerning due to its urban location, **overall public risk remains LOW,** with heightened concern only for individuals in contact with infected birds or contaminated environments. Further updates are expected once exposure history and sequencing results are available.

Avian Influenza A(H5N5) - USA

Source: DOH, ECDC

Current Situation:
On 14-Nov-2025, Washington State confirmed the world's **first human case of avian influenza A(H5N5)** in an older adult from Grays Harbor County. The patient, who owns a backyard poultry flock and may have been exposed to wild birds, remains hospitalized with severe influenza-like illness. Subtype confirmation was completed by the CDC. No secondary cases or human-to-human transmission have been detected.

Drivers and Challenges:
The infection likely resulted from **direct contact with infected domestic or wild birds**, consistent with other avian influenza spillover events. The emergence of a previously animal-only subtype in a human raises questions about **undetected circulation** in birds and underscores the need for enhanced virological surveillance. Vulnerable individuals (older adults, immunocompromised persons, poultry owners) face higher risk of severe disease.

Public Health Response / Preventive Measures:
- State and federal authorities are conducting joint animal–human investigations, monitoring close contacts, and assessing exposure pathways.
- Risk to the public is considered **low,** but poultry owners are advised to use PPE when handling birds, avoid contact with sick or dead wildlife, and cook poultry products thoroughly.
- Seasonal influenza vaccination is recommended to reduce co-infection risk.

Assessment / Outlook:
This represents a **notable zoonotic spillover** but remains an isolated event with no evidence of broader transmission. Continued surveillance in poultry and wildlife, genomic analysis of the virus, and ongoing monitoring for additional cases are essential. Overall public health risk remains **low,** although further detections cannot be ruled out given active avian influenza circulation across North America during migration season.

Malaria – Nigeria

bluedot

Source: VaccinesWork

Current Situation:

A multistate outbreak of infant botulism linked to *ByHeart* powdered formula has reached **39 hospitalized infants across 18 US states** as of 3 Dec 2025. Multiple lots tested positive for *C. botulinum* Type A, confirming product contamination. Despite a nationwide recall, FDA inspections continue to find the formula still on store shelves.

Drivers and Challenges:

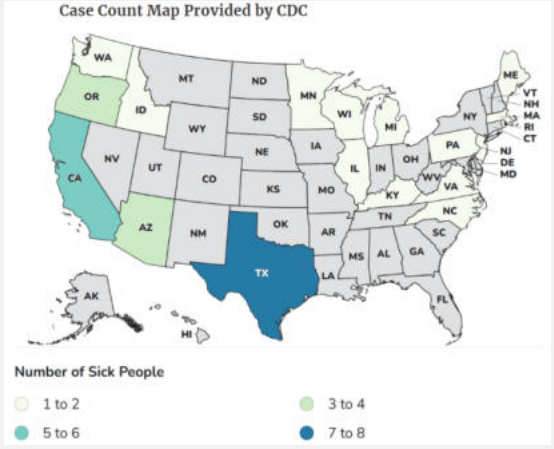
- **Confirmed product contamination** with C. botulinum Type A.
- **Widespread distribution** of ByHeart formula prior to recall, facilitating exposure across many states.
- **Retail recall failures**, with recalled products still found for sale.
- **High severity** of infant botulism, requiring hospitalization and antitoxin access.
- **Ongoing case finding**, with some laboratory confirmations still pending.

Public Health Response:

FDA/CDC are conducting traceback investigations, expanded product testing, retail enforcement, and nationwide caregiver alerts advising no use of any ByHeart formula.

Assessment / Outlook:

High concern nationally due to confirmed contamination, national distribution and infant vulnerability. Additional cases remain possible pending ongoing testing and investigations.



Pertussis - World

Source: Study, CIDRAP

Current Situation:

Global surveillance shows a major **resurgence of pertussis** after the COVID-19 lull, with many countries reporting outbreak sizes exceeding pre-pandemic peaks—particularly among adolescents. France, for example, saw cases increase from 510 in early 2023 to more than 36,000 by the end of 2024. Despite high vaccination coverage, ***Bordetella pertussis* continues to circulate widely**, with rising reports of macrolide-resistant strains and notable shifts in circulating antigens.

Drivers and Challenges:

- Waning immunity and reduced natural boosting during the pandemic increased population susceptibility.
- Acellular vaccines protect against severe disease but are **less effective at preventing infection and transmission**.
- Emerging macrolide-resistant *B. pertussis* lineages and antigenic shifts (e.g., pertactin expression changes).
- **High transmission in school-aged children and adolescents** despite routine vaccination.

Public Health Responses:

- Continued **emphasis on maternal vaccination and infant immunization**, which remain highly effective.
- Expanded surveillance and genomic monitoring to track resistant or evolving strains.
- Reinforced **clinical awareness** as countries document rising case numbers across age groups.

Assessment and Outlook:

Pertussis resurgence is expected to continue in the near term due to waning immunity and evolving bacterial strains. While infants remain well protected through maternal and early-childhood vaccination, older children and adolescents represent a growing transmission reservoir. Medium concern: improved vaccines capable of preventing infection—not only disease—are increasingly needed to control transmission.

Other Infectious Disease Outbreaks - Africa

bluedot

World Health Organization
African Region

Mpox – Mali

Mali has reported its **first lab-confirmed mpox case**, detected in Koulikoro near the Guinean border, and the patient has died. This suggests either **undetected local transmission** or recent introduction from neighbouring regions. Mpox spreads through close contact with infected individuals or contaminated materials—avoid close skin contact, monitor for symptoms, and seek testing if exposed.

Source: Newsmedia

Crimean-Congo Hemorrhagic Fever – Namibia

A fatal CCHF case has been confirmed in Windhoek, officially declaring an outbreak. The patient died shortly after admission, and investigations point to tick or livestock exposure as the likely source. No further cases have been reported, but authorities urge tick-bite prevention, protective clothing, and safe handling of animals. Public health teams are conducting surveillance and contact tracing.

Source: NewsMedia

Poliovirus – Namibia

Circulating vaccine-derived poliovirus type 2 (cVDPV2) has been detected in wastewater in Kavango East, near the Angola border—the **first such detection in Namibia since it was certified polio-free in 2008**. No human cases have been identified, but silent transmission is possible in areas with low vaccination. Authorities have intensified surveillance and cross-border coordination; staying up to date with polio vaccination is strongly advised.

Source: NewsMedia

Cholera – DRC

Cholera cases in the DRC continue to surge, with over 64,000 infections and nearly 1,900 deaths reported—making this the country's worst outbreak in 25 years. Children are heavily affected, and fatality rates remain high due to limited access to care. Seventeen provinces, including Kinshasa, are now impacted. Safe water, food hygiene, and rapid treatment remain critical to reducing risk.

Source: UNICEF

Measles – Uganda

A measles outbreak has been declared in Napak District, Uganda, with **74 cases and 11 deaths**, largely affecting under-immunized and malnourished young children. Rapid spread across 12 of 14 sub-counties highlights major immunity gaps in this pastoralist region. Measles transmits easily through the air—**vaccination and early care** remain critical to preventing severe outcomes.

Source: NewsMedia

Malaria – Nigeria

Nigeria is seeing a sharp rise in malaria in 2025, with **24.5 million cases (Jan–Sept)** already surpassing 2023 totals. Transmission remains intense due to seasonal rains, high *P. falciparum* exposure and gaps in vector control, with an estimated **538,000 severe cases** straining health services. Vaccine rollout has not yet begun, leaving vulnerable groups unprotected. Without strengthened control measures, Nigeria faces a **high-risk malaria year** approaching 2021 levels.

Source: **VaccinesWork**

Cholera – Namibia

Namibia confirmed a new cholera outbreak in Grootfontein on 21-Nov-2025, with **nine cases** (three confirmed, six suspected) reported from an informal settlement and no links to travel, indicating **local transmission**. This is the country's **second cholera outbreak in 2025**, occurring amid multiple concurrent health emergencies that are straining response capacity. Rapid response teams are active, implementing case finding, household investigations, treatment points, and WASH measures. The outbreak is currently **low concern**, but informal-settlement conditions and broader system pressures heighten the risk of expansion. Continued **surveillance and WASH improvements** remain critical.

Source: MOH, MediaNews

Other Infectious Disease Outbreaks – Europe

Wild Poliovirus – Germany

Germany has detected wild poliovirus type 1 (WPV1) in wastewater for the first time, with no human cases reported. Public risk remains **very low** due to high vaccination coverage, but unvaccinated individuals could be vulnerable. The finding suggests an imported, silent infection, and authorities have expanded surveillance while urging people to **check their polio vaccination status**, especially before travel.

Source: RKI

Toscana Virus – Germany (imported from Italy)

A 59-year-old woman from Müllheim developed **Toscana virus infection** after travel to Elba, Italy, presenting with meningitis and later reactive arthritis. The virus is transmitted by **sand fly bites** in southern Europe. While risk in Germany remains low, warming climates are expanding vector ranges. Travellers should **use insect repellent, wear long clothing, and avoid dusk/dawn outdoor exposure** in endemic areas.

Source: NewsMedia

Usutu Virus – Spain

Spain has detected its **first human Usutu virus infections**, identified through routine blood donor screening in **Mallorca and Catalunya**. All three donors were asymptomatic, indicating silent local circulation of the virus. Usutu is mosquito-borne—mainly spread by *Culex* mosquitoes and birds—and most infections are mild, though rare neurological illness can occur. Health authorities highlight that the overall public risk is **low**, but reducing mosquito exposure (repellent, long sleeves) remains advisable during peak seasons.

Source: Study

Mpox Clade Ib – Spain

Madrid has confirmed **four locally acquired mpox clade Ib cases**, indicating active community transmission following earlier imported and initial local cases. Most infections involve MSM, including one breakthrough case in a previously vaccinated individual. While overall public risk remains low, authorities urge caution: avoid close contact when ill, practice safer sex, and seek testing if exposed.

Source: ECDC

Measles – Poland

Measles cases continue to rise in Poland, with new infections reported in Podkarpackie and Łódź, bringing the national total to **75 cases in 2025**. Falling second-dose MMR coverage (84%) is increasing susceptibility, especially among adolescents. While risk to the general population remains low, health officials urge up-to-date vaccination and vigilance in affected regions

Source: Medianews

West Nile Virus – Switzerland

Switzerland has reported its first human West Nile virus (WNV) infection in Ticino, following earlier detection of the virus in local mosquitoes. The patient developed severe neurological illness but has since recovered. With mosquito season over, the risk of further transmission is very low. **Source:** ECDC

Chikungunya – EU

Chikungunya activity in Europe has stabilised. As of 3 Dec 2025, France has reported **788 locally acquired cases** across 78 clusters (three still active), and Italy **384 cases** across six clusters (two active). With seasonal conditions now unfavorable for mosquito transmission, **further spread is unlikely.** Source: ECDC

Lassa-like Virus – France (imported from Chad)

A traveller returning from Chad developed **severe neurological illness** caused by a **new Lassa-like mammarenavirus**, marking the **first known human case globally**. No secondary cases have been detected, but the illness raises concern about **undetected circulation** in the region. Transmission is unclear, though **rodent exposure** is considered a possible risk based on similar viruses. Continued surveillance and field investigations are underway. Source: Studycase

Mpox – Spain

Spain has reported continued sporadic mpox activity in 2025, including cases linked to Clade Ib circulation observed across several non-endemic countries. While no recombinant strains have been confirmed in Spain, health authorities remain on alert following the UK's detection of a novel Ib/IIb recombinant in a traveller from Asia. Vaccination of high-risk groups and strengthened genomic surveillance continue to be recommended to prevent further spread.

Source: GOV.UK, ECDC

Other Infectious Disease Outbreaks – Americas

bluedot

World Health Organization

Measles – USA

The US measles outbreak has surpassed **1,800 cases in 2025**, with Utah, Arizona, and South Carolina reporting the most intense community transmission—largely among unvaccinated populations. Arizona alone has confirmed 155 cases, 97% in unvaccinated individuals, reflecting a broader national trend (92% unvaccinated or unknown status).

Source: JAMA, CIDRAP, CIDRAP, CDC

Malaria – Peru (Imported Case, Ayacucho)

An imported malaria case was reported in **Sivia, Ayacucho**, a region with no history of local transmission, prompting rapid containment measures. Peru is experiencing a **surge in malaria cases (>25,000 in 2025)**, increasing the risk of spillover into non-endemic areas through population movement. Authorities are conducting **household screening, vector control, and community education** to prevent local spread. Public risk remains low but **mosquito-bite prevention (repellent, nets, eliminating standing water)** is strongly advised.

Source: FIO

Mpox – New York City, USA

Mpox cases continue to rise in NYC, with 348 infections reported in 2025—already nearing last year's total. Most recent cases occur in **unvaccinated or partially vaccinated individuals**, often with multiple close contacts. All infections are linked to the **less severe clade II**, but health authorities urge completing the **two-dose JYNNEOS vaccine** to reduce transmission risk.

Source: NYSDOH

Leptospirosis – Jamaica

Jamaica has reported a post-flood leptospirosis outbreak following Hurricane Melissa, with **37 suspected cases and six possible deaths**, including nine confirmed infections across eight parishes. Flooding has created ideal conditions for contaminated water exposure, especially in Montego Bay. Authorities warn true case numbers may be higher and urge the public to **avoid floodwater**, use protective gear during cleanup and maintain strict hygiene.

Source: Newsmedia

Respiratory Illness – Cuba

New testing confirms that Cuba's surge in respiratory illness is driven by RSV and influenza A(H1N1), not a novel pathogen. COVID-19 also continues to circulate at low levels. Children and seniors remain at highest risk as health services face heavy strain amid ongoing arboviral outbreaks. **Source:** MediaNews

Legionnaire's disease – USA

Florida is reporting its highest Legionnaire's disease levels in a decade, including a gym-associated outbreak in Orange County. Legionnaires' disease spreads by inhaling contaminated water droplets and can cause severe pneumonia in older adults or those with chronic conditions. **Source:** FDH

Chikungunya – Mexico

Chikungunya has **re-emerged in Mexico's Yucatán Peninsula** for the first time since 2018, with **four confirmed cases** across Yucatán and Quintana Roo as of 22-Nov-2025. Low population immunity and favourable mosquito conditions raise the likelihood of local outbreaks.

Source: PAHO

Dengue – Cuba

Canada's ongoing measles outbreak continues into late 2025, with over **5,200 cases** reported nationally since January. Newly released data show Alberta has now recorded the highest burden in the country, with nearly **2,500 confirmed and probable cases**, surpassing Ontario. Sporadic transmission continues in western provinces, particularly among under-vaccinated communities. Vaccination remains the most effective protection to prevent infection and curb further spread. **Soure:** MOH

Histoplasmosis – USA

A cluster of at least **18 severe histoplasmosis cases** has been reported in Spring Hill and Thompson's Station, Tennessee, with several hospitalizations since September. The cluster is unusual for a typically endemic area and likely linked to **soil disturbance** amid rapid construction. Health officials advise avoiding dust exposure during excavation and seeking care for persistent respiratory symptoms. An investigation into environmental sources is ongoing.

Source: MOH

Other Infectious Disease Outbreaks – Asia

Scrub Typhus – Middle Eastern Region (imported to India)

A returning expatriate from Dubai was diagnosed with scrub typhus, suggesting possible emergence of this typically Southeast Asian disease in a non-endemic Middle Eastern setting. The patient experienced fever and systemic symptoms before being confirmed by serology and successfully treated with doxycycline. While overall risk remains low, the case highlights potential unnoticed transmission and the need for awareness among clinicians.

Source: Study, Medianews

Severe Fever with Thrombocytopenia Syndrome (SFTS) – South Korea

South Korea is reporting its **highest SFTS activity in five years**, with **223 cases** recorded by early November—mainly among older adults in rural farming areas. Most infections are linked to tick exposure during outdoor agricultural work. While overall public risk remains **low**, those working outdoors face higher danger. Health authorities continue multilingual outreach and emphasize protective measures such as repellents, long clothing, and avoiding tick-prone areas as the seasonal peak continues.

Source: Medianews

Dengue – Afghanistan

Dengue cases are surging in eastern Afghanistan, with **Nangarhar province reporting over 1,000 suspected cases in November alone** and signs of sustained local transmission. Hospitals in Jalalabad are overwhelmed, seeing 300–500 patients daily. Rising case clusters across six provinces suggest the region may be shifting toward **emerging endemic circulation**, prompting intensified vector control and community awareness efforts.

Source: Newsmedia

Meningococcal Disease – Vietnam

Vietnam continues to see rising meningococcal disease activity, now reporting **85 cases and two deaths**, more than double last month's figures. Adolescents and young adults remain the most affected, with severe cases reported in multiple provinces. Vaccination coverage among teens is low, prompting renewed national calls for **increased awareness, early care-seeking and broader uptake of MenACWY and MenB vaccines**, especially in schools and dormitories.

Source: Medianews

Rift Valley Fever – Western Africa (Senegal, Mauritania, The Gambia)

RVF activity continues to expand in West Africa. Senegal now reports 482 human cases and 31 deaths, with spread into new regions including Kaffrine and Kolda. **Mauritania has reached 52 cases and 15 deaths**, mainly in southern border areas, while **The Gambia has reported its first human case**. Animal outbreaks are widespread in both Senegal and Mauritania, concentrated around the Senegal River basin. Human risk remains highest for those exposed to livestock or mosquitoes, while the risk of spread to the EU/EEA remains very low.

Source: ECDC

Hand, Foot, and Mouth Disease (HFMD) – Vietnam

Authorities report **over 32,000 cases in 2025**, a 64% increase from last year, with EV71 detected in many severe pediatric cases. Vietnam has recorded **78,460 cases nationally** this year, consistent with increased HFMD activity across Southeast Asia. Good hand hygiene, surface disinfection and avoiding close contact remain key to reducing risk.

Source: WHO

Coccidioidomycosis – Taiwan

A man in northern Taiwan has been diagnosed with the country's first locally acquired case of coccidioidomycosis, likely linked to dust exposure while working with cargo containers. The disease is not contagious but can cause severe illness in high-risk individuals. Health authorities advise workers handling soil-contaminated cargo to use protective masks and undergo regular health checks. Surveillance is ongoing, though no additional cases have been detected.

Source: MediaNews

Cholera – Asia

Cholera activity remains elevated across parts of Asia. Afghanistan continues to report the highest burden, with **10,781 new cases and six deaths** this period, contributing to **153,849 cases in 2025**—similar to last year. **Myanmar** reported **42 new cases**, far lower than 2024 totals but showing ongoing transmission. **Nepal** recorded **217 new cases**, bringing 2025 totals to **2,018**, a sharp increase from last year. Poor WASH access and ongoing humanitarian challenges continue to drive regional spread.

Source: ECDC

Other Infectious Disease Outbreaks – Asia/Middle East

bluedot

Influenza – Israel Israel confirmed **317 new HIV cases in 2024**, a **22% decrease** from 2023 (incidence 3.2 per 100,000). Globally, WHO reports **1.3 million new infections** and **630,000 HIV-related deaths** in 2024, with **40.8 million people** living with HIV.

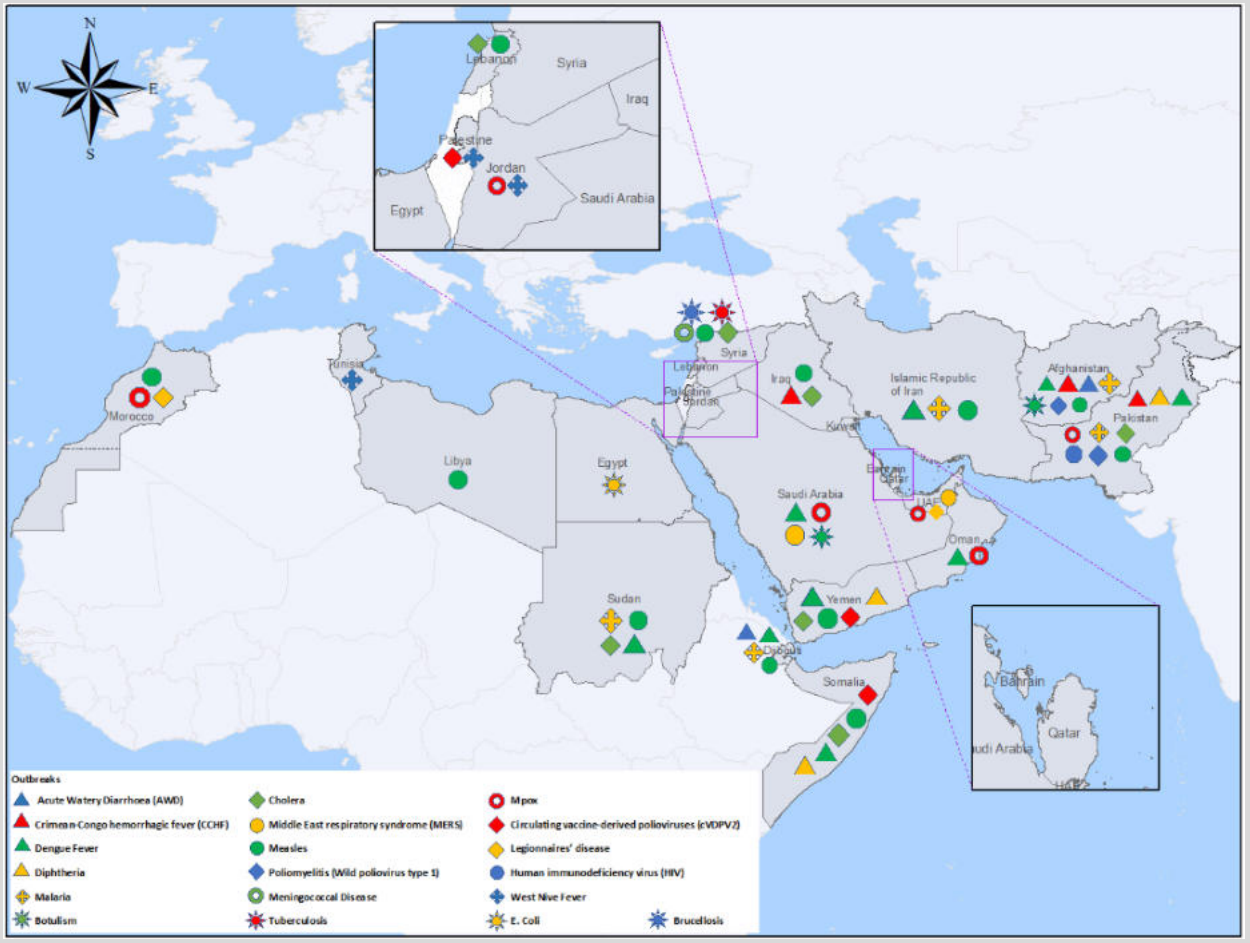
Israel's Ministry of Health stresses early testing and consistent treatment, which both prevent disease progression and block transmission. Free testing is available through HMOs, HIV centers, sexual health clinics, and dedicated community testing sites.

Source: Israel MOH reports

Influenza – Israel

Early data indicate that the 2025–26 influenza season in Israel and globally has started unusually early and with high severity, particularly affecting children. Health authorities strongly urge everyone aged six months and older to get the flu vaccine, which—while not fully preventive—greatly reduces severe illness and complications. Individuals with symptoms should stay home, including keeping sick children out of school. The vaccine is free through all HMOs, and efforts to boost vaccination uptake are ongoing.

Source: Israel MOH reports



Source: EMRO

If you would like to attend one of the following courses, register quickly – there are still a few seats available.

Registration is open until January 5th at https://registration.coemed.org/

NATO Health Surveillance and Multinational Management of Epidemic Crisis for Operational and Strategic Medical Leaders (MED-MS-31669)

DATE: 24 to 27 March 2026 in Marseille, France

DELIVERY MODE: 3 day residential training

AIM: To enable participants to analyse and contribute to the NATO health surveillance system and manage the multinational response to an epidemic crisis from the operational level.

TRAINING AUDIENCE: Medical and health service personnel assigned or potentially deploying to NATO Command Structures, NATO Force Structures or Multinational Operations.

CONTEXT: Control of infectious disease is the provision of efficient disease surveillance system and capabilities for a timely and standardized detection of infectious disease outbreaks and epidemics.

NATO Health Epidemics Investigation and Management in Deployments Course (MED-MS-42191)

DATE: 30 March to 03 April 2026 in Marseille, France

DELIVERY MODE: 5-day residential training including simulation exercises, case studies and classroom presentations.

AIM: Analyze medical information and health surveillance outputs; Advise operational commanders and justify FHP measures in response to an outbreak

TRAINING AUDIENCE: Medical and health service personnel assigned or potentially deploying to NATO Command Structures, NATO Force Structures or Multinational Operations.

CONTEXT: Better preparedness of the deployed NATO Forces against the threats of infectious disease and bioterrorist attacks.

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)
MSM	Men who have sex with men
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

Merry Christmas

Wishing you a healthy New Year 2026

Your FHPB Team