

Monthly Epidemic Intelligence Report

Issue 16

April 2025

Definitions

The below is a list of commonly referred to terms and keywords in the monthly reports.

Gulf Public Health Emergency Network (PHEN)

A group of technical individuals within GCC health authorities, nominated to represent each GCC country. The composition typically includes International Health Regulations Focal Point, Ministry of Health Communicable Disease Directors and National Public Health Laboratory Directors or appointed representatives on their behalf. The Gulf CDC serves as the Network's secretariat with the PHE Department Director chairing the network meetings.

Hazard

A source/incident that has the potential to cause morbidity (including injury) or mortality in an exposed human population.

Signal

An incident/situation involving a hazard that has occurred. Signals are typically news/updates identified through Event-Based Surveillance and Indicator-Based Surveillance, utilizing both official and non-official sources. Signals can be of a disease origin or a CRNE (Chemical, Radiological, Nuclear, or Environmental) origin.

Potential Threat

Any threat that has been confirmed by the PHEN to have the potential to pose a near-future risk to the GCC countries' populations and could be monitored closely by Gulf CDC for 2 weeks.

Event of Regional Interest

Any threat, inside or outside the GCC, that has been identified by the Public Health Emergency Network to pose a certain type of risk for the GCC countries' public health. For these threats, Gulf CDC produces regular risk assessments and recommendations for their control, as well as enhances daily monitoring of it to provide regular situational updates to the GCC countries.

Rapid Risk Assessment

A prompt evaluation of the level of health risk in relation to a verified acute event within a short time frame, mainly for situation update, risk level determination and recommendation to support the GCC countries in risk communication and management.

GULF CDC Risk Scale					
Negligible	Very Low	Low	Moderate	High	Critical

Country names in this report are as per the UN list

Summary of the Month

This monthly report provides an overview of the signals, potential threats, and specifically Events of Regional Interest detected and identified through the Gulf CDC Epidemic Intelligence system during the month of **April 2025** (March 24 – April 23, 2025). *

52
Disease
Signals

1
CRNE
signal

2
Events of
Regional
Interest

Executive Summary

Disease Signals This month, the epidemic intelligence team at Gulf CDC detected 52 infectious disease signals. Of these, 23% were of measles, 11% were undiagnosed illnesses, 11% were highly pathogenic influenza (HPAI) H5N1 virus infections and 4% were animal disease signals. 8% of signals were detected in the GCC countries (one animal disease signal relating to foot-and-mouth disease in Kuwait, one mpox signal in Qatar, and two signals related to food poisoning in Saudi Arabia) and 6% were detected in a neighboring Gulf peninsula country, Yemen (1 signal for measles, poliovirus, and undiagnosed illness, each).

CRNE Signals This month there was one CRNE signal identified, a severe sandstorm in Iraq.

Events of Regional Interest the Gulf CDC continued monitoring 2 events of regional interest in April: HPAI H5N1 infection globally and mpox globally.

* Monthly reports cover data from the 24th of the previous month to the 23rd of the reported month, ensuring there is no gap in reported data.

The details of the detected signals and identified threats are shared weekly with the GCC Member States' technical representatives in the Gulf Public Health Emergency Network (PHEN) (available on this [link](#)) and are presented and discussed in weekly roundtable discussions. These are often verified through secondary research or communication with regional and international partners. In consultation with the PHEN members, a potential threat is escalated to an Event of Regional Interest based on its anticipated potential for causing a public health emergency in the GCC region.

Signals

The Gulf CDC monitors the globe for daily, weekly, and monthly disease signals. Based on Gulf CDC analysis, certain signals may be designated as threats and/or events of regional concern, depending on their risk level, impact, and likelihood. As outbreaks evolve, new diseases may be added to this list. Some diseases may also be removed if the risk they pose reduces below our threshold.

Potential threats are identified based on several considerations such as high connectivity between reporting country and the GCC countries, level of transmissibility of pathogens, vulnerability degree of GCC populations to the identified hazard, capacity levels of GCC health systems to respond to the identified hazard.

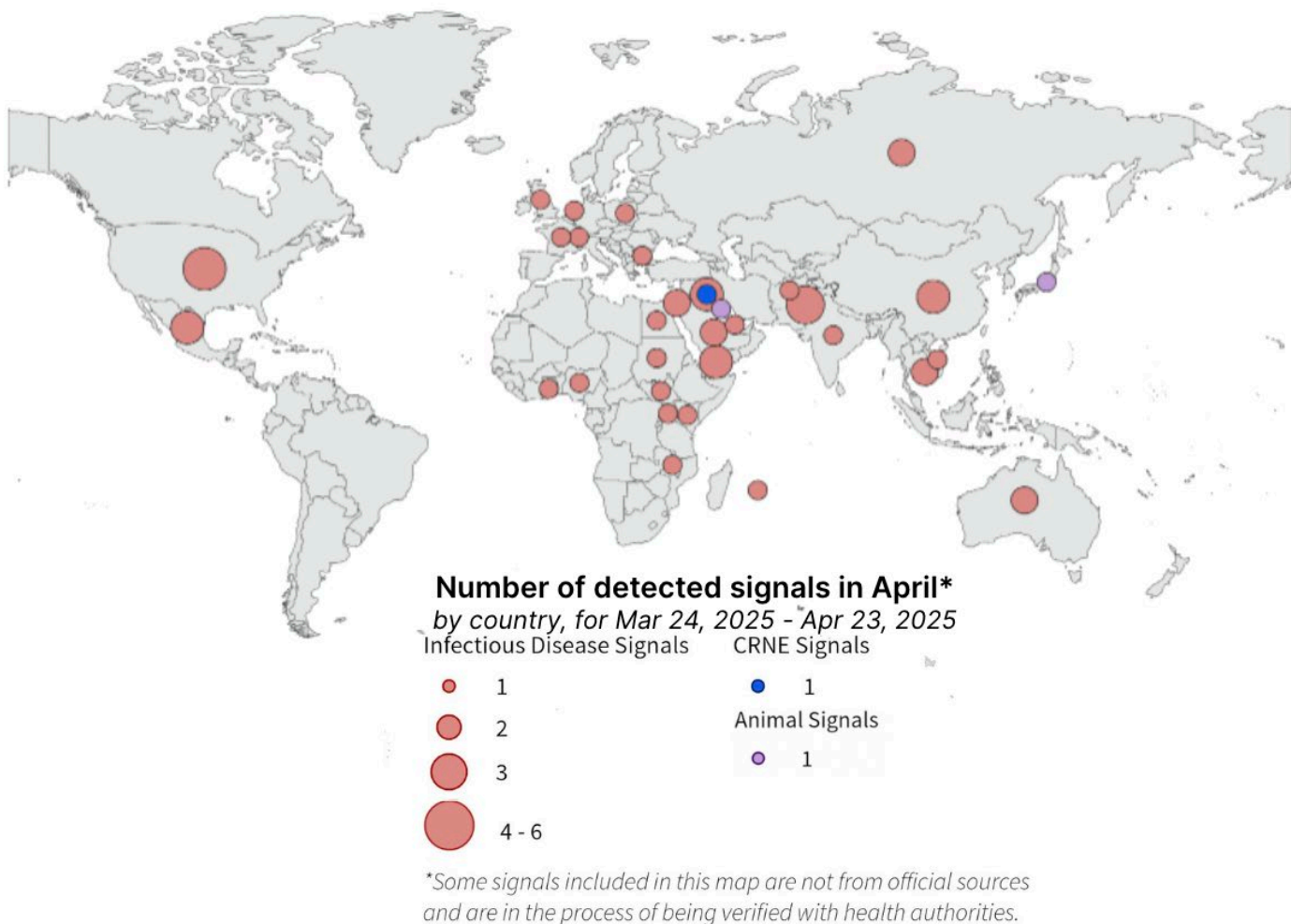


Figure 1: Number of detected signals and potential threats by the Gulf CDC from March 24 to April 23, 2025

Highlights of Signals Identified in April 2025

- **Mpox in Qatar:** According to the [WHO Multi-country Outbreak of mpox](#) [1], External Situation Report #49, published on 28 March 2025, Qatar has reported three clade Ib mpox cases in 2025. The first was reported on 17 February. One case involved an individual with a history of travel to an affected country, while the other two cases were linked to contact with travelers from affected countries.
- **Food poisoning in Saudi Arabia:** On 29 March 2025, the [Ministry of Municipalities and Housing](#) [2] responded to reports of food poisoning linked to a specific food establishment. It conducted inspections and took precautionary measures, including temporarily closing all the facilities. All affected individuals across several cities have now recovered. The Ministry worked with the Food and Drug Authority to complete investigations and ensure food safety.
- **Foot-and-mouth disease in Kuwait:** on 22 April 2025, the [Public Authority for Agriculture and Fish Resources of Kuwait](#) [3] has announced the temporary closure of the Kabd livestock market, following the detection of foot-and-mouth disease at a farm in Sulaibiya. All market activities have been suspended, including buying, selling and transporting livestock to and from the market until further notice to contain the outbreak and safeguard the health of the country's livestock.
- **Multiple diseases in Yemen:** in the last month, Yemen has reported increasing cases of measles, poliovirus and an undiagnosed illness.
 - Health authorities in the Taiz Governorate of southwest Yemen announced 630 [suspected cases of measles](#) [4] between 1 January and 16 April 2025. Dozens of infections were confirmed through laboratory testing, and 4 deaths were linked to the outbreak.
 - On 28 March, the Minister of Public Health and Population announced that [277 polio cases](#) [5] had been detected across the country, notably in 19 of the 22 governorates. The government has conducted six vaccination campaigns and is planning on implementing two precautionary vaccination rounds in May and July 2025.
 - On 5 April, reports of an [unknown illness](#) [6] emerged in Aden. Residents reported symptoms including severe headaches, intermittent fever lasting for two days, chills, joint pain, and rashes. The reports speculated it could be a new wave of malaria or an unidentified viral disease, but there was no official diagnosis.
- **Poliovirus (WPV1) in Afghanistan and Pakistan:** on 10 April 2025, the WHO published the statement of the [41st meeting of the Polio IHR Emergency Committee](#) [7] that took place on 6 March. Since the previous Emergency Committee meeting, 36 new WPV1 cases were reported (3 in Afghanistan and 33 in Pakistan), bringing the total to 99 WPV1 cases in 2024 and 3 in 2025, representing a more than four-fold increase in Afghanistan, and more than 12-fold increase in Pakistan in the number of WPV1 cases from 2023 to 2024. The Committee noted the geographic spread of WPV1 to new provinces and districts in both endemic countries and observed that WPV1 transmission has re-established in historical reservoirs.

- **Crimean-Congo hemorrhagic fever (CCHF) in Iraq:** [The Ministry of Health of Iraq](#) [8] announced on 20 April 2025 that there had been five new confirmed cases of CCHF, bringing the total number of CCHF cases in 2025 to 19.
- **Measles in Israel:** On 20 April 2025, the Ministry of Health of Israel confirmed an [imported case](#) [9] of measles, in a traveler who arrived from London, United Kingdom to Tel Aviv on Friday 18 April. The Ministry released contact tracing information conducted by the Tel Aviv health bureau, highlight public places the individual traveled to within Tel Aviv.

Events of Regional Interest

Highly Pathogenic Avian Influenza H5N1

Globally

Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Event – 6 August 2024					
<ul style="list-style-type: none"> • Risk Question: What is the likelihood of HPAI H5N1 human-to-human transmission occurring in the GCC countries and what is the impact of that transmission? • Impact: Moderate. Despite the global unavailability of specific antiviral drugs for HPAI H5N1, case management capacities of the GCC countries for influenza infections are generally high. • Likelihood: Unlikely. The likelihood of HPAI H5N1 importation to the GCC countries from the United States is unlikely given the low number of cases. Further, there is no evidence of human-to-human transmission at this time. <p><i>Please refer to the Gulf CDC Rapid Risk Assessment: Highly Pathogenic Avian Influenza H5N1 from 6 August 2024 further details.</i></p>					



Why is this Notable?

The Gulf CDC EI team escalated the Highly Pathogenic Avian Influenza H5N1 outbreaks in the United States of America (USA) to an event of regional interest on 3 August 2024. The Gulf CDC has detected new signals of HPAI H5N1 infections caused by contact with infected cattle in multiple states within the USA



Key Stats

11 confirmed cases
of HPAI H5N1 in humans globally in 2025



Key Factors of Concern for Highly Pathogenic Avian Influenza H5N1



Disease severity

HPAI H5N1 with a severe pathogen severity level. The mortality rate for this infection can be as high as 60%. Infection is mainly through contact with infected poultry, however there are growing concerns that this virus could mutate and cause more efficient person-to-person transmission.



Trends from previous outbreaks

In 2023, there were 12 reported human infection cases of HPAI H5N1 across 4 countries (Cambodia, China, Chile, United Kingdom). In years prior, there have been small numbers of sporadic reported human infection cases of HPAI H5N1 across several countries.

In 2024, the HPAI H5N1 outbreak in cattle in the United States caused human infection cases of H5N1 to significantly increase. Additionally, multiple countries reported human infection cases.



Healthcare capacity

All GCC countries have set up infectious disease programs or services for zoonosis, but lack strategic plans or programs needed to control and prevent the spread of avian influenza. For example, there are limited systems in place developed for ensuring regular collaboration and coordination between the Health and Agricultural sectors. This detection delay may lead to the infected individual seeking healthcare at a later stage of the infection, risking further complications and severe symptoms. While recent clades of the H5N1 virus have not been detected in Gulf countries, the connectivity to other countries through agricultural trade and bird migration increases the likelihood of importation of the virus, and the possibility of spillover to humans (particularly those in close contact with poultry). *Please refer to the Gulf CDC Rapid Risk Assessment on Avian Influenza H5N1 (6 August 2024) for further details.*

In November 2024, the Gulf CDC and GCC Member states conducted a regional simulation exercise, using H5N1 as the scenario to simulate and test the Public Health Emergencies Response Coordination Plan and identify areas of cooperation, communication channels, and potential gaps.



Connectivity to the Gulf Region

While the United States is highly connected via air travel to the Gulf Region, the low number of cases in humans and the lack of evidence thus far regarding human-to-human transmission makes risk of importation via human-to-human transmission very low.



Situational Highlights for Highly Pathogenic Avian Influenza H5N1

• Global epidemiological situation in humans in 2025:

- In 2025, there have been 11 confirmed cases of HPAI H5N1 in humans worldwide compared to 80 confirmed cases in 2024.
- In 2025 the cases have been confirmed in Cambodia (3 cases), the United States (5 cases), Mexico (1 case), India (1 case) and the United Kingdom (1 case).
 - In addition, there is 1 preliminary confirmed case in Vietnam.

Global number of HPAI H5N1 cases in humans, 2025

Country	Cases	Deaths	Clade(s)	Exposure(s)
United States	5	0	2.3.4.4b	Dairy cattle, backyard poultry, unknown exposure(1)
Cambodia	3	3	2.3.2.1e	Backyard poultry
United Kingdom	1	0	2.3.4.4b	Farm birds
Mexico	1	1	2.3.4.4b	Under Investigation
India	1	1	unconfirmed	Consumed raw poultry

- [Cambodia](#) [10] has reported a third fatal human HPAI H5N1 case in a 3-year-old boy. The boy was from Kratie province the East-central part of country.
 - The child was hospitalized with severe symptoms that included fever, cough, and breathing difficulties.
 - Investigations revealed that the family raised chickens. Amongst the flock, a few birds were reported to be sick, and 5 were deceased. The family had cooked the dead chickens for eating.
 - To date, all three H5N1 cases reported in Cambodia were reported to be fatal.
- [Andhra Pradesh, India](#) [11] has recorded its first fatality due to HPAI H5N1 in a two-year-old girl from Narasaraopet, Palnadu district.
 - Tests confirmed the infection, and the family confirmed that the child had consumed a raw piece of chicken while food was being prepared. Shortly after consumption, she developed symptoms that lead to hospitalization.
- The [Ministry of Health in Mexico](#) [12] has reported the detection of the first human case of avian HPAI H5N1 as of 4 April 2025.
 - The case was in a 3-year-old girl in the state of Durango, confirmed positive by the Institute of Epidemiological Diagnosis and Reference.
 - The patient was originally treated with oseltamivir and was hospitalized in a tertiary care unit. [The patient passed away](#) [13] on 8 April 2025.

- All other family members have [tested negative](#). [14]
 - Samples at all poultry farms in the region are being taken to detect possible infections. So far, no other positive cases in humans and animals have been identified.
- The [WHO has updated their guidelines](#) [15] on surveillance for human infection with avian HPAI(H5) viruses. They highlight that the overall objective of continued global surveillance is to: 1) promptly trigger public health control and response actions, 2) assess the trends of such infections and public health risks posed, and 3) inform global pandemic preparedness activities. Guidelines include surveillance objectives to detect human cases of HPAI(H5) virus infection, and monitoring for changes in transmission of symptoms. Additionally, the WHO stresses the importance of collaboration with animal health and environment sectors to understand the extend and risk of human exposures, target surveillance efforts, and prevent further spread of HPAI viruses in animals.
- **Epidemiological situation in animals:**
 - In the [United Kingdom](#) [16], a single sheep in Yorkshire tested positive for HPAI H5N1 on 24 March 2025. The confirmation in the sheep followed repeat testing of sheep's milk that was positive for the virus.
 - Milk testing is being carried out due to the confirmation of HPAI H5N1 in captive birds on the premises, prompting additional livestock surveillance.
 - The sheep has been culled and further testing on the remaining flock is underway. No further infections with HPAI H5N1 have been detected.
 - This is the first time HPAI H5N1 has been reported in a sheep.
 - For the second time in recent months, HPAI H5N1 has been reported in [seals in England](#) [17] on 29 March 2025. The virus was found in 15 out of 40 dead seals tested at Blakeney Point, Norfolk.
 - Two grey seals previously tested positive in February at Blakeney Point, Norfolk.
 - A total of 40 seal carcasses were sampled, but only 15 tested positive, leading experts to determine that there may have been other factors that contributed to the deaths.
 - In [Minnesota, United States](#) [18], HPAI H5N1 infections were confirmed in Stearns County dairy herds.
 - Samples were collected via Minnesota's milk surveillance, and results were confirmed on March 21.
 - The herd has been quarantined until testing requirements are met and the herd is no longer infected.
 - No concerns for public milk supply have been cited, as all milk sold in stores is pasteurized to kill bacteria and viruses.

- As of 26 March 2025, [Idaho](#) [19] has reported 44 outbreaks in dairy cattle herds. Additionally, 11 reports of infection have been reported in domestic cats, with most samples being collected in 2025. Infections in domestic cats have been reported in Colorado (2), Texas (4), Kansas (1), Oklahoma (1), California (1), and New York (1).
- The [New York State Department of Agriculture](#) [20] and Markets on 28 March 2025 warned consumers about the risk of H5N1 avian flu from Savage Cat Raw Chicken Cat Food. Domestic cats have tested positive for H5N1 after eating food from this company.
 - Products were distributed in California, Colorado, New York, Pennsylvania and Washington.
- In the last 30 days, as of 23 April 2025, there have been [35 new confirmed cattle outbreaks](#) [21] in 4 states in the United States (Idaho, California, Nevada, and Arizona).
- In [Patna, India](#) [22], poultry farms have reported the death of about 2500 chickens. Veterinarians confirmed that it was due to bird flu. In addition, many crows were found dead in the Gosai Math area of Sampatchak due to H5N1.
- Between 1 January and 4 April 2025, [India](#) [23] continued to witness outbreaks of HPAI across domestic and non-poultry species.
 - 34 epicentres have been identified in domestic poultry in the following states: Maharashtra, Chhattisgarh, Jharkhand, Andhra Pradesh, Madhya Pradesh, Telangana, Karnataka, Bihar, Rajasthan, and Goa.
 - Spillovers have been reported in tigers, leopards, crows, hawks, and egrets, especially in Maharashtra. The involvement of wildlife, as well as domestic pets underscores the potential ecological and zoonotic implications of the outbreak.
 - A [three-pronged approach](#) [24] has been proposed to prevent and control HPAI outbreaks, including stricter biosecurity measures at poultry farms, strengthened surveillance and mandatory registration of poultry farms.
 - The approach has been implemented as of 5 April 2025.
- On 7 April 2025, the [Department of Agriculture of the Philippines](#) [25] has placed a temporary ban on the import of domestic and wild birds and their by-products from Belgium due to the spread of HPAI H5N1.
 - The country has been grappling with a rising threat of H5N1 after [confirming three active H5N1 cases](#) [26] affected nine farms across Tarlac, Pampanga, and Nueva Ecija.
 - A farm in Leyte also reported the loss of 4,475 birds due to outbreak.
- Similarly, [Hong Kong's Centre for Food Safety \(CFS\)](#) [27] has suspended the import of poultry meat and products including eggs from Vesthimmerland, Denmark due to outbreaks of HPAI H5N1.
 - The decision was announced on 14 April 2025.

- More than 80 peacocks have died, and hundreds of others have fallen ill in the region of [Tharparkar, Pakistan](#). [28]
 - Peacocks have been showing symptoms of flu, fever, throat inflammation, and in some cases, vision loss.

Authorities have yet to confirm the cause of illness. According to the news they have been dying due to the intense heat and a lack of food and water. Outcomes of official investigations however are pending.

• Recent findings:

- A [large study published](#) [19] on 26 March 2025 found that HPAI viruses other than H5N1 can infect cattle. Until the H5N1 outbreak in US dairy cows, cattle were not considered a natural host of HPAI virus, The study further revealed that infections are not limited to dairy cows and that bovine infections with swine and human HPAI viruses have occurred prior to the H5N1 outbreaks. Out of 1,724 cattle blood samples collected from 15 states, 24% of blood samples were seropositive for HPAI, including 78 samples from 2024 and 508 from 2023. None of the samples were positive for H5N1, but some were positive for 2009 H1N1 and H3N2 seasonal flu strains, and swine H3N2 and H1N2 viruses.
- A study from [New York, United States](#) [29] assessed seropositivity of 16 live-captured bobcats. It was found that one was infected with HPAI H5N1, and four had antibodies to H5 and N1.
 - Another bobcat, which was negative for highly pathogenic H5N1 antibodies at capture, died from H5N1 infection within 5 weeks of capture.
 - The study highlights the importance of focused health studies paired with monitoring data to better understand exposure, infection and outcomes for novel pathogens and the species they affect.
- A [study explored the safety](#) [30], immunogenicity, vaccination strategies and correlates of antibody response of an influenza vaccine for poultry in black vultures (*Coragyps atratus*) and California condors (*Gymnogyps californianus*). The researchers noted differences in antibody titers between vaccinated and unvaccinated birds, along with no adverse effects of vaccination.
 - All vaccinated vultures and 80% of vaccinated condors showed maximum measured antibody response. However, higher antibody responses were recorded for birds given two 0.5-mL vaccines as opposed to those given one 1-mL vaccine. The study prompted an initiation of a vaccination program for condors that could reduce the spread of disease among highly threatened species.
- A [preprint exploring the spread of HPAI H5N1](#) [31] outbreaks globally and the role of wild birds in the continued transmission to poultry, domestic and wild mammals highlighted key wild bird species involved in viral dissemination.

- The study found that proximity to migratory flyways and critical habitats such as those used for breeding, wintering, and stopover grounds are associated with increased risk of exposure.
- As a result, these regions should be targets for enhanced surveillance and may serve as sentinel sites to monitor viral evolution. Species such as dabbling ducks, and other Anatidae species were frequently identified as drivers of intercontinental spread.

Mpox

Globally

Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Event – 14 August 2024					
<ul style="list-style-type: none"> • Risk Question: What is the likelihood of importing a mpox clade 1b case into the GCC causing an occurrence of subsequent cases in the GCC in the next 3 months? • Impact: Moderate, With the low transmission potential of the virus in the Gulf communities, and the high national capacities established for mpox prevention and control, the level of potential impact of mpox has been characterized as moderate. • Likelihood: Likely, as there is a large volume of travelers to the Gulf from countries reporting mpox clade 1b cases, it is likely that unlinked cases/clusters to be detected within the next 3 months. 					



Why is this Notable?

The Gulf CDC EI team escalated the global mpox to an event of regional interest on 14 August 2024 due to an increase in the expected incidence of epidemic activity. Furthermore, on 14 August 2024, the WHO declared mpox as a public health emergency of international concern (PHEIC) for the second time.



Key Stats

5 mpox clade I cases

Linked to travel reported in the GCC region in 2025



Key Factors of Concern for Mpox



Disease severity

Severe complications of mpox may include secondary bacterial infections, pneumonia, sepsis, and encephalitis; immunocompromised individuals are particularly susceptible to severe infections.

Mpox is divided into two distinct clades, clade I and clade II, with clade II being further divided into the clade IIa and clade IIb subclades. Clade I is predominantly found in central Africa around the Congo basin while clade IIa is found in West Africa. Clade IIb however, was able to spread and cause outbreaks globally in 2022.

Clade I has been shown to cause more severe disease than clade II, with case fatality rates (CFRs) of approximately 10% and 1% respectively.



Trends from previous outbreaks

Although ongoing human-to-human transmission of mpox in the DRC has been documented since the 1970s, there are still gaps in knowledge of all the dynamics involved. Initially, infections happened within minor domestic or local clusters, believed to be predominantly caused by the transmission from animals to humans, as sexual transmission of the mpox clade I virus was not officially reported until April 2023. Most cases in the multi-country outbreak (non-endemic) in 2022 were clade II, lineage B.1, and its descendants, while the current outbreaks in several countries in Africa (DRC, Uganda, Kenya, Rwanda, Burundi) are primarily clade I.



Healthcare capacity

Globally, the DRC has the highest number of cases of mpox clade I. Within the country, testing in rural areas is limited and just 24% of the clinically compatible (reported as suspected) cases in the country have been tested in 2024. Of those tested, the positivity is approximately 65% at the national level. Surveillance and response capacity have been strengthened within the DRC by government initiatives with the aid of institutions such as the WHO, particularly in the most affected provinces such as South Kivu. Risk communication has also been updated and increased to inform the population about the risks and precautions to take to avoid acquiring mpox. The [Interim Medical Countermeasures Network \(i-MCM-Net\)](#), that the Gulf CDC participates in, established an access- and allocation mechanism for the mpox response. As of 27 September, 2.7 million MBA-BN, 3 million LC16 and 50,000 ACAM2000 vaccines had been pledged by both public and private donors.

Countries outside of Africa that have imported mpox clade Ib cases have so far managed to contain cases to households and close contacts.



Connectivity to the Gulf Region

Below are the monthly passenger volumes between the 5 African countries reporting the highest cases of mpox clade I in 2025 to the Gulf region from April 2024 [32]:

	DRC	Uganda	Burundi	Nigeria	Sierra Leone
UAE	2,466	13,699	447	3,108	252
Bahrain	38	82	4	133	-
Saudi Arabia	390	1,326	151	11,216	35
Oman	78	137	24	381	4
Qatar	49	909	25	2,437	30
Kuwait	57	187	4	161	13

Connections between the above-mentioned countries and the region are primarily counted based on airline data. Other routes of entry and illegal migration might contribute to the importation likelihood.



Situational Highlights for Mpox

- **Mpox outbreak response:** the Africa CDC has launched the second phase of its mpox outbreak response plan, titled “[Mpox Continental Response and Legacy Plan 2.0 for Africa](#)” [33], which will cover the period from March to August 2025.
 - The plan highlights 10 pillars, including improved coordination and leadership, risk communication and community engagement, surveillance, laboratory, case management, infectious prevention and control, vaccination, research and innovation, operations support and logistics and continuity of essential healthcare services.
 - The plan further emphasizes the acceleration of vaccination, decentralization of diagnostic capacities to increase mpox laboratory testing, and more.
- **New and suspected cases of mpox clade I outside Africa:** the United Kingdom, Switzerland, Germany, Spain, the Philippines and the United States have confirmed new cases of mpox in the last month.
 - **United Kingdom:** As of April 7, 2025, the [UK Health Security Agency](#) [34] confirmed a human case of clade Ib mpox in a resident of North East England, diagnosed in March 2025, with no travel history or known links to prior UK cases.
 - All contacts have been traced without identifying further cases, and officials are investigating the source of the infection.
 - As of 22 April, there have been [12 cases of mpox](#) [35] in the United Kingdom, all of them in England.
 - **Switzerland:** On April 8, 2025, the [Swiss Ministry of Health](#) [36] confirmed the first imported case of mpox clade Ib in Switzerland. The affected individual is a traveller who returned to Switzerland from Africa in early April. The affected individual was isolated.
 - **Germany:** On April 7, 2025, [Germany reported its first mpox clade Ib case](#) [37] for the year, identified in the Harburg district of Lower Saxony.
 - The infection is believed to be linked to a recent travel to Africa. Additionally, another family member is suspected to have the infection, although laboratory test results for that case are still pending.
 - In response to the situation, the health department has initiated an investigation and placed the family under quarantine, while informing potential contacts within their community.
 - **Spain:** the first case of mpox for 2025 was confirmed in the province of [Zaragoza](#) [38], in the autonomous community of Aragón. The clade was not specified. This marks the only case reported in the community this year, following a period in 2024 during which no cases were recorded.
 - Since the outbreak of mpox clade II began in April 2022, Aragón has documented a cumulative total of 80 mpox clade II cases: 74 in 2022, 5 in 2023, and now 1 in 2025.

- **Philippines:** Health officials in Davao City, [Philippines](#) [39] confirmed two cases of mpox on 16 April 2025 – the clade was later specified as [clade II](#) [40] on 24 April.
 - The patients were admitted to an isolation facility, where one of the patients passed away due to complications.
 - Health officials are actively monitoring all identified close contacts, and established response measures and protocols for Mpox are currently being implemented.
- **United States:** On 22 April, 2025, the [North Carolina Department of Health](#) [41] and Human Services reported the detection of mpox clade I in wastewater samples collected from Greenville on three dates: March 25, March 28, and April 8.
 - While no confirmed human cases of clade I have been reported in North Carolina to date, the detection highlights the importance of ongoing surveillance.
 - Nationally, four cases of mpox clade Ib have been confirmed in the U.S. since 2024, with travel history linked to countries experiencing sustained transmission.
- **Cases in Africa:** According to the [Africa CDC](#) [42] as of 15 April, there were a total of 40,359 suspected cases, of which 9,096 have been laboratory confirmed, and 405 deaths in 2025.

Cumulative number of confirmed mpox cases and death by African country reporting, 2025

Country	Confirmed*	Deaths
Angola	4	0
Burundi	809	0
Central African Republic	8	0
Congo	26	1
Côte d'Ivoire	12	0
DR Congo	4,320	369
Ghana	1	0
Kenya	34	0
Liberia	7	0
Nigeria	128	2
Rwanda	31	0
Sierra Leone	138	2
South Africa	6	0
South Sudan	8	0
Tanzania	34	0
Uganda	3,496	30
Zambia	34	1
TOTAL	9,096	405

*Africa CDC defines confirmed cases as being laboratory confirmed.

- **South Sudan:** According to the Ministry of Health in [South Sudan](#) [43], a new mpox case was reported on 25 March 2025, bringing the total number of confirmed cases to seven.
 - The new case was reported in Malakal, Upper Nile State.
 - Five patients have recovered and been discharged, while two are still under treatment in Juba, with plans for discharge soon. Surveillance teams continue to monitor and investigate contacts of suspected cases.
- **Uganda:** On 15 April, the [Ministry of Health of Uganda](#) [44] released a national situation report.
 - The reported noted a 0.74% case fatality rate.
 - The report noted that mpox cases have stabilised to an average of 280 weekly cases but highlighted that the decline in the epicurve is primarily due to delayed case reporting.
 - The report also noted increased severity among patients admitted with mpox.
- **Malawi:** Malawi has confirmed its [first two cases of mpox](#) [45], according to a press release from the Ministry of Health. The first suspected case was reported on 20 March 2025, and the second on 9 April 2025. As of 17 April, no additional cases or secondary transmission have been reported. The source and link between the cases remain unknown, and the viral clade is still under investigation.
- **Vaccine and treatment information:** according to [the WHO Multi-country outbreak of mpox - external situation report #50](#) [46], as of 8 April, six African countries (Democratic Republic of Congo, Nigeria, Rwanda, Uganda, Sierra Leone and Central African Republic). have started mpox vaccination, all using the MVA-BN vaccine.
 - More than 610,000 doses have been administered, 95% of which have been administered in the Democratic Republic of Congo.
- [Kenya](#) [47] is launching its first mpox vaccination campaign in 13 counties. This initiative comes in response to the recent arrival of 10,700 doses of the Modified Vaccinia Ankara-Bavarian Nordic (MVA-BN) vaccine, a collaborative effort involving the Government of Kenya and international partners such as the World Health Organization, UNICEF, GAVI - the Vaccine Alliance, and the CDC in Africa.
- Uganda has received an additional consignment of [100,000 doses of mpox vaccines](#) [44] and will be prioritizing young adults between the ages of 25 and 35 in the next vaccination round.

Acknowledgements

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The Gulf CDC is grateful for insights on GCC countries' capacities and national data provided by members of the Public Health Emergency Network members. This provided valuable contextual understanding that enhanced the PHE team's assessment of risk posed by the hazards detected.

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