GCDC
المركز الخليجي للوقاية من الأمراض ومكافحتها
Gulf Center for Disease Prevention and Control

مجلس الصحة
لدول مجلس التعاون
Gulf Health Council

Monthly Epidemic Intelligence Report

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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.

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 **May 2025** (April 24 – May 23, 2025). *

39	3	1	1	2
Disease Signals	CRNE Signals	Threat	CRNE Event	Events of Regional Interest

Executive Summary

Overall, 43 signals were detected.

- Of all signals, 39 were infectious disease signals (including 2 animal signals and one environmental signal)
- Four CRNE signals (including one CRNE event of regional interest).

In addition to the 43 signals detected, one threat and two events of regional interest were reported.

Disease Signals: This month, the epidemic intelligence team at Gulf CDC detected 39 infectious disease signals. Of these, 17.9% were measles, 12.8% were highly pathogenic avian influenza A (H5N1), 12.8% were dengue, 5.1% were animal signals, and 3% were environmental sample signals.

Only one infectious disease signal was detected in a GCC country (MERS-CoV in the Kingdom of Saudi Arabia). However, there was one disease signal detected in the neighbouring country of Iraq (Crimean-Congo haemorrhagic fever).

CRNE Signals: Of all signals, 7% were CRNE signals, including a tropical cyclone in the Arabian Sea (bordered by India, Pakistan and Oman), and earthquakes detected in Egypt and Oman. In addition to these three signals, one CRNE event of regional interest was detected, described below.

Threat: One threat was identified in May: meningococcal meningitis in the United Kingdom.

CRNE Event: The Gulf CDC monitored one CRNE event in May: an explosion at Shahid Rajaee Port in Iran.

Events of Regional Interest: The Gulf CDC continued monitoring 2 events of regional interest in May: Highly pathogenic avian influenza H5N1 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.

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.

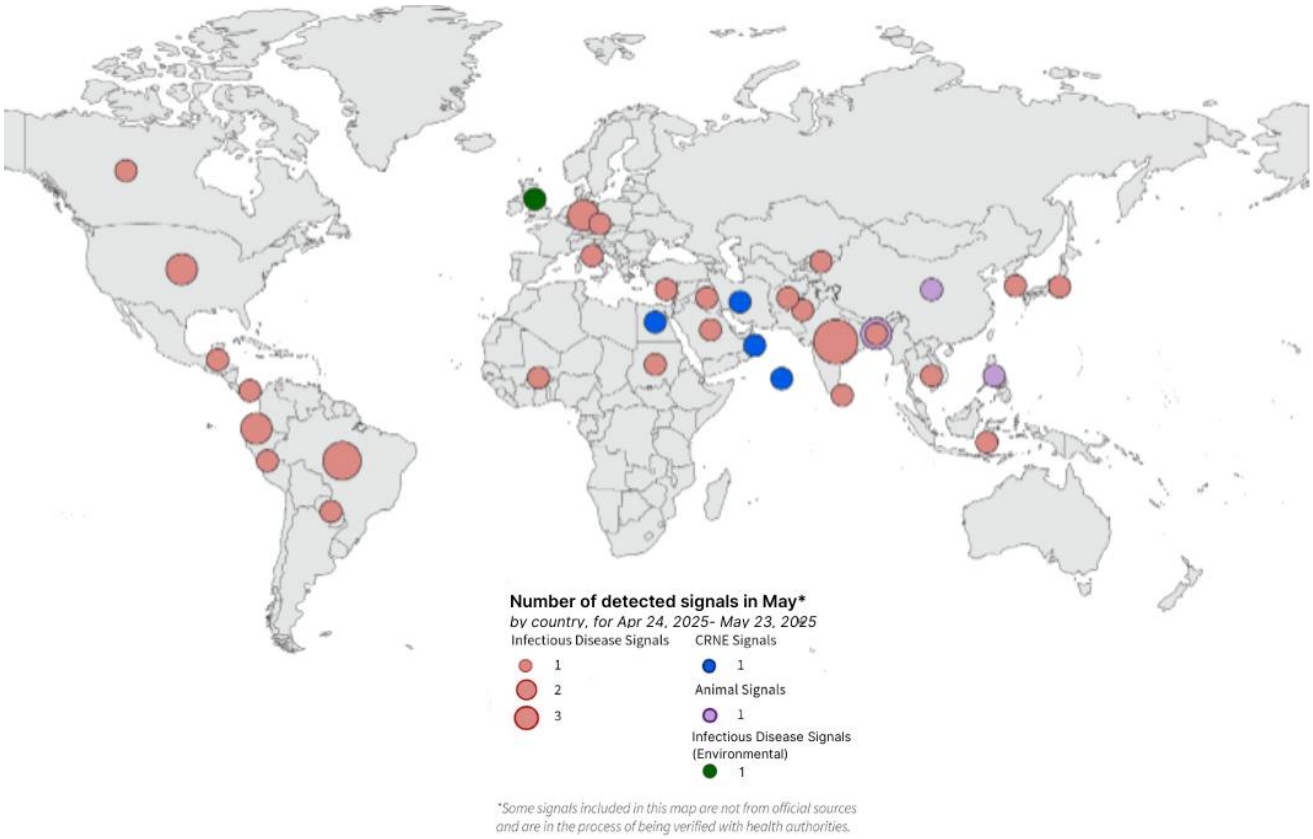

Figure 1: Number of detected signals and potential threats by the Gulf CDC from 24 April to 23 May 2025.

Please note that the size of dots noting detected signals corresponds to the number of signals in the country, not the cumulative number of detected signals globally.

Threats

Meningococcal Meningitis

United Kingdom

Situational Highlights for Meningococcal Meningitis

- The UKHSA is urging travellers to the Kingdom of Saudi Arabia (KSA) [1] for Umrah and Hajj pilgrimages to get their MenACWY vaccine that protects against meningococcal disease. There have been ongoing outbreaks of serogroup W (MenW) in the United Kingdom associated with travel to the KSA.
    - In England and Wales, 5 cases of MenW disease have been confirmed between February and March 2025 in travellers who have recently returned from KSA or have had close contacts.
    - Those undertaking Hajj or Umrah, and seasonal workers are required to present a valid certificate of MenACWY vaccination issued between 10 days and 3-5 years before arrival into KSA.
    - Due to the close proximity of people during pilgrim rights, there is a higher risk of contracting diseases such as meningitis.
    - Travellers are advised to monitor for symptoms while attending the ceremonies and two weeks post-travel to the Kingdom.
    - Symptoms include fever, severe headache, vomiting, stiff neck, rash, extreme sleepiness, seizures.

CRNE Event

Port Explosion

Iran

Negligible	Very Low	Low	Moderate	High	Critical

Gulf CDC Risk Assessment of this Event – 26 April 2025

- **Risk Question:** What is the immediate and potential long-term health risk to the GCC populations after the chemical explosion and secondary fire in Shahid Rajee Port on the 26th of April 2025.
- **Impact:** Minor. GCC member states possess well-established public health systems and robust capacities for detecting and responding to CRNE incidents. There have been no reported disruptions to maritime trade routes or cross-border environmental hazards.
- **Likelihood:** Unlikely. The overall risk of the Shahid Rajaee Port explosion impacting GCC countries is very low. However, continued monitoring and information sharing are crucial.

Please refer to the Gulf CDC Rapid Risk Assessment: Chemical Explosion and Secondary Fire at Shahid Rajaee Port, Bandar Abbas, Islamic Republic of Iran from 30 April 2025 further details.

Why is this Notable?

A major chemical explosion occurred at the Shahid Rajaee Port located in Bandar Abbas, a major container hub in Iran. There were a resulting 70 fatalities and over 1,200 injuries, including several severe injuries. Intense fires were generated, some of which continued to burn for over 48 hours, and caused severe damage to port infrastructure that may affect trade routes.

Situational Highlights for CRNE risk

- On 26 April 2025, there was a large explosion [2] at Shahid Rajaee, Iran's largest commercial port, near the southern city of Bandar Abbas.
- The blast blew out windows and roofs of nearby buildings and destroyed cars, with residents reporting the feeling of the impact of the blast up to 50 km away.
- At least 70 people died and over 1,200 were injured.
- Iran's Interior Ministry later confirmed the explosion was a result of a fire that spread to at least 3 shipping container areas.
    - The fire caused a chemical explosion involving hazardous materials that may include ammonium perchlorate, sodium perchlorate, or ammonium nitrate.
    - Initial investigations indicate potential lapses in safety protocols, particularly regarding the storage of volatile substances in the port's industrial areas.
    - Interior Minister Eskandar Momeni [3] stated that possible causes include failure to observe safety precautions, weakness in passive defense, or misrepresentation of flammable materials.
- Chronic exposure [4] to chemicals stored in the container areas and generated by-products from the fire may result in thyroid dysfunction and other health complications, especially to infants and pregnant women.
- Additionally, there is a possibility of delayed health impacts [5] due to exposure to toxic substances over time.
- Although the explosion has prompted regional concerns around maritime security and hazard materials handling, there have been no reported disruptions to maritime trade routes or cross-border environmental hazards.
- A spokesperson for Iran's crisis management organisation [6] cited poor storage of chemicals in containers as the reason for the explosion and stated that the Director General of Crisis Management had issued warnings to port authorities at Shahid Rajaee.
- The president has ordered an investigation of the incident.

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

- **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.

Please refer to the Gulf CDC Rapid Risk Assessment: Highly Pathogenic Avian Influenza H5N1 from 6 August 2024 further details.

Why is this Notable?

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

Key Stats

12 confirmed cases
of HPAI H5N1 in humans globally in 2025

Key Factors of Concern for Avian Influenza H5N1

Disease severity	Avian Influenza 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 H5N1 across 4 countries (Cambodia, China, Chile, United Kingdom). In years prior, there have been small numbers of sporadic reported human infection cases of 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 importation unlikely.

Situational Highlights for Avian Influenza H5N1

- **Epidemiological situation in humans:**
  - In 2025, there have been 12 confirmed cases of Highly Pathogenic Avian Influenza (HPAI) H5N1 in humans. In 2024, there were 80 confirmed cases of influenza A(H5N1).
  - In 2025 cases have been reported in Cambodia (3 cases), the United States (5 cases), Mexico (1 case), India (1 case), the United Kingdom (1 case) and Vietnam (1 case).

Global HPAI H5N1 cases in humans in 2025

Country	Cases	Deaths	Clade(s)	Exposure(s)
United States	5	0	2.3.4.4b	Dairy cattle, backyard poultry, unknown (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	2.3.2.1a	Suspected raw poultry meat
Vietnam	1	0	2.3.2.1c	Suspected backyard poultry

  - **Cambodia**: WHO's April report, [7] "Influenza at the human-animal interface summary and assessment, 22 April 2025", reclassified the HPAI H5N1 virus detected in a 3-year-old boy from Cambodia in March 2025.
    - Genetic sequencing identified that the virus belonged to clade 2.3.2.1e, a reclassification from the previously designated clade 2.3.2.1c.
    - Further analysis indicated a high degree of genetic similarity to HPAI H5N1 viruses found in Cambodian poultry in 2025.
  - **India:** On 21 April 2025, the ICMR-National Institute of Virology [8] in Pune, India released specimen data from India's recent fatal human HPAI H5N1 case.
    - The virus was classified as clade 2.3.2.1a and clustered closely with a 2024 travel-associated case from West Bengal.
  - **United States:** On 2 May 2025, the US CDC published an updated Influenza Risk Assessment Tool (IRAT) [9] incorporating the new information from recent HPAI H5N1 cases reported in the United States.
    - The latest assessment evaluated two recent clade 2.3.4.4b viruses: A/California/147/2024 and A/Washington/239/2024. Both viruses have been categorized as posing a moderate risk for potential emergence and impact on public health.
  - On 6 May 2025, the US CDC hosted a Clinician Outreach and Communication Activity (COCA) [10] call to provide updates on HPAI H5N1 cases and CDC's surveillance and

monitoring efforts in the United States. The webinar also covered guidance on recognizing and treating suspected HPAI H5N1 infections.
    - As of 13 May 2025, the archived webinar and presentation slides are available to the public.
- **Vietnam:** WHO's April report [7] provided updates on the recent HPAI H5N1 case in Vietnam in April 2025. Preliminary testing suggests that the virus belongs to clade 2.3.2.1e.
- **Bangladesh:** On 1 May 2025, an investigation team from the Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) was sent to Jessore to investigate a suspected human case of HPAI H5N1. [11]
    - The investigation was prompted by an outbreak in March 2025 at the Jessore Government Chicken Breeding and Development Farm, which affected more than 2,000 birds. This incident marked the country's first reported poultry outbreak since 2018.

Epidemiological situation in animals:

- **United States:** According to a release from the North Carolina Department of Agriculture, [12] The World Health Organization for Animal Health (WOAH) has officially declared North Carolina's commercial poultry farms free of HPA H5N1.
    - This declaration lifts months-long suspension on poultry exports, allowing the state to resume exports and international trade for poultry products.
- The US Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) [13] reported an increase in HPAI H5N1 detections in dairy cattle during April 2025.
    - Idaho confirmed 39 new cases, bringing its total to 86. It is now the state with the second highest number of cases in the country after California, which has reported 765 confirmed cases to date.
- **Malaysia:** On 4 May 2025, the Perak Veterinary Services Department is investigating the sudden deaths of pigeons [14] near the fountain at Ipoh Padang, Malaysia, following a report by the Ipoh City Council.
    - Potential causes under investigation include HPAI H5N1, Newcastle Disease, Avian Adenovirus, or poisoning. Although only a few carcasses remained on-site during inspection, samples were collected and sent for laboratory testing.
    - Preliminary disease results are expected within 1–2 weeks, while toxicology findings may take up to a month.
- **Japan:** Since mid-March 2025, a significant outbreak of HPAI H51 has been reported [15] in Eastern Hokkaido, Japan, particularly the Nemuro region, resulting in mass mortality among seabirds and marine mammals
    - 614 dead seabirds were reported: PCR testing confirmed HPAI H5N1 in a crested auklet. Infected seabirds exhibited neurological symptoms: stumbling, collapsing, trembling.
    - The outbreak also impacted marine animals, marking the first confirmed cases in seals and sea otters. Two harbor seals tested positive in mid-to-late April, presenting with bloodshot eyes and labored breathing. A sea otter carcass also tested positive, with two additional suspected cases recovered on 4 and 5 May.
    - In total, 23 potentially affected seabird species have been identified, including five listed on Japan's Environment Ministry Red List.
- **Brazil:** On 16 May 2025, Brazil confirmed an outbreak of HPAI H5N1 [16] at a poultry farm in the southern region of the country.
    - The outbreak has triggered a country-wide poultry trade ban, with key export destinations suspending imports for 60 days under existing protocols. The affected farm supplies Vibra Foods, a Brazilian company backed by Tyson Foods.
    - According to state officials, 17,000 chickens have died, either from the disease or as part of culling measures.
    - Veterinary authorities have isolated the outbreak zone in Montenegro and are conducting active surveillance within a 10 km (6-mile) radius to detect additional cases.
- **Canada:** Between 30 April and 2 May 2025, the Canadian Food Inspection Agency (CFIA) confirmed four new HPAI H5N1 infections in Canada. [17], [18]
    - The affected flocks include three non-commercial operations in Saskatchewan and one commercial farm in Manitoba.
    - Details on the strain, number of affected birds, and biosecurity measures have not been disclosed. [19]
    - The Manitoba outbreak, located in the Rural Municipality of Wallace-Woodworth, is the country's first commercial case since early April and the province's first since November 2024.
    - This marks the 20th commercial flock infection in Canada since the global HPAI H5N1 outbreak began in early 2022.

- On 13 May 2025, Hong Kong's Centre for Food Safety (CFS) [20] ordered an immediate suspension of poultry meat and egg imports from the Rural Municipality of Wallace-Woodworth, Manitoba, Canada, following confirmation of an HPAI H5N1 outbreak in that area.
- The ban was issued under the Food and Environmental Hygiene Department as a precautionary measure to safeguard public health in Hong Kong.

- **India:** On 13 May 2025, Gorakhpur Zoo in Uttar Pradesh, was closed [21] for seven days after a tigress tested positive for HPAI H5N1.
  - The tigress died on 7 May, with confirmation of infection by the National Institute of High Security Animal Diseases (NIHSAD), Bhopal.
  - A total of four animal deaths have been reported in the zoo to date, including a tiger, tigress, leopard, and wolf. Both the tigress and the wolf exhibited similar symptoms, of reduced water intake followed by organ failure. The wolf's samples have been sent to IVRI Bareilly and NIHSAD for testing; results are pending. The leopard, transferred from Kanpur in 2021, died on 8 May. A sick tiger was recently relocated to Kanpur Zoo, raising concerns about potential spread. In response, state authorities have ordered increased surveillance in all zoos across Uttar Pradesh.

- **Recent findings:**
  - A newly published article [22] provides genomic evidence of sustained mammal-to-mammal transmission of HPAI H5N1 (clade 2.3.4.4b) among marine animals along South America's coastlines.
    - The data suggest that transmission occurred over thousands of kilometers along Chile's Pacific coastline and continued along the Atlantic coast.
    - The study analyzed 177 HPAI H5N1 virus genomes from wild birds, poultry, marine animals and one human case collected across Chile's coastline between December 2022 and April 2023.
  - A recent systematic review [23] highlights increasing HPAI H5N1 infections in domestic cats and the potential risk of zoonotic spillover to and from humans.
    - The review analyzed 607 feline HPAI H5N1 cases across 18 countries from 2004 to 2024, with 302 deaths reported in 12 felid species. An increase in infections in 2023 to 2024 was linked to clade 2.3.4.4b.
    - Most cases involved domestic cats which has close contact with humans. The authors emphasize the urgent need for surveillance, as infections in felines are likely underreported and may pose a risk for cross-species transmission.
  - A recent review article [24] provides new insights into the resurgence of HPAI H5N1 across the American continent, examining its origins, timeline, and ecological drivers.
    - The review links current outbreaks, caused by clade 2.3.4.4b to the A/Goose/Guangdong/1/1996 (Gs/Gd) lineage, following reassortment with low-pathogenic avian influenza strains in wild birds, particularly Anseriformes and Charadriiformes.
    - It further emphasizes the role of environmental and ecological factors in the virus's spread among wild bird populations since 2021 and discusses implications for public health and wildlife management.
  - A recent study assessed the role of pigeons (*Columba livia*) in the transmission of HPAI H5N1 [25] clade 2.3.4.4b and found them to have low susceptibility to infection.
    - Only pigeons exposed to the highest virus dose showed mild signs of infection and low-level virus shedding. No transmission occurred to other pigeons or chickens.
    - These findings suggest that pigeons are unlikely to significantly contribute to HPAI H5N1 transmission to poultry or humans.
  - A early study of the HPAI H5N1 virus A/Michigan/90/2024 (MI90) [26], isolated from a dairy farm worker in Michigan, demonstrated airborne transmission in a ferret model.
    - The virus showed moderate pathogenicity with limited extrapulmonary spread and no lethality. These findings raise concerns about the potential for respiratory transmission of HPAI H5N1 in mammals.
  - A 2024 study [27] revealed that HPAI H5N1 clade 2.3.4.4b viruses isolated from birds in Chinese live poultry markets can replicate efficiently in bovine-derived cells, suggesting potential for cross-species transmission.
    - Among four isolates tested, strain 571/H5N1 showed high replication efficiency in bovine mammary epithelial (MAC-T) cells and caused 16.7% mortality in mice, highlighting its zoonotic potential.
    - Although no evidence of widespread infection was found in cattle herds sampled across five Chinese provinces, the study emphasizes the importance of enhanced surveillance due to the virus's high mutability and emerging risk to livestock.

Mpox

Globally

Negligible	Very Low	Low	Moderate	High	Critical

Gulf CDC Risk Assessment of this Event – 14 August 2024

- **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-Aug-2024, the WHO declared mpox as a public health emergency of international concern (PHEIC) for the second time.

Key Stats

8 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 MPXV clade I 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	Within the DRC where cases of mpox clade I are highest, 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 passenger volumes between the 5 African countries reporting the highest cases of mpox clade I in 2025 to the Gulf region from May 2024 [28]:

	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

- **New and suspected cases of mpox clade I outside Africa:** Pakistan, China, and the United Kingdom have confirmed new cases of mpox last month.
  - **Pakistan:** As the number of mpox cases rise, Pakistan has implemented smart lockdowns according to an article published on 3 May 2025. [29] That is, the government only shuts down specific areas with high case counts.
    - The number of cases is not provided in the article, and it notes the risk of community transmission in crowed cities.
    - Other actions taken by the government in response to the rising case count include increasing testing, isolating cases and educating the public on mpox and prevention.
  - **China**: As of 9 May 2025, China's Department of Health [30] has begun investigating a confirmed mpox case of unknown clade.
    - The individual is a 31-year-old male sought medical attention four days after developing symptoms.
    - The individual reportedly was potentially infected in Hong Kong. The Department of Health is continuing to investigate the epidemiological links to previous cases in China and will report the findings to the WHO.
    - The Department of Health offers mpox vaccination to specified high-risk groups at clinics and treatment centres.
  - **United Kingdom**: Up to 8 May 2025, the UKHSA has reported twelve mpox cases of clade Ib in England. Most of these cases are travel related. [31]

- **Cases in Africa:** According to the Africa CDC as of 18 May, there were a total of 56,205 suspected cases, of which 13,680 have been laboratory confirmed, and 472 deaths in 2025.

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

Country	Confirmed*	Deaths
Angola	4	0
Burundi	968	0
Central African Republic	8	0
Congo	26	1
Côte d'Ivoire	12	0
DR Congo	4,320	369
Ghana	1	0
Kenya	76	1
Liberia	7	0

Nigeria	149	3
Rwanda	31	0
Sierra Leone	2,045	11
South Africa	6	0
South Sudan	8	0
Tanzania	34	0
Uganda	4.817	34
Zambia	34	1
TOTAL	13,680	472

*Africa CDC defines confirmed cases as laboratory confirmed.

- **Malawi:** Malawi has confirmed four mpox cases, as reported during a press briefing [32] held by the Minister of Health on 25 April 2025. Two of the cases were from the Lilongwe District. It is unknown if these cases share an epidemiological link.
  - As of the briefing, there are no deaths.
- **South Sudan:** as of 21 May 2025, six new mpox cases of clade Ib were confirmed [33] in the past six weeks in South Sudan, bringing the total case count to fourteen in 2025. The last confirmed case was on 18 May 2025. No deaths have been reported.
  - The infected individuals were infected by community transmission.

- **Vaccine and treatment information:**
  - According to the Multi-country outbreak of mpox, External situation report #52 - 14 May 2025, [34] as of 5 May, seven African countries (Democratic Republic of Congo, Uganda, Rwanda, Nigeria, Sierra Leone, Liberia and the Central African Republic) have started mpox vaccination, all using the MVA-BN vaccine.
  - More than 668,300 vaccine doses have been administered, 87% of them in the Democratic Republic of Congo
  - Other countries in Africa are expected to begin vaccination within the coming weeks.
- **United States:** Danish company Bavarian Nordic announced that the US Department of Health and Human Services has placed an additional order [35] of the freeze-dried JYNNEOS smallpox/mpox vaccine for almost 144 million USD.
- **Recent findings:**
  - The Africa Centres for Disease Control and Prevention [36] plans to convene a panel of experts to review mpox's status as a public health emergency of continental concern. The panel, scheduled for 17 May 2025, will be the second formal review since the designation was made in August 2024.
  - The Africa CDC Director General called for the review following the mixed epidemiological trends of mpox across affected countries in Africa. The burden remains high in Central Africa, particularly the Democratic Republic of Congo.
  - As of 22 May 2025, no information has been released on the status or findings from this review.

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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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