



## EPIDEMIOLOGICAL DATA FOR CAMPYLOBACTERIOSIS IN GREECE, APRIL 2022-DECEMBER 2025 MANDATORY NOTIFICATION SYSTEM

### Key points

- Based on the data for the period April 2022-December 2025:
  - The notification rate of the disease was higher among children in the age group of 0-4 years old.
  - The notification rate reached a peak in May and October.
  - 4% of the cases reported one or more people with similar symptoms among their contacts.
  - *Campylobacter jejuni* and *Campylobacter coli* were the most frequently reported species.
  - In 2025, the notification rate of campylobacteriosis increased by 26.4%, compared to 2024.

*Campylobacter spp.* is one of the main etiological agents of foodborne diseases, as well as the most frequently reported foodborne infection in Europe [1,2]. In Greece campylobacteriosis was introduced in the Mandatory Notification System (MNS) in April 2022.

### Number of reported cases-Notification rate

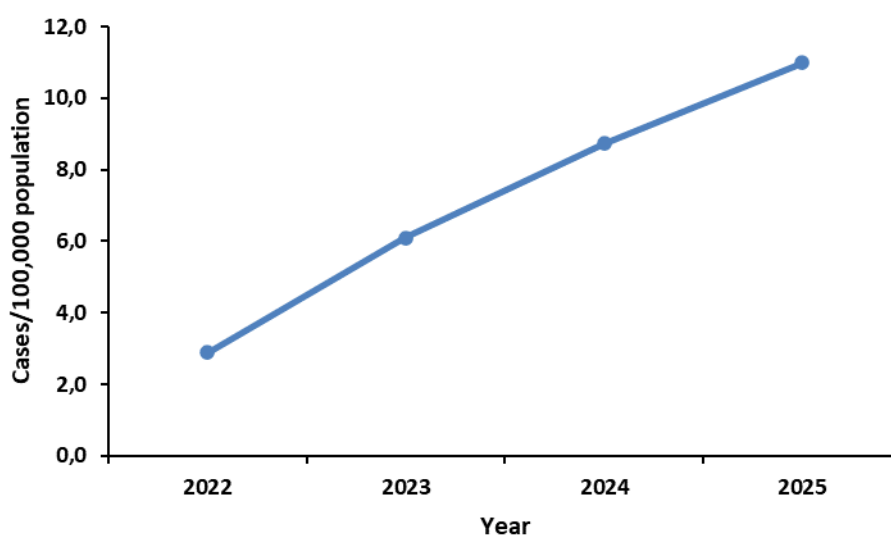
During April 2022-December 2025, 2,990 campylobacteriosis cases were reported, in total in Greece. The number of reported cases with the respective notification rate per year are shown in **Table 1**. The mean annual number of cases was 748 (standard deviation: 362.8). The mean annual notification rate was 7.2 cases per 100,000 population.

**Table 1.** Annual number of notified cases and notification rate of campylobacteriosis, Mandatory Notification System, Greece, April 2022-December 2025.

Year	Number of cases	Annual notification rate (per 100,000 population)
2022 (April-December)	302	2.9
2023	635	6.1
2024	908	8.7
2025	1,145	11.0
<b>Total</b>	<b>2,990</b>	<b>7.2*</b>

\*Mean annual notification rate for the period April 2022-December 2025

In 2025, the notification rate of campylobacteriosis increased by 26.4% compared to 2024. The observed increase may be partially attributable to the adoption of novel molecular methods, specifically culture-independent diagnostic tests (CIDTs), which have been increasingly utilized in recent years. It should be noted that 42% of *Campylobacter* infection cases during the surveillance period were diagnosed using CIDTs. The temporal distribution of campylobacteriosis notification rate for the period April 2022-December 2025 is depicted in **Graph 1**.

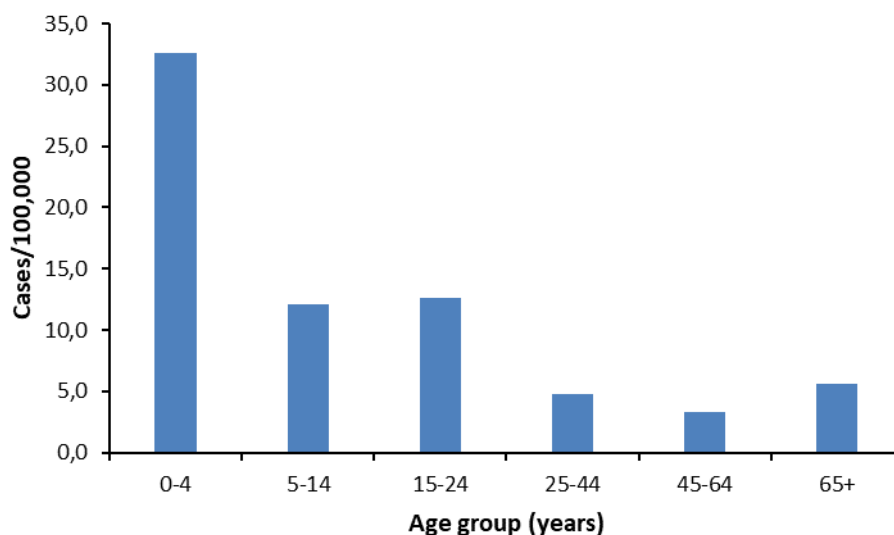


**Graph 1.** Campylobacteriosis notification rate (cases/100,000 population) by year, Mandatory Notification System, Greece, April 2022- December 2025.

### Age and gender distribution

For the period April 2022-December 2025, the disease was more frequently reported among children in the 0-4 years age group (**Graph 2**). In this age group, the mean annual notification rate was 32.6/100,000 population, whereas it was less than 13 cases per 100,000 in the rest of the population.

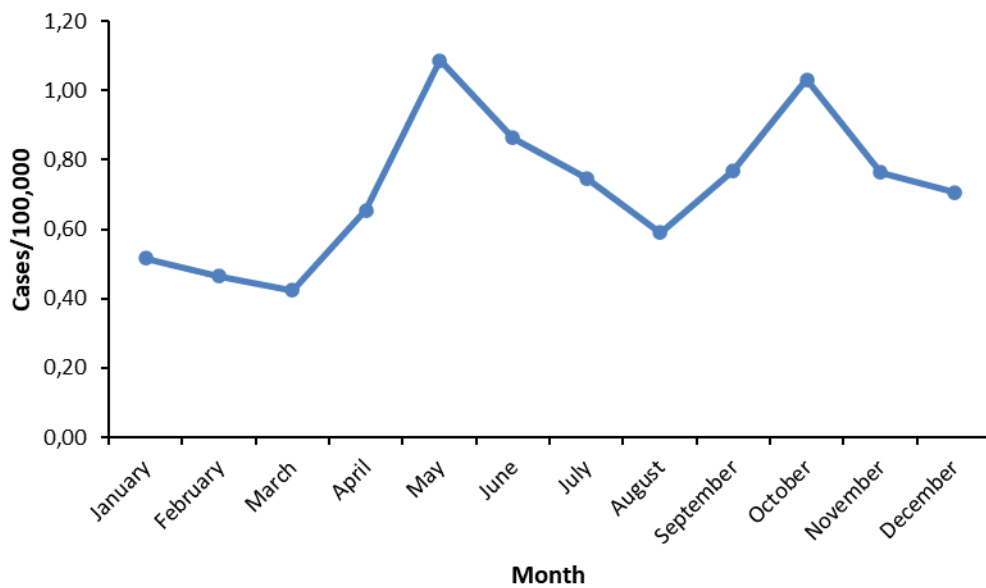
The notification rate among males and females was 8.2 and 6.1 cases per 100,000 population, respectively.



**Graph 2.** Mean annual notification rate (cases/100,000 population) of campylobacteriosis by age group, Mandatory Notification System, Greece, April 2022-December 2025.

### Seasonality

The mean monthly notification rate for the period of interest reached a peak in May and October (**Graph 3**).

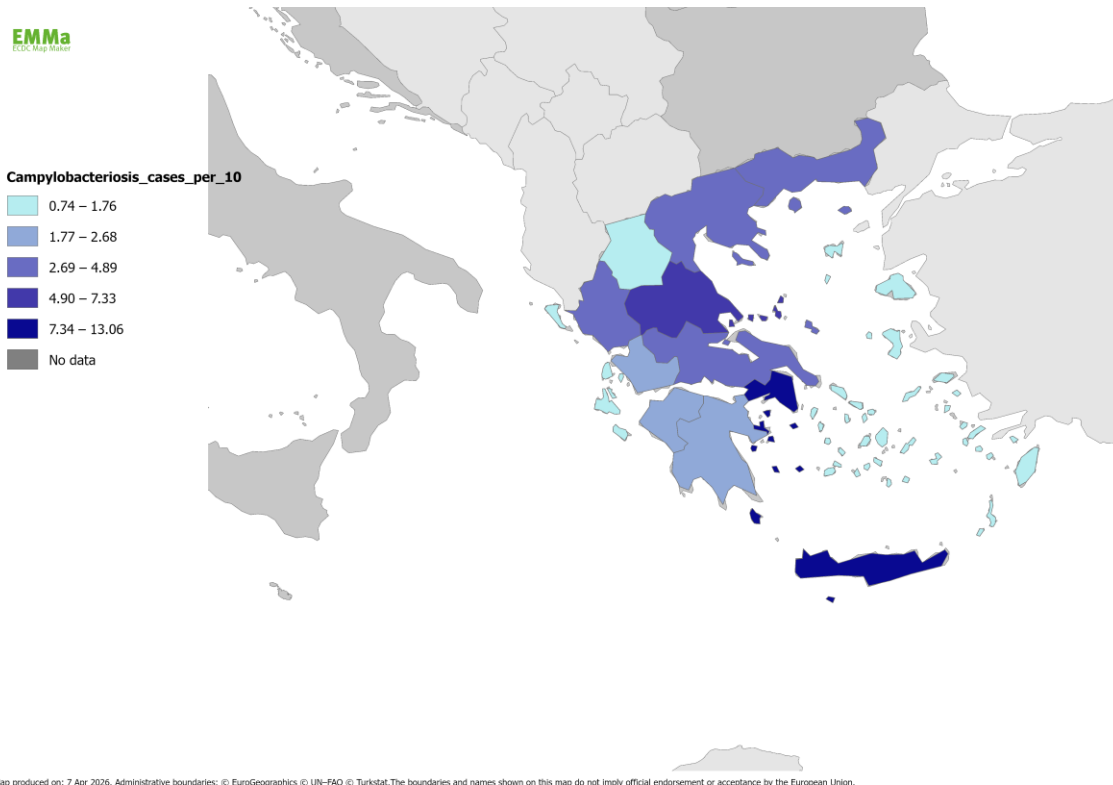


**Graph 3.** Notification rate (cases/100,000 population) of campylobacteriosis by month, Mandatory Notification System, Greece, April 2022-December 2025.

*\* Since campylobacteriosis was introduced in the Mandatory Notification System in April 2022, there was no data available for the months January-March 2022.*

### Geographical distribution

The geographical area of Crete had the highest notification rate (13.1/100,000 population), while the Northern Aegean had the lowest (0.7/100,000 population). The mean annual notification rate of campylobacteriosis by region for the period April 2022-December 2025 is depicted in **Figure 1**.



**Figure 1.** Mean annual notification rate (cases/100,000 population) of campylobacteriosis by region, Mandatory Notification System, Greece, April 2022-December 2025.

### Laboratory data

The most frequently identified species -out of the total number of identified species-, for the period of interest, was *Campylobacter jejuni* (84.6%) and *Campylobacter coli* (15.3%). *Campylobacter upsaliensis* was identified in one (0.1%) case.

It should be noted that the data presented in this report concerns the cases reported via the MNS. For some of them, the respective information from the Campylobacter Reference Laboratory (CRL) of the Central Public Health Laboratory, is available while for others it is not. The Health Care Units of the country are recommended to send the clinical isolates to the CRL for further identification and antimicrobial susceptibility testing.

### Risk/Protective factors

During April 2022-December 2025, 4.0% of the notified cases reported the presence of at least one person with similar symptoms among their contacts, whereas 119 (4.5%) reported they had travelled abroad within the incubation period.

### Conclusion

Campylobacteriosis was the most commonly notified foodborne gastrointestinal infection in humans in 2025, in Greece; the notification rate of campylobacteriosis was 8.7 and 11.0 cases per 100,000 population in 2024 and in 2025, respectively. The mean notification rate in the EU and EEA countries (excluding UK) was 55.29 cases per 100,000 population for the year 2024 [3]. When interpreting this difference, the surveillance systems' under-reporting should be considered [4].

The low percentage of notified cases with epidemiological link is in line with the fact that *Campylobacter spp.* sporadic cases are much more than the outbreaks-related cases [5]. The highest notification rate reported in the 0-4 years age group and the gender distribution of cases were also consistent with the findings from other European countries [3].

The fact that the highest notification rate of the disease during the period of interest was observed in Crete is likely related, among other factors, to the capacity of hospitals in that region to perform laboratory diagnosis of *Campylobacter* infection.

The observed increase on October can be partially explained by the enhancement of laboratory capacity of FWDs diagnosis that took place, in the context of prompt response in terms of public health protection after the floods, in September 2023, in the Region of Thessaly. In specific, PCR equipment and reagents for the syndromic testing of 22 different enteric pathogens (bacteria, viruses, parasites) directly from stool specimens were provided to 14 healthcare facilities (HCFs) in the affected region. Thus, the clinical laboratories in those HCFs managed to identify *Campylobacter spp.* which was not feasible in previous years.

Regarding the observed increase in the reported incidence of the disease, the National Public Health Organization is in close collaboration with the other competent authorities, within the framework of the One Health approach, with the aim of implementing public health measures.

## References

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