



Dates Covered: 2/13/25 – 2/19/25

This weekly report from the New York State Department of Health presents summaries of select ongoing and emerging infectious disease outbreaks of interest to public health professionals and the public, both globally and in the United States. The Global Health Update summaries include preliminary and up-to-date data that are publicly available for these events at the time of posting. Because this report aggregates and summarizes data and information from outside sources, the quality, accuracy or completeness of that data, and the appropriateness of the methodology used, cannot be guaranteed. Please refer directly to those sources for any data questions. Because the report includes preliminary information, subsequent reports may contain updates or revisions to information in prior reports.

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Dengue

Region of the Americas – Updated Data on Suspected Cases:

On February 7, 2025, the Pan American Health Organization / World Health Organization (PAHO/WHO) released an epidemiological alert regarding the risk of an increase in the circulation of dengue serotype DENV-3 in the southern hemisphere of the Americas Region during peak dengue season.

During 2024, dengue case numbers in the region reached a historic high with 13,036,652 suspected cases reported, the highest number on record for a single year since dengue data collection for the region began in 1980 by the PAHO/WHO. Of those cases, 22,736 were severe (0.2%), and 8,244 were fatal (0.1%).

According to data from the PAHO/WHO obtained on February 19, 2025, there have been a total of 599,973 suspected dengue cases reported in the Region of the Americas, primarily in Brazil (86.3%), Colombia (4.7%), Peru (2.0%), and Mexico (2.1%). Of those cases, 673 have been severe (0.1%), and 138 have been fatal (0.0%).

Distribution of Suspected Dengue Cases by Epidemiological Week, Region of the Americas, 2024 – 2025

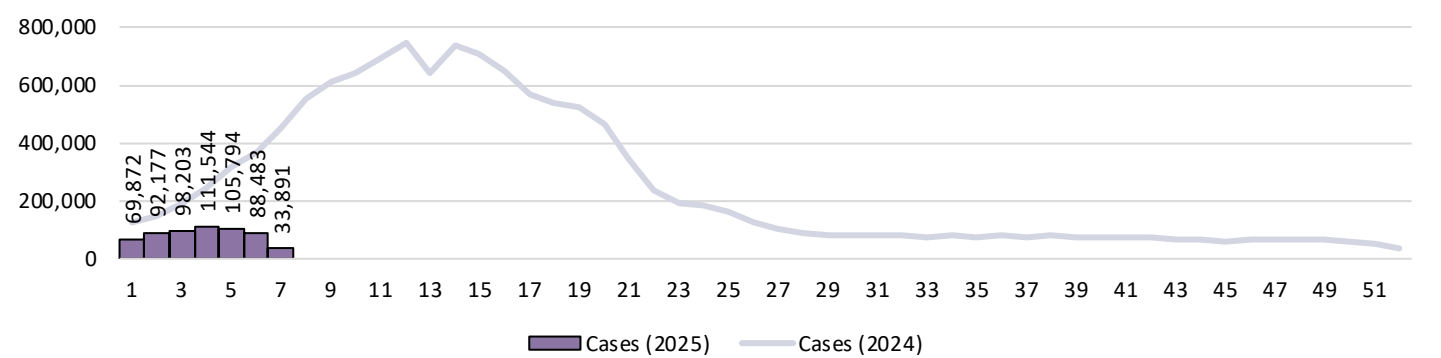


Figure Notes: Data as of February 19, 2025; 9 suspected cases not included in figure.

Sources: [PAHO/WHO \(7FEB25\)](#), [PAHO/WHO \(19FEB25\)](#)

Ebola

Uganda – No New Cases Detected; All Hospitalized Case Patients Discharged:

Since the previous update, no new cases or deaths have been reported. According to the WHO as of February 18, 2025, all patients who were hospitalized (8) have been released after testing negative for Sudan ebolavirus disease (SVD) twice via tests conducted 72 hours apart. There are still a total of 216 contacts currently being monitored in quarantine facilities. A total of 9 cases, 1 fatal (CFR: 11.1%), have been reported in association with this outbreak.

The United States CDC issued a [Health Alert Network \(HAN\) Health Advisory](#) regarding the situation and currently has a [Level 2 – Practice Enhanced Precautions](#) travel notice posted for those traveling to Uganda.

Sources: [WHO \(18FEB25\)](#)

Marburg

Tanzania – No New Cases Detected; All Contacts Completed Monitoring Period:

Since the previous update, no new cases or deaths have been reported. A total of 10 cases (2 confirmed and 8 probable) of Marburg virus disease (MVD), all fatal (CFR: 100%), have been reported in Tanzania during this outbreak. According to a WHO update posted this week, as of February 10, 2025, there are no longer any suspected cases or contacts under investigation.

Source: [WHO \(14FEB25\)](#)

Measles

Canada – New Cases Detected in Quebec and Ontario:

According to the Public Health Agency of Canada (PHAC), as of February 1, 2025, there have been 44 measles cases, and no deaths reported during 2025 in Ontario (31) and Quebec (13). **Since the previous update, 17 new cases were reported in Ontario (16) and Quebec (1).** Among all cases, most have been unvaccinated (66%), between 5 and 17 (36%) or 18 to 54 years of age (39%), and all but one (with travel history to Pakistan) were exposed in Canada (96%). Four cases have been hospitalized (9%).

Canada reported a total of 147 measles cases during 2024, of which 15% were hospitalized, and 1 death, the highest number since 2015 (196 cases). Most cases were unvaccinated (66%) and exposed in Canada (72%).

Measles Cases and Hospitalizations, Canada, 2025		
Cases (New)	Jurisdictions with Cases (New)	Hospitalized Cases (New)
44 (+17)	2	4 (+2)

Table Notes: Data as of February 1, 2025.

Distribution of Measles Cases Reported by Epidemiological Week of Rash Onset, Canada, 2024-2025

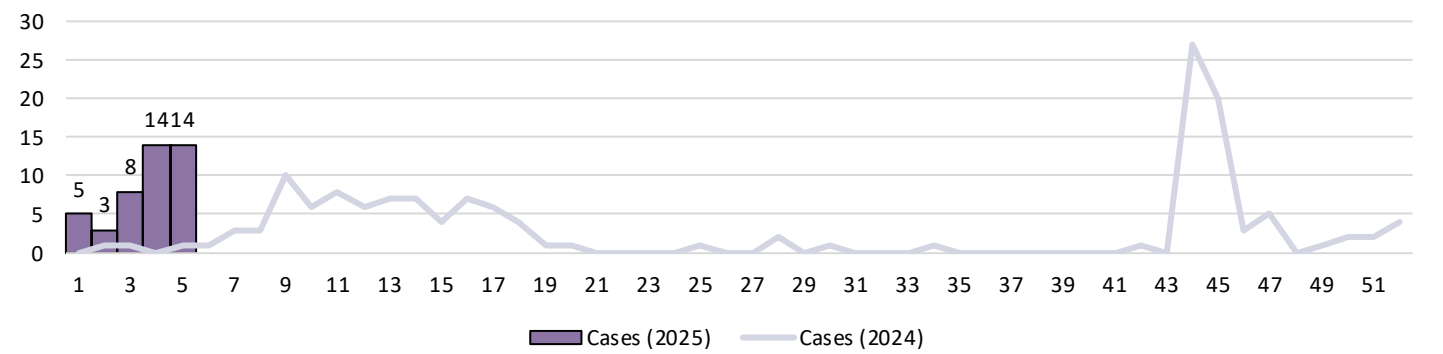


Figure Notes: Data as of February 1, 2025 – PHA of Canada Monitoring Reports are published weekly with a 1–2-week lag period.

Ontario – Outbreak Continues in New Brunswick and Manitoba

While most of the cases are not yet included in the PHAC’s count as of February 1, 2025, Public Health Ontario (PHO) has reported an outbreak of measles affecting New Brunswick and Manitoba that initially began on October 18, 2024. **According to PHO, there have been a total of 57 confirmed and 6 probable cases detected in Ontario this year as of February 12, 2025.** As of that same date, there have been a total of 67 confirmed and 32 probable cases detected in Ontario associated with the outbreak. Of those cases associated with the outbreak, 94.9% were unvaccinated and 7 have been hospitalized (7.1%).

Source: [PHAC \(14FEB25\)](#), [PHO \(13FEB25\)](#)

United States – Multiple Ongoing Outbreaks:

According to the CDC, as of February 6, 2025, there have been 14 measles cases and no deaths reported during 2025 by 5 jurisdictions in the United States: Texas (7), Georgia (3), Alaska (2), Rhode Island (1), and New York City (1). Among all cases, all have been unvaccinated or had unknown vaccination statuses and 43% have been hospitalized for isolation or management of measles complications. CDC currently updates these data on a monthly basis.

Texas – Outbreak Continues in Multiple Counties

While most of the cases are not yet included in CDC’s count as of February 6, 2025, the Texas Department of State Health Services (DSHS) has reported an outbreak of measles affecting multiple counties. **According to the Texas DSHS, there have been a total of 58 cases detected as of February 18, 2025, in Gaines (45), Lubbock (1), Lynn (1), Terry (9), and Yoakum (2) Counties.** Among those cases, all but 4 were unvaccinated or had unknown vaccination statuses (93.1%) and 13 have been hospitalized (22.4%). Most cases have been among school-aged (5-17 years) children (56.9%).

New Mexico – Outbreak Reported in Lea County

While not included in CDC’s count as of February 6, 2025, the New Mexico Department of Health (NMDOH) has reported cases of measles in Lea County. **On February 14, 2025, the NMDOH reported that they had detected 2 cases of measles among adults in Lea County, bringing the state’s total during 2025 to 3.** It is not yet confirmed whether these cases are related to the ongoing outbreak in Texas and neighboring Gaines County.

New Jersey – Case Detected in Bergen County

While not included in CDC’s count as of February 6, 2025, the New Jersey Department of Health (NJDOH) has reported a case of measles in Bergen County. **On February 14, 2025, the NJDOH reported that they had detected a case of measles among an individual who recently traveled internationally, the first measles case detected in New Jersey during 2025.**

Sources: [CDC \(7FEB25\)](#), [TDSHS \(18FEB25\)](#), [NJDOH \(14FEB25\)](#)

Mpox

Africa – Updated Data on Public Health Emergency of International Concern:

On August 14, 2024, the WHO declared the mpox outbreak in Africa to be a public health emergency of international concern.

As of February 16, 2025, a total of 22,618 confirmed mpox cases involving clades I and II, and 76 deaths among those cases (CFR: 0.3%), have been reported by 22 countries in Africa since the beginning of 2024. While confirmed cases have been predominantly concentrated in the Democratic Republic of the Congo (DRC) (68.1% of cases), activity has been increasing in Burundi since late July (15.3% of cases) and in Uganda since mid-September of 2024 (13.0% of cases). Additionally, a very large number of suspected cases and deaths have been reported, primarily from the DRC.

Geography	% of Cases	% of Deaths	Confirmed Cases			Confirmed Deaths			
			Total	Prior Update ¹	New	Total	Prior Update ¹	New	CFR %
Africa	100.0%	100.0%	22,618	21,085	1,533	76	70	6	0.3%
DRC	68.1%	56.6%	15,411	14,530	881	43	43	0	0.3%
Burundi	15.3%	1.3%	3,463	3,359	104	1	1	0	0.0%
Uganda	13.0%	27.6%	2,949	2,479	470	21	16	5	0.7%
Rest of Africa	3.5%	14.5%	795	717	78	11	10	1	1.4%

Table Notes: Data for confirmed clade I and II mpox cases only as of February 16, 2025; ¹Prior update data as of February 2, 2025.

Source: [WHO \(19FEB25\)](#)

Global – No New Clade I Mpox Cases Detected Outside of Africa:

Cases of clade I mpox have been reported outside of Africa in several countries across the world. **Since the previous update, no new imported cases were reported.** All imported cases have traveled to areas of Africa with ongoing transmission of clade I mpox or the United Arab Emirates (UAE).

Reported Clade I Mpox Cases, Rest of the World (Outside Africa), 2024-2025				
Country	Imported (New)	Travel History (N) ¹	Secondary (New)	Total Cases (New)
Belgium	1	Central Africa (1)	1	2
Canada	1	East Africa (1)	0	1
China	2	DRC (1), UAE (1)	5	7
France	1 ²	-	0	1 ²
Germany	4	Rwanda (1), East Africa (3)	3	7
India	1	UAE (1)	0	1
Ireland	1	DRC (1)	0	1
Oman	1	UAE (1)	0	1
Pakistan	1	UAE (1)	0	1
Sweden	1	East Africa (1)	0	1

Thailand	4	DRC (1), UAE (3)	0	4
United Arab Emirates	1	Uganda (1)	0	1
United Kingdom	6	East Africa (1), Uganda (5)	3	9
United States	4	East Africa (3), Africa (1)	0	4
California	1	East Africa (1)	0	1
Georgia	1	East Africa (1)	0	1
New Hampshire	1	East Africa (1)	0	1
New York	1	Africa (1)	0	1

Table Notes: Data as of February 16, 2025; ¹Travel history pertains to confirmed imported cases; ²One case has been reported in France and linked to contact with travelers returning from Central Africa, no cases were reported among those travelers.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions](#) travel notice posted for those traveling to Central and Eastern Africa.

Sources: [WHO \(19FEB25\)](#), [CDC \(11FEB25\)](#), [HSE \(7FEB25\)](#), [NHDHHS \(7FEB25\)](#)

Non-Seasonal Influenza

United States – New Livestock, Poultry, and Human Detections Reported (H5N1):

As of February 19, 2025, there have been 972 confirmed cases of highly pathogenic avian influenza (HPAI) in livestock herds across 17 states (since March 2024). **Since the previous update, 2 new HPAI detections were reported among livestock (cattle only) herds in Arizona (1) and Michigan (1).** In the last 30 days, detections have been reported in California (28), Nevada (6), Arizona (1), and Michigan (1), all among cattle only. All detections among livestock herds have been influenza A, H5, clade 2.3.4.4b. Several genotypes have been detected, including D1.2 among swine, B3.13 among cattle and alpacas, and most recently D1.1 among cattle in Nevada and Arizona for the first time, confirming two additional spillover events from wild birds into cattle.

Livestock HPAI Detections by Species, United States – Past 30 Days			
States with Detections	Cattle	Swine	Alpaca
4	36	0	0

Table Notes: Data as of February 19, 2025.

As of February 19, 2025, there have been 1,582 HPAI confirmed detections among poultry flocks across all 50 states and Puerto Rico (since February 2022). **Since the previous update, 25 new confirmed HPAI detections were reported among poultry flocks in Ohio (6), Indiana (5), Pennsylvania (3), California (2), Colorado (2), Iowa (2), Delaware (1), Michigan (1), Minnesota (1), New York (1), and Wyoming (1).** Thirty states have reported detections among poultry flocks (151 total) in the last 30 days.

Poultry HPAI Detections by Flock Type, United States – Past 30 Days		
States with Detections	Commercial Flocks	Backyard Flocks
30	102	49

Table Notes: Data as of February 19, 2025.

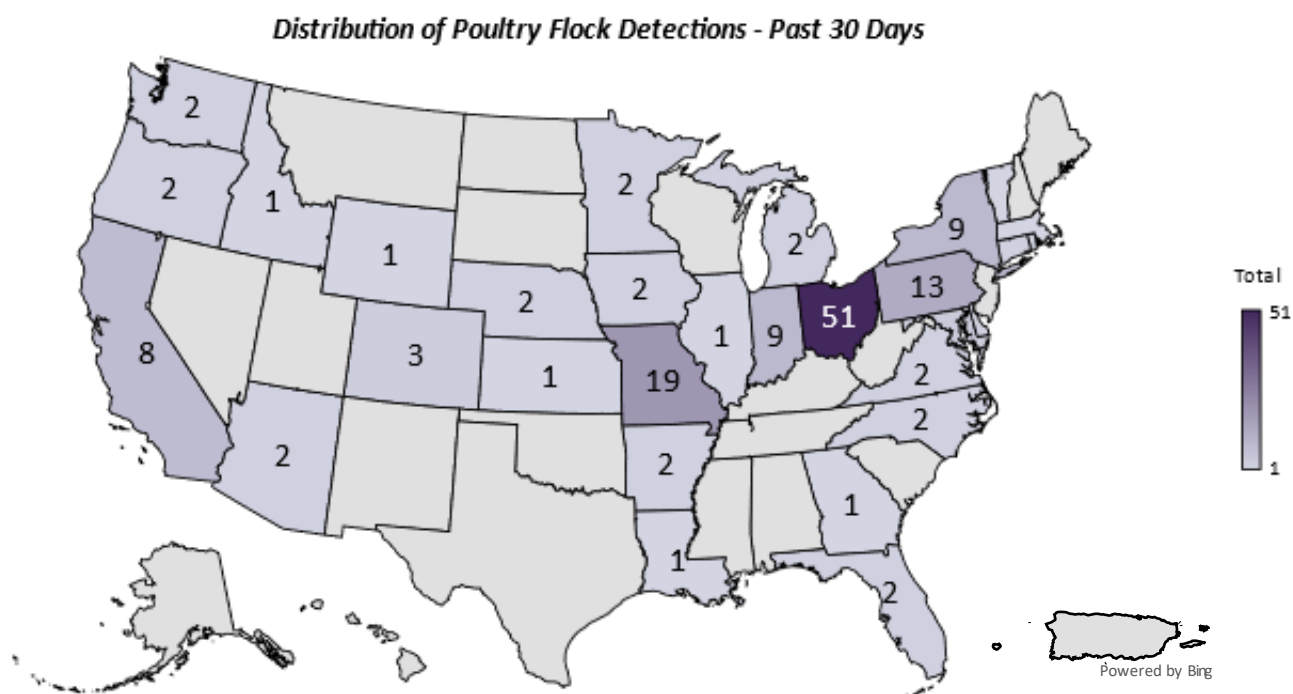


Figure Notes: Data as of February 19, 2025.

Since the previous update, 1 new human case was reported in Wyoming and confirmed by CDC. To date in the United States, there have been 69 confirmed human cases with various exposures across 12 states since 2024 (see table below) and 1 confirmed human case following exposure to infected poultry in Colorado during 2022, totaling 70 confirmed cases overall, and [one death](#). An additional 8 cases meeting the [CSTE probable case definition](#) have been reported by states ([California](#) – 1, [Washington](#) – 3, [Arizona](#) – 2, [Delaware](#) – 1, and [Ohio](#) – 1), although confirmatory testing conducted by CDC for these individuals returned negative.

Confirmed Human H5N1 Cases by State and Source of Exposure, United States, 2024-2025					
State	Cattle Exposure ¹	Poultry Exposure ¹	Other Animal Exposure ²	Unknown Exposure	State Total
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Nevada	1	0	0	0	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Wyoming	0	0	1	0	1
Total	41	23	2	3	69

Table Notes: Data as of February 19, 2025; Only cases confirmed by CDC are included – 8 additional probable cases have been reported by states; ¹Exposure associated with commercial agriculture and related operations; ²Exposure related to other animals such as backyard flocks, wild birds, or other mammals.

Distribution of Confirmed Human H5N1 Cases by Epidemiological Week, United States, March 2024 – February 2025

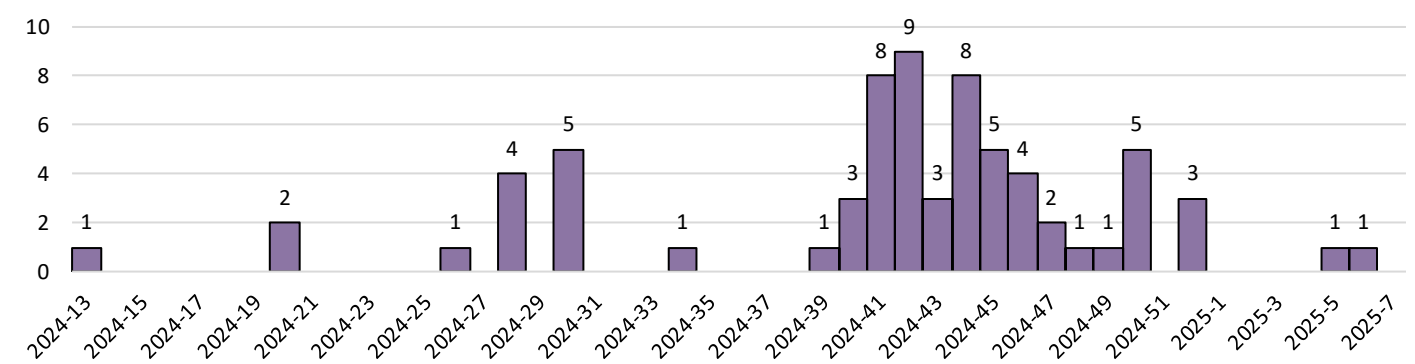


Figure Notes: Data as of February 19, 2025.

While the **current risk to public health is classified as low**, the CDC is carefully monitoring the situation and leveraging its flu surveillance systems for H5N1 activity in humans, which as of February 14, 2025, has not indicated any sign of unusual activity. **There has been no documented evidence of human-to-human transmission.**

CDC and USDA update the metrics included in this summary regularly and provide additional information and resources at the links below. H5N1 has been detected in other [mammals](#) and [wild birds](#) in the United States since 2022.

Wyoming – Confirmed Human Case Detected Among Individual Likely Exposed to Infected Poultry

On February 14, 2025, the Wyoming Department of Health (WDOH) reported that a human case of H5N1 was detected among an older adult female in Platte County likely exposed to infected poultry at her home. The case was hospitalized (3rd hospitalized confirmed human H5N1 case in the United States) and confirmed by the CDC.

Sources: [CDC \(19FEB25\)](#), [CDC \(14FEB25\)](#), [USDA \(19FEB25\)](#), [USDA \(19FEB25\)](#), [PAHO/WHO \(19FEB25\)](#), [WDOH \(14FEB25\)](#)

China – New Human Cases Detected (H9N2):

On February 18, 2025, the Hong Kong Centre for Health Protection published their weekly Avian Influenza Report. **According to the report, 2 cases of human infection with avian influenza A(H9N2) were detected among adults from Guangdong Province in Mainland China**, one among a 72-year-old female with illness onset dated December 26, 2024, and another among a 56-year-old female will illness onset dated January 20, 2025. No other information regarding the cases was provided.

Including these cases and as of February 10, 2025, a total of 17 human H9N2 infections have been reported from Mainland China in the past 6 months, primarily among children. No deaths have been reported among these cases. H9N2 (a low pathogenicity avian influenza [LPAI]) is known to circulate in poultry across Asia with sporadic human infections reported that typically result in mild infection.

Sources: [HKCHP \(18FEB25\)](#)

Norovirus

United States – Increase in Reported Outbreaks Compared to Prior Years:

According to CDC data from states participating in the NoroSTAT network (14), **the number of suspected and confirmed norovirus outbreaks reported weekly during the 2024-2025 season have been consistently much higher** than the maximum number reported during seasons spanning from 2021-2024 and 2012-2020 since early December.

Distribution of Norovirus Outbreaks Reported by Week of Illness Onset, United States, 2012-2025

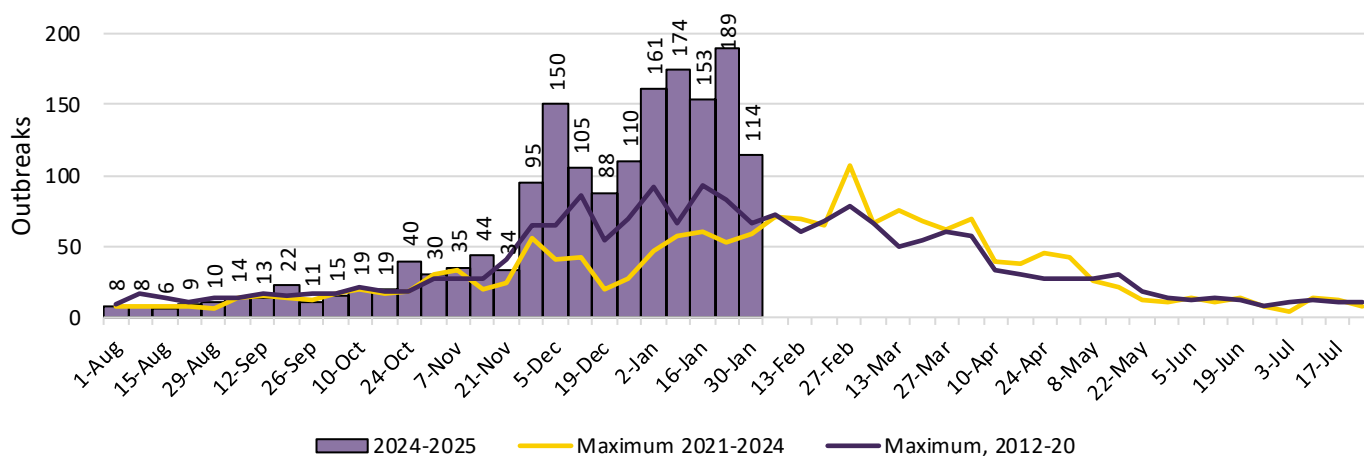


Figure Notes: Data as of January 30, 2025; Weekly totals include suspected and confirmed norovirus outbreaks; Figure data labels pertain to the 2024-2025 season. NoroSTAT network members include Alabama, Colorado, Massachusetts, Michigan, Minnesota, Nebraska, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Tennessee, Virginia, and Wisconsin.

Source: [CDC \(20SEP24\)](#)

Pertussis

United States – Case Numbers in 2025 Outpacing Numbers from 2024:

According to provisional CDC data, there were 6.3 times more pertussis cases reported in 2024 (35,493) compared to 2023 (5,611). This represents a return to pre-pandemic case numbers and the highest annual number of reported cases since 2012 (48,277).

Distribution of Reported Pertussis Cases by Year, United States, 2010-2025

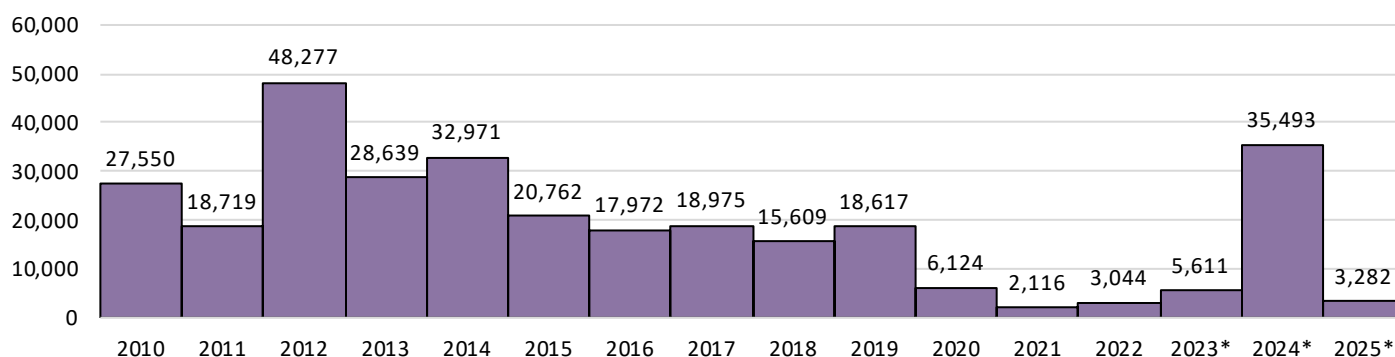


Figure Notes: Data as of February 8, 2025; *Case counts for years 2023-2025 are provisional and subject to change.

According to provisional CDC data, as of February 8, 2025, there have been a total of 3,282 pertussis cases reported in the United States this year. During this most recent week, a total of 290 cases were reported. Compared to provisional data from 2024, case numbers for 2025 are 2.6 times higher as of the same date overall and vary by reporting area.

Reported Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2024-2025				
Reporting Area	Current Week	Cumulative (2025)	Cumulative (2024)	Ratio
United States	290	3,282	1,266	2.6
New England	1	47	11	4.3
Middle Atlantic	20	226	388	0.6
East North Central	58	748	277	2.7
West North Central	22	246	89	2.8
South Atlantic	42	313	122	2.6
East South Central	26	275	20	13.8
West South Central	39	153	35	4.4
Mountain	37	429	190	2.3
Pacific	45	845	130	6.5

Table Notes: Data as of February 8, 2025; Case counts for years 2024 and 2025 are provisional and subject to change; New York State is included in the Middle Atlantic reporting area.

Source: [CDC \(13JAN25\)](#), [CDC \(8FEB25\)](#), [CDC \(MAR24\)](#), [CDC \(23JUL24\)](#)

Polio

Global – New Confirmed WPV1 Cases Detected in Afghanistan and Pakistan:

According to data as of February 17, 2025, from the Global Polio Eradication Initiative (GPEI), **there were 2 confirmed cases of wild poliovirus type 1 (WPV1) detected in Afghanistan (1) and Pakistan (1) since the previous update (February 3, 2025).** A total of 3 WPV1 cases with onset of paralysis during 2025 have been detected globally this year. No cases of circulating vaccine derived poliovirus (cVDPV) types I, II, or III with onset of paralysis during 2025 have been detected this year.

Poliovirus Cases by Type, Global, 2025				
Country	Confirmed Cases			
	WPV1 (New)	cVDPV1 (New)	cVDPV2 (New)	cVDPV3 (New)
Afghanistan	1 (+1)	0	0	0
Pakistan	2 (+1)	0	0	0

Table Notes: Data as of February 17, 2025.

Sources: [WPV – GPEI \(17FEB25\)](#), [cVDPV – GPEI \(17FEB25\)](#)

Seasonal Influenza

United States – CDC Classifies Current Flu Season as High Severity:

In their most recent Weekly Influenza Surveillance Report, the CDC classified the current 2024-2025 flu season as a high severity season for the first time since the 2017-2018 season. **As of February 8, 2025, the CDC estimates there to have been at least 29 million flu infections, 370,000 hospitalizations, and 16,000 deaths from flu so far this year.** A total of 68 pediatric deaths have been reported this year, an increase of 11 compared to the prior week.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections*	Estimated Hospitalizations*	Estimated Deaths*	Pediatric Deaths
29 Million	370,000	16,000	68

Table Notes: Data as of February 8, 2025; *Totals estimated by CDC.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states, the weekly hospitalization rate observed during the week ending February 8, 2025, was 9.6 per 100,000 population. Rates observed during previous weeks (12.8 and 10.6 per 100,000) were the highest peaks observed since the 2017-2018 season (10.2 per 100,000).

Laboratory Confirmed Influenza Hospitalizations by Epidemiological Week, Rate per 100,000 Population, United States, 2017-2025

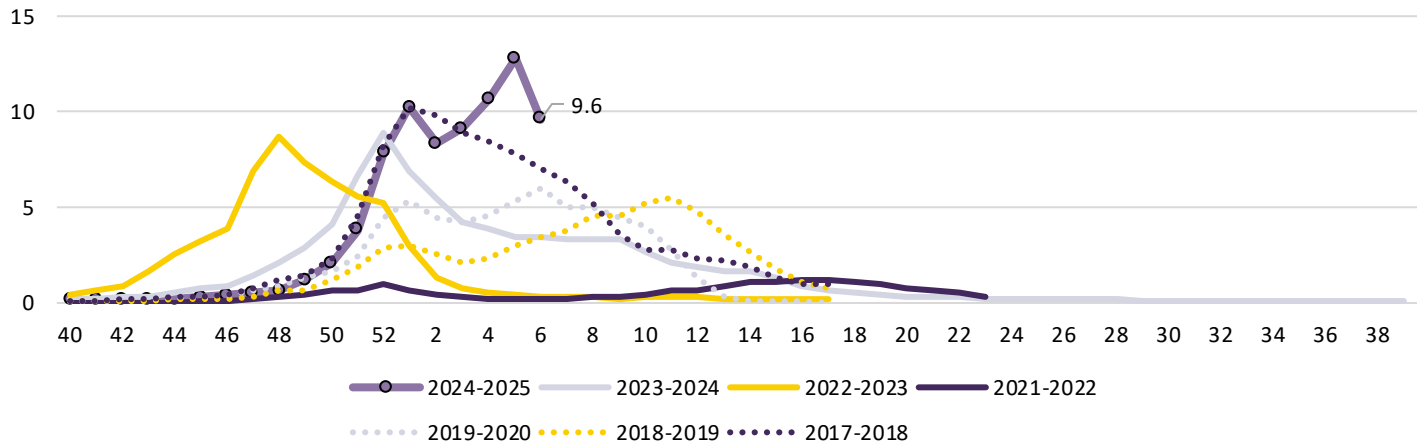


Figure Notes: Data as of February 8, 2025; FluSurv-NET member states include California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, North Carolina, Ohio, Oregon, Tennessee, and Utah; Data for 2020-2021 season unavailable.

According to data from the National Center for Health Statistics (NCHS) Mortality Surveillance System, the percentage of deaths due to flu during the week ending February 8, 2025, was 2.6%, much higher than what has been seen in recent years and the highest peak observed since the 2017-2018 season (2.5%). This follows an increasing trend and is higher than the percentage of deaths due to COVID-19 during the same week (1.4%). During the week ending January 25, 2025, the percentage of deaths due to influenza surpassed the percentage of deaths due to COVID-19 in a week for the first time ever.

Percentage of Deaths due to Influenza by Epidemiological Week, United States, 2017-2025

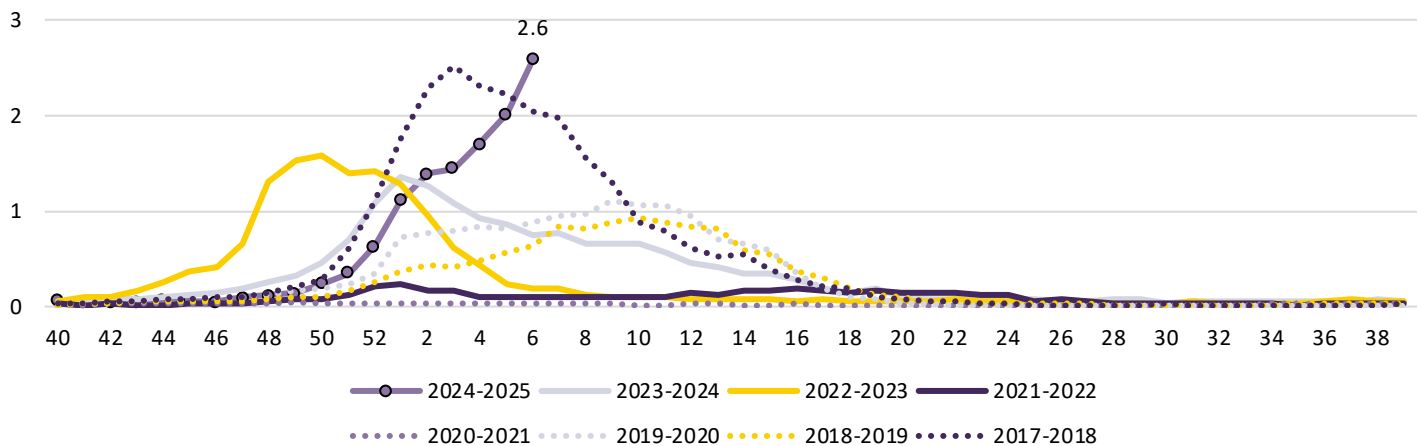


Figure Notes: Data as of February 8, 2025; Data are preliminary and are subject to change; Data for seasons before 2020-2021 unavailable.

The New York State Department of Health publishes a weekly [Influenza Activity Report](#) on trends occurring in the state.

Sources: [CDC \(14FEB25\)](#), [FluSurv-NET \(23OCT23\)](#), [COVID Data Tracker \(18FEB25\)](#)