



Dates Covered: 2/20/25 – 2/26/25

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.

Contents

Dengue.....	1
Chikungunya.....	2
Ebola.....	2
Listeria.....	3
Measles.....	4
Mpox.....	6
Non-Seasonal Influenza.....	7
Pertussis.....	9
Polio.....	10
Seasonal Influenza.....	11
Unknown Disease.....	12

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 26, 2025, there have been a total of 752,315 suspected dengue cases reported in the Region of the Americas, primarily in Brazil (86.7%), Colombia (4.2%), Mexico (1.9%), and Peru (1.8%). Of those cases, 885 have been severe (0.1%), and 178 have been fatal (0.0%).

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

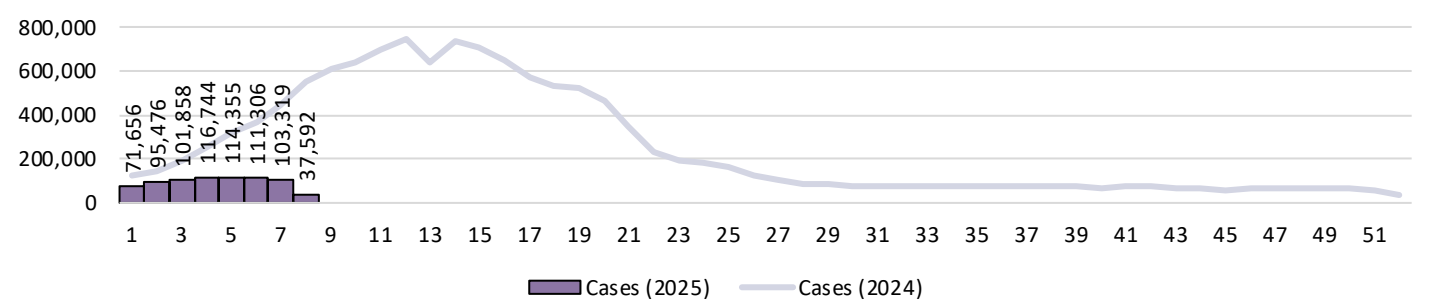


Figure Notes: Data as of February 26, 2025; 9 suspected cases not included in figure.

The United States CDC currently has a [Level 1 - Practice Usual Precautions](#) travel notice for those traveling to certain counties in the Region of the Americas and globally.

Sources: [PAHO/WHO \(7FEB25\)](#), [PAHO/WHO \(26FEB25\)](#)

Chikungunya

France (Réunion) – Locally Acquired Case Numbers Surge in Recent Weeks:

In August of 2024, France reported the first locally acquired chikungunya case detected in Réunion (an island in the Indian Ocean and overseas region of France) in 10 years. Since then, new cases continue to be identified and have surged in recent weeks, spreading to new areas of the island and prompting the United States CDC to issue a [Level 2 - Practice Enhanced Precautions](#) travel notice for those traveling to Réunion. **As of February 16, 2025, there have been a total of 1,773 locally acquired chikungunya cases reported since August 2024, of which 1,631 have been reported during 2025.** During the most recent week, 695 new cases were reported. A total of 13 cases have been hospitalized for a duration longer than 24 hours.

Sources: [ARS \(25FEB25\)](#) [ECDC\(26FEB25\)](#)

Ebola

Uganda – No New Cases Detected; 58 Contacts Still Under Follow Up:

Since the previous update, no new cases or deaths have been reported. A total of 9 confirmed cases of Sudan ebolavirus disease (SVD), including 1 fatal case (CFR: 11.1%), have been reported in association with this outbreak. As of February 20, 2025, there are still 58 contacts under follow up at designated quarantine facilities.

Distribution of Confirmed SVD Cases by Date of Symptom Onset, Uganda, January 18 – February 20, 2025

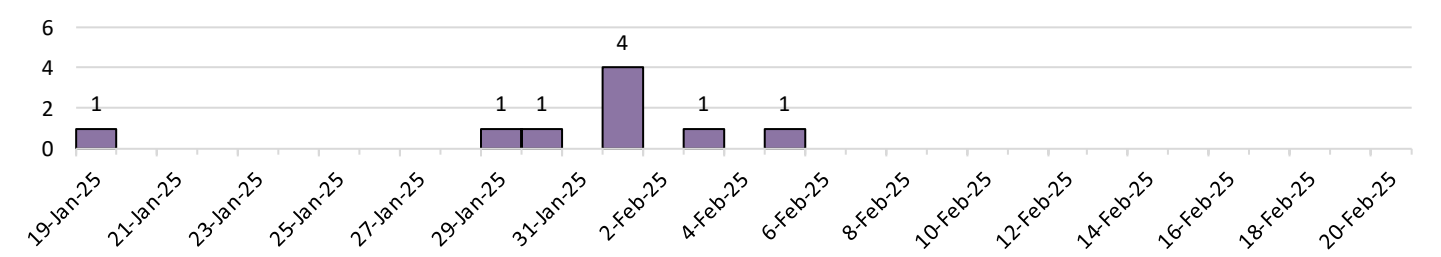


Figure Notes: Data as of February 20, 2025.

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.

Source: [WHO \(21FEB25\)](#)

United States – Ongoing Multi-State Outbreak Linked to Supplement Shakes:

On February 24, 2025, the CDC and FDA reported that they were investigating a multi-state outbreak of *Listeria monocytogenes*. In total, 38 cases have been detected, of which 37 were hospitalized, and 12 have died. Associated infections have been identified over the course of 6 years and across 21 states. Many cases were either living in long-term care facilities (89%) or were hospitalized before becoming ill. Ages of cases range from 43 to 101 years, with a median of 78 years. This outbreak has been investigated several times, but a source had not previously been identified, and the investigation was reopened by CDC following 6 reported cases in October 2024.

Results of a trace-back investigation determined a link to frozen supplemental shakes manufactured by Prairie Farms Dairy, Inc., and distributed by Lyons Magnus LLC. A [recall](#) was issued on February 22, 2025. This investigation is still ongoing and additional cases associated with this outbreak may be identified.

Distribution of Listeria Infections Associated with Outbreak Linked to Supplement Shakes by Year of Illness Onset, United States, 2018-2025



Figure Notes: Data as of February 24, 2025.

Distribution of Listeria Infections Linked to Supplement Shakes by State, 2018-2025

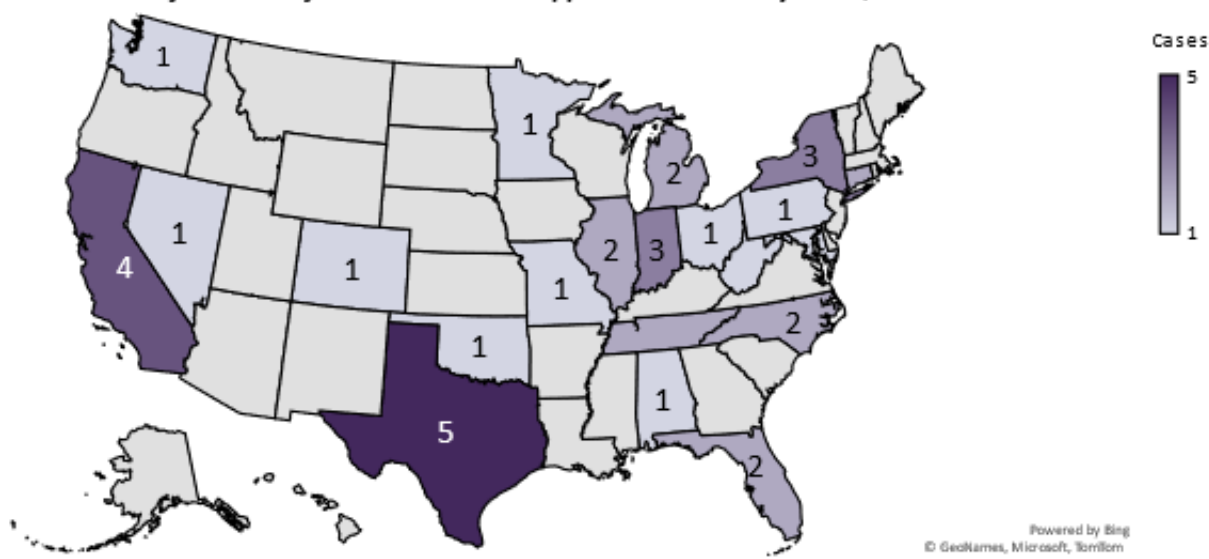


Figure Notes: Data as of February 24, 2025.

Sources: [FDA\(24FEB25\)](#), [CDC\(24FEB25\)](#), [CDC \(24FEB25\)](#), [CDC \(24FEB25\)](#), [CDC \(24FEB25\)](#)

Measles

Canada – Cases Spike as Result of Large Outbreak in Ontario:

According to the Public Health Agency of Canada (PHAC), as of February 8, 2025, there have been 77 measles cases, and no deaths reported during 2025 in Ontario (55), Quebec (17), and Manitoba (5). **Since the previous update, 34 new cases were reported in Ontario (25), Quebec (4), and Manitoba (5).** Among all cases, most have been unvaccinated (78%), between 5 and 17 (45%) or 18 to 54 years of age (26%), and all but one (with travel history to Pakistan) were exposed in Canada (99%). Seven 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)
77 (+34)	3 (+1)	7 (+3)

Table Notes: Data as of February 8, 2025.

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

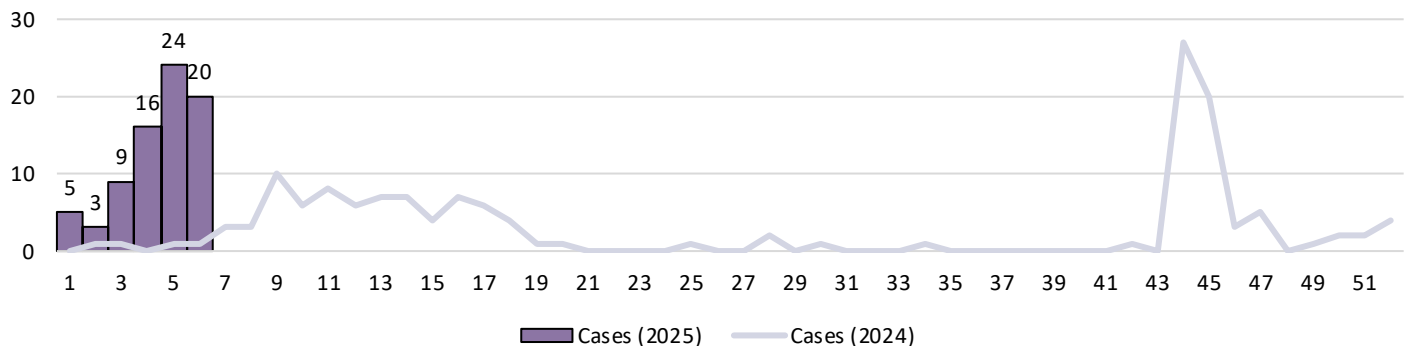


Figure Notes: Data as of February 8, 2025 – PHA of Canada Monitoring Reports are published weekly with a 1–2-week lag period.

Ontario – Case Totals for 2025 Exceed 100 as Outbreak Continues

While most of the cases are not yet included in the PHAC's count as of February 8, 2025, Public Health Ontario (PHO) has reported an outbreak of measles that initially began on October 18, 2024. **According to PHO, there have been a total of 119 confirmed and 23 probable cases detected in Ontario this year as of February 26, 2025 – only 2 of these cases are not associated with the ongoing outbreak.** As of that same date, there have been a total of 127 confirmed and 50 probable cases detected in Ontario and associated with the outbreak that began in 2024. Of those cases associated with the outbreak, 89.8% were unvaccinated and 18 have been hospitalized (10.2%).

Source: [PHAC \(24FEB25\)](#), [PHO \(27FEB25\)](#)

United States – Cases Spike as Result of Multiple Ongoing Outbreaks:

According to the CDC, as of February 20, 2025, there have been 93 measles cases and no deaths reported during 2025 by 8 jurisdictions in the United States: Texas (73), New Mexico (8), Georgia (3), New Jersey (3), Alaska (2), New York City (2), Rhode Island (1), and California (1). Outbreaks (defined as 3 or more related cases) have been reported in Texas, New Mexico, and New Jersey. **Since the previous update, new cases were reported in Texas (66), New Mexico (8), New Jersey (3), New York City (1), and California (1).** Among all cases, 95% have been unvaccinated or had unknown vaccination statuses and 25% have been hospitalized for isolation or management of measles complications. Cases have primarily been among those aged 5-19 years (52%), followed by those under 5 years (30%).

The CDC currently has a [Level 1 – Practice Usual Precautions](#) travel notice posted for those traveling internationally. In addition, the New York State Department of Health issued a [press release](#) and joint [Health Advisory](#) with the New York City Department of Health and Mental Hygiene regarding the increase in measles cases observed in parts of the United States and Canada this year.

The United States reported a total of 285 measles cases across 33 jurisdictions during 2024, the highest number since 2019 (1,274 cases). Most cases were unvaccinated or had unknown vaccination status (89%) and 40% were hospitalized for isolation or management of measles complications.

Measles Cases and Hospitalizations, United States, 2025		
Cases (New)	Jurisdictions with Cases (New)	Hospitalized Cases (New)
93 (+79)	8 (+3)	23 (+17)

Table Notes: Data only include cases reported by CDC as of February 20, 2025.

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

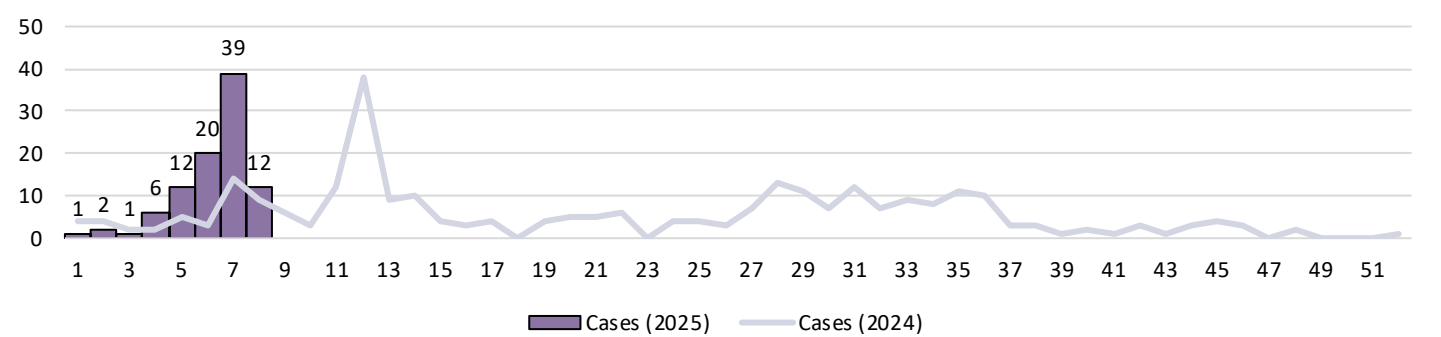


Figure Notes: Data only include cases reported by CDC as of February 20, 2025; Data are preliminary and subject to change.

Texas – Outbreak Continues to Spread to Additional Counties; First Death Reported

While most of the cases are not yet included in CDC’s count as of February 20, 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 124 cases detected as of February 25, 2025, in Dallam (4), Dawson (7), Ector (2), Gaines (80), Lubbock (1), Lyn (1), Martin (3), Terry (21), and Yoakum (5) Counties.** Among those cases, all but 5 were unvaccinated or had unknown vaccination statuses (96.0%) and 18 have been hospitalized (14.5%). Most cases have been among children aged 5-17 years (49.6%) and 0-4 years (31.2%).

On February 26, 2025, the DSHS reported the first death from measles in the United States since 2015 among an unvaccinated school-aged child that was hospitalized last week in Lubbock County.

New Mexico – Additional Cases Reported in Lea County Outbreak

The New Mexico Department of Health (NMDOH) has reported an outbreak of measles in Lea County with 9 cases (1 case not included in CDC’s county as of February 20, 2025) **as of February 25, 2025.** Cases have been among school-aged children (4) and adults (5). Lea County borders Gaines County in Texas which is currently experiencing a large measles outbreak.

New Jersey – Outbreak Reported in Bergen County

The New Jersey Department of Health (NJDOH) has reported an outbreak of measles in Bergen County with 3 cases as of February 21, 2025. The outbreak involves an index case, initially reported on February 14, 2024, that recently traveled internationally and 2 secondary cases that had close contact with the index case. All cases were unvaccinated and are currently quarantined.

Sources: [CDC \(21FEB25\)](#), [NMDOH \(25FEB25\)](#), [NJDOH \(21FEB25\)](#), [TDSHS \(25FEB25\)](#)

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 23, 2025, a total of 23,173 confirmed mpox cases involving clades I and II, and 83 deaths among those cases (CFR: 0.4%), 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) (66.5% of cases), activity has increased in Burundi since late July (15.3% of cases) and in Uganda since mid-September of 2024 (14.6% 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 Week	New	Total	Prior Week	New	CFR %
Africa	100.0%	100.0%	23,173	22,618	555	83	76	7	0.4%
DRC	66.5%	56.6%	15,411	15,411	0	47	43	4	0.3%
Burundi	15.3%	1.2%	3,543	3,463	80	1	1	0	0.0%
Uganda	14.6%	27.7%	3,391	2,949	442	23	21	2	0.7%
Rest of Africa	3.6%	14.5%	828	795	33	12	11	1	1.4%

Table Notes: Data for confirmed clade I and II mpox cases only as of February 23, 2025; ¹Prior week data as of February 16, 2025.

Distribution of Confirmed Mpox Cases by Notification Week and Country, Africa, January 1, 2024 – February 23, 2025

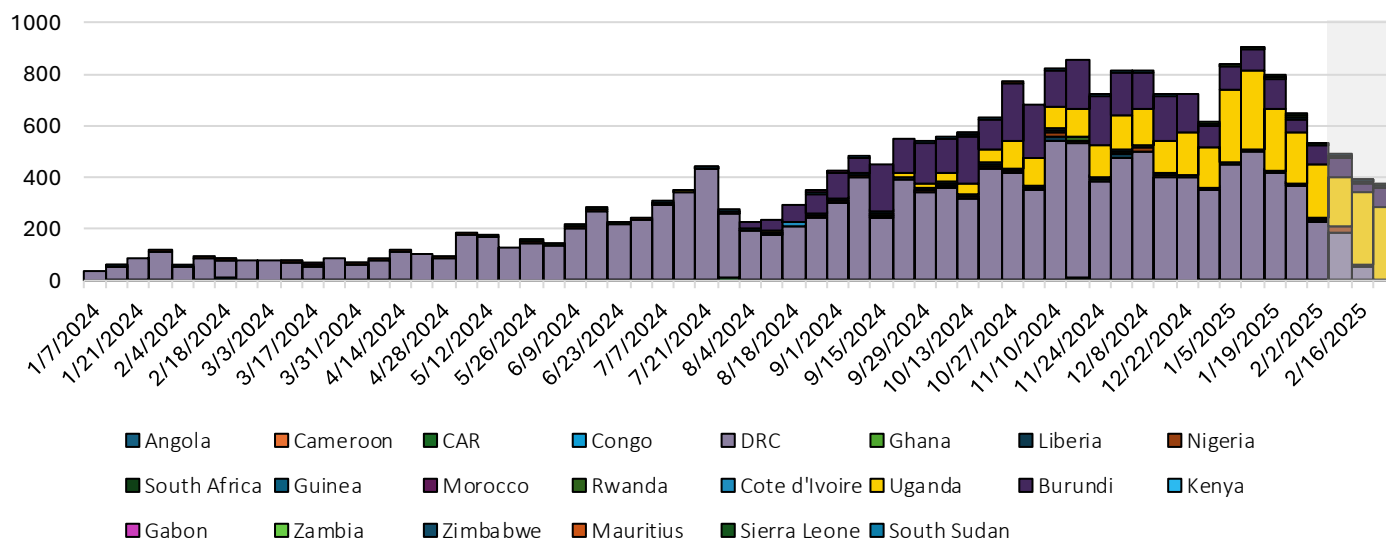


Figure Notes: Data for confirmed clade I and II mpox cases only as of February 23, 2025; Data presented in figure for most recent weeks (shaded in gray) should be interpreted with caution, as there are delays associated with reporting - 1,065 confirmed cases from the DRC without an assigned date are not included in figure.

Source: [WHO \(27FEB25\)](https://www.who.int/news-room/feature-stories/mpox-outbreak-africa)

Rest of the World – New Imported Clade I Mpox Cases Detected Globally:

Cases of clade I mpox have been reported outside of Africa in several countries across the world. Since the previous update, new imported cases were reported in Germany (1) and Qatar (1), and an additional secondary case was reported in Belgium (1). All imported cases have traveled to areas with community 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)	2 (+1)	3 (+1)
Canada	1	East Africa (1)	0	1
China	2	DRC (1), UAE (1)	5	7
France	1 ²	-	0	1 ²
Germany	5 (+1) ³	Rwanda (1), East Africa (3)	3	8 (+1) ³
India	1	UAE (1)	0	1
Ireland	1	DRC (1)	0	1
Oman	1	UAE (1)	0	1
Pakistan	1	UAE (1)	0	1
Qatar	1 (+1)	Uganda (1)	0	1 (+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 27, 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; ³Information on travel history for most recently reported imported case in Germany not available.

Sources: [WHO \(27FEB25\)](#), [CDC \(12FEB25\)](#)

Non-Seasonal Influenza

Cambodia – Fatal Infection Reported Among 2-Year-Old (H5N1):

On February 25, 2025, the Ministry of Health of the Kingdom of Cambodia reported a fatal human H5N1 infection among a 2-year-old male from Prey Veng Province. The child presented to the hospital with fever, cough, and fatigue, and despite receiving care, died the same day. The case was exposed to sick poultry at home. This is the second human case of H5N1 infection reported in Cambodia this year, both of which have been fatal. A total of 18 cases of human H5N1 infection have been reported across 7 provinces in Cambodia since 2023, of which 8 have been fatal (CFR: 44.4%).

Sources: [CMOH \(25FEB25\)](#), [CIDRAP \(25FEB25\)](#)

United States – CDC Confirms Probable Human Case in Ohio (H5N1):

As of February 26, 2025, there have been 978 confirmed cases of highly pathogenic avian influenza (HPAI) in livestock herds across 18 states (since March 2024). **Since the previous update, 6 new HPAI detections were reported among livestock (cattle only) herds.** In the last 30 days, 24 detections have been reported in California (14), Nevada (9), and Arizona (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, 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
3	24	0	0

Table Notes: Data as of February 26, 2025.

As of February 26, 2025, there have been 1,604 HPAI confirmed detections among poultry flocks across all 50 states and Puerto Rico (since February 2022). **Since the previous update, 22 new confirmed HPAI detections were reported among poultry flocks.** Twenty-eight states have reported detections among poultry flocks (129 total) in the last 30 days.

Poultry HPAI Detections by Flock Type, United States – Past 30 Days		
States with Detections	Commercial Flocks	Backyard Flocks
28	80	49

Table Notes: Data as of February 26, 2025.

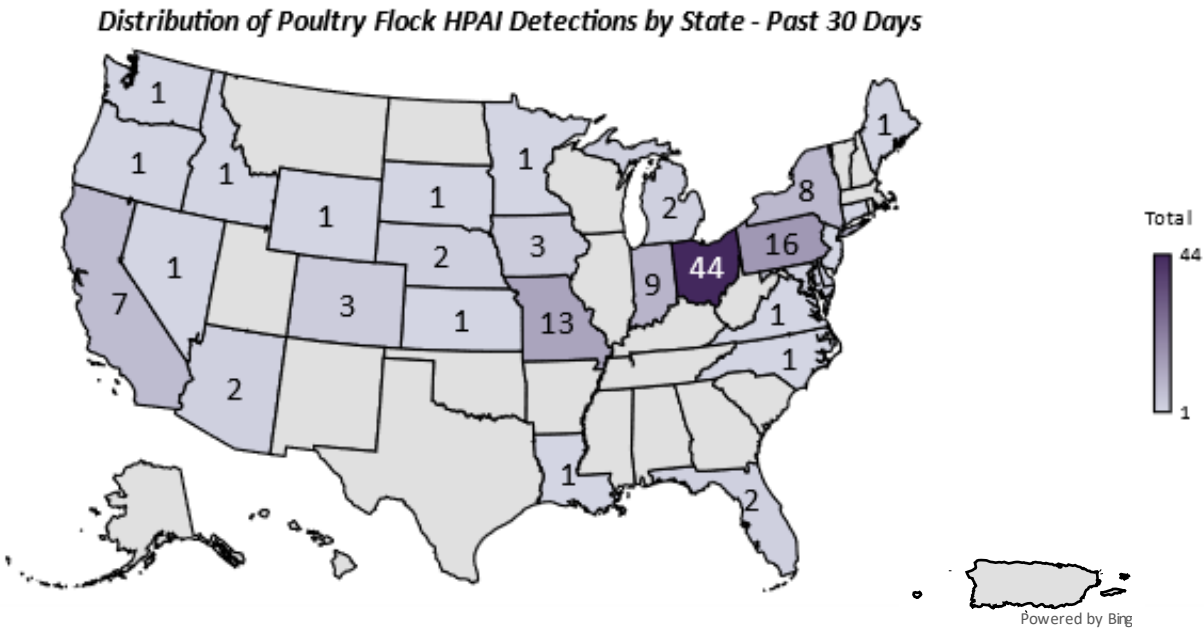


Figure Notes: Data as of February 26, 2025.

Since the previous update, 1 human case [previously reported as a probable case](#) in Ohio was confirmed by CDC. As of February 26, 2025, there have been 70 confirmed human cases with various exposures across 13 states since 2024 (see table below) and 1 confirmed human case following exposure to infected poultry in Colorado during 2022, totaling 71 confirmed cases overall, and [one death](#). An additional 7 cases meeting the [CSTE probable case definition](#) have been reported by states ([California](#) – 1, [Washington](#) – 3, [Arizona](#) – 2, and [Delaware](#) – 1), although testing conducted by CDC for these individuals was unable to confirm infection.

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
Ohio	0	1	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	24	2	3	70

Table Notes: Data as of February 26, 2025; Only cases confirmed by CDC are included – 7 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

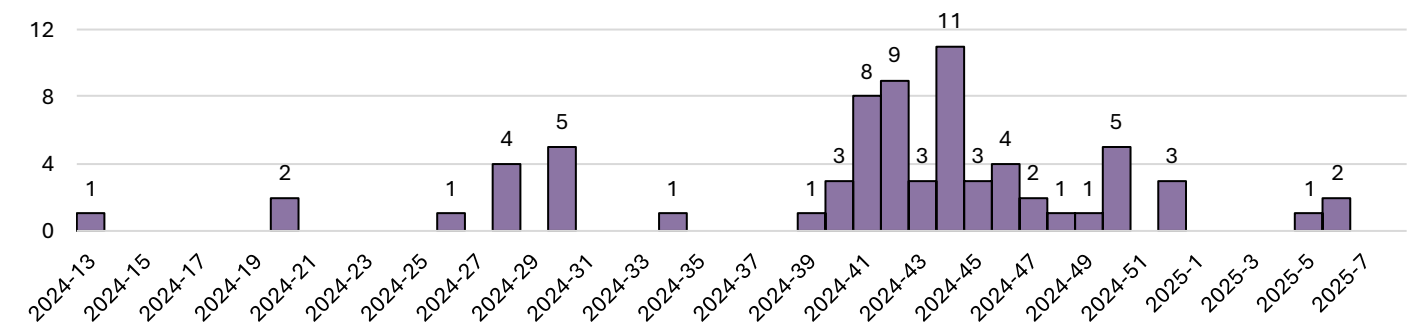


Figure Notes: Data as of February 26, 2025; Only cases confirmed by CDC are included – 7 additional probable cases have been reported by states.

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 21, 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.

Sources: [CDC \(24FEB25\)](#), [CDC \(21FEB25\)](#), [USDA \(26FEB25\)](#), [USDA \(26FEB25\)](#), [PAHO/WHO \(26FEB25\)](#)

Pertussis

United States – Updated 2025 Case Numbers Outpacing 2024 Case Numbers:

According to provisional CDC data, there were 5.0 times more pertussis cases reported in 2024 (35,435) compared to 2023 (7,063). 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

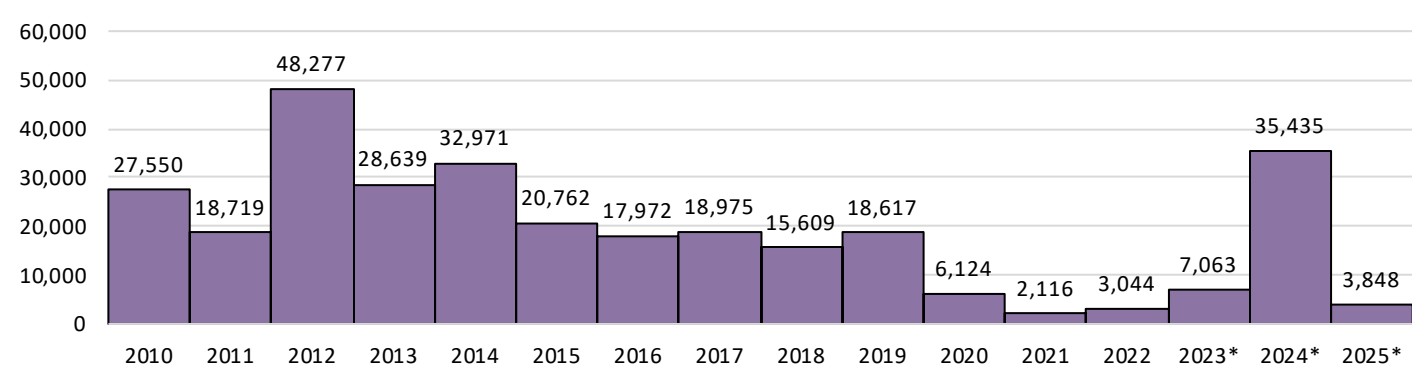


Figure Notes: Data as of February 15, 2025; *Case counts for years 2023-2025 are provisional and subject to change.

According to provisional CDC data, as of February 15, 2025, there have been a total of 3,848 pertussis cases reported in the United States this year. Since the previous update, 566 new cases were reported, of which 207 had rash onset during the most recent week ending February 15, 2025. 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 Region and Prior Year Comparison, United States, 2025				
Reporting Area	Current Week	Cumulative (2025)	Cumulative (2024)	Ratio
United States	207	3,848	1,495	2.6
New England	5	70	12	5.8
Middle Atlantic	24	272	458	0.6
East North Central	38	876	320	2.7
West North Central	15	264	104	2.5
South Atlantic	49	384	145	2.6
East South Central	21	329	26	12.7
West South Central	12	166	40	4.2
Mountain	23	502	220	2.3
Pacific	20	985	166	5.9
United States Territories	0	0	4	0.0

Table Notes: Data as of February 15, 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 \(15FEB25\)](#), [CDC \(JAN25\)](#), [CDC \(23JUL24\)](#)

Polio

Global – New Confirmed WPV1 Case Detected in Pakistan:

According to data as of February 24, 2025, from the Global Polio Eradication Initiative (GPEI), **there was 1 confirmed case of wild poliovirus type 1 (WPV1) detected in Pakistan (1) since the previous update.** A total of 4 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	0	0	0
Pakistan	3 (+1)	0	0	0

Table Notes: Data as of February 24, 2025.

Sources: [WPV – GPEI \(24FEB25\)](#), [cVDPV – GPEI \(24FEB25\)](#)

Europe – New Environmental cVDPV2 Detections Reported in Several Countries:

Circulating vaccine-derived type II polioviruses (cVDPV2) have been detected in environmental wastewater samples in several European Countries since September 2024. **Since the previous update and as of February 24, 2025, 3 new detections were reported in Poland (1), Germany (1), and the United Kingdom (1).** No human cases have been reported and the WHO European Region has remained polio-free since 2002.

Environmental cVDPV2 Detections, Europe, September 2024 – February 24, 2025			
Country	Environmental Detections		Last Detection
	2024	2025 (New)	
Spain	1	0	16-Sep-24
Poland	2	1 (+1)	21-Jan-25
Germany	25	1 (+1)	13-Jan-25
Finland	1	0	19-Nov-24
United Kingdom	6	1 (+1)	20-Jan-25
European Region Total	35	3	21-Jan-25

Table Notes: Data as of February 24, 2025.

Source: [cVDPV – GPEI \(24FEB25\)](#)

Seasonal Influenza

United States – Updated Data on First High Severity Season Since 2017-2018:

The CDC has classified the current 2024-2025 flu season as a high severity season for all ages. This is the first high severity season since the 2017-2018 season. **As of February 15, 2025, the CDC estimates there to have been at least 33 million flu infections, 430,000 hospitalizations, and 19,000 deaths from flu so far this year.** A total of 86 pediatric deaths have been reported this year, an increase of 18 compared to the prior week.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections*	Estimated Hospitalizations*	Estimated Deaths*	Pediatric Deaths (New)
33 Million	430,000	19,000	86 (+18)

Table Notes: Data as of February 15, 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 15, 2025, was 7.2 per 100,000 population. Rates observed during previous weeks (10.7-13.2 per 100,000) were the highest weekly rates 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

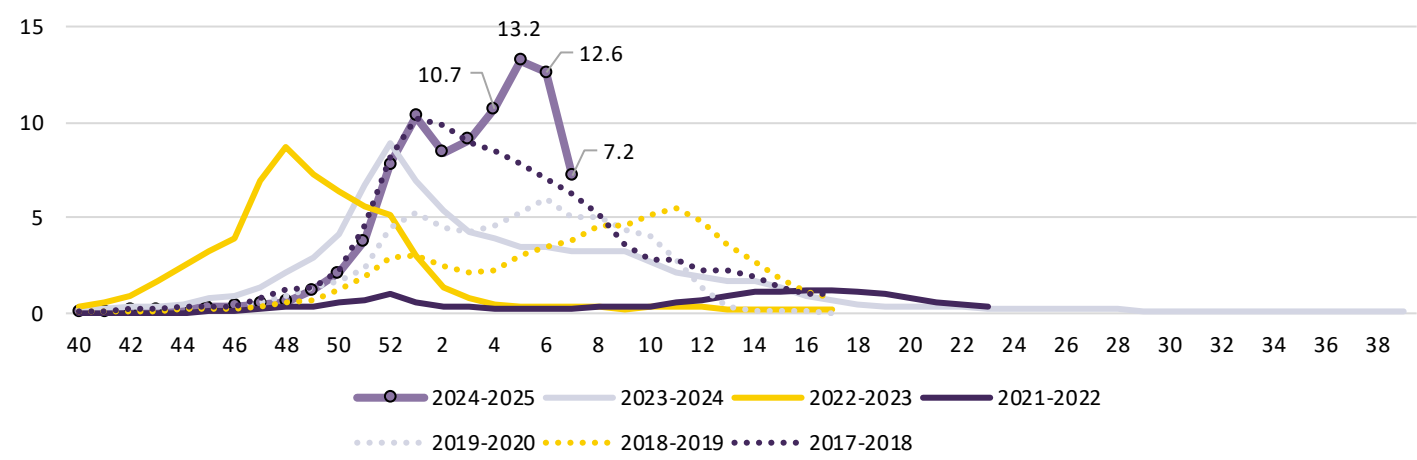


Figure Notes: Data as of February 15, 2025; FluSurv-NET member states include California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, North Carolina, Ohio, Oregon, Tennessee, and Utah; Data for 2020-2021 season unavailable.

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 15, 2025, was 3.0%, 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 (1.1%). 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, 2020-2025

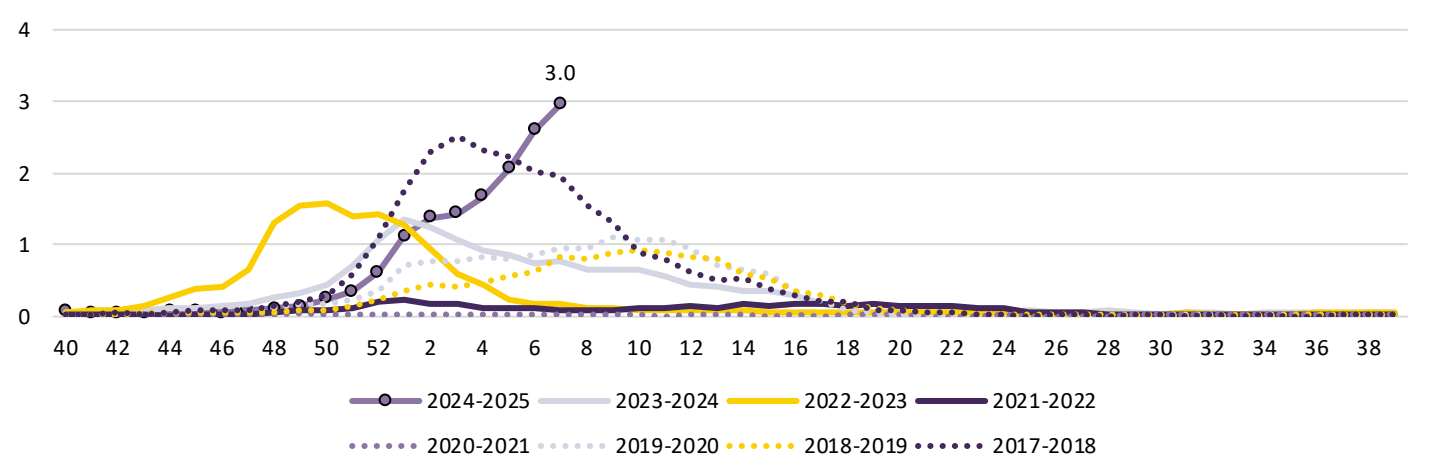


Figure Notes: Data as of February 15, 2025; Data are preliminary and are subject to change; Data for seasons before 2020-2021 unavailable.

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

Sources: [CDC \(21FEB25\)](#), [FluSurv-NET \(23OCT23\)](#), [COVID Data Tracker \(21FEB25\)](#)

Unknown Disease

Democratic Republic of the Congo – Two Outbreak Clusters Reported:

In their most recent Weekly Bulletin on Outbreaks and Other Emergencies, the WHO African Region reported two clusters of an unknown disease affecting two health zones of Equateur Province in the DRC. **As of February 15, 2025, there have been a total of 431 cases and 53 deaths (CFR: 12.2%) reported.** No link has been established between the two outbreaks and lack of robust local diagnostic capacity in the region makes timely identification of the causative agent difficult. **According to the European Center for Disease Control (ECDC), severe illness is occurring only among malnourished individuals.**

Cases of Unknown Disease and Associated Deaths, Overall and by Health Zone, DRC, 2025			
Health Zone	Cases	Deaths	CFR (%)
Bolomba	12	8	66.7%
Basankusu	419	45	10.7%
Total	431	53	12.2%

Table Notes: Data as of February 15, 2025.

The first cluster, located in the Bolomba Health Zone, was initially reported to local health authorities on January 21, 2025. **As of January 27, 2025, there have been a total of 12 cases and 8 deaths (CFR: 66.7%) reported.** Cases have presented with symptoms including fever, headache, myalgia, diarrhea, abdominal cramps, and fatigue which later progress to hemorrhagic signs and symptoms among some. Blood samples collected from 4 cases tested negative via polymerase chain reaction (PCR) tests for both Ebola Zaire and Marburg viruses. The initial cases identified as part of this cluster (3 children under 5 years) had reportedly consumed a bat carcass prior to symptom onset, and ultimately death.

The second cluster, located in the Basankusu Health Zone, was initially reported to local health authorities on February 9, 2025. **As of February 15, 2025, there have been a total of 419 cases and 45 deaths (10.7%) reported.** Cases have presented with symptoms including fever, chills, headache, myalgia, body aches, sweating, runny nose, neck stiffness, cough, vomiting, diarrhea, and abdominal cramps, with almost half of deaths (48.9%) occurring within 48 hours of symptom onset. Blood samples collected from 13 cases tested negative via PCR tests for both Ebola and Marburg viruses. Differential diagnoses being considered include malaria, viral hemorrhagic fever, food/water poisoning, typhoid fever, and meningitis.

An update posted February 27, 2025, from the WHO indicated that the number of cases and deaths identified had increased to 1,096 and 60, respectively. WHO also stated that approximately half of samples tested have been positive for malaria, which is common in the region.

A similar event occurred during 2024 in the Panzi Health Zone of Kwango Province that resulted in 592 cases and 37 deaths (6.2%) as of December 17, 2024. Cases presented with symptoms including fever, headache, cough, runny nose, and body aches. All severe cases were among the severely malnourished. It was ultimately determined that the cause of this outbreak was due to severe malaria, with malnutrition playing a factor.

Sources: [WHO \(16FEB25\)](#), [ECDC \(21FEB25\)](#), [CIDRAP \(17DEC24\)](#), [Reuters \(17DEC24\)](#), [WHO \(27FEB25\)](#)