



Date: 3/20/25

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

Chikungunya.....	1
Dengue.....	2
Lassa Fever.....	3
Measles.....	3
Mpox.....	7
Non-Seasonal Influenza	9
Oropouche	11
Pertussis.....	12
Polio.....	13
Seasonal Influenza	13

Chikungunya

France (Réunion) – Locally Acquired Case Numbers Continue to Rapidly Rise:

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 March 9, 2025, there have been a total of 8,749 locally acquired chikungunya cases reported since August of 2024, of which 8,600 (98.3%) have been reported during 2025.** During the most recent week alone, 2,888 new cases were reported, an increase of 61% compared to the prior week. A total of 24 cases have been hospitalized for a duration longer than 24 hours.

Locally Acquired Chikungunya Cases, Réunion, 2024-2025		
Cases (New)	New Cases ¹ (March 3 – March 9, 2025)	Hospitalizations ² (New)
8,749 (+3,565)	2,888	24 (+4)

Table Notes: Data as of March 9, 2025; ¹With symptom onset during given week; ²Hospitalizations are for a duration of 24 hours or more.

Source: [ARS La Réunion \(19MAR25\)](#)

Dengue

Region of the Americas – Suspected Case Trend Similar to Past 5-Year Average:

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 13,061,102 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, 22,777 were severe (0.17%), and 8,323 were fatal (0.06%).

According to data from the PAHO/WHO obtained on March 19, 2025, there have been a total of 1,195,947 suspected dengue cases reported in the Region of the Americas, primarily in Brazil (88.7%), Colombia (3.5%), Mexico (1.7%), and Peru (1.3%). Suspected case numbers appear to be following a similar trend compared to the average number of suspected cases reported during the past 5 years (2020-2024). Of those suspected cases reported this year, 1,373 have been severe (0.11%), and 352 have been fatal (0.03%).

Suspected and Severe Dengue Cases and Deaths, Region of the Americas, 2025				
Suspected Cases	Severe Suspected Cases	Severe %	Deaths	CFR %
1,195,947	1,373	0.11%	352	0.03%

Table Notes: Data extracted on March 20, 2025.

Distribution of Suspected Dengue Cases by Epidemiological Week, Region of the Americas, 2020 – 2025

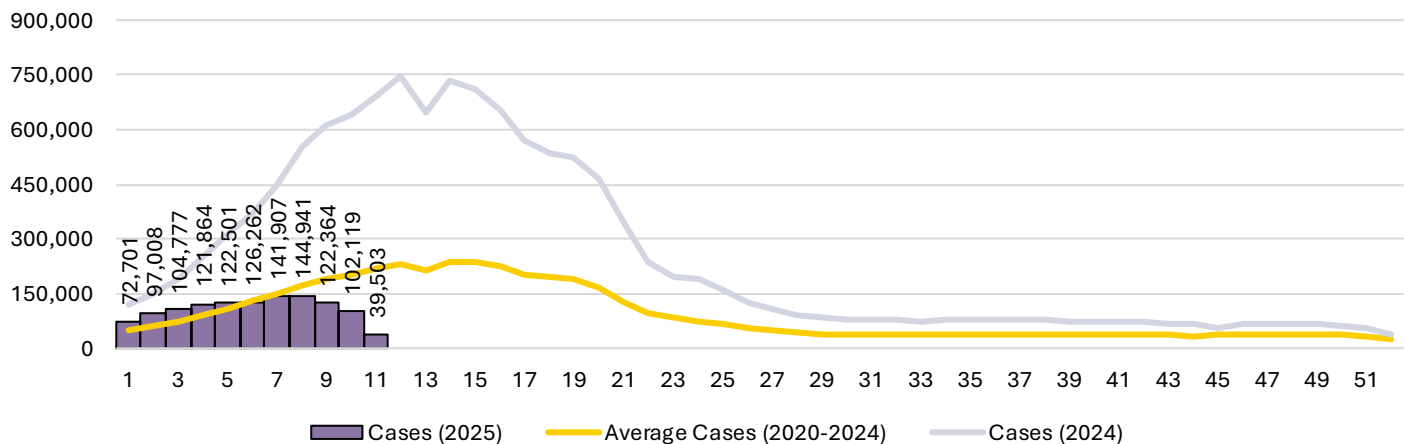


Figure Notes: Data extracted on March 20, 2025; 16,681 suspected cases not included in figure for 2024; 11 suspected cases not included in figure for 2025; Data for recent weeks should be interpreted with caution as there are delays associated with reporting.

United States – CDC Issues Health Alert Network Health Update

On March 18, 2025, the CDC issued a [Health Alert Network Health Update](#) for healthcare providers, public health departments, and the public regarding the ongoing risk of dengue infection in the United States. According to the update, dengue cases have increased substantially in the last 5 years globally, with epidemics in the Region of the Americas expected to increase both travel-associated case numbers nationwide and locally acquired case numbers in areas with competent mosquito vectors. **According to CDC data updated on March 19, 2025, there have been a total of 1,050 locally acquired cases in Puerto Rico (1,009), the US Virgin Islands (40), and Florida (1), and 108 travel-associated cases in 27 jurisdictions so far this year.** Among travel associated cases, 42% have been hospitalized and cases by serotype are distributed as follows: DENV-1 (7%), DENV-2 (7%), DENV-3 (49%), and DENV-4 (36%).

Distribution of Travel Associated Dengue Cases by Epidemiological Week, US States and Territories, 2025

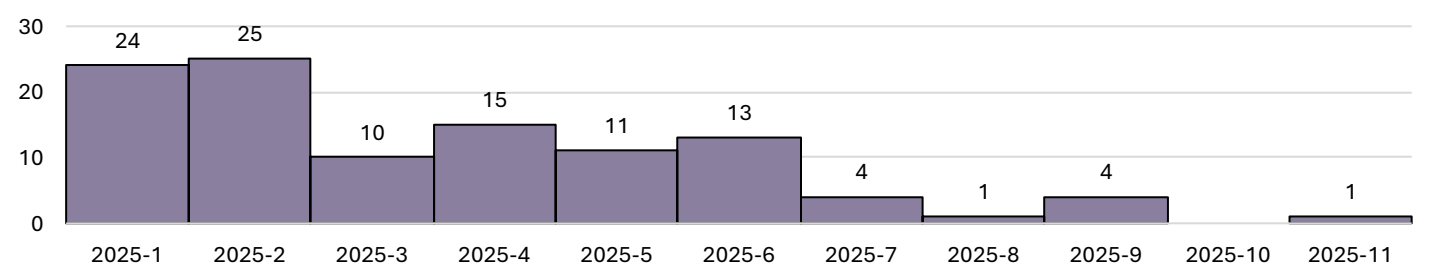


Figure Notes: Data as of March 19, 2025.

During 2024 in the continental United States, locally acquired dengue cases were reported in Florida (91), California (18), and Texas (1), while a record total of 3,483 travel-associated cases (84% higher compared to 2023) and 13 deaths were reported, primarily in Florida (1,016), California (648), and New York (327). During 2024 in Puerto Rico, a total of 6,291 locally acquired cases, of which 52% were hospitalized, and 13 deaths were reported. During 2024 in the US Virgin Islands, a total of 208 locally acquired cases were reported. DENV-3 was the most common serotype identified in 2024.

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. Data on travel associated dengue cases reported in New York State during previous years can be found [here](#).

Sources: [PAHO/WHO \(7FEB25\)](#), [PAHO/WHO \(20MAR25\)](#), [CDC \(19MAR25\)](#)

Lassa Fever

Nigeria – Updated Data on Cases Reported During 2025:

On March 10, 2025, the Nigeria Center for Disease Control and Prevention (NCDC) released a Public Advisory regarding a confirmed case of Lassa fever with international travel to the United Kingdom (UK). According to the NCDC, the case patient, a 31-year-old physician, departed Nigeria on February 19, 2025, and returned from the UK on February 27, 2025. The case patient died on March 1, 2025, and samples taken tested positive for Lassa fever on March 4, 2025.

Lassa fever is endemic in Nigeria and cases are reported year-round with peak transmission periods occurring between October and May. **As of March 9, 2025, there have been a total of 2,960 suspected cases, of which 563 have been confirmed, and 103 deaths reported (CFR among confirmed cases: 18.3%).** During the week ending March 9, 2025, a total of 232 suspected cases, of which 28 were confirmed, and 3 deaths were reported (CFR among confirmed cases: 10.7%). Cumulative case numbers are lower as of the same date compared to 2024 (4,401 suspected cases [731 confirmed]) as is the case fatality rate among confirmed cases (18.9%).

Lassa Fever Cases and Deaths, Nigeria, 2025			
Suspected Cases (New)	Confirmed Cases (New)	Deaths (New)	CFR % ¹
2,960 (+232)	563 (+28)	103 (+3)	18.3%

Table Notes: Data as of March 9, 2025; ¹CFR is calculated among confirmed cases only.

Sources: [NCDC \(10MAR25\)](#), [NCDC \(MAR25\)](#)

Measles

Canada – Data on Cases Reported During 2025:

According to the Public Health Agency of Canada (PHAC), as of March 1, 2025, there have been 173 confirmed measles cases, and no deaths reported during 2025 in Ontario (140), Québec (26), Manitoba (5), and British Columbia (2). Additionally, 51 probable cases have been reported this year. Among all confirmed cases, most have been unvaccinated

(77%) or had unknown vaccination statuses (9%), between the ages of 5 and 17 (40%) or 18 to 54 (31%) years, and 22 have been hospitalized (13%). All but 7 confirmed cases were exposed in Canada (96%) and those exposed outside of the country reported travel to Cambodia, Pakistan, Romania, and Vietnam.

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

Measles Cases and Hospitalizations, Canada, 2025			
Confirmed Cases	Probable Cases	Jurisdictions with Cases	Hospitalized Cases ¹
173	51	4	22

Table Notes: Data as of March 1, 2025; ¹Hospitalizations are among confirmed cases only.

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

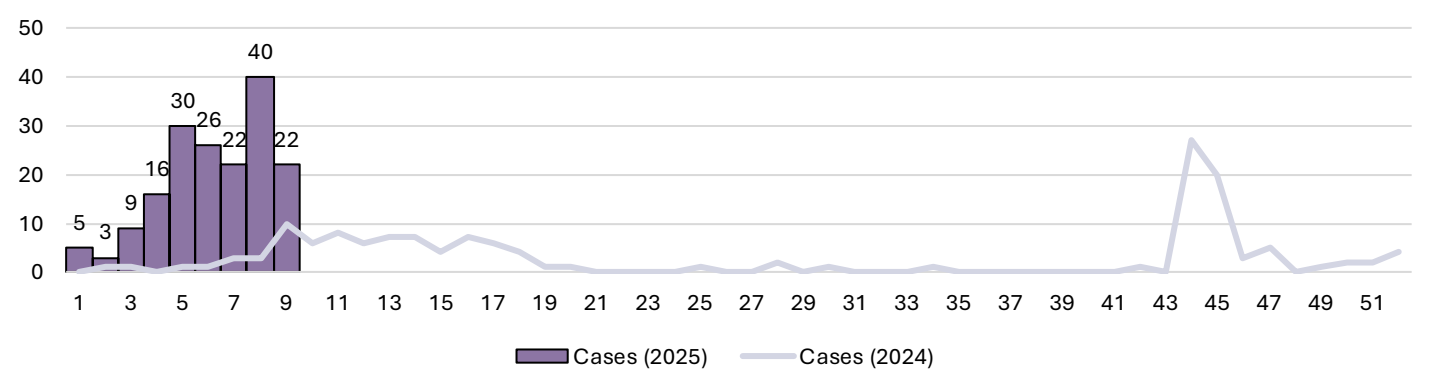


Figure Notes: Data only include confirmed cases reported by the PHAC as of March 1, 2025.

Ontario – Ongoing Outbreak with Over 450 Cases Reported

While most cases are not yet included in the PHAC’s count as of March 1, 2025, Public Health Ontario (PHO) has reported an outbreak of measles that initially began in October 2024. **According to PHO, there have been a total of 470 (361 confirmed and 109 probable) outbreak-associated cases detected in Ontario as of March 19, 2025.** Cases have been relatively evenly distributed among age groups with the majority being among those under 20 years of age (74.7%). Health Units most affected include the Southwestern (223) and Grand Erie (111) Public Health Units. Almost all cases have been unvaccinated (85.1%) or had unknown vaccination statuses (10.6%), and 34 have been hospitalized (7.2%). **During 2025 alone, there have been a total of 440 (357 confirmed and 83 probable) cases reported in Ontario, of which 7 are not associated with the ongoing outbreak (5 associated with travel and 2 with unknown exposure).**

Distribution of Outbreak-Associated Measles Cases by Week of Rash Onset, Ontario, October 28, 2024 – March 19, 2025

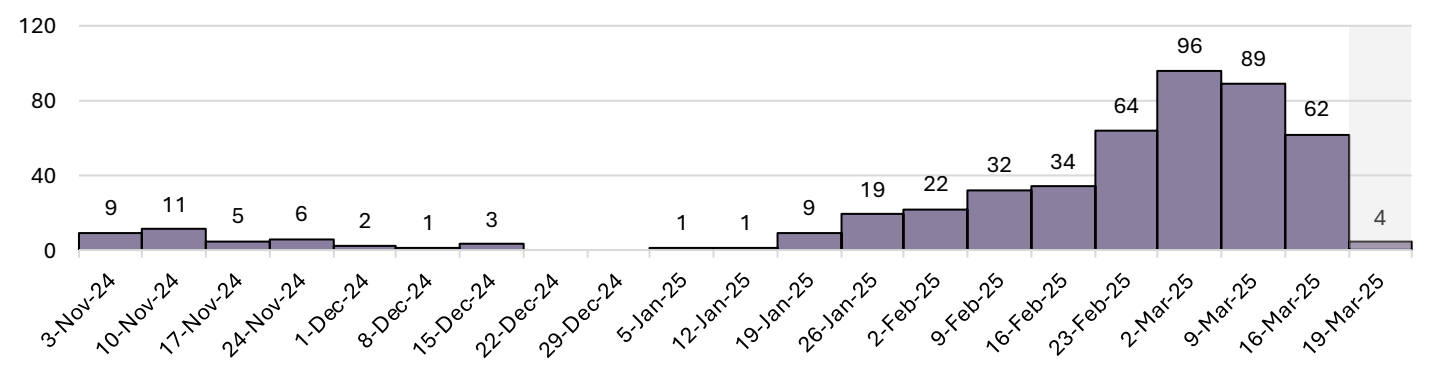


Figure Notes: Data as of March 19, 2025, and includes confirmed and probable cases. Dates correspond to the end date for each week, with the most recent week (shaded) being a partial week.

Distribution of Outbreak-Associated Measles Cases by Health Unit, Ontario, October 28, 2024 – March 19, 2025

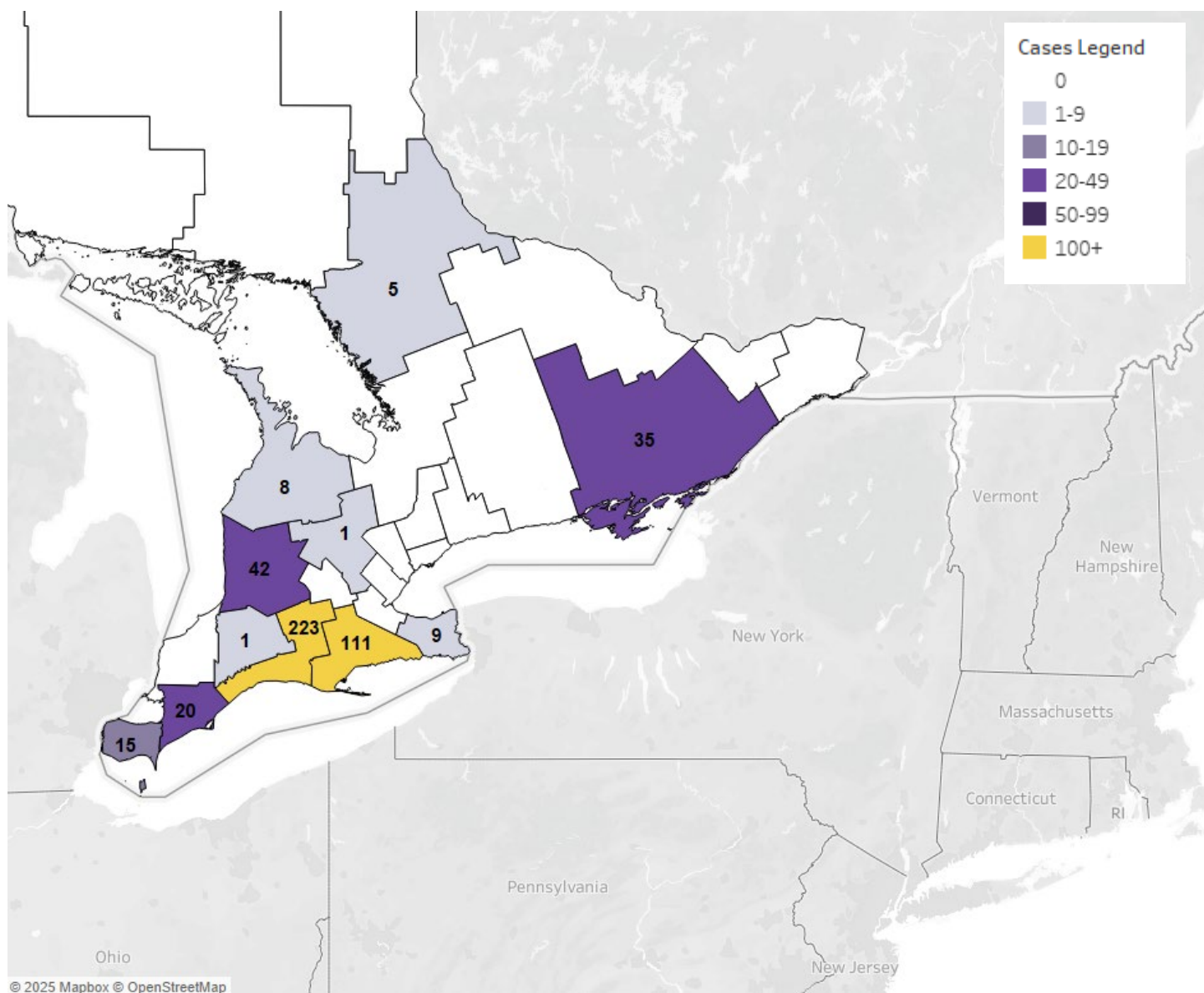


Figure Notes: Data as of March 19, 2025, and includes confirmed and probable cases.

Québec – Ongoing Outbreak Primarily Affecting Laurentides

While some cases are not yet included in the PHAC's count as of March 1, 2025, the Government of Québec has reported an outbreak of measles that initially began in December 2024. **According to the provincial government, there have been a total of 40 confirmed cases detected in Québec this year as of March 19, 2025.** While cases have been identified in Montréal, Laval, Montérégie, and Estrie, most have been identified in Laurentides (80%).

Sources: [PHAC \(13MAR25\)](#), [Gouvernement du Québec \(20MAR25\)](#), [PHO \(20MAR25\)](#)

United States – Updated Data on Multiple Ongoing Outbreaks During 2025:

According to the CDC, as of March 13, 2025, there have been 301 measles cases and 2 deaths (1 [confirmed](#) and 1 [under investigation](#)) reported during 2025 by 15 jurisdictions in the United States: Texas (244), New Mexico (33), California (5), Georgia (3), New Jersey (3), Alaska (2), New York City (2), Pennsylvania (2), Maryland (1), Kentucky (1), Rhode Island (1), Florida (1), New York (1), Vermont (1), and Washington (1). Outbreaks (defined as 3 or more related cases) have accounted for 93% of cases and have been reported in Texas, New Mexico, and New Jersey. **Since the previous update,**

79 new cases were reported in Texas (50), New Mexico (23), California (2), Maryland (1), New York (1), Pennsylvania (1), and Vermont (1). The total number of cases reported during 2025 now exceeds the total from 2024 and is the highest number of cases reported in a year since 2019 (1,274).

Among all cases, 95% have been unvaccinated or had unknown vaccination statuses and 17% have been hospitalized, including 27% of cases under 5 years of age. Cases have primarily been among those aged 5-19 years (42%), followed by those under 5 years (34%).

The CDC currently has a [Level 1 – Practice Usual Precautions](#) travel notice posted for those traveling internationally and released a [Health Advisory](#) with guidance for the upcoming travel season. In addition, the New York State Department of Health has 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. 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)	Deaths
301 (+79)	15 (+3)	50 (+12)	2

Table Notes: Data only include cases reported by CDC as of March 13, 2025.

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

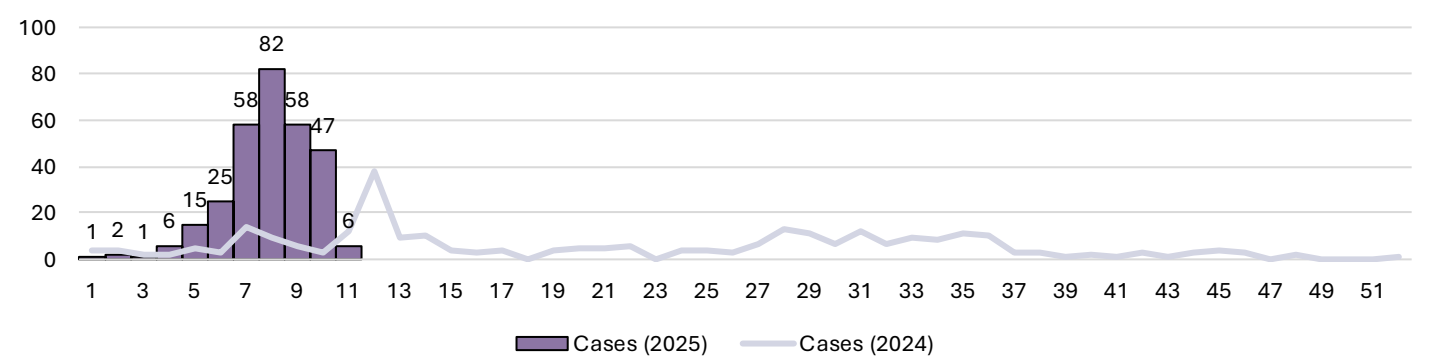


Figure Notes: Data only include cases reported by CDC as of March 13, 2025; Data are preliminary and subject to change.

Texas – Outbreak Continues with Additional Cases Identified

While most of the cases are not yet included in CDC’s count as of March 13, 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 279 cases detected and 1 death associated with the outbreak as of March 18, 2025, in Cochran (7), Dallam (6), Dawson (11), Ector (2), Gaines (191), Lamar (5), Lubbock (5), Lyn (2), Martin (3), Terry (36), and Yoakum (11) Counties.** Among those cases, all but 2 were unvaccinated or had unknown vaccination statuses (99.3%) and 36 have been hospitalized (12.9%). Most cases have been among children aged 5-17 years (43.0%) and 0-4 years (31.5%). **Additionally, as of March 18, 2025, 7 measles cases not associated with the current outbreak have been detected in Harris (3), Lamar (2), Rockwall (1), and Travis (1) Counties.** Most of these cases were associated with international travel and one of the Harris County cases had symptom onset during 2024.

New Mexico – Outbreak Continues with Additional Cases Identified

The New Mexico Department of Health (NMDOH) has reported an outbreak of measles with 38 cases in Lea (36) and Eddy (2) Counties and 1 death (Lea County) as of March 18, 2025. Cases have primarily been among school-aged children (26.3%) and adults (52.6%), and all have either been unvaccinated (76.3%) or had unknown vaccination

histories (13.2%). Two cases have been hospitalized (5.3%). Lea County borders Gaines County in Texas which is currently experiencing a large measles outbreak.

Oklahoma – New Probable Cases Identified in Association with Ongoing Outbreaks

While not included in CDC's county as of March 13, 2025, additional probable cases of measles have been detected in Oklahoma. **On March 14, 2025, the Oklahoma State Department of Health reported that 2 probable cases of measles had been detected among individuals that reported exposure associated with the Texas and New Mexico outbreaks.** These cases are unrelated to the probable cases reported on March 11, 2025, and bring the total number of probable cases reported in the state this year to 4, all among unvaccinated individuals.

New York – New Case Identified in New York City

While not included in CDC's county as of March 13, 2025, an additional case of measles has been detected in New York City. **On March 19, 2025, the New York City Department of Health and Mental Hygiene reported that an additional case of measles had been detected.** A total of 4 measles cases have been reported in New York State this year, 3 in New York City and 1 in New York State outside of NYC (Rest of State).

Michigan – First Case of 2025 Identified in Oakland County Adult

While not included in CDC's county as of March 13, 2025, a case of measles has been detected in Michigan. **On March 14, 2025, the Michigan Department of Health and Human Services reported that a case of measles had been detected among an adult from Oakland County that recently traveled internationally.**

Sources: [CDC \(13MAR25\)](#), [Texas DSHS \(18MAR25\)](#), [NMHEALTH \(18MAR25\)](#), [NYCDOHMH \(19MAR25\)](#), [MDHHS \(14MAR25\)](#), [OSDH \(14MAR25\)](#)

Vietnam – 2025 Case Numbers Close to Exceeding 2024 Case Numbers:

According to media reports, Vietnam's Ministry of Health has identified approximately 40,000 suspected measles cases, of which approximately 3,000 are confirmed, and 5 deaths during 2025. Suspected cases have primarily been among under- or unvaccinated children less than 15 years of age, and most have been reported in the Southern region (57%), followed by the Central region (19%), and the Northern region (15%). On March 18, 2025, the WHO and United Nations Children's Fund (UNICEF) released a joint statement on the situation, commending recent actions taken by the Ministry of Health and reiterating that the latest data shared indicate that the outbreak is still very much ongoing.

According to media reports, Vietnam reported a total of 45,550 suspected measles cases, including 7,583 confirmed cases, and 16 deaths during 2024. Vaccination campaigns have been ongoing in the country since September 2024.

Sources: [WHO \(18MAR25\)](#), [Vietnam+ \(17MAR25\)](#), [Viet Nam News \(6FEB25\)](#), [VNExpress \(15MAR25\)](#)

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 March 16, 2025, a total of 26,772 confirmed mpox cases involving clades I and II, and 93 deaths among those cases (CFR: 0.3%), have been reported by 25 countries in Africa since the beginning of 2024.** While confirmed cases have been predominantly concentrated in the Democratic Republic of the Congo (DRC) (67.3% of cases), activity has increased in Burundi since late July (13.6% of cases) and in Uganda since mid-September of 2024 (15.5% 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 ¹	New	Total	Prior Week ¹	New	CFR %
Africa	100.0%	100.0%	26,772	26,335	437	93	92	1	0.3%
DRC	67.3%	50.5%	18,013	17,728	285	47	47	0	0.3%
Burundi	13.6%	1.1%	3,645	3,586	59	1	1	0	0.0%
Uganda	15.5%	33.3%	4,141	4,106	35	31	31	0	0.7%
Rest of Africa	3.6%	15.1%	973	915	58	14	13	1	1.4%

Table Notes: Data for **confirmed clade I and II mpox cases only** as of March 16, 2025; ¹Prior week data as of March 9, 2025.

Distribution of Confirmed Mpox Cases by Notification Week and Country, Africa, January 1, 2024 – March 16, 2025

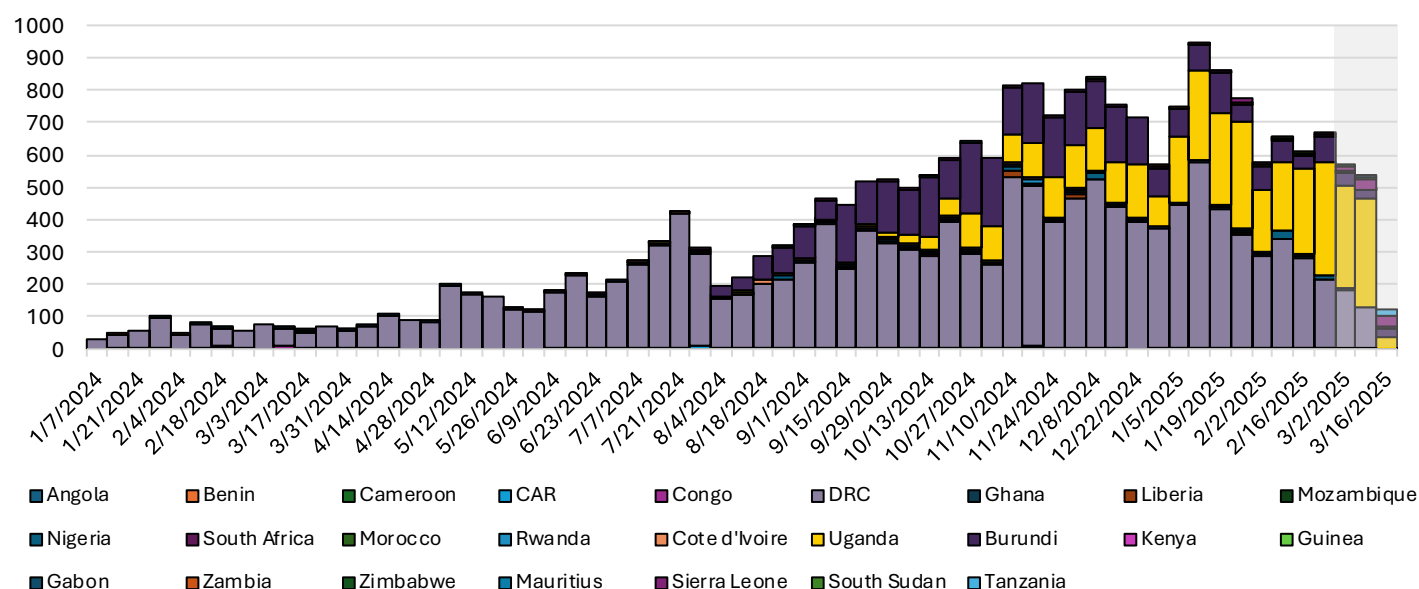


Figure Notes: Data for **confirmed clade I and II mpox cases only** as of March 16, 2025; Data presented in figure for most recent weeks (shaded in gray) should be interpreted with caution, as there are delays associated with reporting – 3,473 confirmed cases from the DRC without an assigned date are not included in figure.

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

Source: [WHO \(20MAR25\)](#)

Rest of the World – No New Imported Clade I Cases Detected:

Cases of clade I mpox have been reported outside of Africa in several countries across the world according to WHO data. **Since the previous update, no new imported cases were reported.** All imported cases with data on travel history have traveled to areas of Africa with ongoing clade I transmission or the United Arab Emirates (UAE). All imported clade I cases have been clade Ib except for the imported case in Ireland.

Reported Clade I Mpox Cases, Rest of the World (Outside Africa), 2024-2025					
Country	Imported	Clade ¹	Travel History (N) ²	Secondary	Total Cases
Belgium	2	Ib (2)	Central Africa (1), NA ² (1)	3	5
Brazil	1	Ib (1)	DRC (1)	0	1
Canada	1	Ib (1)	East Africa (1)	0	1
China	2	Ib (2)	DRC (1), UAE (1)	5	7
France	2	Ib (2)	East Africa (1), Central Africa (1)	0	2

Germany	5	Ib (5)	Rwanda (1), East Africa (3), NA ² (1)	3	8
India	1	Ib (1)	UAE (1)	0	1
Ireland	1	Ia (1)	DRC (1)	0	1
Oman	1	Ib (1)	UAE (1)	0	1
Pakistan	1	Ib (1)	UAE (1)	0	1
Qatar	2	Ib (2)	Uganda (1), Link to Traveler (1)	0	2
Sweden	1	Ib (1)	East Africa (1)	0	1
Thailand	4	Ib (4)	DRC (1), UAE (3)	0	4
United Arab Emirates	1	Ib (1)	Uganda (1)	0	1
United Kingdom	7	Ib (7)	East Africa (1), Uganda (6)	3	10
United States	4	Ib (4)	East Africa (3), Africa (1)	0	4
California	1	Ib (1)	East Africa (1)	0	1
Georgia	1	Ib (1)	East Africa (1)	0	1
New Hampshire	1	Ib (1)	East Africa (1)	0	1
New York	1	Ib (1)	Africa (1)	0	1

Table Notes: Data as of March 16, 2025; ¹Clade pertains to imported cases; ²Travel history pertains to imported cases; ²Travel history listed as NA by WHO.

Sources: [WHO \(20MAR25\)](#), [CDC \(19MAR25\)](#)

Non-Seasonal Influenza

United States – New Livestock and Poultry Flock Detections Reported (HPAI):

HPAI Detections among Livestock

Since the previous update, 2 new HPAI detections were reported among livestock (cattle only) herds. As of March 19, 2025, there have been 987 confirmed cases of highly pathogenic avian influenza (HPAI) in livestock herds across 18 states (since March 2024). In the last 30 days, 16 detections have been reported in California (8), Idaho (6), and Nevada (2), 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	16	0	0

Table Notes: Data as of March 19, 2025.

HPAI Detections among Commercial and Backyard Poultry Flocks

Since the previous update, 19 new confirmed HPAI detections were reported among poultry flocks. As of March 19, 2025, there have been 1,659 HPAI confirmed detections among poultry flocks across all 50 states and Puerto Rico (since February 2022). Twenty-four states have reported detections among poultry flocks (74 total) in the last 30 days.

Poultry HPAI Detections by Flock Type, United States – Past 30 Days		
States with Detections	Commercial Flocks	Backyard Flocks
24	21	53

Table Notes: Data as of March 19, 2025.

Distribution of Poultry Flock HPAI Detections by State - Past 30 Days

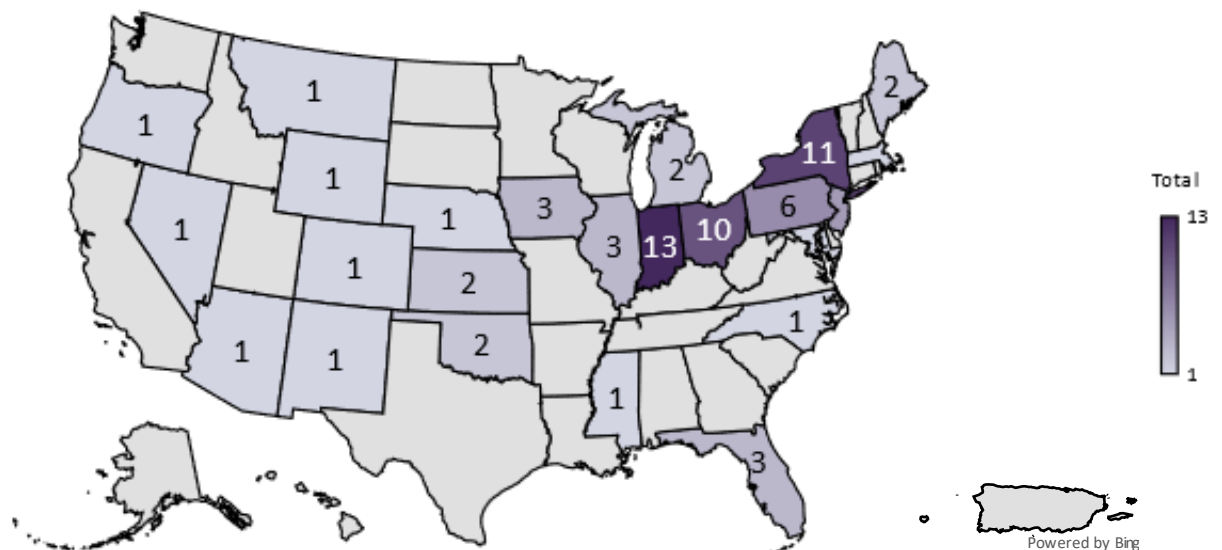


Figure Notes: Data as of March 19, 2025.

First Detection of HPAI (H7N9) Among a Poultry Flock Since 2017

On March 17, 2025, the Mississippi Board of Animal Health (MBAH) reported that HPAI H7N9 had been detected among a commercial poultry flock in Noxubee County. While low pathogenicity avian influenza (LPAI) H7N9 has been detected among wild birds in the US during this and previous years, this is the first detection of HPAI H7N9 among poultry in the country since 2017 in Tennessee. HPAI H7N9 is a North American virus of wild bird-origin and is unrelated to the Eurasian HPAI H5N1 clade 2.3.4.4b virus currently circulating among livestock and poultry in the United States. Some North American LPAI H7 viruses detected in wild birds are closely related to the recently detected HPAI H7N9 virus, suggesting a recent spillover event, as H5 and H7 LPAI viruses in poultry can mutate into HPAI.

Influenza A(H5N1) Detections Among Humans

Since the previous update, no new human H5N1 cases were identified. As of March 18, 2025, there have been 70 confirmed human cases with various exposures across 13 states since 2024 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 March 18, 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 – March 2025

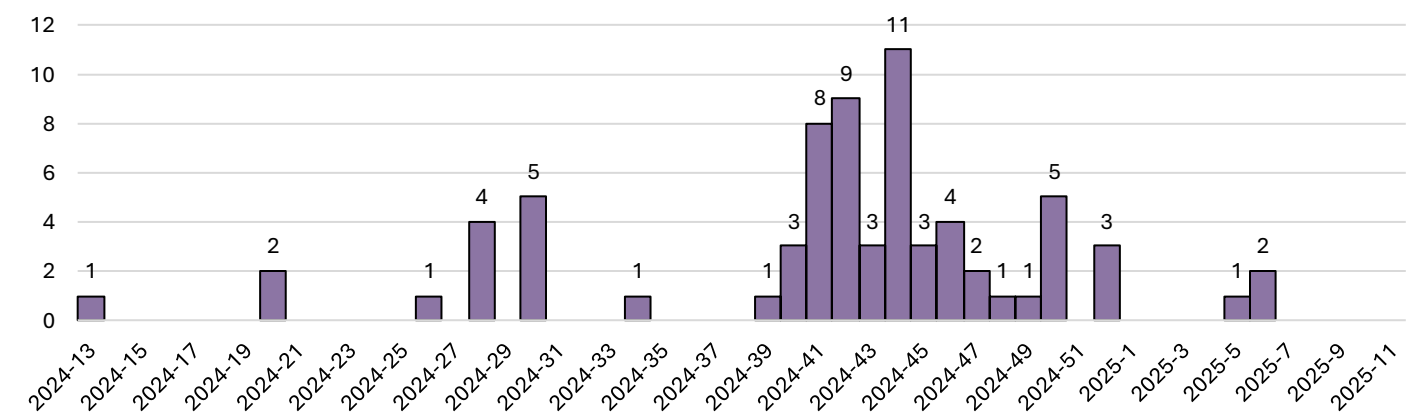


Figure Notes: Data as of March 18, 2025; Only cases confirmed by CDC are included – 7 additional probable cases have been reported by states.

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 March 14, 2025, have not indicated any sign of unusual activity. **There has been no documented evidence of human-to-human transmission.**

The 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 and continues to be detected nationally, and in New York State.

Sources: [CDC \(18MAR25\)](#), [CDC \(14MAR25\)](#), [USDA \(20MAR25\)](#), [USDA \(20MAR25\)](#), [PAHO/WHO \(20MAR25\)](#), [MBAH \(17MAR25\)](#), [USDA \(MAR25\)](#), [EID \(23NOV17\)](#)

Oropouche

Region of the Americas – Updated Data on Cases Reported During 2025:

On February 11, 2025, the PAHO/WHO released an epidemiological update regarding Oropouche in the Region of the Americas during 2024 and 2025. According to the report, there were a total of 16,239 confirmed Oropouche cases reported, including 4 deaths, across 11 countries and 1 territory in the Region of the Americas during 2024. Cases were predominantly reported from Brazil (84.9%), Peru (7.8%), Cuba (3.9%), and Bolivia (2.2%). Confirmed cases of vertical transmission were reported in Brazil only (4 cases of fetal death and 1 case of congenital anomaly).

According to PAHO/WHO data extracted on March 19, 2025, there have been a total of 6,912 confirmed Oropouche cases and 1 death reported across 6 countries in the Region of the Americas this year. Cases have primarily been reported in Brazil (96.1%) and Panama (3.2%), with overall numbers trending higher compared to 2024.

Confirmed Oropouche Virus Cases, Region of the Americas, 2025		
Confirmed Cases	Neuroinvasive Cases	Deaths
6,912	8	1

Table Notes: Data extracted from PAHO/WHO dashboard on March 19, 2025, and includes confirmed cases only.

Distribution of Confirmed Locally Acquired Oropouche Cases by Epidemiological Week of Symptom Onset, Region of the Americas, 2024-2025

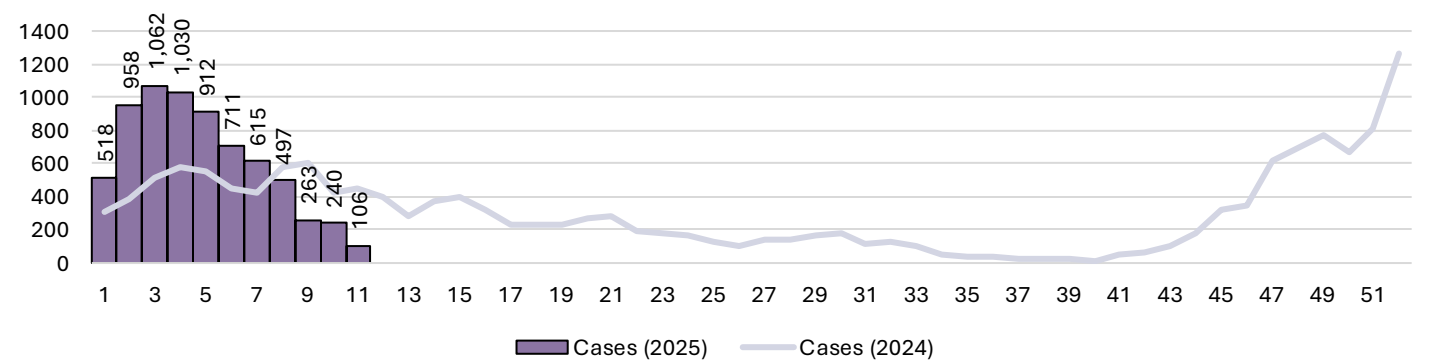


Figure Notes: Data extracted from PAHO/WHO dashboard on March 19, 2025, and includes confirmed cases only; Data on cases included in the PAHO/WHO report mentioned above and extracted from the PAHO/WHO dashboard for figure differ marginally.

United States – No New Cases Reported Since Previous Update

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions](#) travel notice posted for those traveling to Brazil and Panama and a [Level 1 – Practice Usual Precautions](#) travel notice posted for those traveling to the Region of the Americas. **As of March 18, 2025, the United States has reported 1 travel associated neuroinvasive Oropouche virus case this year among a Wisconsin resident.** A total of 108 travel associated cases were reported in the United States during 2024, of which 2 were neuroinvasive. No deaths have been reported during either year.

Sources: [PAHO/WHO Report \(11FEB25\)](#), [PAHO/WHO Dashboard \(19MAR25\)](#), [CDC \(18MAR25\)](#)

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

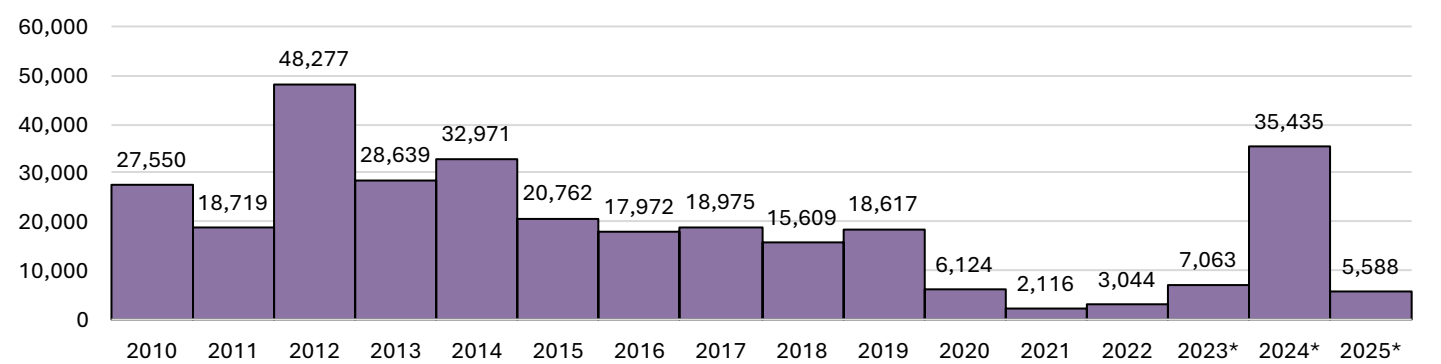


Figure Notes: Data as of March 8, 2025; *Case counts for years 2023-2025 are provisional and subject to change.

According to provisional CDC data, as of March 8, 2025, there have been a total of 5,588 pertussis cases reported in the United States this year. Since the previous update, 511 new cases were reported, of which 186 had rash onset during the most recent week ending March 8, 2025. Compared to provisional data from 2024, case numbers for 2025 are 2.5 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	186	5,588	2,228	2.5
New England	0	100	33	3.0
Middle Atlantic	21	394	653	0.6
East North Central	39	1,233	439	2.8
West North Central	6	360	146	2.5
South Atlantic	11	565	207	2.7
East South Central	24	528	49	10.8
West South Central	12	250	70	3.6
Mountain	42	754	325	2.3
Pacific	31	1,404	300	4.7
United States Territories	0	0	6	0.0

Table Notes: Data as of March 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 \(8MAR25\)](#), [CDC \(JAN25\)](#), [CDC \(23JUL24\)](#)

Polio

Global – New cVDPV2 Case Detected in Nigeria:

According to data as of March 17, 2025, from the Global Polio Eradication Initiative (GPEI), there have been a total of 7 confirmed wild poliovirus type 1 (WPV1) cases and 11 circulating vaccine derived poliovirus type 2 (cVDPV2) cases with onset of paralysis during 2025. **Since the previous update, 1 new cVDPV2 case was detected in Nigeria.**

Poliovirus Cases by Type, Global, 2025				
Country	WPV1 (New)	cVDPV1 (New)	cVDPV2 (New)	cVDPV3 (New)
Afghanistan	1	0	0	0
Chad	0	0	3	0
Djibouti	0	0	1	0
Nigeria	0	0	7 (+1)	0
Pakistan	6	0	0	0
Total	7	0	11 (+1)	0

Table Notes: Data as of March 17, 2025.

The United States CDC currently has a [Level 2 - Practice Enhanced Precautions](#) travel notice for those traveling to certain international destinations with circulating poliovirus.

Sources: [WPV – GPEI \(17MAR25\)](#), [cVDPV – GPEI \(17MAR25\)](#)

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 for the first time since the 2017-2018 season. **As of March 8, 2025, the CDC estimates there to have been at least 41 million flu infections, 540,000 hospitalizations, and 23,000 deaths from flu so far this year.** A total of 134 pediatric deaths have been reported this year, an increase of 20 compared to the prior week. Given that activity has decreased for several consecutive weeks, the CDC states that the season has peaked, although flu-related medical visits, hospitalizations, and deaths remain elevated, with several more weeks of flu activity to be expected.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections*	Estimated Hospitalizations*	Estimated Deaths*	Pediatric Deaths (New)
41 Million	540,000	23,000	134 (+20)

Table Notes: Data as of March 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 March 8, 2025, was 3.7 per 100,000 population. Rates observed during previous weeks (Epi weeks 4-7) were the highest weekly rates observed since the 2017-2018 season.

Laboratory Confirmed Flu Hospitalizations by Epi Week, Rate per 100K Population, United States, 2017-2025

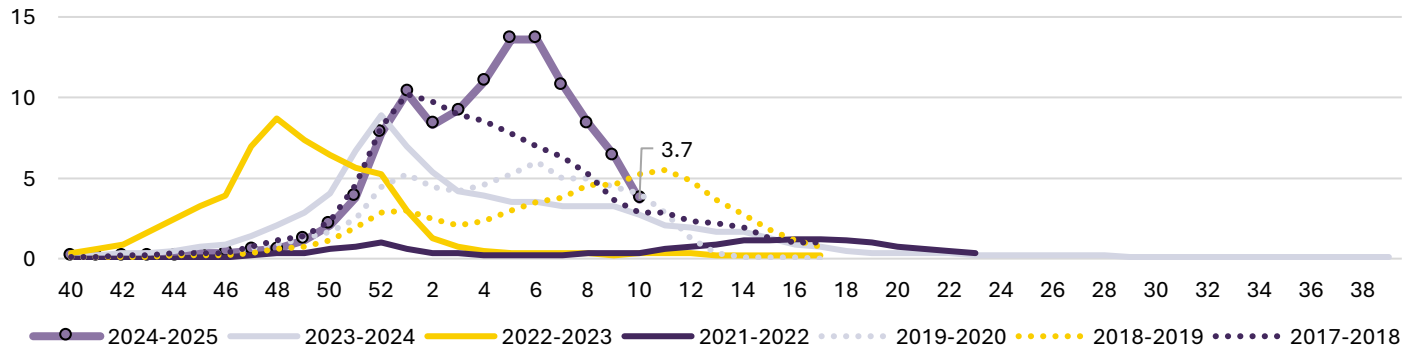


Figure Notes: Data as of March 8, 2025; FluSurv-NET member states include California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, North Carolina, Ohio, Oregon, Tennessee, and Utah; Data for 2020-2021 season unavailable.

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 March 8, 2025, was 1.9%, decreasing again for the third week in a row but still much higher than what has been seen in recent years as of the same date. The percentage of deaths due to flu was once again higher than the percent of deaths due to COVID-19 during the same week (1.0%).

Percentage of Deaths due to Flu by Epi Week, United States, 2020-2025

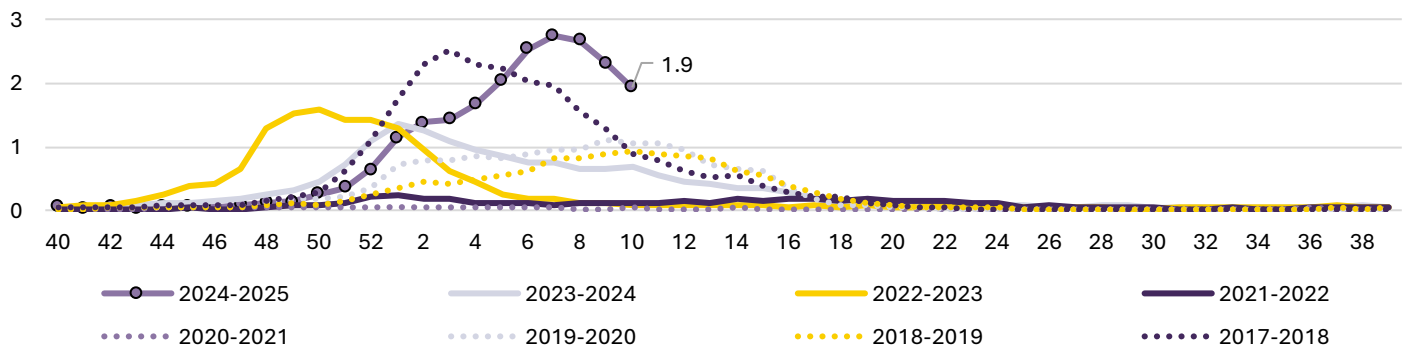


Figure Notes: Data as of March 8, 2025; Data are preliminary and are subject to change.

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

Sources: [CDC \(14MAR25\)](#), [FluSurv-NET \(23OCT23\)](#), [COVID Data Tracker \(17MAR25\)](#)