



Date: 3/6/25

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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Chikungunya

France (Réunion) – Locally Acquired Case Numbers Continue to 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 February 23, 2025, there have been a total of 3,390 locally acquired chikungunya cases reported since August 2024, of which 3,245 (95.7%) have been reported during 2025.** During the most recent week alone, 1,300 new cases were reported. A total of 13 cases have been hospitalized for a duration longer than 24 hours.

Locally Acquired Chikungunya Cases, Réunion, 2024-2025		
Cases (New)	New Cases (February 17-23, 2025)	Hospitalizations* (New)
3,390 (+1,617)	1,300	13

Table Notes: Data as of March 5, 2025; *Hospitalizations are for a duration of 24 hours or more.

Sources: [ARS La Réunion \(5MAR25\)](#)

Ebola

Uganda – New Cases and Deaths Reported:

Since the previous update, 5 new cases (3 confirmed) and 3 deaths (1 confirmed) were reported. A total of 14 cases of Sudan ebolavirus disease (SVD), including 4 fatal cases (CFR: 28.6%), have been reported in association with this outbreak as of March 6, 2025. One of the newly confirmed cases and deaths reported by the WHO on March 3, 2025, was among a 4-year-old child with onset of symptoms on February 15, 2025, that died while hospitalized in Kampala on February 24, 2025. The child's mother and newborn sibling also died in early February and were buried absent any laboratory testing. Given their links to the case, the mother and her newborn are considered probable SVD cases and deaths. On March 6, 2025, 2 additional confirmed cases were reported by the Africa CDC during a special briefing.

Sudan Ebolavirus Cases and Deaths, Uganda, 2025		
Cases (New)	Deaths (New)	CFR %
14 (+5)	4 (+3)	28.6%

Table Notes: Data as of March 6, 2025; Cases include 12 confirmed and 2 probable cases; Deaths include 2 confirmed and 2 probable deaths.

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 \(3MAR25\)](#), [CIDRAP \(6MAR25\)](#), [Africa CDC \(6MAR25\)](#)

Measles

Canada – Updated Data on Cases During 2025:

According to the Public Health Agency of Canada (PHAC), as of February 15, 2025, there have been 96 confirmed measles cases, and no deaths reported during 2025 in Ontario (69), Québec (20), Manitoba (5), and British Columbia (2). Additionally, 10 probable cases have been reported this year. **Since the previous update, 20 new confirmed cases were reported in Ontario (15), Québec (3), and British Columbia (2).** Among all confirmed cases, most have been unvaccinated (78%), between 5 and 17 (46%) or 18 to 54 years of age (27%), and 9% have been hospitalized. Almost all confirmed cases (95%) have been exposed in Canada and those exposed outside of Canada have 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, the highest number since 2015 (196 cases). Most cases were unvaccinated (66%) and exposed in Canada (72%).

Confirmed Measles Cases and Hospitalizations, Canada, 2025		
Confirmed Cases (New)	Jurisdictions with Cases (New)	Hospitalized Cases (New)
96 (+20)	4 (+1)	9 (+2)

Table Notes: Data as of February 15, 2025.

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

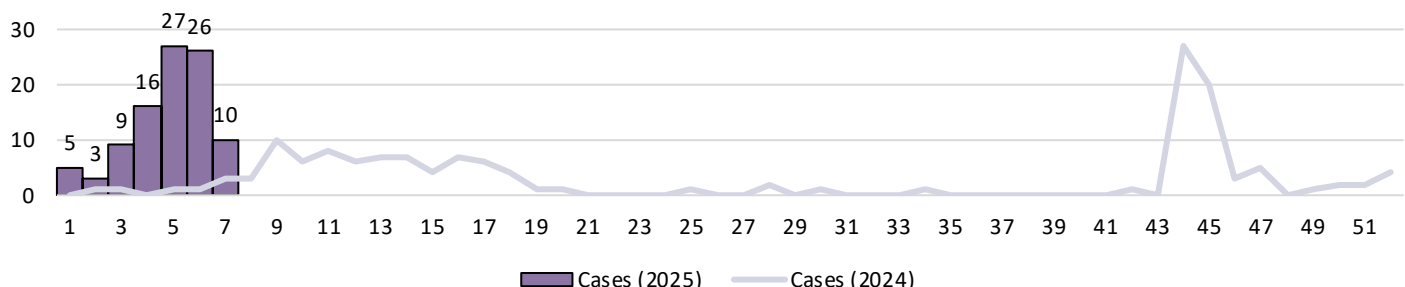


Figure Notes: Data as of February 15, 2025 – PHA of Canada Monitoring Reports are published weekly with a 1–2-week lag period.

Ontario – Ongoing Outbreak with Over 100 Confirmed Cases

While most of the cases are not yet included in the PHAC’s count as of February 15, 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%).

Québec – Ongoing Outbreak Primarily Affecting Laurentides

While some of the cases are not yet included in the PHAC’s count as of February 15, 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 30 confirmed cases detected in Québec this year as of March 5, 2025.** Most cases have been identified in Laurentides (76.7%).

Source: [PHAC \(28FEB25\)](#), [Gouvernement du Québec \(5MAR25\)](#), [PHO \(27FEB25\)](#)

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

According to the CDC, as of February 27, 2025, there have been 164 measles cases and 1 death reported during 2025 by 9 jurisdictions in the United States: Texas (140), New Mexico (9), California (3), Georgia (3), New Jersey (3), Alaska (2), New York City (2), Kentucky (1), and Rhode Island (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, 71 new cases were reported in Texas (67), California (2), New Mexico (1), and Kentucky (1); one death was reported in Texas.** Among all cases, 95% have been unvaccinated or had unknown vaccination statuses and 20% have been hospitalized. Cases have primarily been among those aged 5-19 years (48%), followed by those under 5 years (34%).

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)	Deaths (New)
164 (+71)	9 (+1)	32 (+9)	1 (+1)

Table Notes: Data only include cases reported by CDC as of February 27, 2025.

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

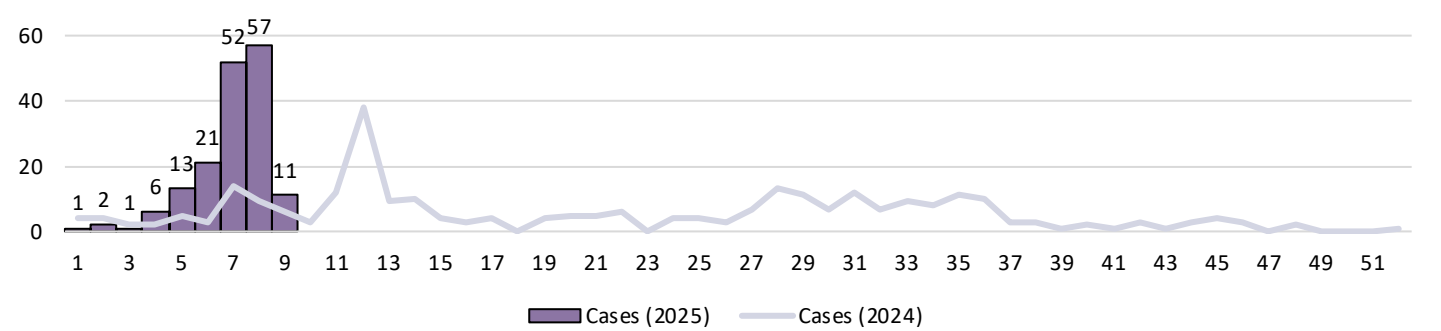


Figure Notes: Data only include cases reported by CDC as of February 27, 2025; Data are preliminary and subject to change.

Texas – Outbreak Continues with Additional Cases Identified

While most of the cases are not yet included in CDC's count as of February 27, 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 159 cases detected and 1 death associated with the outbreak as of March 4, 2025, in Dallam (4), Dawson (9), Ector (2), Gaines (107), Lubbock (3), Lyn (2), Martin (3), Terry (22), and Yoakum (7) Counties.** Among those cases, all but 5 were unvaccinated or had unknown vaccination statuses (96.9%) and 22 have been hospitalized (13.8%). Most cases have been among children aged 5-17 years (46.5%) and 0-4 years (33.3%).

Additionally, as of March 4, 2025, 4 measles cases not associated with the current outbreak have been detected in Harris (2), Rockwall (1), and Travis (1) Counties. All cases were associated with international travel.

New Mexico – Possible Measles Death Under Investigation

The New Mexico Department of Health (NMDOH) has reported an outbreak of measles in Lea County with 10 cases and 1 death as of March 6, 2025. Since the previous update, 1 new case and death were reported among an unvaccinated adult resident. While included in totals reported by NMDOH, they stated that the official cause of death is still under investigation. Cases have been among school-aged children (4) and adults (6), and all have either been unvaccinated (7) or had unknown vaccination histories (3). Lea County borders Gaines County in Texas which is currently experiencing a large measles outbreak.

New Jersey – No New Outbreak Associated Cases Reported Since Previous Update

The New Jersey Department of Health (NJDOH) has reported an outbreak of measles in Bergen County with 3 cases as of February 28, 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.

Washington – First Case of 2025 Identified in King County Infant

While not included in CDC's count as of February 27, 2025, a case of measles has been detected in Washington. **On February 27, 2025, Public Health – Seattle and King County reported that a measles case had been identified among a King County infant that may have been exposed during recent international travel.**

Pennsylvania – First Case of 2025 Identified in Montgomery County Child

While not included in CDC's count as of February 27, 2025, a case of measles has been detected in Pennsylvania. **On March 2, 2025, the Montgomery County Department of Health and Human Services reported that a case of measles had been identified in the county among an unvaccinated child.**

Florida – First Case of 2025 Identified in Miami-Dade County Teenager

While not included in CDC's count as of February 27, 2025, a case of measles has been detected in Florida. **According to the Florida Department of Health's Reportable Disease Frequency Report, a case of measles has been reported in Miami-Dade County among an individual aged 15-19 years.** Local media reported that the individual is a student at Miami Palmetto Senior High School.

Sources: [CDC \(28FEB25\)](#), [Texas DSHS \(4MAR25\)](#), [NMHEALTH \(6MAR25\)](#), [NJDOH \(28FEB25\)](#), [PHSK \(27FEB25\)](#), [MCDHHS \(2MAR25\)](#), [FLHealthCHARTS \(3/5/25\)](#), [CBS Miami \(5MAR25\)](#), [NMHEALTH \(6MAR25\)](#)

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 2, 2025, a total of 25,171 confirmed mpox cases involving clades I and II, and 83 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) (68.9% of cases), activity has increased in Burundi since late July (14.2% of cases) and in Uganda since mid-September of 2024 (13.5% 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%	25,171	23,173	1,998	83	83	0	0.3%
DRC	68.9%	56.6%	17,339	15,411	1,928	47	47	0	0.3%
Burundi	14.2%	1.2%	3,586	3,543	43	1	1	0	0.0%
Uganda	13.5%	27.7%	3,391	3,391	0	23	23	0	0.7%
Rest of Africa	3.4%	14.5%	855	828	27	12	12	0	1.4%

Table Notes: Data for confirmed clade I and II mpox cases only as of March 2, 2025; ¹Prior week data as of February 23, 2025.

Distribution of Confirmed Mpox Cases by Notification Week and Country, Africa, January 1, 2024 – March 2, 2025

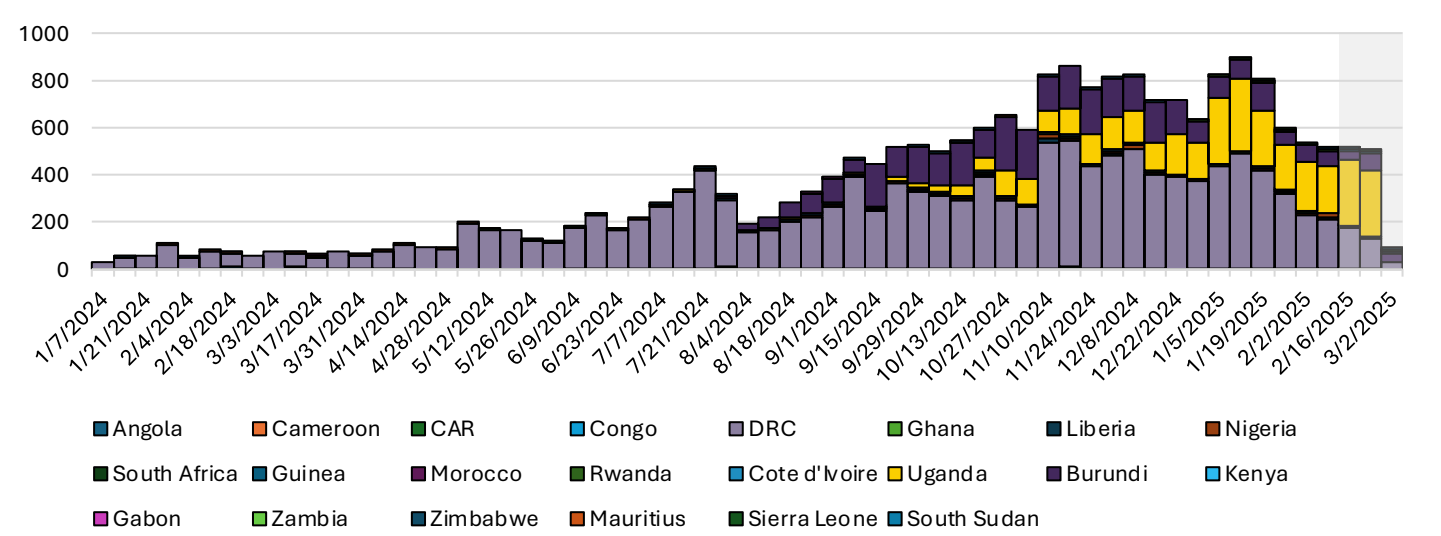


Figure Notes: Data for confirmed clade I and II mpox cases only as of March 2, 2025; Data presented in figure for most recent weeks (shaded in gray) should be interpreted with caution, as there are delays associated with reporting – 3,517 confirmed cases from the DRC without an assigned date are not included in figure.

Source: [WHO \(6MAR25\)](#)

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 according to WHO data. Since the previous update, new imported cases were reported in Belgium (1), France (1), Qatar (1), and the United Kingdom (1), and an additional secondary case was reported in Belgium (1). All imported cases with data on travel history have traveled to areas of Africa 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	2 (+1)	Central Africa (1), NA ² (1)	3 (+1)	5 (+2)
Canada	1	East Africa (1)	0	1
China	2	DRC (1), UAE (1)	5	7

France	2 (+1) ³	East Africa (1)	0	2 (+1) ³
Germany	5	Rwanda (1), East Africa (3), NA ² (1)	3	8
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	2 (+1)	Uganda (1), Link to Traveler (1)	0	2 (+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	7 (+1)	East Africa (1), Uganda (6)	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 March 2, 2025; ¹Travel history pertains to imported cases; ²Travel history listed as NA by WHO; ³One case has been reported in France and linked to contact with travelers returning from Central Africa, no cases were reported among those travelers.

Sources: [WHO \(6MAR25\)](#), [CDC \(12FEB25\)](#), [UKHSA \(4MAR25\)](#)

Non-Seasonal Influenza

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

As of March 5, 2025, there have been 980 confirmed cases of highly pathogenic avian influenza (HPAI) in livestock herds across 18 states (since March 2024). **Since the previous update, 2 new HPAI detections were reported among livestock (cattle only) herds.** In the last 30 days, 16 detections have been reported in California (9), Nevada (5), Arizona (1), and Idaho (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
4	16	0	0

Table Notes: Data as of March 5, 2025.

As of March 5, 2025, there have been 1,622 HPAI confirmed detections among poultry flocks across all 50 states and Puerto Rico (since February 2022). **Since the previous update, 18 new confirmed HPAI detections were reported among poultry flocks.** Twenty-six states have reported detections among poultry flocks (110 total) in the last 30 days.

Poultry HPAI Detections by Flock Type, United States – Past 30 Days		
States with Detections	Commercial Flocks	Backyard Flocks
26	57	53

Table Notes: Data as of March 5, 2025.

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

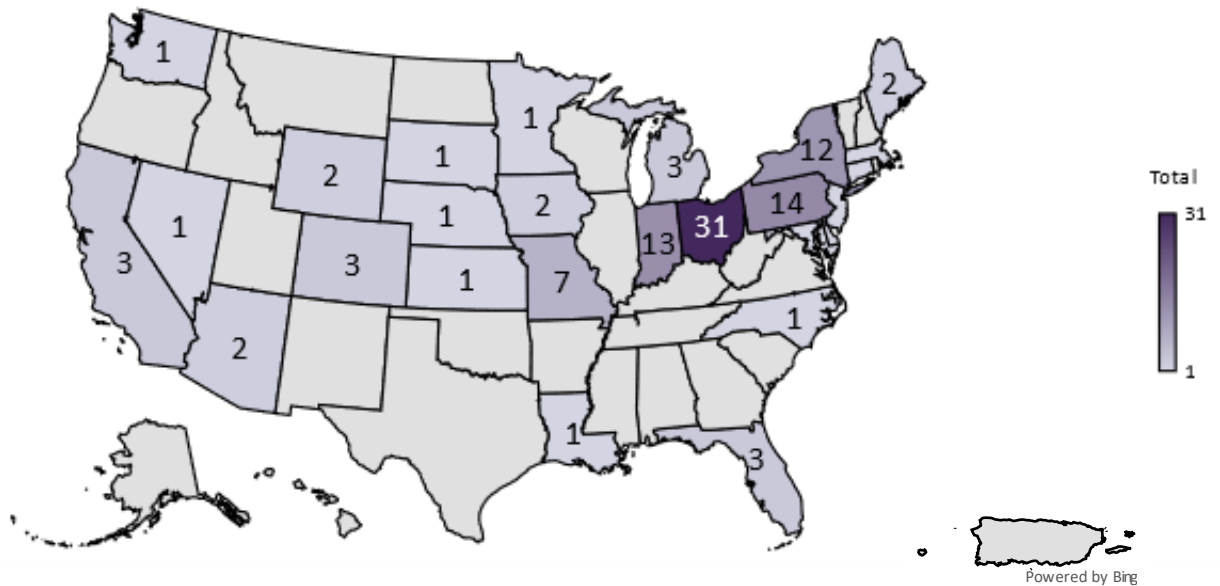


Figure Notes: Data as of March 5, 2025.

Since the previous update, no new human cases were identified. As of March 4, 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 4, 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

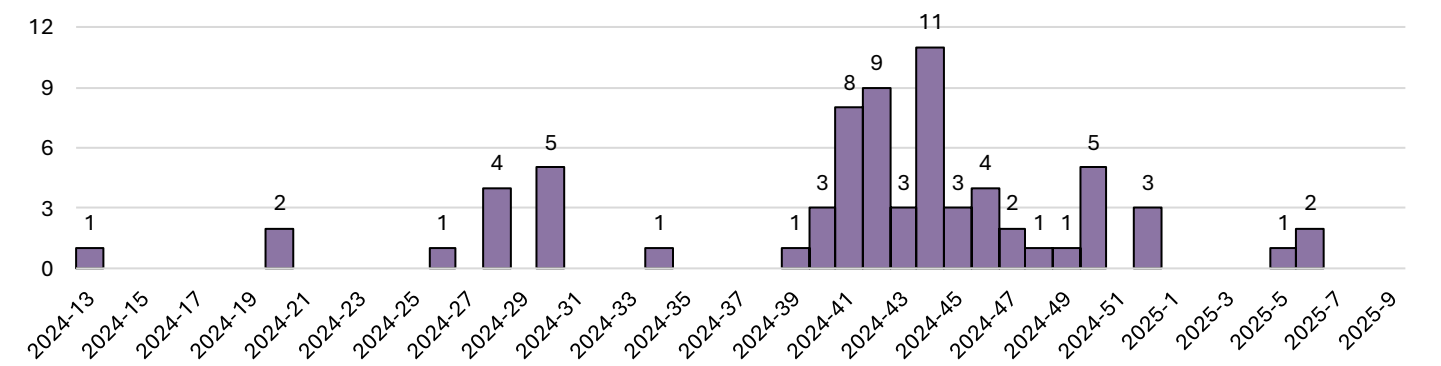


Figure Notes: Data as of March 4, 2025; Only cases confirmed by CDC are included – 7 additional probable cases have been reported by states.

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

Sources: [CDC \(4MAR25\)](#), [CDC \(28FEB25\)](#), [USDA \(5MAR25\)](#), [USDA \(5MAR25\)](#), [PAHO/WHO \(4MAR25\)](#)

Oropouche

Region of the Americas – Updated Data on Cases 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 4, 2025, there have been a total of 5,631 confirmed Oropouche cases and no deaths reported across 5 countries in the Region of the Americas this year. Case numbers are currently higher compared to 2024 as of the same date and have predominantly been reported from Brazil (97.9%) and Panama (2.0%). No deaths have been reported this year.

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

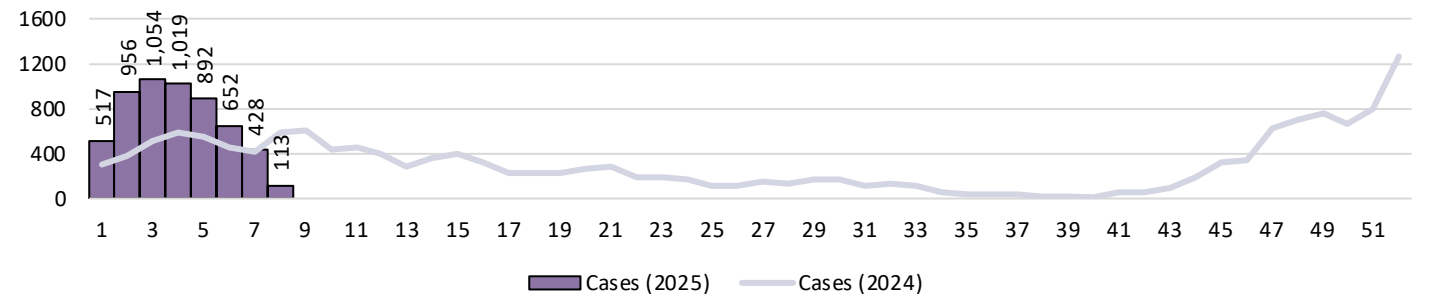


Figure Notes: Data extracted from PAHO/WHO dashboard on March 4, 2025, and includes locally acquired cases only; Data on cases included in the PAHO/WHO report mentioned above and extracted from the PAHO/WHO dashboard for figure differ marginally.

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.

Sources: [PAHO/WHO Report \(11FEB25\)](#), [PAHO/WHO Dashboard \(3MAR25\)](#), [CDC \(4MAR25\)](#)

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

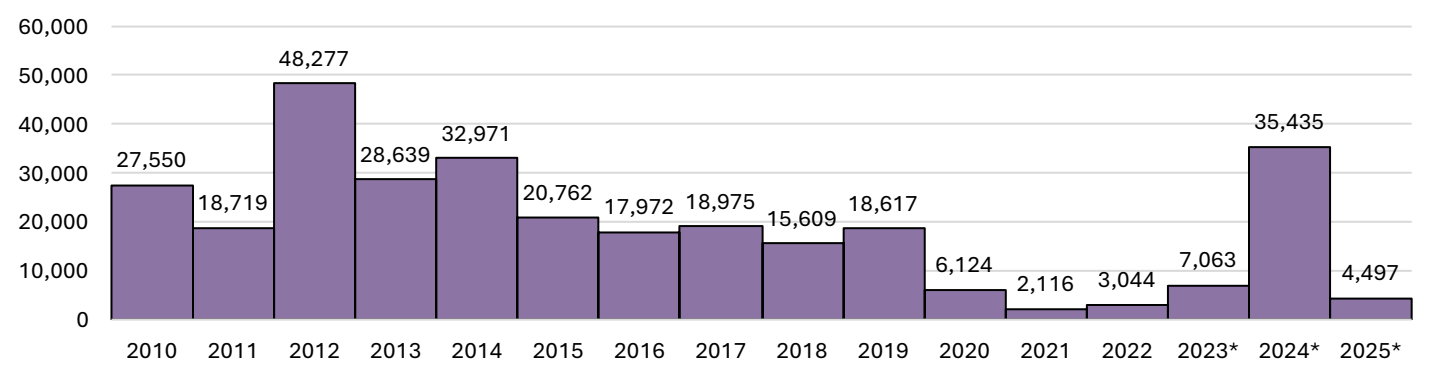


Figure Notes: Data as of February 22, 2025; *Case counts for years 2023-2025 are provisional and subject to change.

According to provisional CDC data, as of February 22, 2025, there have been a total of 4,497 pertussis cases reported in the United States this year. Since the previous update, 649 new cases were reported, of which 223 had rash onset during the most recent week ending February 22, 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	223	4,497	1,712	2.6
New England	3	93	14	6.6
Middle Atlantic	22	299	516	0.6
East North Central	30	1,011	359	2.8
West North Central	10	301	117	2.6
South Atlantic	57	475	164	2.9
East South Central	21	381	33	11.5
West South Central	16	202	45	4.5
Mountain	39	593	261	2.3
Pacific	25	1,142	199	5.7
United States Territories	0	0	4	0.0

Table Notes: Data as of February 22, 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 \(22FEB25\)](#), [CDC \(JAN25\)](#), [CDC \(23JUL24\)](#)

Global – New WPV1 and cVDPV2 Cases Detected in Multiple Countries:

According to data as of March 3, 2025, from the Global Polio Eradication Initiative (GPEI), there have been a total of 7 confirmed wild poliovirus type I (WPV1) cases and 6 circulating vaccine derived poliovirus type II (cVDPV2) cases with onset of paralysis during 2025 reported this year. **Since the previous update, 3 new confirmed WPV1 cases were detected in Pakistan and 6 new cVDPV2 cases detected in Nigeria (3), Chad (2), and Djibouti (1).**

Poliovirus Cases by Type, Global, 2025				
Country	WPV1 (New)	cVDPV1 (New)	cVDPV2 (New)	cVDPV3 (New)
Afghanistan	1	0	0	0
Chad	0	0	2 (+2)	0
Djibouti	0	0	1 (+1)	0
Nigeria	0	0	3 (+3)	0
Pakistan	6 (+3)	0	0	0
Total	7 (+3)	0	6 (+6)	0

Table Notes: Data as of March 3, 2025.

Sources: [WPV – GPEI \(3MAR25\)](#), [cVDPV – GPEI \(3MAR25\)](#)

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 22, 2025, the CDC estimates there to have been at least 37 million flu infections, 480,000 hospitalizations, and 21,000 deaths from flu so far this year.** A total of 98 pediatric deaths have been reported this year, an increase of 12 compared to the prior week.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections*	Estimated Hospitalizations*	Estimated Deaths*	Pediatric Deaths (New)
37 Million	480,000	21,000	98 (+12)

Table Notes: Data as of February 22, 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 22, 2025, was 6.3 per 100,000 population. Rates observed during previous weeks (10.3-13.6 per 100,000) were the highest weekly rates observed since the 2017-2018 season (10.2 per 100,000).

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

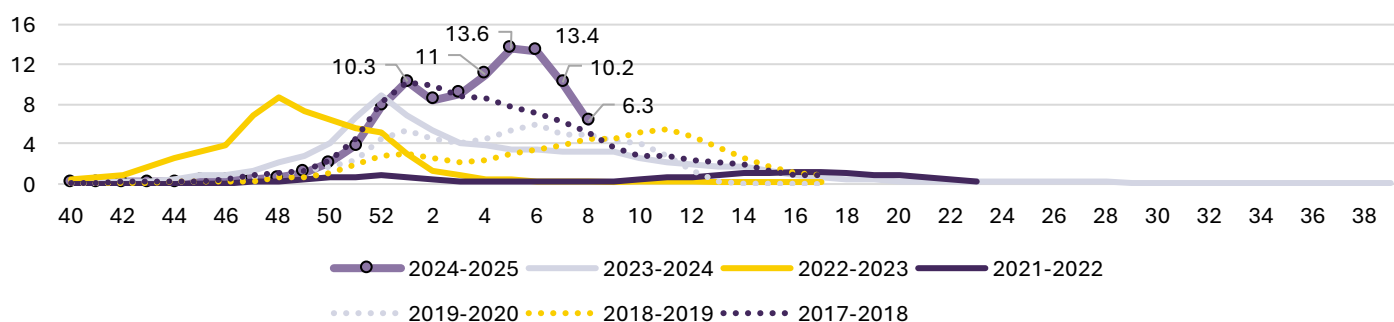


Figure Notes: Data as of February 22, 2025; FluSurv-NET member states include California, Colorado, Connecticut, Georgia, Maryland, Michigan, Minnesota, New Mexico, New York, North Carolina, Ohio, Oregon, Tennessee, and Utah; Data for 2020-2021 season unavailable.

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 22, 2025, was 2.8%, much higher than what has been seen in recent years and higher than the peak during the 2017-2018 season (2.5%). This slight decrease follows an increasing trend and is higher than the percentage of deaths due to COVID-19 during the same week (1.1%).

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

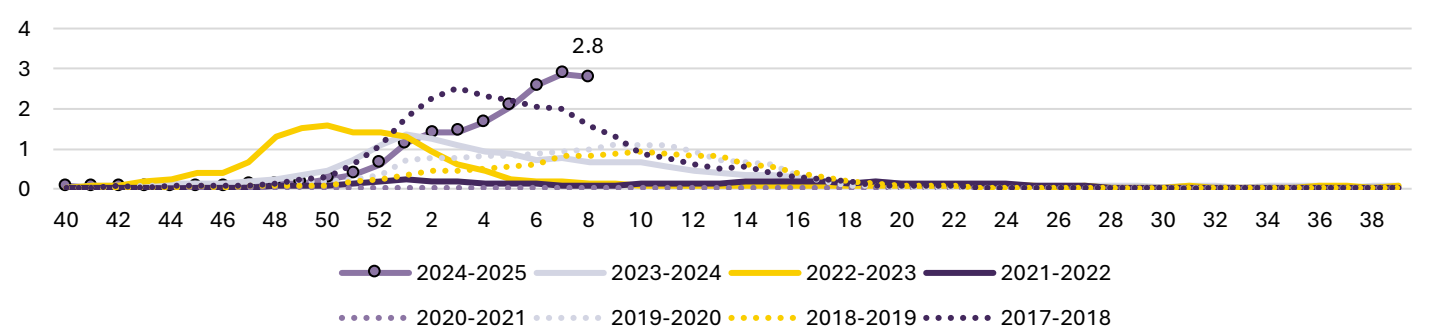


Figure Notes: Data as of February 22, 2025; Data are preliminary and are subject to change.

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

Sources: [CDC \(28FEB25\)](#), [FluSurv-NET \(23OCT23\)](#), [COVID Data Tracker \(28FEB25\)](#)

Unknown Disease

Democratic Republic of the Congo – Updated Data on Basankusu Cluster:

On March 3, 2025, the WHO published an update regarding an unknown disease affecting two health zones of Equateur Province in the DRC, Bolomba and Basankusu. The two clusters are separated by approximately 175 kilometers (108 miles) of difficult to traverse terrain and an epidemiological link between clusters has not yet been established.

Cases of Unknown Disease and Associated Deaths by Health Zone Cluster, DRC, 2025			
Health Zone	Cases	Deaths	CFR (%)
Bolomba	12	8	66.7%
Basankusu	1,318	53	4.0%

Table Notes: Data are as of February 25, 2025.

The cluster in the Bolomba Health Zone occurred from January 10-27, 2025, and resulted in 12 cases and 8 deaths (CFR: 66.7%). Laboratory testing ruled out Ebola and Marburg viruses as the cause and suggested that the illnesses may be due to severe malaria.

The cluster in the Basankusu Health Zone was first reported on February 9, 2025, is still ongoing, and has resulted in a total of 1,318 cases that meet a broad working suspected case definition and 53 deaths (CFR: 4.0%) as of February 25, 2025. Laboratory testing ruled out Ebola and Marburg viruses as the cause and approximately 50% of tests performed on cases for malaria were positive. The definitive cause of illness among these cases remains undetermined and current working hypotheses include chemical poisoning or rapid onset of bacterial meningitis, with malaria and other infectious diseases endemic to the region playing a role. While deaths have occurred in this cluster among all age groups, adolescent and young adult males were disproportionately impacted in the initially reported cluster of deaths. Given the recent decline in incident cases and deaths reported, the WHO suggests that the outbreak may not be spreading in time or place.

Sources: [WHO\(3MAR25\)](#)