



**Date: 10/23/25**

*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

### Europe – Updated Data on Locally Acquired Cases Reported in France and Italy:

According to data from [Public Health France](#), as of October 20, there have been a total of 749 locally acquired chikungunya cases reported during 2025. Since the previous update, 20 locally acquired incident cases were reported, a decrease compared to the prior week (34). According to data from the [Higher Institute of Health in Italy](#) as of October 21, there have been a total of 369 locally acquired chikungunya cases reported during 2025. Since the previous update, 5 locally acquired incident cases were reported, a decrease compared to the prior week (11).

Chikungunya Cases and Deaths by Country, Europe, 2025							
Country	Locally Acquired Cases		Travel Associated Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
France	749	+20	1,016	+2	0	+0	0.0%
Italy	369	+5	47	+2	0	+0	0.0%

*Table Notes: Data for France as of October 20, 2025; Data for Italy as of October 21, 2025; †Change in cumulative total compared to previous update. \*Case fatality rate (CFR) calculated among locally acquired cases.*

Cases have been reported in 9 regions of France, primarily Provence-Alpes-Côte d’Azur (431), Nouvelle-Aquitaine (149), and Occitanie (80). There have been a total of 79 episodes of local transmission (clusters) reported, 39 of which are still active. Trends in reported locally acquired incident cases have been decreasing since late August. Cases have been reported

in 3 regions of Italy: Emilia-Romagna (315), Veneto (53), and Tuscany (1). There have been a total of 5 clusters reported, 4 of which are still active. The largest active outbreak is occurring in Modena.

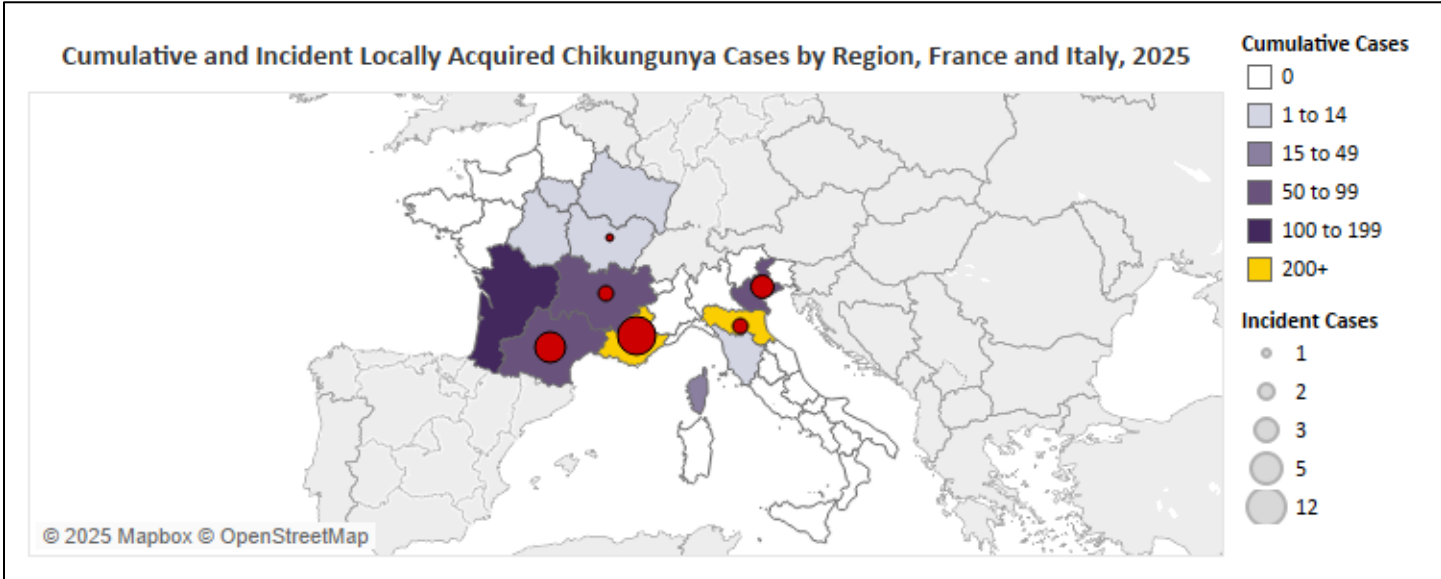


Figure Notes: Data for France as of October 20, 2025; Data for Italy as of October 21, 2025.

According to the [European Centre for Disease Prevention and Control \(ECDC\)](#), Europe is experiencing longer and more intense transmission seasons for mosquito-borne diseases, including chikungunya, primarily driven by climactic and environmental factors. This has resulted in an [unusually large](#) number of locally acquired cases and clusters being reported.

The New York State Department of Health has issued a [Health Advisory](#) regarding chikungunya for healthcare providers, hospitals, and local health departments.

According to the [World Health Organization \(WHO\)](#), a resurgence of chikungunya has been observed in several regions globally, with significant potential for further spread and new introductions in previously unaffected areas.

Sources: [SPF \(10/20/25\)](#), [ISS \(10/21/25\)](#)

### China – Slight Decrease Observed in Locally Acquired Incident Cases Reported:

According to data from the [Guangdong Provincial Center for Disease Control and Prevention \(GPCDC\)](#), as of October 18, there have been at least a total of 23,976 locally acquired chikungunya cases reported in Guangdong Province during 2025. During the week of October 12 - 18, 2025, there were 2,086 locally acquired incident cases reported (a 7.6% decrease compared to the prior week), primarily in Jiangmen (795), Foshan (241), Shenzhen (202), and Guangzhou (189).

Locally Acquired Chikungunya Cases and Deaths, Guangdong Province, China, 2025						
Cases		Severe Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
23,976	+2,086	0	+0	0	+0	0.0%

Table Notes: Data as of October 18, 2025, and includes locally acquired cases only; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among all cases.

Since July 20, 2025, locally acquired cases have been reported by 21 prefecture-level cities in Guangdong Province, primarily Jiangmen (9,739), [Foshan](#) (8,757), and Guangzhou (1,110). Neighboring areas have reported travel associated cases with travel history to mainland China, including 38 travel associated cases and [one death](#) in [Hong Kong](#).

Health officials in China have stated that while transmission risks are still present, the epidemic situation is fluctuating and declining. Mosquito vectors are typically active through October in Guangdong. This is the largest chikungunya epidemic recorded in China.

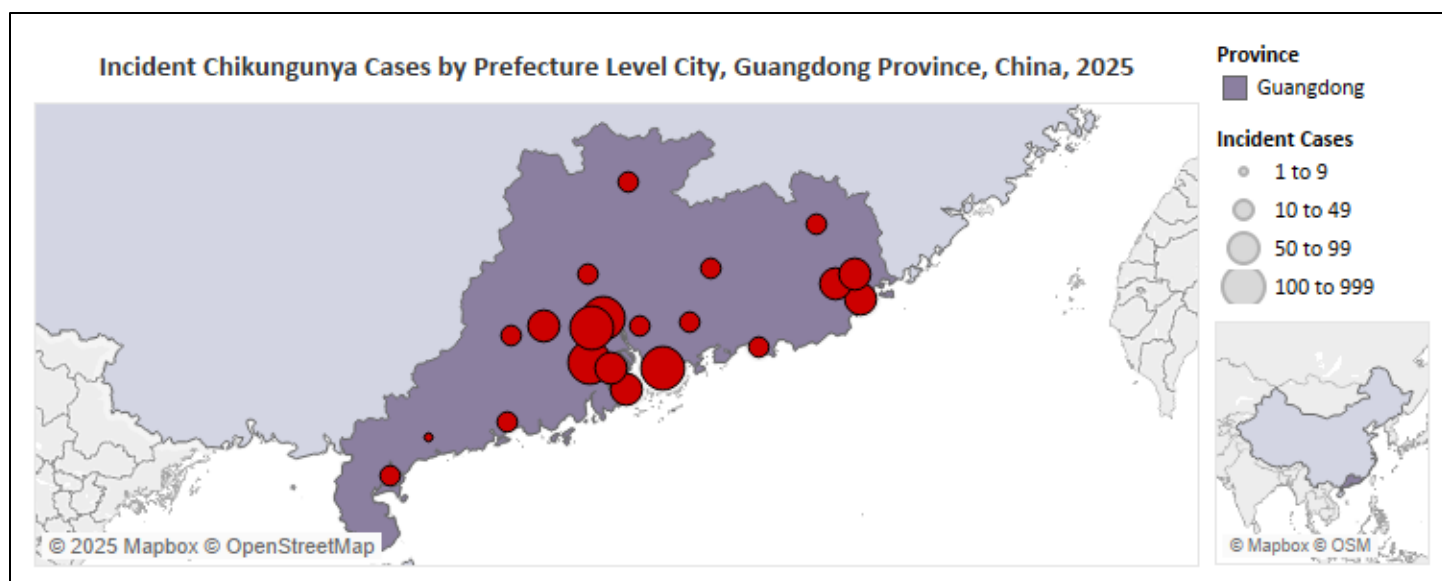


Figure Notes: Data as of October 18, 2025, and includes locally acquired cases only.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in China, specifically in Guangdong province and Foshan city. The New York State Department of Health has issued a [Health Advisory](#) regarding chikungunya for healthcare providers, hospitals, and local health departments.

According to the [World Health Organization \(WHO\)](#), a resurgence of chikungunya has been observed in several regions globally, with significant potential for further spread and new introductions in previously unaffected areas.

Sources: [GPCDC \(10/20/25\)](#)

## The Americas – High Number of Incident Cases Reported in Cuba:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on October 21, there have been a total of 242,541 chikungunya cases, of which 104,340 are confirmed, and 115 deaths reported in the Americas during 2025. Since the previous update, 5,637 incident cases, of which 477 are confirmed, were reported. Almost all incident cases were reported in Cuba (4,438) and Brazil (1,276).

Chikungunya Cases and Deaths, the Americas, 2025						
Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
242,541	+5,637	104,340	+477	115	+0	0.1%

Table Notes: Data extracted on October 21, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

Cases have been reported by 16 countries during 2025, primarily Brazil (229,790), Bolivia (5,372), Cuba (4,438), and Argentina (2,666). Those countries also have the highest cumulative incidence rates in the Americas, at 107.98, 42.70, 40.89 and 5.79 per 100,000 residents, respectively. There were 431,417 cases, of which 232,586 were confirmed, and 245 deaths (CFR: 0.1%) reported in the Americas during 2024.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Cuba. The New York State Department of Health has issued a [Health Advisory](#) regarding chikungunya for healthcare providers, hospitals, and local health departments. A single [locally acquired chikungunya case](#) was reported this year in the United States among a New York resident. According to [CDC data](#) as of September 30, there have been a total of 88 travel associated cases chikungunya cases reported among US travelers during 2025.

According to the [World Health Organization \(WHO\)](#), a resurgence of chikungunya has been observed in several regions globally, with significant potential for further spread and new introductions in previously unaffected areas.



Figure Notes: Data as of October 21, 2025, and includes locally acquired cases only.

Source: [PAHO \(10/21/25\)](#)

## Ebola

### Democratic Republic of the Congo – Last Patient Discharged; Countdown Begins:

According to data from the [National Institute of Public Health](#) in the Democratic Republic of the Congo (DRC), as of October 15, there have been a total of 64 Ebola (*Orthoebolavirus zairense*) cases, and 45 deaths reported in the DRC since the outbreak was [declared](#) on September 4, 2025. Since the previous update, no incident cases or deaths were reported. According to the [World Health Organization \(WHO\)](#), as of October 19, 2025, a total of 19 cases have recovered. This most recent recovery kicks off a 42-day countdown to declaring the outbreak over if no additional cases are confirmed.

Ebola Cases and Deaths, Democratic Republic of Congo, 2025						
Probable Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
11	+0	53	+0	45	+0	70.3%

Table Notes: Data as of October 15, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.

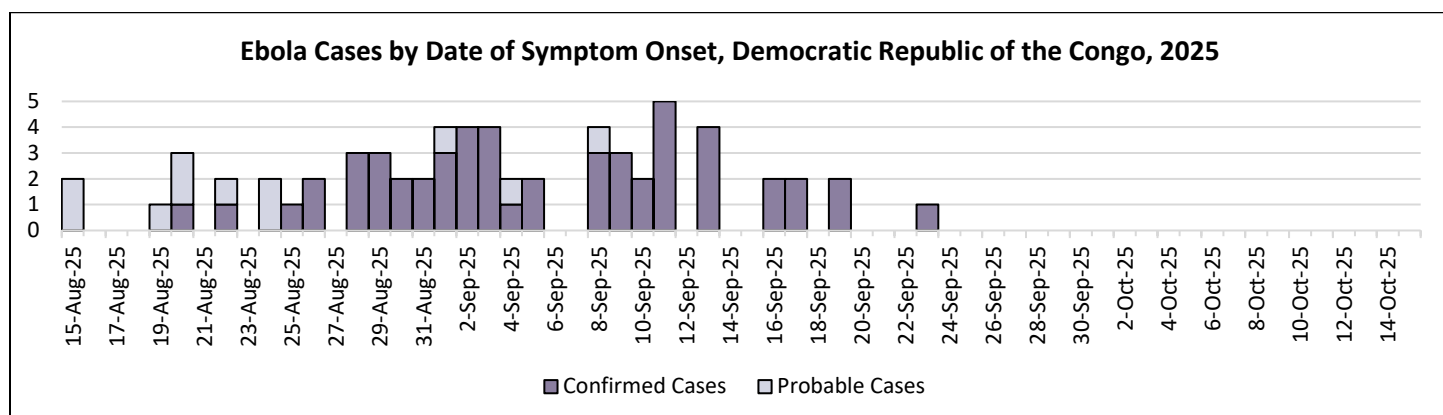


Figure Notes: Data as of October 15, 2025.

All cases have been reported in the Bulape health zone (in 6/21 health areas) of Kasai province in the DRC. A total of 32,143 individuals have been vaccinated. This is the 16<sup>th</sup> Ebola outbreak in the DRC since 1976 and the 3<sup>rd</sup> outbreak in Kasai

province since 2007. Whole genome sequencing (WGS) has determined that this outbreak is not linked to previous outbreaks in Kasai province, representing a [new zoonotic spillover event](#). If no new cases are detected, the outbreak will be declared over in early December 2025.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding Ebola in the DRC and issued a [Health Alert Network \(HAN\) Health Advisory](#). The New York State Department of Health also issued a [Health Advisory](#) regarding the outbreak. There have been no suspected, probable, or confirmed Ebola cases reported in the United States or outside the DRC in relation to this outbreak.

Sources: [NIPH \(10/16/25\)](#), [WHO \(10/19/25\)](#)

## Measles

### Canada – Incident Cases Reported in 5 Provinces; Trends Continue to Decline:

According to data from the [Public Health Agency of Canada \(PHAC\)](#), as of October 11, there have been a total of 5,090 probable and confirmed measles cases and 2 deaths (both among congenital cases) reported in Canada during 2025. Since the previous update, 30 incident cases were reported, primarily in British Columbia (11) and Alberta (11).

Measles Cases, Hospitalizations, and Deaths, Canada, 2025								
Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
361	-3	4,729	+33	371	+3	2	+0	0.04%

Table Notes: Data as of October 11, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.

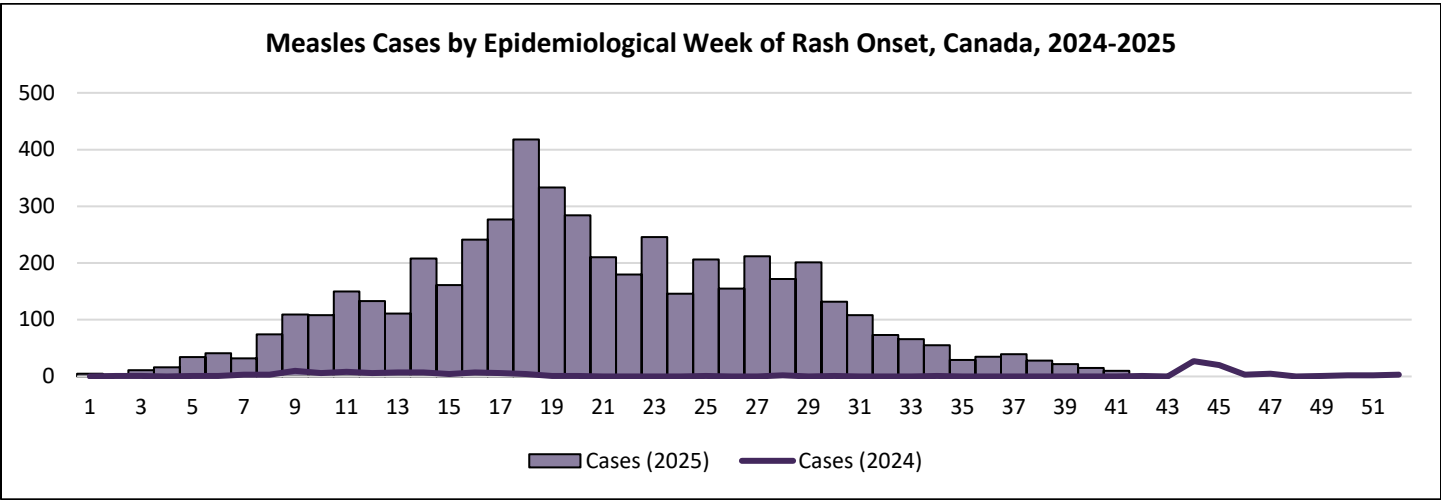


Figure Notes: Data as of October 11, 2025, and includes probable and confirmed cases.

Probable and confirmed cases have been reported by 10 provinces and territories this year, primarily Ontario (2,385), Alberta (1,932), British Columbia (314), and Manitoba (245). More detailed and up to date information regarding measles cases reported in each province is available for [Alberta](#), [British Columbia](#), [Manitoba](#), [Nova Scotia](#), [Ontario](#), and [Saskatchewan](#). Those aged 5-17 years have been most affected (44%), followed by those aged 18-54 years (28%), and those aged 1-4 years (20%). Among all cases, 93% have been unvaccinated or had unknown vaccination statuses and 7% have been hospitalized. Genotypes identified among cases include B3 and D8.

National case totals for 2025 are currently the highest observed in Canada since 2011 (752 cases). From 1998-2024, there were an average of 91 measles cases reported annually. A total of 147 confirmed measles cases and 1 death were reported in Canada during 2024. Canada risks losing measles elimination status on [October 27, 2025](#), if non-travel associated cases continue to be reported in the country.

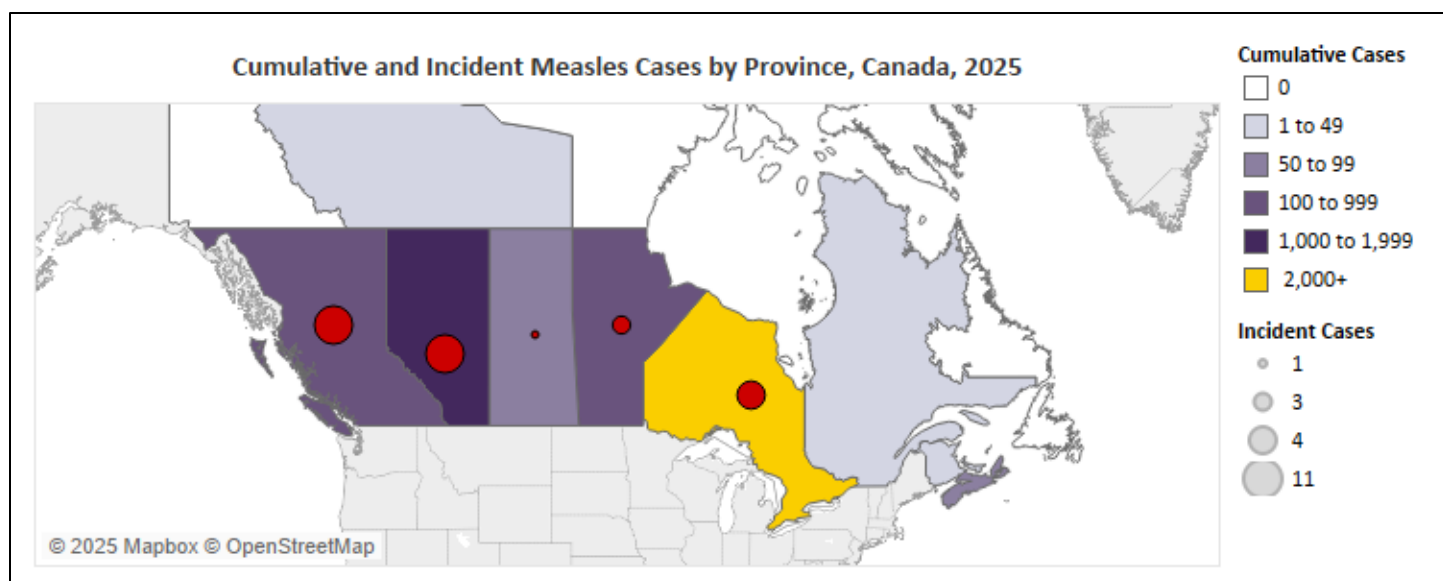


Figure Notes: Data as of October 11, 2025, and includes probable and confirmed cases.

Source: [PHAC \(10/21/25\)](#)

## Mexico – Incident Cases Reported in 6 States, Most in Southern Mexico:

According to data from the [Secretariat of Health in Mexico](#), as of October 22, there have been a total of 5,029 confirmed measles cases and 23 deaths reported in Mexico during 2025. Since the previous update, 98 confirmed incident cases were reported in Jalisco (34), Michoacán (28), Guerrero (18), Chihuahua (16), Mexico (1), and Sinaloa (1).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025						
Probable Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
11,401	+322	5,029	+98	23	+0	0.5%

Table Notes: Data as of October 22, 2025; †Change in cumulative total compared to prior update; \*Case fatality rate (CFR) calculated among confirmed cases.

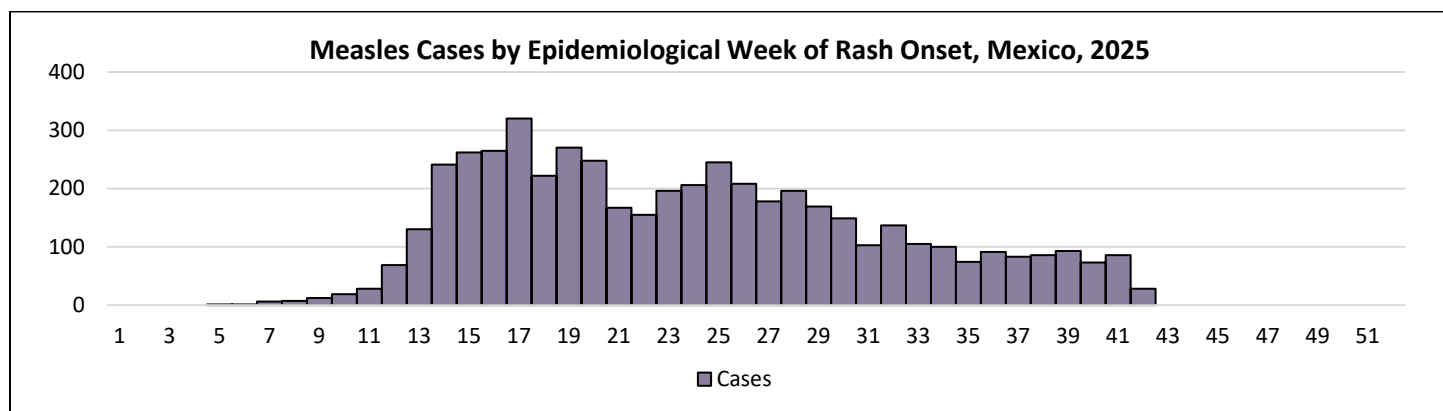


Figure Notes: Data as of October 22, 2025, and includes confirmed cases only.

Confirmed cases have been reported by 25 states during 2025, primarily Chihuahua (4,406) and Jalisco (115). Those aged 0-4 years have been most affected (1,265 cases – 12.16 per 100,000 population), followed by those aged 25-29 years (615 cases – 5.80 per 100,000 population), and those aged 30-34 years (512 cases – 4.90 per 100,000 population).

The Secretariat of Health in Mexico posts additional weekly updates with further detail on [vaccine preventable diseases \(VPDs\)](#), including measles. Mexico risks losing measles elimination status in February 2026 if non-travel associated cases continue to be reported in the country.



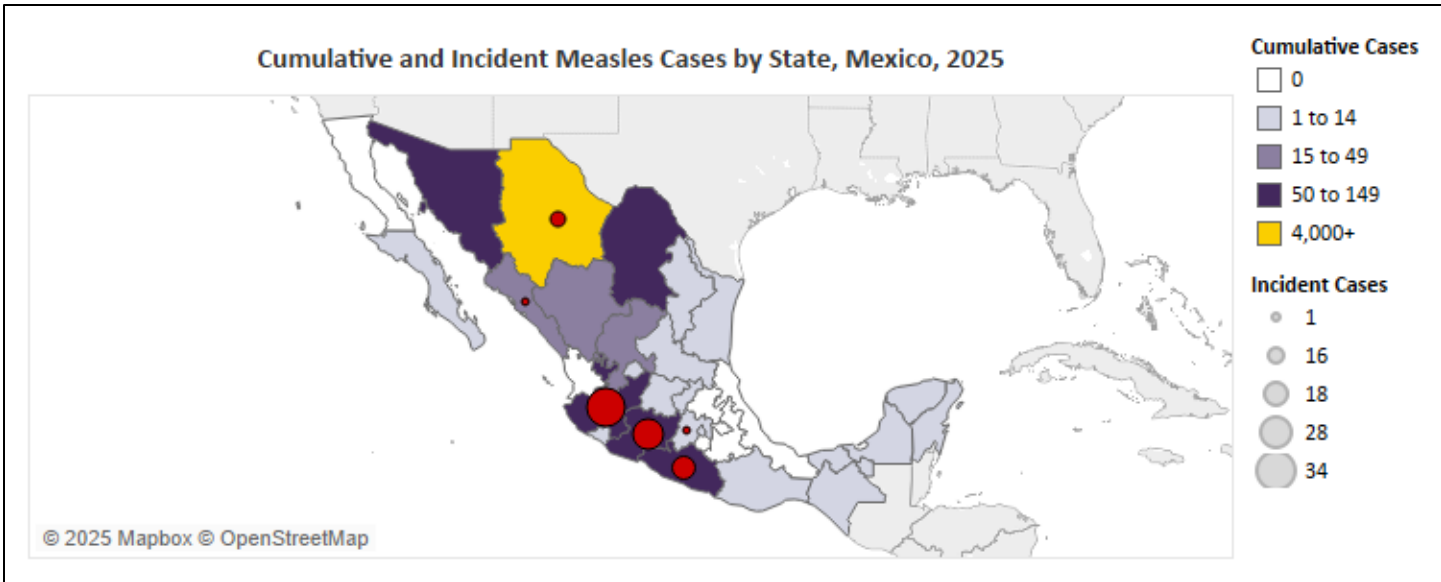


Figure Notes: Data as of October 22, 2025, and includes confirmed cases only.

Source: [Secretariate of Health \(10/22/25\)](#)

United States – Incident Cases Reported in 7 States, Several Ongoing Outbreaks:

According to data from the [United States CDC](#), as of October 21, there have been a total of 1,618 confirmed measles cases and 3 deaths reported in the United States during 2025. Since the previous update, 22 confirmed incident cases were reported, primarily in Arizona (7), South Carolina (7) and Colorado (4).

Measles Cases, Hospitalizations, and Deaths, United States, 2025						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
1,618	+22	198	+1	3	+0	0.2%

Table Notes: Data as of October 21, 2025, and includes cases among international visitors to the United States (23); †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

Confirmed cases have been reported by 42 states, primarily [Texas](#) (803), [New Mexico](#) (100), and [Kansas](#) (90); however, outbreaks in those states have subsided or been declared over. There have been 43 outbreaks reported – 87% of confirmed cases are outbreak associated. Recent outbreaks have been reported in [Arizona](#), [Utah](#), and [South Carolina](#).

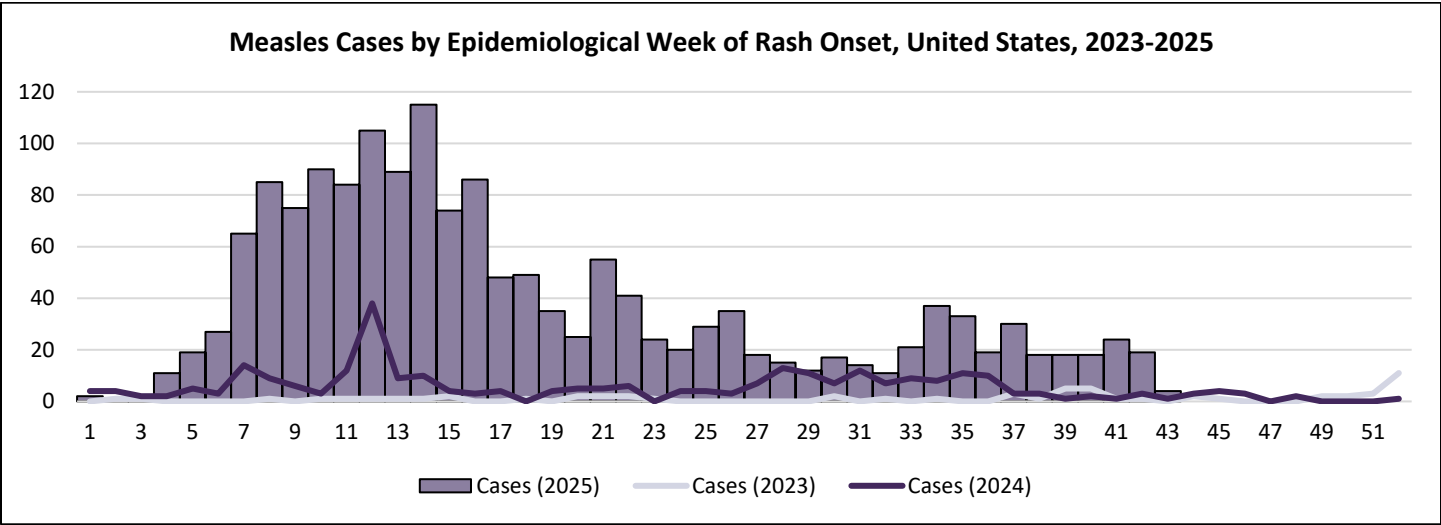
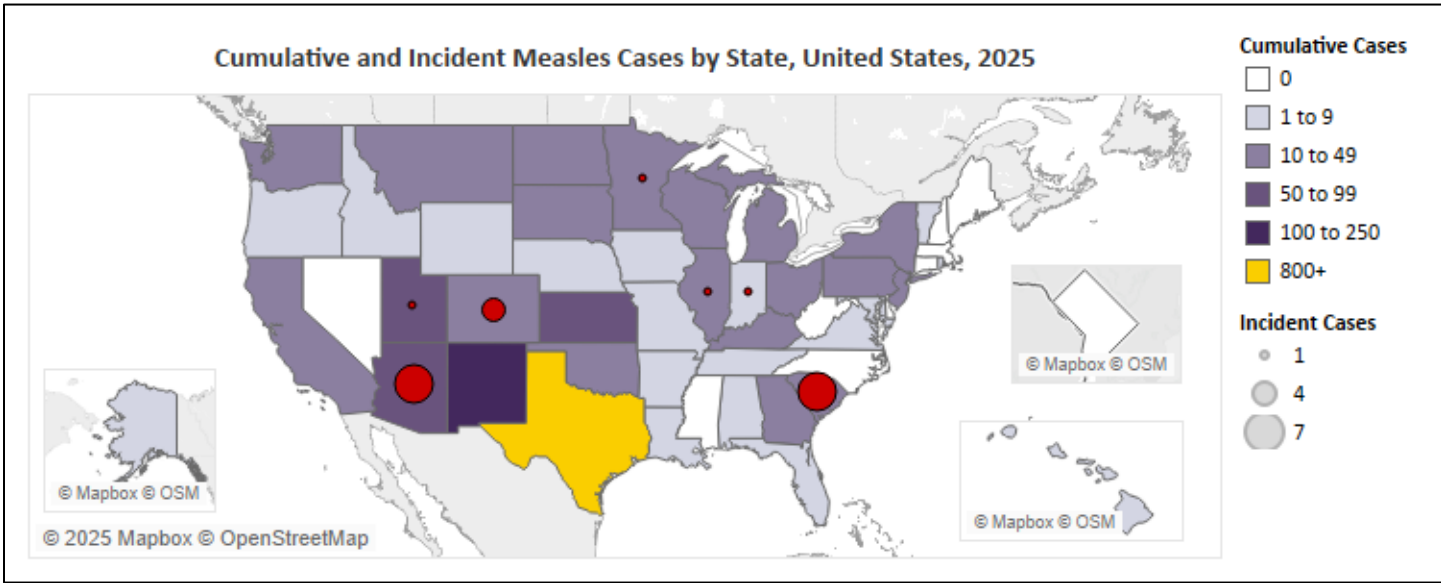


Figure Notes: Data as of October 21, 2025, and includes cases among international visitors to the United States (23).

Those aged 5-19 years have been most affected (40%), followed by those aged 20+ years (33%), and those aged under 5 years (27%). Among all confirmed cases, 92% have been unvaccinated or had unknown vaccination statuses and 12% have been hospitalized – including 22% of cases aged <5 years. Additionally, a [death](#) from subacute sclerosing panencephalitis (SSPE), a rare complication that can occur among individuals who had measles early in life, was reported this year among school-aged child that was originally infected with measles as an infant prior to being eligible for measles vaccination.



Notes: Data as of October 21, 2025; Confirmed cases among international visitors to the United States (23) are not included.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally and the New York State Department of Health has issued a [Travel Advisory](#) for all New Yorkers. There have been 18 confirmed cases reported in [New York City \(NYC\)](#) and 8 confirmed cases reported in [New York State outside of NYC](#). National case totals for 2025 are currently the highest observed in the United States since [1992](#) (2,126 cases). There were a total of 285 confirmed measles cases and no deaths reported in the United States during 2024. The United States risks losing measles elimination status in January 2026 if non-travel associated cases continue to be reported in the country.

Source: [CDC \(10/22/25\)](#)

Mpox

Africa – Updated Data on Public Health Emergency of Continental Security:

According to data from the [World Health Organization \(WHO\)](#), as of October 19, there have been a total of 57,745 confirmed mpox cases and 229 deaths reported in Africa since the beginning of 2024. Since the previous update, 497 confirmed incident cases and 7 deaths were reported. Egypt and [Namibia](#) each reported a confirmed case for the first time.

Mpox Cases and Deaths by Select Countries, Africa, 2024-2025						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,497	+2	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	33,905	+249	75	+5	0.2%
Ghana	IIa and IIb	735	+22	3	+0	0.4%
Guinea	IIa and IIb	1,079	+20	1	+0	0.1%
Kenya	Ib	739	+29	10	+0	1.4%
Liberia	IIa and IIb	1,158	+124	6	+2	0.5%
Sierra Leone	IIa and IIb	5,433	+5	59	+1	1.1%



Uganda	Ib	8,248	+0	50	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	1,951	+46	24	-1	1.2%
<b>Total</b>	<b>Ia, Ib, IIa, and IIb</b>	<b>57,745</b>	<b>+497</b>	<b>229</b>	<b>+7</b>	<b>0.4%</b>

Table Notes: Data as of October 19, 2025, and includes confirmed cases only. †Change in cumulative total compared to previous update;  
\*Case fatality rate (CFR) calculated among confirmed cases.

Confirmed cases have been reported by 31 African countries since the beginning of 2024 (27 during 2025), primarily the Democratic Republic of the Congo (DRC) (33,905), Uganda (8,248), Sierra Leone (5,433), and Burundi (4,497). Recently, confirmed case trends in those countries have been improving; however, confirmed case trends have been elevated or increasing in Ghana, Guinea, Liberia, and Kenya since early May. Overall, trends have been improving on the continent.

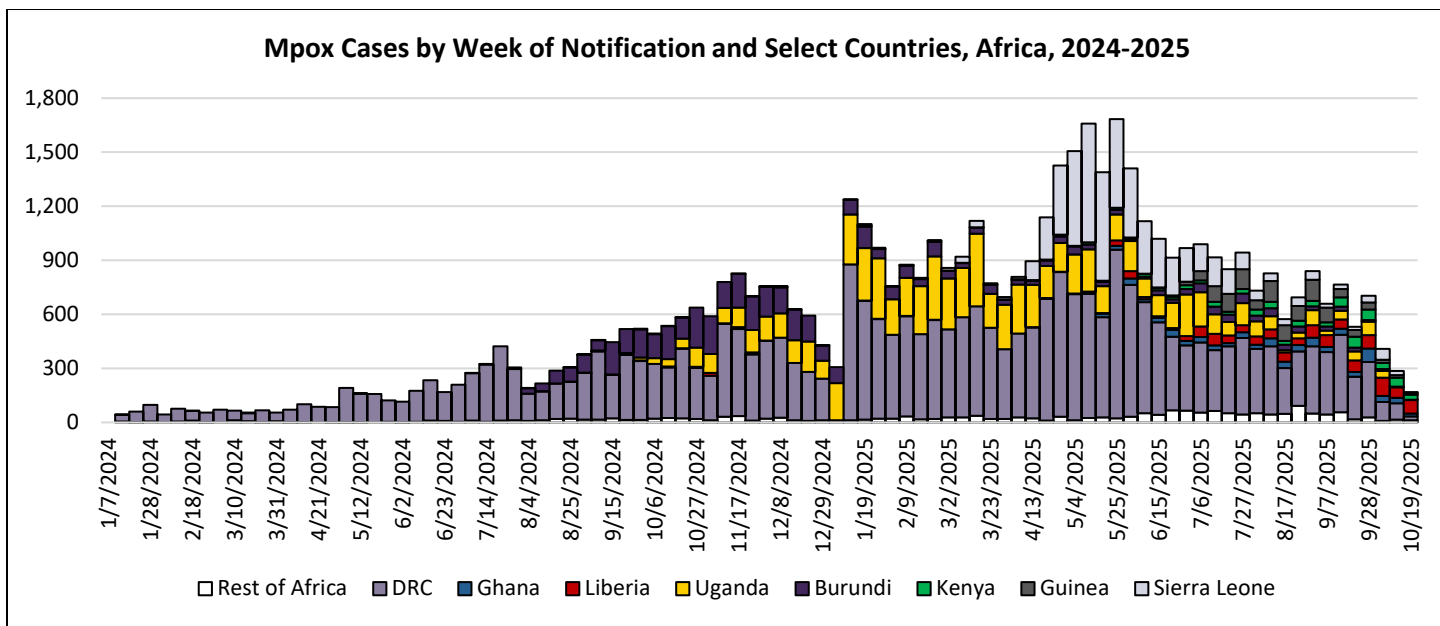


Figure Notes: Data as of October 19, 2025, and includes confirmed cases only; \*3,906 confirmed cases reported in the DRC are excluded.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding clade II mpox in Liberia and Sierra Leone. Confirmed case totals in Africa for 2025 (39,799) have already doubled totals for 2024 (17,944). The Africa CDC currently assesses the situation to be a [Public Health Emergency of Continental Security \(PHECS\)](#).

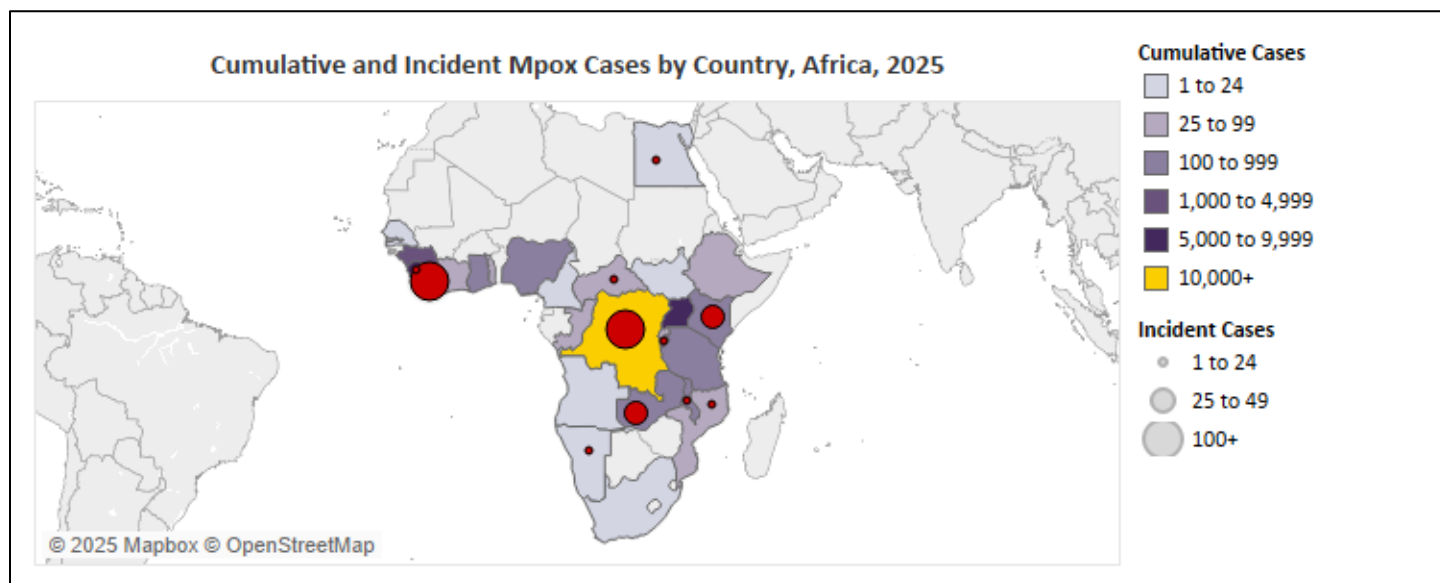


Figure Notes: Data as of October 19, 2025, and includes confirmed cases only.

Source: [WHO \(10/24/25\)](#)

## Global (Outside of Africa) – Multiple Travel Associated Clade I Cases Reported:

According to data from the [World Health Organization \(WHO\)](#), as of October 12, there have been a total of 88 travel associated and 37 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 3 incident travel associated clade I mpox cases were reported in France (1), India (1), and Italy (1).

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2025			
Travel Associated Clade I Cases		Secondary Clade I Cases Linked to Travel Associated Clade I Cases	
Cumulative	Incident†	Cumulative	Incident†
88	+3	37	+0

Table Notes: Data as of October 12, 2025; †Change in cumulative total compared to previous update.

Subclade of travel associated clade I mpox cases reported since the beginning of 2024 is distributed as follows: 81 clade Ib, 4 clade Ia, and 3 clade I without information on subclade. The incident travel associated case reported in France was caused by clade Ib, while information on subclade was not available for those cases reported in India and Italy. Those incident travel associated cases reported in France and Italy traveled to areas of Africa experiencing clade I transmission, while travel history for the case reported in India is currently under investigation.

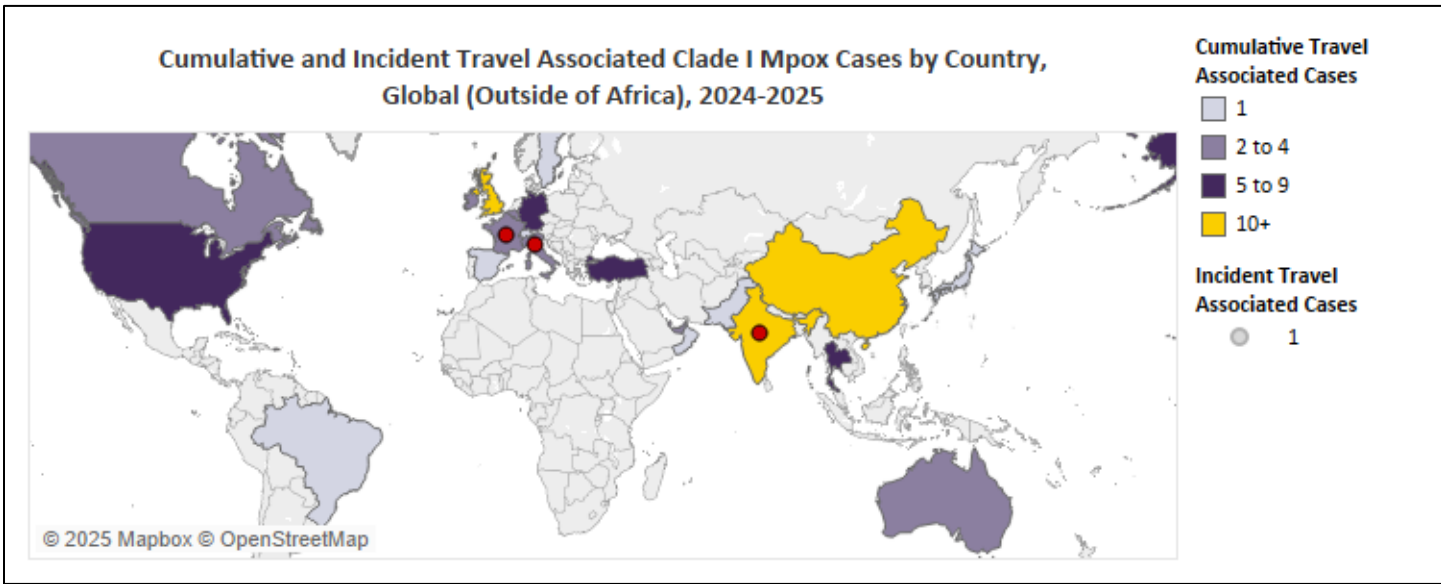


Figure Notes: Data as of October 12, 2025, and does not include secondary cases or clade I cases not determined to be travel associated.

Travel associated cases have been reported by 22 countries outside of Africa, primarily China (11), India (11), and the United Kingdom (11). Most travel associated clade I mpox cases report travel to areas of Africa experiencing ongoing transmission or the United Arab Emirates (UAE). Secondary cases linked to travel associated cases have been reported by 7 countries, including China (20), Germany (4), the United Kingdom (4), Belgium (3), Qatar (3), Ireland (2) and Australia (1). A total of 6 travel associated clade I mpox cases have been reported in the [United States](#) since the beginning of 2024, including a case in [New York State](#).

Source: [WHO \(10/17/25\)](#)

## Europe – Locally Acquired Clade Ib Cases Reported in Multiple Countries:

### Netherlands

According to the [National Institute for Public Health and the Environment \(RIVM\)](#) in the Netherlands, on October 17, 2025, a locally acquired clade Ib case was confirmed in the country among an unvaccinated male with no recent travel history.

The case had been active among men who have sex with men and is currently in isolation. This is the first locally acquired clade I mpox case reported in the Netherlands and the second in Europe given the recent clade I case reported in [Spain](#).

**Italy and Portugal**

According to the [European Centre for Disease Prevention and Control \(ECDC\)](#), 3 locally acquired clade Ib cases were reported in Italy (2) and Portugal (1) following reports of locally acquired clade Ib mpox cases in Spain and the Netherlands. These locally acquired incident cases were reported among men, some of whom identify as men who have sex with men, with no recent travel history to areas with endemic clade I mpox transmission. Including these cases, there have been a total of 5 locally acquired clade Ib mpox cases reported in Europe during 2025. A total of 29 clade Ib mpox cases have been reported to the ECDC prior to these cases, of which 7 required hospitalization.

Source: [RIVM \(10/20/25\)](#), [ECDC \(10/24/25\)](#)

**United States – Locally Acquired Clade I Cases Indicative of Community Spread:**

According to a press release from the [California Department of Public Health \(CDPH\)](#), as of October 17, there have been a total of 3 unrelated confirmed locally acquired clade I mpox cases reported in the southern part of the state during the past week. Since the previous update, 1 incident confirmed locally acquired clade I case was reported in [Los Angeles County](#), the second confirmed locally acquired case reported in the county. Confirmed locally acquired clade I cases were reported earlier in the week in the [City of Long Beach](#) and [Los Angeles County](#). The detection of these unrelated locally acquired cases is indicative of community transmission of clade I mpox in California – an even greater concern given there have been [recent increases in clade II mpox cases reported](#) in the state. All cases were hospitalized and are currently recovering with standard care. Investigations have determined that community transmission of clade I mpox is occurring among gay, bisexual, and other men who have sex with men and their social networks.

Clade I mpox may cause more severe infections compared to clade II mpox. In addition to the locally acquired clade I mpox cases reported in California, there have been a total of 6 travel associated clade I mpox cases reported in the United States among individuals returning from areas of Central and Eastern Africa, none of which are linked, and none of which transmitted the infection to others.

Sources: [CDPH \(10/17/25\)](#), [CDC \(10/17/25\)](#)

**Non-Seasonal Influenza**

**Cambodia – Human Cases Reported in Multiple Provinces (H5N1):**

According to data from multiple sources, as of October 18, there have been a total of 17 human H5N1 cases and [8 deaths](#) reported in Cambodia during 2025. Since the previous update, 2 incident human H5N1 cases were reported among children in Takeo (1) and Kampong Speu (1) Provinces.

Human Avian Influenza Type A(H5N1) Cases and Deaths, Cambodia, 2025				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
17	+2	8	+1	41.2%

Table Notes: Data as October 18, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

According to the [Hong Kong Centre for Health Protection \(HKCHP\)](#), the case in Takeo Province was reported among a 14-year-old female that is currently hospitalized, while the case in Kampong Speu Province was reported among a 3-year-old female that is currently under intensive care. According to a recent [World Health Organization \(WHO\) report](#), the case in Takeo Province had no underlying medical conditions and was exposed to sick and dead poultry at their place of residence (that tested positive for H5N1) a week prior to symptom onset. A total of 10 close contacts were identified, all

of which tested negative for H5N1. According to a [press release from the Cambodian Health Ministry](#), the case in Kampong Speu Province was exposed to sick and dead poultry at their place of residence a week prior to symptom onset. Human H5N1 cases have been reported in 9 provinces this year, primarily Siem Reap (5) and Takeo (4) Provinces.

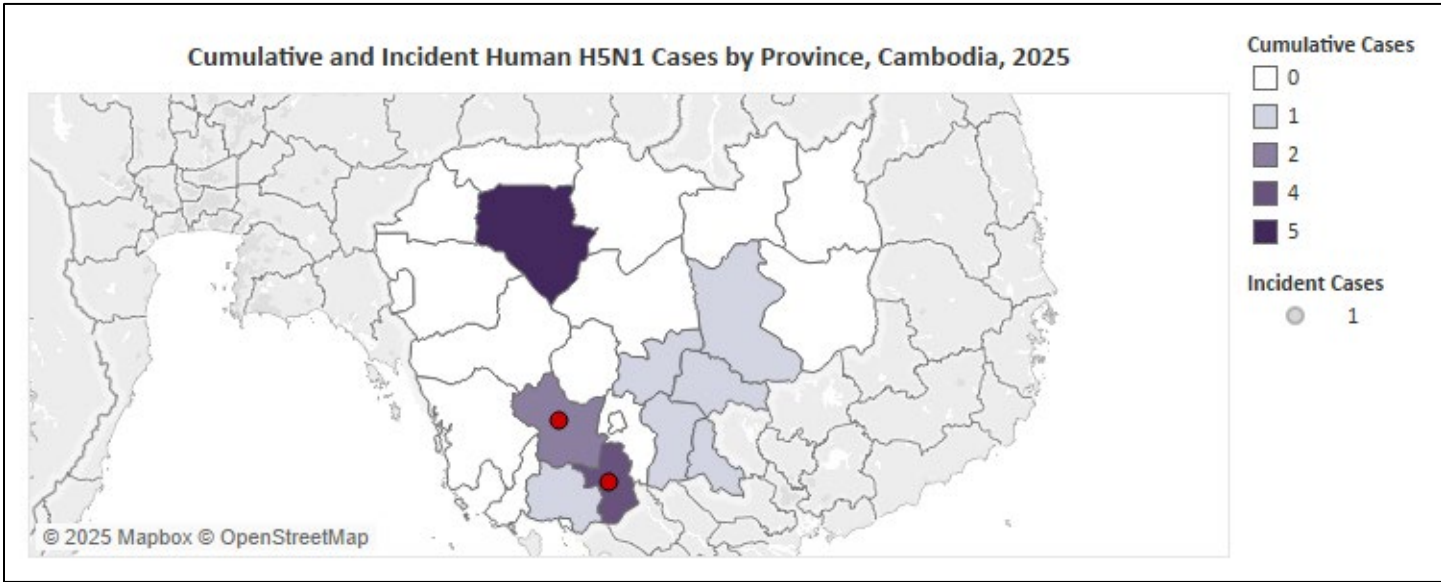


Figure Notes: Data as of October 18, 2025; and includes confirmed cases only.

After a period with no human H5N1 cases reported from 2015-2022, there has been a [rise in the number of human H5N1 cases reported](#) annually in Cambodia. All human cases in the country reported during 2025 (except for the most recent case in Kampong Speu Province where exposure is unknown at this time) were exposed to domestic birds or poultry prior to illness onset.

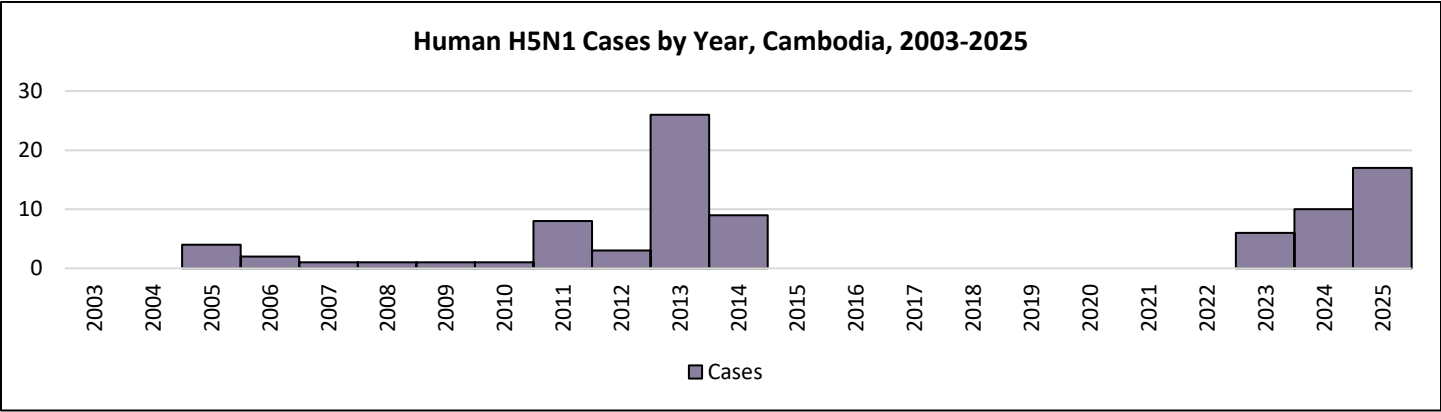


Figure Notes: Data as of October 18, 2025.

Sources: [HKCHP \(10/21/25\)](#), [WHO \(9/26/25\)](#)

**Bangladesh – Human Case Reported in Sylhet Division; Fourth During 2025 (H5):**

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#), health officials in Bangladesh reported a nonfatal human avian influenza type A(H5) case among a male in Sylhet Division with illness onset dated July 27, 2025. No other information regarding the case, including information on subclade, was provided. This is the fourth human H5 case reported in Bangladesh during 2025 – there have been a total of 12 human H5 cases reported in the country since 2008. The [most recent case \(H5N1\)](#) was reported in May among a child in Chittagong Division that was exposed to backyard poultry prior to illness onset, hospitalized, and recovered from infection. The [other cases reported this year \(H5N1\)](#) were both in Khulna Division and both recovered from infection.

Source: [HKCHP \(10/21/25\)](#)

## United States – Poultry Flock Detections Reported in 3 Additional States (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#), as of October 23, 2025, there have been a total of 1,791 confirmed HPAI detections reported among poultry flocks in the United States since February 8, 2022. In the past 30 days, a total of 61 confirmed HPAI detections have been reported.

HPAI Detections in the Past 30 Days, United States, as of October 21, 2025						
Poultry Flocks		Livestock Herds			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
32	29	1	0	0	715	4

Table Notes: Data as of October 23, 2025; The number of detections reported in the past 30 days are based on date of detection/confirmation rather than date of sample collection.

In the past 30 days, HPAI has been detected among poultry flocks in 17 states, primarily Minnesota (17), Montana (6), Indiana (6), Idaho (5), Oregon (5), and other midwestern and northern states, impacting 6.42 million birds. Following a period with very few detections in June (3), July (1), and August (3), there has been an increase that started in September (29) and has been continuing into October (50). Similar trends have been observed during recent years ([2022-2024](#)).

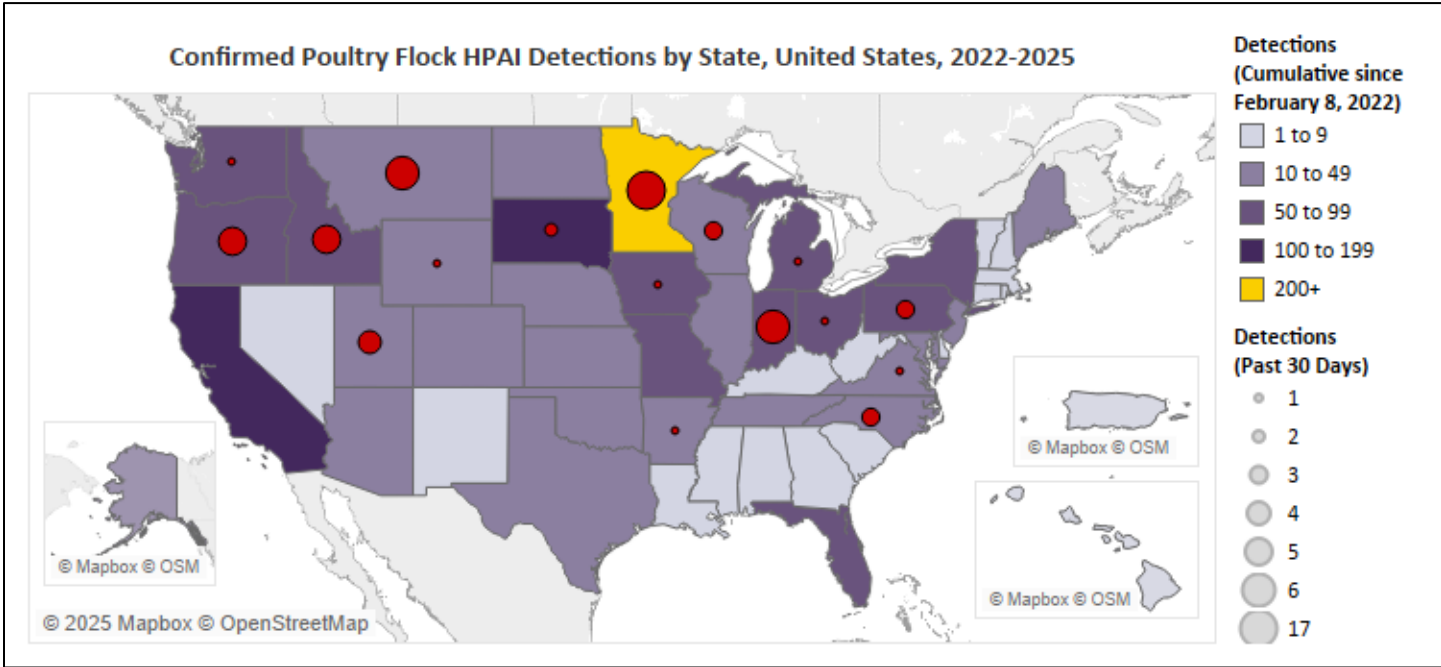


Figure Notes: Data as of October 23, 2025.

According to data from the [United States CDC](#), as of September 16, there have been a total of 70 confirmed human HPAI H5N1 cases, including [1 death](#), and 7 probable human H5N1 cases reported since the beginning of 2024. Most were exposed during commercial agriculture and related operations involving dairy cattle and poultry. According to the CDC, the current risk to public health is low. HPAI continues to be detected among [livestock](#), [wild birds](#), and other [mammals](#).

On October 15, 2025, the Pan American Health Organization (PAHO) published an [Epidemiological Update](#) regarding avian influenza type A(H5N1) in the Americas. Since 2022, 19 countries in the Americas have reported a cumulative total of 5,063 H5N1 outbreaks, and 5 countries have reported a cumulative total of 76 human H5N1 cases, including 2 deaths.

Sources: [USDA \(10/23/25\)](#), [CDC \(09/16/25\)](#)

## Mexico – Human Case Reported in Mexico City; Second During 2025 (H5):

According to data from the [Pan American Health Organization \(PAHO\)](#), on October 2, 2025, health officials in Mexico reported a confirmed human avian influenza type A(H5Nx) case among a 23-year-old female in Mexico City. The case had



no history of seasonal influenza vaccination or recent travel, developed initial respiratory symptoms on September 14, and was hospitalized on September 28 after symptoms progressively worsened. Samples tested confirmed infection with an avian influenza A(H5Nx) virus (subtype unavailable) and the case was discharged from the hospital on October 11 after being treated with oseltamivir. The case was exposed to poultry and other birds at their place of residence that tested positive for influenza A(H5). A total of 41 contacts were identified, all of which tested negative for avian influenza. Highly pathogenic avian influenza (HPAI) outbreaks have been [reported](#) throughout the year in Mexico.

This is the second human H5 case reported in Mexico during 2025 and the third reported since [May 2024](#). The [first case](#) this year was [reported](#) in April among a 3-year-old female in Durango that was hospitalized and ultimately [died](#) from infection.

Sources: [PAHO \(10/15/25\)](#), [HKCHP \(10/21/25\)](#)

Pertussis

Japan – Incident Case Trends Resume Steady Decline Observed Since July:

According to data from the [Japan Institute for Health Security \(JIHS\)](#), as of October 15, there have been a total of 81,828 pertussis cases and at least [4 deaths](#) reported in Japan during 2025. Since the previous update, 1,109 incident pertussis cases were reported, of which 944 reported symptom onsets during epidemiological week 41 (a 20.9% decrease compared to the prior week). [Trends](#) in weekly reported incident cases have been steadily declining since mid-July.

Pertussis Cases and Deaths, Japan, 2025					
Cases			Deaths		
Cumulative	Incident†	EPI Week 41‡	Cumulative	Incident†	CFR*
81,828	+1,109	944	4	+0	0.0%

Table Notes: Data as October 15, 2025; †Change in cumulative total compared to previous update; ‡Incident cases with symptom onset during most recent epidemiological week; \*Case fatality rate (CFR) calculated among all cases.

Cases have been reported in all 47 prefectures, with Tokyo (6,369), Saitama (4,393), Niigata (3,777), Kanagawa (3,543), and Chiba (3,292) reporting the highest cumulative case totals. During epidemiological week 41, Tokyo (79), Aichi (70), and Saitama (63) reported the highest number of incident cases. This is the highest number of pertussis cases reported in Japan since [2019](#) (16,845).

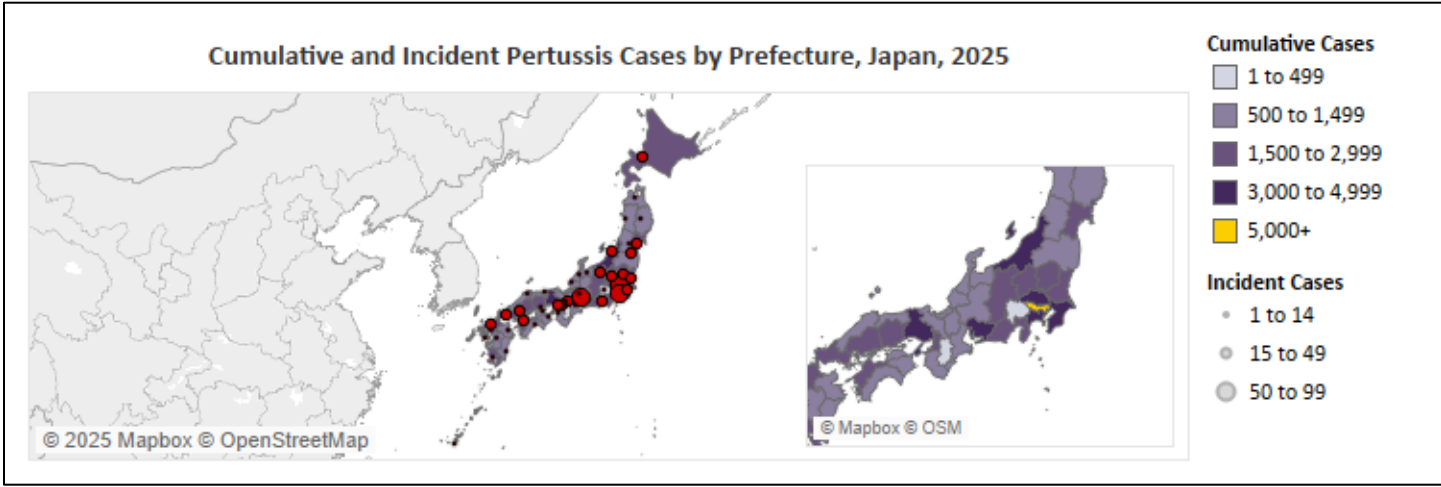


Figure Notes: Data as of October 15, 2025.

Sources: [NHK \(10/08/25\)](#), [JIHS \(10/21/25\)](#)



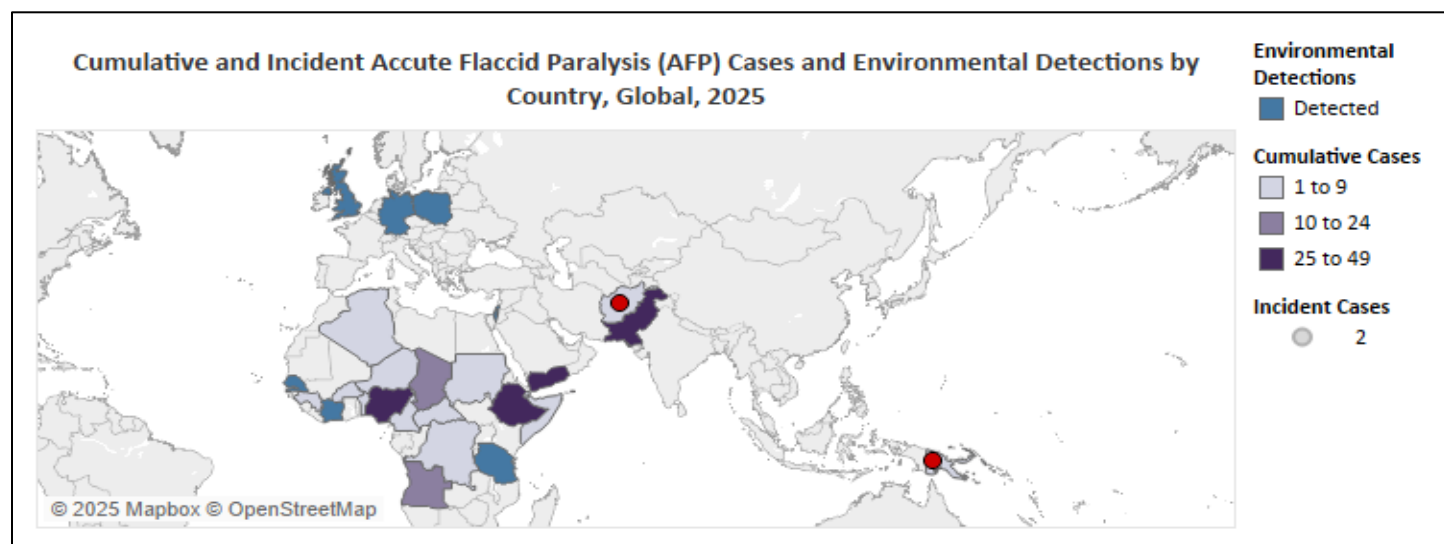
## Global – Incident AFP Cases (WPV1 & cVDPV2) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#), as of October 20, there have been a total of 38 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 3 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 151 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 5 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3), with onset of paralysis during 2025 reported this year. Since the previous update, 2 incident AFP cases caused by WPV1 were reported in Afghanistan, and 2 incident AFP cases caused by cVDPV2 were reported in Papua New Guinea.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2025							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
38	+2	3	+0	151	+2	5	+0

*Table Notes: Data as of October 20, 2025, and only includes AFP cases reporting onset of paralysis during 2025; †Change in cumulative total compared to previous update.*

AFP cases caused by WPV1 with onset of paralysis during 2025 have been reported this year by [Pakistan](#) (29) and [Afghanistan](#) (9). AFP cases caused by cVDPV1 with onset of paralysis during 2025 have been reported this year by Algeria (1), [Lao People's Democratic Republic](#) (1), and the Democratic Republic of the Congo (1). AFP cases caused by cVDPV2 with onset of paralysis during 2025 have been reported this year by 13 countries, primarily Ethiopia (40), Nigeria (37), Yemen (29), Chad (18), and Angola (12). AFP cases caused by cVDPV3 with onset of paralysis during 2025 have been reported this year by Chad (2), Guinea (2), and Cameroon (1).



*Figure Notes: Data as of October 20, 2025, and only includes cases with onset of paralysis or environmental detection samples collected during 2025.*

Environmental detections from samples collected during 2025 have been reported by 8 countries (Germany, [Israel](#), the Ivory Coast, occupied Palestinian territory, Poland, Senegal, Tanzania, and the United Kingdom) with no reported AFP cases, suggesting undetected transmission was occurring at some point in these countries.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding polio globally. According to the GPEI, wild poliovirus is endemic in Afghanistan and Pakistan with outbreaks of variant polioviruses occurring in 38 countries. A total of 99 AFP cases caused by WPV1, 11 AFP cases caused by cVDPV1, 448 AFP cases caused by cVDPV2, and 4 AFP cases caused by cVDPV3, all with onset of paralysis during 2024 have been reported.

**Sources:** [GPEI-1 \(10/20/25\)](#), [GPEI-2 \(10/20/25\)](#)

## Rift Valley Fever

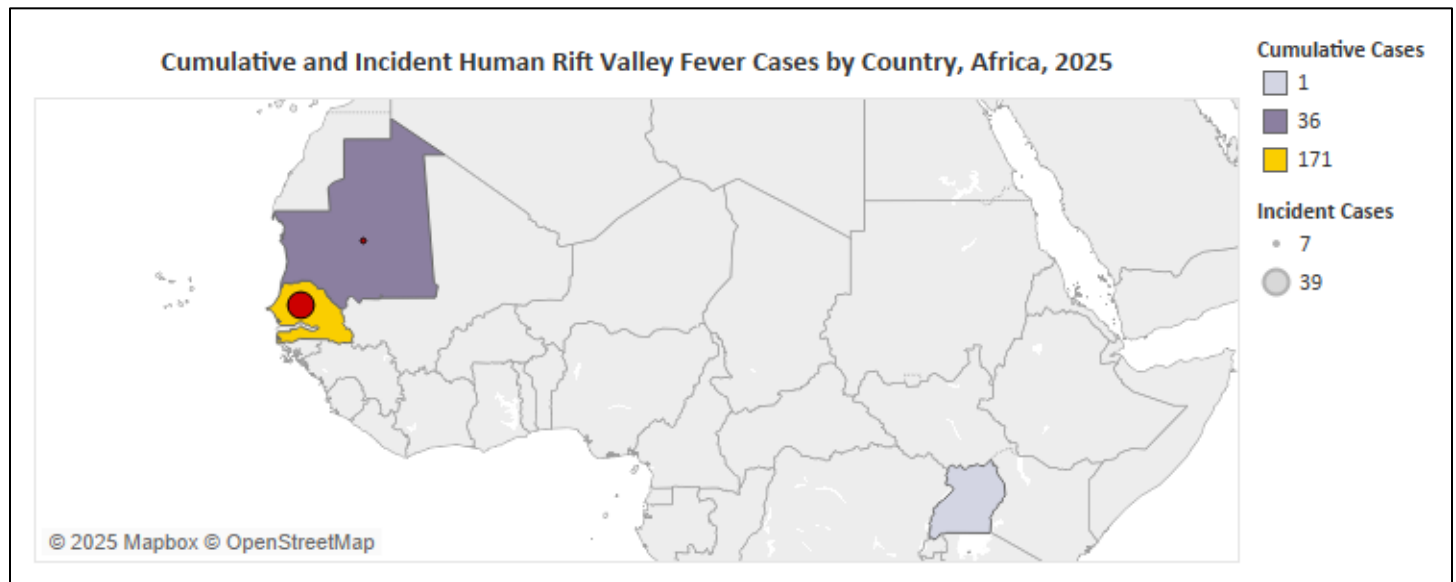
### Africa – Incident Case Trends Decrease in Mauritania, Increase in Senegal:

According to data from the [Africa Centers for Disease Control and Prevention \(Africa CDC\)](#), as of October 12, there have been a total of 934 human Rift Valley Fever (RVF) cases, of which 208 are confirmed, and 34 deaths reported in Africa during 2025. Since the previous update, 46 confirmed incident cases and 4 deaths were reported in Mauritania (7 cases; 1 death) and Senegal (39 cases; 3 deaths).

Human Rift Valley Fever Cases by Country, Africa, 2025							
Country	Suspected Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Mauritania	70	+10	36	+7	13	+1	36.1%
Senegal	656	+117	171	+39	20	+3	11.7%
Uganda	0	+0	1	+0	1	+0	100.0%
<b>Total</b>	<b>726</b>	<b>+127</b>	<b>208</b>	<b>+46</b>	<b>34</b>	<b>+4</b>	<b>16.3%</b>

*Table Notes: Data as of October 12, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.*

Confirmed cases have been reported in 13 regions of Mauritania (36), 3 regions of Senegal (171), and there has been a single case in Uganda. Compared to the previous week, Mauritania saw a 79% decrease in the number of incident cases reported while Senegal saw a 43% increase. Males account for 78% and 58% of confirmed cases in Mauritania and Senegal, respectively.



*Figure Notes: Data as of October 12, 2025, and includes confirmed cases only.*

RVF is a virus carried by mosquitos that can spread to people and animals. Humans typically become infected through contact with blood, body fluids, or tissues of infected animals in areas where the virus typically spreads – primarily sub-Saharan Africa. According to the [World Organization for Animal Health \(WOAH\)](#), human infections typically occur when disease is widespread amongst animals, something that has been the case this year and is linked to heavy rainfall and flooding during the preceding months, creating favorable conditions for transmission. Human to human transmission has not been documented.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding Rift Valley Fever in Senegal. According to [BEACON](#), the current outbreak in Senegal is the most severe since 1987-1988, with the [most recent outbreak](#) occurring in November 2021. The [most recent outbreak](#) in Mauritania occurred in 2022.

## Other Outbreaks, News, and Events (2025)

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### Other Outbreaks:

#### Chikungunya

- Region of the Indian Ocean – CDC Updates Active Level 2 Travel Health Notice ([September 11](#))
- Réunion – 54,242 Confirmed Cases Reported, Trends Still Declining ([June 26](#))

#### COVID-19

- Global – Activity Increasing in Several WHO Regions ([May 29](#))

#### Dengue

- The Americas – Updated Data on 2025 Trends ([August 7](#))

#### Ebola

- Uganda – Outbreak Declared Over after 42 Days with No New Cases Identified ([May 1](#))

#### Lassa Fever

- Nigeria – Weekly Number of New Confirmed Cases Continues to Decline ([May 15](#))
- United Kingdom – Health Security Agency Identifying Case Contacts ([March 13](#))

#### Listeria

- United States – Additional Pre-Cooked Meals Affected in Multistate Outbreak ([October 2](#))
- United States – Multistate Outbreak Linked to Ready-to-Eat Foods ([May 15](#))
- United States – Ongoing Multistate Outbreak Linked to Supplement Shakes ([February 27](#))

#### Marburg

- Tanzania – Outbreak Declared Over after 42 Days with No New Cases Identified ([March 13](#))

#### Measles

- Israel – Updated Data on Ongoing Outbreak ([October 16](#))
- Global – WHO Provides Monthly Update on Cases and Rates for 2025 ([October 9](#))
- Morocco – WHO Provides Update on Outbreak Covering all Regions ([May 15](#))
- Vietnam – Over 75,000 Suspected Cases Reported ([April 24](#))
- Europe – 2025 Case Trends Lower Compared to 2024, Driven by Romania ([April 3](#))
- Region of the Americas – PAHO Issues Updated Rapid Risk Assessment ([March 27](#))

#### Meningococcal Disease

- Kingdom of Saudi Arabia – Many Cases Reported in Association with Travel for Umrah ([April 17](#))

#### Middle East Respiratory Syndrome (MERS)

- Kingdom of Saudi Arabia – WHO Issues Update on Detected Cases ([May 15](#))

#### Mpox

- Africa – Updated Data on Public Health Emergency of Continental Security ([October 16](#))
- Spain – Locally Acquired Clade I Case Reported in Madrid ([October 16](#))
- United Kingdom - Confirmed Clade Ib Mpox Case Detected with No Travel Link ([April 10](#))

### **New World Screwworm**

- The Americas – NWS Coming Closer to the United States Southern Border ([October 2](#))

### **Nipah**

- Bangladesh – WHO Reports Multiple Fatal cases in Different Districts ([September 18](#))

### **Non-Seasonal Influenza**

- China – Incident Cases Reported in Hunan and Jiangxi Provinces (H9N2) ([October 16](#))
- India – New Human Case Reported (H5N1) ([July 17](#))
- China – Imported Human Case Reported among Adult (H5N1) ([May 29](#))
- Vietnam – Human Case Reported with Encephalitis (H5N1) ([April 24](#))
- United States – First Detection of 2024-2025 Season Reported in Iowa (H1N2v) ([February 13](#))
- United Kingdom – Confirmed Case Detected among Poultry Worker (H5N1) ([January 30](#))

### **Norovirus**

- United States – Weekly Number of Outbreaks Reported Continues to Decline ([April 17](#))

### **Oropouche**

- The Americas – Updated Travel Health Notice from CDC ([September 11](#))

### **Pertussis**

- United States – Death Among Infant Reported in Mississippi ([October 2](#))

### **Powassan**

- United States – Illinois Reports First Ever Confirmed Case in the State ([September 25](#))

### **Salmonella**

- United States – New Multistate Outbreak Linked to Home Delivery Meals ([September 11](#))
- United States – Update on Outbreak Linked to Backyard Poultry ([August 21](#))
- United States – Outbreak Linked to Eggs Declared Over ([July 17](#))
- United States – New Outbreak Linked to Frozen Sprouted Beans Reported ([July 17](#))
- United States – New Outbreak Linked to Pistachio Cream Reported ([June 26](#))
- United States – Update on Multistate Outbreak Linked to Whole Cucumbers ([June 5](#))
- United States – Update on Multistate Outbreak Linked to Pet Geckos ([May 29](#))
- United States and Canada – Outbreak Linked to Miniature Pastries ([February 13](#))

### **Seasonal Influenza**

- United States – Pediatric Deaths Reach 15 Year High ([May 8](#))

### **Tuberculosis**

- England – Increasing National Trend ([February 6](#))
- United States – Increasing National Trend ([February 6](#))

## Unknown Febrile Illness (Malaria)

- Democratic Republic of the Congo – Cause of Illness and Deaths Determined ([March 27](#))

## Yellow Fever

- The Americas – Colombia Continues to Report Incident Cases and Deaths ([September 25](#))

## Other News and Events:

- [Fiji becomes the 26th country to eliminate trachoma as a public health problem](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [New poll reflects broad American distrust in health agencies and their advice | CIDRAP](#)
- [Diphtheria in Guinea - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Nigeria - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Mauritania: 431 diphtheria cases and 23 deaths reported as of 19 Oct 2025 amid resurgence in Hodh Ech Chargui, Hodh El Gharbi, and Assaba regions - BEACON](#)
- [Western Australia Measles Alert | The Transmission | University of Nebraska Medical Center](#)
- [Oropouche in the Americas - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Protection from flu vaccine around 50% for Southern Hemisphere, data reveal | CIDRAP](#)
- [Chikungunya in the Region of the Indian Ocean - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Hand, foot, and mouth disease outbreak hits 31 schools, day cares in Tennessee county | The Transmission | University of Nebraska Medical Center](#)
- [New World Screwworm Outbreak in Central America](#)
- [Survey exposes gaps in what people know about the risks of Lyme disease | CIDRAP](#)
- [Bird flu cases increase across Europe, Japan | The Transmission | University of Nebraska Medical Center](#)
- [American Samoa: Rising dengue cases and regional risk - BEACON](#)
- [Europe, Australia report low flu vaccine uptake as flu activity soars Down Under | CIDRAP](#)
- [RSV vaccine for older adults 92% protective against poor outcomes, real-world study estimates | CIDRAP](#)
- [Maldives becomes the first country to achieve 'triple elimination' of mother-to-child transmission of HIV, syphilis and hepatitis B](#)
-