



**Date: 10/30/25**

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 27, there have been a total of 762 locally acquired chikungunya cases reported during 2025. Since the previous update, 13 locally acquired incident cases were reported, a decrease compared to the prior week (20). According to data from the [Higher Institute of Health in Italy](#) as of October 28, there have been a total of 370 locally acquired chikungunya cases reported during 2025. Since the previous update, 1 locally acquired incident case was reported, a decrease compared to the prior week (5).

Chikungunya Cases and Deaths by Country, Europe, 2025							
Country	Locally Acquired Cases		Travel Associated Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
France	762	+13	1,025	+9	0	+0	0.0%
Italy	370	+1	49	+2	0	+0	0.0%

Table Notes: Data for France as of October 27, 2025; Data for Italy as of October 28, 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 (438), Nouvelle-Aquitaine (154), and Occitanie (81). There have been 79 episodes of local transmission (clusters) reported, 26 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 (316), Veneto (53), and Tuscany (1). There have been 5 clusters reported, 3 of which are still active. The largest active outbreak is occurring in Modena.

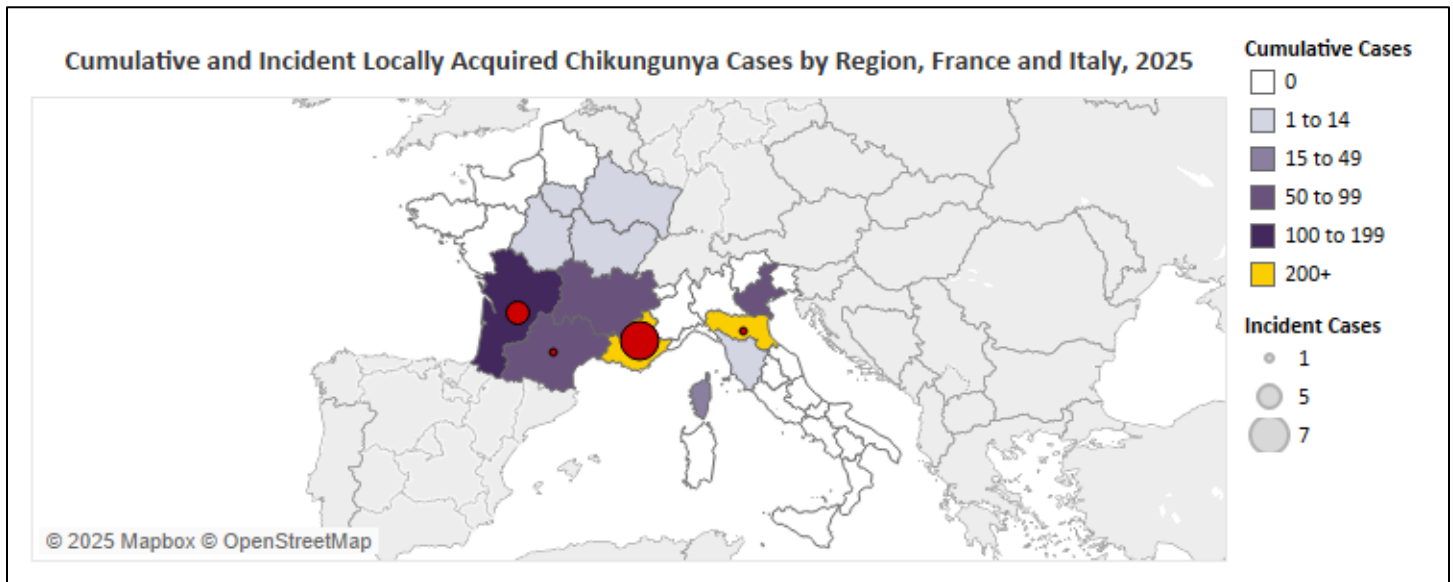


Figure Notes: Data for France as of October 27, 2025; Data for Italy as of October 28, 2025.

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 \(10/29/25\)](#), [ISS \(10/21/25\)](#)

## China – Locally Acquired Incident Cases Reported Continue to Decrease:

According to data from the [Guangdong Provincial Center for Disease Control and Prevention \(GPCDC\)](#), as of October 25, there have been at least a total of 24,844 locally acquired chikungunya cases reported in Guangdong Province during 2025. During the week of October 19-25, 2025, there were 868 locally acquired incident cases reported (a 58.4% decrease compared to the prior week), primarily in Jiangmen (199), Foshan (130), Guangzhou (124), and Shenzhen (102).

Locally Acquired Chikungunya Cases and Deaths, Guangdong Province, China, 2025						
Cases		Severe Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
24,844	+868	0	+0	0	+0	0.0%

Table Notes: Data as of October 25, 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 (9,938), [Foshan](#) (8,887), and Guangzhou (1,234). Neighboring areas have reported travel associated cases (and [1 death](#)) with travel history to mainland China, including [Hong Kong](#) and [Taiwan](#). In addition, the [Hong Kong Centre for Health Protection \(HKCHP\)](#) reported a locally acquired case this week – the [first](#) locally acquired case reported in Hong Kong.

Health officials in China have stated that although the epidemic in the province has shown a downward trend, there is still a risk for further spread while mosquito vectors are active, and control measures cannot be relaxed. Mosquito vectors are typically active through October in Guangdong. This is the largest chikungunya epidemic recorded in China.

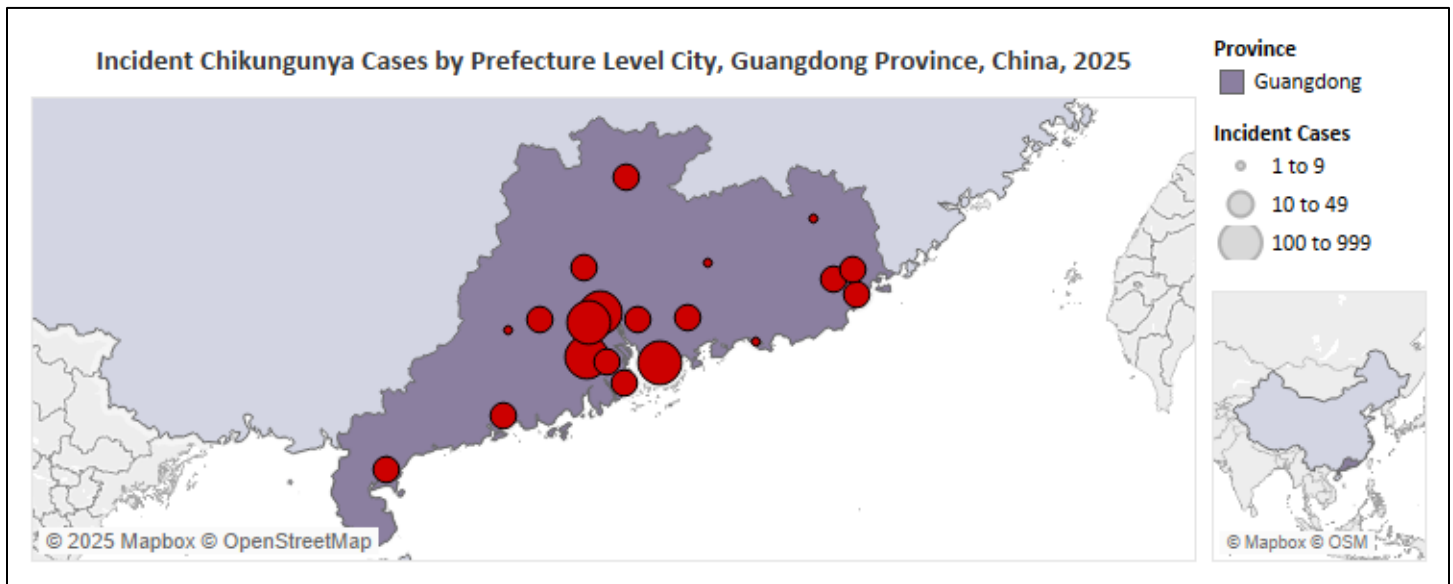


Figure Notes: Data as of October 25, 2025, and includes locally acquired cases only.

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 \(10/29/25\)](#)

## The Americas – Updated Data on Reported Cases and Deaths in the Region:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on October 29, there have been a total of 245,020 chikungunya cases, of which 105,198 are confirmed, and 117 deaths reported in the Americas during 2025. Since the previous update, 2,479 incident cases, of which 858 are confirmed, and 2 deaths were reported. Almost all incident cases were reported in Brazil (2,309) and Bolivia (168).

Chikungunya Cases and Deaths, the Americas, 2025						
Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
245,020	+2,479	105,198	+858	117	+2	0.1%

Table Notes: Data extracted on October 29, 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 (232,099), Bolivia (5,540), Cuba (4,472), and Argentina (2,666). Those countries also have the highest cumulative incidence rates in the Americas, at 109.06, 44.03, 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, the first in the country since 2015. According to [CDC data](#) as of September 30, a total of 88 travel associated chikungunya cases have been reported in the country during 2025.



Figure Notes: Data as of October 29, 2025, and includes locally acquired cases only.

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.

Source: [PAHO \(10/29/25\)](#)

## Ebola

### Democratic Republic of the Congo – No Incident Cases Reported:

According to data from the [Africa CDC](#), as of October 29, there have been a total of 64 Ebola (*Orthoebolavirus zairensis*) 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. The last confirmed case detected reported symptom onset on September 23. A total of 19 cases have recovered from infection - the 42-day countdown to declare the outbreak over began on [October 19](#). If no new cases are detected, the outbreak will be declared over in early December 2025.

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 29, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.

All cases have been reported in the Bulape health zone (in 6/21 health areas) of Kasai province in the DRC. Females have accounted for 60% of cases, and deaths have been reported among 4 healthcare workers. A total of 37,178 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](#).

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: [Africa CDC \(10/30/25\)](#), [WHO \(10/19/25\)](#)

## Measles

### Canada – Incident Cases Reported in 4 Provinces, Outbreak Crosses 1-Year Mark:

According to data from the [Public Health Agency of Canada \(PHAC\)](#), as of October 18, there have been a total of 5,109 probable and confirmed measles cases and 2 deaths (both among congenital cases) reported in Canada during 2025. Since the previous update, 19 incident cases were reported in Manitoba (8), Alberta (5), Ontario (5), and British Columbia (1).

Measles Cases, Hospitalizations, and Deaths, Canada, 2025								
Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
361	+0	4,748	+19	371	+0	2	+0	0.04%

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

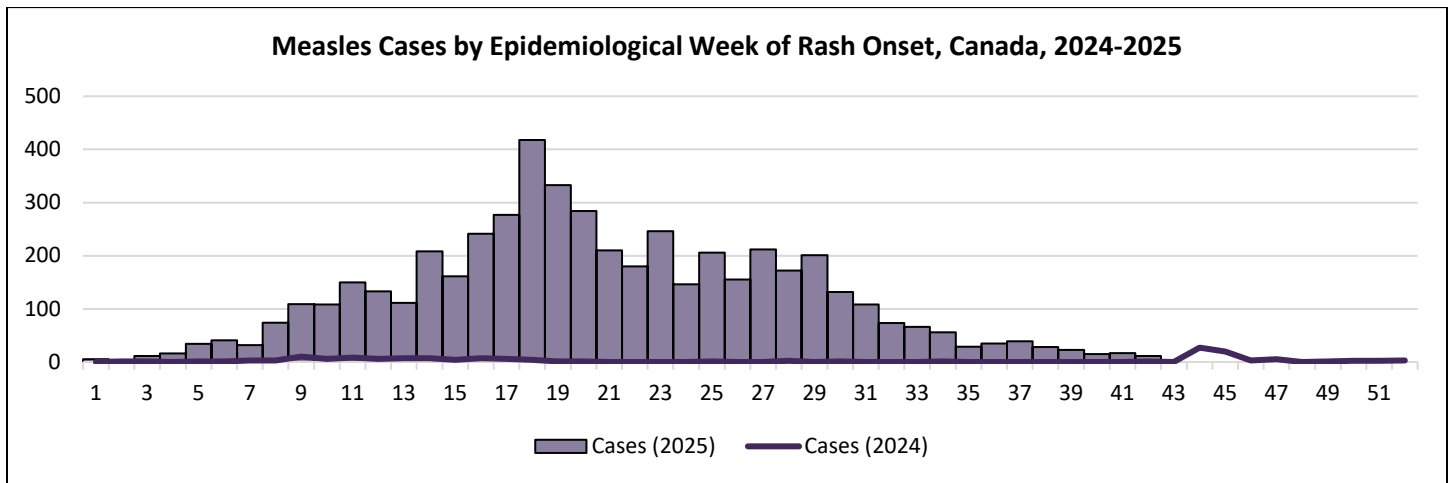


Figure Notes: Data as of October 18, 2025, and includes probable and confirmed cases.

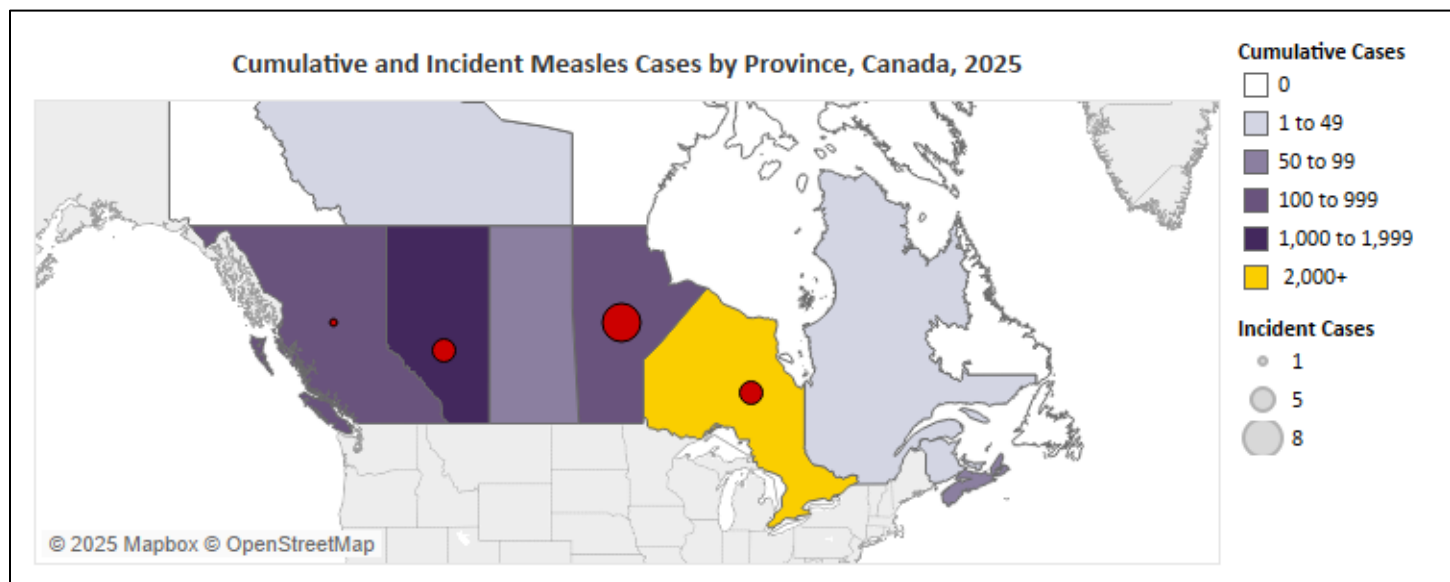


Figure Notes: Data as of October 18, 2025, and includes probable and confirmed cases.

Probable and confirmed cases have been reported by 10 provinces and territories this year, primarily Ontario (2,390), Alberta (1,937), British Columbia (315), and Manitoba (253). 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 (45%), 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. Among all cases, 98% have been locally acquired.

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’s measles elimination status will be re-assessed during a Pan American Health Organization (PAHO) meeting in held in early November as the country has [reported continuous measles transmission for a year](#).

Source: [PHAC \(10/27/25\)](#)

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

According to data from the [United States CDC](#), as of October 28, there have been a total of 1,648 confirmed measles cases and 3 deaths reported in the United States during 2025. Since the previous update, 30 confirmed incident cases were reported, primarily in Arizona (13) and South Carolina (10).

Measles Cases, Hospitalizations, and Deaths, United States, 2025						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
1,648	+30	202	+4	3	+0	0.2%

Table Notes: Data as of October 28, 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](#), and [South Carolina](#).

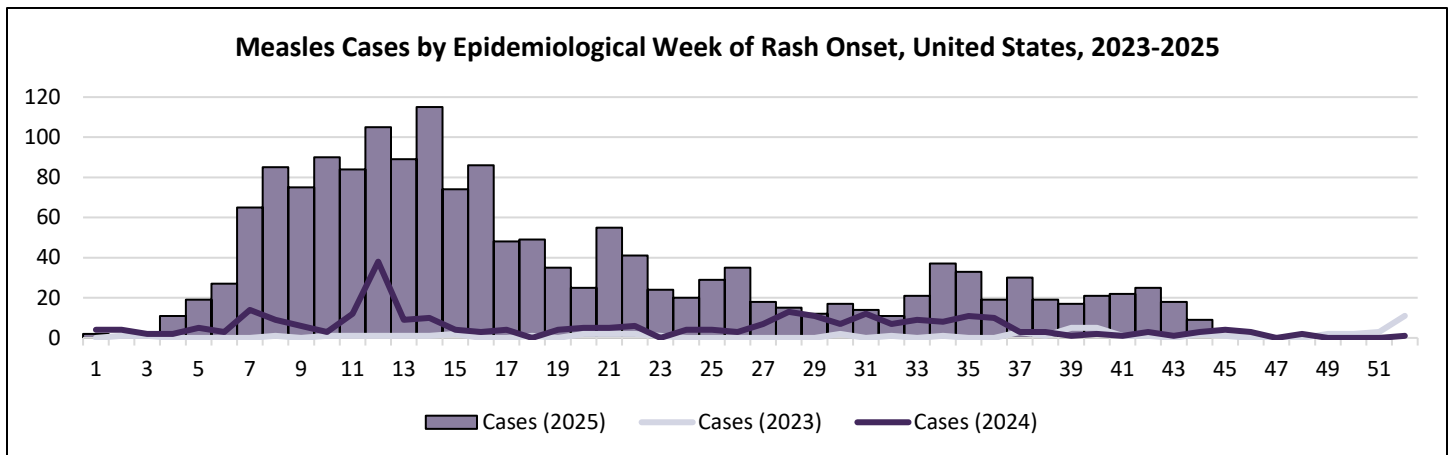
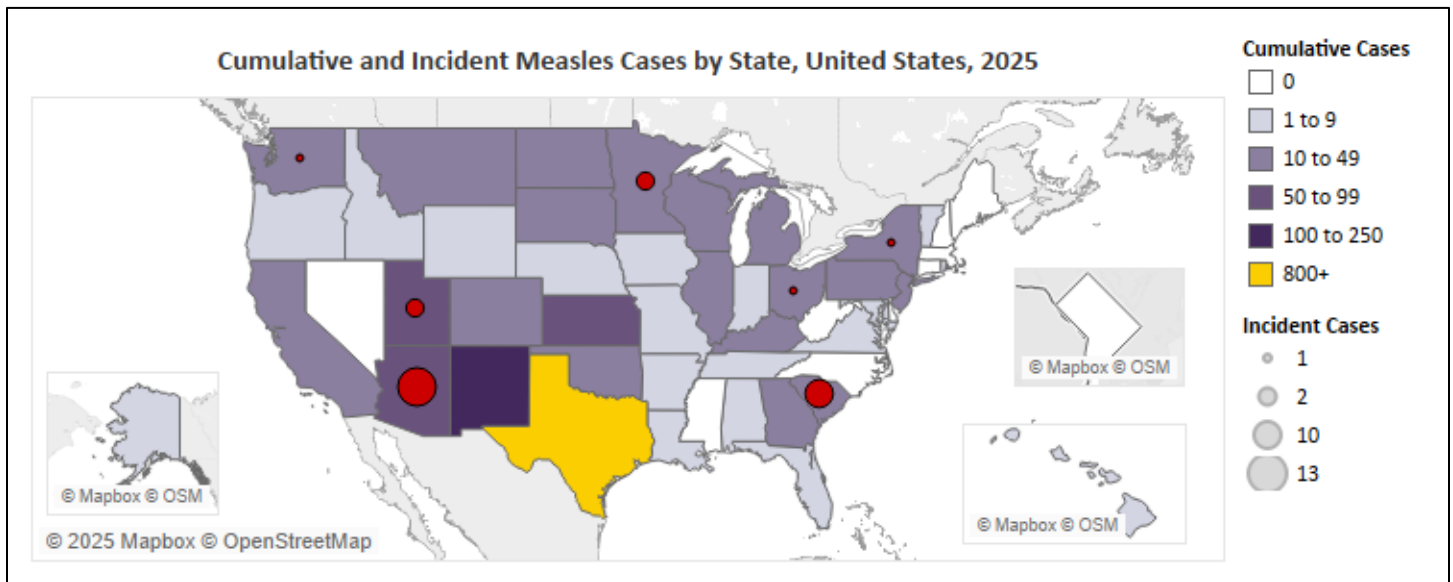


Figure Notes: Data as of October 28, 2025, and includes cases among international visitors to the United States (23).

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.

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 9 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.



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

Source: [CDC \(10/29/25\)](#)

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

According to data from the [Secretariat of Health in Mexico](#), as of October 29, there have been a total of 5,108 confirmed measles cases and 23 deaths reported in Mexico during 2025. Since the previous update, 79 confirmed incident cases were reported in Jalisco (22), Chihuahua (20), Michoacán (15), Guerrero (14), Queretaro (7), and Sonora (1).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025						
Probable Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
11,706	+305	5,108	+79	23	+0	0.5%

Table Notes: Data as of October 29, 2025; †Change in cumulative total compared to prior update; \*Case fatality rate (CFR) calculated among confirmed cases.

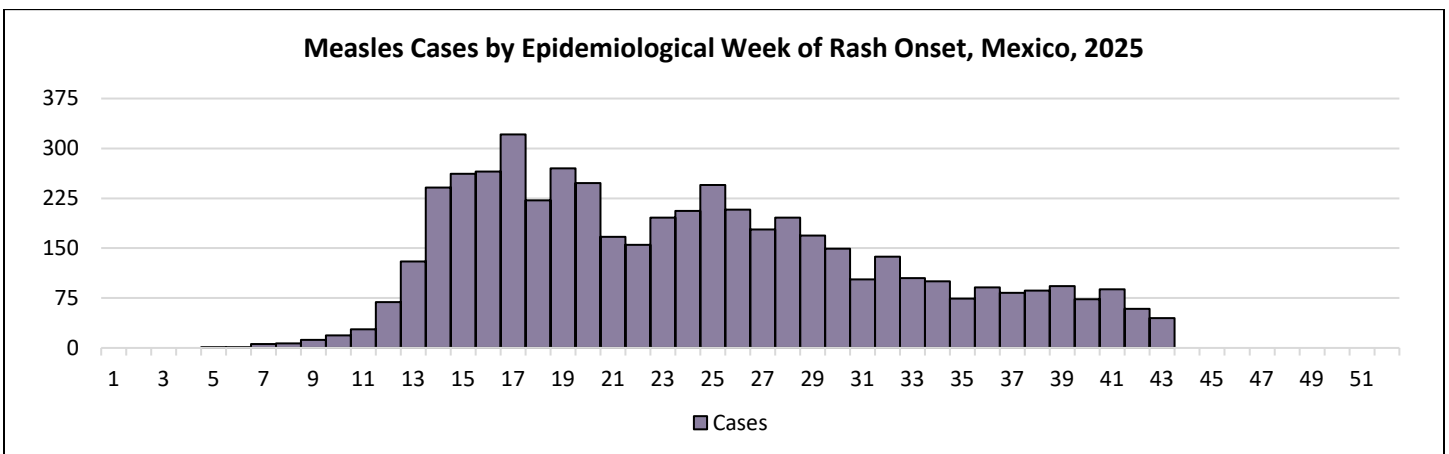


Figure Notes: Data as of October 29, 2025, and includes confirmed cases only.

Confirmed cases have been reported by 25 states during 2025, primarily Chihuahua (4,426). Those aged 0-4 years have been most affected (1,298 cases – 12.48 per 100,000 population), followed by those aged 25-29 years (617 cases – 5.82 per 100,000 population), and those aged 30-34 years (518 cases – 4.96 per 100,000 population).

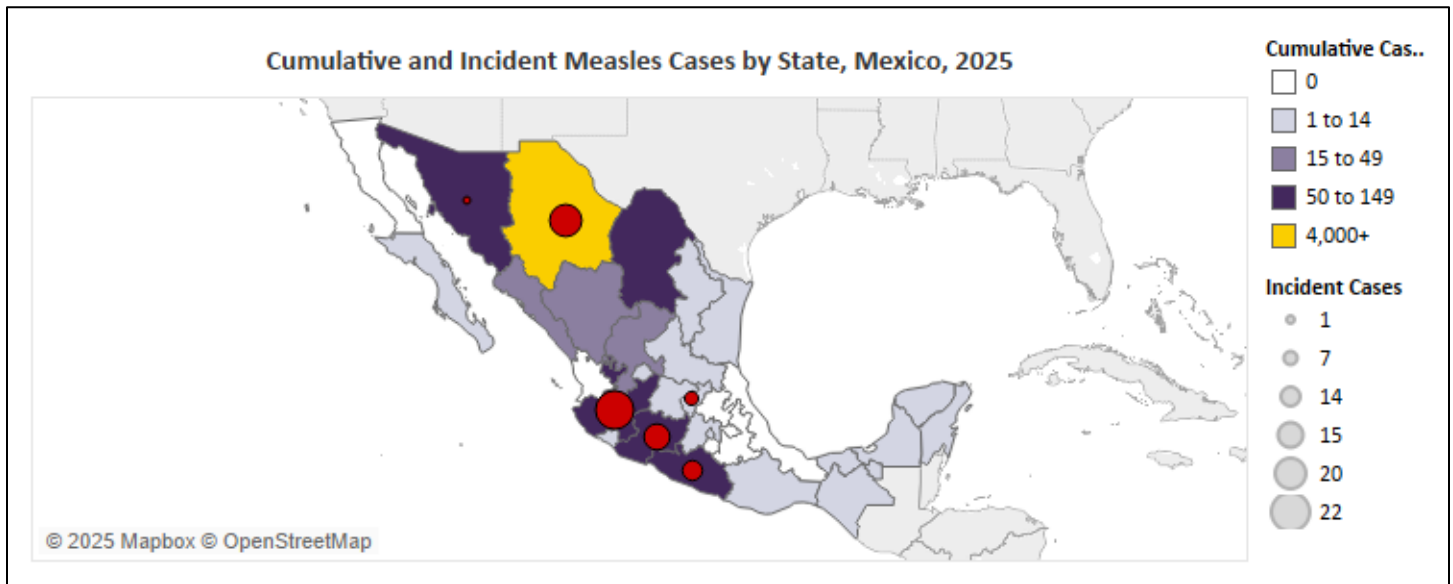


Figure Notes: Data as of October 29, 2025, and includes confirmed cases only.

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.

Source: [Secretariate of Health \(10/29/25\)](#)

## Israel – Additional Death Reported Among Toddler in Ongoing Outbreak:

According to data from the [Israeli Ministry of Health](#), as of October 27, there have been a total of 1,778 measles cases and 8 deaths reported in Israel during 2025. Since the previous update, 124 incident cases and [1 death](#) were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
1,778	+124	574	41	8	+1	0.4%

Table Notes: Data as of October 27, 2025; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among all cases.

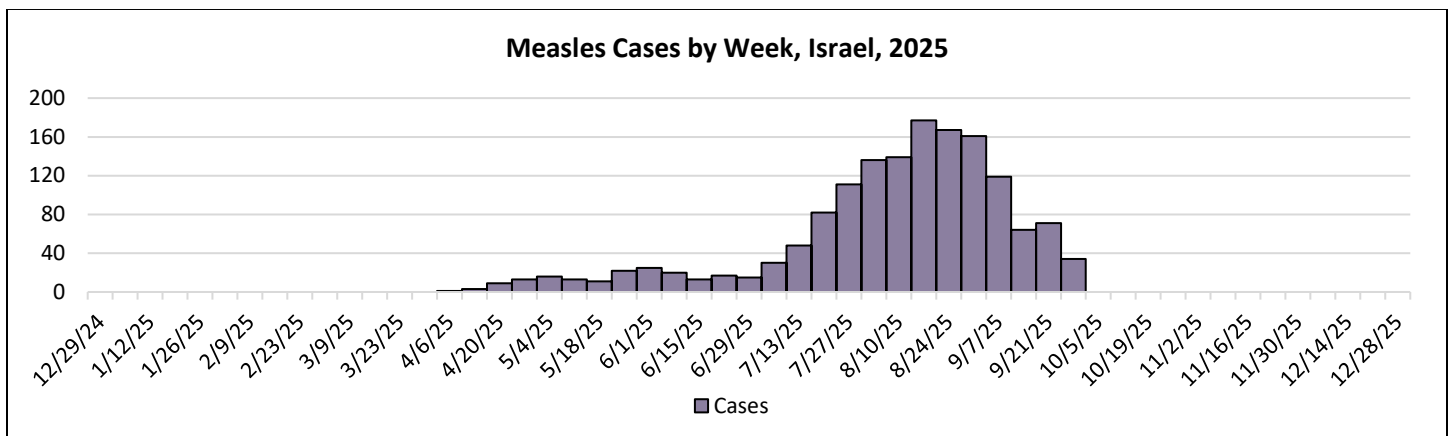


Figure Notes: Data through September 29, 2025, and includes 1,517 cases.

The current outbreak is affecting areas of Jerusalem, Beit Shemesh, Bnei Brak, Harish, Modi'in Illit, Nof HaGalil, Kiryat Gat, Ashdod, Safed, Netivot, and the Mateh Binyamin Regional Council. Among all cases, 91.1% have been among children aged <10 years, and 32.3% have been hospitalized, including 16 cases currently hospitalized – 4 of which are in intensive care. All deaths have been reported among unvaccinated children aged <3 years of age with no underlying health conditions. Vaccination campaigns have been ongoing since May with coverage improving in areas of Jerusalem and Beit Shemesh. According to statistical models, the total number of cases is estimated to be closer to [5,000](#).

A total of [54 measles cases](#) were reported in Israel during 2023-2024. During 2018-2019, Israel experienced a large measles outbreak with approximately 4,300 cases that was linked to outbreaks in [New York excluding New York City](#), [New Jersey](#), and [New York City](#).

Sources: [Israeli Ministry of Health \(10/27/25\)](#), [Israeli Ministry of Health \(10/27/25\)](#)

## Mpox

### Global (Outside of Africa) – Travel Associated Clade Ib Case Reported in Belgium:

According to data from the [World Health Organization \(WHO\)](#), as of October 19, there have been a total of 89 travel associated and 37 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 1 incident travel associated clade Ib mpox case was reported in Belgium among an individual exposed in Malaysia.

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 <sup>†</sup>	Cumulative	Incident <sup>†</sup>
89	+1	37	+0

Table Notes: Data as of October 19, 2025; <sup>†</sup>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: 82 clade Ib, 4 clade Ia, and 3 clade I without information on subclade.

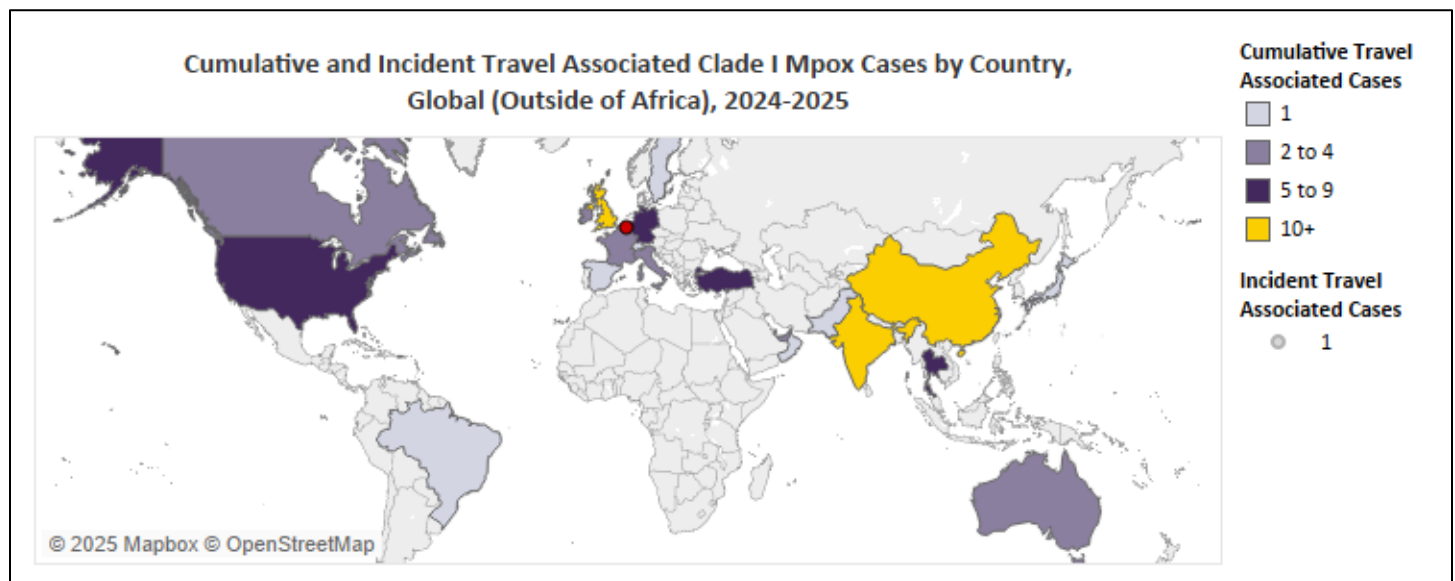


Figure Notes: Data as of October 19, 2025, and does not include secondary cases or clade I cases not determined to be travel associated.

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](#).

Since the beginning of October 2025, several countries outside of Africa have also reported cases of clade I mpox resulting from community transmission, including [Italy](#), Malaysia, the [Netherlands](#), [Portugal](#), [Spain](#), and the [United States](#). Community transmission in Europe and the United States has primarily been among gay, bisexual, and other men who have sex with men and their social networks.

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

## Non-Seasonal Influenza

### China – Human Cases Retrospectively Reported from Multiple Provinces (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#), as October 27, there have been a total of 23 influenza A(H9N2) cases among humans reported in China during the past 6 months, none of which have been fatal. Since the previous update, 4 incident human H9N2 cases were reported in the Guangxi Zhuang Autonomous Region (2), Guangdong Province (1), and Tianjin Municipality (1).

Human Avian Influenza Type A(H9N2) Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
23	+4	0	+0	0.0%

Table Notes: Data as of October 27, 2025; †Change in cumulative total compared to previous update; Past 6 months refers to date of reporting rather than date of symptom onset.

All incident cases were reported retrospectively and reported symptom onset during February of 2025. Information regarding age and the source of exposure among cases is not provided; however, H9N2 is [known to circulate](#) in poultry in China with sporadic (typically mild) infections occurring among humans, primarily children. In the past 6 months, Hunan Province has reported the highest number of human cases (7). Additionally, there have been 2 human H10N3 cases reported in China during the past 6 months, both in Shaanxi Province.

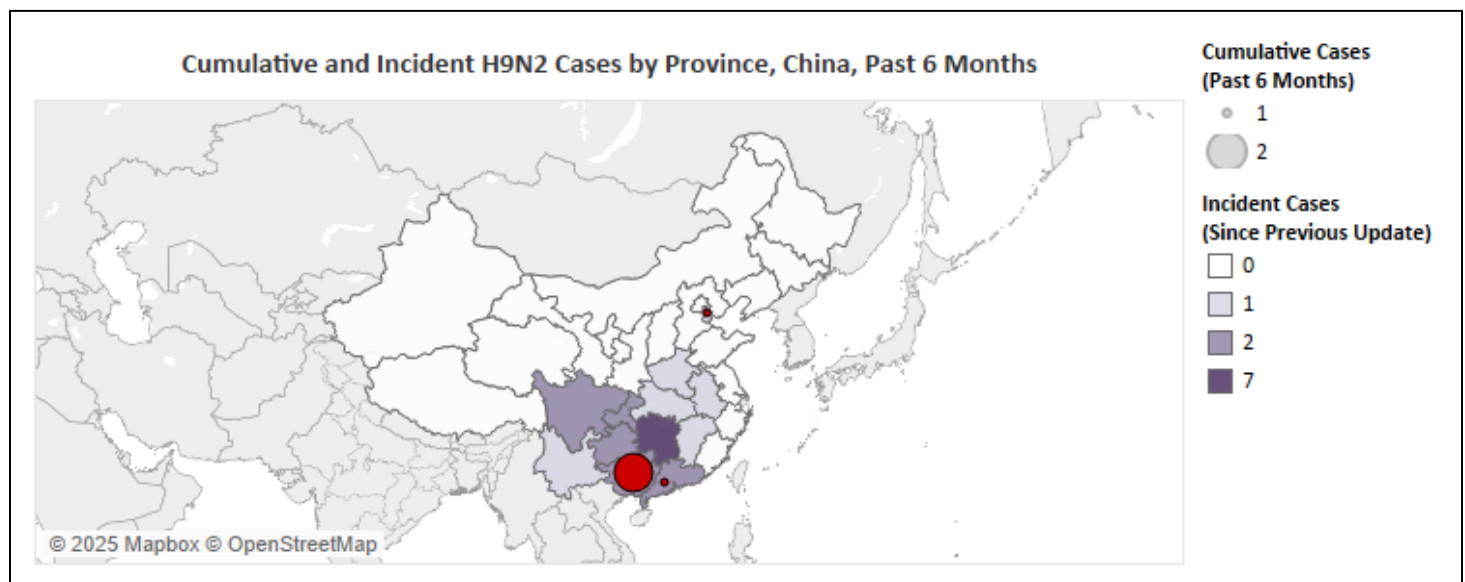


Figure Notes: Data as of October 27, 2025; Past 6 months refers to date of reporting rather than date of symptom onset.

Sources: [HKCHP \(10/28/25\)](#), [HKCHP \(10/21/25\)](#)

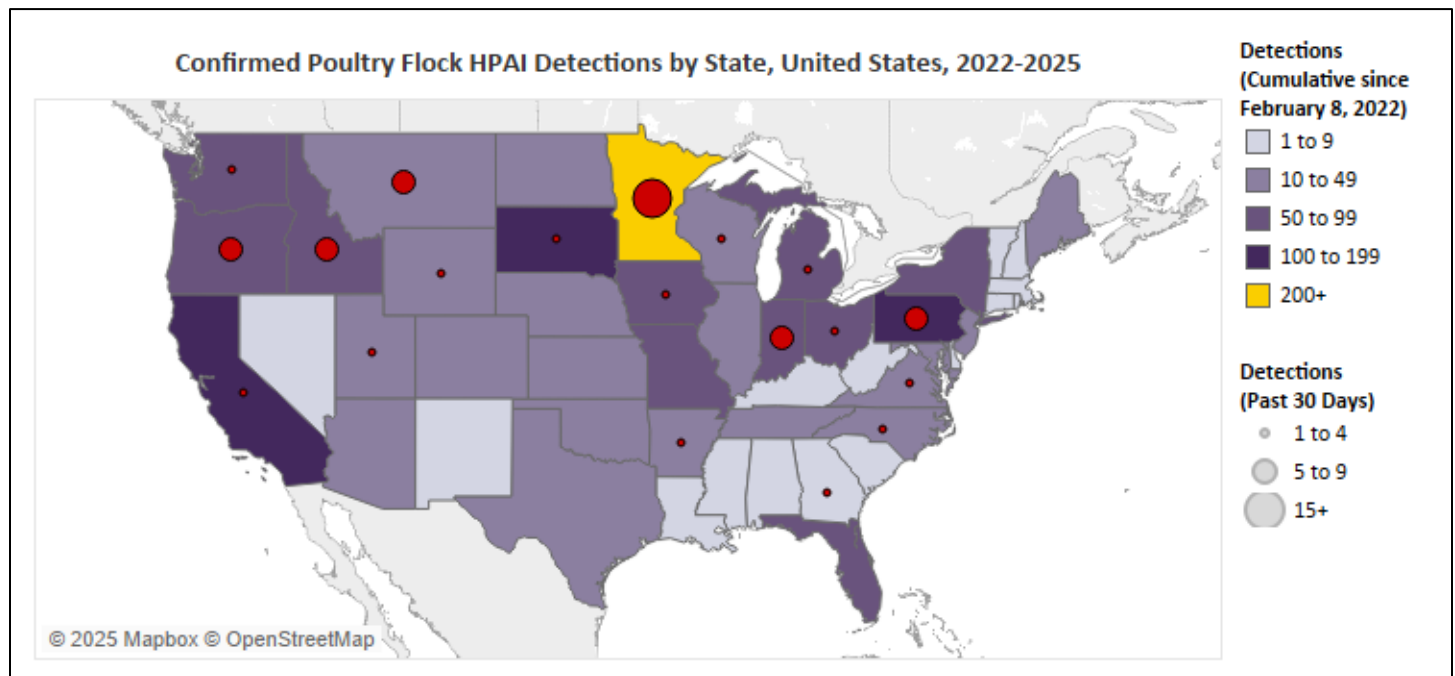
## United States – October Poultry Flock Detections Double September (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#), as of October 28, 2025, there have been a total of 1,801 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. In the past 30 days, a total of 65 confirmed HPAI detections have been reported.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
30	35	1	0	0	552	4

*Table Notes: Data as of October 29, 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 19 states, primarily [Minnesota](#) (16), Montana (7), Indiana (6), Pennsylvania (6), Idaho (5), and Oregon (5). 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 (60). Similar trends have been observed during recent years ([2022-2024](#)).



*Figure Notes: Data as of October 28, 2025.*

According to data from the [United States CDC](#), as of September 16, there have been a total of 70 confirmed influenza A(H5N1) cases, including [1 death](#), and 7 probable H5N1 cases reported among humans 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](#) (especially [dairy cattle](#)), [wild birds](#), and other [mammals](#).

On October 15, 2025, the Pan American Health Organization (PAHO) published an [Epidemiological Update](#) regarding 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 \(10/28/25\)](#), [CDC \(09/16/25\)](#)

## Pertussis

### Japan – Incident Case Trends Continue Steady Decline but Remain Elevated:

According to data from the [Japan Institute for Health Security \(JIHS\)](#), as of October 22, there have been a total of 82,795 pertussis cases and at least [4 deaths](#) reported in Japan during 2025. Since the previous update, 967 incident pertussis cases were reported, of which 773 reported symptom onset during epidemiological week 42 (a 18.1% decrease compared to the prior week). [Trends](#) in weekly reported incident cases have been steadily declining since mid-July but remain elevated

Pertussis Cases and Deaths, Japan, 2025					
Cases			Deaths		
Cumulative	Incident†	EPI Week 42‡	Cumulative	Incident†	CFR*
82,795	+967	773	4	+0	0.0%

*Table Notes: Data as October 22, 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 (6,454), Saitama (4,454), Niigata (3,806), Kanagawa (3,586), and Chiba (3,321) reporting the highest cumulative case totals. During epidemiological week 41, Tokyo (79), Aichi (70), and Saitama (63) reported the highest number of incident cases. According to [BEACON](#), an estimated 80% of cases in this outbreak have been infected with a macrolide-resistant strain, complicating treatment and resulting in severe infections among infants in multiple prefectures, primarily [Kumamoto](#). This is the highest number of pertussis cases reported in Japan since [2019](#) (16,845).

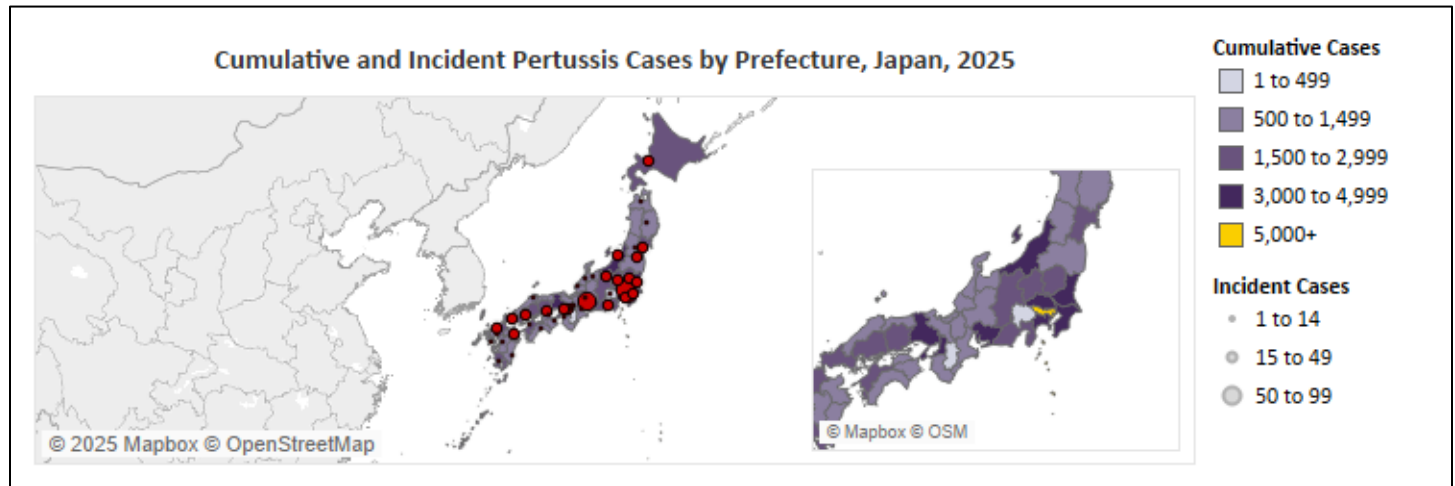


Figure Notes: Data as of October 22, 2025.

Sources: [NHK \(10/08/25\)](#), [JIHS \(10/22/25\)](#)

## Polio

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

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#), as of October 27, there have been a total of 39 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 3 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 161 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, 1 incident AFP case caused by WPV1 was reported in Pakistan, and 10 incident AFP cases caused by cVDPV2 were reported in Nigeria (7), Angola (2), and Papua New Guinea (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2025							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
39	+1	3	+0	161	+10	5	+0

Table Notes: Data as of October 27, 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](#) (30) 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 [Nigeria](#) (44), [Ethiopia](#) (40), [Yemen](#) (29), [Chad](#) (18), and [Angola](#) (14). AFP cases caused by cVDPV3 with onset of paralysis during 2025 have been reported this year by [Chad](#) (2), [Guinea](#) (2), and [Cameroon](#) (1).

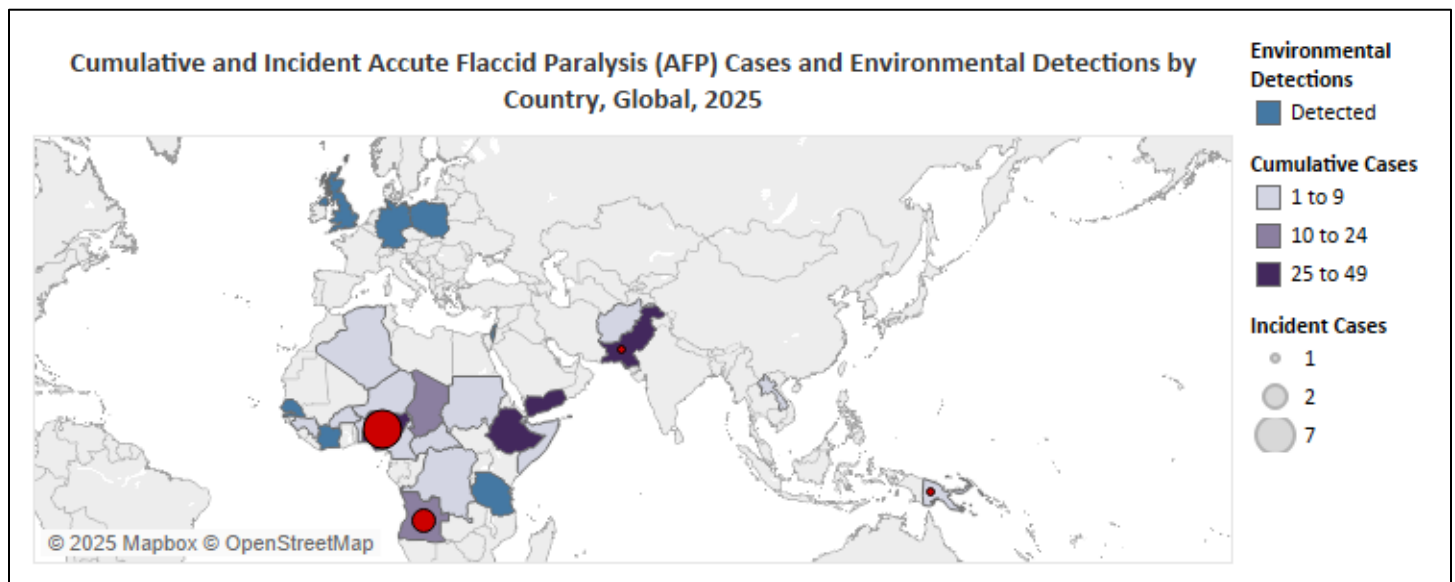


Figure Notes: Data as of October 27, 2025, and only includes cases with onset of paralysis or environmental detection samples collected during 2025.

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. On [World Polio Day](#) (October 24), the [World Health Organization \(WHO\)](#) reiterated that vaccination remains key to keeping Europe polio free after environmental cVDPV2 detections were reported in several countries in the region since September 2024. Polio vaccination coverage in the European region decreased during 2024, leaving almost half a million babies unprotected.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding polio globally. 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 \(10/27/25\)](#), [GPEI-2 \(10/27/25\)](#)

## Rift Valley Fever

### Africa – Incident Case Trends Continue to Increase in Mauritania and Senegal:

According to data from the [Africa Centers for Disease Control and Prevention \(Africa CDC\)](#), as of October 19, there have been a total of 2,443 human Rift Valley Fever (RVF) cases, of which 320 are confirmed, and 37 deaths reported in Africa

during 2025. Since the previous update, 112 confirmed incident cases and 3 deaths were reported in Mauritania (6 cases; 1 death) and Senegal (106 cases; 2 deaths). Additionally, the Gambia reported an outbreak

Human Rift Valley Fever Cases by Country, Africa, 2025							
Country	Suspected Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Mauritania	134	+64	42	+6	14	+1	33.3%
Senegal	1,989	+1,333	277	+106	22	+2	7.9%
Uganda	0	+0	1	+0	1	+0	100.0%
<b>Total</b>	<b>2,123</b>	<b>+1,397</b>	<b>320</b>	<b>+112</b>	<b>37</b>	<b>+3</b>	<b>12.3%</b>

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

Confirmed cases have been reported in 11 regions of Mauritania (42), 3 regions of Senegal (277), and there has been a single case in Uganda. Compared to the previous week, Mauritania saw a four-fold increase in the number of incident cases reported while Senegal saw a 171% increase. Males account for 79% and 64% of confirmed cases in Mauritania and Senegal, respectively. The Saint Louis Region in Senegal has accounted for 87% of confirmed cases in the country.

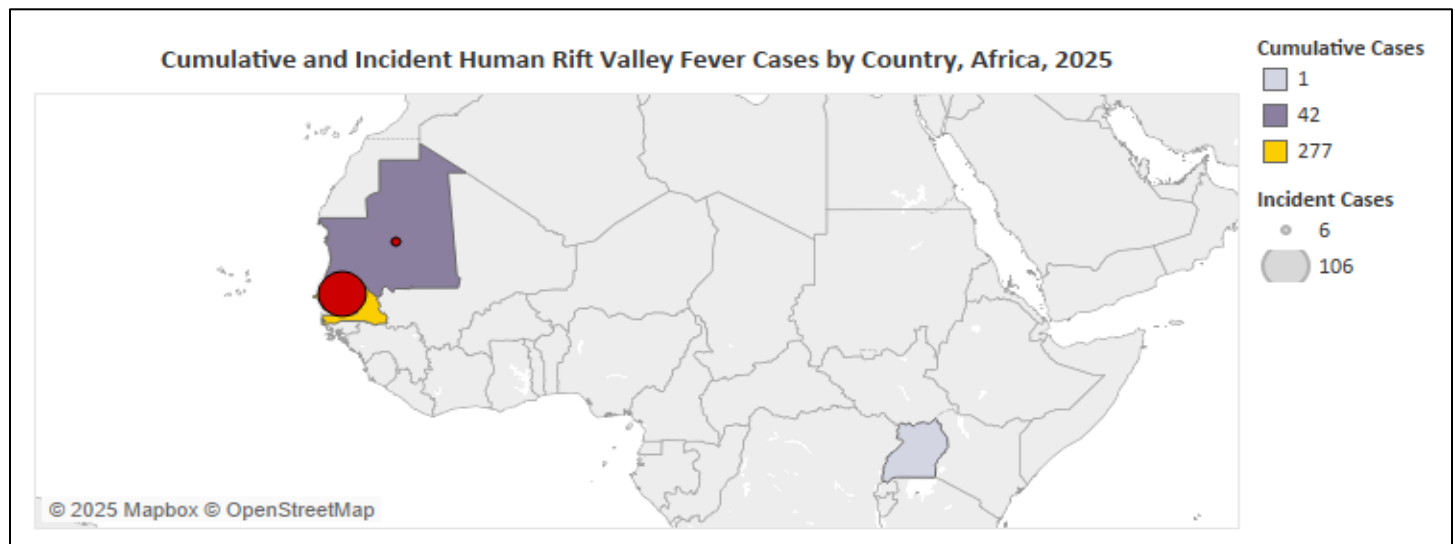


Figure Notes: Data as of October 19, 2025, and includes confirmed cases only.

On October 24, the World Health Organization (WHO) issued a [joint risk assessment](#) with other partners regarding the outbreak in Mauritania and Senegal. The overall risk to human health was determined to be high at the national level, moderate at the regional level and low at the global level, with moderate confidence in available information. Of concern is cross-border transmission, particularly into neighboring Mali, which borders both Mauritania and Senegal to the East.

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 Mauritania and 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.

Sources: [Africa CDC \(10/27/25\)](#), [CDC \(05/14/24\)](#)

### 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

- 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 23](#))
- Europe – Locally Acquired Clade Ib Cases Reported in Multiple Countries ([October 23](#))
- United States – Locally Acquired Clade I Cases Indicative of Community Spread ([October 23](#))

- 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**

- Bangladesh - Human Cases Reported in Sylhet Division; Fourth During 2025 ([October 23](#))
- Cambodia – Human Cases Reported in Multiple Provinces ([October 23](#))
- Mexico – Human Case Reported in Mexico City; Second During 2025 ([October 23](#))
- 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:

- [Increase in measles cases in New Zealand \(Wellington, Auckland\) with urban transmission and regional risk - BEACON](#)
- [Louisiana officials waited months to alert public about deadly pertussis outbreak, investigation finds | CIDRAP](#)
- [Foodborne transmission of Chagas disease suspected with multiple acute cases in Amapá and Bahia, Brazil, possibly linked to sugarcane juice and açaí - BEACON](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in the Region of the Indian Ocean - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Prolonged cross-border Salmonella outbreak linked to small tomatoes](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Dengue transmission in Bangladesh intensifies with over 66 000 cases and 269 deaths - BEACON](#)
- [Czechia: Worst hepatitis A outbreak since 1989, centered in Prague, with over 1800 cases and more than 20 deaths reported by October 2025 - BEACON](#)
- [Chihuahua state, Mexico, reports 89 rickettsiosis cases and 43 deaths - BEACON](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [A Strain of Multidrug-Resistant Salmonella Newport in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [COP30 in Belém: PAHO recommends yellow fever and measles vaccination for travelers - PAHO/WHO | Pan American Health Organization](#)
- [Clade II Monkeypox in in Liberia and Sierra Leone - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [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](#)
- [Oropouche in the Americas - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)