



Date: 11/20/25

This weekly report from the New York State Department of Health presents summaries of select ongoing and emerging infectious disease outbreaks of interest to public health professionals and the public, both globally and in the United States. The Global Health Update summaries include preliminary and up-to-date data that are publicly available for these events at the time of posting. Because this report aggregates and summarizes data and information from outside sources, the quality, accuracy or completeness of that data, and the appropriateness of the methodology used, cannot be guaranteed. Please refer directly to those sources for any data questions. Because the report includes preliminary information, subsequent reports may contain updates or revisions to information in prior reports.

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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 November 17, there have been a total of 787 locally acquired chikungunya cases reported during 2025. Since the previous update, 17 locally acquired incident cases were reported. Additionally, there have been 17 cases for which the location of infection could not be determined. According to data from the [Higher Institute of Health in Italy](#) as of November 19, there have been a total of 385 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 (10).

Chikungunya Cases and Deaths by Country, Europe, 2025							
Country	Locally Acquired Cases		Travel Associated Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
France	787	+17	1,052	+17	0	+0	0.0%
Italy	385	+1	68	+7	0	+0	0.0%

Table Notes: Data for France as of November 17, 2025; Data for Italy as of November 18, 2025; †Change in cumulative total compared to previous update.

Cases have been reported in 9 regions of France, primarily Provence-Alpes-Côte d’Azur (454), Nouvelle-Aquitaine (158), and Occitanie (84). There have been 82 episodes of local transmission (clusters) reported, 9 of which are still active. Trends in reported locally acquired incident cases have decreased since late August and have been reported at relatively low levels since mid-October. Cases have been reported in 4 regions of Italy: Emilia-Romagna (322), Veneto (61), Tuscany (1) and Basilicata (1). There have been 7 clusters reported, 3 of which are still active, with the largest in Emilia-Romagna (318).

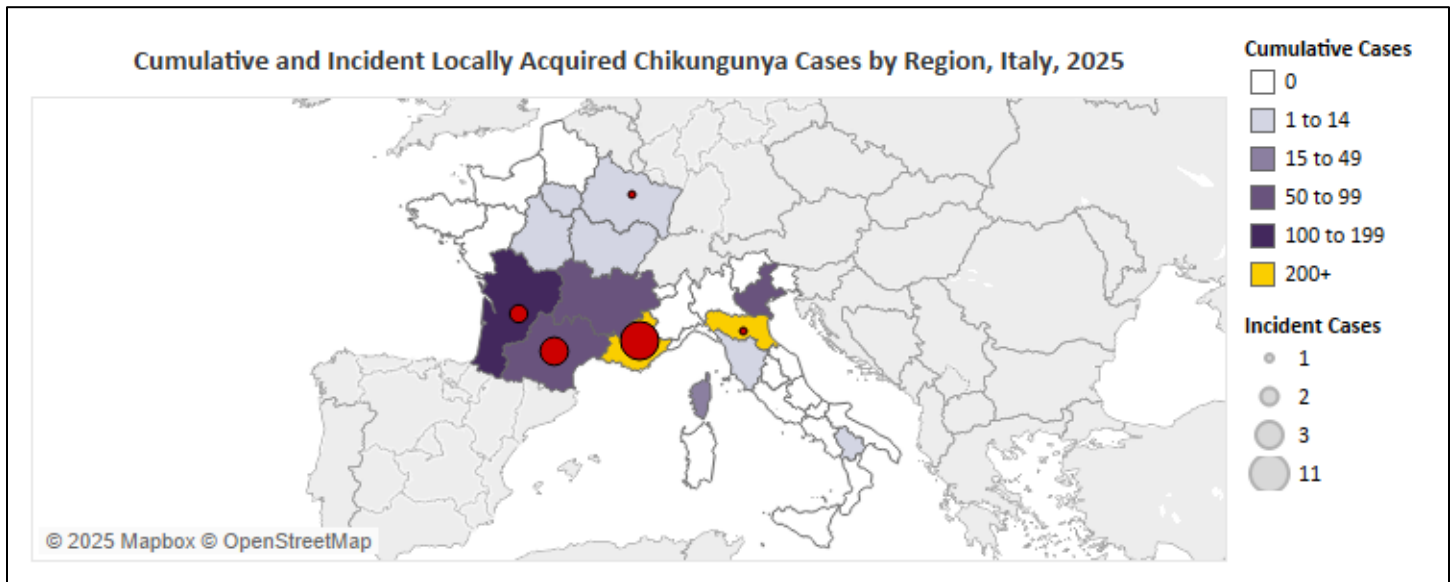


Figure Notes: Data for France as of November 17, 2025; Data for Italy as of November 18, 2025.

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 \(11/19/25\)](#), [ISS \(11/20/25\)](#)

China – Locally Acquired Incident Cases Reported Decrease for 6th Week in a Row:

According to data from the [Guangdong Provincial Center for Disease Control and Prevention \(GPCDC\)](#), as of November 15, there have been at least a total of 25,258 locally acquired chikungunya cases reported in Guangdong Province during 2025. During the week of November 9-15, 2025, there were 48 locally acquired incident cases reported (a 55.1% decrease compared to the prior week), primarily in Jiangmen (14) and Shenzhen (12). Trends in weekly reported incident cases have declined for 6 consecutive weeks with health officials stating that the epidemic is spreading at a low level.

Chikungunya Cases and Deaths, Guangdong Province, China, 2025						
Cases		Severe Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
25,258	+414	0	+0	0	+0	0.0%

Table Notes: Data as of November 15, 2025, and includes locally acquired cases only; †Change in cumulative total compared to previous update.

Since July 20, 2025, locally acquired cases have been reported by 21 prefecture-level cities in Guangdong Province, primarily Jiangmen (10,019), [Foshan](#) (8,964), and Guangzhou (1,283). To date, this is the largest chikungunya epidemic recorded in China. Neighboring areas have reported travel associated cases (and [1 death](#)) with travel history to mainland

China, including [Hong Kong](#), [Taiwan](#), and [Singapore](#) – a small number of locally acquired cases have also been reported in Hong Kong.

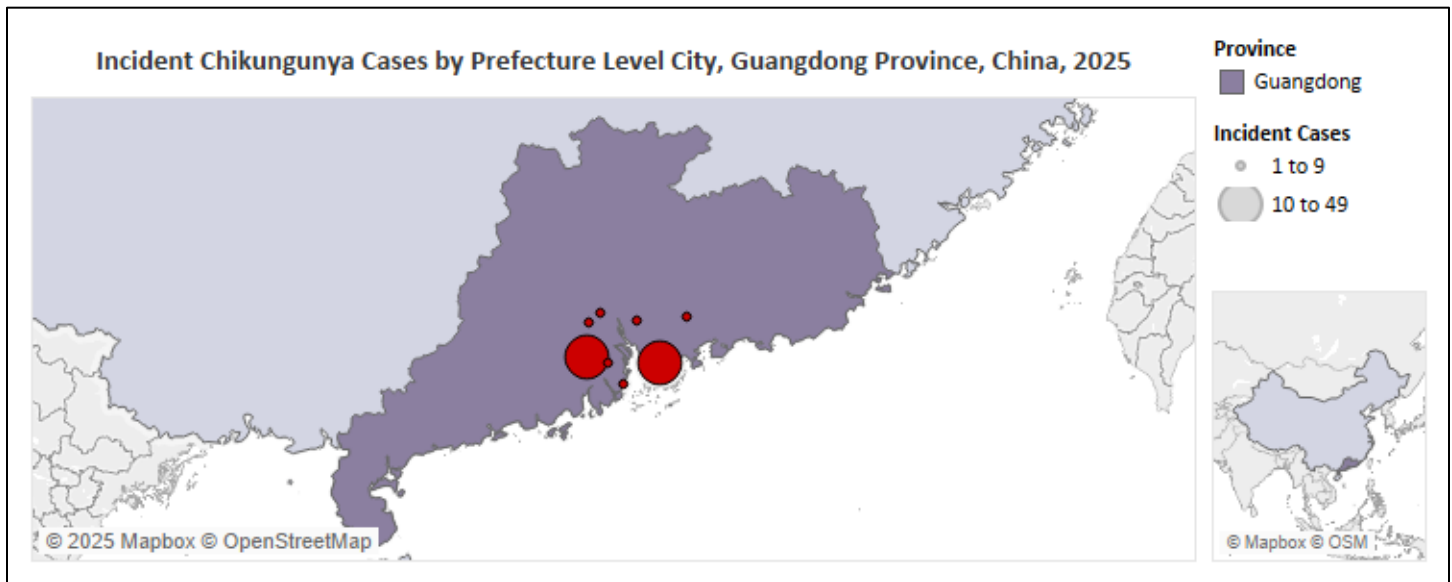


Figure Notes: Data as of November 15, 2025, and includes locally acquired cases only.

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 \(11/15/25\)](#)

The Americas – 77 Travel Associated Cases Reported in the US Since September:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on November 19, there have been a total of 267,257 chikungunya cases, of which 107,857 are confirmed, and 119 deaths reported in the Americas during 2025. Since the previous update, 2,968 incident cases, of which 757 are confirmed, and 1 death were reported. Incident cases were reported primarily in Brazil (2,758) and Argentina (266), while Peru’s case count decreased by 62.

Chikungunya Cases and Deaths, the Americas, 2025						
Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
267,257	+2,968	107,857	+757	119	+1	0.1%

Table Notes: Data extracted on November 19, 2025, and includes locally acquired cases only; †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 (238,494), Cuba (20,062), Bolivia (5,577), and Argentina (2,932). Those countries also have the highest cumulative incidence rates in the Americas, at 112.07, 183.43, 44.33, and 6.39 per 100,000 residents, respectively. [Cuba](#) has been experiencing a severe chikungunya outbreak recently with over 20,000 cases reported, especially in major urban centers like Havana, Camagüey, Cienfuegos, and Matanzas. Other heavily affected areas include Artemisa and Villa Clara.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Cuba. In August, The New York State Department of Health 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

November 18, a total of 165 travel associated chikungunya cases have been reported in the country during 2025, an increase of 77 since September 30, 2025.



Figure Notes: Data as of November 19, 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. There were 431,417 cases, of which 232,586 were confirmed, and 245 deaths (CFR: 0.1%) reported in the Americas during 2024.

Source: [PAHO \(11/19/25\)](#)

Ebola

Democratic Republic of the Congo – Countdown to End on December 1, 2025:

According to data from the [Africa CDC](#), as of November 16, 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. The last confirmed case detected reported symptom onset on September 23. A total of 19 cases have recovered from infection - the last case patient was discharged from the hospital on [October 19](#). According to the [Africa CDC](#), the outbreak will be declared over on December 1st pending any new cases.

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 November 16, 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 44,453 individuals have been vaccinated. This is the 16th Ebola outbreak in the DRC since 1976 and the 3rd 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 \(11/20/25\)](#), [WHO \(10/19/25\)](#)

Infant Botulism

United States – Updated Data on Multistate Outbreak Linked to Infant Formula:

According to data from the [United States CDC](#), as of November 19, there have been a total of 31 cases of suspected or confirmed infant botulism linked to infant formula contaminated with *Clostridium botulinum* reported during 2025. Since the previous update, 16 incident cases were reported, including initial cases in Idaho, Maine, and Michigan.

Infant Botulism Outbreak Cases, Hospitalizations, and Deaths, United States, 2025						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
31	+16	31	+16	0	+0	0.0%

Table Notes: Data as of November 19, 2025; †Change in cumulative total compared to previous update.

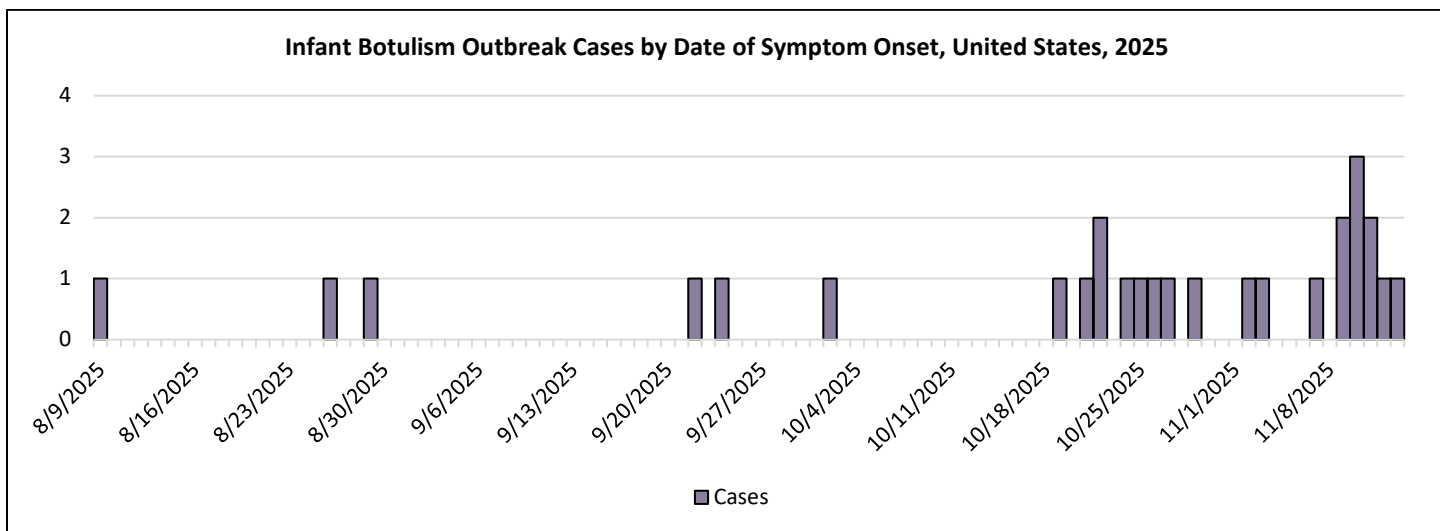


Figure Notes: Data as of November 19, 2025; Date of illness onset unavailable for 4 cases.

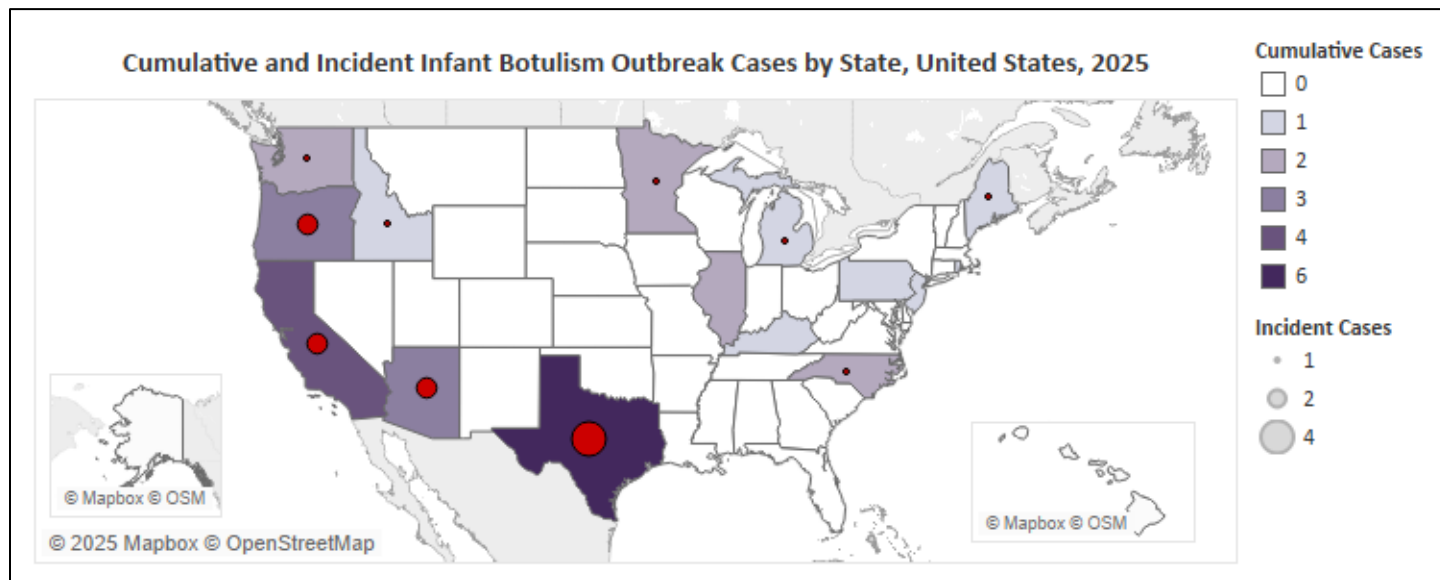


Figure Notes: Data as of November 17, 2025.

Cases have been reported by 15 states, primarily Texas (6), California (4), Arizona (3) and Oregon (3), and reported dates of illness onset ranging from August 9 – November 13, 2025. Among cases with available information on age (23), cases range from 16-200 days of age. All cases have been hospitalized and treated with [BabyBIG®](#) – none have died. Interviews among caregivers of cases are being conducted to determine what cases were fed in the month prior to illness onset – in 15 interviews conducted so far, all cases were fed ByHeart Whole Nutrition infant formula. According to [FDA](#) data, ByHeart brand formula represents an estimated 1% of all infant formula sales in the country. A [voluntary recall](#) has been issued by ByHeart Inc. which includes all ByHeart brand Whole Nutrition infant formula products distributed nationwide. No other infant formula brands have been implicated in this outbreak.

Approximately 100 cases of infant botulism are [reported annually in the United States](#) (about 70% of all botulism cases annually), with 20% linked to raw honey consumption, and most occurring without a known source of infection.

Source: [CDC \(11/19/25\)](#)

Marburg

Ethiopia – Marburg Outbreak Declared in Jinka Town, Southern Ethiopia:

According to [Ministry of Health of Ethiopia](#) and the [Africa CDC](#), as of November 19, there have been 28 Marburg cases, of which 4 are confirmed, and [6 deaths \(3 confirmed and 3 suspected\)](#) reported in Jinka Town, South Ethiopia.

Marburg Cases and Deaths, Ethiopia, 2025				
Cases		Deaths		
Suspected	Confirmed	Suspected	Confirmed	CFR*
24	4	3	3	75.0%

Table Notes: Data as of November 14, 2025; *Case Fatality Rate (CFR) calculated among confirmed cases and deaths only.

There are currently 129 case contacts being monitored for symptoms. This is the [first](#) Marburg outbreak in Ethiopia – previous outbreaks and sporadic cases have been reported in other African counties, including Angola, the Democratic Republic of the Congo (DRC), Ghana, Kenya, Equatorial Guinea, Rwanda, South Africa, Tanzania, and Uganda. There is no vaccine against Marburg. The [World Health Organization \(WHO\)](#) and other partners with expertise in viral hemorrhagic fever outbreaks are supporting the response. Daily updates can be found on the Ministry of Health ETHIOPIA X page (@FMoHealth) as the situation is developing rapidly.

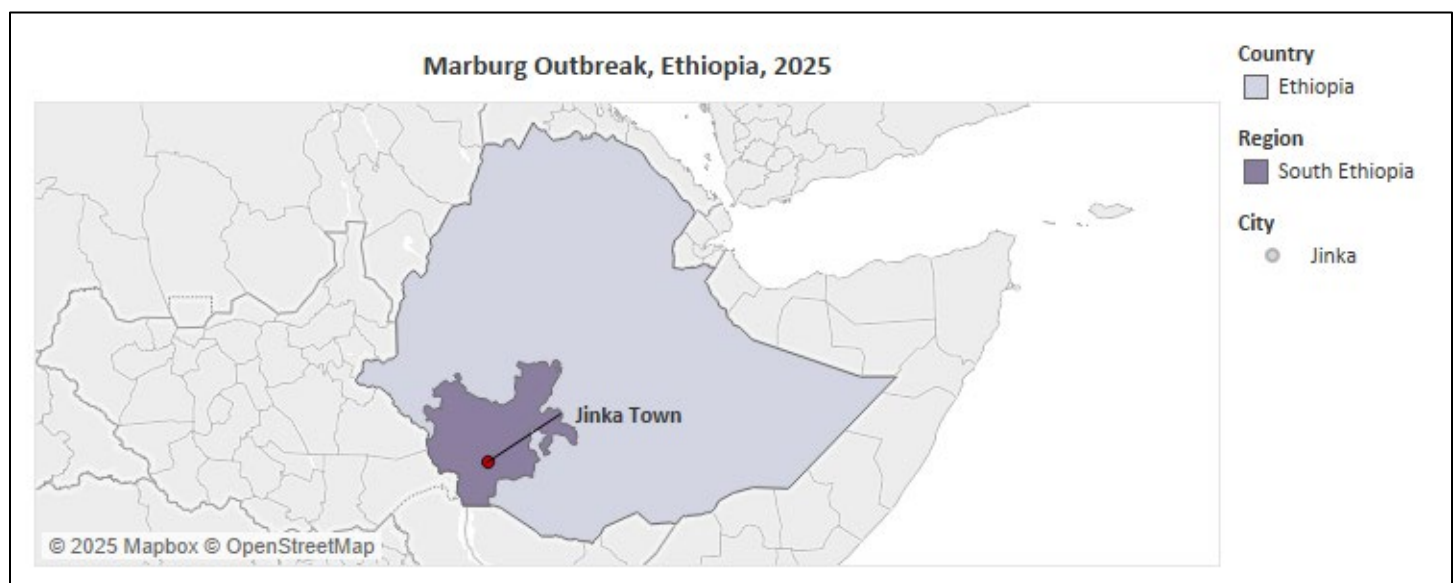


Figure Notes: Data as of November 19, 2025.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding Marburg in Ethiopia.

Source: [WHO \(11/14/25\)](#), [Africa CDC \(11/20/25\)](#), [BEACON \(11/18/25\)](#)

Measles

Canada – Incident Cases Reported in 4 Provinces, Most in BC and Alberta:

According to data from the [Public Health Agency of Canada \(PHAC\)](#), as of November 19, there have been a total of 5,208 probable and confirmed measles cases and 2 deaths (both congenital cases) reported in Canada during 2025. Since the previous update, 46 incident cases were reported, primarily in British Columbia (29) and Alberta (14).

Measles Cases, Hospitalizations, and Deaths, Canada, 2025								
Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
365	+3	4,843	+43	379	+4	2	+0	0.04%

Table Notes: Data as of November 8, 2025; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

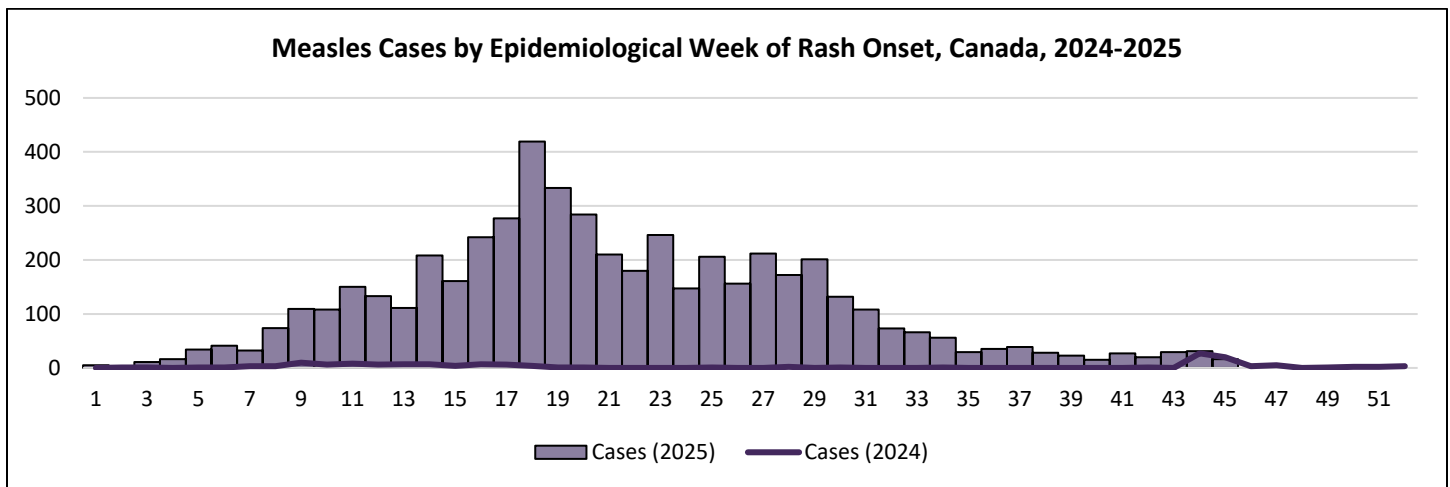


Figure Notes: Data as of November 8, 2025, and includes probable and confirmed cases.

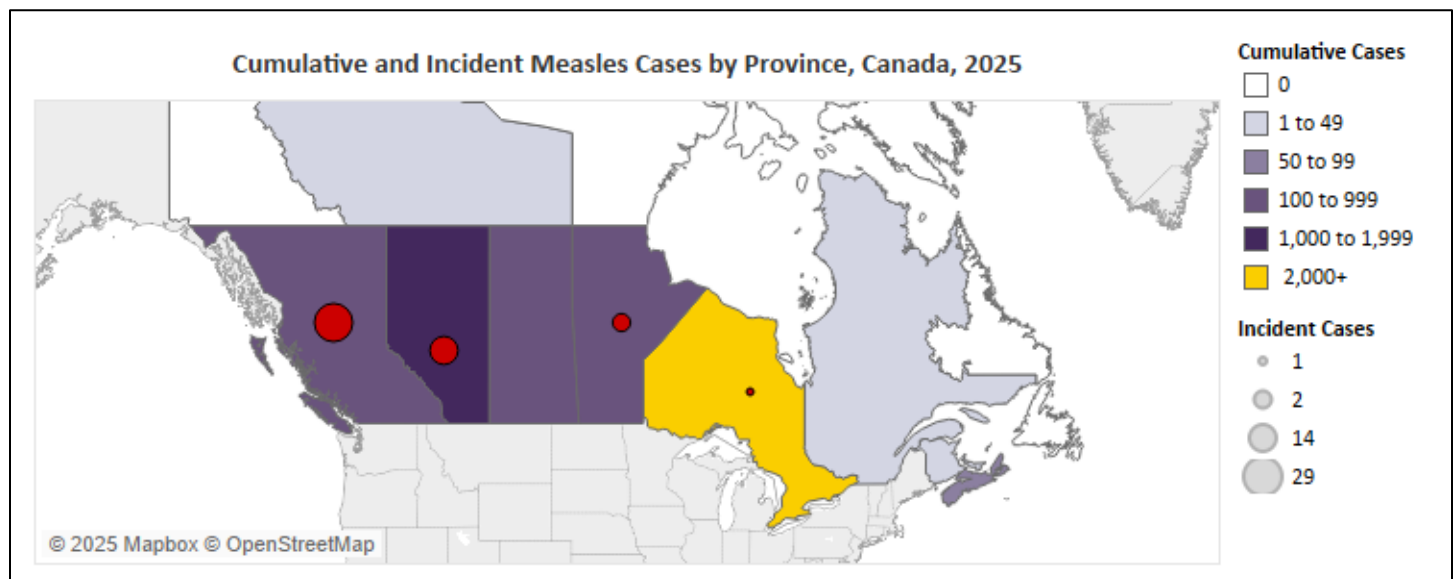


Figure Notes: Data as of November 8, 2025, and includes probable and confirmed cases.

Probable and confirmed cases have been reported by 10 provinces and territories this year, primarily Ontario (2,394), Alberta (1,960), British Columbia (365), and Manitoba (264). More detailed and up to date information regarding measles cases reported in each province is available for [Alberta](#), [British Columbia](#), [Manitoba](#), [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, 7% have been hospitalized, and 98% have been exposed in Canada, epidemiologically and/or virologically linked.

On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that Canada (and the Region of the Americas) has lost its verification as free from endemic measles transmission after 12 months of circulation in the country. Canada’s outbreak began in October 2024 in New Brunswick and continued to spread nationwide. Canada previously achieved its measles elimination status in 1998.

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.

Source: [PHAC - 1 \(11/17/25\)](#), [PHAC - 2 \(11/10/25\)](#), [BEACON \(11/09/25\)](#)

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

According to data from the [Secretariat of Health of Mexico](#), as of November 19, there have been a total of 5,299 confirmed measles cases and 23 deaths reported in Mexico during 2025. Since the previous update, 47 confirmed incident cases were reported in Jalisco (22), Chihuahua (9), Guerrero (7), Michoacán (7), Chiapas (1), and Oaxaca (1).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025						
Probable Cases		Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
12,738	+206	5,299	+47	23	+0	0.4%

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

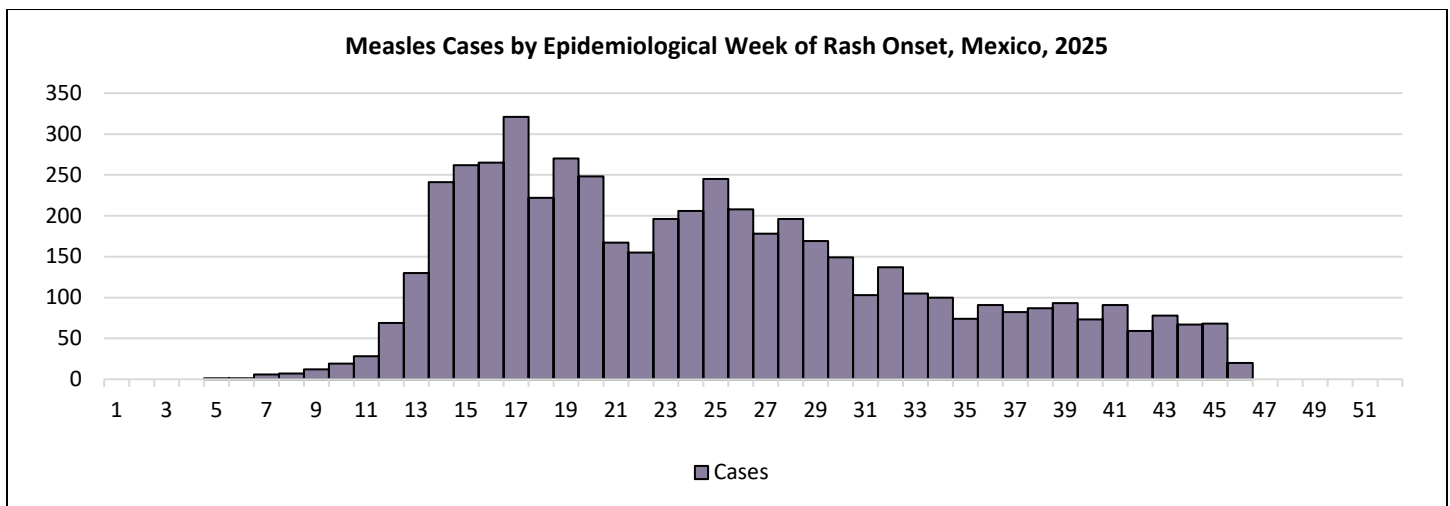


Figure Notes: Data as of November 19, 2025, and includes confirmed cases only.

Confirmed cases have been reported by 27 states during 2025, primarily Chihuahua (4,449). Those aged 0-4 years have been most affected (1,355 cases – 13.02 per 100,000 population), followed by those aged 25-29 years (632 cases – 5.96 per 100,000 population), and those aged 30-34 years (534 cases – 5.12 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 early 2026 if non-travel associated cases continue to be reported in the country.

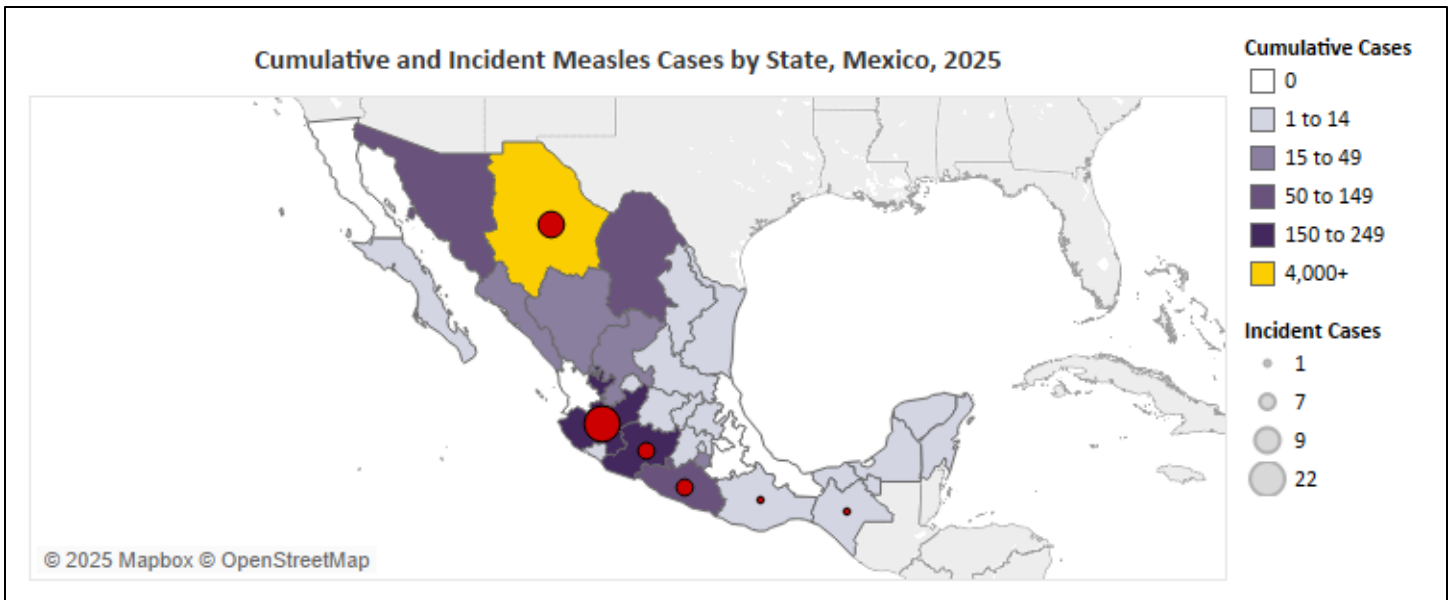


Figure Notes: Data as of November 19, 2025, and includes confirmed cases only.

Source: [Secretariate of Health \(11/19/25\)](#)

United States – Incident Cases Reported in 7 States, Most Linked to Outbreaks:

According to data from the [United States CDC](#), as of November 18, there have been a total of 1,753 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 Utah (10), Arizona (9), and South Carolina (6).

Measles Cases, Hospitalizations, and Deaths, United States, 2025						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
1,753	+30	211	+5	3	+0	0.2%

Table Notes: Data as of November 18, 2025, and includes cases among international visitors to the United States (23); †Change in cumulative total compared to previous update.

Confirmed cases have been reported by 43 jurisdictions, primarily [Texas](#) (803), [Arizona](#) (133), [New Mexico](#) (100), [Kansas](#) (91), [Utah](#) (84), and [South Carolina](#) (52); however, outbreaks in Texas, New Mexico, and Kansas have subsided or been declared over. There have been 45 outbreaks reported – 87% of confirmed cases are outbreak associated. Currently, there are ongoing outbreaks in [Arizona](#), [Utah](#), and [South Carolina](#) – the Arizona-Utah outbreak is the [second largest this year](#).

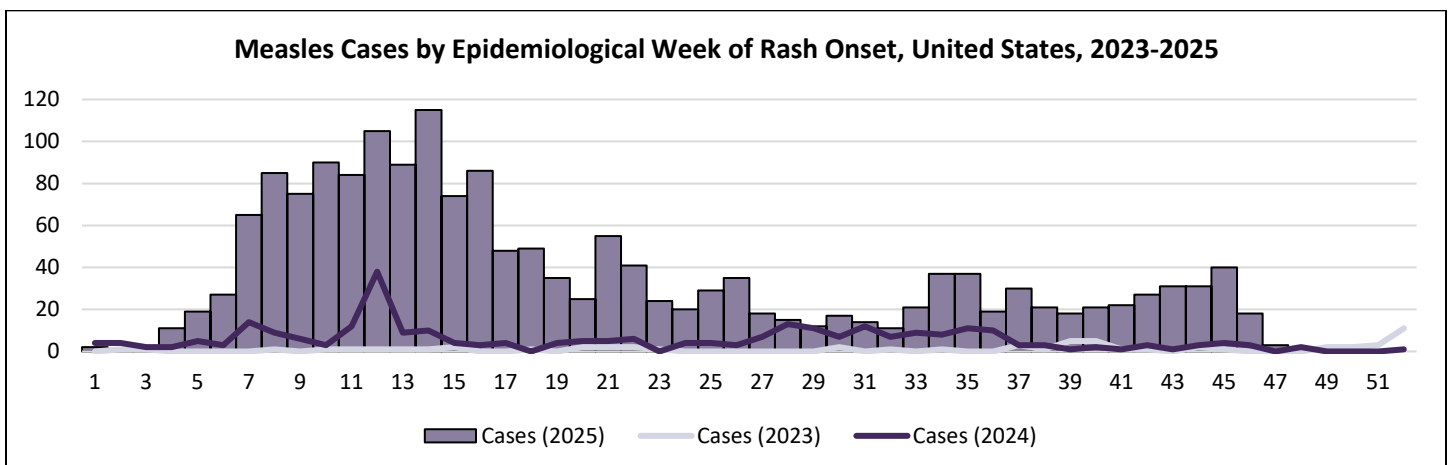
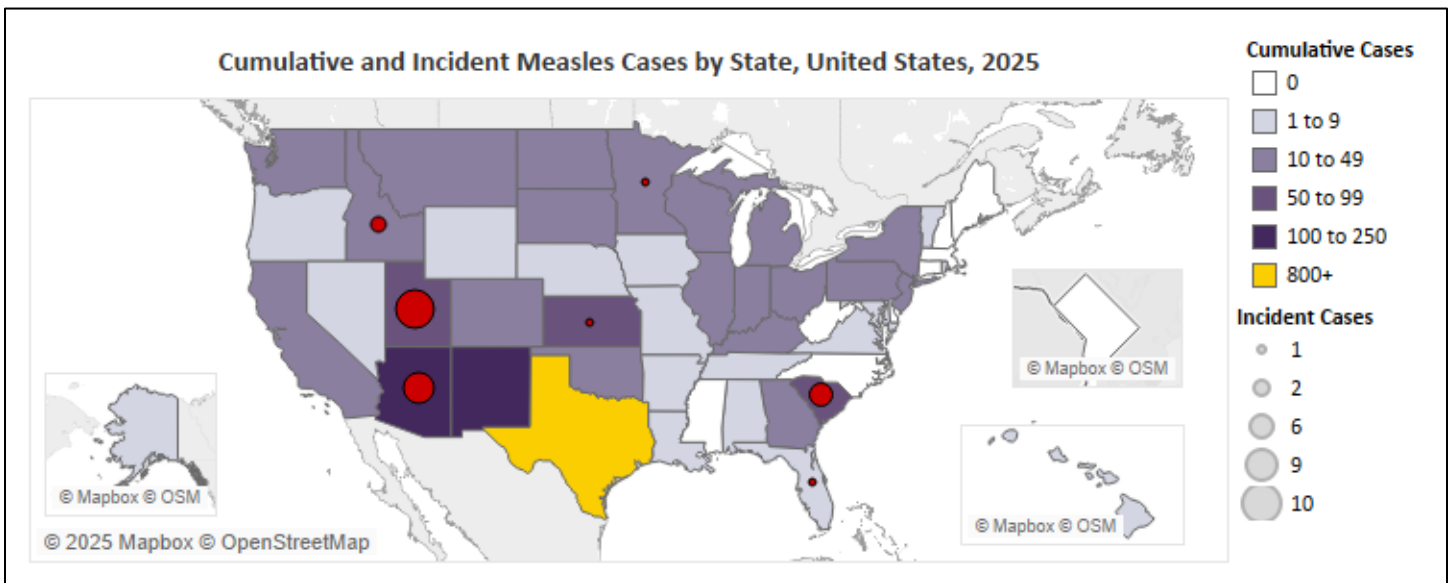


Figure Notes: Data as of November 18, 2025, and includes cases among international visitors to the United States (23).

Those aged 5-19 years have been most affected (39%), followed by those aged 20+ years (33%), and those aged <5 years (27%). Among all confirmed cases, 92% have been unvaccinated or had unknown vaccination statuses and 12% have been hospitalized – including 21% 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 November 18, 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 14 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 285 confirmed measles cases reported in the United States during 2024. The United States risks losing measles elimination status, a status achieved in 2000, in [January 2026](#) if non-travel associated cases continue to be reported in the country.

Source: [CDC \(11/19/25\)](#)

Israel – Over 2,000 Cases Reported in Ongoing Outbreak:

According to data from the [Israeli Ministry of Health](#), as of November 17, there have been a total of 2,015 measles cases and 9 deaths reported in Israel during 2025. Since the previous update, 80 incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
2,015	+80	659	+33	9	+0	0.4%

Table Notes: Data as of November 17, 2025; †Change in cumulative total compared to previous update.

The current outbreak has been affecting areas of Jerusalem, Beit Shemesh, Bnei Brak, Harish, Modi'in Illit, Nof HaGalil, Kiryat Gat, Ashdod, Safed, Netivot, Haifa, Tiberias, the settlement of Tekoa, and the Mateh Binyamin Regional Council. Among all cases, 89.2% have been among children aged <10 years, and 32.7% have been hospitalized, including 11 cases currently hospitalized – 2 of which are in intensive care. Excluding the [most recent death](#), 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. [Breakthrough infections](#) have been observed among 2 doctors providing care for measles patients at the same hospital.

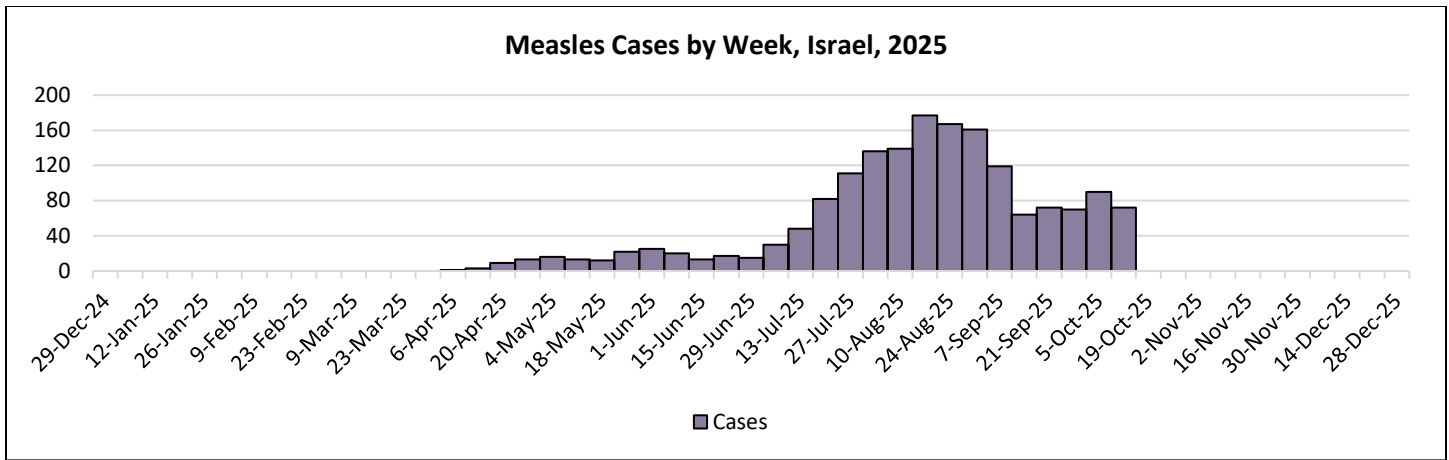


Figure Notes: Data through October 17, 2025, and includes 1,603 cases.

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 \(11/17/25\)](#), [Israeli Ministry of Health \(11/16/25\)](#)

Mpox

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

According to data from the [World Health Organization \(WHO\)](#), as of November 9, there have been a total of 59,428 confirmed mpox cases and 237 deaths reported in Africa since the beginning of 2024. Since the previous update, 619 confirmed incident cases and 2 deaths were reported.

Mpox Cases and Deaths by Select Countries, Africa, 2024-2025						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR
Burundi	Ib	4,569	+17	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	34,802	+387	78	+1	0.2%
Ghana	IIa and IIb	808	+64	3	+0	0.4%
Guinea	IIa and IIb	1,171	+34	1	+0	0.1%
Kenya	Ib	818	+44	12	+0	1.5%
Liberia	IIa and IIb	1,352	+44	6	+0	0.4%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,359	+0	50	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,107	+29	26	+1	1.2%
Total	Ia, Ib, IIa, and IIb	59,428	+619	237	+2	0.4%

Table Notes: Data as of November 9, 2025, and includes confirmed cases only. †Change in cumulative total compared to previous update.

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) (34,802), Uganda (8,359), Sierra Leone (5,442), and Burundi (4,569). 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 May. Overall, [trends have been improving](#) on the continent.

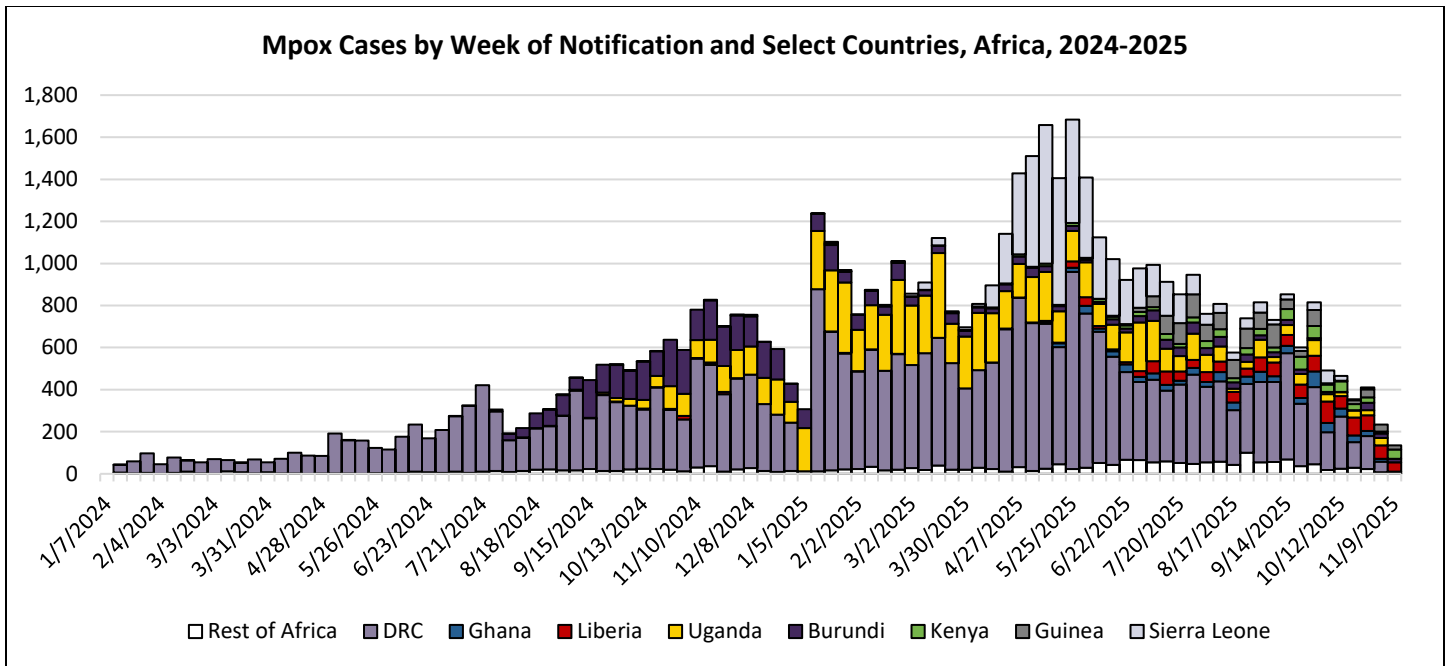


Figure Notes: Data as of November 9, 2025, and includes confirmed cases only; *3,939 confirmed cases reported in the DRC are excluded.

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 (41,482) have doubled totals for 2024 (17,946), with additional countries affected. The Africa CDC currently assesses the situation to be a [Public Health Emergency of Continental Security \(PHECS\)](#).

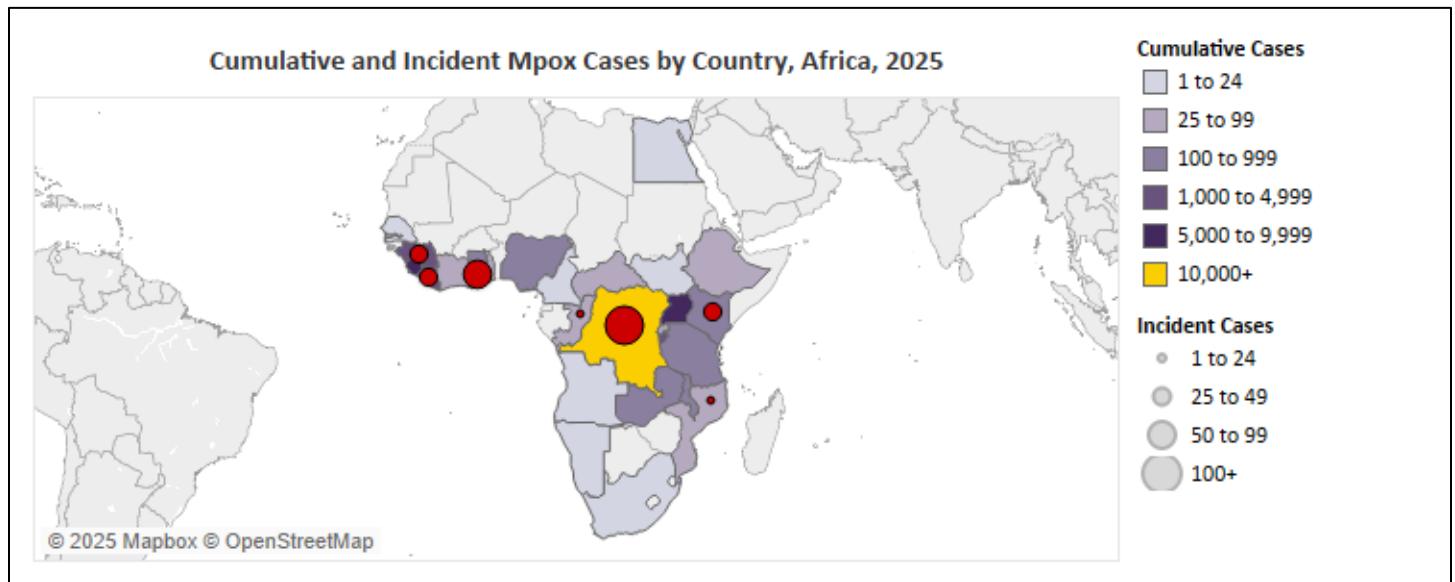


Figure Notes: Data as of November 9, 2025, and includes confirmed cases only.

Source: [WHO \(11/09/25\)](#)

Global (Outside of Africa) – Travel Associated Clade Ib Cases Reported in Europe:

According to data from the [World Health Organization \(WHO\)](#), as of November 9, there have been a total of 94 travel associated and 37 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 2 incident travel associated clade Ib mpox cases were reported in Germany (1) and the United Kingdom (1). The case in Germany reported recent travel to Vietnam while travel history for the United Kingdom case is under investigation.

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†
94	+2	37	+0

Table Notes: Data as of November 9, 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: 88 clade Ib, 4 clade Ia, and 2 clade I without information on subclade.

Travel associated cases have been reported by 23 countries outside of Africa, primarily United Kingdom (14), China (11), India (11), and Germany (10). Most travel associated clade I mpox cases have reported traveling to areas of Africa currently experiencing ongoing transmission of clade I mpox 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](#).

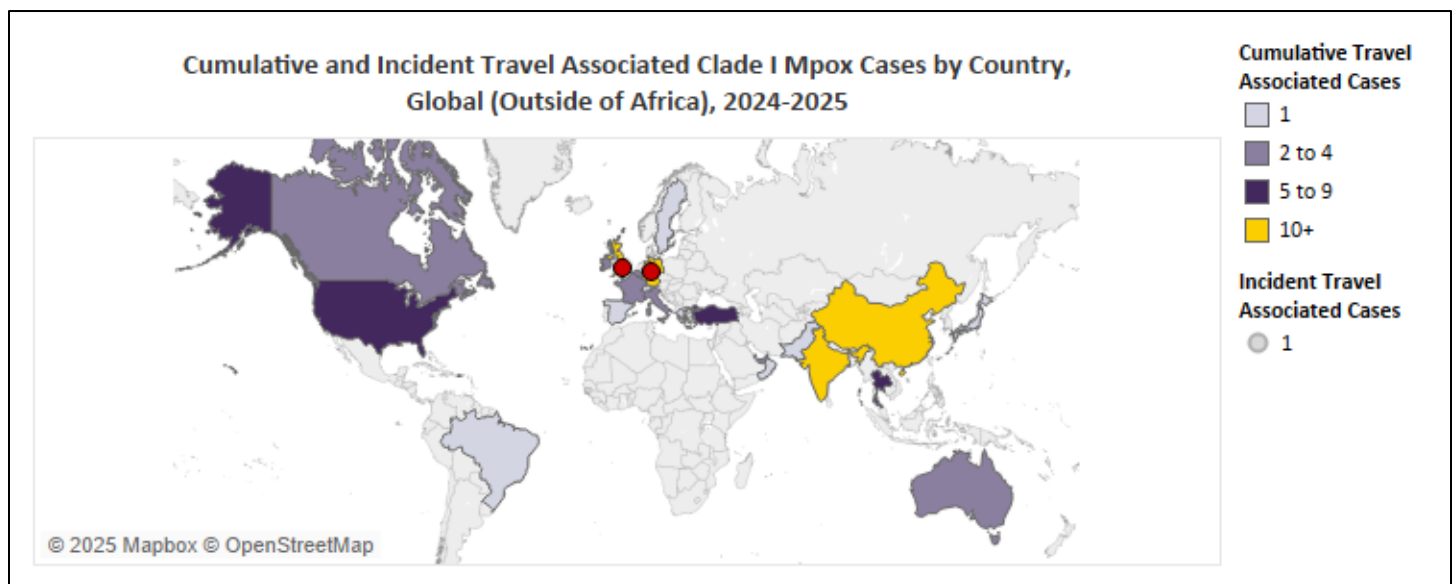


Figure Notes: Data as of November 9, 2025, and does not include secondary cases or clade I cases not determined to be travel associated.

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 \(11/09/25\)](#)

Non-Seasonal Influenza

Cambodia – Fatal Human Case Reported in Capital City of Phnom Penh (H5N1):

According to data from multiple sources, as of November 15, there have been a total of 18 influenza A(H5N1) cases among humans and 9 deaths reported in Cambodia during 2025. Since the previous update, 1 incident fatal human H5N1 case was reported in Phnom Penh, the capital city of Cambodia.

The case was reported among a 22-year-old male and the source of exposure is currently unknown. Human H5N1 cases have been reported in 10 Cambodian provinces/cities this year, primarily Siem Reap (5) and Takeo (4).

Human Avian Influenza Type A(H5N1) Cases and Deaths, Cambodia, 2025				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR
18	+1	9	+1	50.0%

Table Notes: Data as November 15, 2025; †Change in cumulative total compared to previous update.

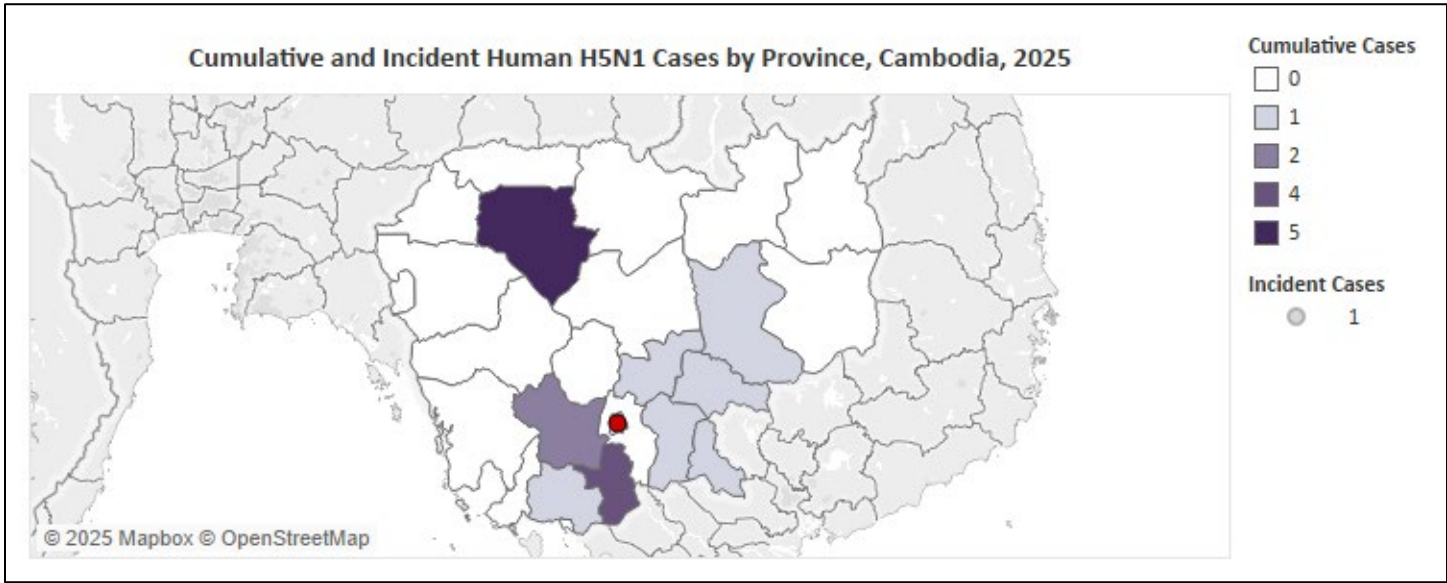


Figure Notes: Data as of November 15, 2025; and includes confirmed cases only.

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. Almost all human cases reported in the country during 2025 were exposed to domestic birds or poultry prior to illness onset. Since November 2003, there have been 90 human H5N1 cases reported in Cambodia.

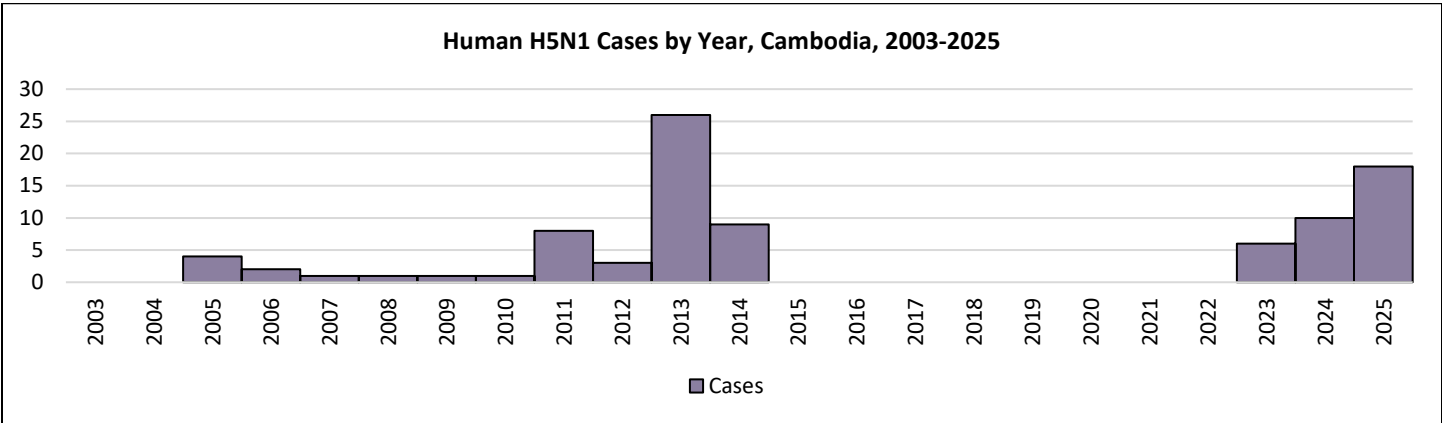


Figure Notes: Data as of November 15, 2025.

Sources: [HKCHP \(11/15/25\)](#), [WHO \(11/05/25\)](#)

United States – Poultry Flock Detections (HPAI); First Ever Human Case (H5N5):

According to data from the [United States Department of Agriculture \(USDA\)](#), as of November 18, 2025, there have been a total of 1,872 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 86 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		
38	48	1	0	0	450	15

Table Notes: Data as of November 18, 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 [Indiana](#) (39) and Michigan (10). 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 continued through October (67). So far during November there have been 64 detections reported. Similar trends have been observed during recent years ([2022-2024](#)).

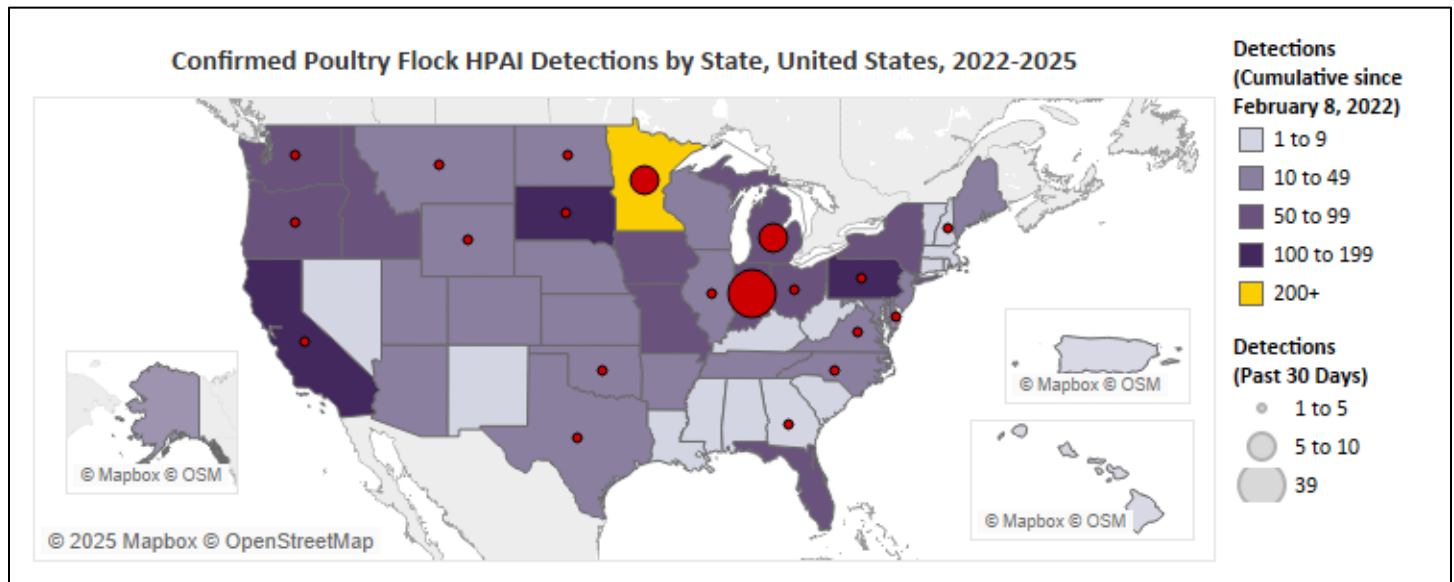


Figure Notes: Data as of November 10, 2025.

On November 13, 2025, the [Washington State Department of Health](#) reported that a Grays Harbor County resident had tested preliminary positive for avian influenza, with confirmatory testing still pending. Testing confirmed [infection with influenza A\(H5N5\)](#), a virus previously reported in animals but never before in humans. The individual is an older adult with underlying health conditions that has been hospitalized since early November. While public health investigations into sources of exposure are still ongoing, the case was exposed to backyard poultry flocks at home that had exposure to wild birds. Including this case, there have been 15 human avian influenza cases ([12 confirmed and 3 probable](#)) reported in Washington since October 2024, 14 of which were exposed to infected poultry prior to illness onset.

According to data from the [United States CDC](#), as of November 14, there have been a total of 71 confirmed influenza A(H5) cases, including [1 death](#), and 7 probable H5 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](#) (primarily [dairy cattle](#)), [wild birds](#), and other [mammals](#).

On October 15, 2025, the Pan American Health Organization (PAHO) published an [Epidemiological Update](#) regarding influenza 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 \(11/20/25\)](#), [CDC \(11/14/25\)](#)

Japan – While Still Elevated, Weekly Reported Incident Cases Continue Decline:

According to data from the [Japan Institute for Health Security \(JIHS\)](#), as of November 9, there have been a total of 85,476 pertussis cases and at least [4 deaths](#) reported in Japan during 2025. Since the previous update, 797 incident pertussis cases were reported, of which 598 reported symptom onset during epidemiological week 45 (a 16.7% decrease compared to the prior week). [Trends](#) in weekly reported incident cases have steadily declined since mid-July but remain elevated overall.

Pertussis Cases and Deaths, Japan, 2025					
Cases			Deaths		
Cumulative	Incident†	EPI Week 44‡	Cumulative	Incident†	CFR
85,476	+797	+598	+4	+0	0.0%

Table Notes: Data as November 9, 2025; †Change in cumulative total compared to previous update; ‡Incident cases with symptom onset during most recent epidemiological week.

Cases have been reported in all 47 prefectures, with Tokyo (6,719), Saitama (4,635), Niigata (3,881), Kanagawa (3,690), and Chiba (3,413) reporting the highest cumulative case totals. During epidemiological week 45, Tokyo (53), Saitama (50) and Aichi (44) reported the highest number of incident cases. According to the [JIHS](#) and [BEACON](#), widespread macrolide-resistance has been reported, complicating treatment and resulting in severe infections among infants in multiple prefectures, primarily [Kumamoto](#). There were 4,096 cases reported during [2024](#). This is the highest number of pertussis cases reported in Japan since [2019](#) (16,845).

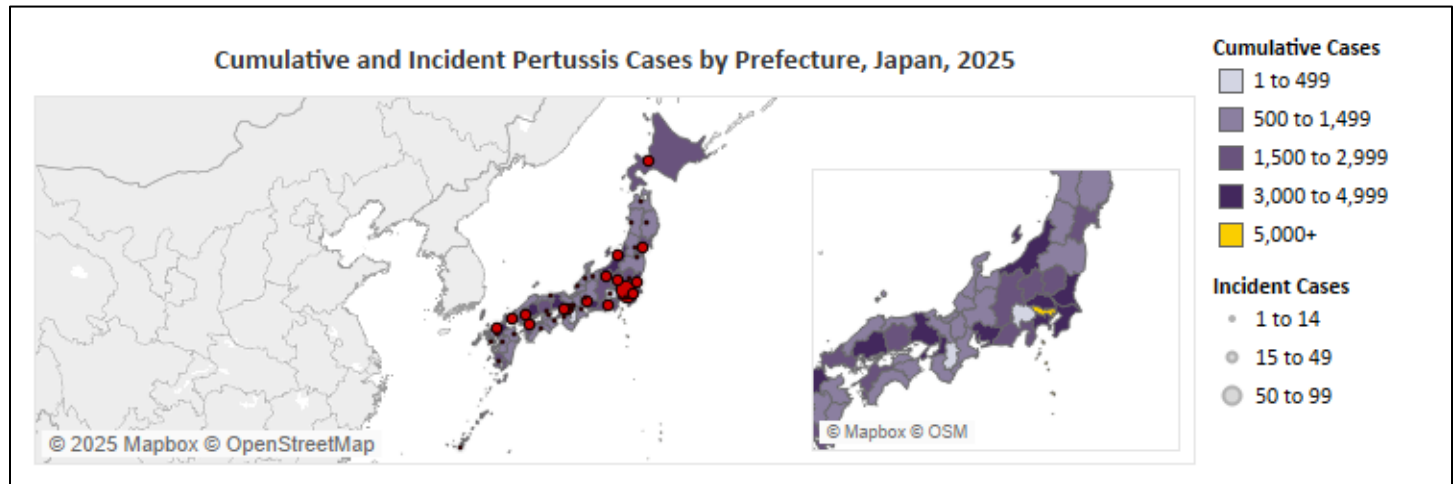


Figure Notes: Data as of November 9, 2025.

Sources: [NHK \(11/09/25\)](#), [JIHS \(11/18/25\)](#)

United States – CDC Resumes Weekly NNDSS Reporting of Pertussis Data:

According to provisional data from the [United States CDC](#), as of November 8, there have been a total of 24,651 pertussis cases and at least 6 deaths ([1-5](#), [6](#)) reported among United States residents and residents of United States Territories during 2025. Since mid-September when CDC paused updates, 3,573 incident cases were reported, of which 101 had symptom onset during epidemiological week 45, a 3.8% decrease compared to epidemiological week 38 (105).

Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2024 and 2025				
Reporting Area	Cases			
	Current Week	Cumulative (2025)	Cumulative (2024)	Ratio (2025/2024)
New England	7	519	1,527	0.3
Middle Atlantic	13	1,719	6,389	0.3

East North Central	17	3,853	7,047	0.5
West North Central	3	2,251	3,500	0.6
South Atlantic	31	3,653	2,735	1.3
East South Central	8	2,058	911	2.3
West South Central	7	1,948	1,781	1.1
Mountain	10	3,199	2,754	1.2
Pacific	5	5,294	5,399	1.0
United States Territories	0	157	59	2.7
Total	101	24,651	32,102	0.8

Table Notes: Data as of November 8, 2025; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

Case totals for 2025 are currently lower than case totals for 2024 as of the same date, although they were much higher during the beginning of the year. In August, the [Pan American Health Organization \(PAHO\)](#) reiterated the importance of strengthening vaccination and surveillance systems considering the resurgence of pertussis in the Americas and the emergence of antibiotic-resistant strains. The [Texas Department of State Health Services \(DSHS\)](#) recently reported a significant increase in cases during 2025, the [second consecutive year](#) that Texas has observed a large year-over-year increase.

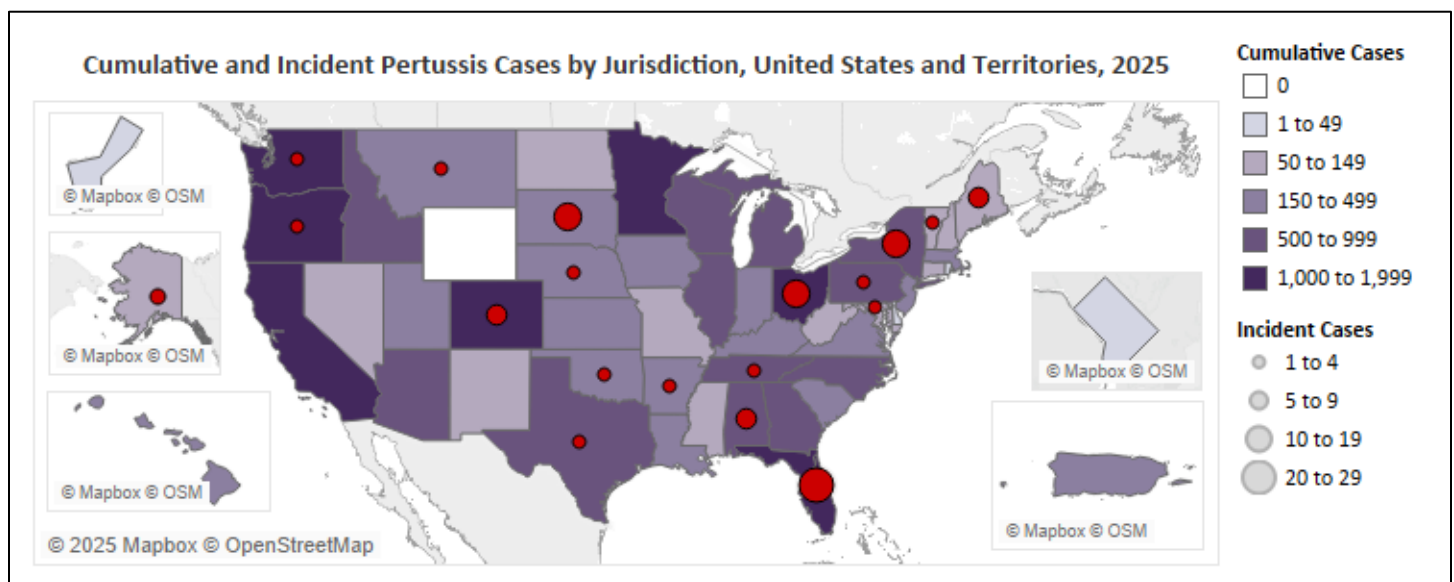


Figure Notes: November 8, 2025; New York State and New York City are combined in figure; United States Virgin Islands and American Samoa not included in figure – neither have reported cases during 2025; Incident cases reported symptom onset during the most recent epidemiological week.

There were a total of 35,435 pertussis cases and 10 deaths reported in the United States during [2024](#), representing a return to pre-pandemic trends and the highest number of cases reported in a year since [2012](#); cases remain elevated during 2025.

Sources: [CDC \(11/19/25\)](#), [CDC \(06/11/25\)](#)

Polio

Global – Incident AFP Cases (cVDPV2) Reported in Chad and Nigeria:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#), as of November 17, 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), 175 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, 6 incident AFP cases caused by cVDPV2 were reported in Nigeria (2) and Chad (4).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2025							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
39	+0	3	+0	175	+6	5	+0

Table Notes: Data as of November 17, 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 (DRC) (1). AFP cases caused by cVDPV2 with onset of paralysis during 2025 have been reported this year by 13 countries, primarily [Nigeria](#) (52), [Ethiopia](#) (39), [Yemen](#) (29), [Chad](#) (24), 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).

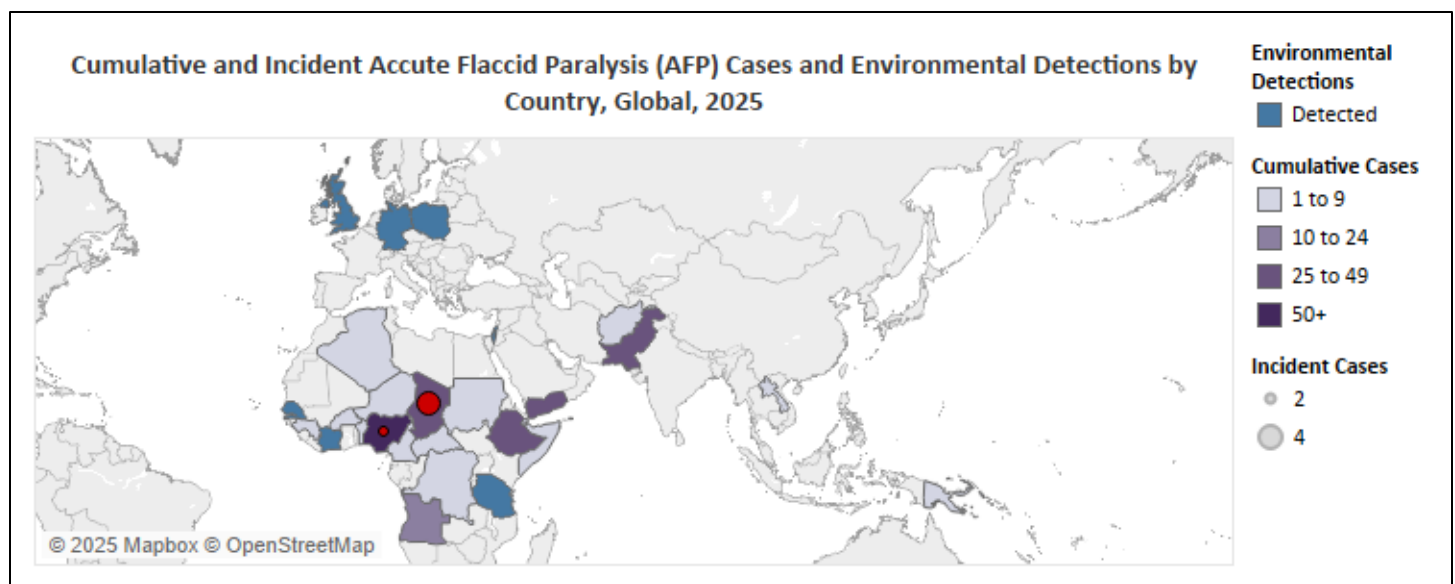


Figure Notes: Data as of November 17, 2025, and only includes cases with onset of paralysis or environmental detection samples collected during 2025.

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. 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 \(11/17/25\)](#), [GPEI-2 \(11/17/25\)](#), [WHO \(11/11/25\)](#)

Rift Valley Fever

Africa – Updated Data on Ongoing Outbreaks in Mauritania and Senegal:

According to data from the [Africa CDC](#), as of November 8, and the [Ministry of Public Health and Hygiene](#) in Senegal and, as of November 17, there have been a total of 519 confirmed human Rift Valley Fever (RVF) cases and 46 deaths reported

in Mauritania and Senegal since September 20, 2025. Since the previous update, 30 confirmed incident cases were reported in Mauritania (6) and Senegal (24).

Human Rift Valley Fever Cases and Deaths, Mauritania and Senegal, 2025					
Country	Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	CFR
Mauritania	52	+6	15	+1	28.8%
Senegal	467	+24	31	+0	6.6%

Table Notes: Data for Mauritania as of November 8, 2025; Data for Senegal as of November 17, 2025; †Change in cumulative total compared to previous update.

Confirmed human cases have been reported in 14 regions (wilayas) of Mauritania and 11 administrative regions of Senegal. In Senegal, most human cases have been reported in the region of Saint-Louis (341), followed by Matam (30), Fatick (29), Kaolack (23), Louga (21), Dakar (11), Tambacounda (5), Thiès (2), Kaffrine (2), Kédougou (2), and Kolda (1). A total of 419 cases have recovered from infection. According to the [Africa CDC](#), males have been most affected by this outbreak in both countries and a large number of suspected human cases have also been reported.

The World Health Organization (WHO) recently issued a [joint risk assessment](#) with other partners regarding the outbreak in Mauritania and Senegal, assessing the overall risk to human health as 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.

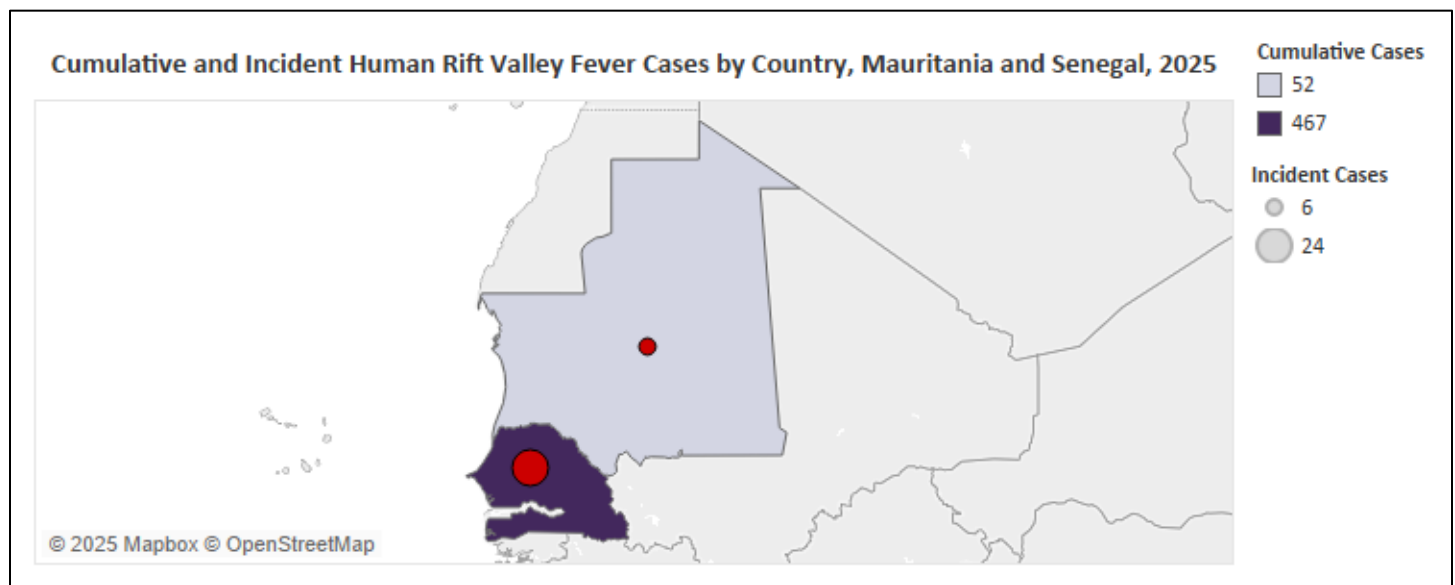


Figure Notes: Data for Mauritania as of October 30, 2025; Data for Senegal as of November 16, 2025.

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. [Uganda](#) has also reported 3 human cases and 1 death during 2025.

Sources: [WHO \(11/05/25\)](#), [CDC \(05/14/24\)](#), [Ministry of Public Health and Hygiene](#), [Africa CDC \(11/17/25\)](#)

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 – Update on Multistate Outbreak Linked to Prepared Pasta Meals ([November 6](#))
- 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 Monthly Update; The Americas Loses Measles-Free Status ([November 13](#))
- 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

- 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

- China – Human Cases Retrospectively Reported from Multiple Provinces ([October 30](#))
- Bangladesh – Human Cases Reported in Sylhet Division; Fourth During 2025 (H5) ([October 23](#))
- Mexico – Human Case Reported in Mexico City; Second During 2025 (H5) ([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](#))

Powassan

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

Salmonella

- United States – Update on Multistate Outbreak Linked to Pet Geckos ([November 13](#))
- United States – New Multistate Outbreak Linked to Pet Bearded Dragons ([November 13](#))
- United States – New Multistate Outbreak Linked to Moringa Leaf Powder ([November 6](#))
- 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 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 – Incident Cases Reported Recently in Bolivia and Colombia ([November 6](#))

Other Active CDC Travel Health Notices:

- [Yellow Fever in Colombia - Level 2 - Practice Enhanced 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](#)
- [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](#)
- [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](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - 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](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other News and Events:

- [Yemen reports 380 suspected diphtheria cases and 22 deaths in 2025 - BEACON](#)
- [Experimental mRNA flu vaccine is more effective than conventional flu shot, but causes more side effects | CIDRAP](#)
- [Avian flu has decimated world's largest breeding colony of southern elephant seals | CIDRAP](#)
- [Rift Valley fever vaccine safe, immune-producing in adults, early-stage trial shows | CIDRAP](#)
- [Early season onset of severe influenza A\(H3N2\) in UK: New strain threatens healthcare capacity - BEACON](#)
- [With an absent CDC and mismatched 'subclade K' flu strain, experts face upcoming season with uncertainty | CIDRAP](#)
- [1st Death Linked to 'Meat Allergy' Spread by Ticks](#)
- [After unprecedented autism-vaccine messaging change, scientists, advocates say CDC no longer trustworthy | CIDRAP](#)