NEW YORK STATE | Department of Health
Office of Science
Emerging Health Science and Studies

GLOBAL HEALTH UPDATE

Date: 12/11/25

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

Contents

Chikungunya 1
Infant Botulism 4
Marburg 5
Measles 6
Middle East Respiratory Syndrome (MERS) 12
Mpox 12
Non-Seasonal Influenza 14
Pertussis 15
Polio 16
Rift Valley Fever 17
Seasonal Influenza 18
Other Outbreaks, News, and Events (2025) 18

Chikungunya

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

According to data from the Pan American Health Organization (PAHO) extracted on December 11, there have been a total of 291,451 chikungunya cases, of which 110,039 are confirmed, and 141 deaths reported in the Americas during 2025. Since the previous update, 1,939 incident cases, of which 600 are confirmed, were reported.

Chikungunya Cases and Deaths, the Americas, 2025

Country	Suspected Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
Cuba	38,342	+0	1,241	-	21	+0	1.7%
Brazil	243,915	+1,848	104,653	-	116	+0	0.1%
Rest of the Americas	9,194	+91	4,145	-	4	+0	0.1%
The Americas	**291,451**	**+1,939**	**110,039**	**+600**	**141**	**+0**	**0.1%**

*Table Notes: Data extracted on December 10, 2025, and includes locally acquired cases only; †Change in cumulative total compared to previous update – calculated for the region as a whole only; *Case fatality rate (CFR) calculated among confirmed cases.*

Cases have been reported by 17 countries during 2025, primarily Brazil (243,915), Cuba (38,342), Bolivia (5,784), and Argentina (3,194). Those countries also have the highest cumulative incidence rates in the Americas, at 114.62, 350.57, 45.97, and 6.97 per 100,000 residents, respectively.

Cuba has been experiencing a severe chikungunya outbreak recently with over 35,000 cases and 21 deaths reported according to PAHO data, most of which were reported in November. According to media reports captured by BEACON, as of December 9, there have been 42,339 chikungunya cases, of which 1,462 are confirmed, and 28 deaths reported during 2025. Several countries nearby have reported travel associated cases among individuals returning from Cuba, including the Dominican Republic, Ecuador, and the United States.

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 December 2, a total of 228 travel associated chikungunya cases have been reported in the country during 2025.

*Figure Notes: Data as of December 10, 2025, and includes locally acquired cases only; *Change in cumulative total compared to previous update.*

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 (12/10/25)

Bangladesh – United States CDC Issues Level 2 Travel Health Notice:

According to the United States CDC, there is currently an outbreak of chikungunya in Bangladesh. On December 5, 2025, the United States CDC issued a Level 2 – Practice Enhanced Precautions Travel Health Notice regarding chikungunya in Bangladesh, an update to a previous travel health notice posted regarding chikungunya the Indian Ocean region. Bangladesh lacks a routine national surveillance system for chikungunya and has limited diagnostic capacity, meaning that reported case numbers likely underestimate the true burden of disease. According to the Institute of Epidemiology, Disease Control, and Research (IEDCR) in Bangladesh, as of October 10, there have been a total of 879 suspected chikungunya cases, of which 483 are confirmed, reported in Dhaka (the capital and largest city in Bangladesh) during 2025. Trend data from Dhaka show an increase in reported cases from epidemiological weeks 39-41 – cases peaked in epidemiological weeks 21-22. The report notes that cases have also been reported in Chattogram (the second largest city in Bangladesh).

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: CDC (12/5/25), IEDCR (10/12/25)

China – Single Digit Number of Incident Cases Reported in Most Recent Week:

According to data from the Guangdong Provincial Center for Disease Control and Prevention (GPCDC), as of December 6, there have been at least a total of 25,337 locally acquired chikungunya cases reported in Guangdong Province during 2025. During the week of November 30-December 6, 2025, there were 9 locally acquired incident cases reported (a 66.7% decrease compared to the prior week). Trends in weekly reported incident cases have declined for 9 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
25,267	+79	0	+0	0	+0	0.0%

Table Notes: Data as of December 6, 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 (10,034), Foshan (8,976), and Guangzhou (1,290). 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.

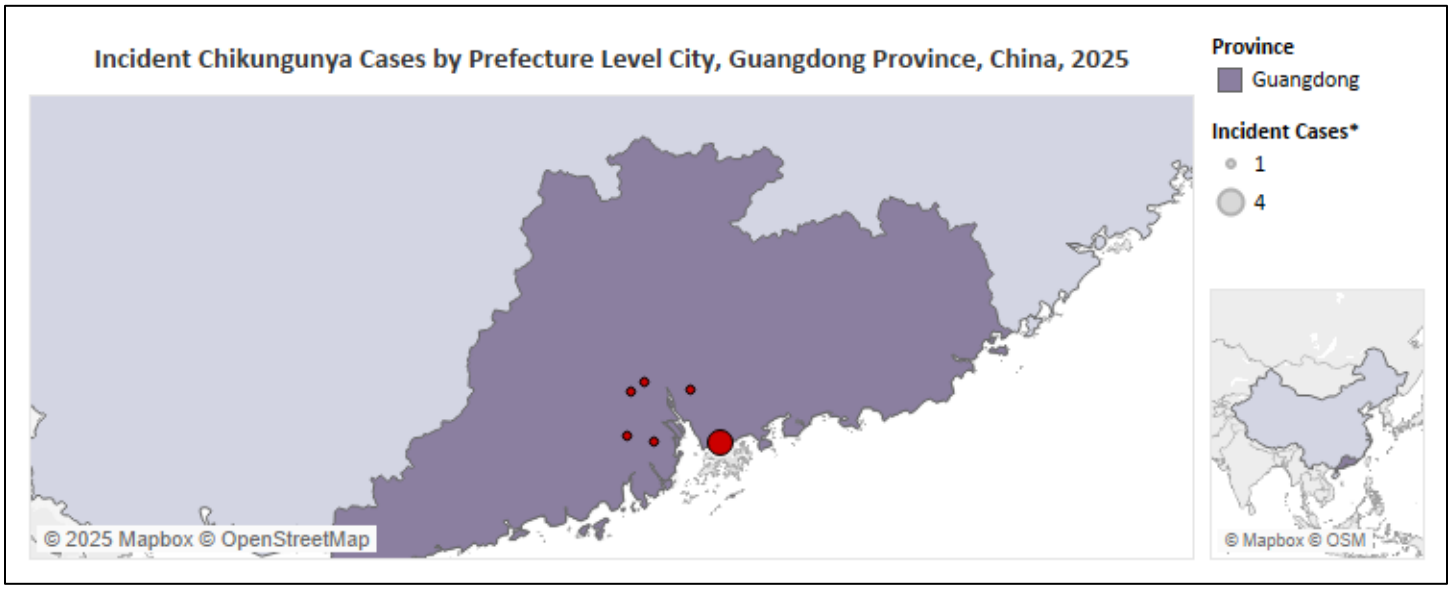


*Figure Notes: Data as of November 15, 2025, and includes locally acquired cases only; *Reported from November 30 – December 6, 2025.*

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 (12/6/25)

Sri Lanka – United States CDC Issues Level 2 Travel Health Notice:

According to the United States CDC, there is currently an outbreak of chikungunya in Sri Lanka. On December 5, 2025, the United States CDC issued a Level 2 – Practice Enhanced Precautions Travel Health Notice regarding chikungunya in Sri Lanka, an update to a previous travel health notice posted regarding chikungunya the Indian Ocean region. According to the most recent situation report from the Epidemiology Unit of the Sri Lankan Ministry of Health, reported chikungunya cases increased in October compared to the previous month, primarily in the North and East where activity was lower relative to other districts earlier in the year – cases peaked in June. During October, over 80% of cases were reported in Jaffna (a district in northern Sri Lanka). The North-East Monsoon is anticipated to last from November 2025 through February 2026 and increase vector breeding and chikungunya transmission risk. According to BEACON, this is the first large-scale chikungunya outbreak in Sri Lanka in 16 years. 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: CDC (12/5/25), Sri Lankan Ministry of Health Epidemiology Unit (10/31/25)

Infant Botulism

United States – Outbreak Case Definition Updated to Include Additional Cases:

According to data from the United States CDC, as of December 10, there have been a total of 51 cases of suspected or confirmed infant botulism linked to infant formula contaminated with *Clostridium botulinum* reported since December 2023. The case definition for this outbreak investigation was expanded to include infant botulism cases with exposure to ByHeart formula identified prior to August 1, 2025. Since the previous update, 12 incident cases were reported, of which 10 reported symptom onset from December 2023 to July 2025 and are now included due to the updated case definition.

Infant Botulism Outbreak Cases, Hospitalizations, and Deaths, United States, 2023-2025						
Cases		Hospitalizations		Deaths		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
51	+12	51	+12	0	+0	0.0%

Table Notes: Data as of December 10, 2025; †Change in cumulative total compared to previous update.

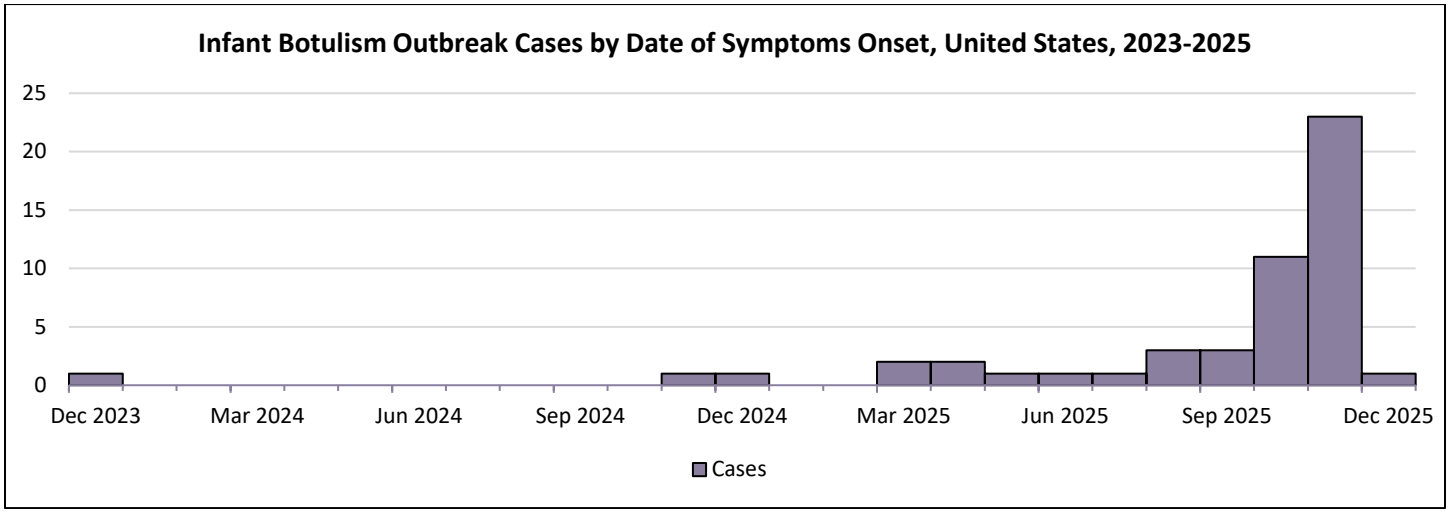


Figure Notes: Data as of December 10, 2025.

Cases have been reported by 19 states, primarily California (12), Texas (8), Arizona (5), and Oregon (4), and reported dates of illness onset ranging from December 24, 2023 – December 1, 2025. Cases range from 16-264 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.

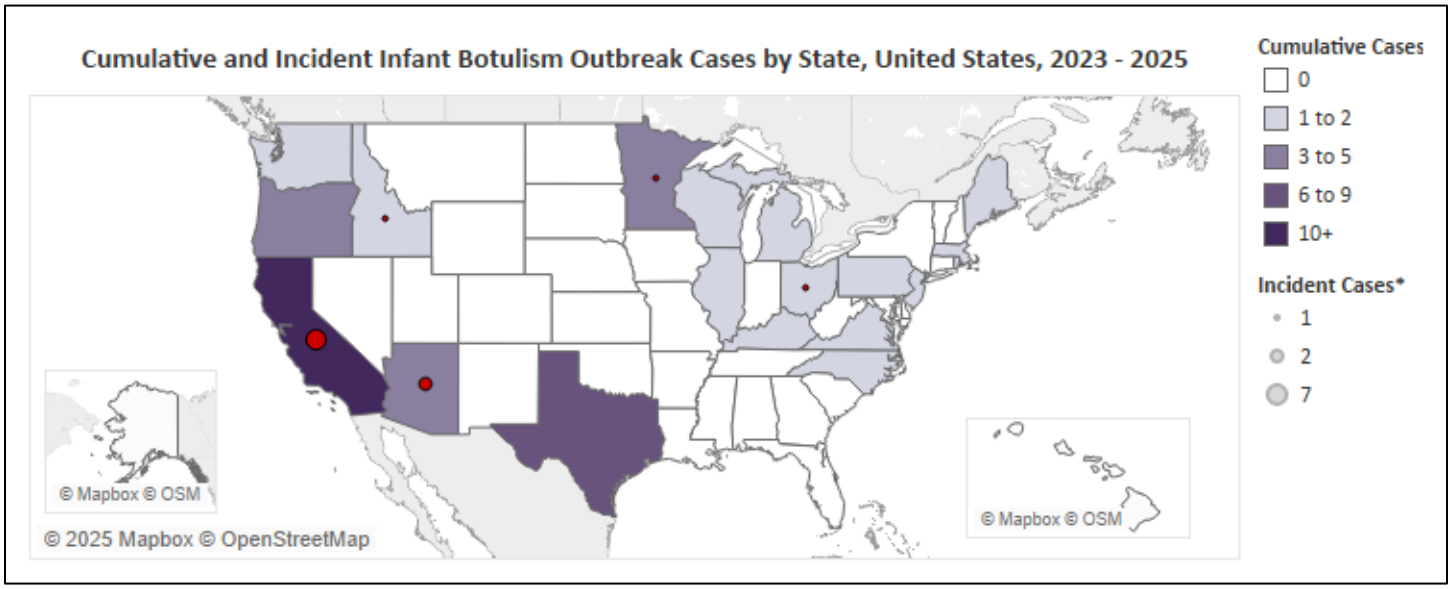


*Figure Notes: Data as of December 10, 2025; *Change in cumulative total compared to previous update.*

This is the first ever outbreak of infant botulism in the United States. While 150-180 cases of infant botulism are expected annually, health officials from CDC have stated that an outbreak is unprecedented.

Source: CDC - 1 (12/10/25), CDC - 2 (12/10/25)

Marburg

Ethiopia – No Incident Cases or Deaths Reported Since Previous Update:

According to Ministry of Health of Ethiopia and the Africa CDC, as of December 10, there have been 13 confirmed Marburg cases and 8 deaths reported in Ethiopia since the outbreak was first declared on November 14, 2025. Since the previous update, no incident cases or deaths were reported.

Marburg Cases and Deaths, Ethiopia, 2025				
Confirmed Cases		Deaths		
Cumulative	Incident	Cumulative	Incident	CFR
13	+0	8	+0	61.5%

Table Notes: Data as of December 10, 2025.

Cases have been reported in Jinka town and Hawassa city, both locations in Southern Ethiopia. There is currently 1 case being treated and 4 have recovered from infection. 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 – 2,500 doses of the investigational cAd3-Marburg vaccine have been deployed to the target population. 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).

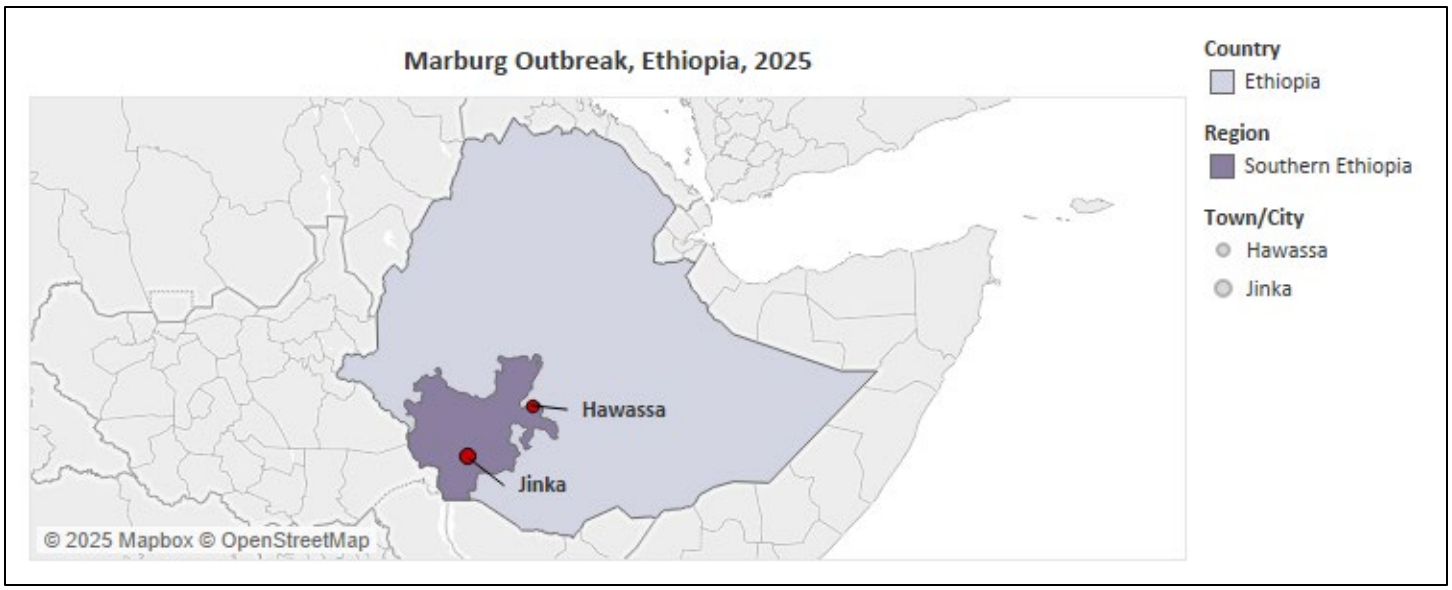


Figure Notes: Data as of December 10, 2025.

The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding Marburg in Ethiopia and recently published a Health Alert Network Health Advisory.

Source: WHO (11/14/25), Africa CDC (12/10/25)

Measles

Global – WHO Provides Monthly Update on Measles Cases and Incidence Rates:

Since the previous update, the World Health Organization (WHO) released their monthly update regarding confirmed measles cases and incidence reported globally. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates for the year, as of December 10, 2025, are presented in the table below.

Cumulative Measles Cases and Incidence Rates, Global, 2025			
Confirmed Cases		**Incidence per 1M Population**	
Country	Cumulative	Country	Cumulative Incidence Rate
Yemen	27,616	Mongolia	4142.05
Nigeria	20,424	Kyrgyzstan	1272.00
Pakistan	19,935	Yemen	721.18
India	15,779	Lao People's Democratic Republic	358.74
Mongolia	13,354	Romania	239.02
Indonesia	12,995	Afghanistan	237.39
Afghanistan	9,541	Tajikistan	235.14
Kyrgyzstan	8,506	Angola	222.32
Angola	7,956	Georgia	149.31
Russian Federation	6,216	Kazakhstan	146.44

Table Notes: Data as of December 10, 2025.

On November 10, 2025, the Pan American Health Organization (PAHO) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for ≥12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in early 2026 (Mexico and the United States).

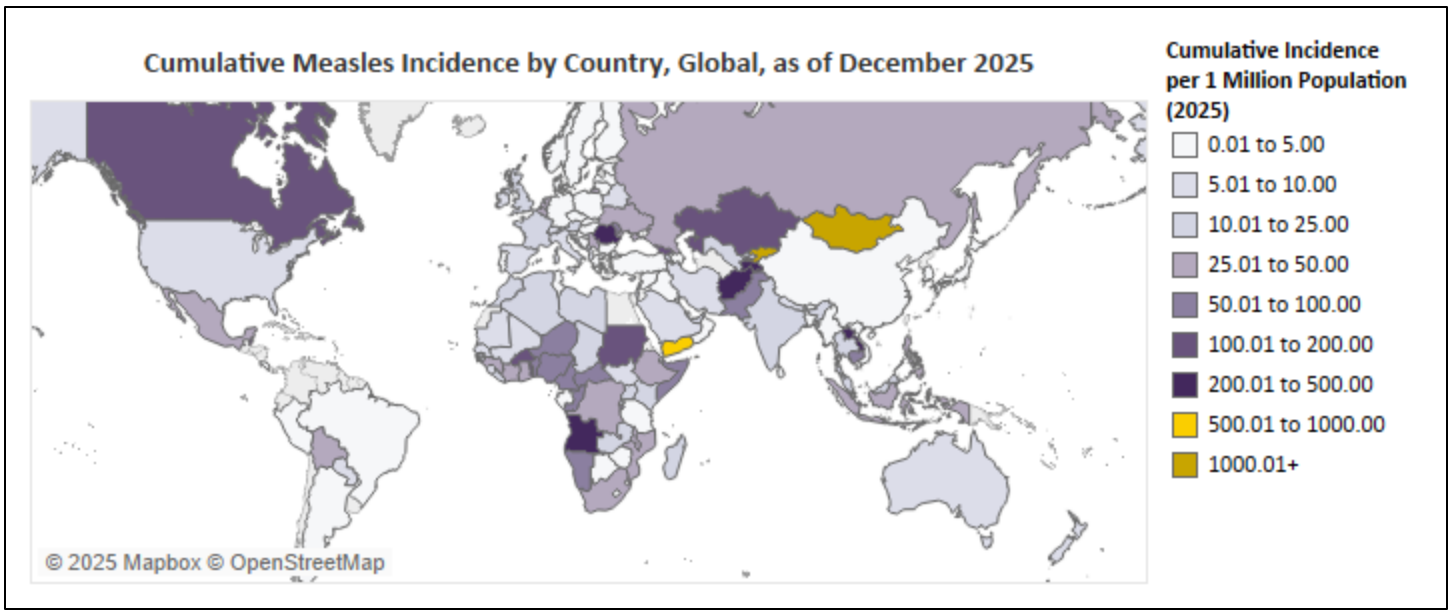


Figure Notes: Data as of December 10, 2025.

According to the WHO, measles vaccination has resulted in an 88% decrease in measles deaths globally between 2000 and 2024, saving nearly 59 million lives. During 2024, an estimated 95,000 people died from measles, most of them children aged <5 years. Despite this number being relatively low compared to annual totals recorded since 2000, there were an estimated 11 million infections, almost 800,000 more than pre-pandemic totals during 2019.

Source: WHO (12/10/25)

Canada – Incident Cases Reported in 5 Provinces, Most in MB and SK:

According to data from the Public Health Agency of Canada (PHAC), as of November 29, there have been a total of 5,298 probable and confirmed measles cases and 2 deaths (both congenital cases) reported in Canada during 2025. Since the previous update, 36 incident cases were reported, primarily in Manitoba (12) and Saskatchewan (10).

Measles Cases, Hospitalizations, and Deaths, Canada, 2025								
Probable Cases		**Confirmed Cases**		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
372	+5	4,926	+31	382	+1	2	+0	0.04%

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

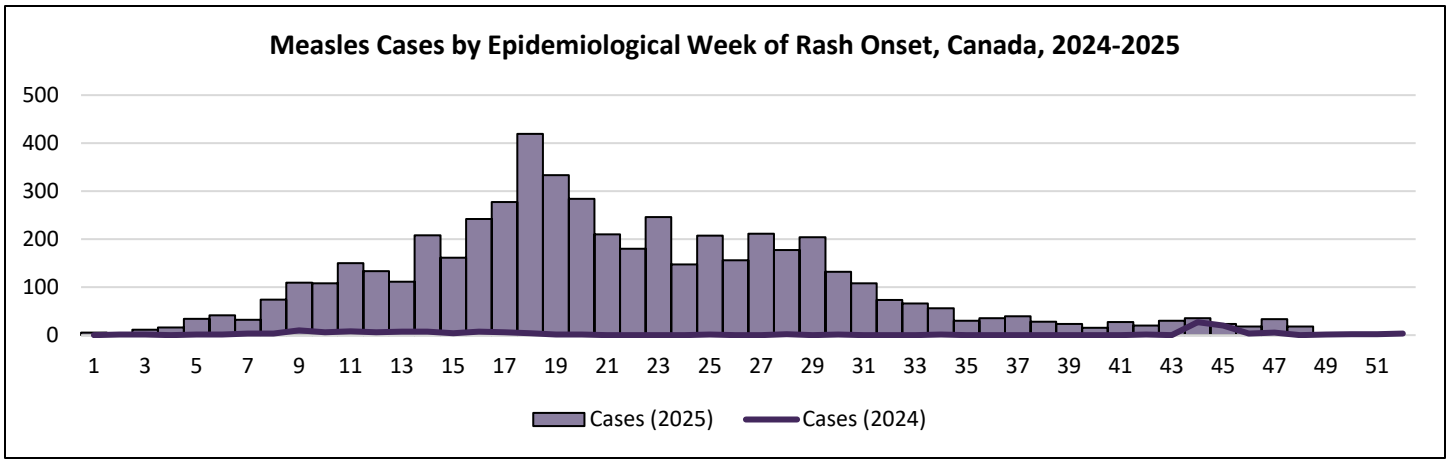


Figure Notes: Data as of November 29, 2025, and includes probable and confirmed cases.

Probable and confirmed cases have been reported by 10 provinces and territories this year, primarily Ontario (2,394), Alberta (1,975), British Columbia (392), and Manitoba (292). 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.

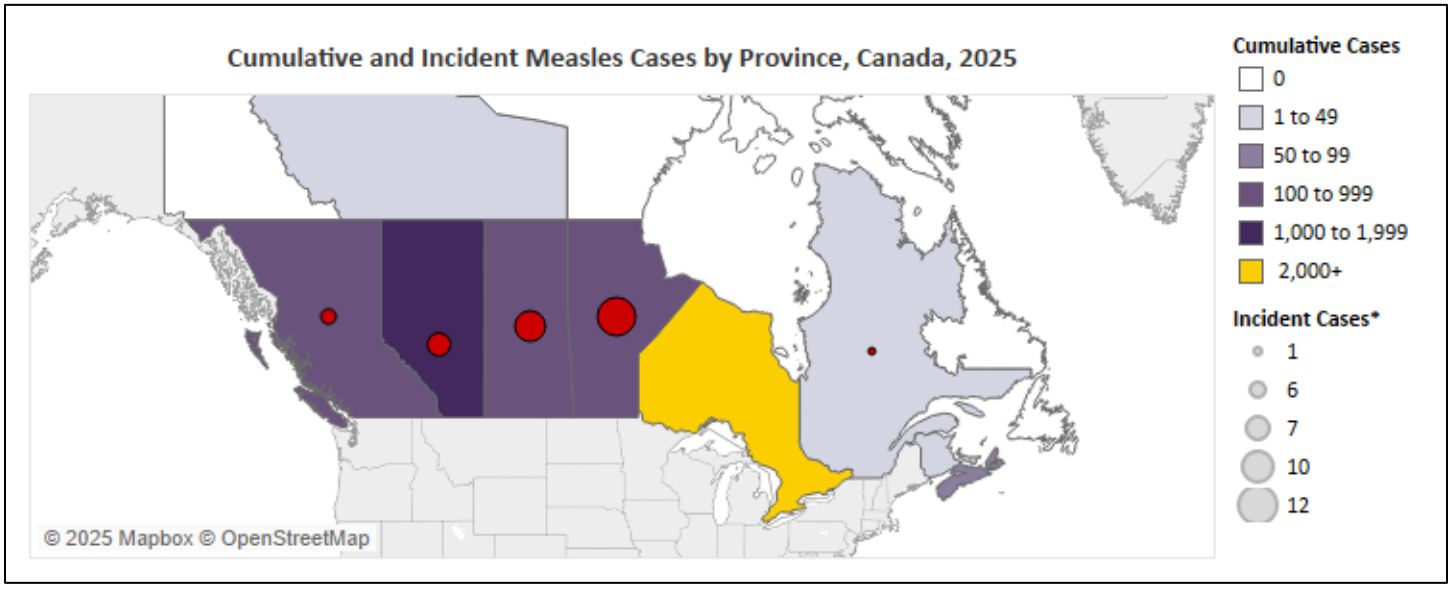


*Figure Notes: Data as of November 29, 2025, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

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 (12/8/25), PHAC - 2 (11/10/25)

Mexico – Incident Cases Reported in 10 States, Most in Southern Mexico:

According to data from the Secretariat of Health of Mexico, as of December 10, there have been a total of 5,610 confirmed measles cases and 24 deaths reported in Mexico during 2025. Since the previous update, 121 confirmed incident cases were reported, primarily in Jalisco (58), Guerrero (22), and Michoacán (17).

Measles Cases and Deaths, Mexico, 2025						
Probable Cases		**Confirmed Cases**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
13,821	+440	5,610	+121	24	+0	0.4%

*Table Notes: Data as of December 10, 2025; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

Confirmed cases have been reported by 29 states during 2025, primarily Chihuahua (4,464). Those aged 0-4 years have been most affected (1,441 cases – 13.85 per 100,000 population), followed by those aged 25-29 years (656 cases – 6.19 per 100,000 population), and those aged 30-34 years (544 cases – 5.21 per 100,000 population).

The Secretariat of Health of 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.

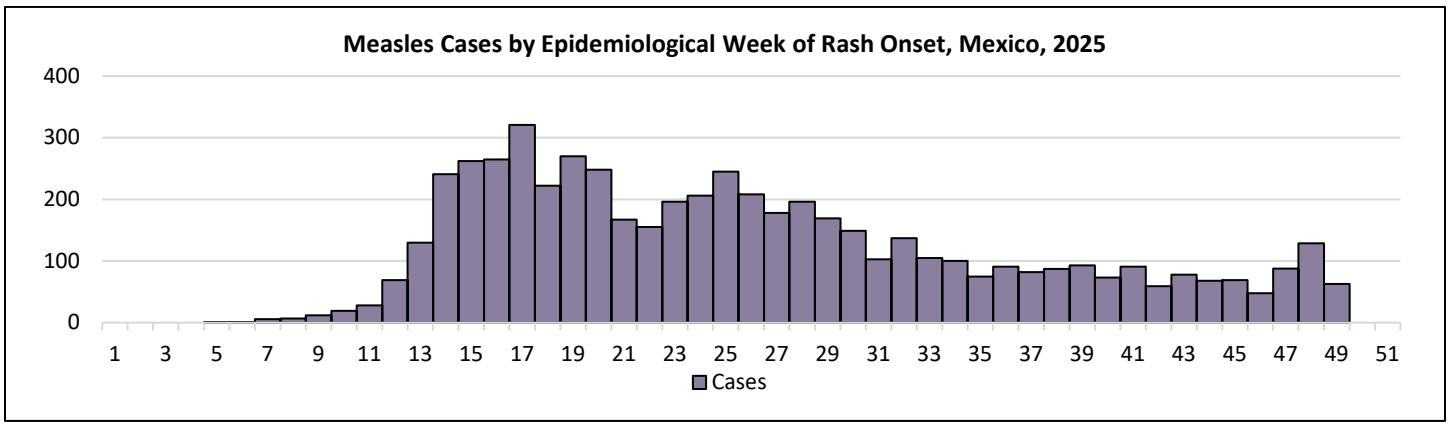


Figure Notes: Data as of December 10, 2025, and includes confirmed cases only.

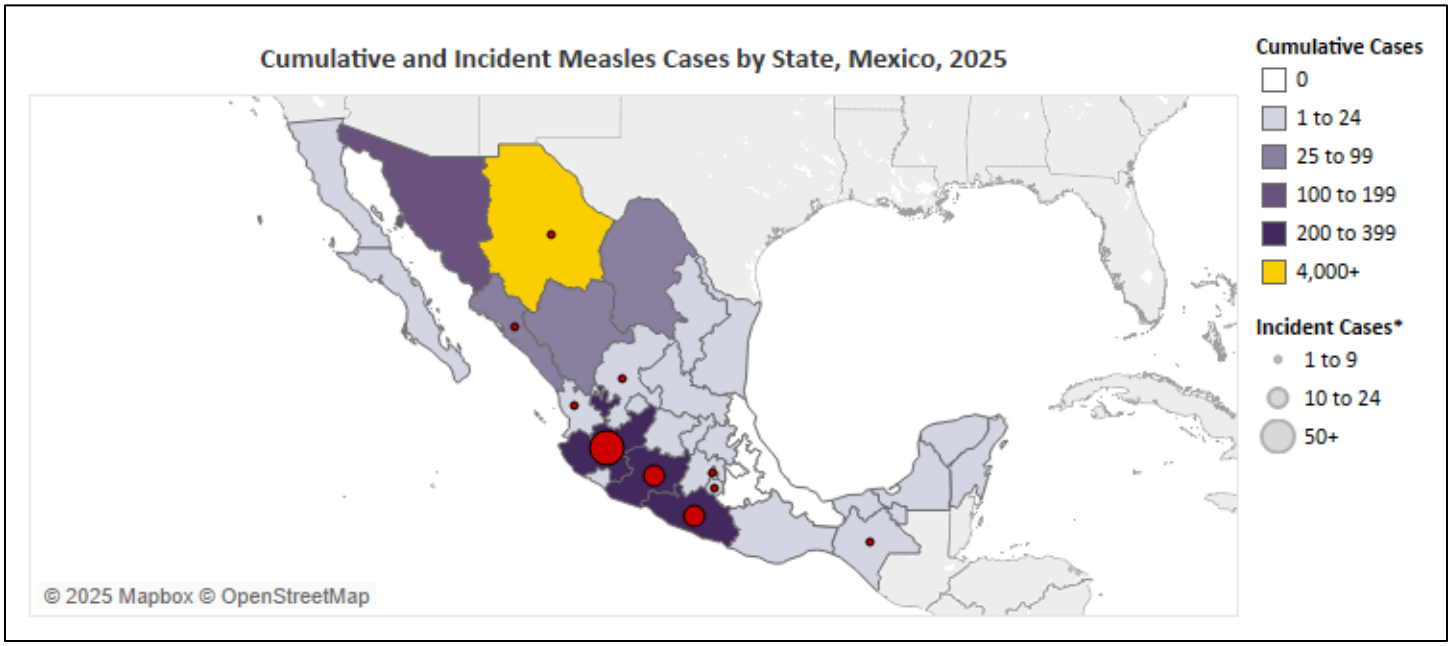


*Figure Notes: Data as of December 10, 2025, and includes confirmed cases only; *Change in cumulative total compared to previous update*

Source: Secretariate of Health (12/10/25)

United States – Incident Cases Reported in 9 States, Most Linked to Outbreaks:

According to data from the United States CDC, as of December 9, there have been a total of 1,912 confirmed measles cases and 3 deaths reported in the United States during 2025. Since the previous update, 84 confirmed incident cases were reported, primarily in South Carolina (43) and Arizona (18).

Measles Cases, Hospitalizations, and Deaths, United States, 2025						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
1,912	+84	218	+4	3	+0	0.2%

Table Notes: Data as of December 9, 2025, and includes cases among international visitors to the United States (24); †Change in cumulative total compared to previous update.

Confirmed cases have been reported by 43 jurisdictions, primarily Texas (803), Arizona (169), South Carolina (123), Utah (115), New Mexico (100), and Kansas (91); however, outbreaks in Texas, New Mexico, and Kansas have subsided or been declared over. There have been 47 outbreaks reported – 88% 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.

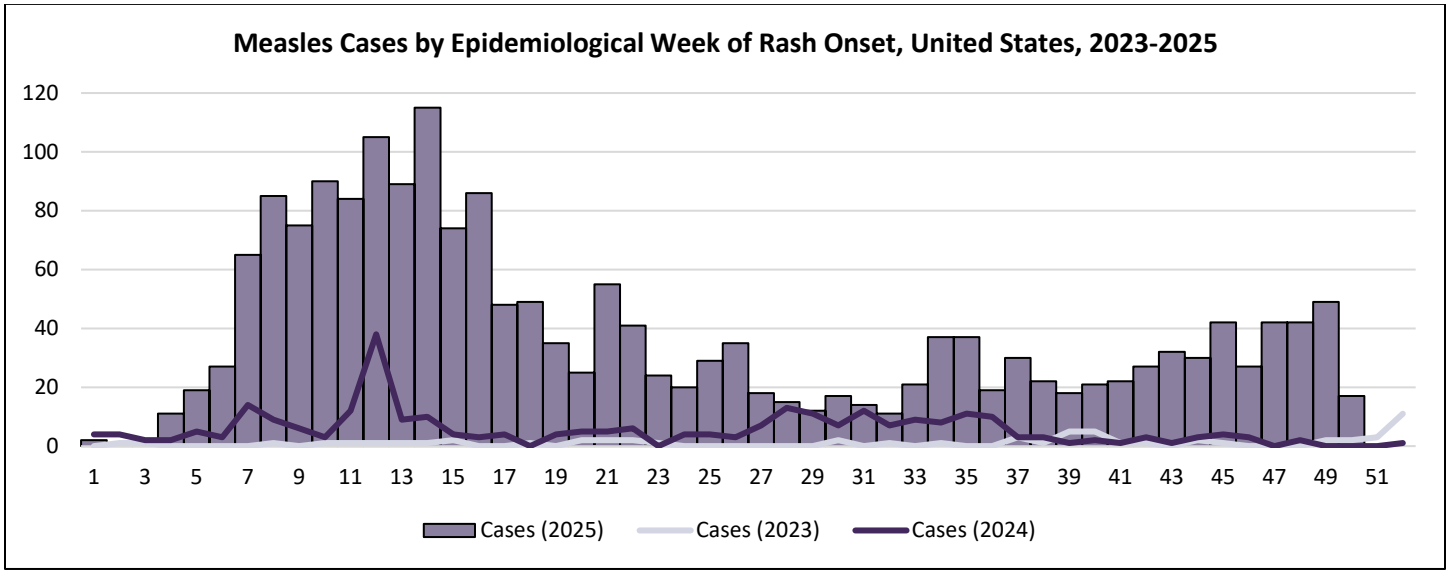
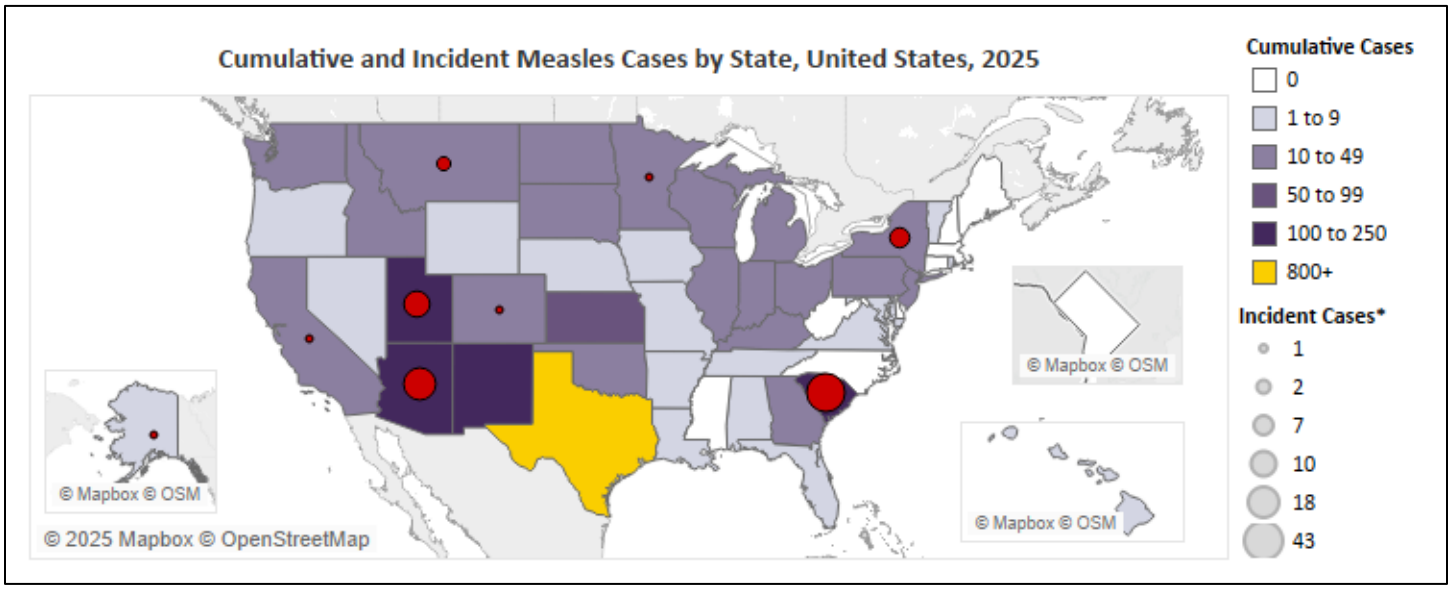


Figure Notes: Data as of December 9, 2025, and includes cases among international visitors to the United States (24).

Those aged 5-19 years have been most affected (41%), followed by those aged 20+ years (32%), and those aged <5 years (26%). Among all confirmed cases, 92% have been unvaccinated or had unknown vaccination statuses and 11% 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 December 9, 2025, and does not include cases among international visitors to the United States (24); *Change in cumulative total compared to previous update.*

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 20 confirmed cases reported in New York City (NYC) and 24 confirmed cases reported in New York State outside of NYC – the New York State Department of Health recently reminded New Yorkers to ensure they are vaccinated against measles

as there has been an increase in cases reported in the Hudson Valley since October. 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 (12/10/25)

Israel – Additional Death Reported Among Unvaccinated Infant:

According to data from the Israeli Ministry of Health, as of December 9, there have been a total of 2,247 measles cases and 12 deaths reported in Israel during 2025. Since the previous update, 91 incident cases and 1 death were reported. The death was reported among an unvaccinated 11-month-old infant with no underlying health conditions. While measles vaccination is recommended in Israel for all children at 1 and 6 years of age, an additional early dose given at 6-11 months of age is recommended for those living in or visiting communities with an outbreak.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
2,247	+91	730	+16	12	+1	0.5%

Table Notes: Data as of December 9, 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, 88.9% have been among children aged <10 years, and 32.5% have been hospitalized, including 13 cases currently hospitalized – 6 of which are in intensive care. Almost 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.

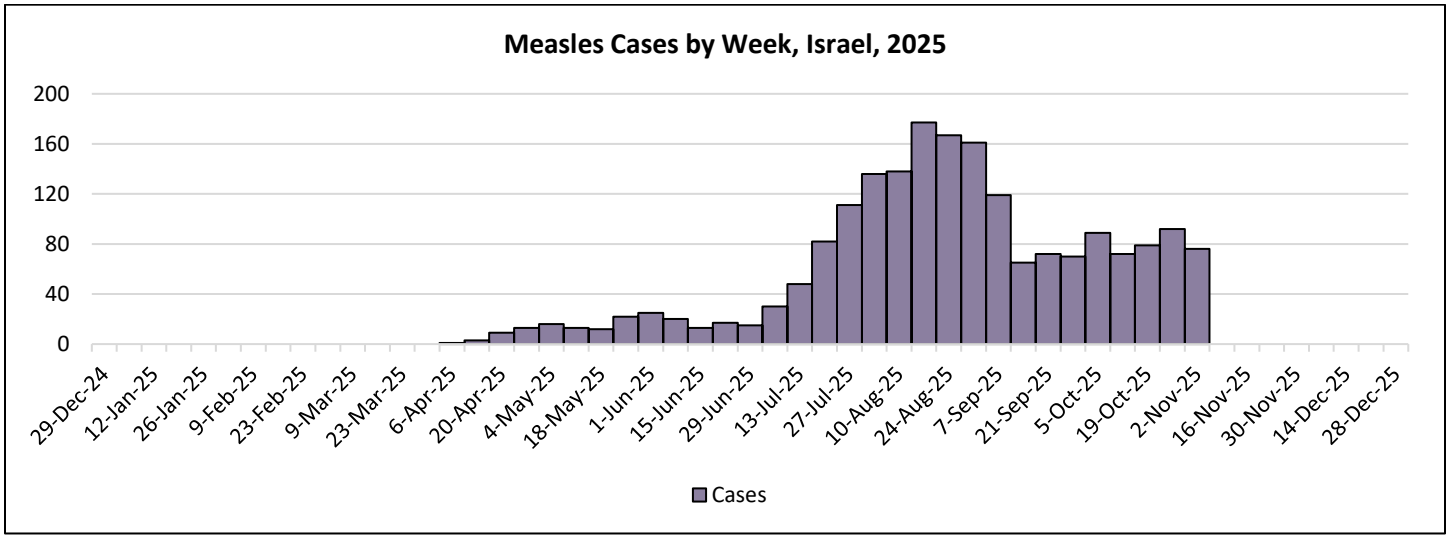


Figure Notes: Data through November 8, 2025, and includes 1,963 cases.

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 (12/9/25), Israeli Ministry of Health (12/9/25)

Middle East Respiratory Syndrome (MERS)

France – Reports Shed Light on Exposures Among Travel Associated Cases:

On December 4, 2025, Public Health France reported that 2 confirmed cases of Middle East Respiratory Syndrome (MERS) were detected among travelers returning from a common trip to the Arabian Peninsula. No cases of secondary transmission have been identified. According to the BMJ, both cases are men in their 70s and in stable condition. According to BEACON, both cases consumed dromedary meat while visiting Oman and the second identified case was asymptomatic. France previously reported 2 MERS cases in 2013 (1 travel associated index case and 1 case of secondary transmission).

MERS is a viral respiratory disease caused by Middle East respiratory syndrome coronavirus (MERS-CoV) that spreads between animals and humans through respiratory secretions and is mostly found in camels (dromedaries). According to the European Centre for Disease Control, as of November 3, there have been 12 MERS cases (excluding the cases in France) and 3 deaths reported during 2025, all of which were reported in Saudi Arabia. According to the World Health Organization (WHO), as of November 16, 2025, there have been 2,630 confirmed MERS cases reported globally, over 90% of which were reported from the Arabian Peninsula, and 36% of which were fatal. There is no specific treatment or vaccine for MERS.

Sources: Public Health France (12/04/25), CDC (12/04/24), BEACON (12/6/25)

Mpox

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

According to data from the World Health Organization (WHO), as of November 30, there have been a total of 60,887 confirmed mpox cases and 244 deaths reported in Africa since the beginning of 2024. Since the previous update, 795 confirmed incident cases were reported, most of which were reported in Guinea over previous weeks.

Mpox Cases and Deaths by Select Countries, Africa, 2024-2025

Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR
Burundi	Ib	4,594	+3	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	35,213	+115	78	+0	0.2%
Ghana	IIa and IIb	914	+18	3	+0	0.3%
Guinea	IIa and IIb	1,736	+565	6	+0	0.3%
Kenya	Ib	894	+31	13	+0	1.5%
Liberia	IIa and IIb	1,439	+24	6	+0	0.4%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,406	+0	51	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,249	+39	26	+0	1.2%
Total	**Ia, Ib, IIa, and IIb**	**60,887**	**+795**	**244**	**+0**	**0.4%**

Table Notes: Data as of November 30, 2025, and includes confirmed cases only. †Change in cumulative total compared to previous update.

Confirmed cases have been reported by 32 African countries since the beginning of 2024 (28 during 2025), primarily the Democratic Republic of the Congo (DRC), Uganda, Sierra Leone, and Burundi. Recently, confirmed case trends in those countries have been improving; however, confirmed case trends have been elevated in Ghana, Guinea, Liberia, and Kenya since May. Overall, trends have been improving on the continent.

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 (42,942) have more than doubled totals for 2024 (17,945), with additional countries affected. The Africa CDC currently assesses the situation to be a Public Health Emergency of Continental Security (PHECS).

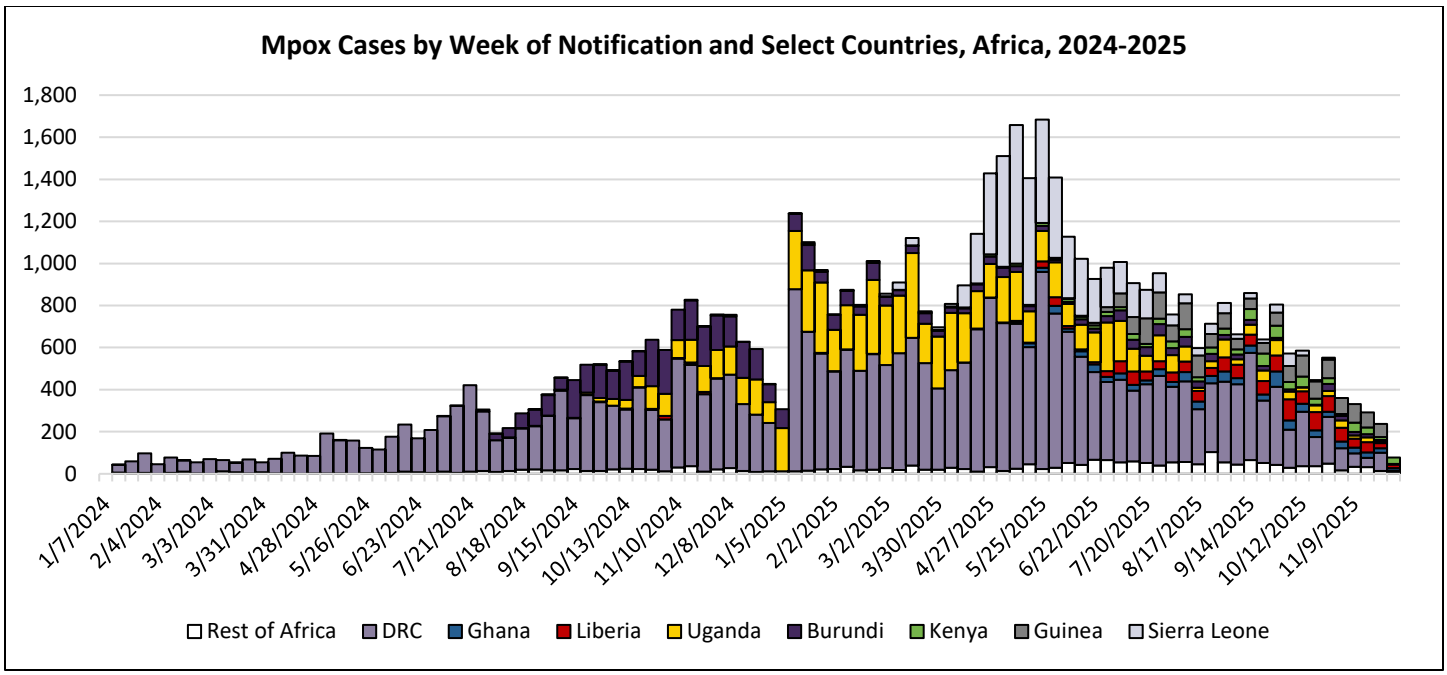


*Figure Notes: Data as of November 30, 2025, and includes confirmed cases only; *3,991 confirmed cases reported in the DRC are excluded.*

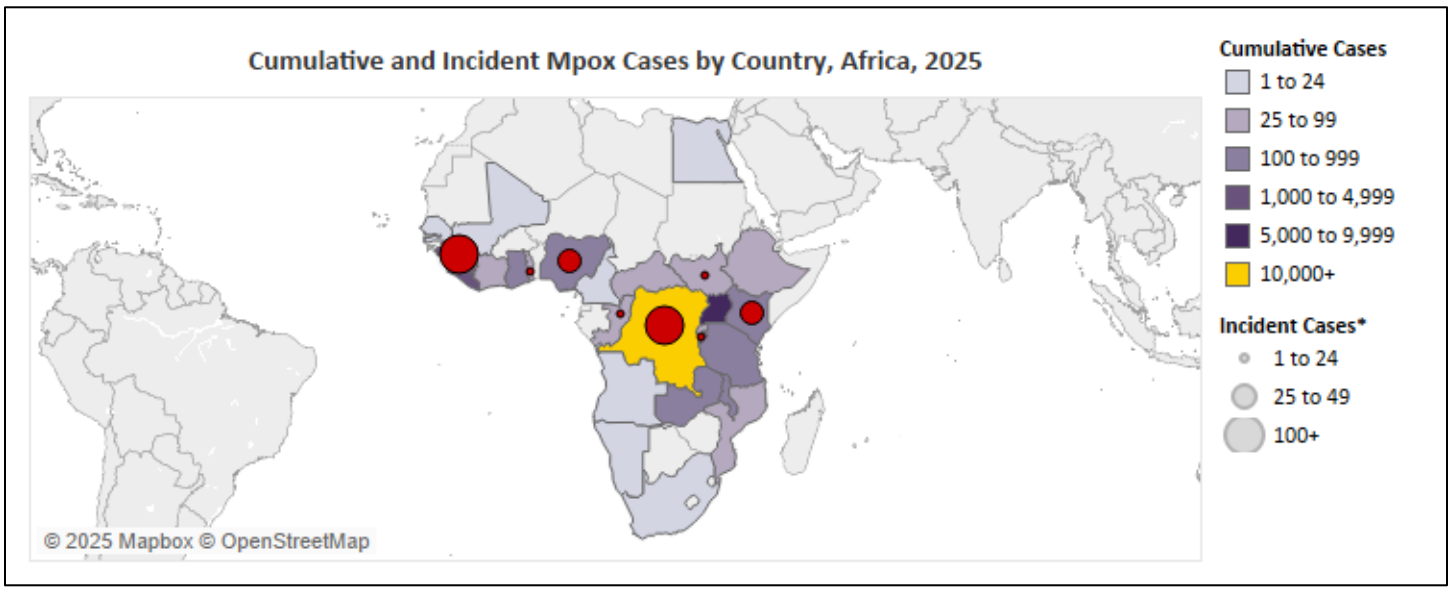


*Figure Notes: Data as of November 30, 2025, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Source: WHO (12/5/25)

United Kingdom – New Recombinant Mpox Strain Identified Among Traveler:

On December 8, 2025, the United Kingdom Health Security Agency (UKHSA) reported that a new recombinant mpox virus was detected in England among an individual with recent travel history to Asia. Genomic sequencing showed that the novel strain contained elements of both clade Ib and IIb mpox. There was no mention of increased/decreased virus transmissibility or severity. According to the UKHSA, this is not an unexpected result given that viruses evolve and both clade Ib and IIb mpox are currently circulating in parts of the world – the World Health Organization (WHO) recently published a Disease Outbreak News article regarding broader transmission of clade Ib mpox globally, particularly among men who have sex with men (MSM) and individuals without travel links. Clade IIb mpox has circulated broadly since 2022.

Sources: UKHSA (12/8/25)

United States – Updated Data on Poultry Flock Detections (HPAI):

According to data from the United States Department of Agriculture (USDA), as of December 8, 2025, there have been a total of 1,936 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 108 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		
44	64	1	0	0	784	14

Table Notes: Data as of December 8, 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 22 states, primarily Indiana (57). 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) and November (96). Similar trends have been observed during recent years in the United States (2022-2024) and globally during 2025.

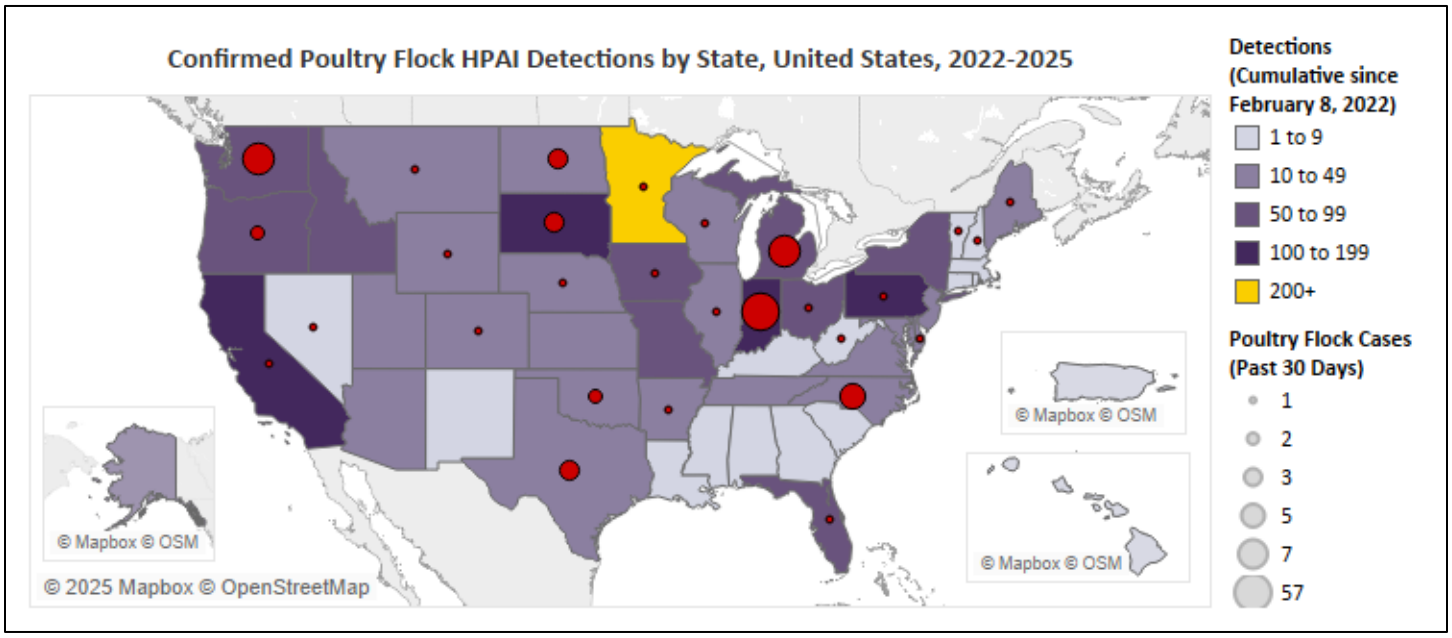


*Figure Notes: Data as of December 8, 2025; *Change in cumulative total compared to previous update.*

According to data from the United States CDC, as of November 24, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths (1, 2), and 7 probable H5 cases reported among humans since the beginning of 2024. The most recent human case, and first ever human H5N5 case globally, was reported during November in Washington. 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 November 24, 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 5,136 H5N1 outbreaks, and 5 countries have reported a cumulative total of 75 human H5N1 cases, including 2 deaths.

Sources: USDA (12/10/25), CDC (11/14/25)

United States – Most Deaths This Year Reported Among Infants Aged <1 Year:

According to provisional data from the United States CDC, as of November 29, there have been a total of 25,995 pertussis cases reported among United States residents and residents of United States Territories during 2025. Since the previous update, 327 incident cases, of which 97 had symptom onset during epidemiological week 48 (a 23.6% decrease compared to epidemiological week 47) were reported. According to the Pan American Health Organization (PAHO), age groups affected most include those aged 11-19 years (27%) and 1-6 years (26%). As of November 15, there have been 13 deaths reported in the United States during 2025, of which 9 were reported among infants aged <1 year.

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	6	577	1,672	0.3
Middle Atlantic	29	1,843	6,846	0.3
East North Central	18	4,078	8,427	0.5
West North Central	3	2,360	4,522	0.5
South Atlantic	2	3,724	3,079	1.2
East South Central	2	2,103	1,126	1.9
West South Central	13	2,266	2,191	1.0
Mountain	20	3,399	3,187	1.1
Pacific	4	5,485	6,166	0.9
United States Territories	0	160	69	2.3
Total	**97**	**25,995**	**37,285**	**0.7**

Table Notes: Data as of November 29, 2025; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

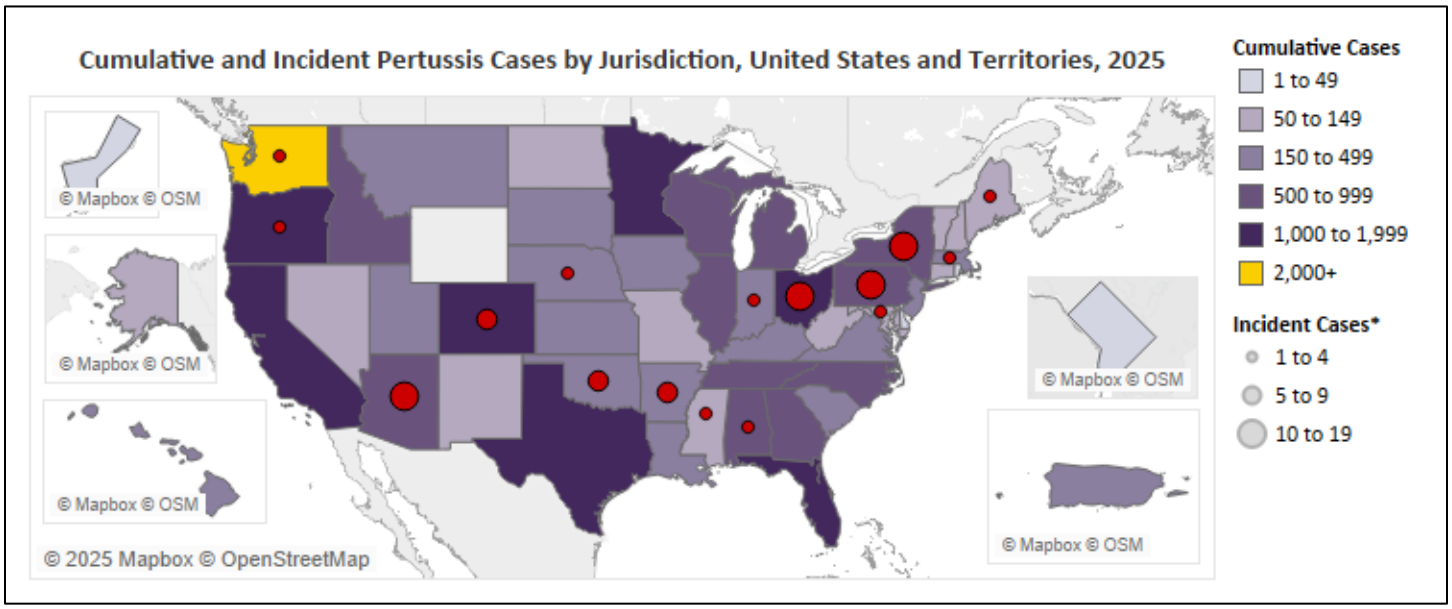


*Figure Notes: November 29, 2025; New York State and New York City are combined in figure; United States Virgin Islands and American Samoa not included in figure – neither have reported cases during 2025; *Incident cases reported symptom onset during the most recent epidemiological week.*

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 and December, PAHO reiterated the importance of increasing vaccination

coverage and strengthening surveillance systems considering the resurgence of pertussis in the Americas and the emergence of antibiotic-resistant strains.

There were 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 with a higher number of deaths reported. Similar trends have been observed in other countries globally.

Sources: CDC (12/10/25), CDC (6/11/25)

Polio

Global – Incident AFP Cases (cVDPV2) Reported in Angola, Nigeria, and Yemen:

According to data from the Global Polio Eradication Initiative (GPEI), as of December 8, 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), 183 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, 4 incident AFP cases caused by cVDPV2 were reported in Angola (2), Nigeria (1), and Yemen (1).

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	183	+4	5	+0

Table Notes: Data as of December 8, 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 14 countries, primarily Nigeria (53), Ethiopia (39), Yemen (30), Chad (24), and Angola (19). AFP cases caused by cVDPV3 with onset of paralysis during 2025 have been reported this year by Chad (2), Guinea (2), and Cameroon (1).

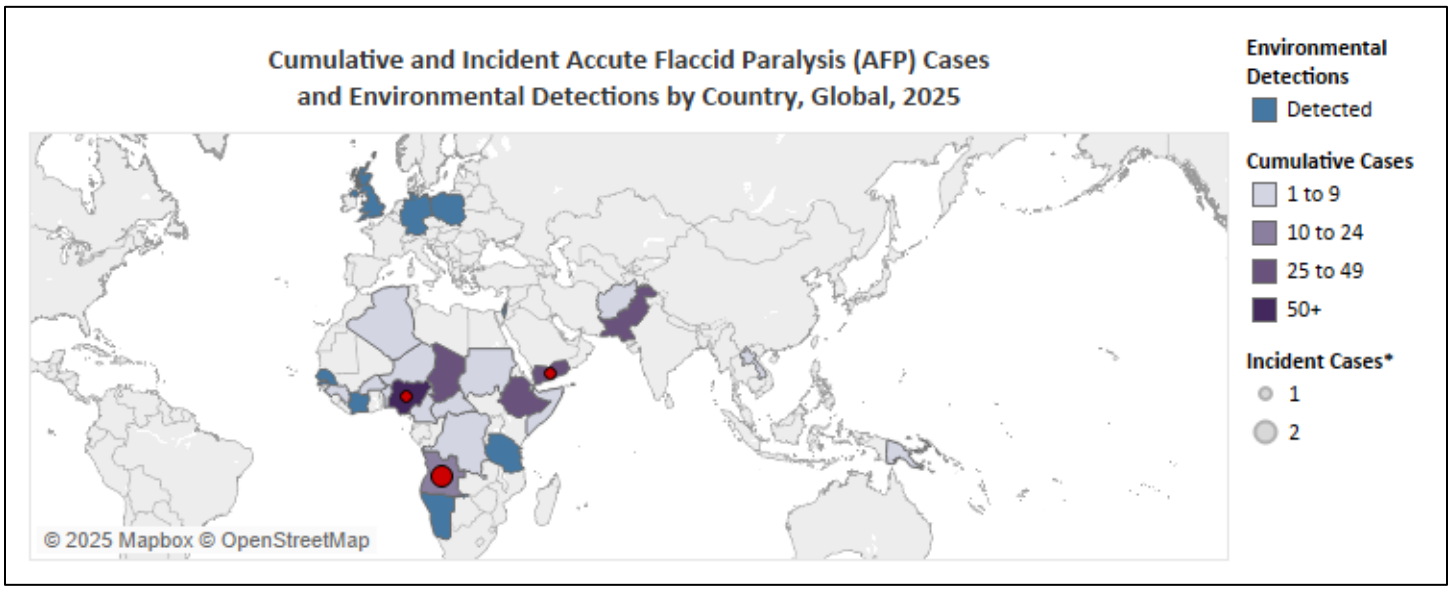


*Figure Notes: Data as of December 8, 2025, and only includes cases with onset of paralysis or environmental detection samples collected during 2025; *Change in cumulative total compared to previous update.*

Environmental detections from samples collected during 2025 have been reported by 9 countries (Germany, Israel, the Ivory Coast, Namibia, 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 as of December 8, 2025.

Sources: GPEI-1 (12/8/25), GPEI-2 (12/8/25), 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 22, and the Senegalese Ministry of Public Health and Social Action as of December 3, there have been a total of 589 confirmed human Rift Valley Fever (RVF) cases and 46 deaths reported in Mauritania and Senegal since September 20, 2025. Since the previous update, 32 confirmed incident cases were reported.

Human Rift Valley Fever Cases and Deaths, Mauritania and Senegal, 2025					
Country	Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	CFR
Mauritania	53	+1	15	+0	28.3%
Senegal	536	+31	31	+0	5.8%

Table Notes: Data for Mauritania as of November 22, 2025; Data for Senegal as of December 3, 2025; †Change in cumulative total compared to previous update.

Confirmed human cases have been reported in multiple regions of Mauritania and 11 administrative regions of Senegal. In Senegal, most human cases have been reported in the region of Saint-Louis (365), followed by Matam (41), Fatick (38), Kaolack (31), Louga (22), Dakar (17), Tambacounda (10), Kolda (4), Thiès (4), Kaffrine (2) and Kédougou (2). A total of 495 cases have recovered from infection. According to the World Health Organization (WHO), 70% of human cases in Senegal are among shepherds, livestock farmers, butchers, or other meat industry workers, reinforcing that those occupationally exposed to animals and mosquitos are most at-risk.

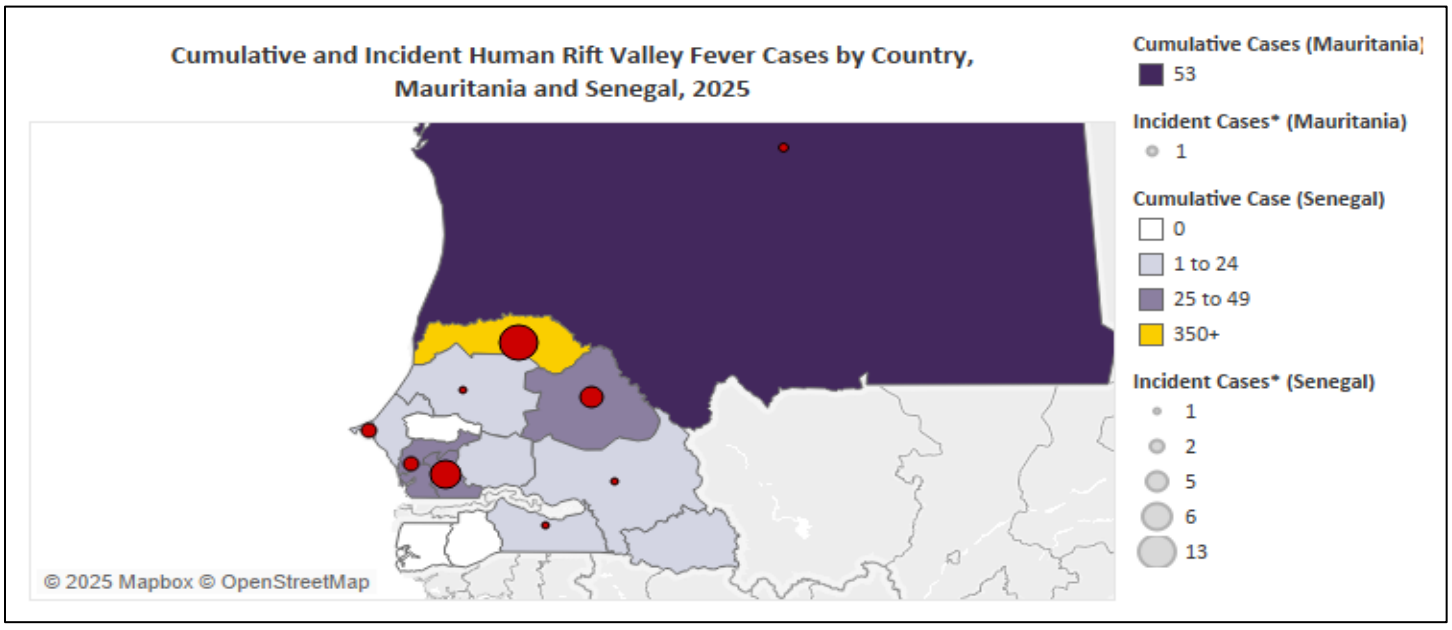


*Figure Notes: Data for Mauritania as of November 22, 2025; Data for Senegal as of December 3, 2025; *Change in cumulative total compared to previous update.*

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. Over 40,000 animals in Senegal have been vaccinated around outbreak hotspots. 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 (11/5/25), CDC (5/14/24), Ministry of Public Health and Hygiene, Africa CDC (12/3/25), WHO (12/5/25)

Seasonal Influenza

Global – Emergence of H3N2 Subclade K as a Predominant Variant:

According to the World Health Organization (WHO), seasonal influenza (flu) activity has been increasing globally since October, but activity remains within expected seasonal ranges. Variation exists regionally, with some countries in the northern hemisphere reporting early increases in activity (United Kingdom, North Korea, and Japan), and some counties in the southern hemisphere reporting longer seasons (Australia & New Zealand), compared to prior years. The Pan American Health Organization (PAHO) recently issued an Epidemiological Alert regarding the end of flu season in the southern hemisphere, beginning of flu season in the northern hemisphere, and the recent increase in circulation and predominance of influenza A(H3N2) subclade K (J.2.4.1) virus in Europe and several countries in Asia. Additionally, PAHO stressed the importance of closely monitoring the evolution of the virus, ensuring preparedness for this flu season, and maintaining high vaccination coverage particularly among older adults and those with risk factors.

Globally, Influenza A viruses are the predominant type detected among tested samples; however, since August, there has been a rapid increase in the proportion of influenza A(H3N2) subclade K (J.2.4.1) detected in many countries based on genetic sequence data. While this subclade marks a notable evolution (or drift) in influenza A(H3N2) viruses, current epidemiological data does not indicate greater disease severity. Early estimates suggest that the current seasonal flu vaccine continues to provide protection against hospitalization among both children and adults, though its effectiveness against clinical disease during the current season is undetermined.

In the United States, seasonal influenza activity is increasing, with the largest increases reported among children and young adults and in the northeastern and mountain west areas of the country (HHS regions 1, 2, and 8). The timing of this increase is like several past seasons. As of November 29, 2025, the United States CDC estimates that there have been at least 1.9 million illnesses, 19,000 hospitalizations, and 730 deaths from flu so far this season. No influenza-associated pediatric deaths occurring during the 2025-2026 season have been reported. Influenza A(H3N2) has been detected in 84.3% of positive specimens collected. Genetic characterization of Influenza A(H3N2) positive specimens shows 43.8% belong to subclade K.

Sources: WHO (12/10/25), ECDC (12/5/25), CDC (12/4/25), PAHO (12/04/25)

Other Outbreaks, News, and Events (2025)

Other Outbreaks:

Chikungunya

- Europe – Updated Data on Locally Acquired Cases Reported in France and Italy (November 20)

- 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)

Diphtheria

- Africa – WHO Provides Update on Outbreaks Among Regional Member States (December 4)

Ebola

- Democratic Republic of the Congo – Outbreak Declared Over After 42 Days Pass (December 4)
- 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 Rady-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 Coronavirus (MERS-CoV)

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

Mpox

- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported (December 4)
- 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

- United States – Vermont Reports Variant Influenza A Virus Infection (H1N2v) (December 4)
- China – Incident Human Cases Reported from Multiple Provinces (H9N2) (December 4)
- Cambodia – Fatal Human Case Reported in Capital City of Phnom Penh (H5N1) (November 20)
- 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)

Pertussis

- Japan – While Still Elevated, Weekly Reported Incident Cases Continue to Decline (December 4)

Powassan

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

Rabies

- Haiti – United States CDC Issues Level 1 Travel Health Notice (December 4)
- India – United States CDC Issues Level 1 Travel Health Notice (December 4)

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:

- Diphtheria in Nigeria - 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
- Yellow Fever in Colombia - 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
- Rabies in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Rabies in India - 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
- Global Dengue - 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
- 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
- Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- Norovirus outbreak affects over 100 passengers and crew on 133-day world voyage - BEACON
- Emergence of a novel reassorted high pathogenicity avian influenza A(H5N2) virus associated with severe pneumonia in a young adult | medRxiv
- Switzerland reports its first autochthonous West Nile virus (WNV) case confirmed in Ticino, after three years of vector surveillance - BEACON
- WHO celebrates progress against malaria, but warns that hurdles remain | CIDRAP
- World malaria report 2025
- Chikungunya seroprevalence study estimates 450 000 infections in Réunion during 2025 outbreak, resulting in 66% population immunity - BEACON
- Follow up on hepatitis A outbreak in Central Europe, with 1780 cases reported in Hungary and 2879 cases in Czechia as of 01 Dec 2025 - BEACON

- Emergence of a novel spotted fever group rickettsia (Rickettsia finnyi sp. nov.) in dog hosts across central and southeastern USA - BEACON
- Chihuahua State, Mexico, reports 107 cases of human rickettsiosis with 53 deaths, disproportionately affecting children, older adults, migrants, and people living in poverty - BEACON
- WHO expert panel reaffirms no link between vaccines and autism | CIDRAP