Yale Campus Health Surveillance Report

ALLERGIES

TREE POLLEN	RAGWEED	MOLD	GRASS	DUST AND DANDER
MODERATE	LOW	LOW	LOW	HIGH

WEEKLY AQI: Poor for the week.

Air Quality - Alert
From Tue, Jun 3, 3:15 PM EDT To Wed, Jun 4, 11:00 PM EDT

Risk of Heat-Related Illness	Who is at risk and what to do?
Little to no risk 0	Minimal elevated risk. Learn more about what to do when it gets hot.
Minor 1	People extremely sensitive to heat, such as older adults with underlying heath conditions, should take breaks and drink plenty of fluids.
Moderate 2	People sensitive to heat and healthy individuals working or playing outdoors should take more frequent breaks and drink plenty of fluids.
Major 3	Everyone can be affected and should take breaks and drink plenty of fluids. People sensitive to heat should adjust activities.
Extreme 4	Dangerous for everyone. Everyone should adjust activities, monitor health symptoms, and spend more time in air conditioning.

NEW HAVEN, CT

Potential Heat Risks:

Wed	Thu	Fri	Sat

NWS Forecast:

Low 56°F	Low 61°F	Low 65°F	Low 63°F
High 82°F	High 84°F	High 85°F	High 74°F

Sun	Mon	Tue

Low 61°F	Low 58°F	Low 60°F
High 77°F	High 77°F	High 76°F

WASTEWATER VIRAL ACTIVITY LEVEL IN CONNECTICUT

COVID-19	Flu†	RSV
Low	Very Low	Very Low

EMERGENCY DEPARTMENT VISITS IN NEW HAVEN COUNTY

COVID-19	Flu	RSV
Very Low Decreasing ↘	Very Low Decreasing ↘	Low No Change

Current Health Risks

- Yale Health Respiratory Surveillance Data
- CT COVID-19
- US COVID-19
- CT - Influenza
- US - Influenza
- CT - RSV
- Measles
- Southwest Measles Outbreak
- Heat and Health – 2025 Summer Forecast
- News and Updates

Yale UNIVERSITY

4 June 2025
As of 1200 Hours EDT

YNHH

COVID
- 4 COVID+ INPATIENTS
  - 1 N THE ICU
  - 0 IN THE ED

RSV
- 2 INPATIENTS
  - 0 IN THE ICU

INFLUENZA
- 2 INPATIENTS
  - 0 IN THE ICU

Respiratory virus conditions are **LOW**
based on local/regional public health indicators

Masking is **optional** for all staff and patients.

Masking is **required** for those with respiratory symptoms.

Yale HEALTH

LINKS

US FEDERAL GOVERNMENT

CDC
- CDC – COVID-19
- CDC A(H5N1) BIRD FLU RESPONSE UPDATE
- CDC- TICKS
- CDC HEALTH RISKS
- CDC HEAT AND HEALTH TRACKER
- CDC MEASLES
- CDC MPOX
- CDC STACKS REPORTS
- CDC RESPIRATORY ILLNESSES DATA CHANNEL

USDA
AVIAN INFLUENZAS

FEMA – FEMA

NWS – HEATRISK
HEAT.GOV

JOURNALS AND ONLINE LIBRARIES
- JAMA NETWORK
- THE LANCET COVID -19 RESOURCE CENTRE
- NEW ENGLAND JOURNAL OF MEDICINE

PORTALS, BLOGS, AND RESOURCES
- CIDRAP
- FORCE OF INFECTION
- KHN
- MEDPAGE TODAY
- OUTBREAK
- GCHS
- CENTER FOR THE STUDY OF TRAUMATIC STRESS
- YLE
- NYS GLOBAL HEALTH UPDATE REPORT

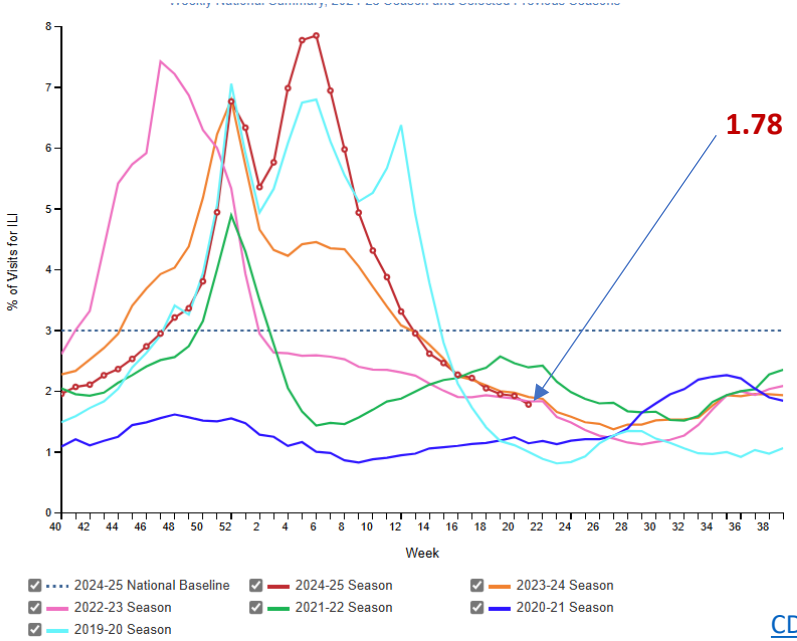
NEWS SOURCES
- NEW YORK TIMES
- WASHINGTON POST
- REUTERS
- CNN
- NBC CT
- INSIDE HIGHER ED
- OUTBREAK NEWS TODAY

Current Health Risks

- **COVID**
  - **Nationally,** COVID-19 activity has declined to low levels. Wastewater levels are at low levels, emergency department visits are at very low levels, and laboratory percent positivity is stable.
  - **Connecticut wastewater levels for COVID-19** are **Low.**
  - **Connecticut Covid Cases:** there have been:
    - **235** reported cases over the past two weeks
    - **68** reported cases required hospitalization in the past two weeks
    - **0** deaths over the past two weeks with a total of **337** this season
  - **YNHH:** On June 4, there were **4** hospitalized cases, with **1** in the ICU
- **INFLUENZA**
  - **Nationally:** Seasonal influenza activity is low.
  - **Connecticut wastewater levels for influenza** are **very low** and decreasing
  - **Connecticut Influenza Cases:**
    - **82** reported cases over the past two weeks
    - **4** hospitalizations in the past two weeks
    - **0** deaths in the past two weeks with a total of **211** for the season
  - **YNHH:** On June 4, there were **2** cases hospitalized, with **0** in the ICU
- **RSV**
  - **Nationally**: RSV activity has declined to low levels in most areas of the country.
  - **Connecticut wastewater levels for RSV** are **very low** and declining.
  - **Connecticut RSV Cases:**
    - **14** reported cases in the past two weeks with a total of **10,916** this season
    - **1** hospitalizations in the past two weeks with a total of **1,267** this season
    - **0** deaths reported in the past two weeks
  - **YNHH:** On June 4, there were **2** cases hospitalized, with **0** in the ICU
- **NOROVIRUS:** Norovirus cases have increased. The test positivity rate has increased from 8.94% to **10.12%.**

MEASLES - **Americans planning to travel outside the country should ensure they're vaccinated against measles, regardless of their destination.** The CDC updated its guidance last week to recommend measles-mumps-rubella (MMR) shots for all international travelers.

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (Week 21), Ending (5/24/2025)



CDC

- The CDC has classified the 2024-2025 flu season as a high-severity season for all age groups. This is the first high-severity season since the 2017-2018 season.
- **235 pediatric deaths are associated with seasonal influenza this year**. This exceeds the previous high reported for a regular (non-pandemic) season. The previous high of 207 was reported during the 2023-2024 season.

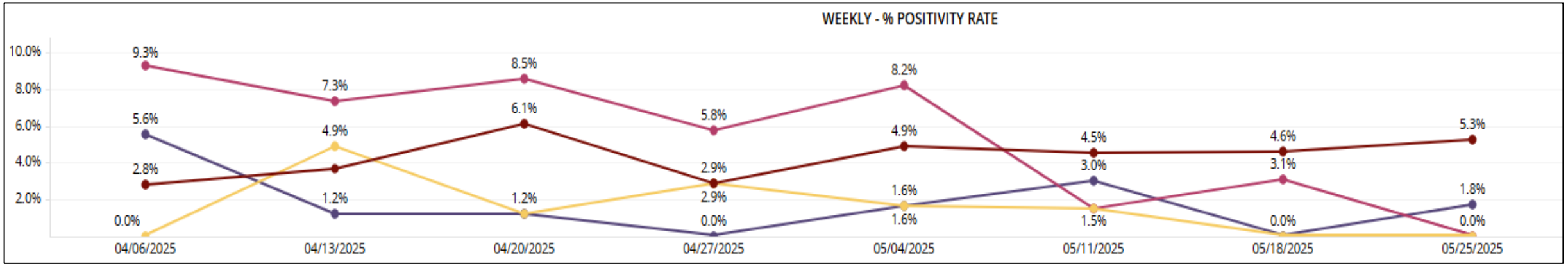
Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections	**Estimated Hospitalizations**	**Estimated Deaths**	**Pediatric Deaths**
47 Million	**610,000**	**27,000**	**235 (+4)**

SOURCES: CDC CT DPH FORCE OF INFECTION FluView

Yale Health Respiratory Surveillance Data

Yale Health Surveillance Data – April 6, 2025, through May 31, 2025

The following test positivity data represents trends for patients seen at Yale Health in the past 8 weeks and may not reflect trends and positivity rates of the general population outside of Yale Health. Data for the current week are incomplete and subject to change.



POC CHPHEID Components: SARS COV-1 (Covid-19) | RSV | Influenza A | Influenza B

What to Know for the Spring Virus Season

Respiratory viruses like flu, COVID-19, and respiratory syncytial virus (RSV), remain important public health threats. CDC estimates that there have been at least 40 million illnesses, 520,000 hospitalizations, and 22,000 deaths from flu so far this season. Additionally, RSV is a leading cause of infant hospitalization in the United States.

Vaccination is a core strategy for lowering your risk of hospitalization, long-term health impacts, and death from these viruses. The good news is that you can get these vaccines at the same time.

Home tests for both COVID-19 and flu are available, including some that can test for both flu and COVID-19. Treatments for flu and for COVID-19 can lessen symptoms and shorten the time you are sick

Contact your primary health care provider to ask about available vaccinations or treatment options.
\

Yale Health

Respiratory Virus Conditions

Based on local/regional public health indicators

LOW

Recommendations

Masking is optional for all staff and patients. Individuals with respiratory symptoms must still wear a mask and may be asked to do so.

Employees in all departments are still required to wear masks when interacting directly with patients who have respiratory symptoms or a chief complaint. Masking is recommended but not required for other patient-facing interactions. Staff should also consider wearing masks if the patient wears one, regardless of their chief complaint.

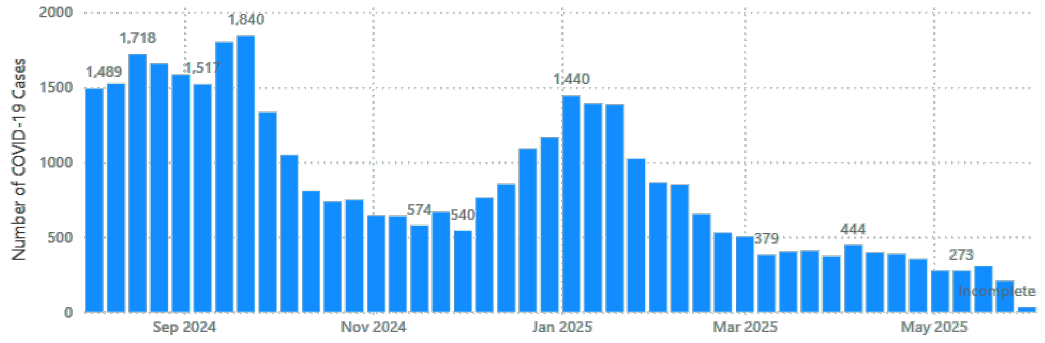
Connecticut Cases: COVID-19

For the Week Ending 5/31/2025

COVID Current Week Case Count (Incomplete)	COVID Previous Week Case Count
30	205

Number of COVID-19 Cases by Week

Current Week is Incomplete

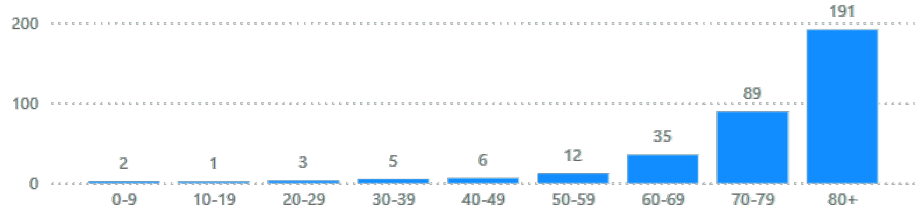


COVID-19 Deaths

For the 2024-2025 Viral Respiratory Disease Season

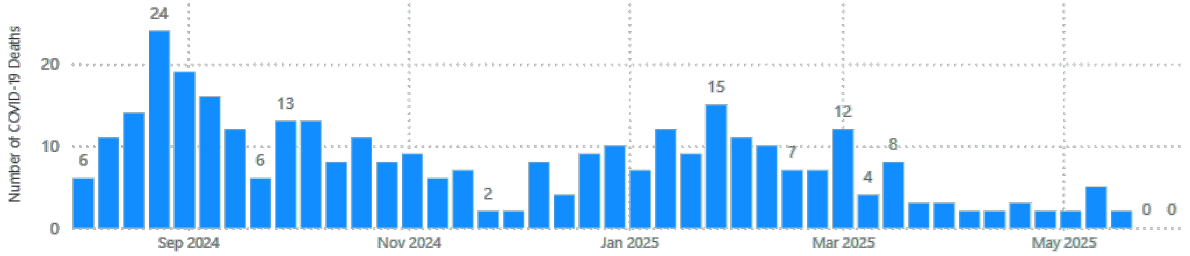
344

Number of COVID-19-Associated Deaths by Age Group



COVID-19 Associated Deaths by Week

Current Month is Incomplete

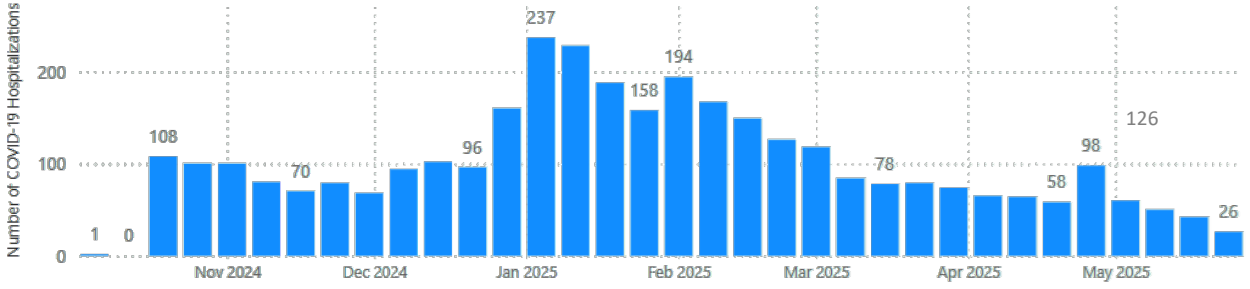


COVID - 19 Hospitalizations

Current Week	Previous Week
26	42

COVID-19 Associated Hospitalizations by Week

Current Week is Incomplete



SOURCE: CT DPH

US Cases: COVID-19

For Week Ending 5/24/2025

Early Indicators

Test Positivity

% Test Positivity

2.7%

Week ending May 24, 2025
Previous week 2.8%

Emergency Department Visits

% Diagnosed as COVID-19

0.3%

Week ending May 17, 2025
Previous week 0.3%

Severity Indicators

Hospitalizations

Rate per 100,000 population

0.9

Week ending May 10, 2025
Previous week 1.0

Deaths

% of All Deaths in U.S. Due to COVID-19

0.4%

Week ending May 24, 2025
Previous week 0.4%

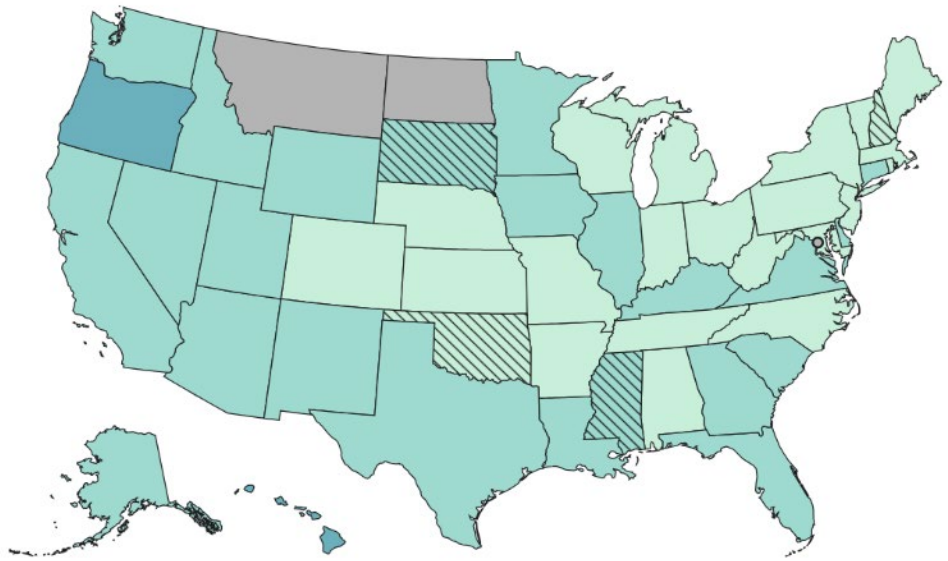
CDC

VARIANTS

USA

WHO label	Lineage #	%Total	95%PI
Omicron	LP.8.1	73%	69–77%
	XFC	10%	6–17%
	XEC	4%	3–5%
	LF.7.7.2	3%	1–9%
	LF.7	2%	1–3%
	MC.10.1	1%	1–2%

COVID-19 CURRENT WASTEWATER VIRAL ACTIVITY LEVELS MAP MAY 18 – 24, 2025

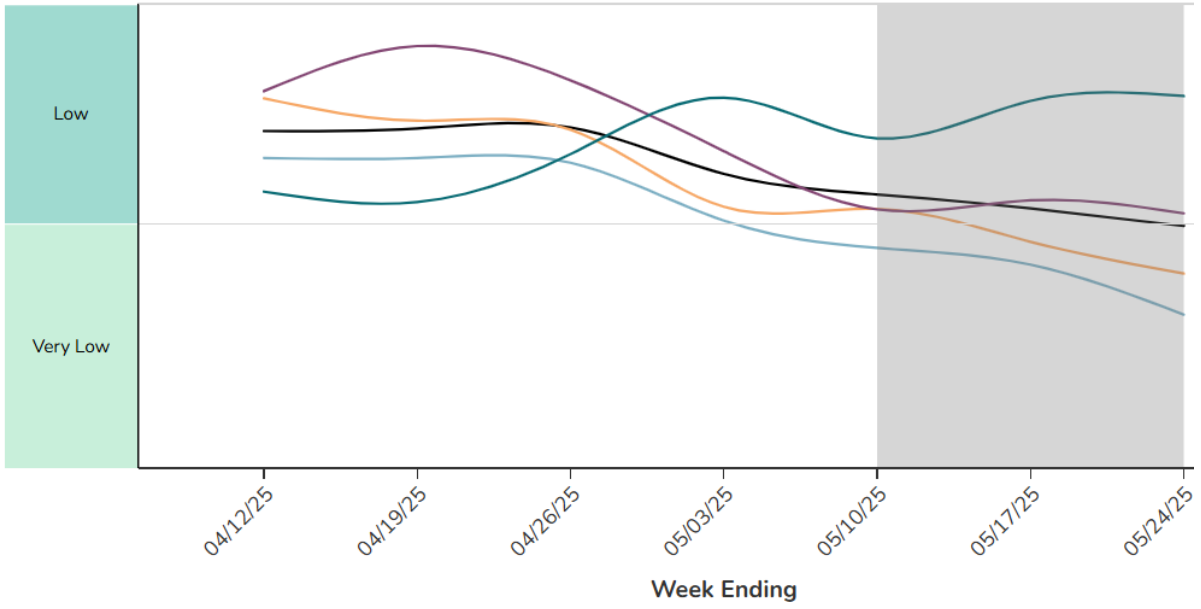


SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

Very High · High · Moderate · Low · Minimal · No Data · *Limited Coverage

NATIONAL AND REGIONAL TRENDS OF WASTEWATER VIRAL ACTIVITY LEVELS OF SARS-COV-2 (THE VIRUS THAT CAUSES COVID-19)



Select a geography to add or remove it from the visualization.

National · Midwest · South · Northeast · West

Connecticut Cases: Influenza

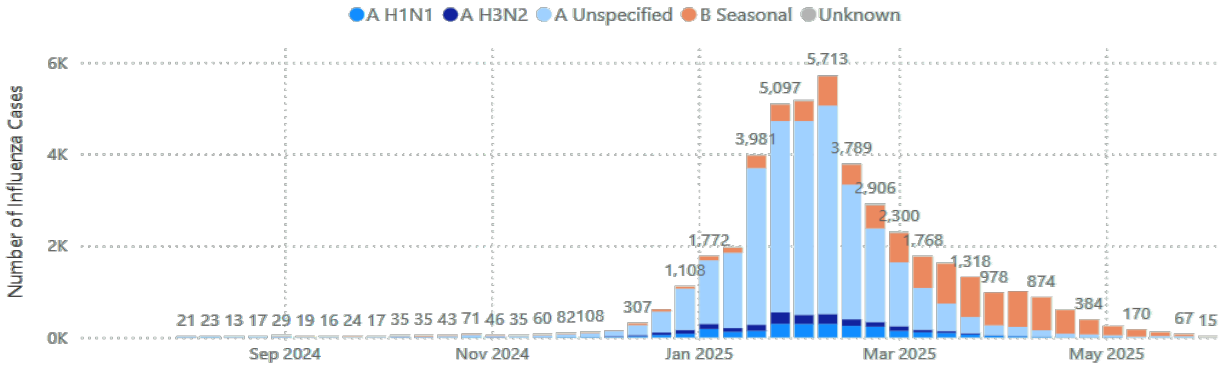
For the Week Ending 5/31/2025

Flu Current Week Case Count (Incomplete)
15

Flu Previous Week Case Count
67

Number of Influenza Cases by Virus Type by Week

Current Week is Incomplete



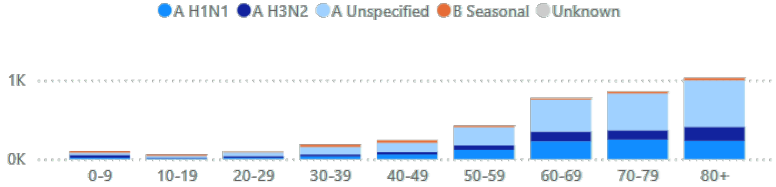
Influenza Hospitalizations

Current Week (Incomplete)
0

Previous Week
4

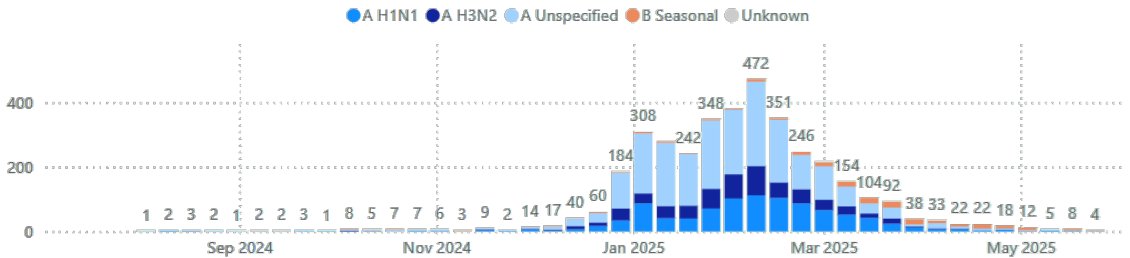
Season Total
3,733

Number of Patients Hospitalized with Laboratory-Confirmed Influenza by Age Group and Virus Type



Number of Patients Hospitalized with Laboratory-Confirmed Influenza Virus by Type per Week

Current Week is Incomplete

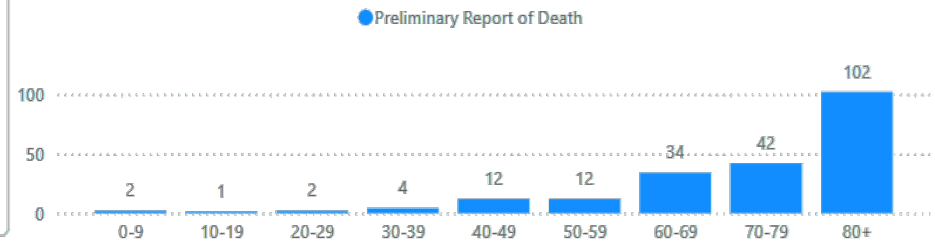


Influenza-Associated Deaths

For the 2024-2025 Viral Respiratory Disease Season

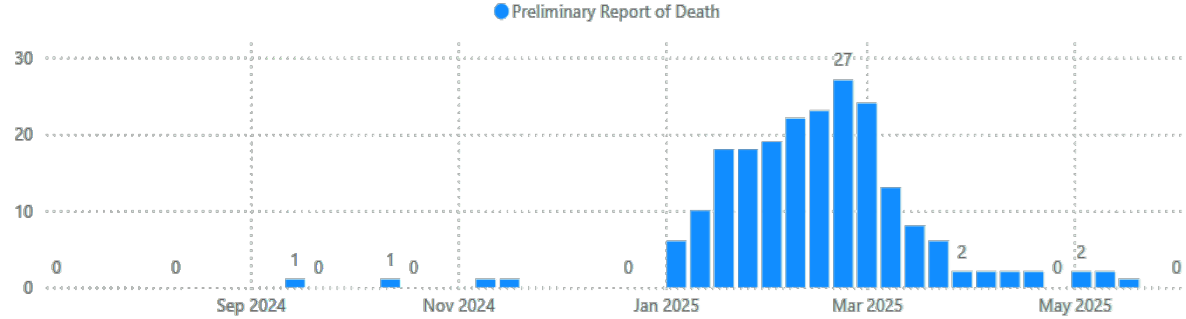
211

Number of Influenza-Associated Deaths by Age Group



Number of Influenza-Associated Deaths per Week

Current Week is Incomplete

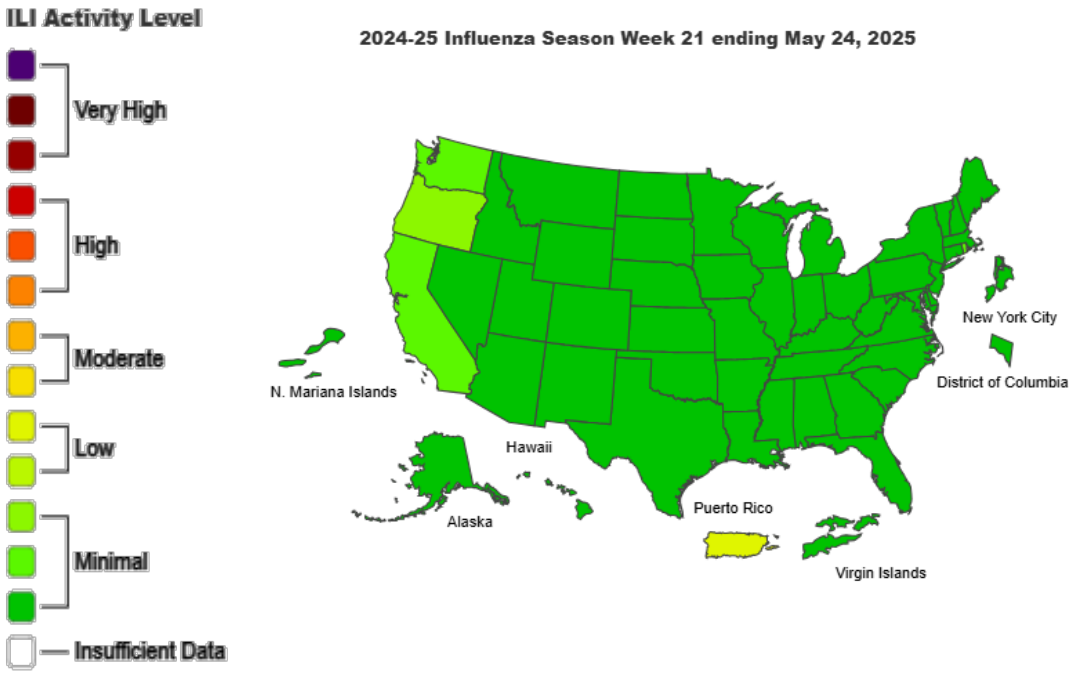


SOURCE: CT DPH

US Cases: Influenza (Week 21)

For the Week Ending 5/24/2025

2024-25 Influenza Season - Week 21 Ending 5/24/2025



CDC

Clinical Labs	Public Health Labs
1.9% (Trend ↓) Positive for influenza this week	Influenza A(H1N1)pdm09, A(H3N2), and B viruses were the predominant viruses reported this week.
Outpatient Respiratory Illness	**Outpatient Respiratory Illness**
1.8% (Trend ↓) The number of visits to a healthcare provider this week for respiratory illness ***(above baseline)***	**0** moderate jurisdiction **0** high or very high jurisdiction
FluSurv-NET	**National Healthcare Safety Network (NHSN) Hospital Respiratory Data**
128.1 per 100,000 Cumulative hospitalization rate.	**1,577 (Trend ↓)** Patients admitted to hospitals with influenza this week.
NCHS Mortality	**Pediatric Deaths**
0.1% (Trend →) Deaths attributed to influenza this week	**4** Influenza-associated deaths were reported this week, for a total of **235 deaths this season.**

Key Points

- Seasonal influenza (flu) activity is low.
- This season is classified as a high severity season overall and for all age groups (children, adults, older adults) and is the first high severity season since 2017-2018.
- During Week 21, the percentage of visits for respiratory illness reported in ILINet was 6.0% among those 0-4 years, 2.8% among those 5-24 years, 1.4% among those 25-49 years, 1.0% among those 50-64 years, and 0.7% among those 65 years and older.
- No new influenza A(H5) cases were reported to the CDC this week. To date, human-to-human transmission of avian influenza A(H5) virus (H5 bird flu) has not been identified in the United States.
- Nationally, outpatient respiratory illness remained stable this week and is below baseline. All HHS regions are below their region-specific baselines.
- Based on data from FluSurv-NET, the cumulative hospitalization rate for this season is the highest observed since the 2010-2011 season.
- Four pediatric deaths associated with seasonal influenza virus infection were reported this week, bringing the 2024-2025 season total to 235 pediatric deaths. So far this season, among children who were eligible for influenza vaccination and with known vaccine status, 90% of reported pediatric deaths have occurred in children who were not fully vaccinated against influenza.

Respiratory Syncytial Virus (RSV)

5/31/2025

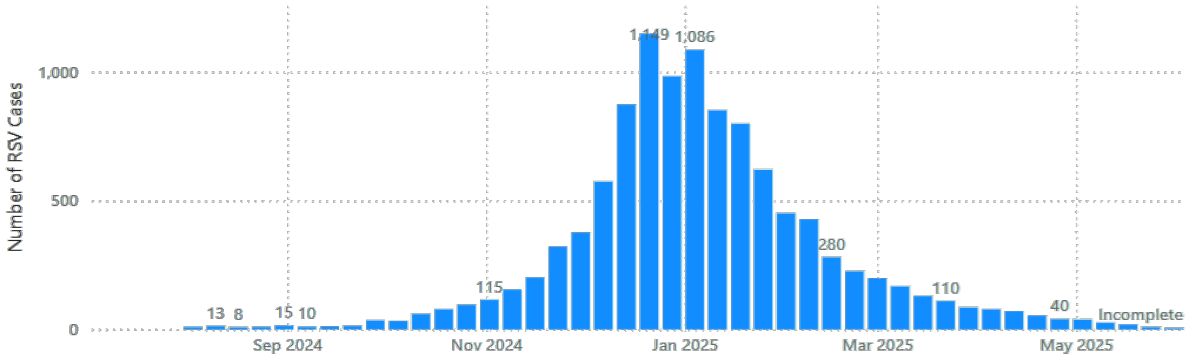
CONNECTICUT

SOURCE: CT PH

RSV Current Week Case Count (Incomplete)
5

RSV Previous Week Case Count
9

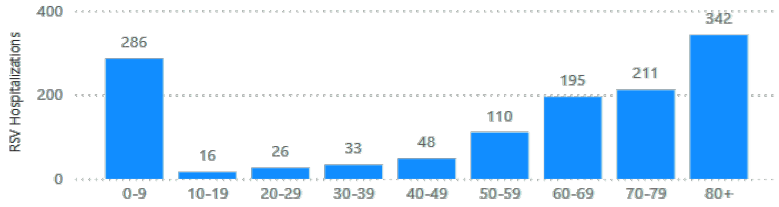
Number of RSV Cases by Week
Current Week is Incomplete



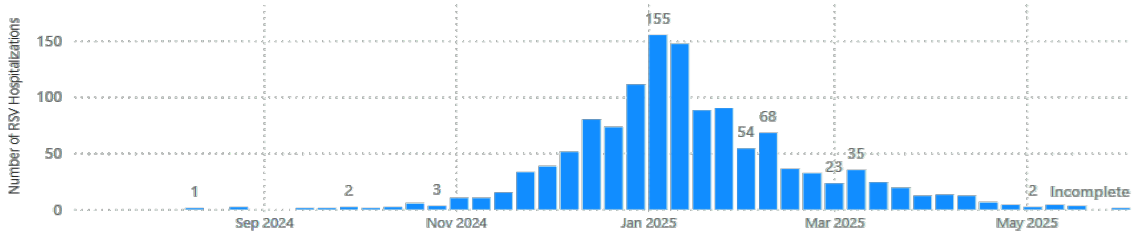
5/31/2025

RSV Hospitalizations
For Week Ending 05/31/2025
Current Week (Incomplete)
1
Previous Week
0
Season Total
1,267

Total Number of Patients Hospitalized with Laboratory-Confirmed RSV

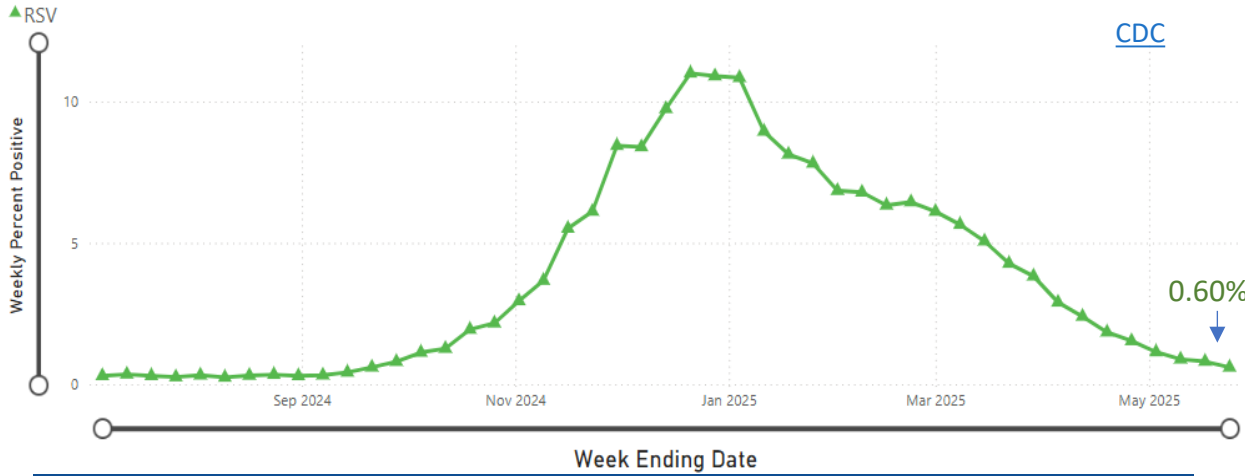


Total Number of Patients Hospitalized with Laboratory-Confirmed RSV by Week
Current Week is Incomplete

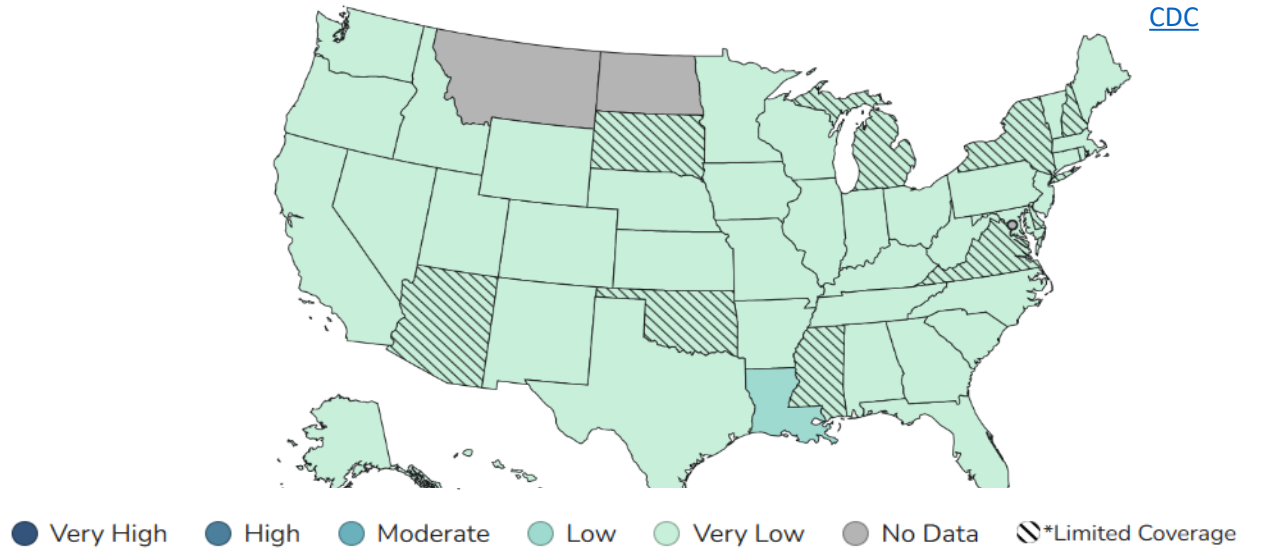


NATIONAL

WEEKLY PERCENT OF TEST POSITIVES FOR RSV REPORTED IN NREVSS - WEEK 21

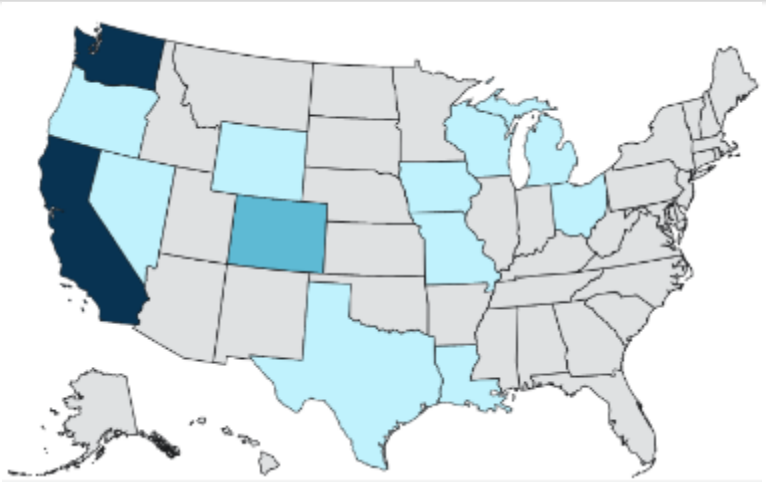


RSV IN WASTEWATER VIRAL ACTIVITY LEVELS – WEEK



H5N1 Bird Flu: Current Situation Summary

As of 6/2/2025



NATIONAL HUMAN CASES
70 | 1 DEATH

CDC

State	Dairy Herds	Poultry Farms and Culling Operations	Other Animal Exposure	Exposure Source Unknown	State Total Human cases
California	36	0	0	2	**38**
Colorado	1	9	0	0	**10**
Iowa	0	1	0	0	**1**
Louisiana	0	0	1	0	**1**
Michigan	2	0	0	0	**2**
Missouri	0	0	0	1	**1**
Nevada	1	0	0	0	**1**
Ohio	0	1	0	0	**1**
Oregon	0	1	0	0	**1**
Texas	1	0	0	0	**1**
Washington	0	11	0	0	**11**
Wisconsin	0	1	0	0	**1**
Wyoming	0	0	1	0	**1**
TOTAL	**41**	**24**	**2**	**3**	**70**

Wild Birds

Wild Birds Detected

13,037 as of 5/22/2025 Full Report

Jurisdictions Affected

51

Poultry

Poultry Affected

174,461,898 as of 6/20 6/2/2025 Full Report

Jurisdictions/States Affected

51

Livestock Herds

State with Outbreaks om Cattle

17

Livestock Infected

1072 herds as of 5/21//2025 Full Report,

H5N1, H5N6, and H7N9 are highly pathogenic avian influenza viruses (HPAIVs) within the *influenza A* genus, classified by their hemagglutinin (H) and neuraminidase (N) proteins. H5N1 was first detected in Scotland in 1959, with human cases emerging in Hong Kong in 1997. From 2003 to 2023, the WHO recorded 878 human H5N1 infections and 458 deaths across 23 countries.

These viruses typically spread to humans through contact with infected birds or contaminated environments. Though human-to-human transmission is rare, infections in mammals—such as cats, dogs, seals, and sea lions—raise concerns about adaptation. The ongoing global spread among birds, along with sporadic human cases, keeps bird flu a persistent threat.

Between December 2024 and March 2025, HPAIVs spread to 31 countries. In the U.S., nearly 1,000 dairy farms in 17 states reported H5N1, with a new genotype (D1.1) identified in cattle, signaling possible viral evolution. Infections in mammals, including domestic cats and wild carnivores, have also been documented in Europe.

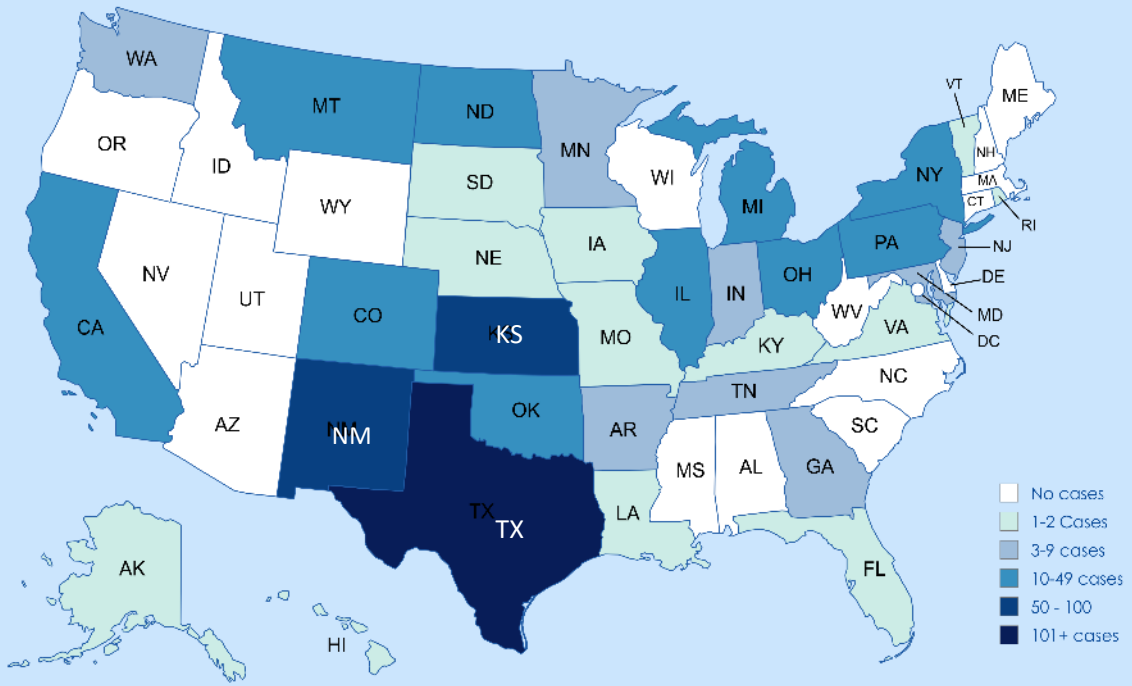
Avian flu's genetic flexibility raises the risk of mammal-to-mammal transmission, potentially increasing the risk of a pandemic. Strengthening global surveillance and veterinary-public health systems is essential for early detection and response—especially in regions with high human-animal interaction.

US Measles Outlook

As of 65/3/2025

NOTE: The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the Center for Outbreak Response Innovation (CORI)

1,160*



The increase in measles cases can be attributed to falling vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.

STATE	CASES
TEXAS **	777
NEW MEXICO	81
KANSAS	71
OHIO	34
NORTH DAKOTA	34
MONTANA	17
OKLAHOMA	17
PENNSYLVANIA	15
NEW YORK	12
CALIFORNIA	12
COLORADO	11
ILLINOIS	10
MICHIGAN	10
INDIANA	8
ARKANSAS	7
TENNESSEE	6
WASHINGTON	6
GEORGIA	4
MINNESOTA	4
MARYLAND	3
NEW JERSEY	3
ALASKA	2
FLORIDA	2
HAWAII	2
LOUISIANA	2
MISSOURI	2
VIRGINIA	2
IOWA	1
KENTUCKY	1
NEBRASKA	1
RHODE ISLAND	1
SOUTH DAKOTA	1
VERMONT	1
TOTAL	1160

OUTBREAKS

- SMALL OUTBREAK (3-9)
- MEDIUM OUTBREAK (10 - 49)
- LARGE OUTBREAK (50 OR MORE)

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

As of 1600 hours on June 4, 2025, EDT, there are approximately 1158 measles cases (including confirmed and suspected cases) across 33 states.

This year, there have been **14 measles outbreaks**:

1. **Texas**, involving 35 counties
2. **New Mexico**, 6 counties
3. **Oklahoma**, and the Cherokee Nation in Oklahoma
4. 8 counties in **Kansas**
5. Ashtabula and Knox Counties, **Ohio**
6. Erie County**, Pennsylvania**
7. Allen County, **Indiana**
8. Bergen County, **New Jersey**
9. metro Atlanta, **Georgia**
10. Gallatin County, **Montana**
11. Montcalm County, **Michigan** (linked to Ontario Outbreak)
12. Upper Cumberland region, **Tennessee**
13. Williams County, Grand Rapids, **North Dakota**
14. Faulkner County, **Arkansas**

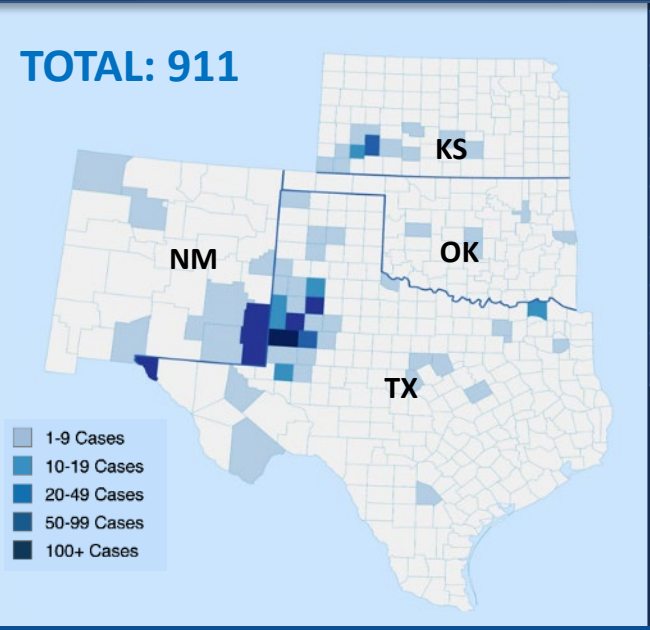
**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 33**

- 1 case – Brazoria County
- 2 case – Collin County
- 2 case - Denton
- 1 case – Adult, Fort Bend (travel-related)
- 4 cases – Harris County
- 1 case - Harrison County.
- 1 case - Hays County
- 1 case - McLennan County
- 2 case – Randall County
- 1 case – Adults, Rockwall County (travel-related)
- 1 Case – Scurry County
- 1 case – Shackelford
- 2 cases - Tarrant
- 2 case – Travis County

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 744

Measles: The Southwest Outbreak

As of 5/27/2025



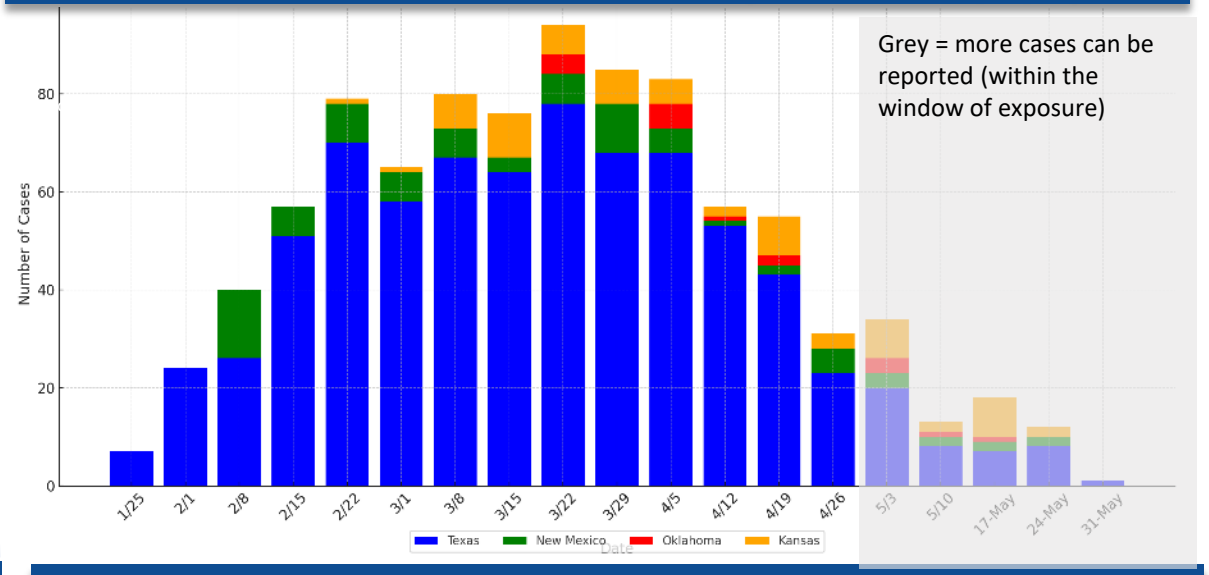
MORBIDITY AND MORTALITY

STATE	CASES	HOSPITALIZATIONS	DEATHS
TX	744*	94	2
NM	81	7	1
OK	17	0	0
KS	69	2	0
TOTAL	911	103	3

The outbreak in Texas appears to be slowing down. Health officials said less than 1%, or fewer than 10, of the confirmed cases are considered "actively infectious."

* New cases posted from El Paso

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 5/31/25)



AGE OF CASES

WEST TEXAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
218 (29%)	281 (38%)	241 (32%)	4 (0.5%)	744

NEW MEXICO OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
24 (29%)	20 (25%)	37 (46%)	0	81

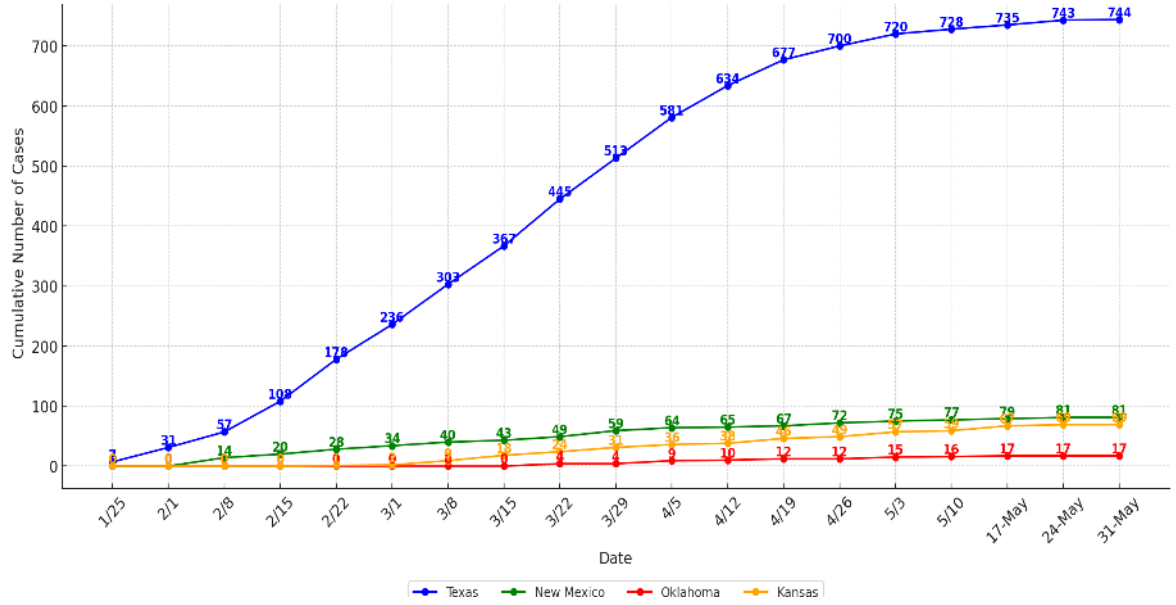
KANSAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
24 (35%)	33 (48%)	12 (17%)	0	69

OKLAHOMA OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
14 Cases Confirmed, 3 Probable – no ages provided			3	17

SOUTHWEST MEASLES OUTBREAK TOTALS OVER TIME (WEEK ENDING 5/30/2025)



Heat and Health – 2025 Summer Forecast

HEAT FORECAST FOR NEW ENGLAND 2025

The National Oceanic and Atmospheric Administration (NOAA) anticipates **above-average temperatures across much of the United States, including New England**, this summer. Persistent atmospheric patterns, elevated sea surface temperatures, and the ongoing effects of climate change drive this trend. In Connecticut, for instance, temperatures are expected to rise into the 80s this week, with the possibility of reaching 90°F in some inland areas,

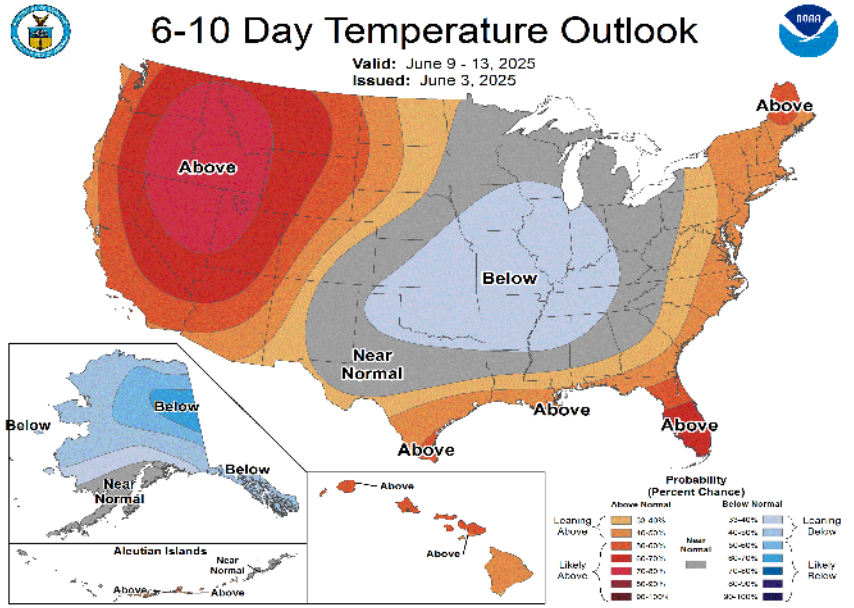
HEALTH IMPLICATIONS: Elevated temperatures pose several health risks, particularly for vulnerable populations, including the elderly, children, and individuals with pre-existing conditions. Health experts warn of increased instances of heat-related illnesses, including heat exhaustion and heat stroke, which can lead to serious complications or even death.

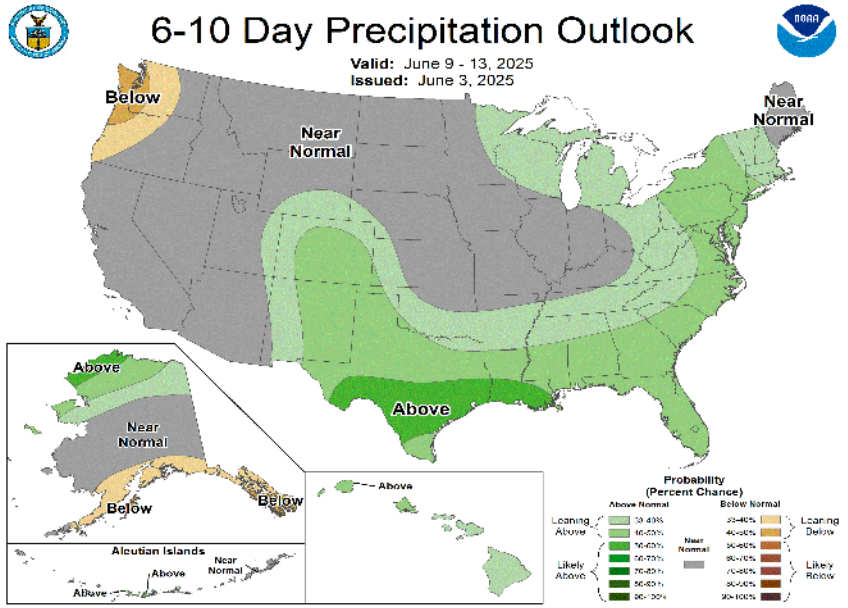
SAFETY RECOMMENDATIONS

To mitigate the health risks associated with extreme heat:

- **Stay Hydrated**: Drink plenty of water, even if you don't feel thirsty.
- **Limit Sun Exposure**: Avoid outdoor activities during peak heat hours (typically 10 a.m. to 4 p.m.).
- **Use Air Conditioning**: Spend time in air-conditioned buildings when possible.
- **Wear Appropriate Clothing**: Opt for lightweight, light-colored, and loose-fitting clothing.
- **Check on Vulnerable Individuals: Regularly monitor the well-being of elderly neighbors, young children, and individuals** with health conditions.
- **Be Aware of Heat Illness Symptoms**: Recognize signs such as dizziness, nausea, rapid heartbeat, and confusion, and seek medical attention if they occur.
- Download the free [OSHA-NIOSH Heat Safety Tool App] to your phone to help track Heat Index (HI) values and adjust outdoor work and recreational activities as needed.

SOURCE: [NWS CLIMATE PREDICTION CENTER]





News Updates

MEASLES

MEASLES IS NOW SHOWING UP IN WASTEWATER – TIME: This spring, scientists began developing a test for picking up signs of the active or "wild type" measles virus that is causing outbreaks in the U.S. The test utilizes samples from nearly 150 sewage sites nationwide and can detect signs of measles within 48 hours. So far, they have detected it in three sites: one day in Hollywood, Md.; four days toward the end of May in Sacramento; and twice in mid-May in Stamford, Conn. WastewaterSCAN is only one such wastewater surveillance network in the country, though it's the first to test for measles on a national level. (Park, 6/3)

US MEASLES TOTAL NEARS 1,100 CASES AS COLORADO REPORTS AIRLINE CLUSTER - CIDRAP: The US Centers for Disease Control and Prevention (CDC) in its weekly update today reported 42 measles cases, some tied to a large outbreak centered in West Texas and others linked to instances of community transmission or travel to other states or countries, lifting the nation's total to 1,088 infections (at the time of this report). Two more states reported their first cases this week, Iowa and Nebraska, putting the number of affected jurisdictions at 33. The number of outbreaks remained at 14, and 90% of cases are linked to outbreaks. (Schnirring, 5/30)

CDC STEPS UP MEASLES TRAVEL WARNING AFTER SPREAD IN AIRPLANE- CBS NEWS: The Centers for Disease Control and Prevention has updated its warning about the risk of contracting measles while traveling, after the agency tallied dozens of cases so far this year in travelers who were infectious while flying on airplanes within the U.S. Travelers can contract measles in various travel settings, including travel hubs such as airports and train stations, on public transportation like airplanes and trains, and at tourist attractions. (Tin, 5/3-/3035)

COVID

DOCTORS ISSUE URGENT HEALTH WARNING AS DANGEROUS NEW COVID VIRUS FROM CHINA TRIGGERS US OUTBREAK – DAILY NEWS: A dangerous new Covid variant from China is surging in California, health officials warn. The California Department of Public Health warned this week that the highly contagious NB.1.8.1 strain has been detected in the state, making it the sixth US state to report exposure. The variant has also been detected in international travelers arriving in Washington state, Virginia, Hawaii, Rhode Island, and New York City since March. Health officials stated that the variant was first identified in March and has been increasing in prevalence since May 1. Since April, NB.1.8.1 has risen from 2% of COVID-19 cases in California to 19%, according to data from the health department. Lab tests suggest that NB.1.8.1, which was first detected in January in China, is more infectious than currently circulating strains, potentially leading to a spike in infections and hospital admissions. World Health Organization data also suggests that it makes up more than half of the variants currently circulating. (Stene, 6/3/2025)

WHO WARNS OF RISING COVID ACTIVITY IN 3 GLOBAL REGIONS – CIDRAP: The World Health Organization (WHO) today posted an outbreak notice about a rise in COVID activity in three of its regions, driven by the new variant NB.1.8.1. "Since mid-February 2025, according to data available from sentinel sites, global SARS-CoV-2 activity has been increasing, with the test positivity rate reaching 11%, levels that have not been observed since July 2024," the WHO said **in the report.** The increase in activity is seen in the Western Pacific, Southeast Asia, and Eastern Mediterranean regions, while countries in the African Region, European Region, and the Region of the Americas are currently reporting low levels of SARS-CoV-2 activity, with positivity rates ranging from 2% to 3%. (Soucheray, 5/28)

VACCINES

CDC ISSUES NEW ADVICE ON COVID VACCINES FOR CHILDREN THAT CONTRADICTS RFK JR. - THE NEW YORK TIMES: Days after Health Secretary Robert F. Kennedy Jr. announced that Covid shots would be removed from the federal immunization schedule for children, the Centers for Disease Control and Prevention issued updated advice that largely countered Mr. Kennedy's new policy. The agency kept Covid shots on the schedule for healthy children 6 months to 17 years old but added a new condition. Children and their caregivers will be able to get the vaccines in consultation with a doctor or provider, which the agency calls "shared decision-making." (Jewett, 5/30)

PRIOR COVID VACCINATION PRODUCES IMMUNE RESPONSE AGAINST NEW SARS-COV-2 STRAINS, STUDY FINDS - CIDRAP: Receiving a prior COVID-19 vaccine did not prevent the immune system from producing protective responses to either Delta or Omicron virus strains, according to a new study in Nature Immunology. The findings are promising and suggest that, despite a decline in antibodies against mutated parts of the virus, vaccination continues to offer protection from severe disease. The study, conducted by researchers at the University of Arizona College of Medicine and their US colleagues, could help inform booster strategies more effectively in the face of an ever-changing virus, the authors said. (Soucheray, 5/29)

STATE MOSQUITO MONITORING

STATE MOSQUITO MONITORING PROGRAM BEGINS TESTING FOR MOSQUITO-BORNE VIRAL DISEASES – CASE: The State of Connecticut Mosquito Management Program today announced it is monitoring mosquitoes for the presence of viruses that can cause illness in people, including West Nile virus (WNV) and eastern equine encephalitis (EEE) virus. The mosquito trapping and testing program, coordinated by the Connecticut Agricultural Experiment Station (CAES), begins June 2 and lasts until the end of October. Last year, WNV was detected in 309 mosquito samples from 44 towns in 7 counties in Connecticut . (6/2/2025)

PETUSSIS

PAHO WARNS OF PERTUSSIS RISES, VACCINATION GAPS IN AMERICAS COUNTRIES - CIDRAP: The Pan American Health Organization (PAHO) on May 31 issued an epidemiological alert about a rise in pertussis cases in a number of countries in the Americas, which comes in the wake of a sustained decline in pertussis vaccine coverage that gained traction during the COVID-19 pandemic period. The average global pertussis case total declined sharply during the pandemic, reaching a historical low in 2021. Since then, cases have been on a steady rise. (Schnirring, 6/2)

DENGUE

CDC ISSUES URGENT ADVISORY AS DENGUE FEVER CASES SURGE IN MEXICO AND 19 OTHER COUNTRIES: The CDC has issued a travel advisory for Mexico and 19 other countries due to a surge in dengue fever cases. Updated in May 2025, the alert urges travelers to take extra precautions in regions where the mosquito-borne virus is spreading rapidly. Health officials reported over 13 million dengue cases across North, Central, and South America, as well as the Caribbean in 2024. Dengue transmission remains dangerously high in 2025. The CDC warns that travelers returning from affected areas risk bringing the virus back to the U.S., where Aedes mosquitoes, the primary carriers of dengue, are found in several states. Experts stress that dengue is now a year-round threat in many parts of the world, with significant outbreaks happening every 2 to 5 years. (Katunga, 6/3/2025)

Human Monocytic Ehrlichiosis (HME)

POTENTIALLY DEADLY BACTERIA FOUND IN INVASIVE TICK FOR FIRST TIME IN US – NY POST: As outdoor activities begin to ramp up ahead of summer, Connecticut officials announced Tuesday that they confirmed the first US case of the invasive longhorned tick carrying Ehrlichia chaffeensis, a bacteria capable of causing a potentially deadly disease. Known as human monocytic ehrlichiosis, or HME, the disease initially causes symptoms such as sudden high fever, chills, and fatigue a few weeks after an infection, according to officials with the Connecticut Agricultural Experiment Station (CAES). Symptoms may progress to include symptoms such as nausea, confusion, and, ultimately, kidney failure and respiratory complications. HME is usually spread by the lone star tick, which is native to the US and found throughout most of the eastern, southeastern, and south-central parts of the country, the CDC said. However, the recent case of a tick carrying Ehrlichia chaffeensis, the bacteria behind HME, in Connecticut involved the longhorned tick, a tick species native to eastern Asia. The role of this species in carrying the bacteria and spreading HME is significant because the invasive species is expected to spread throughout the eastern US, officials said.