

Travel Screening Country List – August 2025



This document is not meant to be an exhaustive list but is focused on select, current special pathogen disease outbreaks that require prompt identification, isolation and/or specialized evaluation and management for healthcare settings.

Country	Diseases with Active Cases	Surveillance Window (max time from exposure to symptom onset)	Case Definition and Guidance	PPE/Precautions
Mpox Clade 1b* <ul style="list-style-type: none"> Democratic Republic of the Congo Uganda Burundi Kenya Zambia Rwanda Tanzania Congo Malawi Ethiopia South Sudan Mozambique <p><i>*Countries with active community transmission</i></p> Mpox Clade 1a** <ul style="list-style-type: none"> Cameroon Central African Republic Congo Democratic Republic of the Congo Sudan <p><i>**Country listed as endemic</i></p>	MPox, Clade 1a & 1b	21 days	Mpox Clinician Fact Sheet	Special Pathogens Level 1

Iraq	Crimean-Congo Hemorrhagic Fever	14 Days	Crimean-Congo Hemorrhagic Fever Clinician Fact Sheet	Special Pathogens Level 2 VHF
Nigeria	Lassa Fever	21 days	Lassa Fever Clinician Fact Sheet	Special Pathogens Level 2 VHF
Recent Health Alerts/Advisories		General Notes and References for Local & National health alerts/advisories		
NYC/NYS	Travel-Associated Infectious Diseases	On August 22, 2025, NYC DOHMH sent out their Health Advisory #16: Travel-Associated Infectious Diseases stating providers should remain vigilant for travel-associated diseases as people return from summer travel. Rates of many travel-associated diseases typically spike every August and September. The travel-associated diseases NYC residents are most often diagnosed with are: tuberculosis, malaria, typhoid fever, hepatitis A, dengue, measles, paratyphoid fever, chikungunya, zika. The other infectious disease to consider in international travelers are Middle East Respiratory Syndrome (MERS), mpox, and oropouche. This alert coincides with the report on August 18, 2025 that the New Jersey Department of Health and Environmental Protection announced they are investigating a case of malaria in a resident of Morris County with no international travel history. It is possible the resident was infected with malaria in NJ.		
	Legionellosis	The New York City (NYC) Health Department is currently responding to a cluster of individuals with Legionnaires' disease in Harlem. The NYC Health Department is currently investigating a community cluster of 111 cases of Legionnaires' disease, including 6 deaths, in Central Harlem (ZIP codes 10027, 10030, 10035, 10037, and 10039). There are currently 7 hospitalized. This is not an issue with any building's plumbing system. Residents in these ZIP codes can continue to drink tap water, bathe, shower, cook, and use your air conditioner at home. Clinicians should remain alert for possible cases of legionellosis and conduct appropriate diagnostic testing. Legionnaires' disease cannot be clinically distinguished from other causes of pneumonia. Test for Legionella by respiratory culture, polymerase chain reaction (PCR), and urine antigen, especially if testing for other respiratory infections has been negative. Promptly report cases to the NYC Health Department and submit all confirmed Legionella isolates to the NYC Public Health Laboratory (PHL) for sub-typing and whole genome sequencing.		
	Measles	As of August 18, 2025, NYC has had 9 measles cases in 2025. Outside of NYC, New York has reported 7 confirmed cases.		
	Rabies	The Nassau County Department of Health has <u>declared</u> an imminent public health threat due to the resurgence of rabies in wild and feral animals, including raccoons and cats. Surveillance data confirms that the virus is actively circulating in Nassau County, with detections in 25 rabid animals since July 2024. Immediate public awareness and preventative action are critical to reducing the risk of exposure. Providers, especially in the emergency department, in Nassau County and surrounding areas, should		

	West Nile Virus	<p>consider rabies in the differential diagnosis with patients who have had contact with high-risk animals, including bats, raccoons, skunks, and foxes; multiple bite wounds; exposures to the head and neck; or who are young children.</p> <p>On August 22, 2025, NYC DOHMH reported West Nile Virus in 2 New Yorkers, both residents of Queens. One case had neuroinvasive disease. West Nile Virus has been detected in 988 pools of mosquitoes collected from all five boroughs this year. The first positive pools in NYC were identified on July 1, 2025. <u>NYC DOHMH</u> advises people, especially adults 55 years and older and people with weakened immune systems (particularly those on rituximab and other B-cell depleting therapies), to protect themselves from mosquito bites.</p> <p>In New York State, outside of NYC, there have been 3 human cases of WNV reported.</p>
	Tick-borne Diseases	<p>Providers should remain vigilant for tick-borne diseases (TBDs) among New Yorkers during summer months. Lyme disease, babesiosis, and anaplasmosis are the most common TBDs. New Yorkers are usually infected while outside of NYC, although locally acquired cases of Lyme disease, babesiosis, anaplasmosis, and ehrlichiosis have been reported from Staten Island and, rarely, the Bronx. Testing, treatment and reporting guidance here.</p>
National	Measles	<p>There are ongoing measles cases/outbreaks reported across 42 jurisdictions in the US. As of August 19, 2025, a total of 1,375 confirmed measles cases. There have been 35 outbreaks, and 87% of confirmed cases are out-break associated. On August 18, Texas has announced the end of the West Texas measles outbreak. Providers should be on alert for patients who have febrile rash illness and symptoms consistent with measles (e.g., cough, coryza, or conjunctivitis) particularly if the timing of symptoms is consistent with measles and they have recently traveled (domestic or international) to areas with ongoing measles outbreaks. The Texas Southwest outbreak will potentially be declared over on August 8th.</p>
	H5N1/Bird Flu	<p>The CDC continues to address a multistate outbreak of avian influenza A(H5N1) in dairy cows, poultry, and other animals in the U.S. Since April 2024, 70 human cases and one death have been confirmed. Clinicians should consider H5N1 infection in patients with acute respiratory illness or conjunctivitis who have had recent contact with sick or dead animals, visited a live animal market, contact with contaminated surfaces, or unpasteurized animal products. Click here for the Highly Pathogenic Avian Influenza Clinician Fact Sheet. Track bird flu here.</p>
	Mpox Clade I	<p>There have been several travel-associated clade I mpox cases reported in the United States. States that have reported mpox clade 1 cases include California, Georgia, Massachusetts, New Hampshire and New York. No secondary cases or community transmission has been detected.</p>

International	Measles	Cases of measles continue to occur nation-wide, and around the world. Canada and Mexico are both having large outbreaks to be aware of. For more information on global cases, refer to the CDC Global Measles Outbreaks webpage.
	Mpox Clade II	There is continued spread of mpox clade II (caused the global mpox outbreak that began in 2022) in Sierra Leone started increasing in cases again. However, cases are rising in Guinea and Liberia. Ghana has reported it's first death from mpox amidst an increase in cases.
	H5N1	Cambodia continues to see an increase in both animal and human cases of highly pathogenic avian influenza (HPAI). The Ministry of Health reported a 14 th human case on July 26, 2025. Eight human fatalities have been reported so far in 2025.

Footnotes

Abbreviations:

MERS = Middle Eastern Respiratory Syndrome; VHF = Viral Hemorrhagic Fever; XDR = Extensively Drug Resistant; COVID-19 = coronavirus disease 2019; CCHF = Crimean-Congo Hemorrhagic Fever

Avian Influenza:

Avian influenza refers to the disease caused by infection with avian (bird) influenza (flu) Type A viruses. Avian flu viruses do not normally infect humans. However, sporadic human infections with avian flu viruses have occurred. [Click here](#) for more information

Crimean Congo Hemorrhagic Fever (CCHF)

CCHF is endemic in some countries of the Eastern Mediterranean Region of WHO including Pakistan, Iran, Afghanistan, Iraq and Oman.

Lassa Fever:

Lassa fever is an animal-borne, or zoonotic, acute viral illness. It is endemic in parts of West Africa including Sierra Leone, Liberia, Guinea, and Nigeria. [Click here](#) for more information.

MERS-CoV:

MERS-CoV is endemic to the Middle East and cases have previously been reported in the Arabian Peninsula. Countries considered in and near the Arabian Peninsula include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.

SPECIAL PATHOGENS LEVEL 1 PPE:

Gown, gloves, eye protection, N95 respirator

SPECIAL PATHOGENS LEVEL 2 VHF PPE:

N95 respirator, 2 pairs of extended cuff gloves, coverall or gown, apron, face shield, hood, knee high boot covers, shoe covers (if coverall used)