





Travel Screening Country List – April 2025 (Updated 4/1/2025)

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
Numerous Countries* Burundi Central African Republic Democratic Republic of the Congo Kenya Rwanda Tanzania Uganda South Sudan Zambia * Countries with active community transmission	MPox, Clade Ia & Ib	21 days	<u>Mpox Clinician Fact</u> <u>Sheet</u>	Special Pathogens Level 1
Nigeria	Lassa Fever	21 days	Lassa Fever Clinician Fact Sheet	Special Pathogens Level 2 VHF
Iraq	Crimean-Congo Hemorrhagic Fever	14 days	<u>Crimean-Congo</u> <u>Hemorrhagic Fever</u> <u>Clinician Fact Sheet</u>	Special Pathogens Level 2 VHF
Uganda	Ebola (Sudan)	21 days	Ebola Virus Disease Clinician Fact Sheet	Special Pathogens Level 2 VHF
Recent Health Alerts/Advisories		General Notes and References for Local & National health alerts/advisories		
NYC/NYS	Dengue	As of March 21, 2025, <u>the New York City Department of Health and Mental</u> <u>Hygiene</u> , following CDC's recommendations, advises clinicians to have increased suspicion of dengue among people presenting with a fever who have been in areas with frequent or continuous dengue transmission within 14 days before illness onset, this includes travel to Puerto Rico and U.S. Virgin Islands.		
	H5N1		025, the <u>New York City Dep</u> lowing CDC recommendatio	

	Measles	order subtyping for all influenza A-positive specimens from hospitalized individuals within 24 hours of admission to detect possible human cases of avian influenza A(H5N1). No known human cases reported in NYC/NYS thus far. There have been 3 unrelated cases of measles, 2 in <u>NYC</u> and 1 in New York State since January 2025. In addition, there are ongoing measles outbreaks reported in Texas, New Mexico, Ohio, Kansas, and <u>Canada</u> (Ontario and Quebec). 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 <u>traveled</u> to areas with ongoing measles outbreaks. Report persons with suspected measles immediately to the NYC DOHMH at 866-692-3641. For more information, refer to the NYC H+H <u>Measles Clinician Fact Sheet.</u>
National	H5N1/Bird Flu:	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, <u>70</u> human cases and <u>one death</u> 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. <u>Click here for the Highly Pathogenic Avian Influenza</u> <u>Clinician Fact Sheet</u> . Track bird flu <u>here</u> .
	Mpox Clade I	There have been several <u>travel-associated</u> clade I mpox cases reported in the United States. States that have reported mpox clade 1 cases include California, Georgia, New Hampshire and New York. No secondary cases or community transmission has been detected.
	Influenza	Seasonal influenza activity across the state has decreased. CDC has <u>reported</u> 13% of children who have died from seasonal flu this season had influenza- associated encephalopathy or encephalitis (IAE), a severe neurologic complication. Clinicians should consider IAE in children with influenza and abnormal neurologic signs or symptoms.
International	Measles	Cases of measles continue to occur nation-wide, and around the world. For more information on global cases, refer to the CDC <u>Global Measles</u> <u>Outbreaks</u> webpage.

Footnotes Abbreviations:

MERS = Middle Easter 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. <u>Click here</u> for more information <u>Crimean Congo Hemorrhagic Fever (CCHF)</u>

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. <u>Click here</u> 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.

*Measles:

There continues to be world-wide measles outbreaks. Clinicians must maintain a high level of suspicion for measles in returned travelers with febrile rash illness. <u>Click here</u> to view the top 10 countries with measles outbreaks as reported by the CDC. <u>Click here</u> for to view travel notices for countries currently affected by measles.

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)