Update on the Dengue situation in the Western Pacific Region

This report describes the epidemiology of dengue in the World Health Organization Western Pacific Region. Data are compiled from open sources (national indicator-based surveillance systems) with the exception of Lao People's Democratic Republic and Viet Nam, where data are provided by the WHO Country Offices. For the Pacific Island Countries, syndromic surveillance data are provided by the WHO Division of Pacific Technical Support. Data from Indonesia has not been included in this report due to ongoing internal arrangements. Information is reported based on countries' standard dengue case definitions, summary of these definitions and countries' dengue surveillance systems - included as an annex to this report. Due to differences in surveillance methods and reporting practices, a comparison of trends between countries and areas is not possible, however, national trends can be observed over time.

Northern Hemisphere

Cambodia

As of 22 July 2025 (epidemiological week 28), a total of 17,728 dengue cases, including 32 deaths (case fatality rate [CFR]: 0.18%), have been reported through the National Dengue Surveillance System. This represents an increase compared to the same period in 2024, when 7,440 cases and 24 deaths were reported.

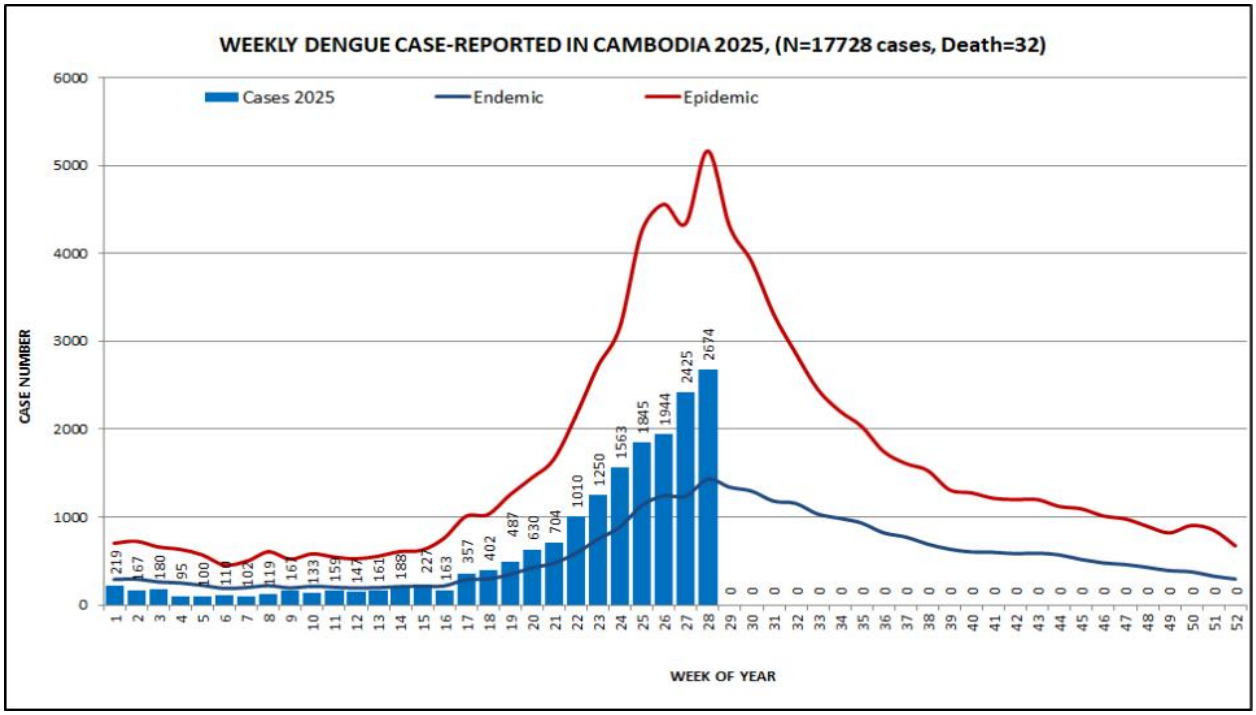


Figure 1: Weekly dengue cases in 2025 with endemic and epidemic alert thresholds in Cambodia

Source: ***National Dengue Surveillance System (NDCP/CNM/MOH)***

China (Monthly update)

There is no update in this reporting period.

In June 2025, a total of 225 dengue cases were reported in China, an increase from 126 cases reported in May 2025. The number of dengue cases reported in June 2025 is higher compared to the same period in 2024 (n=130) (Figure 2). Cumulatively, a total of 563 dengue cases have been reported this year, as of June 2025.

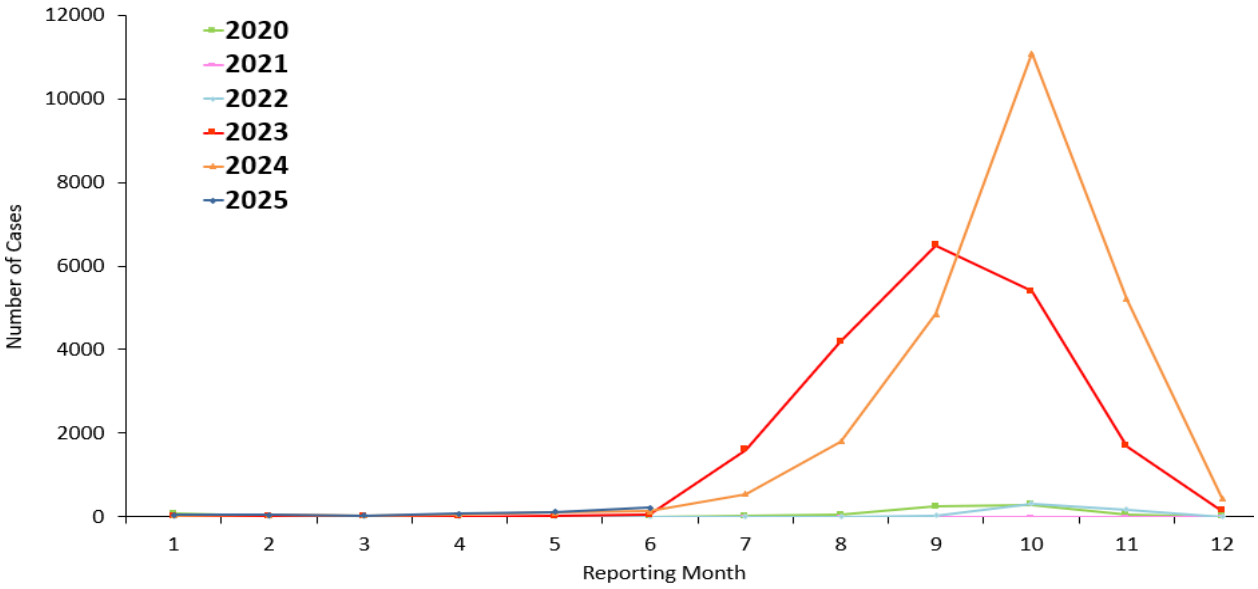


Figure 2: Dengue cases reported monthly from 2020-2025 (as of June 2025) in China
Source: National Disease Control and Prevention Administration, China

Lao People's Democratic Republic

In epidemiological week 28 (6 to 12 July 2025), 442 dengue cases and no deaths were reported (Figure 3). The number of cases decreased in comparison to the number of cases reported in epidemiological week 27 (562 cases). One death has been reported this year. The cumulative number of cases reported in 2025 (as of epidemiological week 28) is 3 618, which is 45.6% lower than during the same period in 2024 (n=6 653).

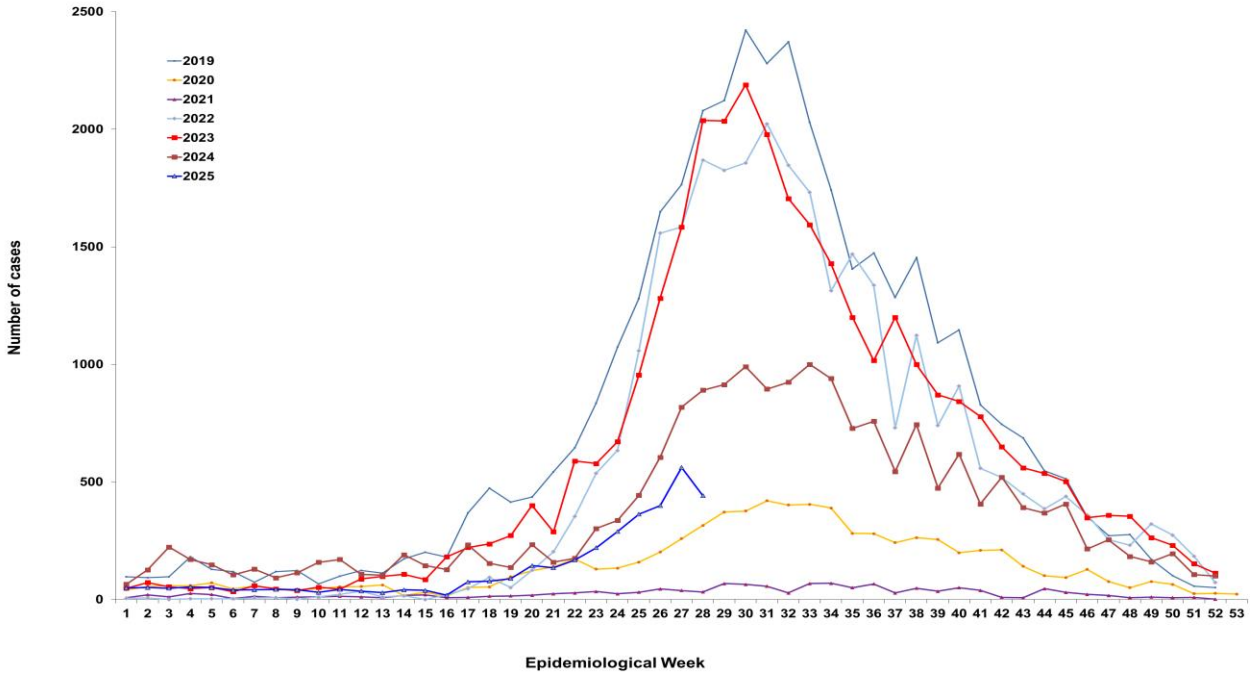


Figure 3: Dengue cases reported weekly from 2019-2025 in Lao PDR
Source: National Centre for Laboratory and Epidemiology, Ministry of Health, Lao PDR

Malaysia (Monthly update)

In epidemiological week 28 of 2025 (6 to 12 July 2025), 1 048 new dengue cases were reported in Malaysia, a decrease from 1 086 cases in week 27 (Figure 4). There was a decreasing trend in number of cases from week 24. Cumulatively, 33 347 cases have been reported in 2025.

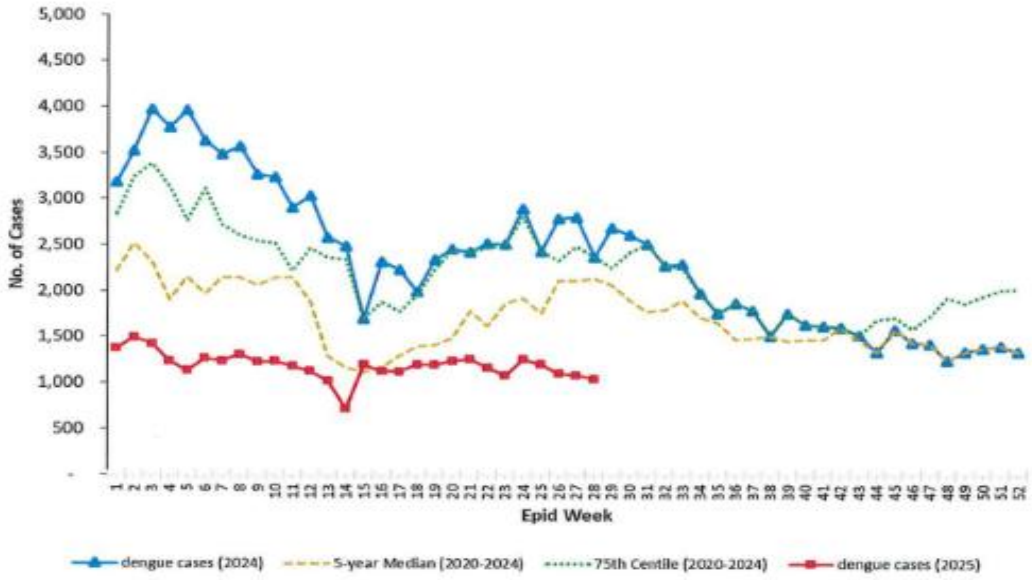


Figure 4: Number of dengue cases reported in 2025, compared to 2024 and 5-year median (2020-2024), Malaysia
Source: Ministry of Health, Malaysia

Singapore

In epidemiological week 28 of 2025 (6 to 12 July 2025), there were 112 dengue cases, reported in Singapore. Cumulatively, a total of 2 815 dengue cases have been reported in 2025, which is a 71.5% decrease compared to the same period in 2024 (n=9 874). Preliminary results of all positive dengue samples serotyped in June 2025 showed DEN-1, DEN-2, DEN-3 and DEN-4 at 5.8%, 75.8%, 12.6% and 5.8%, respectively.

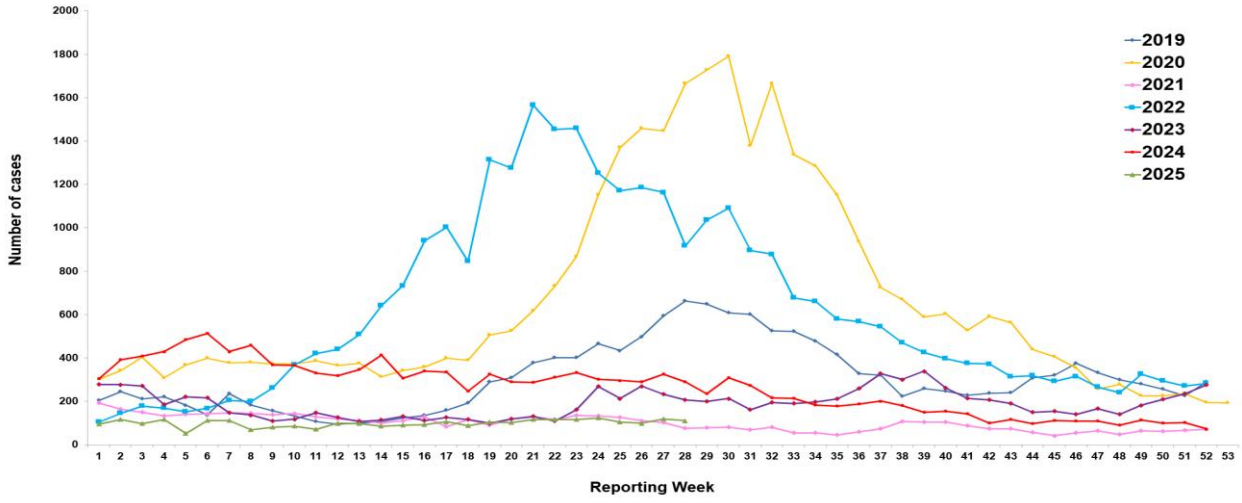


Figure 5: Dengue cases reported weekly from 2019-2025 (as of 28 June 2025) in Singapore
Source: Communicable Diseases Division, Ministry of Health, Singapore
(Note: Case numbers are derived from the MOH Singapore's weekly-infectious-disease-bulletin-year-2025_upload as available from MOH | Weekly Infectious Diseases Bulletin)

Viet Nam

There is no update in this reporting period. In epidemiological week 25 (16 to 22 June 2025), a total of 1 950 cases and no deaths were reported. This represents an increase of 17.5%, compared to the previous week (1 660 cases). As of 22 June 2025, there have been 28 787 cases, including five deaths reported this year. Compared to the same period in 2024 (29 672 cases and six deaths), there has been a 3.0% decrease in the cumulative number of cases and one less death.

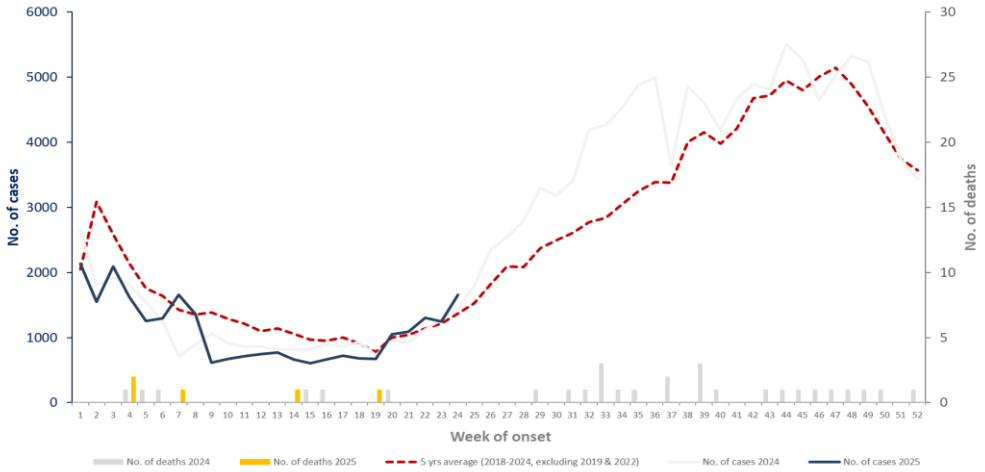


Figure 6: Number of dengue cases and deaths in 2024-2025 by week of onset, as of week 25 of 2025, Viet Nam
Source: Vietnam Administration of Disease Control (VADP), Ministry of Health, Viet Nam.
Note: Data reporting data might be delayed or updated; recent data will be subject to revision.

Southern Hemisphere

Australia (Monthly update)

From 1 to 30 June 2025, a total of 116 dengue notifications were reported in Australia, a decrease compared to 136 notifications in May 2025. The number of dengue notifications in June 2025 is 54.0% lower than the same period in 2024 (Figure 7).

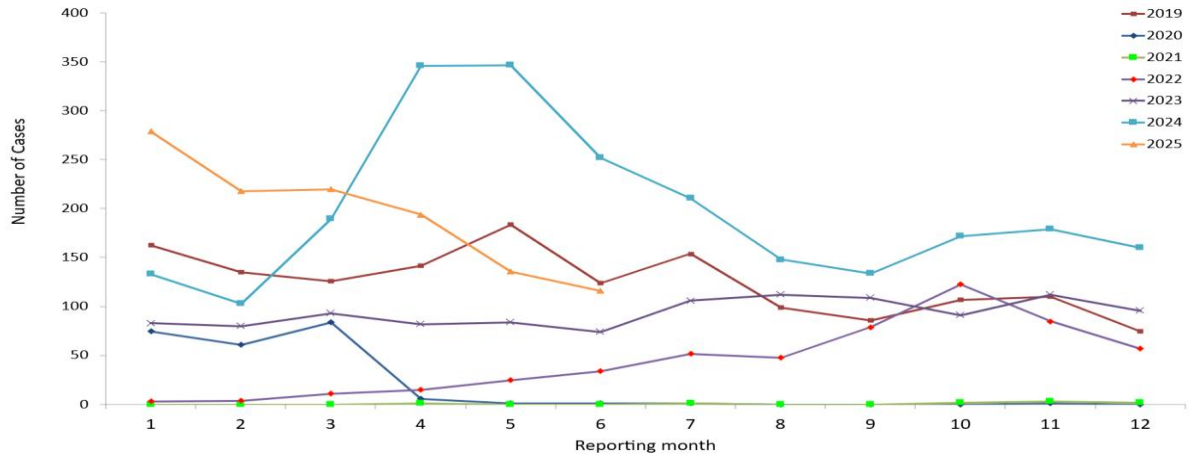


Figure 7: Laboratory-confirmed dengue notifications reported monthly from 2019-2025 in Australia
Source: Department of Health, Australia

Note: The graph was updated as of 23 July 2025. The data included here are reliant on the provision of data from states and territories to the Australian Government Department of Health and Aged Care, which may cause backlogs and large variabilities in case notifications over time. The data included in this report are, therefore, subject to retrospective revision and may vary from reports published in NNDSS reports or reports of notification data by states and territories.

Pacific Islands Countries

French Polynesia

In epidemiological week 28 (7 to 13 July) of 2025, 15 confirmed dengue cases were reported with no deaths and two hospitalisations (Figure 8). Cumulatively, a total of 2 397 cases have been reported since 27 November 2023.

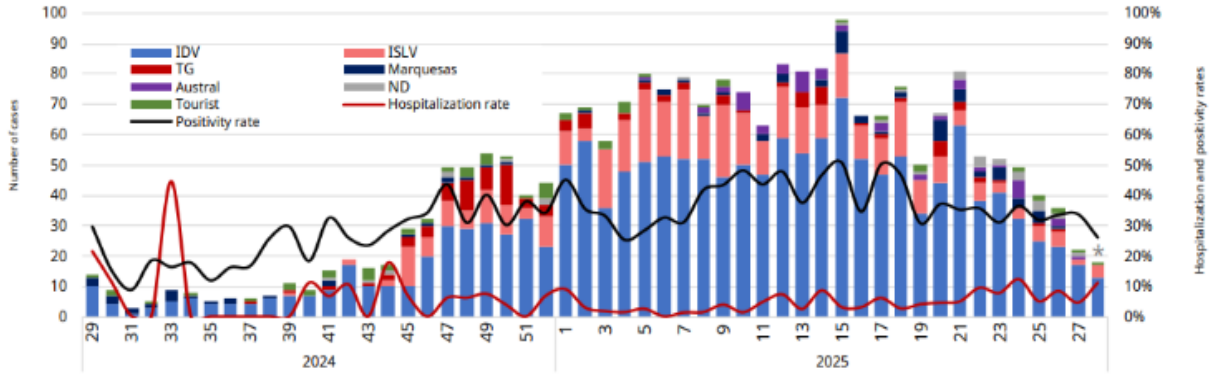


Figure 8: Weekly reported dengue cases from Epi week 29 of 2024 to Epi week 28 of 2025 in French Polynesia

Source: Bulletin de Surveillance Sanitaire, Polynésie française - N°22/2025

Note: Îles du Vent (IDV), *Îles Sous le Vent (ISLV), Tuamotu-Gambier Islands (TG), Nuku-Hiva (ND)*

In week 24, 23 cases of dengue-like illness (DLI) were reported in French Polynesia, which is lower than the same period in 2024 and the 5-year median (Figure 9).

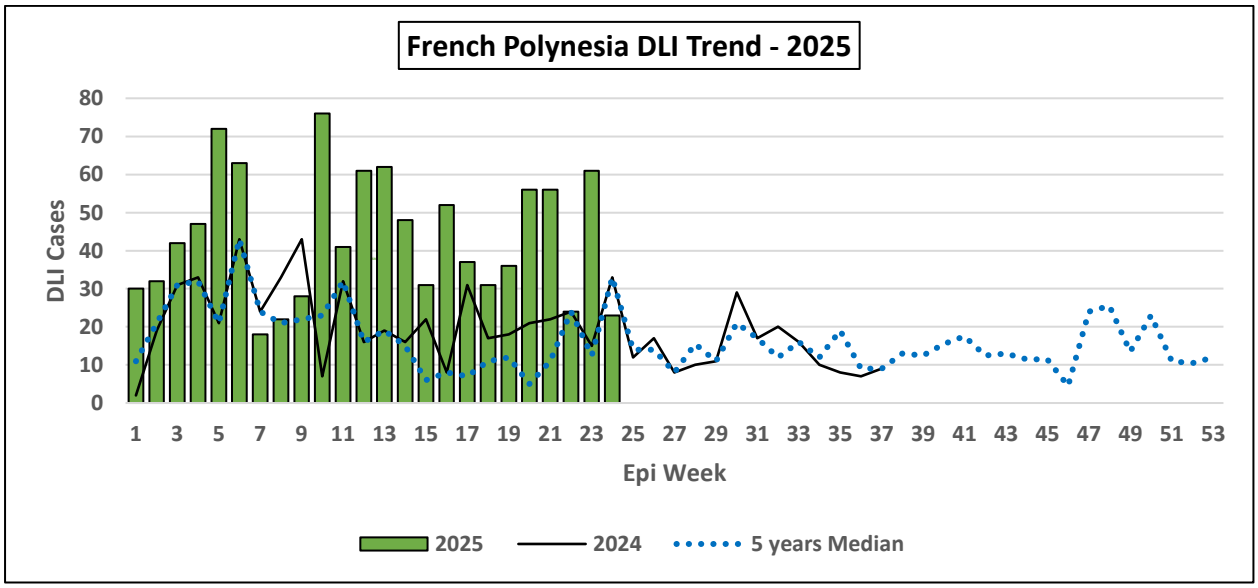


Figure 9: Weekly reported cases of dengue-like illness (DLI) in French Polynesia

Source: WHO Division of Pacific Technical Support (Pacific Syndromic Surveillance System Weekly Bulletin)

New Caledonia

There is no update for this reporting period**.** As of 18 May 2025, a total of 12 dengue cases have been confirmed, in which nine were imported and three were local cases of dengue type 1 (DENV-1). A total

of 11 dengue cases were reported in 2024 in New Caledonia (Figure 10). Currently, there is no ongoing dengue outbreak in New Caledonia.

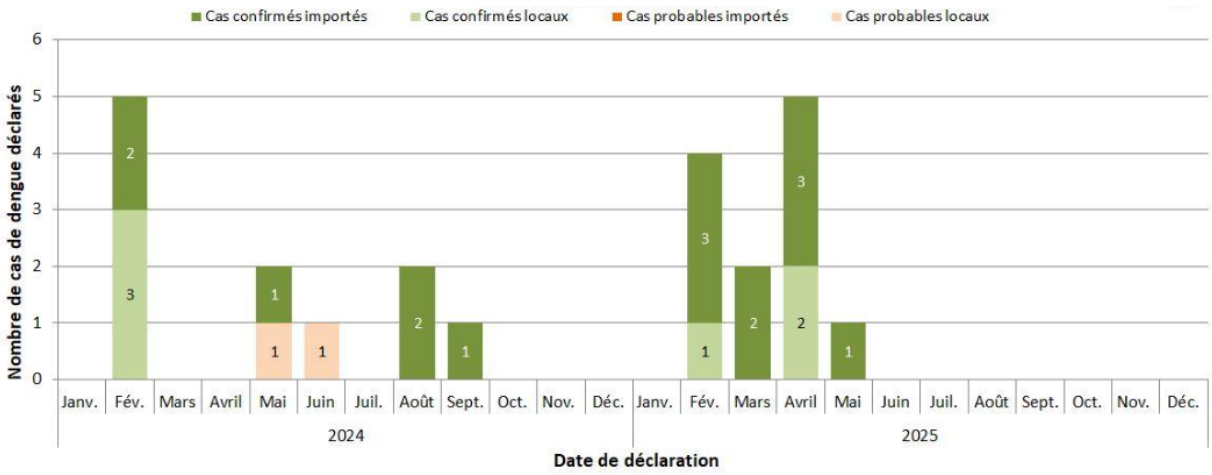


Figure 10: Dengue cases reported by month from 1 January 2024 to 18 May 2025 in New Caledonia
Source: *Network of sentinel physicians, New Caledonia*

In week 24 of 2025, no DLI cases were reported in New Caledonia. Cumulatively, a total of three DLI cases have been reported as of week 24 (Figure 11).

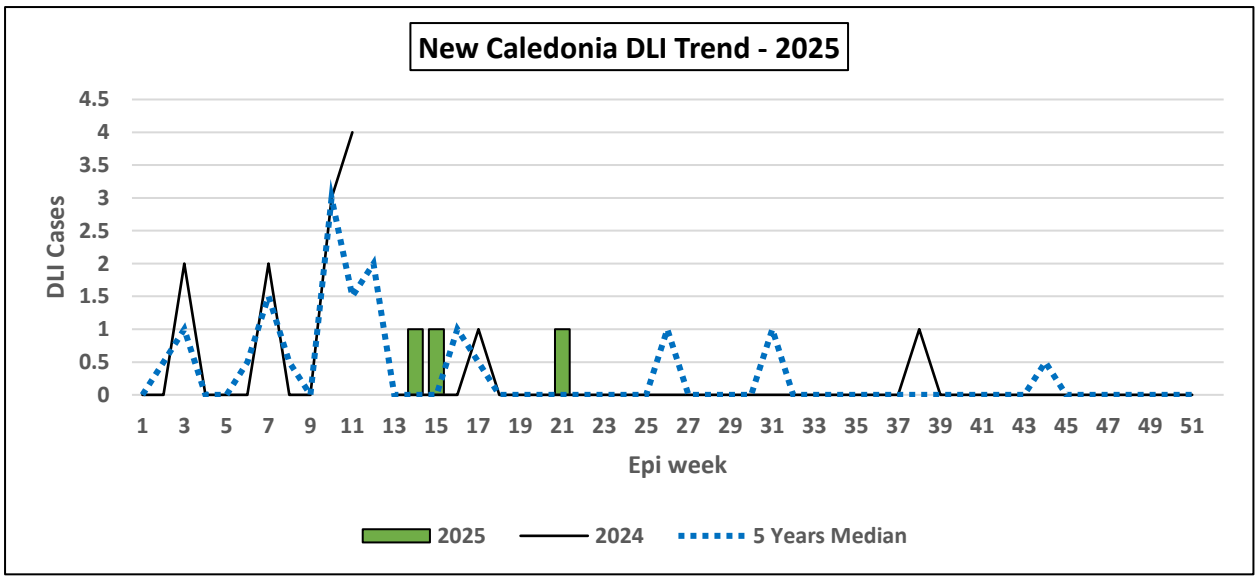
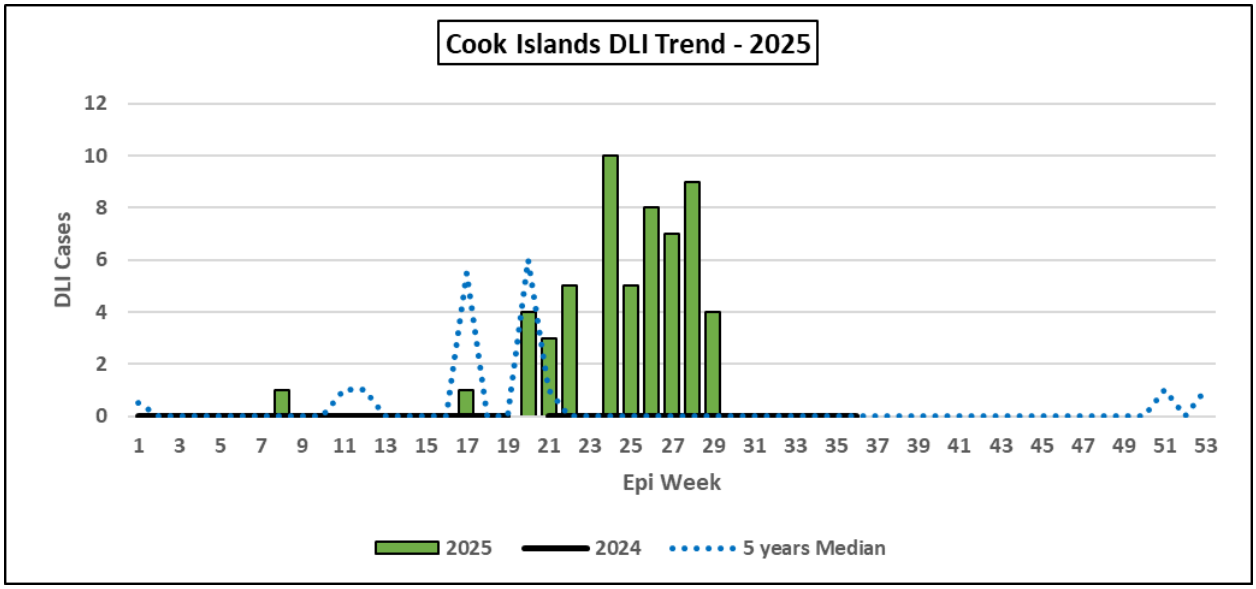
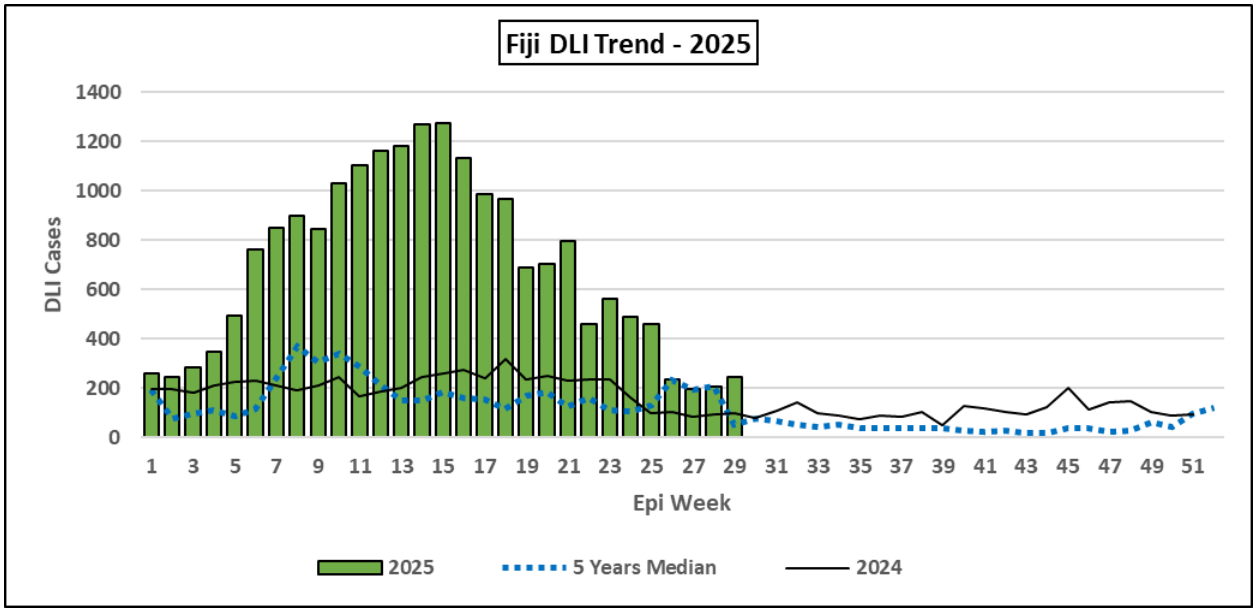


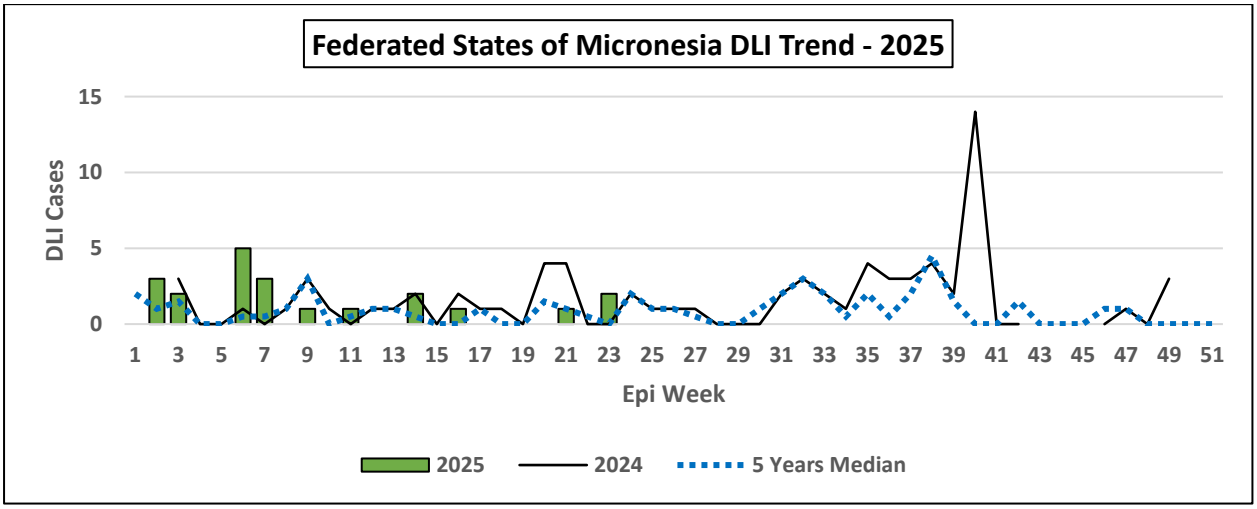
Figure 11: Weekly reported cases of dengue-like illness (DLI) in New Caledonia
Source: WHO Division of Pacific Technical Support (Pacific Syndromic Surveillance System Weekly Bulletin)

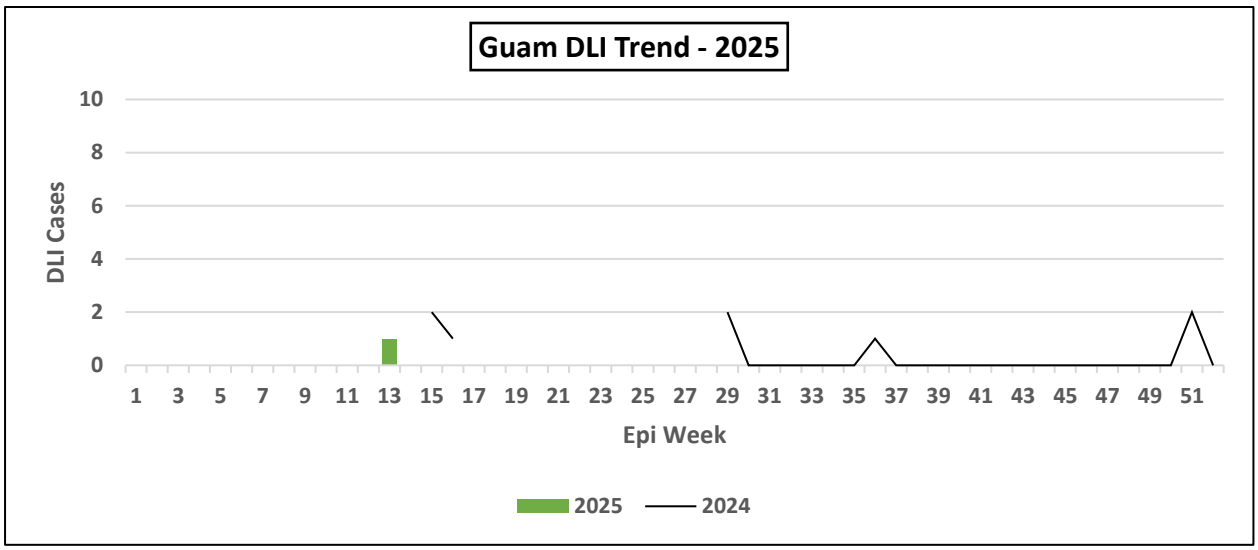
Other Pacific Island Countries and Areas (PICs) – Dengue-like illness (DLI) Surveillance

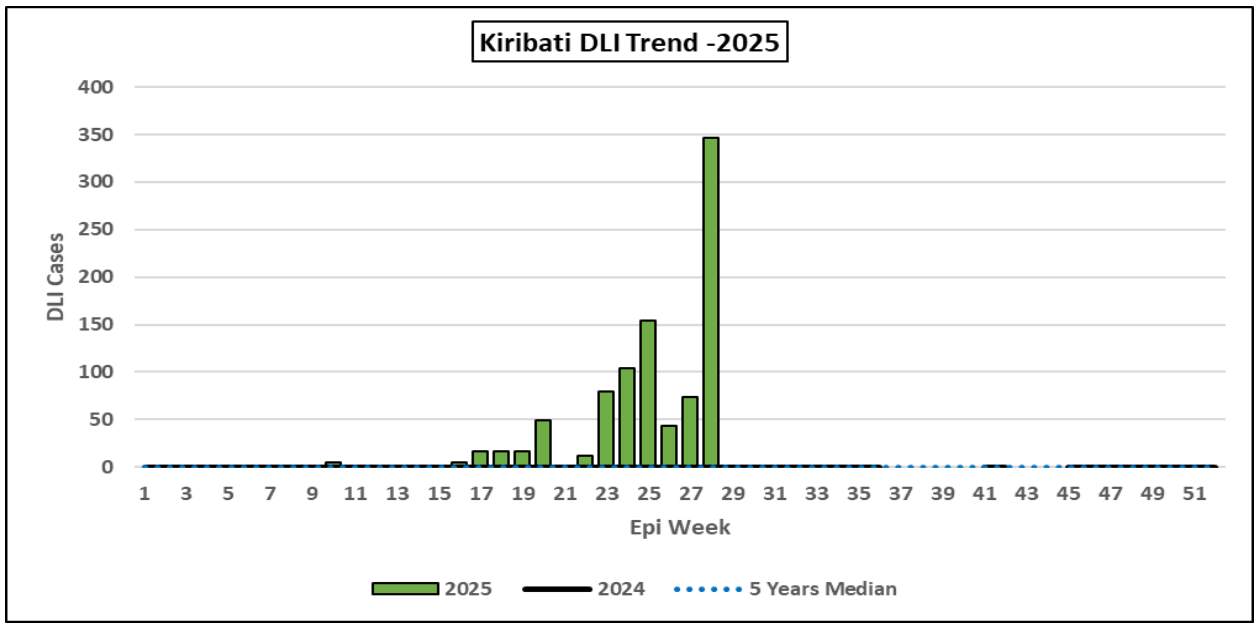
Among the PICs with available surveillance data (20/21 PICs), a decreasing trend in DLI cases was reported in Cook Islands and Tonga during weeks 28-29. On the other hand, an increasing trend was observed in Fiji, Kiribati, and Samoa. In Nauru, the number of DLI cases sharply increased in week 29 but began to decline afterward. The remaining PICs reported either no or low numbers of DLI cases or provided no updates (Figure 12).

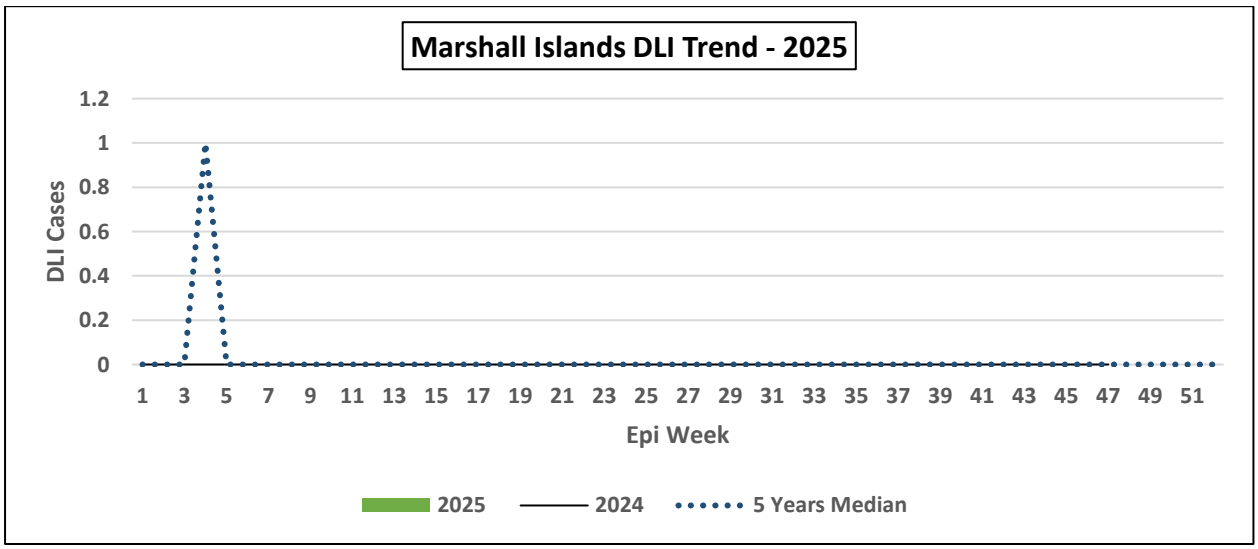

Cook Islands DLI Trend - 2025
DLI Cases
Epi Week
2025
2024
5 years Median

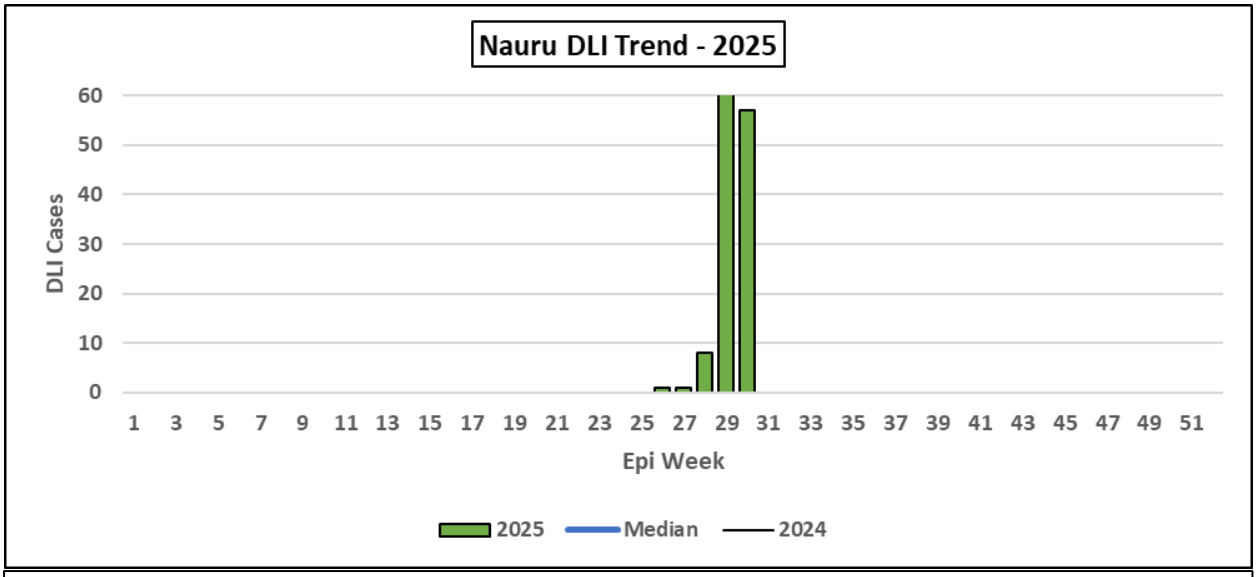

Fiji DLI Trend - 2025
DLI Cases
Epi Week
2025
5 Years Median
2024


Federated States of Micronesia DLI Trend - 2025
DLI Cases
Epi Week
2025
2024
5 Years Median


Guam DLI Trend - 2025
DLI Cases
Epi Week
2025
2024


Kiribati DLI Trend -2025
DLI Cases
Epi Week
2025
2024
5 Years Median


Marshall Islands DLI Trend - 2025
DLI Cases
Epi Week
2025
2024
5 Years Median


Nauru DLI Trend - 2025
DLI Cases
60
50
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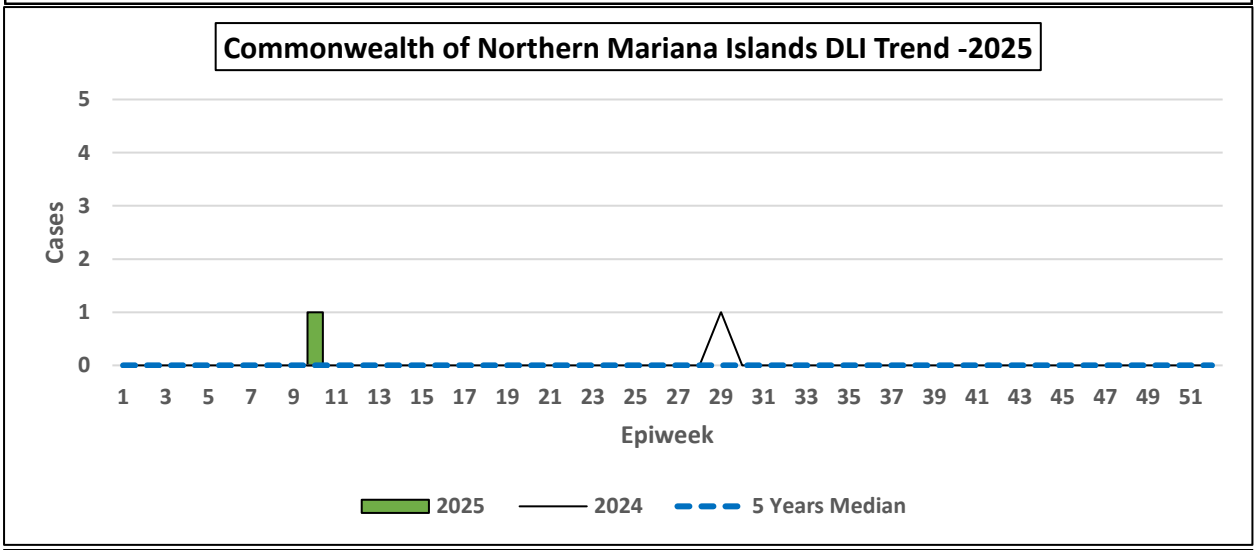
10
0
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51
Epi Week
2025
Median
2024


Commonwealth of Northern Mariana Islands DLI Trend -2025
Cases
5
4
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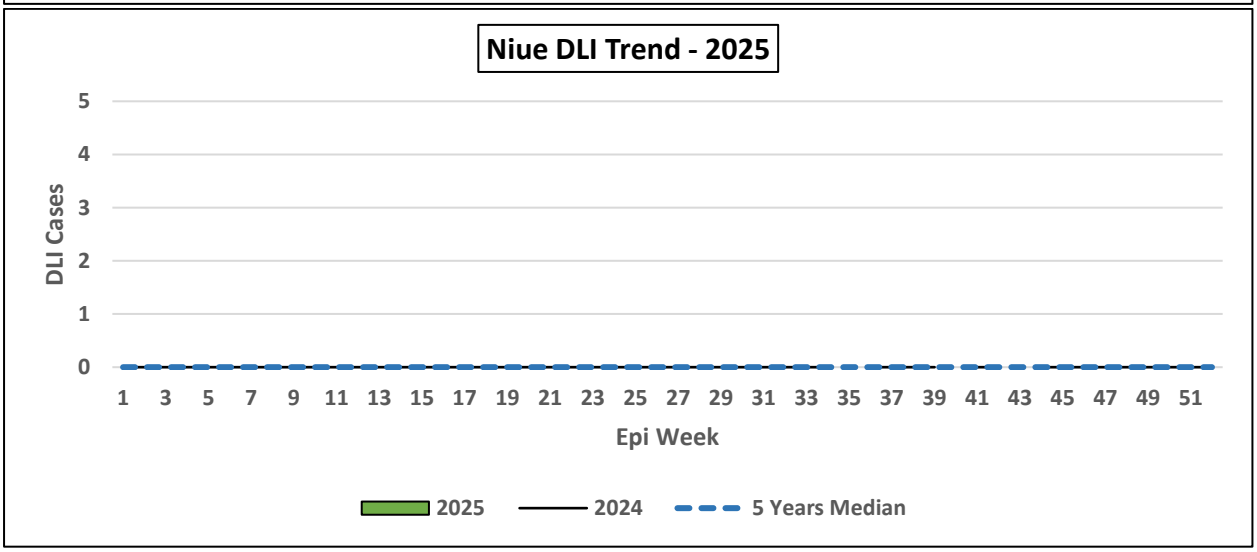
Epiweek
2025
2024
5 Years Median


Niue DLI Trend - 2025
DLI Cases
5
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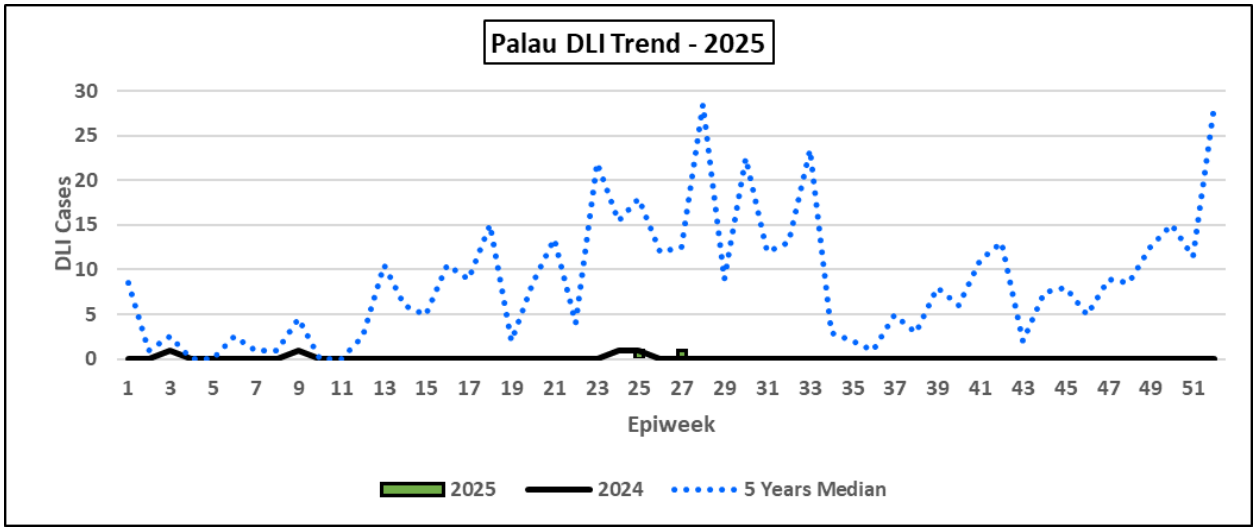
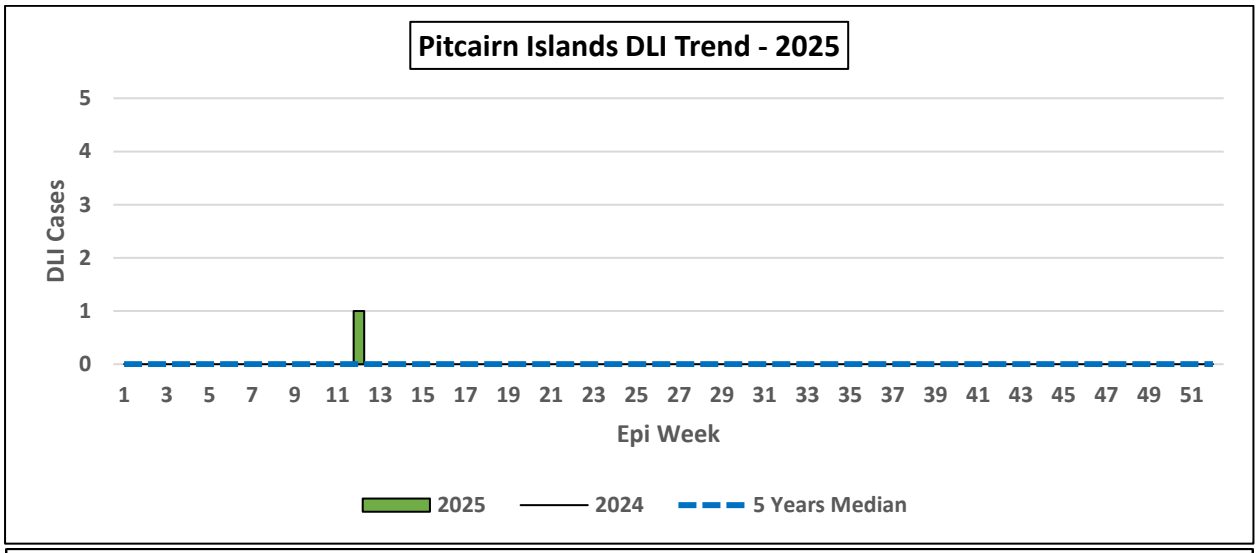
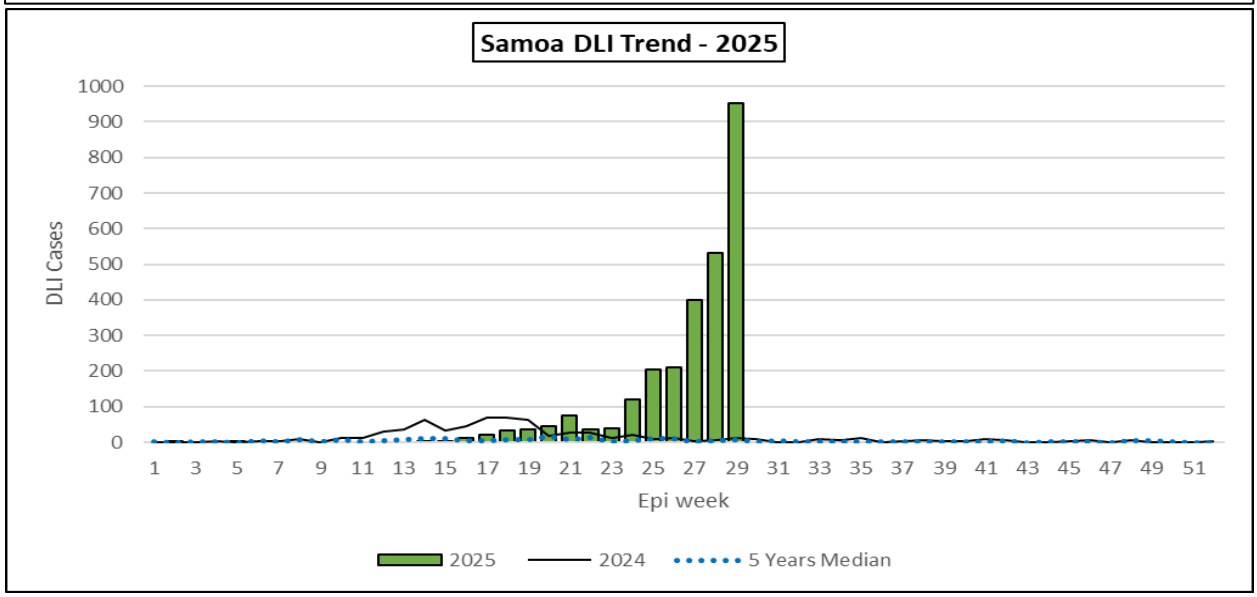
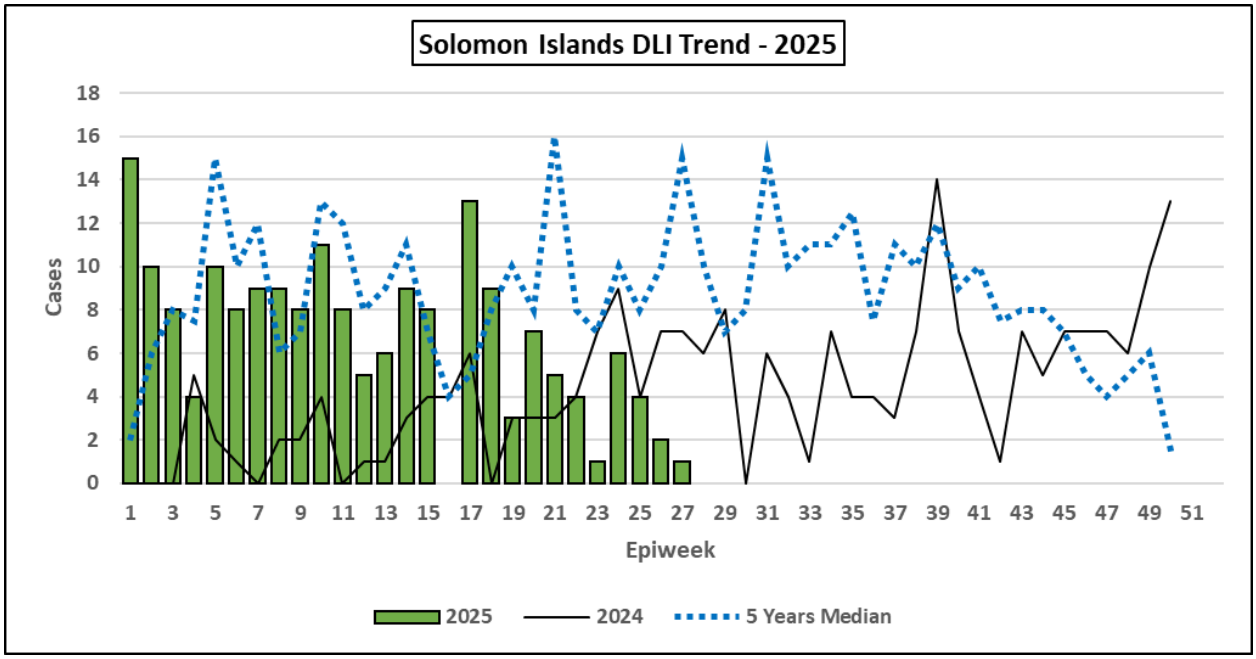
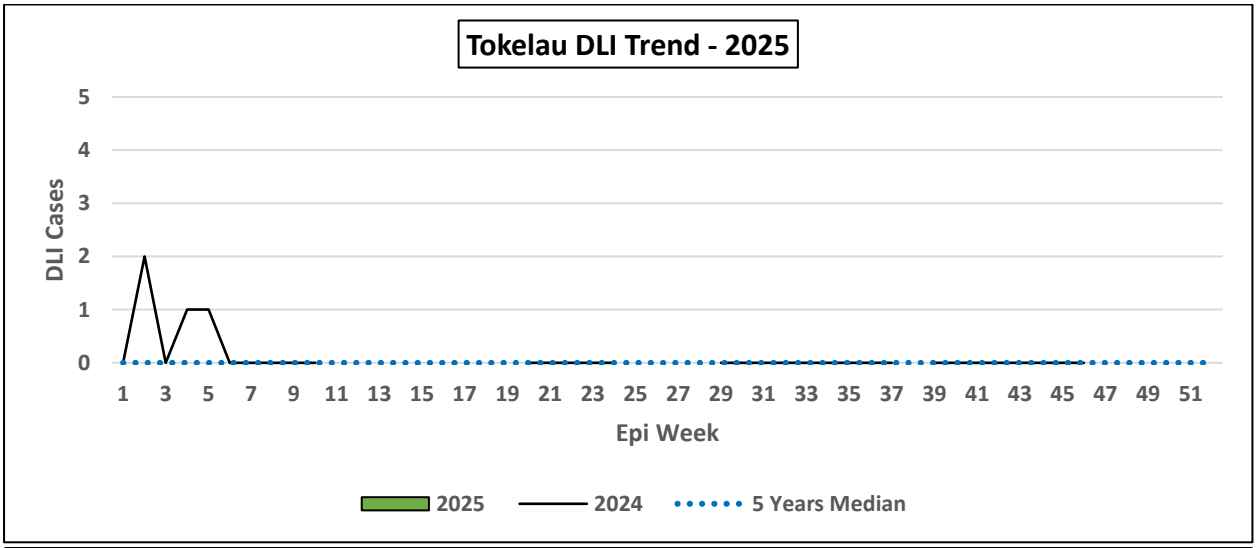
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51
Epi Week
2025
2024
5 Years Median

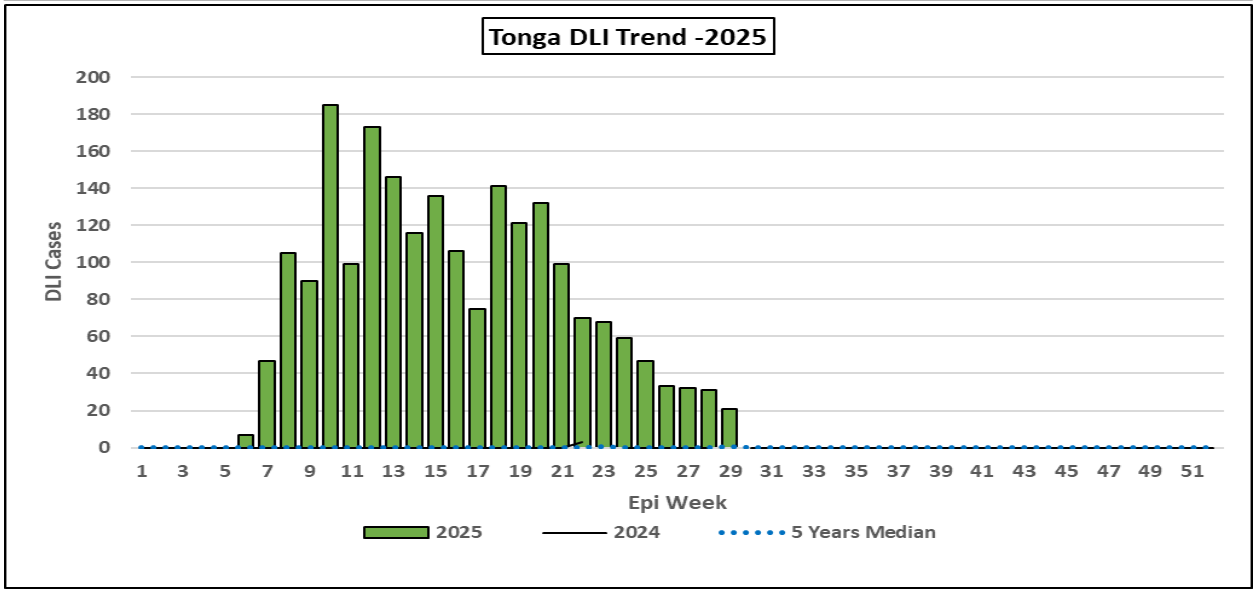

Palau DLI Trend - 2025
DLI Cases
Epiweek
2025
2024
5 Years Median


Pitcairn Islands DLI Trend - 2025
DLI Cases
Epi Week
2025
2024
5 Years Median


Samoa DLI Trend - 2025
DLI Cases
Epi week
2025
2024
5 Years Median


Solomon Islands DLI Trend - 2025
Cases
Epiweek
2025
2024
5 Years Median


Tokelau DLI Trend - 2025
DLI Cases
Epi Week
2025
2024
5 Years Median


Tonga DLI Trend -2025
DLI Cases
Epi Week
2025
2024
5 Years Median

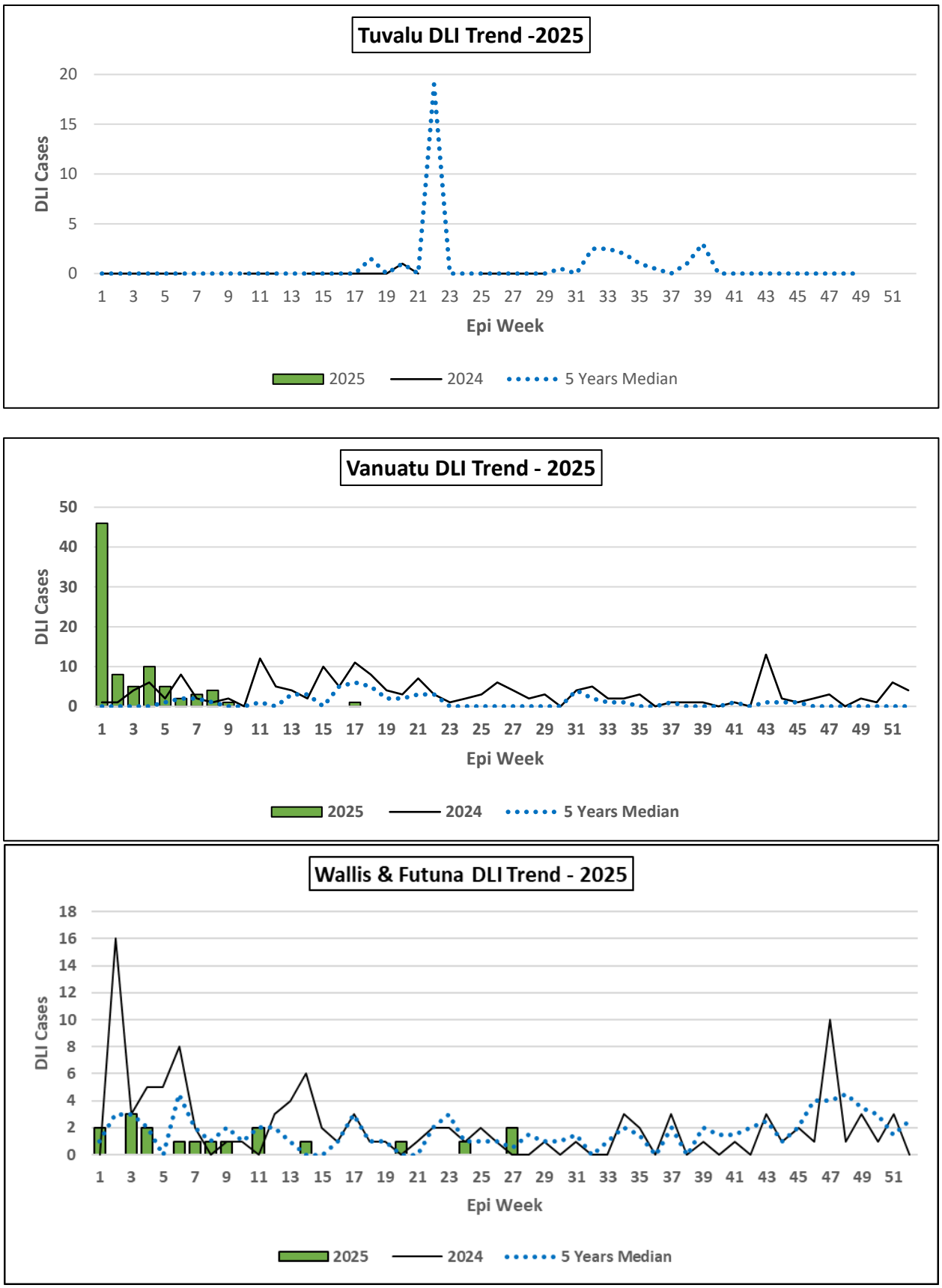


Figure 12. Weekly reported cases of dengue-like illness (DLI) in Pacific Islands Countries and Areas

Source: WHO Division of Pacific Technical Support

Note: Caution should be taken in interpreting these data as there may be changes in the number of sentinel sites reporting to the Pacific Syndromic Surveillance System (PSSS). Furthermore, the syndromic case definition of DLI may capture cases with non-dengue acute febrile illnesses (AFI) with similar clinical manifestations to dengue. This includes AFI such as chikungunya, influenza,

hantavirus, leptospirosis, malaria, measles, paratyphoid and typhoid fevers, scrub typhus, yellow fever, zika, other diseases. The PSSS may also capture dengue cases under 'prolonged fever' surveillance. Alert threshold for DLI is twice the average number of cases seen in the previous 3 weeks.

Annex 1. Summary of dengue case definitions, laboratory sampling and testing methods used for surveillance in Member States

Country	Case definition		Surveillance system	Laboratory sampling and testing method	Reference
	Clinically confirmed case	Laboratory confirmation required	Description		
Australia	Fever, headache, arthralgia, myalgia, rash, nausea and vomiting	Yes	Dengue is a nationally notifiable disease and cases are monitored through the National Notifiable Diseases Surveillance System (NNDSS) indicator-based surveillance system.	Both confirmed and probable cases are nationally notifiable. A confirmed case requires both laboratory definitive evidence and clinical evidence. A probable case requires either laboratory suggestive evidence and clinical evidence and epidemiological evidence, or clinical evidence and household epidemiological evidence. Laboratory definitive evidence: - Isolation of dengue virus, or - Detection of dengue virus by nucleic acid testing, or - Detection of NS1 antigen in the blood by EIA, or - IgG seroconversion or significant increase in antibody levelor fourfold or greater rise in titre to dengue virus (proof by neutralization or another specific test) - Detection of dengue virus-specific IgM in cerebrospinal fluid, in the absence of IgM to Murray valley encephalitis, West Nile virus/Kunjin, or Japanese encephalitis viruses. Laboratory suggestive evidence: - Detection of NS1 antigen in blood by rapid antigen test, or - Detection of dengue virus-specific IgM in blood Epidemiological evidence: - Exposure between 3 – 14 days prior to onset either in a country with known dengue activity or in a dengue-receptive area in Australia where a locally-acquired or imported case has been documented with onset within a month.	1

				Household epidemiological evidence: - Living in the same house as a locally-acquired case in a dengue-receptive area of Australia within a month of onse in the case and at least one case in the chain of epidemiologically linked cases is laboratory confirmed.	
Cambodia	Suspected dengue: very high fever at 39-40 degrees celcius for 2-7 days (usually 3-4 days), with 2 or more of the following signs: flushed face, headache, retro-orbital pain, myalgia/arthralgia, cutaneous rash, haemorrhagic signs (petechiae, positive tourniquet test), and leucopenia. Probable dengue: signs of suspected dengue plus laboratory test results (see right column)) or that the case occurred in an area where the dengue case has been confirmed.	Yes	National Dengue Control Program (NDCP) enhanced sentinel surveillance system Communicable Disease Control (CDC) syndromic surveillance system (CamEWARN). Health Management Information System (HMIS) collects data on confirmed cases and deaths.	Data collected for Cambodia Laboratory Information System (CamLIS), comprised of 32 participating hospital laboratories where NS1 detection is conducted. Laboratory testing: Antibody HI>= 1/1280 or IgM/IgG positive by ELISA test in convalescence serum	2
China	1) Typical dengue fever can be diagnosed with any of the following conditions: - General clinical symptoms of dengue fever, with an epidemiological history (having been to an area where dengue fever is prevalent within 14 days before onset), or living or working in an area where dengue fever cases have occurred within the past month, and with reduced white blood cell count and platelet count (below 100x10^9/L) - No epidemiological history, but with a rash, bleeding tendency, and positive IgG or IgM antibodies in a single serum sample.	No	Reported to the Chinese Centre for Disease Control and Prevention (China CDC) through the Chinese National Notifiable Infectious Disease Reporting Information System (CNNDS).	A clinically diagnosed case with any of the of the following laboratory findings: - Isolation of the dengue virus from the serum, cerebrospinal fluid, blood cells, or tissues of an acute-phase patient - Detection of dengue virus gene sequence by RT-PCR or real-time fluorescent quantitative PCR - Detection of dengue virus NS1 antigen in serum from an acute-phase patient - A fourfold or greater increase in specific antibody titer in the convalescent phase compared to the acute phase.	3, WHO internal communication

	2) Dengue Hemorrhagic Fever can be diagnosed when accompanied by any of the following clinical symptoms: - Bleeding tendency, significant bleeding manifestations (such as gastrointestinal bleeding or hemorrhage in the chest, abdomen, or cranium), hepatomegaly, and ascites; and - Laboratory findings including thrombocytopenia (platelet count below 100x10^9/L), hemoconcentration (an increase in hematocrit of more than 20% above normal levels or a decrease of more than 20% after fluid resuscitation), and hypoalbuminemia. 3) Dengue Shock Syndrome: Patients with dengue hemorrhagic fever presenting with cold and clammy skin, restlessness, rapid and weak pulse, low blood pressure with a narrow pulse pressure (less than 20mmHg or 2.7kPa), and reduced urine output.				
Lao People's Democratic Republic	WHO dengue case classification (2009) †	No	National Surveillance System for Notifiable Selected Diseases, indicator-based surveillance system that consists of passive weekly reports of clinically suspected cases, on admission, from all health-care facilities across the country.		4
Malaysia	WHO dengue case classification (2009) †	Yes	National Dengue Surveillance System, indicator-based surveillance system	All suspected cases are to be tested by the following laboratory tests: Rapid Combo Test (RCT) (NS1, IgM, IgG), Dengue Antigen and Serology tests by ELISA, Dengue Viral RNA Detection (Real time RT-PCR), Viral Isolation	5
Philippines	WHO dengue case classification (2009) †	Yes	Philippine Integrated Disease Surveillance and Response (PIDSR), indicator-based surveillance system. Reporting delays of 2-3 weeks, making comparison of current weekly and cumulative figures with previous years difficult.	Confirmed dengue is a suspect case with positive (+) viral culture isolation and/or PCR. NS1 (+), IgM is used to identify probable dengue.	6, 7, 8

Singapore (endemic)	Fever, headache, backache, myalgia, rash, abdominal discomfort and thrombocytopenia and laboratory testing (see right column)	Yes	Dengue is a legally notifiable disease in Singapore and notifying the Ministry of Health should not be later than 24 hours from the time of diagnosis.	Laboratory confirmation is done using standard diagnostic tests for the detection of dengue NS1 antigen, IgM and IgG, or RT-PCR.	9, 10
Viet Nam (endemic)	Acute onset of fever continuously lasting from 2-7 days AND at least 2 of the following: haemorrhagic manifestation /presentation; headache, loss of appetite, nausea, vomiting; rash; muscle pain, joint pain, orbital pain; lethargy; abdominal pain.	No		As per the MOH dengue surveillance guideline, in routine surveillance MAC-ELISA is conducted for at least 7% and virus isolation is conducted for at least 3% of clinical cases. In an outbreak, at least 5 to 10 suspected cases are tested.	11
Pacific Island Countries	WHO dengue case classification (2009) †	No	Pacific Syndromic Surveillance System	Confirmed case: Isolation of dengue virus or detection of dengue-specific antigen or antibodies in tissue, blood, CSF or other body fluid by an advanced laboratory test	12

Only the minimum criteria required for fulfilling a clinical dengue case definition are included here; additional signs and symptoms required for more severe forms are not listed.

† **A probable dengue case** is defined as any case living in or travel to dengue endemic area with fever and two or more of the following: nausea, vomiting, rash, aches and pains, positive tourniquet test, leucopenia and any warning sign. A case with warning signs is defined as a clinically diagnosed case with any of the following: abdominal pain or tenderness, persistent vomiting, clinical fluid accumulation, mucosal bleed, lethargy, restlessness, liver enlargement > 2 cm and increase in haematocrit concurrent with rapid decrease in platelet count. **Severe dengue** is defined as severe plasma leakage leading to any of the following: shock, fluid accumulation with respiratory distress OR severe bleeding as evaluated by clinician OR severe organ involvement of liver (aspartate amino transferase or alanine amino transferase ≥ 1000), central nervous system (impaired consciousness) or heart and other organs.[10]

References:

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