



Date: 3/12/26

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.

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Chikungunya

The Americas – Updated 2026 Data; Incidence Highest in Suriname and Bolivia:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on March 12, there have been a total of 33,889 chikungunya cases, of which 11,683 are confirmed, and 9 deaths reported in the Americas during 2026. Since the previous update, 10,246 incident chikungunya cases, of which 3,241 are confirmed, and 3 deaths were reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Bolivia	8,258	+0	4,060	+0	4	+0	0.1%
Brazil	20,338	+9,927	6,059	+3,193	3	+3	0.0%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	2,579	+0	1,354	+0	0	+0	0.0%
Rest of the Americas	1,258	+320	97	+49	0	+0	0.0%
Total	33,889	+10,246	11,683	+3,241	9	+3	0.1%

Table Notes: Data extracted on March 12, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

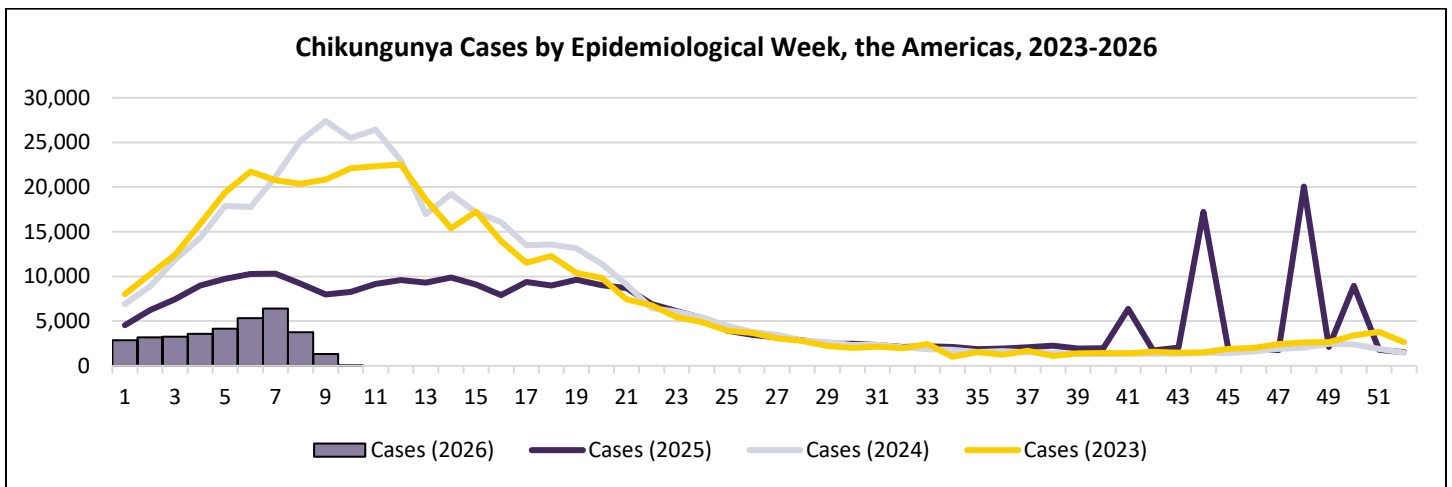


Figure Notes: Data extracted on March 12, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 16 countries during 2026, primarily [Brazil](#) (20,338), [Bolivia](#) (8,258), Cuba (1,457), Argentina (1,171), and [Suriname](#) (2,579). Since the previous update, [St. Lucia](#) reported a confirmed chikungunya cases for the first time since 2021. Cumulative incidence per 1,000,000 population is currently highest in Suriname (399.84), Bolivia (64.77), Cuba (13.38), [French Guiana](#) (10.69), Brazil (9.52), and Argentina (2.55). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in chikungunya cases observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that have not reported transmission for several years.

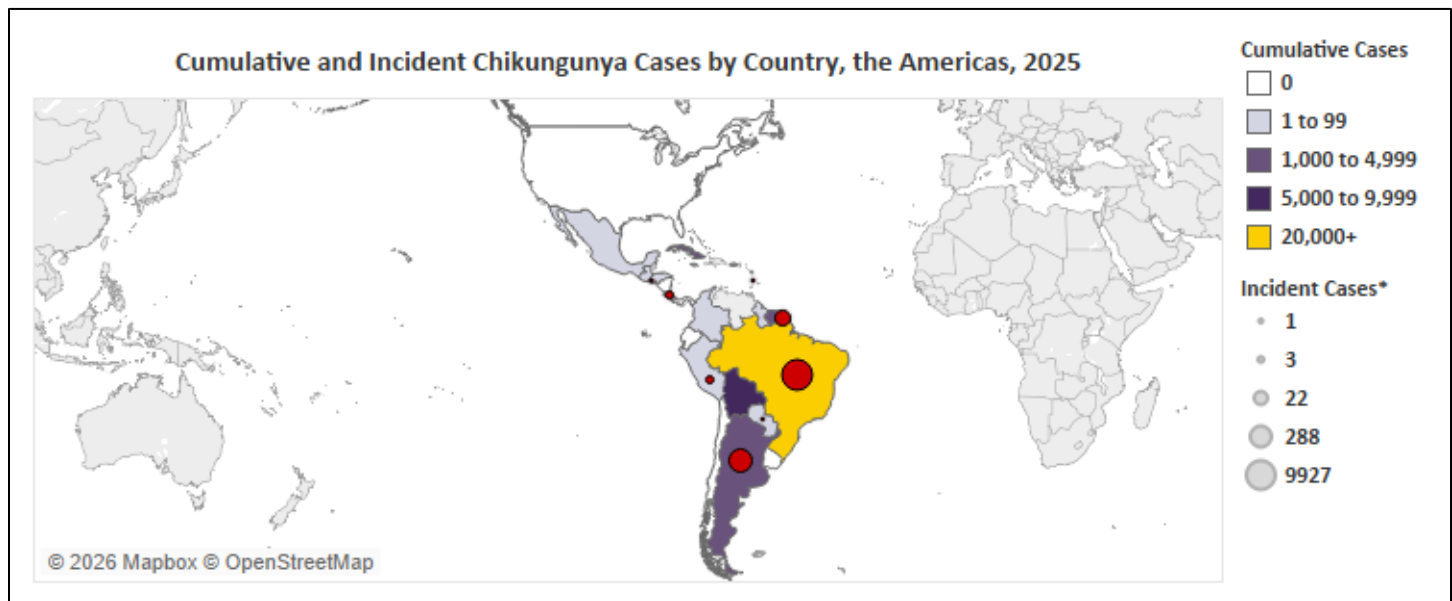


Figure Notes: Data extracted on March 12, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

During 2025, there were 315,860 chikungunya cases, of which 115,737 were confirmed, and 173 deaths reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of [New York](#) and [Florida](#), the first in the country since 2015. According to [United States CDC](#) data as of January 13, 2026, a total of 466 travel associated cases were reported in the country during 2025. The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in [Bolivia](#), [Cuba](#), and [Suriname](#).

Data Source: [PAHO \(3/12/26\)](#)

France (Mayotte) – Incidence Increasing in 2026; CDC Issues Travel Health Notice:

According to data from the [European Centre for Disease Prevention and Control \(ECDC\)](#) and [French National Public Health Agency \(SPF\)](#), there has been a resurgence of chikungunya virus circulation in Mayotte since 2025. As of March 1, 2026, there have been a total of 285 confirmed locally acquired cases reported in 14/17 communes this year, with 74 reported during the most recent epidemiological week (a 30% increase compared to the prior week). A sharp increase in incidence has been observed since epidemiological week 6.

Mayotte has been experiencing a chikungunya outbreak since the beginning of 2025 with [1,396 confirmed cases](#) reported as of February 13, 2026, according to data from the [Regional Health Agency of Mayotte \(ARS: Mayotte\)](#), likely an underestimate due to low access to healthcare in areas affected by cyclone Chido. Mayotte is an overseas department of France positioned in the Indian Ocean off the coast of Southeastern Africa where chikungunya activity has seen a [resurgence in recent years](#). On March 10, 2026, the United States CDC issued a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) regarding chikungunya in Mayotte.

Data Sources: [ECDC \(3/6/26\)](#), [ARS: Mayotte \(2/13/26\)](#), [SPF \(3/6/26\)](#)

Ebola

Democratic Republic of the Congo – Suspected Cases and Death Reported:

According to the [Ministry of Health in the Democratic Republic of the Congo \(DRC\)](#) and media reports captured by [BEACON](#), there has been a suspected Ebola case reported in the Beni health zone of North Kivu Province, DRC. As of March 9, 2026, epidemiological investigations are ongoing and laboratory test results to confirm Ebola virus infection are currently pending. No additional details regarding demographics, symptoms, or condition of the suspected case were provided.

Additionally, according to media reports captured by [BEACON](#), a suspected Ebola death was reported on March 6, 2026, in the Bulape health zone of Kasai Province, DRC. The decedent reportedly experienced symptoms associated with viral hemorrhagic fever and several other community members have shown similar symptoms. Field investigations are ongoing.

The DRC has experienced 16 Ebola outbreaks Ebola outbreak in the DRC since 1976. The last Ebola outbreak in the DRC occurred in the Bulape health zone of Kasai Province and lasted from September 4 – December 1, 2025, resulting in 64 cases (53 confirmed and 11 probable) and 45 deaths (case fatality rate (CFR): 70.3%).

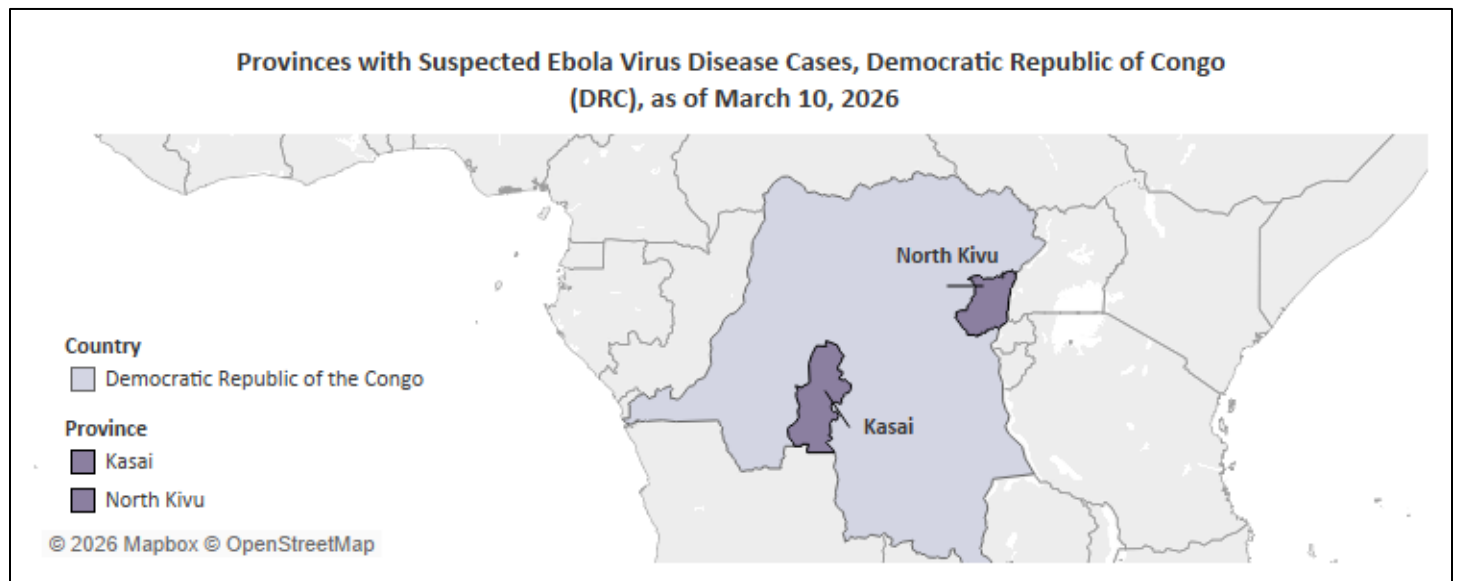


Figure Notes: Data as of March 9, 2026, and includes Suspected cases.

Data Sources: [MinSanteRDC \(3/9/26\)](#), [BEACON \(3/9/26\)](#), [BEACON \(3/10/26\)](#)

Measles

Canada – Incident Cases Reported Primarily in Manitoba and Alberta:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of February 28, 2026, there have been a total of 5,460 probable and confirmed measles cases reported in Canada during 2025, and 413 probable and confirmed measles cases reported during 2026. Since the previous update, 74 incident cases were reported, primarily in Manitoba (41) and Alberta (31).

Measles Cases, Hospitalizations, and Deaths, Canada, 2025-2026									
Year	Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	382	+0	5,078	+0	401	+0	2	+0	0.0%
2026	39	+14	374	+60	19	+2	0	+0	0.0%

Table Notes: Data as of February 28, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

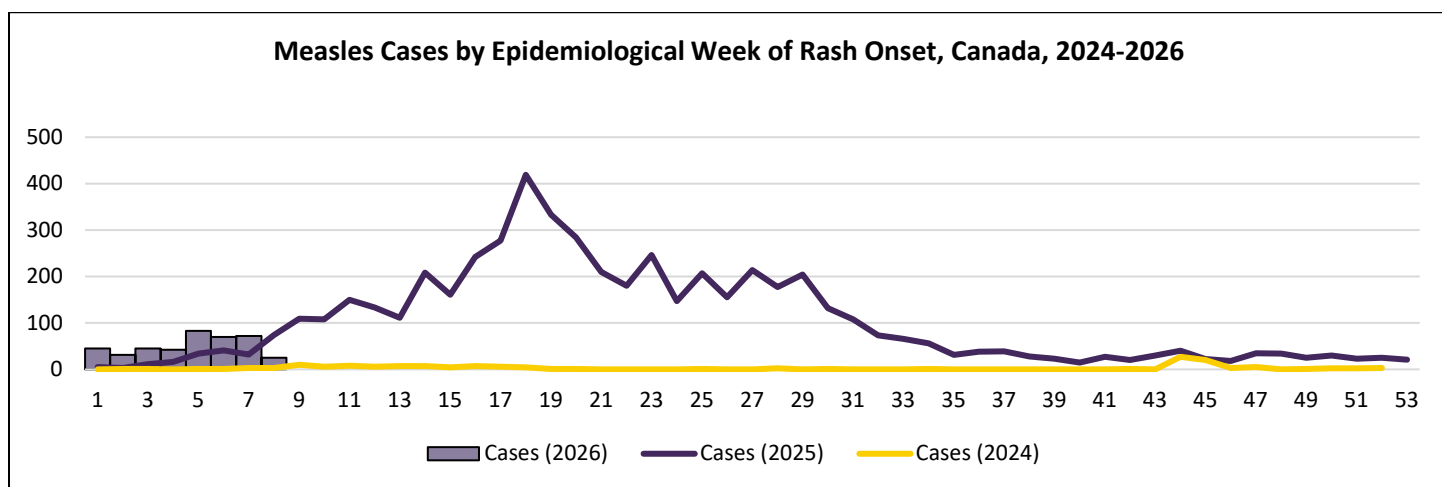


Figure Notes: Data as of February 28, 2026, and includes probable and confirmed cases.

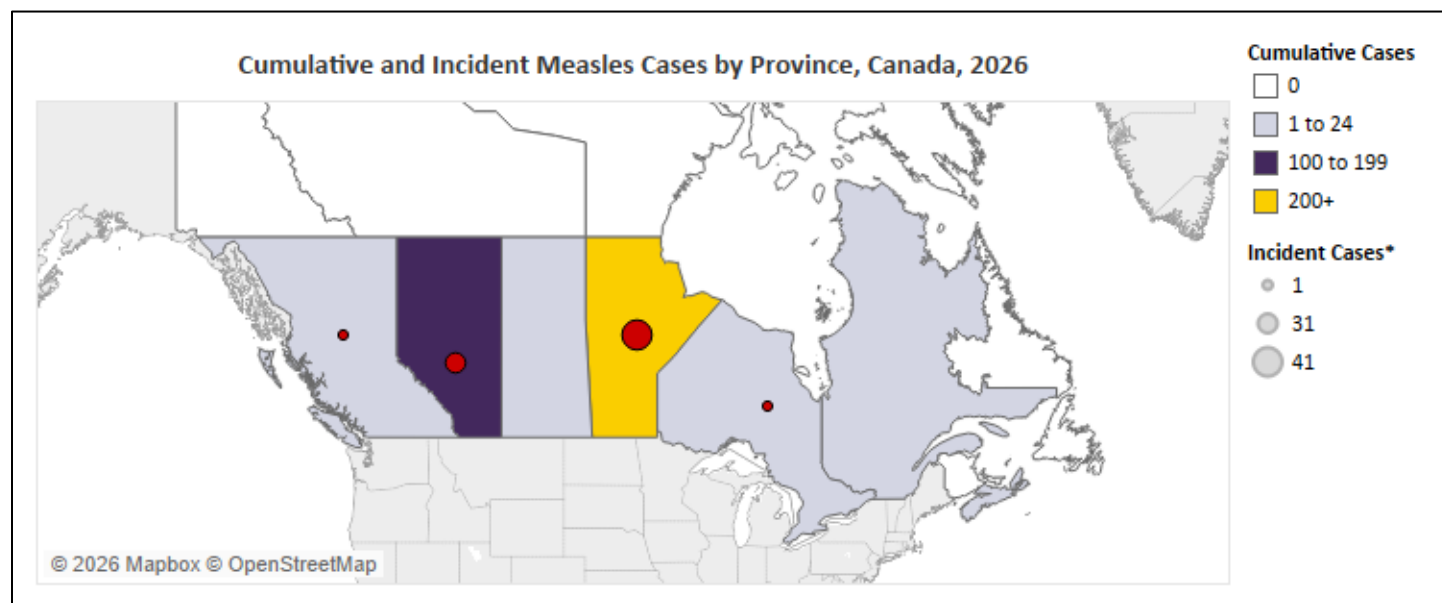


Figure Notes: Data as of February 28, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (269), [Alberta](#) (103), [British Columbia](#) (18), Nova Scotia (10), [Saskatchewan](#) (5), Ontario (5), and [Quebec](#) (3). Those aged 18-54 years have been most affected (40%), followed by those aged 5-17 years (38%), and those aged 1-4 years (13%). Among all cases, 91% were unvaccinated or had unknown vaccination statuses, 5% have been hospitalized, and 95% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Guatemala, Mexico, Pakistan, Spain, and Togo.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), Alberta (2,014), British Columbia (440), and Manitoba (356). Those aged 5-17 years were most affected (45%), followed by those aged 18-54 years (28%), and those aged 1-4 years (20%). Among all cases, 93% were unvaccinated or had unknown vaccination statuses, 7% were hospitalized, and 98% were exposed in Canada (epidemiologically and/or virologically linked).

Canada is currently experiencing a large measles outbreak involving 5,774 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 94% are linked to this outbreak. During 2025, Canada reported the highest number of cases in a single year since 2011 (752). From 1998-2024, a period where measles was eliminated in Canada, there were 91 cases reported annually on average.

Data Sources: [PHAC - 2026 \(3/9/26\)](#), [PHAC - 2025 \(3/9/26\)](#)

Mexico – Almost 900 Confirmed Incident Cases Reported, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of March 11, 2026, there have been a total of 6,452 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 6,680 confirmed cases and 7 deaths reported during 2026. Since the previous update, 895 confirmed incident cases and 1 death were reported. Incident cases were primarily reported in Jalisco (528), Mexico City (82), and Chiapas (63). The number of confirmed cases reported during 2026 is now higher than the number of confirmed cases reported during 2025.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
2025	15,729	+0	6,452	+0	27	+0	0.4%
2026	17,701	+1,702	6,680	+895	7	+1	0.1%

*Table Notes: Data as of March 11, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

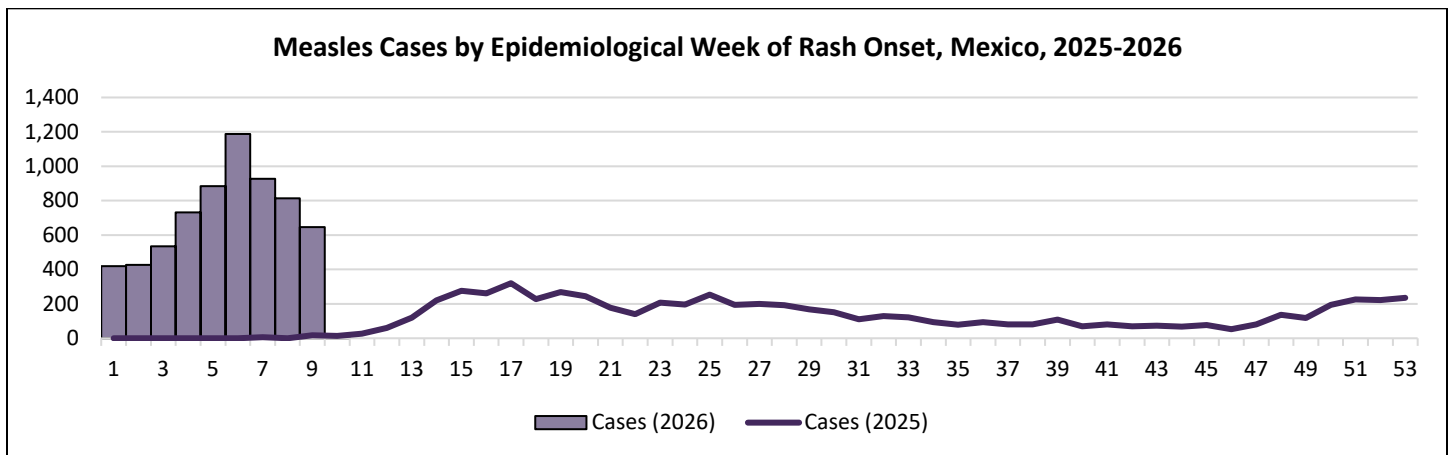


Figure Notes: Data as of March 4, 2026, and includes confirmed cases only (4 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (3,930), Chiapas (584), and Mexico City (483). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,495) and Jalisco (664). Across both years, incidence per 100,000 population has been highest among those aged <1 year (64.64), followed by those aged 1-4 years (20.51), those aged 5-9 years (14.51), and those aged 25-29 years (14.21).

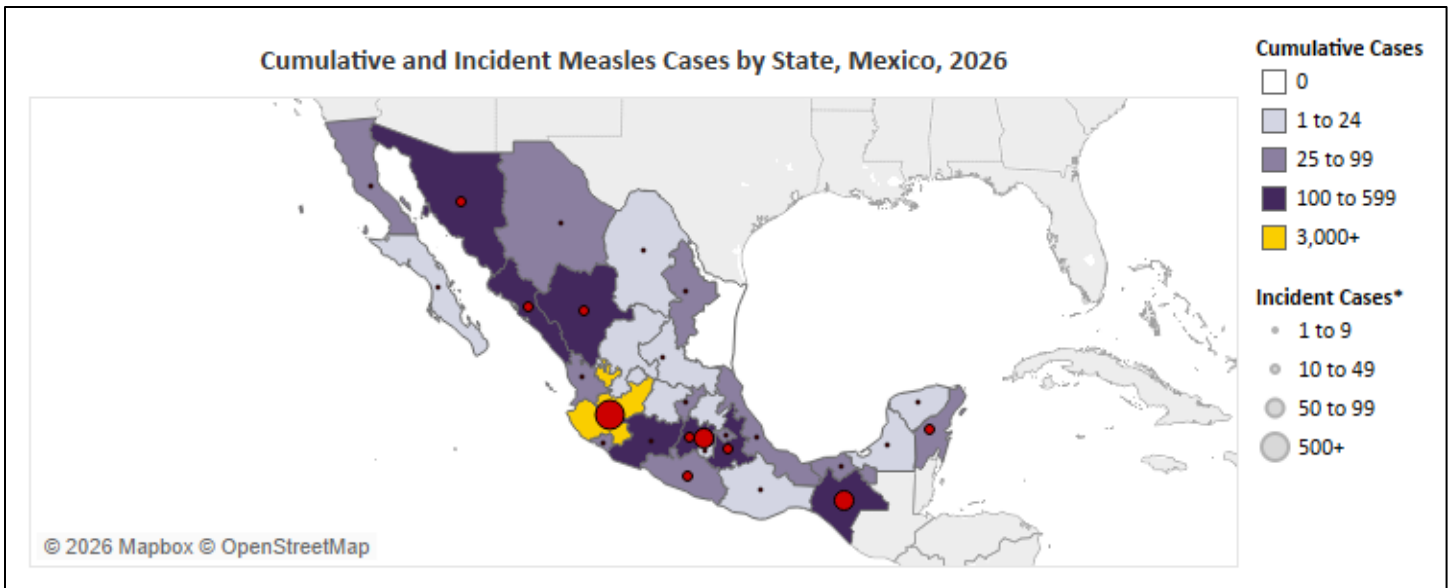


Figure Notes: Data as of March 11, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Measles outbreaks in Mexico have been ongoing since February 1, 2025 – this is the largest measles epidemic in Mexico since the country achieved elimination status in 1997. The [Pan American Health Organization \(PAHO\)](#) had initially invited Mexico to meet virtually in April to review their measles elimination status. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC).

Data Source: [Secretary of Health \(3/11/26\)](#)

United States – Incident Cases Reported in 15 States, Most in Texas and Utah:

According to data from the [United States CDC](#) as of March 5, 2026, there have been a total of 2,283 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,281 confirmed cases reported during 2026. Since the previous update, 147 confirmed incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,283	+2	246	+0	3	+0	0.1%
2026	1,281	+145	62	+4	0	+0	0.0%

Table Notes: Data as of March 5, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, confirmed cases have been reported by 31 jurisdictions, primarily South Carolina (662), Utah (184), Florida (109), and Texas (93). There have been 12 outbreaks reported during 2026 – 89% of confirmed cases reported during 2026 are outbreak associated (237 from outbreaks that began during 2026 and 900 from outbreaks that began during 2025). Currently, there are ongoing outbreaks in [Arizona](#), [California](#), [Colorado](#), [Florida](#), [South Carolina](#), Texas, and [Utah](#). The CDC is [currently supporting response activities](#) in the Carolinas to contain and prevent outbreaks. Those aged 5-19 years have been most affected (54%), followed by those aged <5 years (23%), and those aged 20+ years (22%). Among all confirmed cases 93% have been unvaccinated or have unknown vaccination statuses and 5% have been hospitalized. In New York, there has been 1 confirmed case reported in [New York City](#) and 3 confirmed cases reported in [Rest of State](#).

During 2025, confirmed cases totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 50 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (29%), and those aged <5 years (26%). Among all confirmed cases, 93%

were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5 years. In New York, there were 20 confirmed cases reported in [New York City](#) and 28 in [Rest of State](#) with an [increase observed during October](#) in the Hudson Valley as a result of from measles acquired during international travel.

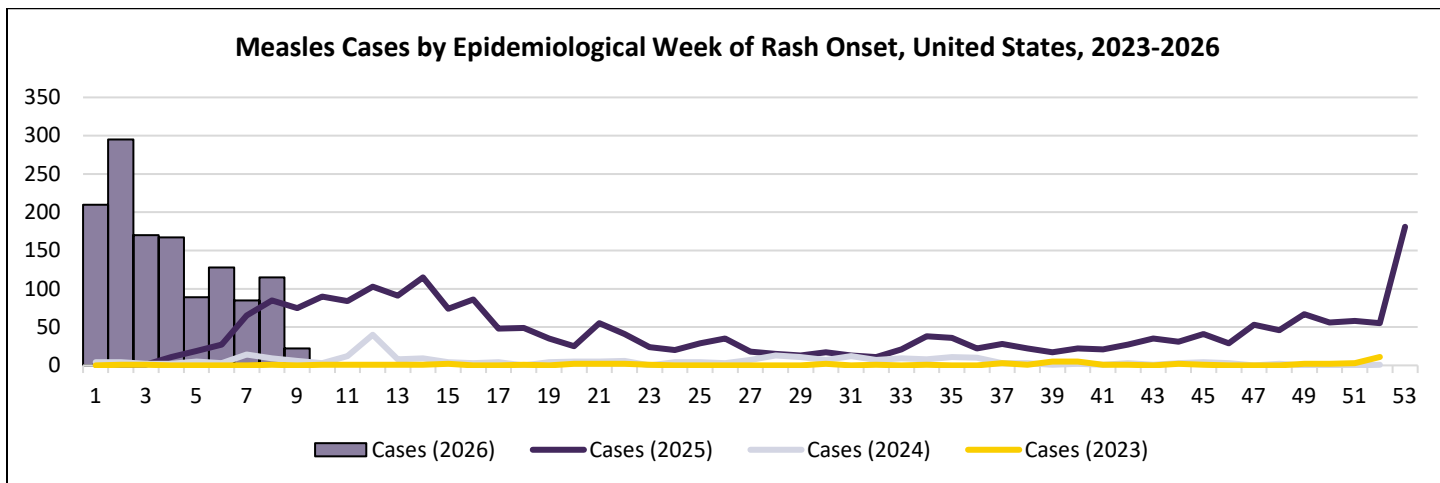


Figure Notes: Data as of March 5, 2026, and includes cases reported among international visitors to the United States.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. Measles, mumps, and rubella (MMR) [vaccination](#) offers the best protection against measles infection. A decrease in vaccination coverage among kindergartners and an [increase in parents delaying vaccination](#) among infants has been observed in the United States since the COVID-19 pandemic. The [Pan American Health Organization \(PAHO\)](#) had initially invited the United States to meet virtually in April to review their measles elimination status, a milestone achieved in 2000. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC).

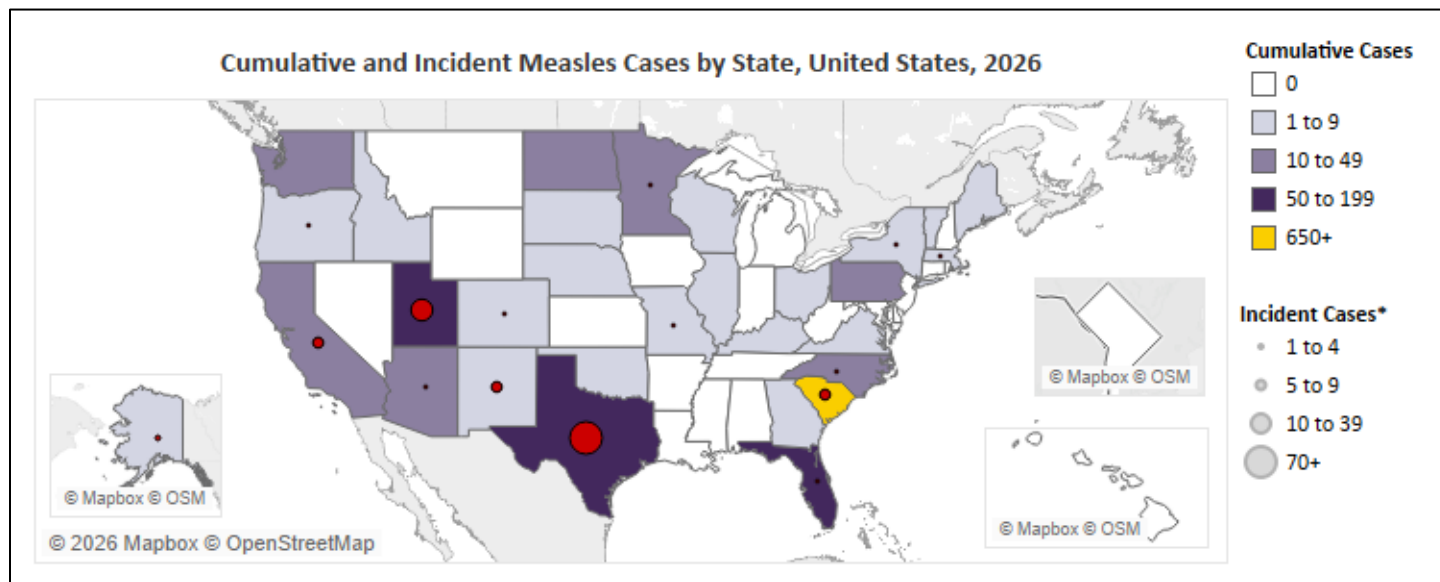


Figure Notes: Data as of March 5, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

Data Source: [CDC \(3/6/26\)](#)

Mpox

Africa – First Death Reported Amid Ongoing Outbreak in Madagascar:

According to data from the [World Health Organization \(WHO\)](#) as of March 1, 2026, there have been a total of 63,941 confirmed mpox cases and 257 deaths reported in Africa since the beginning of 2024. Since the previous update, 98 confirmed incident cases and 2 deaths were reported. Confirmed incident cases were reported in [Madagascar](#) (63), Burundi (14), Kenya (11), and [Comoros](#) (8).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR
Burundi	Ib	4,654	+14	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	36,526	+0	75	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,153	+0	6	+0	0.3%
Kenya	Ib	1,045	+11	16	+1	1.5%
Liberia	IIa and IIb	1,627	+0	8	+0	0.5%
Madagascar	Ib	450	+63	1	+1	0.2%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,498	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,542	+10	31	+0	1.2%
Total	Ia, Ib, IIa, and IIb	63,941	+98	257	+2	0.4%

Table Notes: Data as of March 1, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update.

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the Democratic Republic of the Congo (DRC), Uganda, Sierra Leone, Burundi, Guinea, and Liberia. Despite the situation in Africa no longer being considered a [Public Health Emergency of Continental Security \(PHECS\)](#) and a steep decline in the number confirmed incident cases reported recently, activity is still prevalent in the DRC, Burundi, [Ghana](#), Liberia, Kenya, Guinea, Zambia, Tanzania, [Madagascar](#), and [Comoros](#).

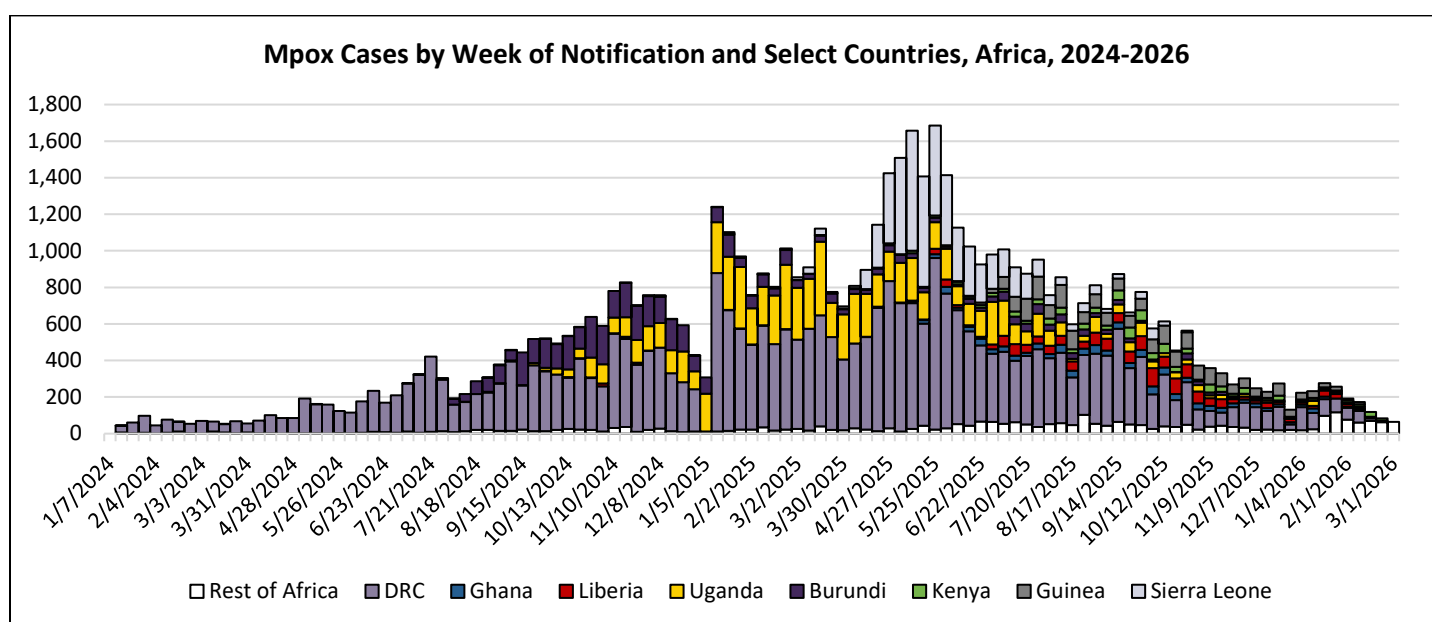


Figure Notes: Data as of March 1, 2026, and includes confirmed cases only; *4,112 confirmed cases reported in the DRC are excluded.

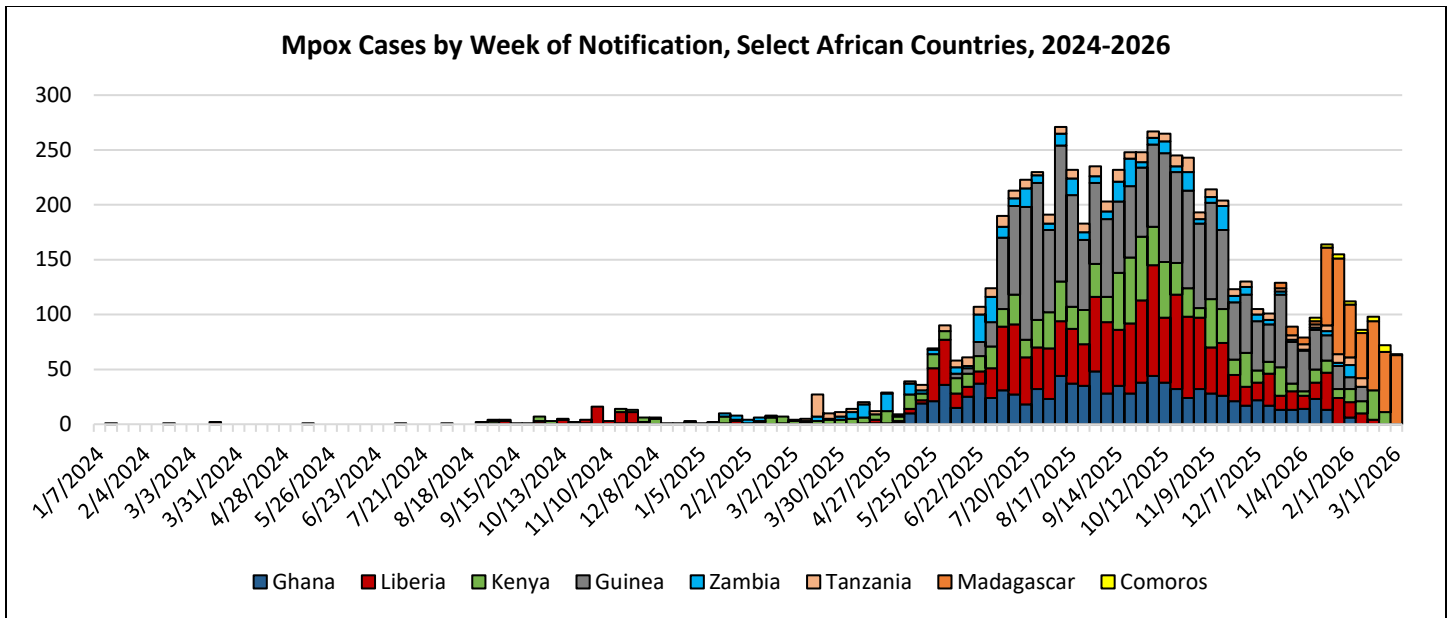


Figure Notes: Data as of March 1, 2026, and includes confirmed cases only.

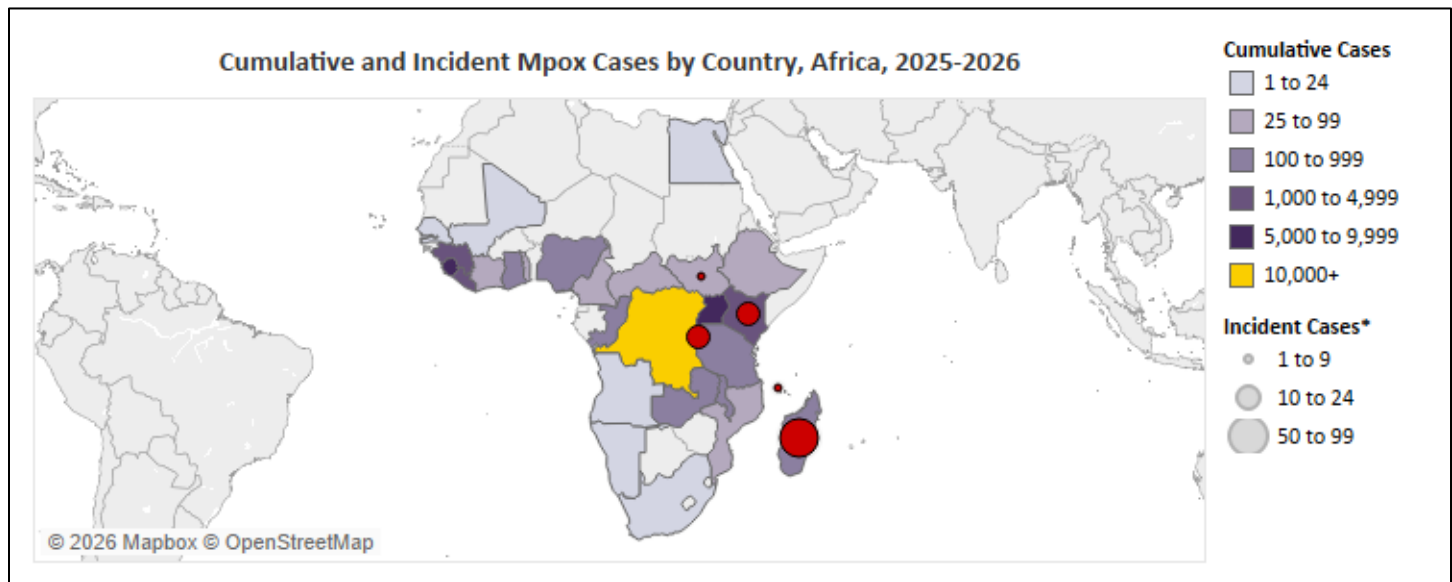


Figure Notes: Data as of March 1, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding clade II mpox in Ghana and Liberia. Confirmed case totals in Africa since the beginning of 2025 (45,996) have more than doubled totals for 2024 (17,945), with additional countries affected.

Data Source: [WHO \(3/6/26\)](#)

Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported:

According to data from the [World Health Organization \(WHO\)](#) as of March 6, 2026, there have been a total of 125 travel associated and 42 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 3 incident travel associated clade Ib mpox cases were reported in Brazil (1) and Czechia (2). Additionally, 1 incident secondary clade Ib linked to one of the travel associated cases in Czechia was reported. The case in Brazil had recently traveled to Portugal while both cases in Czechia had recently travelled to Germany.

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2026			
Travel Associated Clade I Cases		Linked Secondary Clade I Cases	
Cumulative	Incident†	Cumulative	Incident†
125	+3	42	+1

Table Notes: Data as of March 6, 2026; †Change in cumulative total compared to previous update.

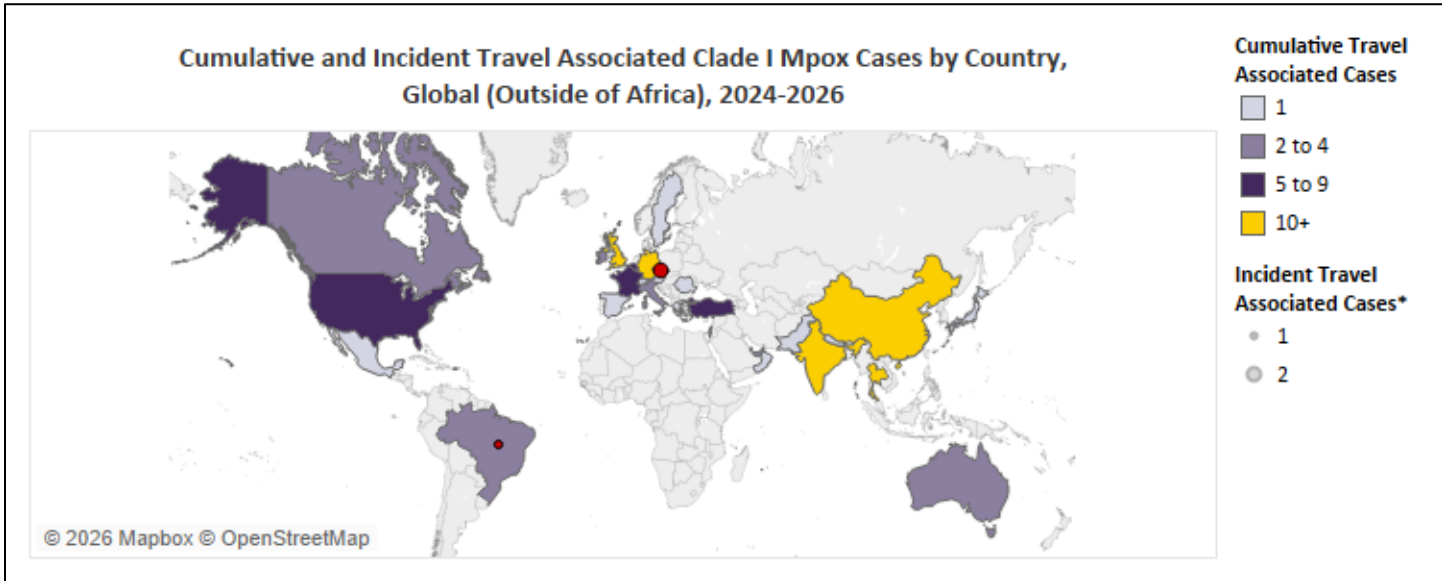


Figure Notes: Data as of March 6, 2026, and does not include linked secondary cases or clade I cases not determined to be travel associated; *Change in cumulative total compared to previous update.

Subclade of travel associated cases reported since the beginning of 2024 is distributed as follows: 119 clade Ib, 4 clade Ia, and 2 recombinant clade Ib/IIb. Recombinant clade Ib/IIb mpox cases have only been reported in the United Kingdom and India among individuals with travel history to South-East Asia and the Arabian Peninsula, respectively, and neither patient experienced severe outcomes. Given the time between illness onset of both cases (several weeks) there may be additional recombinant clade Ib/IIb cases that have not yet been detected/reported. Travel associated cases (not including secondary cases) have been reported by 31 countries outside of Africa, primarily the United Kingdom (19), China (11), Germany (11), India (11), and Thailand (10). Secondary cases have been reported by 10 countries outside of Africa, primarily China (20).

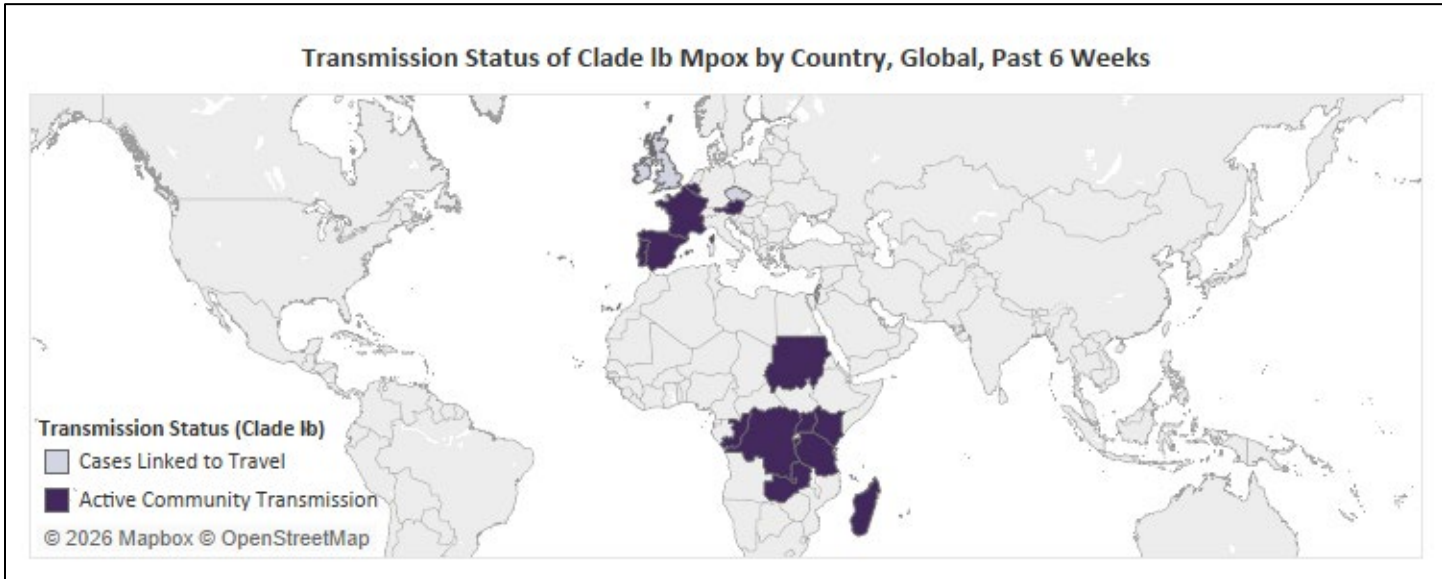


Figure Notes: Data as of March 6, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Since September 2025, [broader transmission of clade Ib mpox](#) has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the [European Center for Disease Prevention and Control \(ECDC\)](#) as of mid-February, the number of clade I cases reported monthly in European Union (EU) and European Economic Area (EEA) countries has been steadily increasing. While community transmission of clade I mpox has not been confirmed in the UAE, many travel associated cases reported in other countries have been among individuals returning from the UAE, indicating likely community transmission.

Data Source: [WHO \(3/6/26\)](#)

New World Screwworm

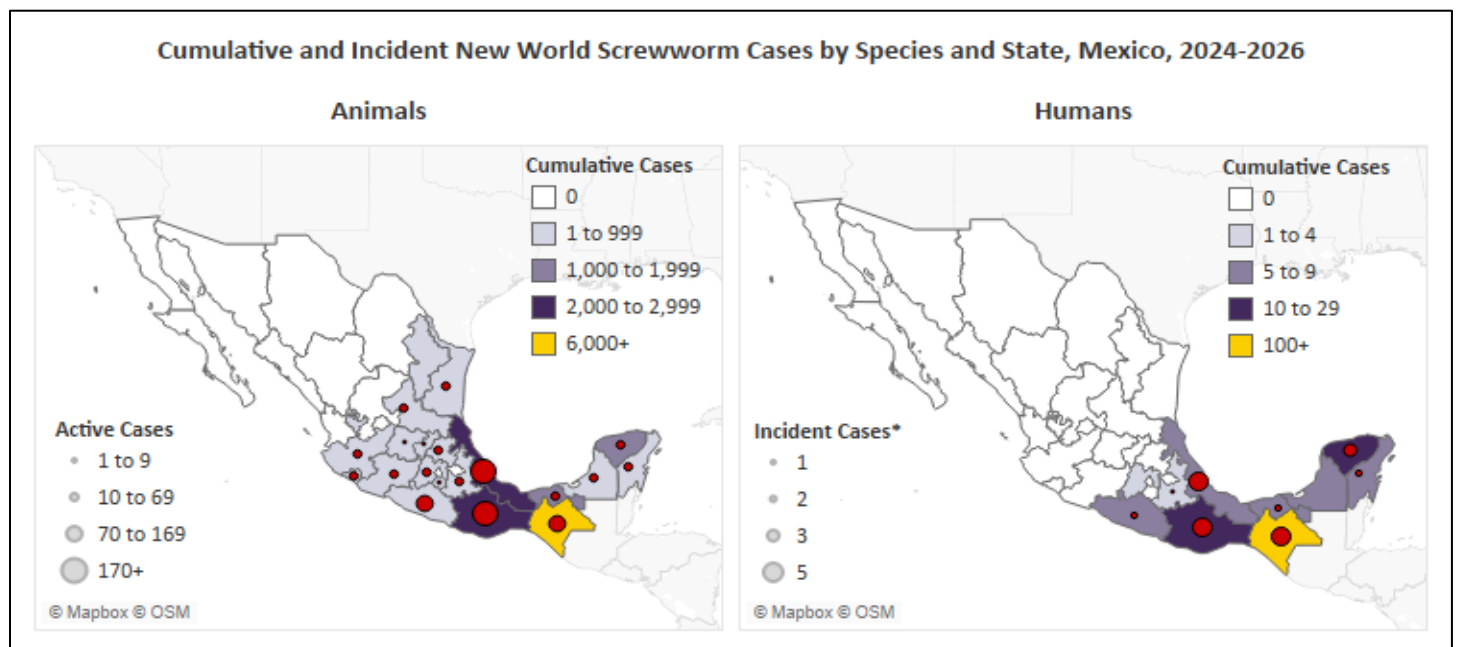
Mexico – Increasing Number of Active Animal Cases in State Bordering the US:

According to data from the [Secretary of Agriculture of Mexico](#) as of March 10, 2026, there have been a total of 17,351 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,094 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of February 28, 2026, there have been a total of 180 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 545 incident cases among animals and 25 confirmed incident cases among humans were reported.

New World Screwworm Cases by Species, Mexico, 2024-2026					
Animal Cases				Confirmed Human Cases	
Cumulative	Incident†	Active	Active Change	Cumulative	Incident†
17,351	+545	1,094	+99	180	+25

Figure Notes: Data for cases reported among animals as of March 10, 2026, and data for cases reported among humans of February 28, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have primarily been reported in Chiapas (6,087), Oaxaca (2,915), Veracruz (2,623), Yucatan (1,763), and Tabasco (1,156). Confirmed NWS cases among humans have primarily been reported in Chiapas (113), Yucatan (20), and Oaxaca (14). The current NWS outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico. Collectively as of [March 11, 2026](#), there have been over 159,200 NWS cases reported among animals and over 1,550 NWS cases reported among humans in Central America and Mexico.



*Figure Notes: Data for cases reported among animals as of March 10, 2026, and data for cases reported among humans as of February 28, 2026; *Change in cumulative total compared to previous update.*

The United States CDC issued a [Health Advisory](#) in January regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas where there are currently 23 active NWS cases among animals (an increase of 4 compared to the prior week), to increase awareness given the potential for geographic spread. NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has [not been reported among animals](#) or humans in the United States except for a single [travel associated case](#) among an individual returning from El Salvador.

Data Sources: [Secretary of Agriculture \(3/12/26\)](#), [Secretary of Health \(3/11/26\)](#), [CDC \(3/11/26\)](#)

Non-Seasonal Influenza

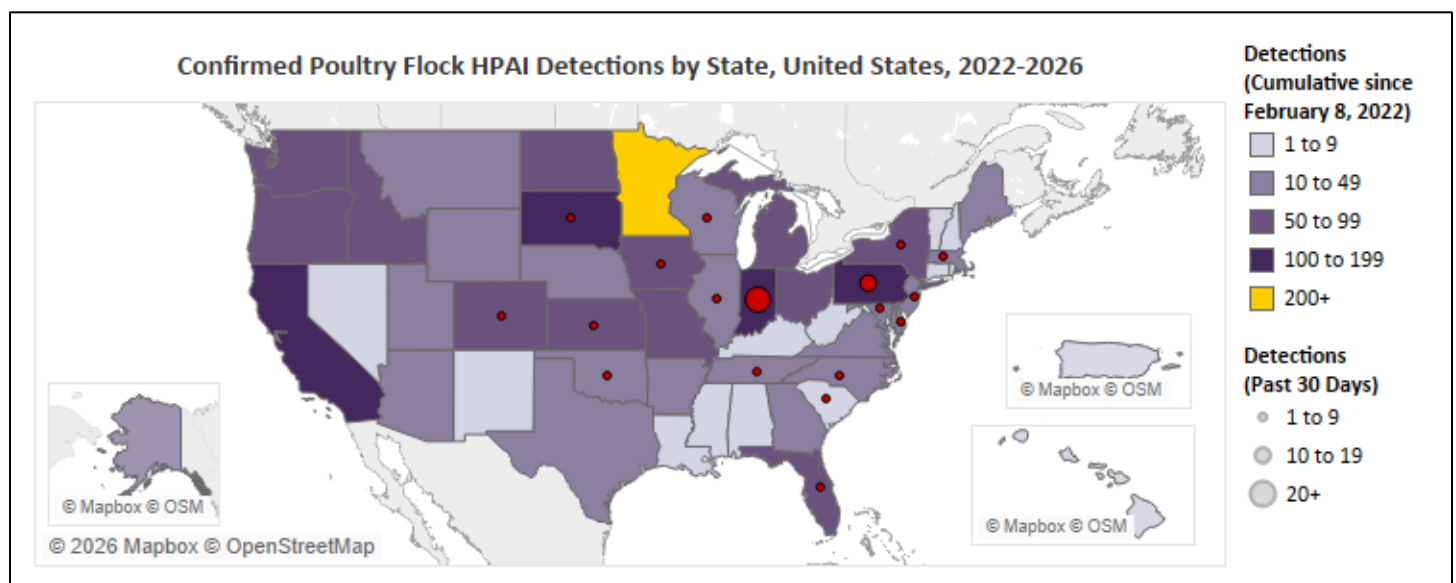
United States – Updated Data on Poultry Flock Detections (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of March 10, 2026, there have been a total of 2,142 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 77 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		
41	36	0	0	0	431	26

*Table Notes: Data as of March 10, 2026; The number of detections reported in the past 30 days are based on date of detection/confirmation rather than date of sample collection; *New HPAI detections among previously unaffected herds only.*

In the past 30 days, HPAI has been detected among poultry flocks in 18 states, primarily [Indiana](#) (21) and [Pennsylvania](#) (17), which is experiencing its most severe outbreak since the 1980s. Detections increased during 2025 from September (29) to November (96) before decreasing slightly in December (82). During 2026, detections have held stable in January (62) and February (63), and there have been 31 detections reported so far during March. Similar trends have been observed during recent years in the [United States](#) and [globally](#). In January, the New York State Department of Environmental Conservation reminded New Yorkers to [stay alert for HPAI](#) and avoid contact with sick or dead birds and mammals that may be infected. Recently, there have been reports of large numbers of dead wild birds with suspected HPAI in New Jersey, and the [California Department of Public Health \(CDPH\)](#) urged the public to avoid sick or dead marine mammals and birds along the coast after HPAI was confirmed among northern elephant seal pups in San Mateo County for the first time ever.



*Figure Notes: Data as of March 10, 2026, 2025; *Change in cumulative total compared to previous update.*

According to data from the [United States CDC](#), as of March 6, 2026, 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 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected [wild birds](#), and other [mammals](#), while detections among [livestock](#) (primarily [dairy cattle](#)) have not been reported during 2026. Since [2022](#), 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5N1 cases, including 2 deaths (both caused by the [D1.1 strain](#)).

Data Sources: [USDA \(3/12/26\)](#), [CDC \(3/6/26\)](#)

Pertussis

United States – Updated Data for 2026 on Cases Reported by Region:

According to provisional data from the [United States CDC](#) as of March 7, there have been a total of 2,147 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 352 incident cases were reported, of which 94 reported symptom onset during the most recent epidemiological week, a 19% increase compared to the prior week. Totals for 2026 are currently much lower (~70%) compared to totals for 2025 as of the same date across all reporting areas.

Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2025-2026				
Reporting Area	Cases			
	Current Week	Cumulative (2026)	Cumulative (2025)	Ratio (2026/2025)
New England	0	46	131	0.4
Middle Atlantic	8	159	510	0.3
East North Central	13	307	1,415	0.2
West North Central	4	56	990	0.1
South Atlantic	26	280	789	0.4
East South Central	11	216	568	0.4
West South Central	2	235	839	0.3
Mountain	14	342	1,087	0.3
Pacific	16	494	1,582	0.3
United States Territories	0	12	30	0.4
Total	94	2,147	7,941	0.3

Table Notes: Data as of March 7, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

During 2024-2025, reported pertussis cases increased across the country and remained elevated compared to before the COVID-19 pandemic; however, cases have been trending downward since peaking in November 2024. From 2016-2019, an average of 17,793 cases were reported annually. From 2020-2023, an average of 4,587 cases were reported annually. According to provisional CDC reports for 2024-2025, among United States residents and residents of United States Territories, there were 35,435 cases and 10 deaths (6 among those aged <1 year) reported during [2024](#), and 28,783 cases and 16 deaths (10 among those aged <1 year) reported during [2025](#). [Vaccination](#) is the best way to protect against pertussis. Last year, the [Pan American Health Organization \(PAHO\)](#) 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.

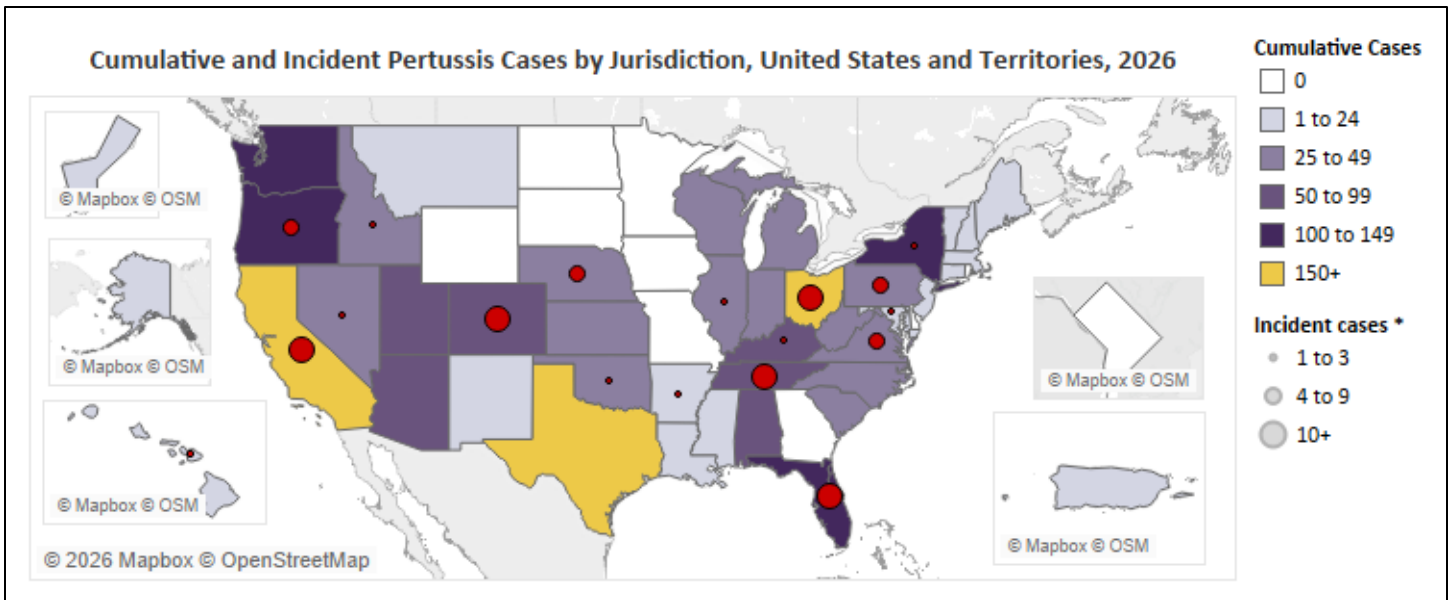


Figure Notes: Data as of March 7, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Mariana Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom onset during the most recent epidemiological week.

Data Sources: [CDC \(3/11/26\)](#), [CDC \(12/2/25\)](#)

Polio

Global – Incident AFP Cases Reported in Pakistan (WPV1) and Nigeria (cVDPV3):

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of March 9, 2026, there have been 1 acute flaccid paralysis (AFP) case caused by wild poliovirus type 1 (WPV1), 11 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2) and 2 AFP case caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 1 incident WPV1 case was reported in [Pakistan](#) and 1 incident cVDPV3 case was reported in Nigeria.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
1	+1	0	+0	11	+0	2	+1

Table Notes: Data as of March 9, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 5 countries: the Democratic Republic of the Congo (DRC) (2 – cVDPV2), Nigeria (7 – cVDPV2; 2 – cVDPV3), [Pakistan](#) (1 – WPV1), Somalia (1 – cVDPV2), and [Togo](#) (1 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported by, Algeria (2 – cVDPV2), Malawi (3 – cVDPV2), Namibia (2 – cVDPV2), and the United Kingdom (1 – cVDPV2), suggesting undetected transmission was occurring this year 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 51 AFP cases caused by WPV1, 3 AFP cases caused by cVDPV1, 217 AFP cases caused by cVDPV2, and 13 AFP cases caused by cVDPV3, have been reported with onset of paralysis during 2025.

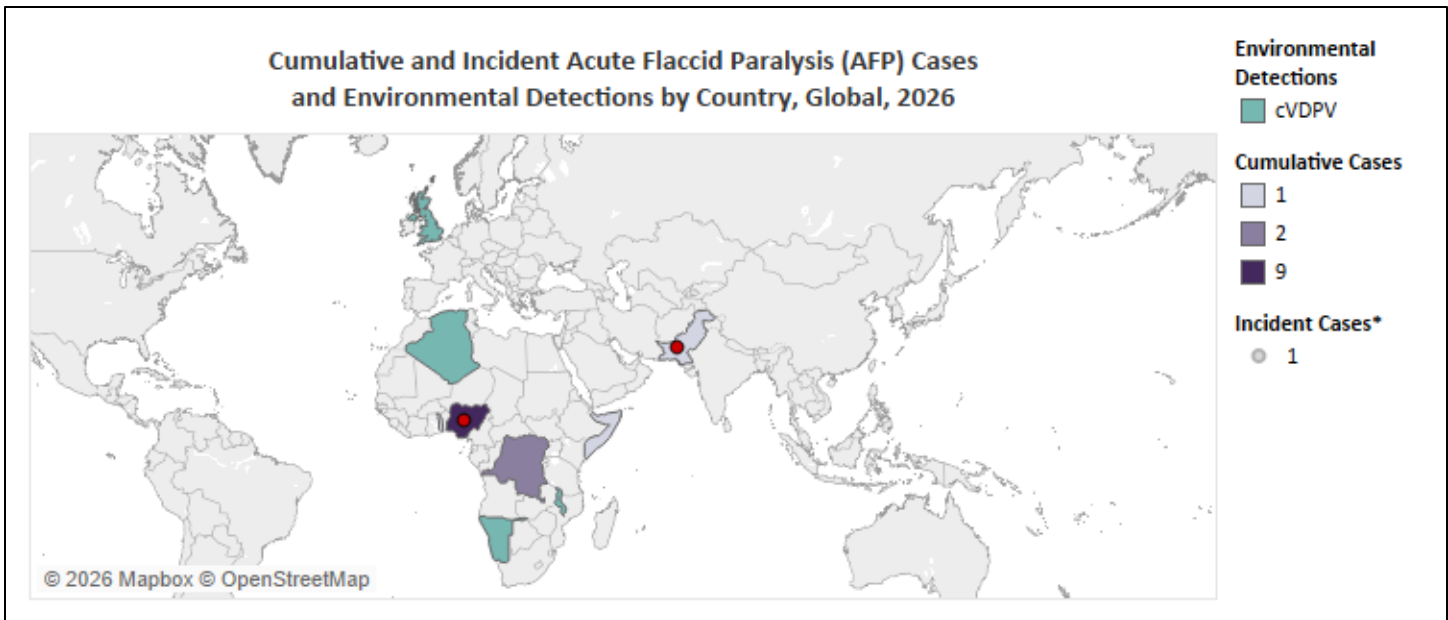


Figure Notes: Data as of March 9, 2026, and only includes cases with onset of paralysis or environmental detection samples collected during 2026.

Data Sources: [GPEI - WPV \(3/9/26\)](#), [GPEI - cVDPV \(3/9/26\)](#)

Seasonal Influenza

United States – Updated Data on Moderate Severity 2025-2026 Season:

According to data from the [United States CDC](#) as of February 28, 2026, there have been an estimated total of 26 million infections, 340,000 hospitalizations, and 21,000 deaths from flu during the 2025-2026 season so far. There have been a total of 90 pediatric deaths reported, of which 11 were reported during the most recent week – approximately 85% of pediatric deaths among children eligible for influenza vaccination and with known vaccination status have occurred among those not fully vaccinated. Influenza-like illness activity remains elevated nationally but decreased during the most recent week in all regions. The severity of the 2025-2026 season is currently classified as a [moderate](#) overall, but high among the pediatric age group (0-17 years) when examining by age.

Influenza Surveillance Metrics, United States, 2025-2026 Season				
Estimated			Pediatric Deaths	
Infections	Hospitalizations	Deaths	Cumulative	Incident†
26 Million	340,000	21,000	90	+11

Table Notes: Data as of February 28, 2026; †Change in cumulative total compared to previous update.

According to data from the Outpatient Influenza-like Illness Surveillance Network (ILINET), current influenza activity is categorized as minimal or low in 24 jurisdictions, moderate in 13 jurisdictions, and high or very high in 18 jurisdictions. The New York State Department of Health maintains the [NYS Flu Tracker](#) and publishes a weekly [Respiratory Surveillance Report](#) with influenza surveillance data specific for New York. During the week ending February 28, 2026, cases and hospitalizations decreased by 33% and 9%, respectively, compared to the prior week.

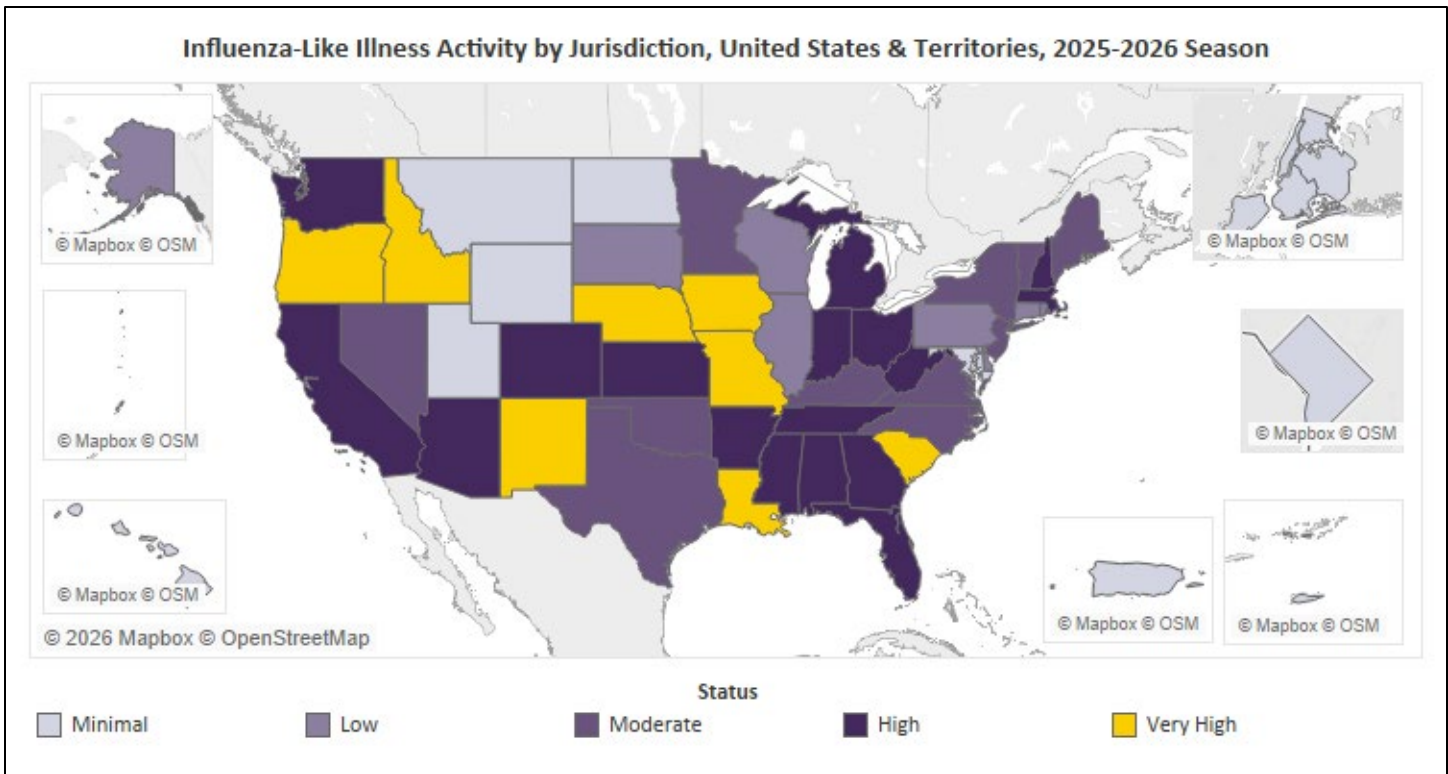


Figure Notes: Data as of February 28, 2026, and depicts influenza-like illness activity during the most recent epidemiological week.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states (14), as of February 28, 2026, the cumulative hospitalization rate among laboratory-confirmed influenza cases for the 2025-2026 season is 76.0 per 100,000 population – the third highest cumulative hospitalization rate observed at this time since the 2010-2011 season. Cumulative rates are currently highest among those aged ≥ 65 years (251.3), children aged ≤ 4 years (79.1), especially those aged < 1 year (125.5), non-Hispanic Black persons (age-adjusted 130.9), and American Indian or Alaska Native persons (age-adjusted 80.6). The hospitalization rate during the most recent week was 1.7 per 100,000 population, a decrease compared to the prior week.

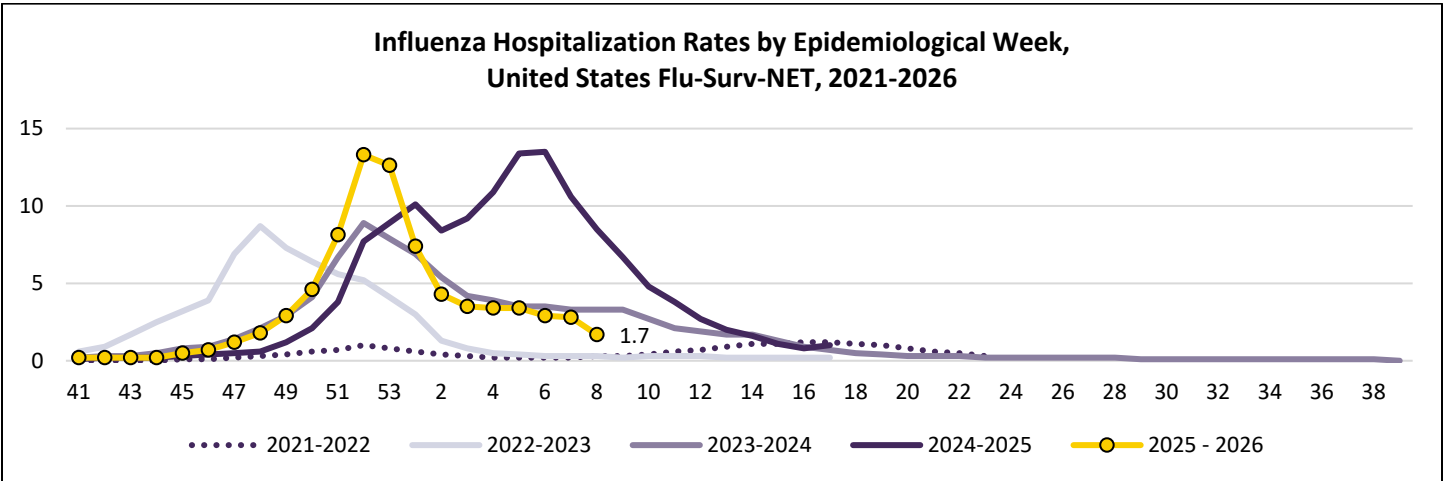


Figure Notes: Data as of February 28, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

According to data from the National Center for Health Statistics (NCHS), the percentage of all deaths that occurred due to influenza during the most recent week was 0.66%, a decrease compared to the prior week.

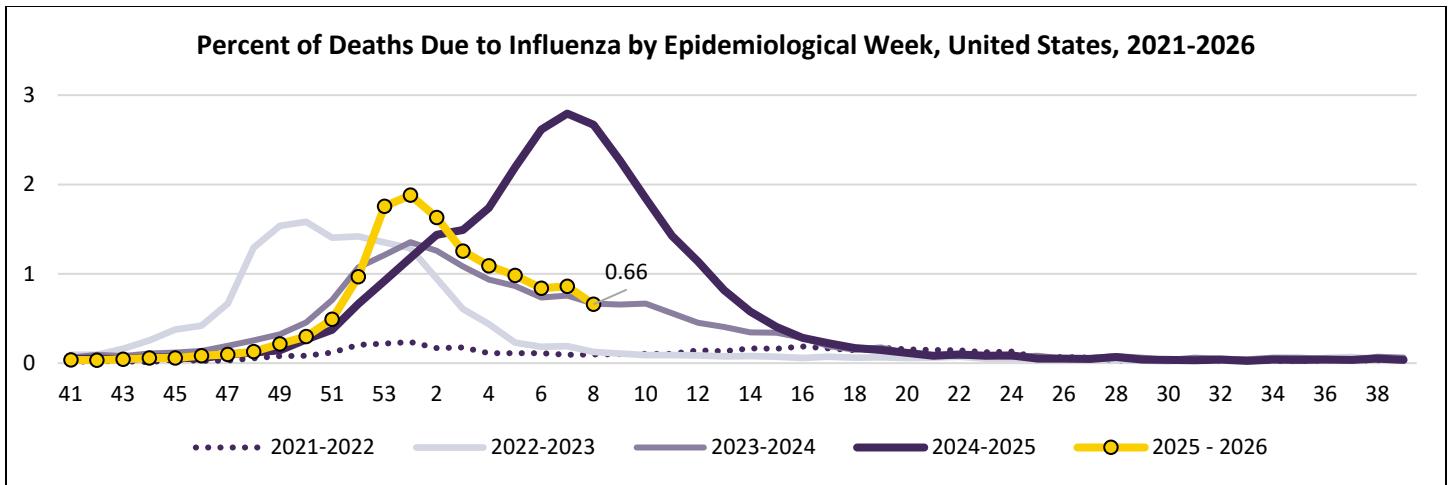


Figure Notes: Data as of February 28, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

Among influenza positive samples collected during this season, 82.3% have been influenza A and 17.7% have been influenza B – there has been a recent rise in the proportion of influenza B detected, with 63.8% of influenza positive samples taken during the most recent week being influenza B. Influenza A(H3N2) has been detected most frequently among subtyped influenza A positive samples this season (88.0%), including 79.7% of samples taken during the most recent week. Among influenza A(H3N2) positive samples that have been genetically characterized, 92.6% have been subclade K.

According to data from the [United States CDC](#), the 2024-2025 flu season was classified as a high severity season overall with an estimated 51 million infections, 710,000 hospitalizations, and 45,000 deaths. Additionally, the 2024-2025 flu season saw the highest number of pediatric deaths (293) reported since they became nationally notifiable. Among a subset of those deaths (208), [89% were not fully vaccinated](#) against influenza.

Data Source: [CDC \(3/6/26\)](#)

Yellow Fever

The Americas – Venezuela Reports First Confirmed Cases and Death During 2026:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of March 12, there have been a total of 36 confirmed yellow fever cases and 15 deaths reported in the Americas during 2026. Since the previous update, 8 confirmed incident cases and 2 deaths were reported in Venezuela (6 cases; 1 death), Colombia (2 cases) and Bolivia (1 death).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
36	+8	15	+2	41.7%

Table Notes: Data as of March 12, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, confirmed cases have been reported by Colombia (27), Venezuela (6), Peru (2), and Bolivia (1). Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and all but 2 of the deaths reported in the Americas during 2026. Based on recent regional trends observed during the end of 2025 and the beginning of 2026, [Venezuela](#) has initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never vaccinated against yellow fever.

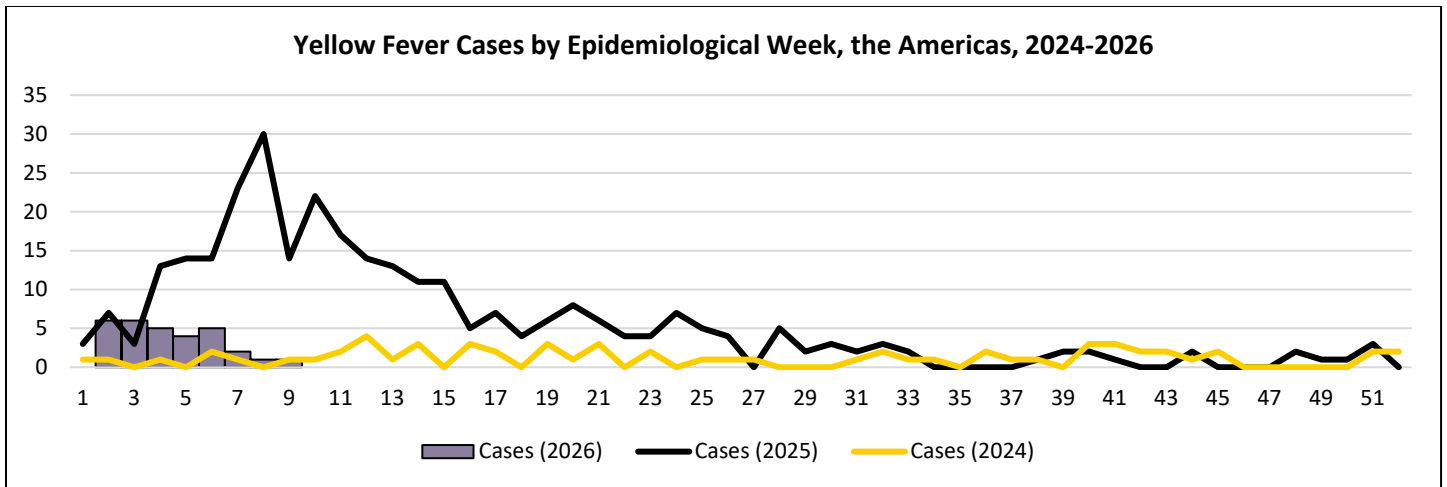


Figure Notes: Data as of March 12, 2026; Several cases reported by Venezuela (32), Colombia (7), Ecuador (4), Brazil (1), Guyana (1) during 2025, and by Venezuela (6) during 2026 are missing from figure.

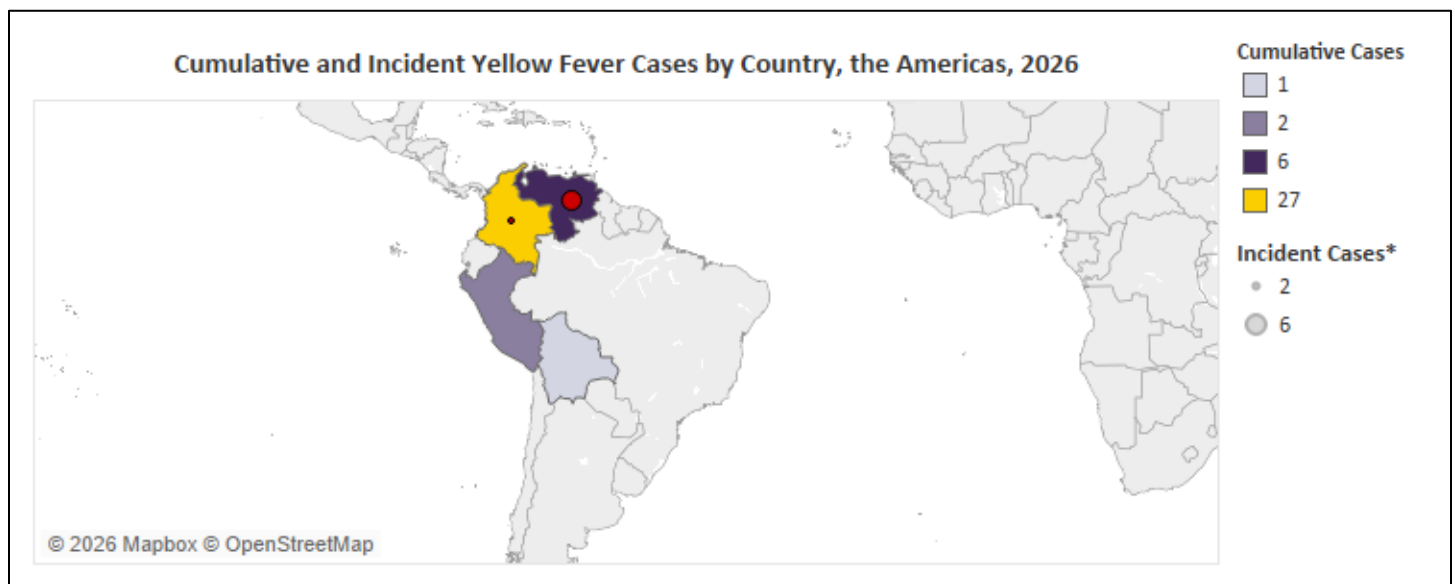


Figure Notes: Data as of March 12, 2026; *Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding yellow fever in Colombia. [Vaccination](#) is recommended for those aged ≥ 9 months that are traveling to or living in areas at risk for yellow fever. A total of 346 confirmed yellow fever cases and 147 deaths (CFR: 42.3%) were reported by 7 countries in the Americas during 2025, primarily Brazil (120 cases; 47 fatal), Colombia (125 cases; 51 fatal – a [5-fold increase](#) over 2024), Peru (49 cases; 19 fatal) and Venezuela (32 cases; 19 fatal).

Data Source: [PAHO \(3/12/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Seychelles – Incident Travel Associated Cases Reported in Multiple Countries ([February 26](#))
- United States – Second Locally Acquired Case of 2025 Reported in Florida ([January 22](#))
- Sri Lanka – Updated Information on Trends During Largest Outbreak in 16 Years ([January 8](#))

Diphtheria

- Guinea – Initial Data for 2026; Active Level 2 Travel Health Notice Posted ([February 12](#))
- Nigeria – Initial 2026 Trends Lower Compared to Previous Years ([February 5](#))

Marburg

- Ethiopia – Outbreak Declared Over Following Rapid Containment ([January 29](#))

Measles

- Israel – Additional Death Reported Among Unvaccinated 6-Year-Old ([February 26](#))
- Global – WHO Provides Initial 2026 Update on Cases and Incidence Rates ([February 19](#))
- Europe – Measles Transmission Re-Established in Several Countries ([February 5](#))

Nipah

- Bangladesh – Fatal Confirmed Case Reported Among Female in Rajshahi Division ([February 12](#))
- India – Confirmed Cases Reported Among Nurses in West Bengal State ([February 5](#))

Non-Seasonal Influenza

- Spain – Catalonia Reports Confirmed Variant Influenza A Virus Case (H1N1v) ([March 5](#))
- Cambodia – First Human Case of 2026 Reported in Kampot Province (H5N1) ([February 19](#))
- China – Incident Human Cases Reported in Multiple Provinces (H9N2 & H10N3) ([February 12](#))

Salmonella

- United States – New Multistate Outbreak Linked to Moringa Powder Capsules ([February 19](#))
- United States – Update on Multistate Outbreak Linked to Supplement Powders ([January 29](#))

Other Active CDC Travel Health Notices:

- [Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [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](#)
- [Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rabies in Morocco - 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](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Oropouche in the Americas - 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](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - 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](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other Global Health News and Events:

- [Rabies situation in Viet Nam worsens in early 2026, with human deaths and animal outbreaks - BEACON](#)
- [Ongoing measles transmission in Indonesia despite immunization campaigns - BEACON](#)
- [Dengue cases increase to 14 with local transmission on Easter Island \(Rapa Nui\) - BEACON](#)
- [Sudan reports over 600 dengue cases and four deaths in Northern State - BEACON](#)
- [Conflict deepens health crisis across Middle East, WHO says](#)
- [Prasad out at FDA after a number of public fights with drugmakers | CIDRAP](#)
- [US GAO - High Risk Research:HHS Should Publicly Share More Information on How Risk Is Assessed and Mitigated](#)
- [US study shows rising prevalence of fungal infection | CIDRAP](#)
- [Using mosquitoes to vaccinate bats could curb the spread of deadly diseases](#)
- [Scientists Can Finally Explain Rare Blood Clots Linked to COVID Vaccines](#)
- [FDA Launches New Adverse Event Look-Up Tool](#)
- [Interim Estimates of 2025–26 Seasonal Influenza Vaccine Effectiveness — United States, September 2025–February 2026 | MMWR](#)
- [Nipah Virus Infection - West Bengal State, India \(2026\) Questions and answers](#)
- [WHO Rapid Risk Assessment – Nipah virus – Global – Version 1](#)
- [WHO releases guidance for urgently needed new antibiotics | CIDRAP](#)
- [FDA vaccine advisers recommend adding subclade K to fall shots | CIDRAP](#)
- [Novel Reassortant H5N2 Highly Pathogenic Avian Influenza Viruses from Backyard Poultry in Mexico | MDPI](#)
- [Butantan dengue vaccine estimated to be 81% effective against severe disease for at least 5 years | CIDRAP](#)