NEW YORK STATE | Department of Health
Office of Science
Emerging Health Science and Studies

GLOBAL HEALTH UPDATE

Date: 3/26/26

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.*

Contents

Chikungunya

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

According to data from the Pan American Health Organization (PAHO) extracted on March 25, there have been a total of 52,873 chikungunya cases, of which 17,980 are confirmed, and 19 deaths reported in the Americas during 2026. Since the previous update, 5,645 incident chikungunya cases, of which 2,409 are confirmed, and 4 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	17,378	+0	6,575	+0	6	+0	0.1%
Brazil	29,224	+5,416	9,670	+2,298	11	+4	0.1%
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	2,232	+496	156	+108	0	+0	0.0%
Total	**52,873**	**+5,645**	**17,980**	**+2,409**	**19**	**+4**	**0.1%**

*Table Notes: Data extracted on March 25, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

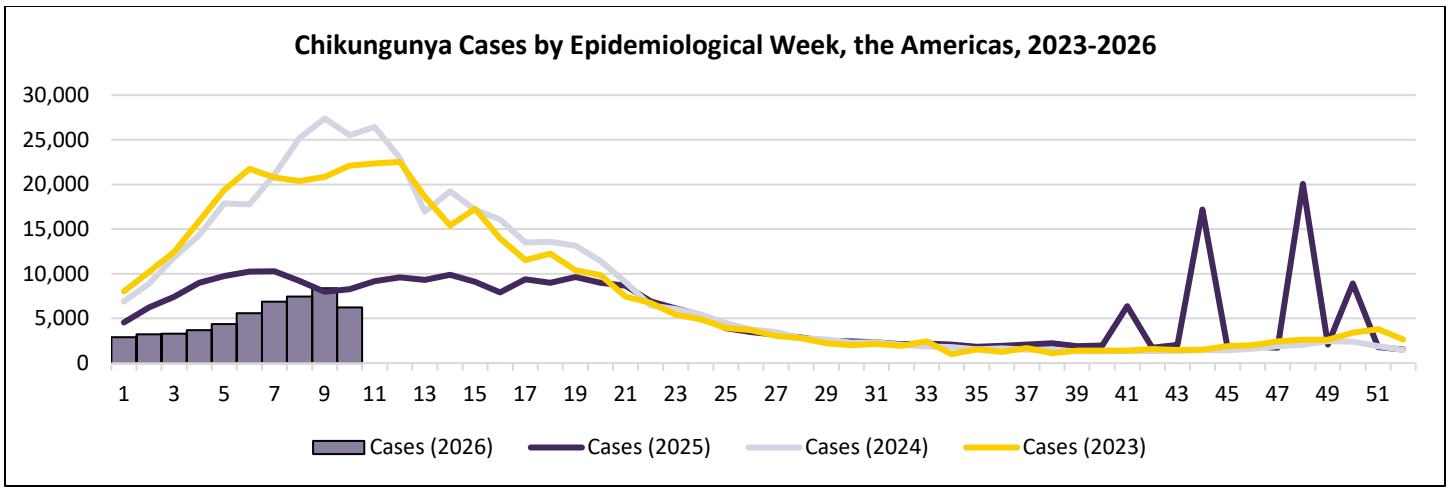

Figure Notes: Data extracted on March 25, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 15 countries during 2026, primarily Brazil (29,224), Bolivia (17,378), Suriname (2,579), Argentina (2,139), and Cuba (1,457). Cumulative incidence per 1,000,000 population is currently highest in Suriname (399.84), Bolivia (136.31), Cuba (13.38), French Guiana (14.78), Brazil (13.68), and Argentina (4.65). According to a PAHO Epidemiological Alert from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years.

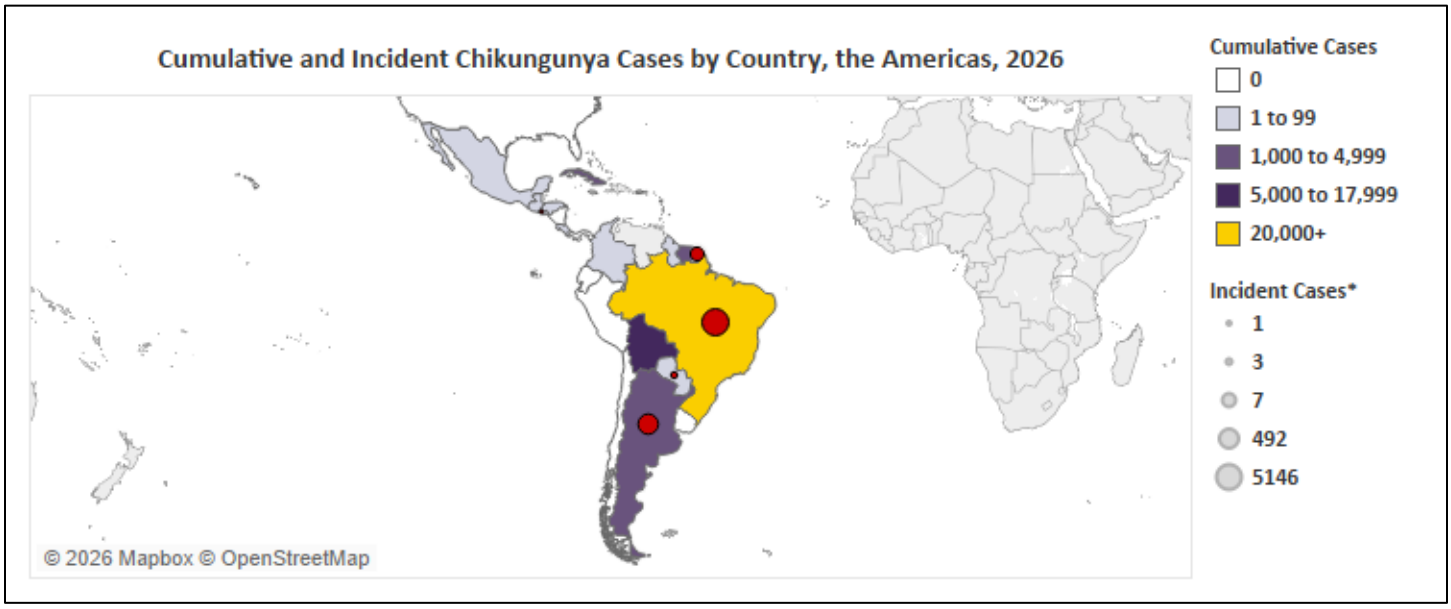

*Figure Notes: Data extracted on March 25, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.*

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 data from the United States CDC 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. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: PAHO (3/25/26)

Mayotte – Updated Data on Ongoing Outbreak Affecting 16/17 Communes:

According to data from the French National Public Health Agency (SPF), there has been a resurgence of chikungunya virus circulation in Mayotte this year with a sharp increase in incidence observed during epidemiological weeks 6-7 and a total of 430 confirmed locally acquired cases reported in 16/17 communes as of March 15, 2026. Since the previous update, 70 locally acquired confirmed incident cases were reported, of which 62 had symptom onset during epidemiological week 11 (a 15.1% decrease compared to the prior week). Confirmed cases have been reported primarily in Mamoudzou (83), Sada (81), Bouéni (40), and Chirongui (39). Those aged 25-44 and 45-64 years have accounted for 66% of confirmed cases.

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 in the Indian Ocean off the coast of Southeastern Africa where chikungunya activity has seen a resurgence in recent years. The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding chikungunya in Mayotte. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Sources: ARS: Mayotte (2/13/26), SPF (3/20/26)

Diphtheria

Africa – WHO Publishes Rapid Risk Assessment Regarding Regional Trends:

According to data from the World Health Organization (WHO) as of March 1, 2026, there have been a total of 29,241 suspected diphtheria cases, of which 18,133 are confirmed, and 1,420 deaths reported in the WHO African Region since the beginning of 2025. Since the previous update, 8,829 suspected incident cases, of which 8,269 are confirmed, and 168 deaths were reported. Delays in reporting and under-reporting have made 2026 data difficult to interpret; however, the number of weekly incident cases reported has plateaued or reduced in half of affected countries compared to early 2025.

Diphtheria Cases and Deaths by Country, WHO African Region, 2025-2026

Country	Suspected Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Confirmed	Incident†	Cumulative	Incident†	CFR*
Algeria	13	+0	8	+0	2	+0	15.4%
Chad	5,227	+765	49	+45	54	+7	1.0%
Guinea	795	+319	609	+539	151	+28	19.0%
Mali	636	+206	371	+325	35	+6	5.5%
Mauritania	1,415	+566	1,414	+1,096	54	+21	3.8%
Niger	2,456	+530	313	-452	166	+44	6.8%
Nigeria	18,295	+6,145	15,273	+6,686	939	+55	5.1%
South Africa	404	+298	96	+30	19	+7	4.7%
WHO African Region	**29,241**	**+8,829**	**18,133**	**+8,269**	**1,420**	**+168**	**4.9%**

*Table Notes: Data as of March 1, 2026, and only includes data from WHO African Region Member States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among suspected cases.*

Suspected cases have been reported by 8 WHO African Region Member States, primarily Nigeria (18,295), Chad (5,227), and Niger (2,456). Incidence trends have been declining regionally, specifically in Chad, Mali, Mauritania, and Nigeria. Among all suspected cases, only 62.0% are confirmed, with 2.6% being laboratory confirmed. Females (63%) and children aged 5-14 years (57%) have been most affected. Between 84-95% of cases have either been unvaccinated, under-vaccinated, or had unknown vaccination status. Case fatality rates substantially higher than the regional rate have been reported in Algeria and Guinea. According to the WHO, situations have been diphtheria remains a major public health problem in the WHO African Region despite substantial vaccination efforts over the past 30 years. Response efforts have been hindered by a global shortage of diphtheria antitoxin (DAT), limited diagnostic capacity, funding challenges, and the

presence of complex humanitarian situations in many of the affected countries. Overall risk has been assessed as moderate at the regional level and low at the global level – regional risk was previously assessed as high in October 2025.

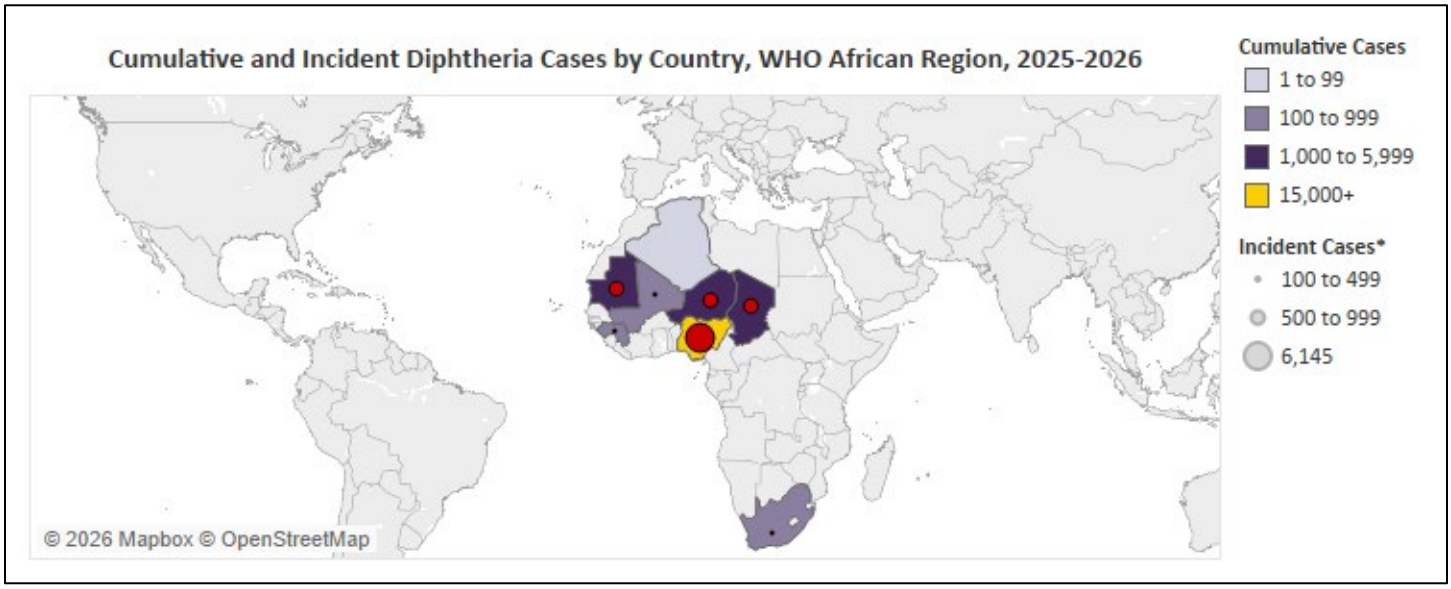

Figure Notes: Data as of March 1, 2026, and shows distribution of suspected cases reported.

From 2000-2024, there were 75,789 suspected diphtheria cases reported by Member States, most of which were reported from 2023-2024 (~57,000) by Algeria, Chad, Gabon, Guinea, Mali, Mauritania, Niger, Nigeria, and South Africa. Most cases reported during this time were among female children <15 years and over 50% were unvaccinated or had unknown vaccination statuses. The case fatality rate observed during 2025-2026 (4.9%) is higher compared to 2023-2024 (3.5%). The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding ongoing diphtheria outbreaks in Guinea and Nigeria. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: WHO (3/20/26)

Measles

Canada – Incident Cases Reported in 4 Provinces, Most in Alberta and Manitoba:

According to data from the Public Health Agency of Canada (PHAC) as of March 14, 2026, there have been a total of 5,463 probable and confirmed measles cases reported in Canada during 2025, and 582 probable and confirmed measles cases reported during 2026. Since the previous update, 78 incident cases were reported, primarily in Alberta and Manitoba.

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	5,081	+0	401	+0	2	+0	0.0%
2026	47	+3	535	+75	37	+9	0	+0	0.0%

*Table Notes: Data as of March 14, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.*

During 2026, cases have been reported by 7 jurisdictions: Manitoba (352), Alberta (183), British Columbia (19), Nova Scotia (10), Ontario (9), Saskatchewan (5), and Quebec (4). Those aged 5-17 years have been most affected (43%), followed by those aged 18-54 years (37%), and those aged 1-4 years (12%). There have been 2 congenital cases reported. Among all cases, 92% were unvaccinated or had unknown vaccination statuses, 6% have been hospitalized, and 98% were exposed

in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Guatemala, Mexico, Pakistan, Spain, Togo and the United States.

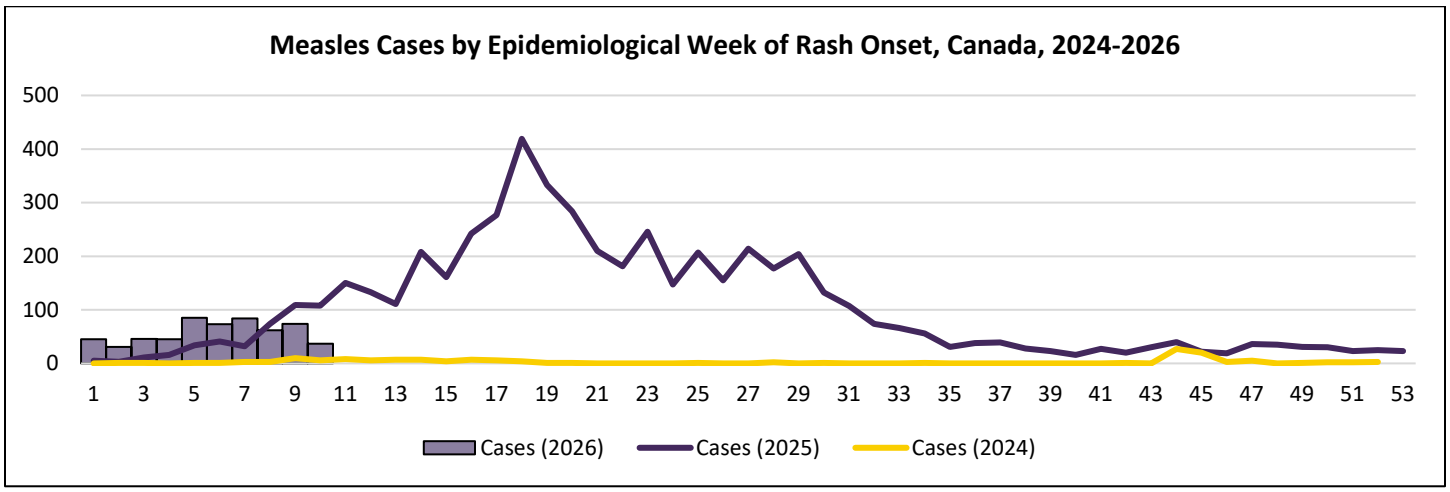

Figure Notes: Data as of March 14, 2026, and includes probable and confirmed cases.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), Alberta (2,015), British Columbia (440), and Manitoba (358). 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). Cases exposed outside of Canada reported travel to 21 different countries, highlighting a global measles resurgence.

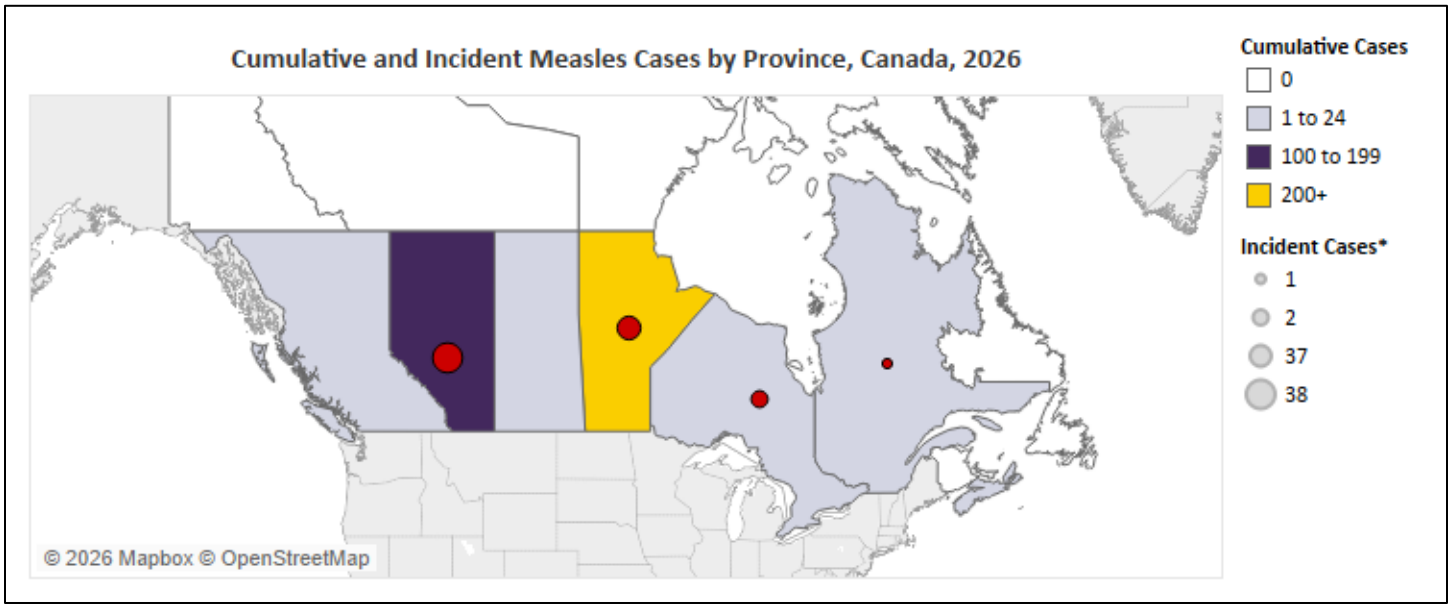

*Figure Notes: Data as of March 14, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

Canada is currently experiencing a large measles outbreak involving 5,880 cases that began in October 2024 and has resulted in the country losing measles elimination status. Among all cases reported during 2026, 98% 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. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles and is recommended for all international travelers.

Data Sources: PHAC - 2026 (3/23/26), PHAC - 2025 (3/16/26)

Israel – Over 3,500 Cases Reported in Ongoing Outbreak, Most Aged <10 Years:

According to data from the Israeli Ministry of Health, as of March 22, 2026, there have been a total of 3,502 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 362 incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,502	+362	1,181	+110	17	+0	0.5%

*Table Notes: Data as of March 22, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Cases have primarily been reported in Jerusalem (1,119), Beit Shemesh (1,048), Bnei Brak (178), Safed (146), Tiberias (103), Beitar Illit (93), Modin Illit (67), and Nof Hagalil (60). Among all cases, 86.5% have been among children aged <10 years, and 33.7% have been hospitalized, including 32 cases currently hospitalized – 7 of which are in intensive care. Almost all deaths have been reported among unvaccinated children aged <3 years of age with no underlying health conditions. Vaccination campaigns have been ongoing since May 2025. Breakthrough infections (1, 2) resulting in mild infections have been observed in this outbreak among doctors providing care for measles patients at the same hospital.

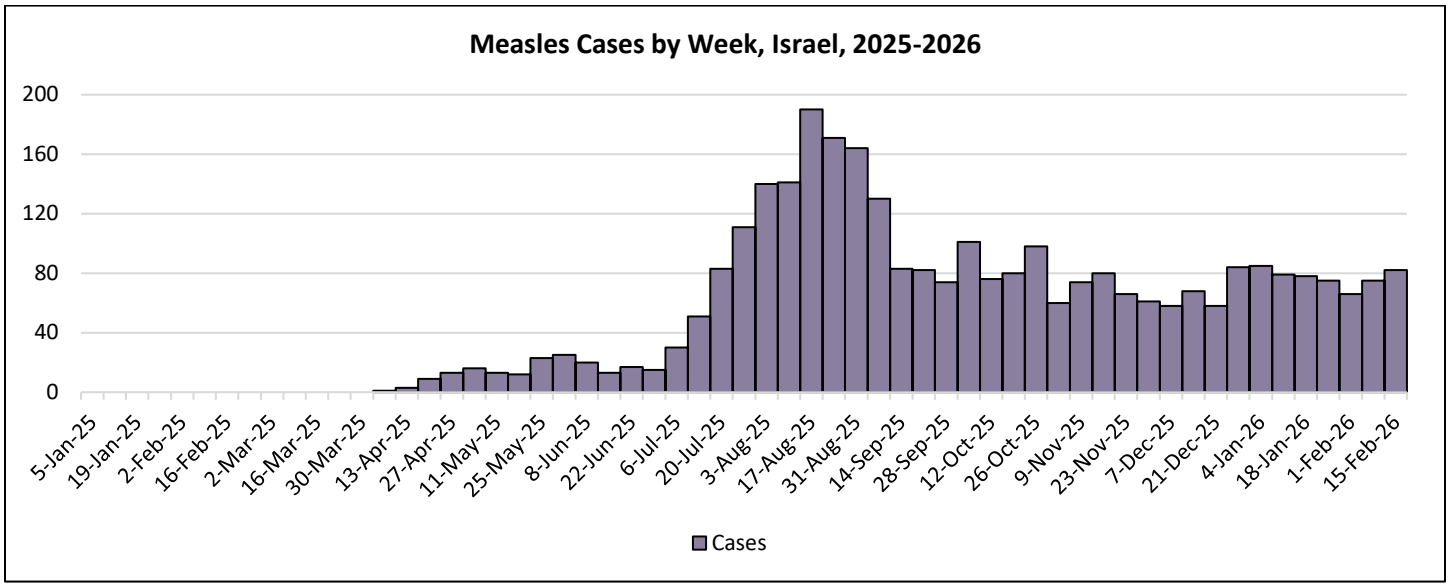

Figure Notes: Data as of March 22, 2026, and includes 3,134 cases through February 21, 2026.

A total of 54 measles cases were reported in Israel during 2023-2024. During 2018-2019, Israel experienced a large measles outbreak with approximately 4,300 cases and 3 deaths that was linked to outbreaks in New York City (NYC), and New York (excluding NYC) and New Jersey. The current outbreak is the largest since the 2018-2019 outbreak with a much greater number of deaths reported, suggesting delays in care seeking that may be contributing to preventable deaths, the presence of many additional measles cases not captured by surveillance, or both. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles and is recommended for all international travelers.

Data Source: Israeli Ministry of Health (3/23/26)

Mexico – Over 600 Confirmed Incident Cases Reported, Half in Jalisco:

According to data from the Secretary of Health of Mexico as of March 25, 2026, there have been a total of 6,460 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 8,021 confirmed cases and 8 deaths reported during 2026. Since the previous update, 626 confirmed incident cases were reported, primarily in Jalisco (310).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,721	-8	6,460	+8	27	+0	0.4%
2026	18,985	+1,180	8,021	+618	8	+0	0.1%

*Table Notes: Data as of March 25, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

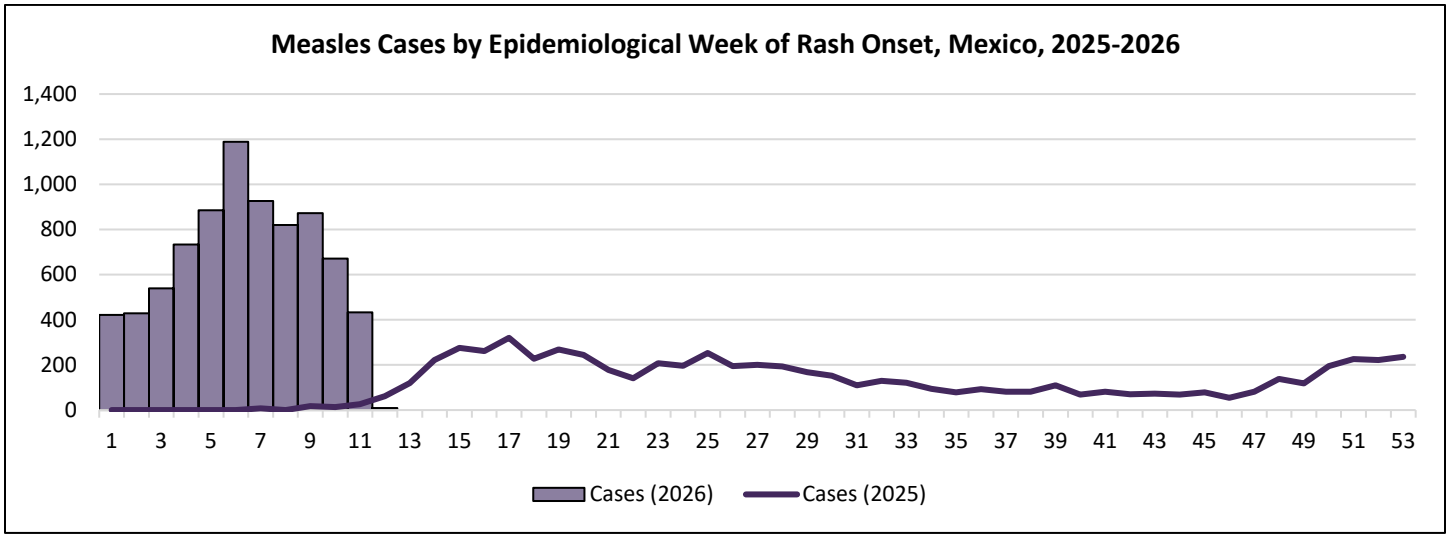

Figure Notes: Data as of March 25, 2026, and includes confirmed cases only (3 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (4,668), Chiapas (671), and Mexico City (624). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,496) and Jalisco (665). Across both years, incidence per 100,000 population has been highest among those aged <1 year (70.56), followed by those aged 1-4 years (22.10), those aged 5-9 years (15.84), and those aged 25-29 years (15.84).

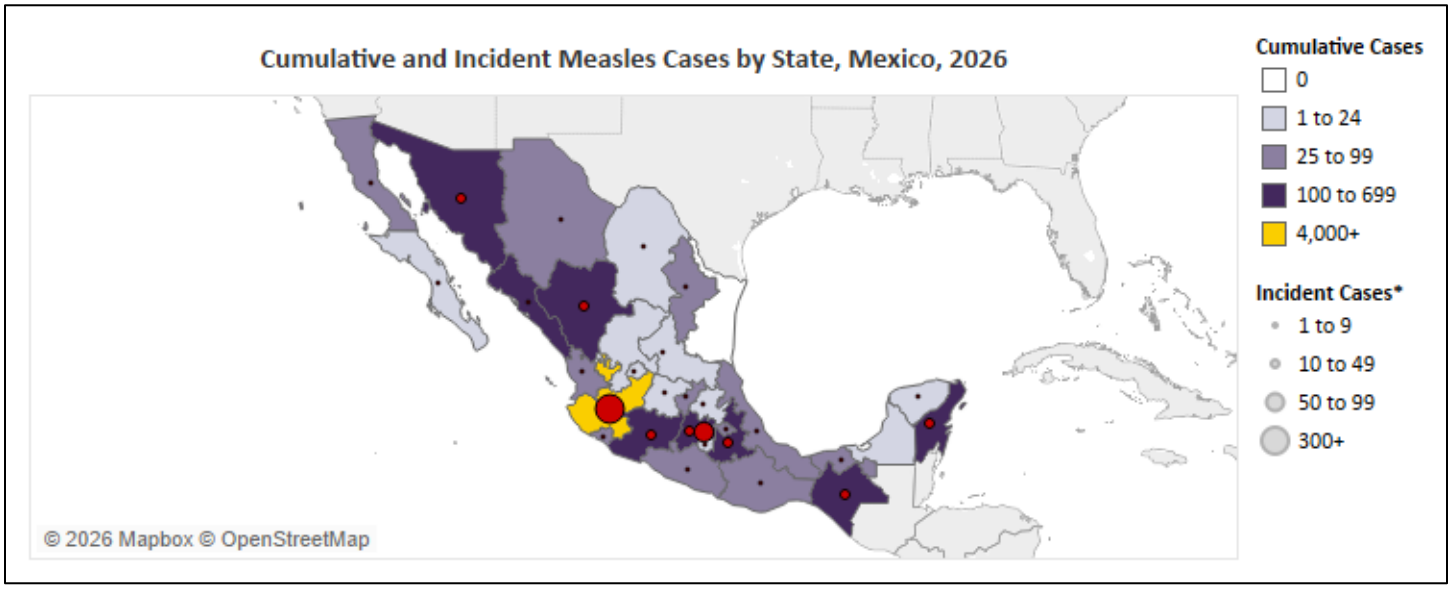

*Figure Notes: Data as of March 25, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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). Over 30 million measles vaccine doses have been administered in Mexico since the beginning of 2025. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles and is recommended for all international travelers.

Data Source: Secretary of Health (3/25/26)

United States – Incident Cases Reported in 12 States, Most in Texas and Utah:

According to data from the United States CDC as of March 19, 2026, there have been a total of 2,285 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,487 confirmed cases reported during 2026. Since the previous update, 126 confirmed incident cases were reported, including the first cases reported in Michigan this year.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,285	+1	246	+0	3	+0	0.1%
2026	1,487	+125	74	+9	0	+0	0.0%

*Table Notes: Data as of March 19, 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 32 jurisdictions, primarily South Carolina (668), Utah (275), Florida (122), and Texas (147). There have been 14 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (323 from outbreaks that began during 2026 and 1,075 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 (53%), followed by those aged 20+ years (26%), and those aged <5 years (21%). Among all confirmed cases 92% have been unvaccinated or have unknown vaccination statuses and 5% have been hospitalized. In New York, there have been 3 confirmed case reported in New York City and 4 confirmed cases reported in Rest of State.

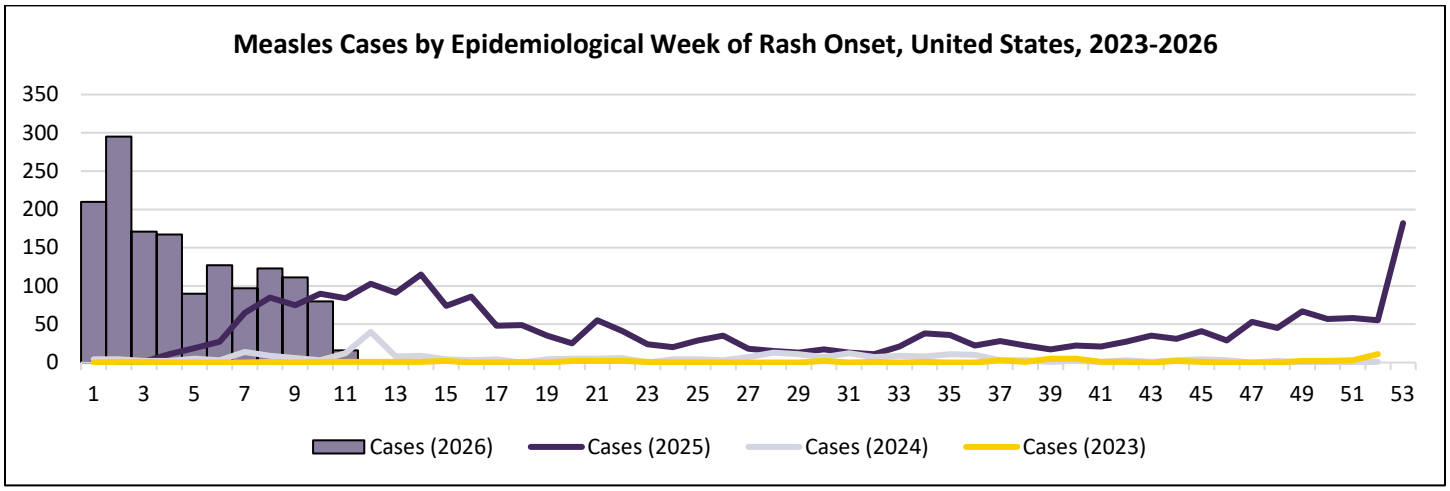

Figure Notes: Data as of March 19, 2026, and includes cases reported among international visitors to the United States.

During 2025, confirmed cases totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 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.

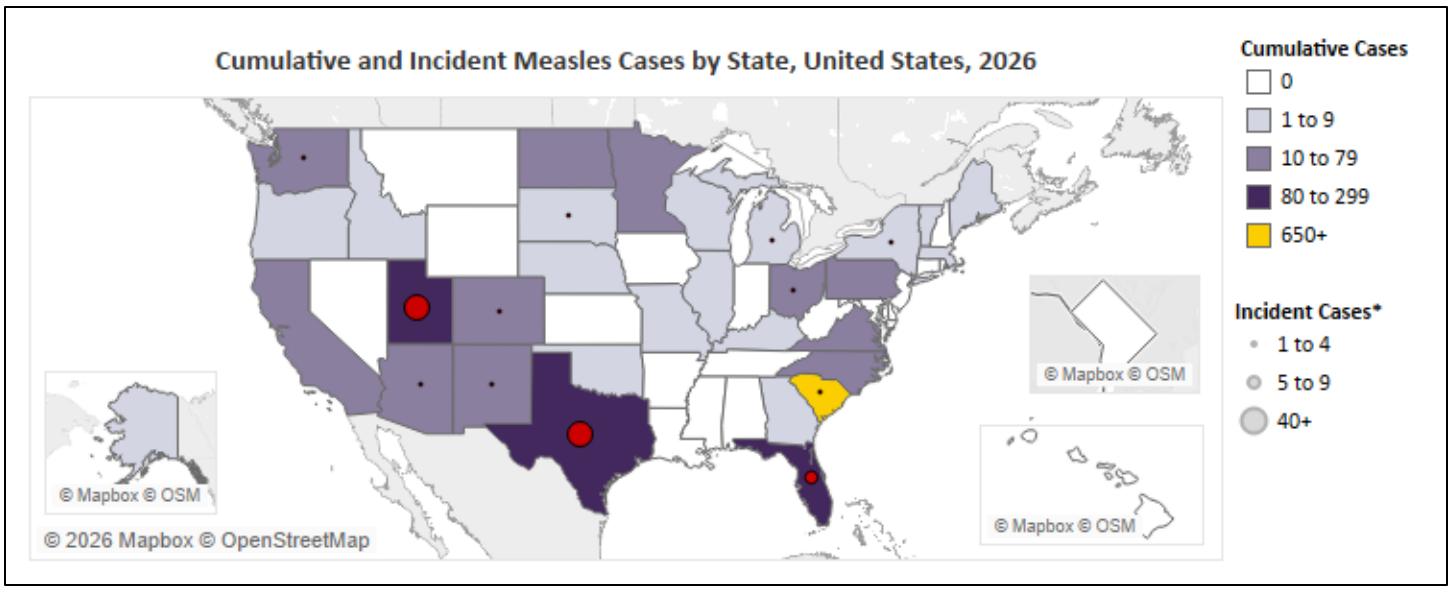

*Figure Notes: Data as of March 19, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles and is recommended for all international travelers. 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).

Data Source: CDC (3/20/26)

Meningococcal Disease

Democratic Republic of the Congo – US CDC Issues Level 2 Travel Health Notice:

According to data from the Africa CDC as of March 13, 2026, there have been a total of 24 cases of invasive meningococcal disease, of which 3 are confirmed, and 9 deaths (case fatality rate: 37.5%) reported in the Democratic Republic of the Congo (DRC). Cases have been identified in the Mangembo Health Zone of Kongo Central province. Samples collected and tested have confirmed that the current outbreak is being caused by serogroup W (MenW). Most cases have been among those aged 13-24 years. On March 24, 2026, the United States CDC issued a Level 2 – Practice Enhanced Precautions Travel Health Notice regarding meningococcal disease in the DRC. Vaccination is the best way to prevent infection.

Data Sources: Africa CDC (3/13/26), CDC (3/24/26)

United Kingdom – Incident Case Reported Among Traveler Returning to France:

On March 15, 2026, the United Kingdom Health Security Agency (UKHSA) reported that they were investigating several cases of invasive meningococcal disease. According to UKHSA data as of March 24, 2026, there have been a total of 20 confirmed cases of meningococcal disease, of which 17 have been confirmed to be serogroup B (MenB), and 2 deaths reported in an ongoing outbreak centered in Kent. Additionally, there are 2 suspected cases currently under investigation and an additional confirmed case linked to this outbreak was reported in France. Since the previous update, 5 confirmed incident cases were reported. All outbreak cases identified have been hospitalized.

Many confirmed cases linked to this outbreak have been reported among students at 4 schools in Kent along with a student from London. Investigations determined that several confirmed cases visited Club Chemistry in Canterbury prior to illness

onset. A targeted MenB vaccination program is being introduced alongside preventive antibiotic treatment for those at increased risk of exposure, including Club Chemistry attendees from March 5-7 and approximately 5,000 students and staff at the University of Kent, to help control the outbreak and prevent illness – the MenB vaccine has been included on the routine childhood immunization schedule in the UK since 2015, therefore those aged ≥10 did not routinely receive it. As of March 20, 2026, 4,500 vaccinations have been given and over 10,500 doses of preventive antibiotics have been administered. The UKHSA assesses the risk of this outbreak to the general population to be low. There were 313 cases of MenB reported in the UK from 2024-2025.

Data Sources: UKHSA (3/26/26), UKHSA (3/24/26)

Mpox

Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries:

According to data from the World Health Organization (WHO) as of March 15, 2026, there have been a total of 64,421 confirmed mpox cases and 264 deaths reported in Africa since the beginning of 2024. Since the previous update, 167 confirmed incident cases and 5 deaths were reported. Confirmed incident cases were primarily reported in the Democratic Republic of the Congo (DRC) (77) and Madagascar (57).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026

Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,665	+1	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	36,745	+77	78	+3	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	1,074	+16	19	+1	1.8%
Liberia	IIa and IIb	1,637	+0	8	+0	0.5%
Madagascar	Ib	596	+57	1	+0	0.2%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,593	+16	32	+1	1.2%
Total	**Ia, Ib, IIa, and IIb**	**64,421**	**+167**	**264**	**+5**	**0.4%**

*Table Notes: Data as of March 15, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

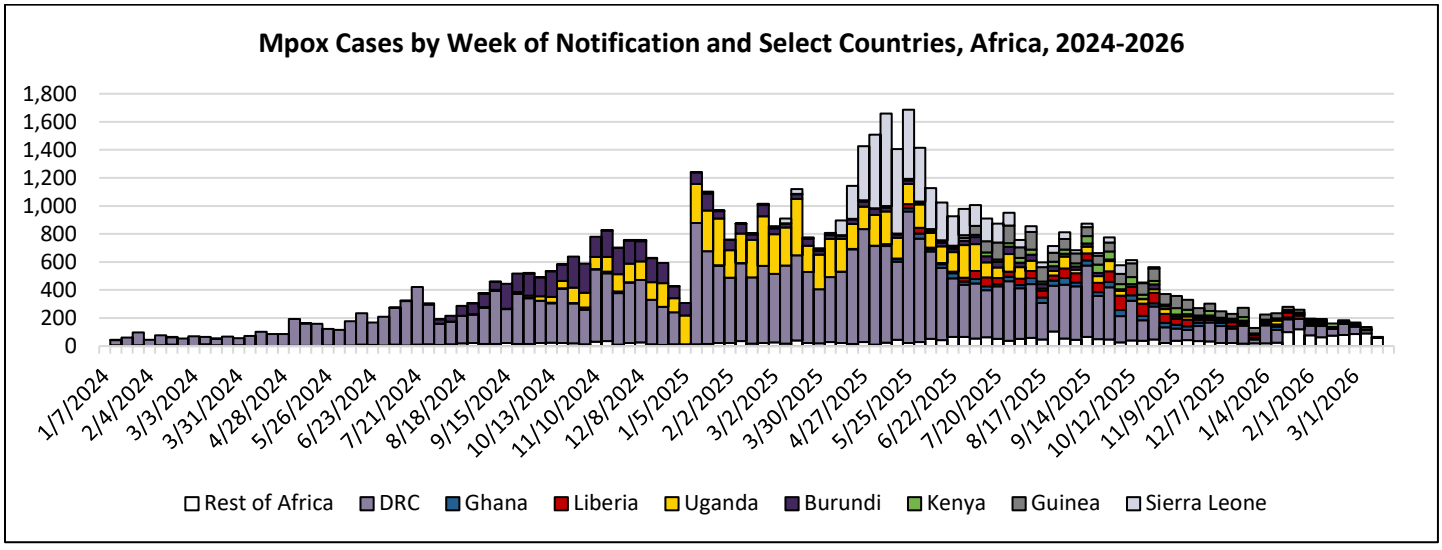

*Figure Notes: Data as of March 15, 2026, and includes confirmed cases only; *4,110 confirmed cases reported in the DRC are excluded.*

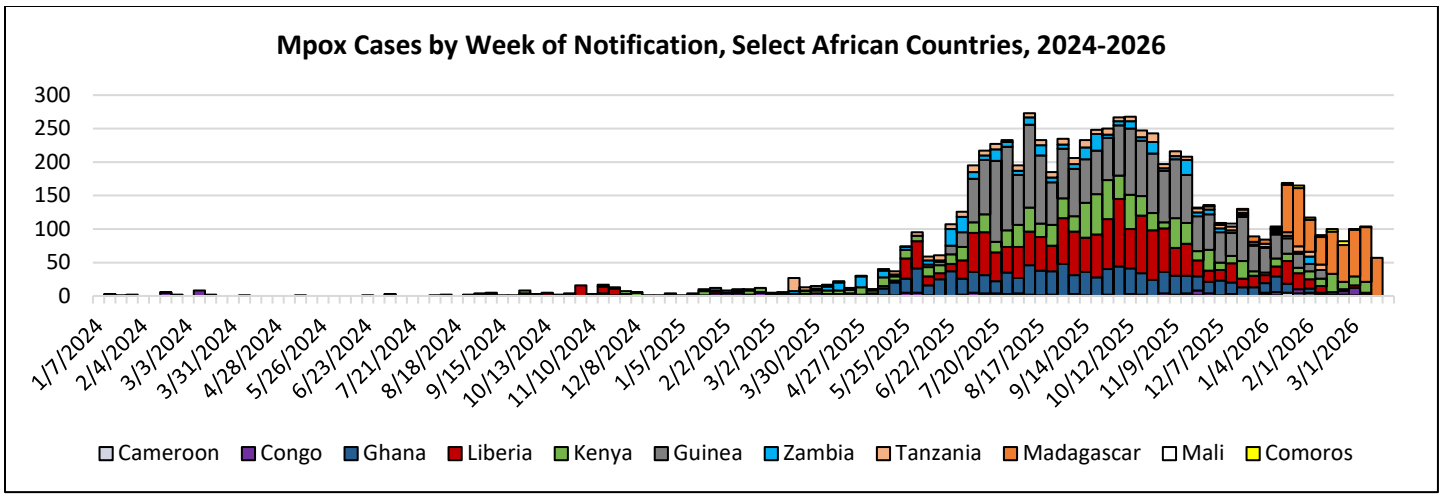

Figure Notes: Data as of March 15, 2026, and includes confirmed cases only.

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the 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, activity is still prevalent in Burundi, Comoros, the DRC, Ghana, Guinea, Kenya, Liberia, Madagascar, Tanzania, and Zambia.

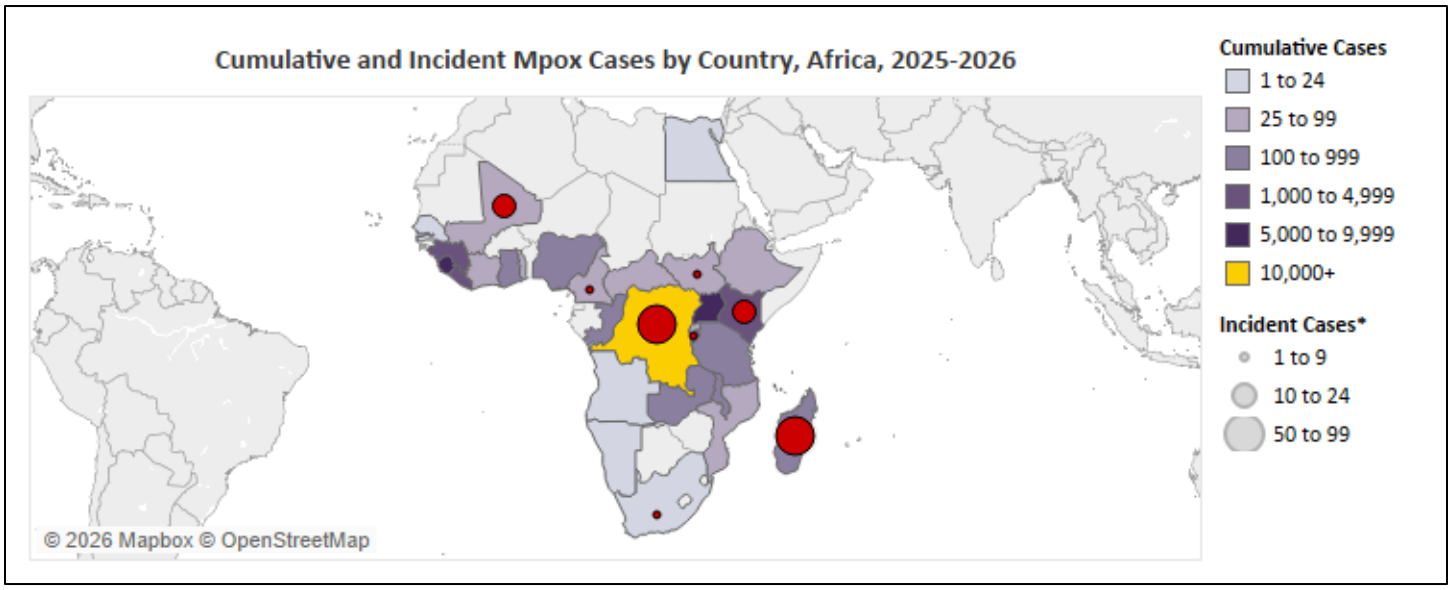

*Figure Notes: Data as of March 15, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed case totals in Africa since the beginning of 2025 (46,309) have more than doubled totals for 2024 (17,945), with additional countries affected. Vaccination efforts are ongoing in many affected countries. The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding clade II mpox in Ghana and Liberia. Vaccination is recommended for those traveling to countries with outbreaks and at risk for exposure.

Data Source: WHO (3/20/26)

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

According to data from the World Health Organization (WHO) as of March 15, 2026, there have been a total of 146 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 10 incident travel associated clade Ib mpox cases were reported in India (5) and Thailand (5). Countries of exposure reported among these incident travel associated cases include the United Arab Emirates (UAE) (7), Belgium (1), Saudi Arabia (1) – country of exposure is currently under investigation for 1 case.

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†
146	+10	50	+0

Table Notes: Data as of March 20, 2026; †Change in cumulative total compared to previous update.

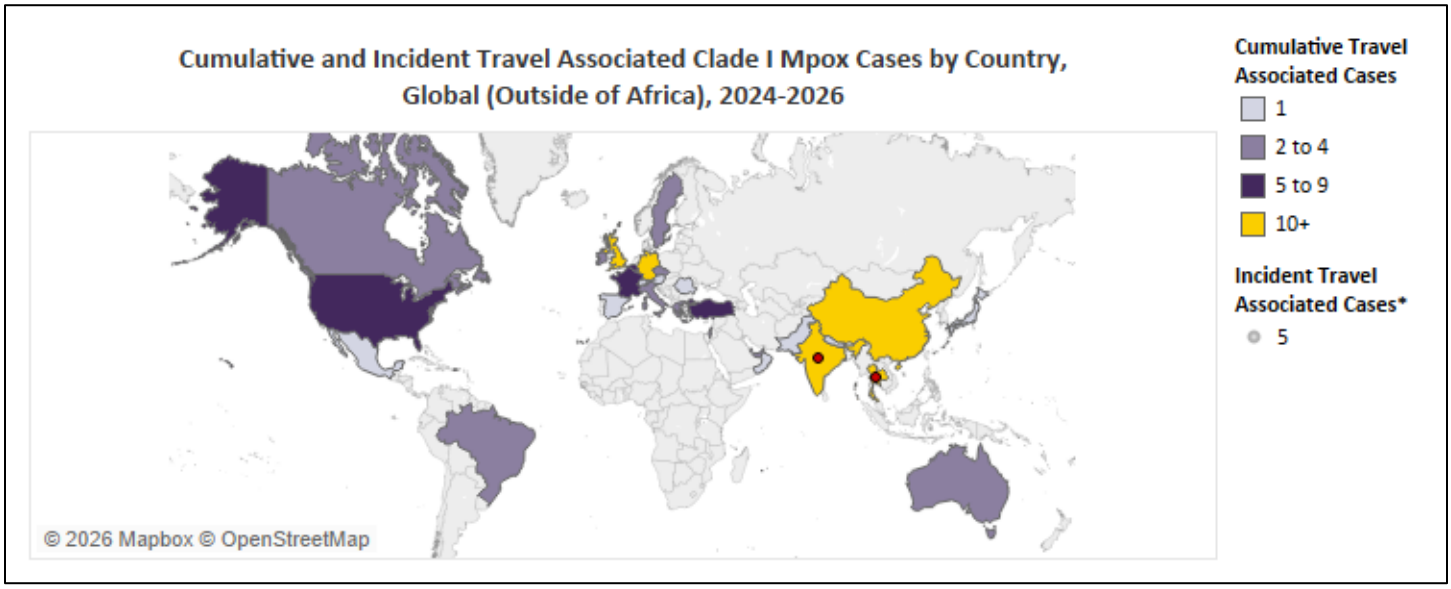

*Figure Notes: Data as of March 20, 2026, and does not include linked secondary cases or clade I cases not determined to be travel associated; *Change in cumulative total compared to previous update.*

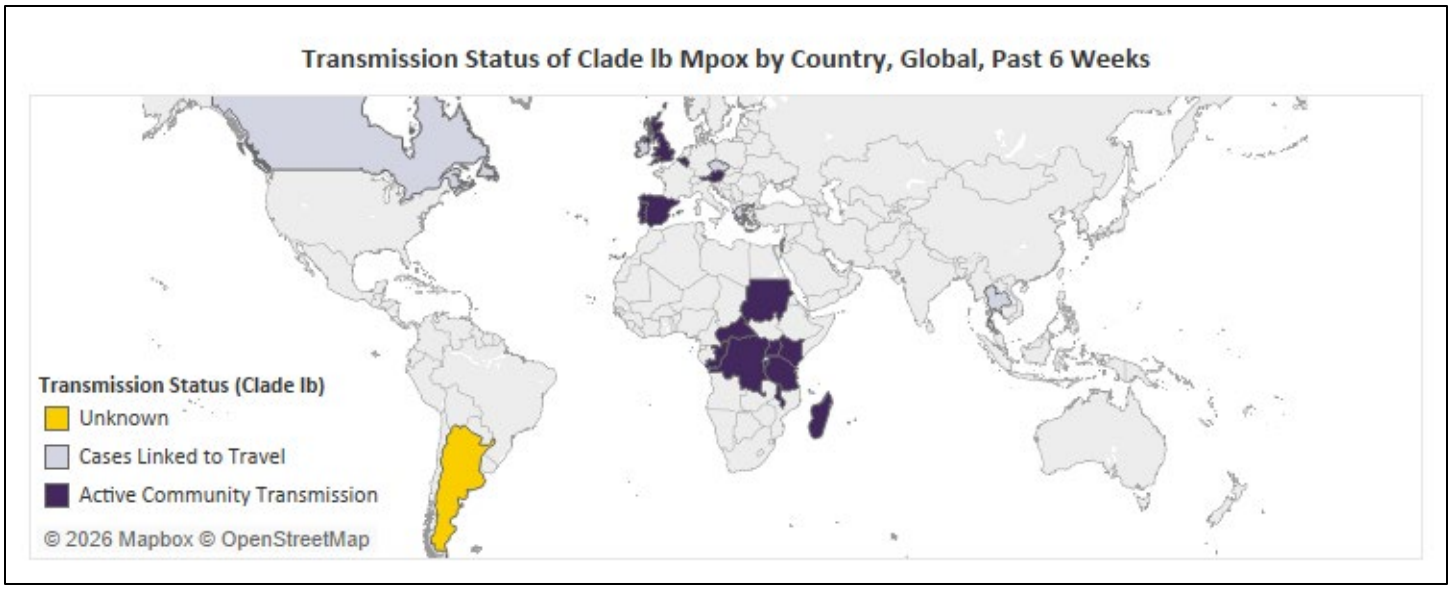

Figure Notes: Data as of March 20, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Subclade of travel associated cases reported since the beginning of 2024 is distributed as follows: 138 clade Ib, 4 clade Ia, 2 clade I of unknown subclade, 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 clade I cases (not including secondary cases) have been reported by 32 countries outside of Africa, primarily the United Kingdom (25), India (18), Thailand (15), China (11), Germany (11), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20) and Sweden (6).

Since September 2025, broader transmission of clade Ib mpox has been observed 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-March, the number of clade I cases reported monthly in European Union / European Economic Area (EU/EEA) countries decreased in February (60 cases) following an increase observed in January (85 cases) – 264 clade I mpox cases have been reported since August 2024. 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. Since the previous update, a clade Ib mpox case was reported in Argentina among a 31-year-old male with no recent travel history. Vaccination is recommended for those traveling to countries with outbreaks and at risk for exposure.

Incident Travel Associated Clade I Mpox Case Reported in the United States

While not yet included in data above from the WHO, on March 20, 2026, the Missouri Department of Health and Senior Services (MDHSS) reported 2 unrelated travel associated clade I mpox case among individuals that recently traveled to countries where clade I mpox transmission is prevalent. Including these cases, there have been a total of 14 clade I mpox cases reported in the United States since November 2024, most of which have been reported among individuals with recent travel history to Central and Eastern Africa. These are the first clade I mpox cases reported in Missouri. There is currently no known local transmission of clade I mpox in Missouri or the United States. Last week, a clade I mpox case was reported in the United States in New York City among an individual that recently traveled to Europe (also not yet included in WHO data above).

Data Sources: WHO (3/20/26), MDHSS (3/20/26), ECDC (3/13/26)

New World Screwworm

Mexico – Number of Active Animal Cases in Tamaulipas Continues to Increase:

According to data from the Secretary of Agriculture of Mexico as of March 24, 2026, there have been a total of 18,732 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,345 are currently active (an increase compared to the prior week). According to data from the Secretary of Health of Mexico, as of March 14, 2026, there have been a total of 204 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 715 incident cases among animals and 24 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†
18,732	+715	1,345	+131	204	+24

Figure Notes: Data for cases reported among animals as of March 24, 2026, and data for cases reported among humans of March 14, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have primarily been reported in Chiapas (6,225), Oaxaca (3,158), Veracruz (2,854), Yucatan (1,824), and Tabasco (1,179). Confirmed NWS cases among humans have primarily been reported in Chiapas (119), Yucatan (23), Oaxaca (16), and Quintana Roo (12). The current 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 25, 2026, there have been over 161,400 NWS cases reported among animals and over 1,590 NWS cases reported among humans in Central America and Mexico.

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 40 active NWS cases among animals (an increase of 6 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.

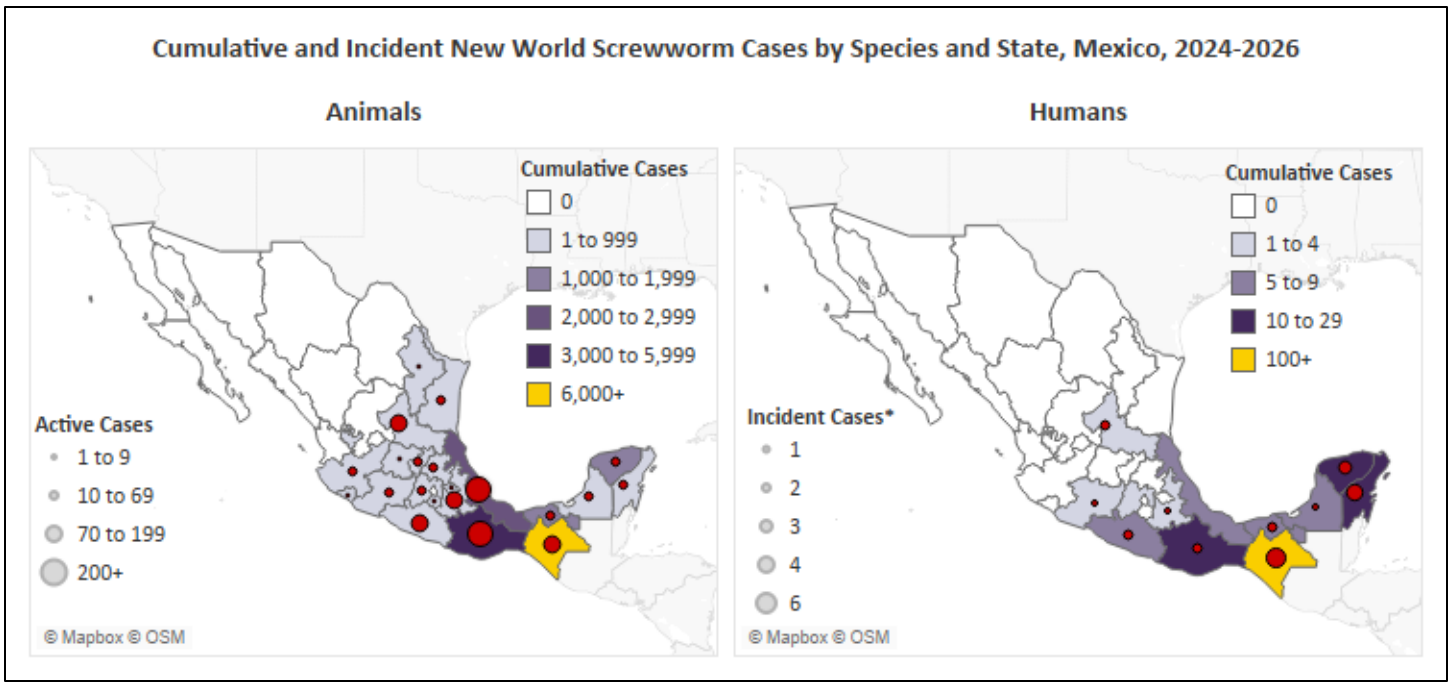

Figure Notes: Data for cases reported among animals as of March 24, 2026, and data for cases reported among humans as of March 14, 2026.

Data Sources: Secretary of Agriculture (3/24/26), Secretary of Health (3/24/26), CDC (3/25/26)

Non-Seasonal Influenza

Italy – First Human Case in Europe Reported Among Traveler (H9N2):

According to a March 25, 2026, press release from the Italian Ministry of Health, a human case of influenza A(H9N2) was reported among an individual in the Lombardy region that had recently returned from a non-European country. An exact country of exposure was not provided. The case, described as having multiple comorbidities, is currently hospitalized.

According to the European Center for Disease Prevention and Control (ECDC), this is the first human H9N2 case ever reported in the European Union / European Economic Area (EU/EEA). Since 1998, there have been a total of 195 human H9N2 cases, of which 2 were fatal, reported by 10 countries in Asia and Africa. The majority of human H9N2 cases have been reported in the Western Pacific Region (157), primarily China (154), where low pathogenicity avian influenza (LPAI) viruses like H9N2 are known to circulate. Person-to-person transmission of H9N2 has not been documented, and human infections typically result in mild illness.

Data Source: Italian Ministry of Health (3/25/26), ECDC (3/25/26), WHO (3/13/26)

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

According to data from the United States Department of Agriculture (USDA) as of March 24, 2026, there have been a total of 2,176 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 85 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		
45	40	0	0	0	341	42

*Table Notes: Data as of March 24, 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 23 states, primarily Indiana (37), New York (8) and Pennsylvania (4). 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 65 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 (NYS) 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. As of March 12, 2026, there have been 78 poultry flock detections reported in NYS.

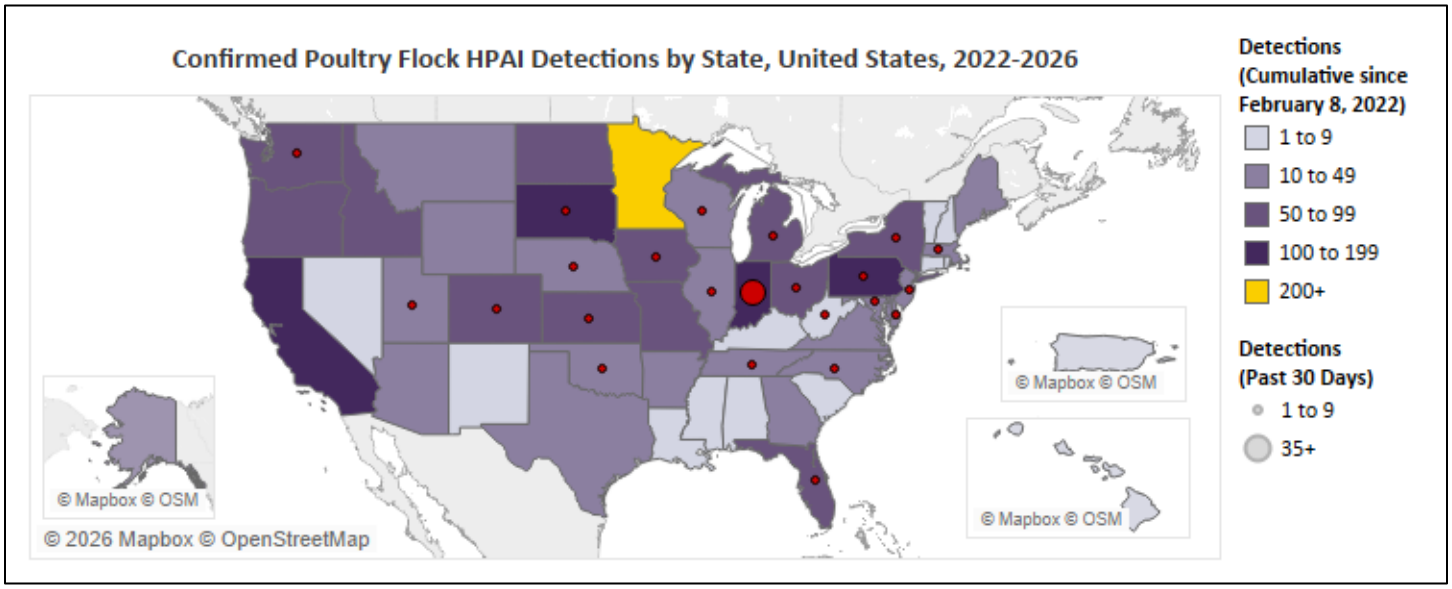

Figure Notes: Data as of March 24, 2026.

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 (3/26/26), CDC (3/6/26)

Pertussis

United States – First Death During 2026 Reported in PAHO Update:

According to provisional data from the United States CDC as of March 21, there have been a total of 2,616 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 248 incident cases were reported, of which 85 reported symptom onset during the most recent epidemiological week, a 6% increase compared to the prior week. According to the Pan American Health Organization (PAHO), those aged 1-6 years have been most affected (29%), followed by those aged 11-19 years (23%). Additionally, there has been 1 death from pertussis reported during 2026. Compared to 2025, case totals for 2026 are approximately 70% lower.

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	62	153	0.4
Middle Atlantic	23	235	586	0.4
East North Central	6	356	1,605	0.2
West North Central	9	90	1,104	0.1
South Atlantic	11	327	941	0.3
East South Central	4	255	671	0.4
West South Central	4	264	1,053	0.3
Mountain	11	396	1,332	0.3
Pacific	15	616	1,884	0.3
United States Territories	2	15	42	0.4
Total	**85**	**2,616**	**9,371**	**0.3**

Table Notes: Data as of March 21, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

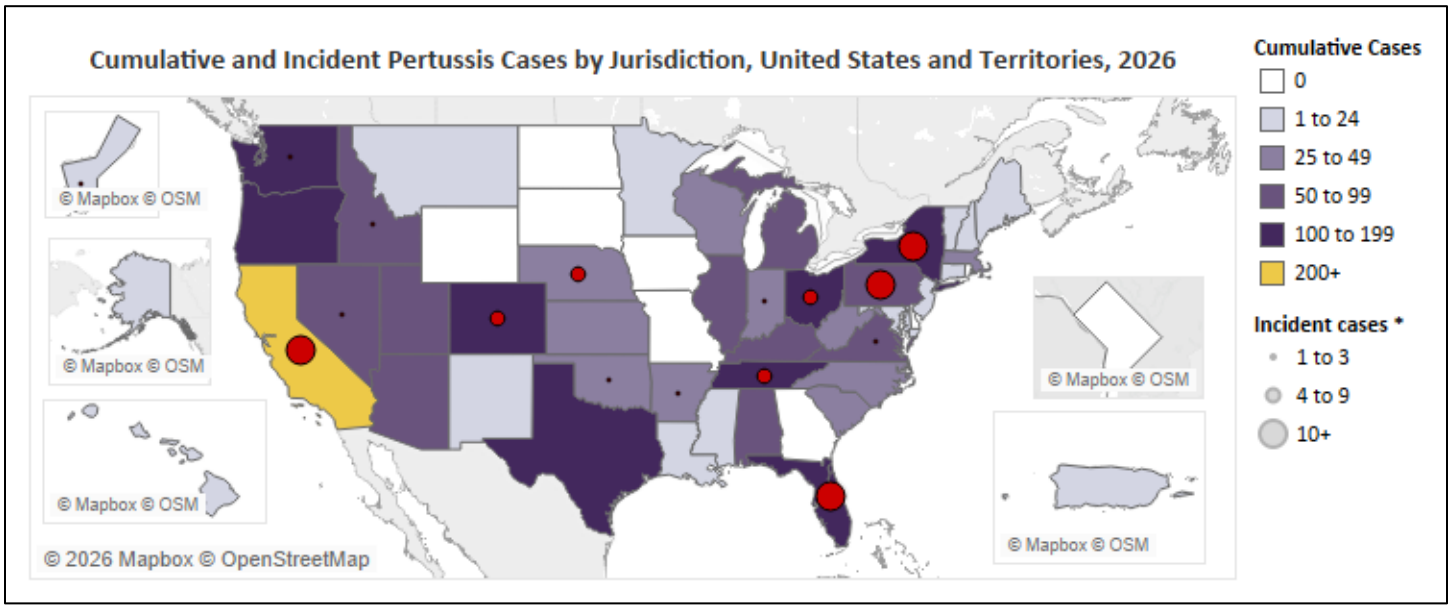

*Figure Notes: Data as of March 21, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Marina Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom onset during the most recent epidemiological week.*

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. On March 25, 2026, the PAHO published an epidemiological update regarding pertussis in the Americas, noting a moderate decline in reported cases during 2025, and reiterating the importance of increasing vaccination coverage and strengthening diagnostic and surveillance systems.

Data Sources: CDC (3/25/26), CDC (12/2/25), PAHO (3/25/26)

Global – Incident AFP Case Reported in Togo; New Detection in the UK (cVDPV2):

According to data from the Global Polio Eradication Initiative (GPEI) as of March 23, 2026, there have been 1 acute flaccid paralysis (AFP) case caused by wild poliovirus type 1 (WPV1), 16 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 2 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 1 incident AFP cases caused by cVDPV2 was reported in Togo (1) and environmental cVDPV2 detections were reported in Namibia (1) and the United Kingdom (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
1	+0	0	+0	16	+1	2	+0

Table Notes: Data as of March 23, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

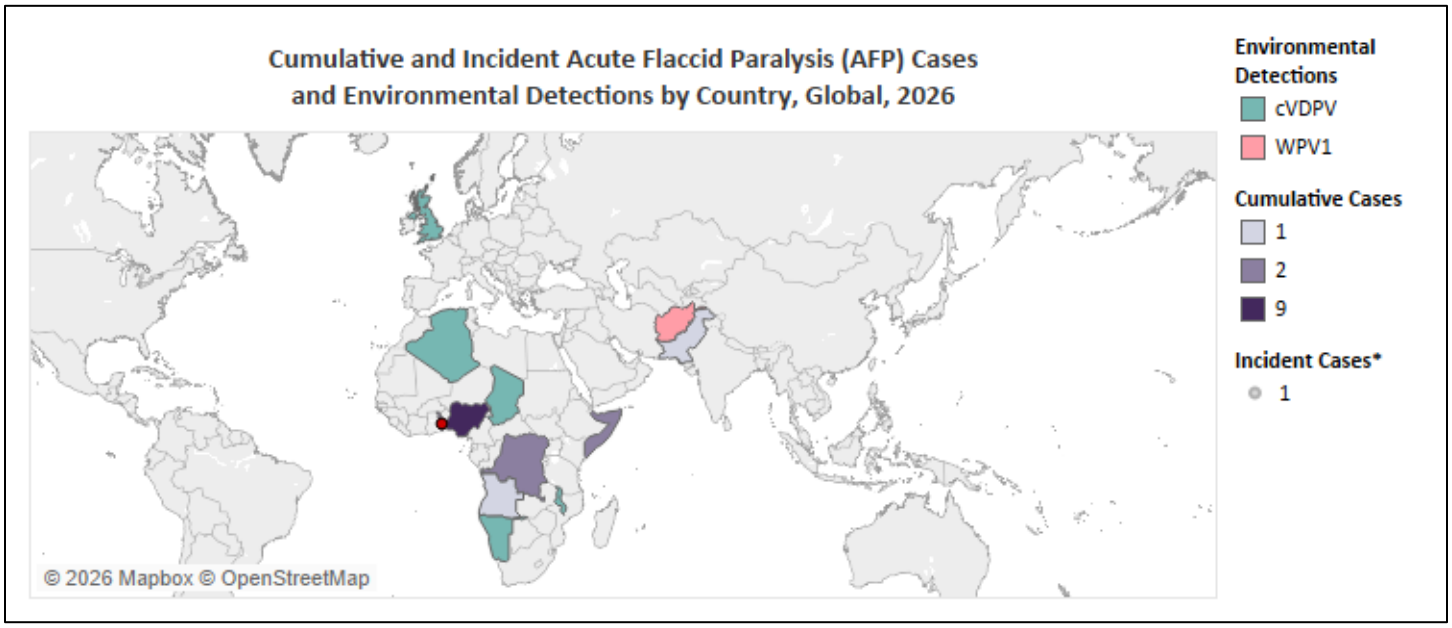

*Figure Notes: Data as of March 23, 2026, and only includes AFP cases with onset of paralysis or environmental detection collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 6 countries: Angola (1 – cVDPV2), the Democratic Republic of the Congo (DRC) (2 – cVDPV2), Nigeria (9 – cVDPV2; 2 – cVDPV3), Pakistan (1 – WPV1), Somalia (2 – cVDPV2), and Togo (2 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported by Afghanistan (5 – WPV1), Algeria (2 – cVDPV2), Chad (1 – cVDPV2), Malawi (3 – cVDPV2), Namibia (3 – cVDPV2), and the United Kingdom (2 – 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. Vaccination is the best way to protect against polio. A total of 52 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.

Data Sources: GPEI - WPV (3/23/26), GPEI - cVDPV (3/23/26)

United States – Trends Remain Elevated While Approaching National Baseline:

According to data from the United States CDC as of March 14, 2026, there have been an estimated total of 28 million infections, 360,000 hospitalizations, and 22,000 deaths from seasonal influenza during the 2025-2026 season so far. There have been a total of 115 pediatric deaths reported, of which 14 were reported during the most recent week – approximately 85% of those deaths have been among children eligible for but not fully vaccinated against influenza. Influenza-like illness activity remains elevated nationally but decreased during the most recent week in most 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. Seasonal vaccination is recommended for everyone aged ≥6 months, with rare exception.

Influenza Surveillance Metrics, United States, 2025-2026 Season				
Estimated			Pediatric Deaths	
Infections	Hospitalizations	Deaths	Cumulative	Incident†
28 Million	360,000	22,000	115	+14

Table Notes: Data as of March 14, 2026; †Change in cumulative total compared to previous update.

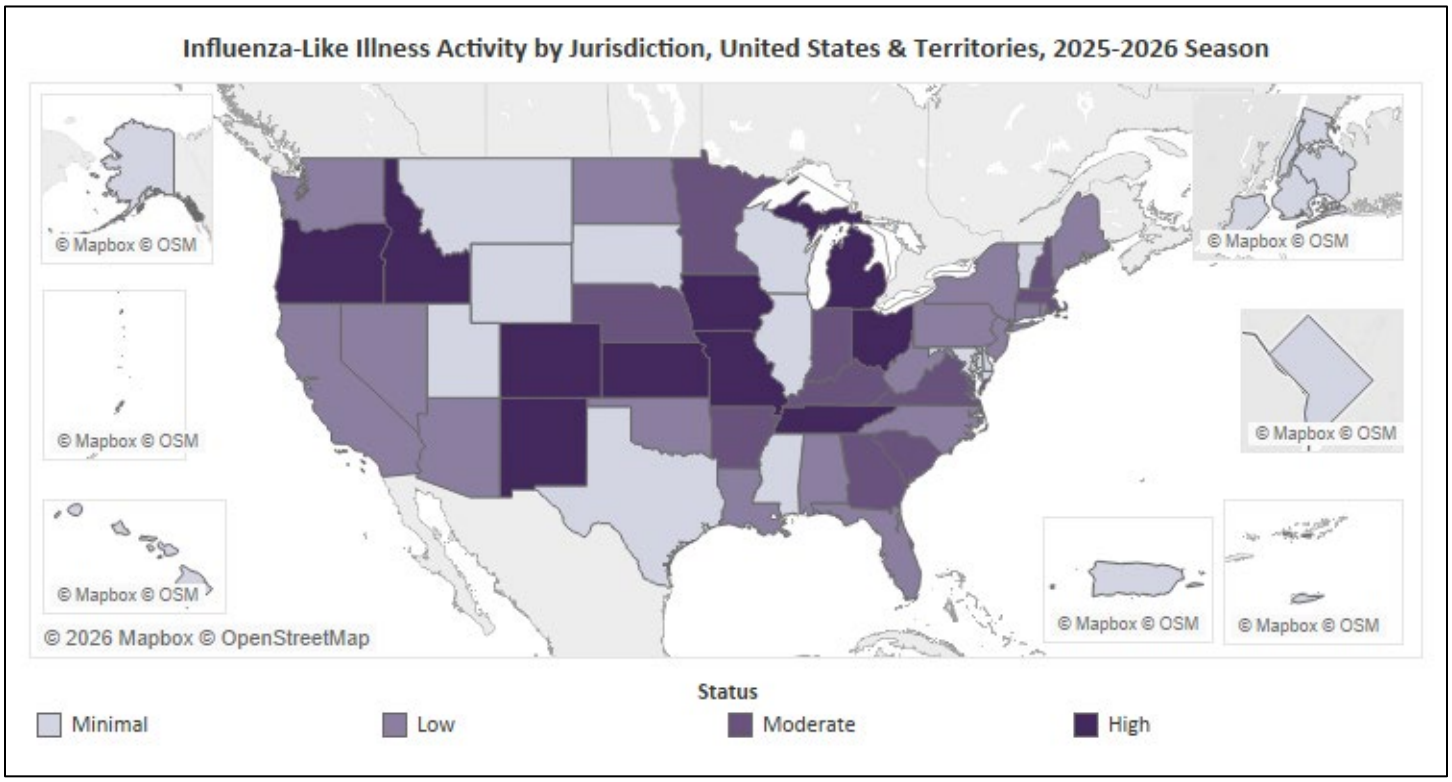

Figure Notes: Data as of March 14, 2026, and depicts influenza-like illness activity during the most recent epidemiological week.

According to data from the Outpatient Influenza-like Illness Surveillance Network (ILINET), current influenza-like illness (ILI) activity is categorized as minimal or low in 35 jurisdictions, moderate in 10 jurisdictions, and high in 10 jurisdictions. There are no jurisdictions with very high activity. During epidemiological week 10, the percentage of patient visits due to ILI was 3.3%, a decrease compared to the prior week – the national ILI baseline is 3.1%.

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 March 14, 2026, confirmed cases and hospitalization increased by 17% and 4% respectively, compared to the prior week.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states (14), as of March 14, 2026, the cumulative hospitalization rate among laboratory-confirmed influenza cases for the 2025-2026 season is 80.2

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 (261.5), children aged ≤4 years (85.4), especially those aged <1 year (131.7), non-Hispanic Black persons (age-adjusted 136.0), and American Indian or Alaska Native persons (age-adjusted 85.7). The hospitalization rate during the most recent week was 1.1 per 100,000 population (but likely ranges from 1.5-1.9), a decrease compared to the prior week.

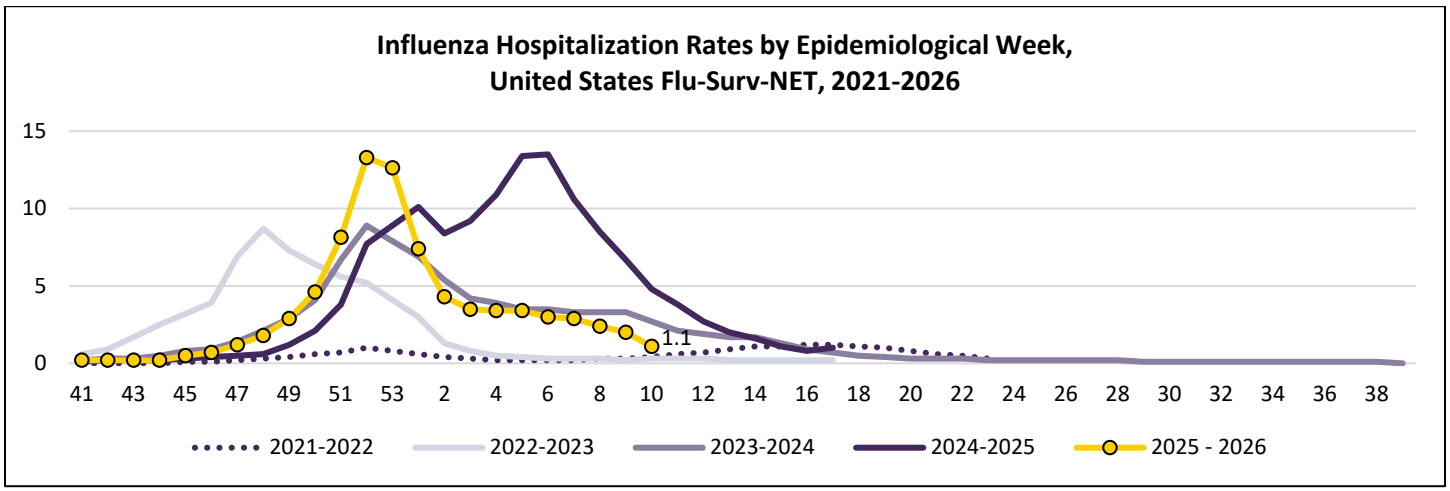

Figure Notes: Data as of March 14, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

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 0.47%, a decrease compared to the prior week.

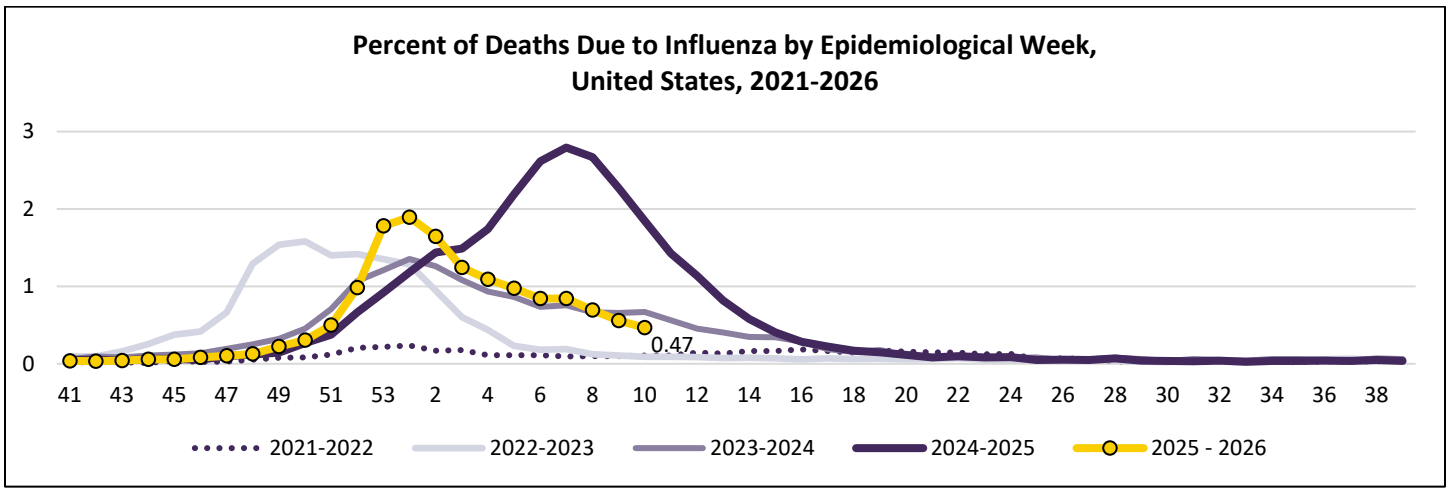

Figure Notes: Data as of March 14, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

Among influenza positive samples collected during this season, 77.8% have been influenza A and 22.2% have been influenza B – there has been a recent rise in the proportion of influenza B detected, with 76.5% 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 (87.8%), including 76.9% of samples taken during the most recent week. Among influenza A(H3N2) positive samples that have been genetically characterized, 92.7% have been subclade K.

According to data from the United States CDC, the 2024-2025 influenza 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 influenza 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 (3/20/26)

The Americas – Incident Cases and Death Reported in Colombia:

According to data from the Pan American Health Organization (PAHO) as of March 24, there have been a total of 41 confirmed yellow fever cases and 18 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases and 1 death were reported in Colombia.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
41	+2	18	+1	43.9%

*Table Notes: Data as of March 24, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

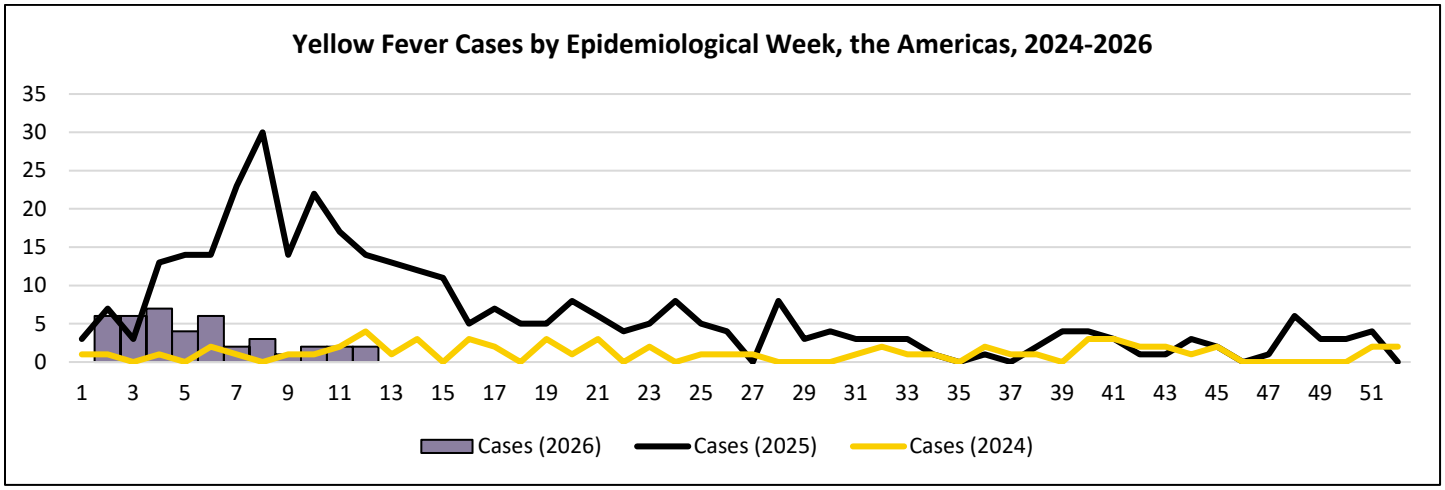

Figure Notes: Data as of March 24, 2026; Several cases reported by Colombia (7) and Ecuador (4) during 2025 missing from figure.

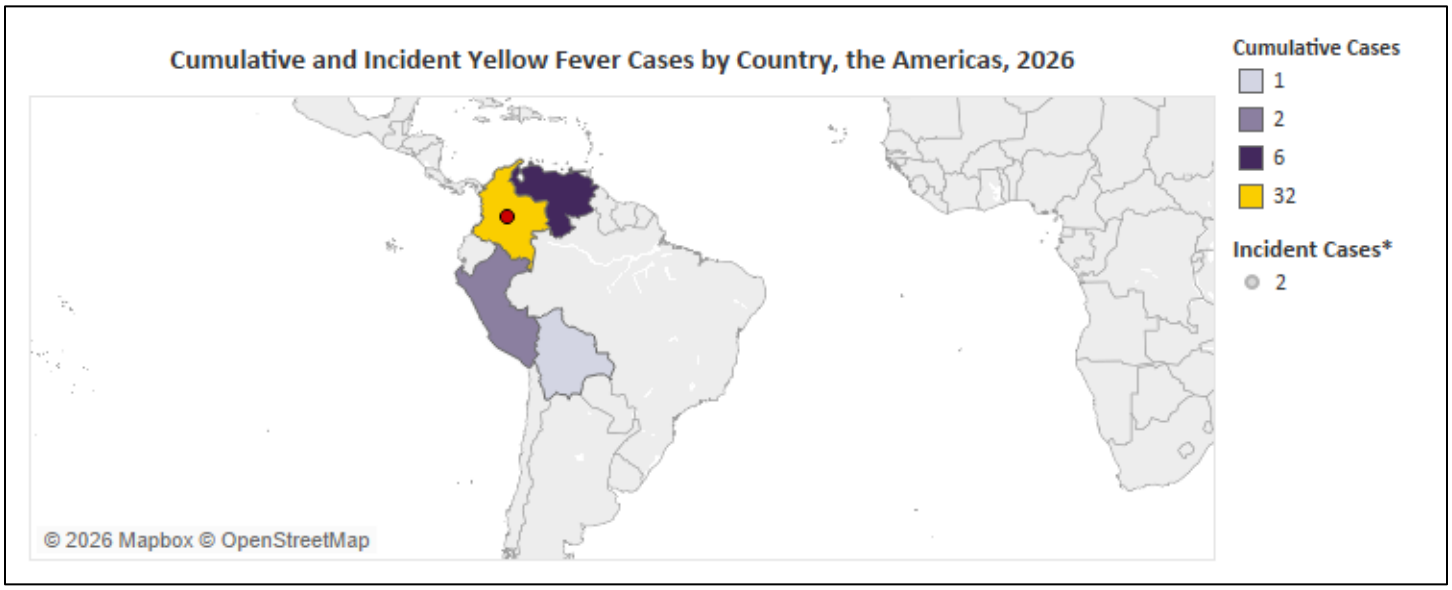

*Figure Notes: Data as of March 24, 2026; *Change in cumulative total compared to previous update.*

During 2026, confirmed cases have been reported by Colombia (32), 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. According to a recent PAHO epidemiological alert, yellow fever cases have been reported in areas with no history of transmission since September 2024, including areas outside the Amazon region. 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.

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in Colombia and Venezuela. 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 148 deaths (CFR: 42.8%) were reported by 7 countries in the Americas during 2025 – a 5.6-fold increase compared to 2024: Brazil (120 cases, 47 fatal), Colombia (125 cases, 51 fatal – a 5-fold increase compared to 2024), Peru (49 cases, 19 fatal), Venezuela (32 cases, 19 fatal), Ecuador (11 cases, 8 fatal), Bolivia (8 cases, 2 fatal), and Guyana (1 fatal case).

Data Source: PAHO (3/24/26)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Seychelles – Over 110 Travel Associated Cases Reported in EU/EEA Countries (March 19)
- 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)

Ebola

- Democratic Republic of the Congo – Suspected Cases and Deaths Reported (March 12)

Escherichia Coli

- United States – New Multistate Outbreak Linked to Raw Cheddar (March 19)

Marburg

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

Measles

- Global – WHO Provides Update on Global Case Counts and Incidence Rates (March 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

- Cambodia – Incident Human Case Reported in Banteay Meanchey Province (H5N1) (March 19)
- Spain – Catalonia Reports Confirmed Variant Influenza A Virus Case (H1N1v) (March 5)
- 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
- 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
- Rabies in India - 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
- Malaria in Ethiopia - 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
- A Strain of Multidrug-Resistant Salmonella Newport in Mexico - 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
- East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- Request for information (RFI): Hadhramaut, Yemen: Measles outbreak with 530 cases in 11 weeks reported through unofficial source. RFI on case numbers. - BEACON
- New COVID variant with immune escape potential confirmed in US, 22 other countries | CIDRAP
- Follow-up report: Measles cases in Latvia increase to 19, with one hospitalization; outbreak concentrated in vaccine-hesitant community - BEACON
- Ongoing dengue transmission in Samoa, with over 17 400 cases and nine deaths reported since the April 2025 outbreak declaration; increasing DENV-2 circulation - BEACON
- How much does climate change fuel dengue outbreaks?
- Human MERS-CoV cases are falling but pose an ongoing pandemic threat | Nature Health
- Report of the 49th meeting of the WHO Global Advisory Committee on Vaccine Safety, 27-28 November 2025
- Highlights from the Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization, March 9-12, 2026 | WHO
- First fatal case of enterovirus infection with severe complications and a rare severe case in an adult reported in Taiwan in 2026 - BEACON
- Campania, Italy, reports 133 cases of hepatitis A linked to contaminated bivalve mollusks - BEACON
- Request for information (RFI): One confirmed mpox case detected in St. Petersburg, Russia. RFI on mpox clade and exposure/travel history - BEACON
- Leptospirosis outbreak in American Samoa with six cases, including one death, following heavy rainfall - BEACON
- Epidemiological update: Shigellosis and other gastrointestinal infections in travellers returning from Cabo Verde
- Leptospirosis cases in Peru increase to 1045 with five deaths reported; Ministry of Health issues epidemiological alert amid rainfall conditions - BEACON
- Nigeria reports more than 500 000 tuberculosis cases in 2024; expansion of community-based molecular testing initiatives - BEACON

- Global Respiratory Virus Activity: Weekly Update N° 570
- Update on rotavirus outbreak in Kiribati: Cases increase to 4508 with pediatric hospitalizations reported - BEACON
- 1196 suspected dengue cases in El Salvador, mainly affecting children and adolescents - BEACON
- US doctors warn of a deadly complication from measles outbreaks | GAVI
- Paenibacillus phoenicis contamination leads to voluntary recall of 174 million alcohol prep pads in USA and Japan - BEACON
- Vaccination Coverage by Age 24 Months Among Children Born in 2021 and 2022 — National Immunization Survey-Child, United States, 2022–2024 | MMWR
- Less than 25% of lower-income nations meet measles elimination targets | CIDRAP