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

GLOBAL HEALTH UPDATE

Date: 4/2/26

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 April 2, there have been a total of 58,280 chikungunya cases, of which 21,067 are confirmed, and 23 deaths reported in the Americas during 2026. Since the previous update, 5,407 incident chikungunya cases, of which 3,087 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	33,811	+4,587	12,592	+2,922	15	+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	3,055	+820	432	+165	0	+0	0.0%
Total	**58,280**	**+5,407**	**17,980**	**+2,409**	**23**	**+4**	**0.1%**

*Table Notes: Data extracted on April 2, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

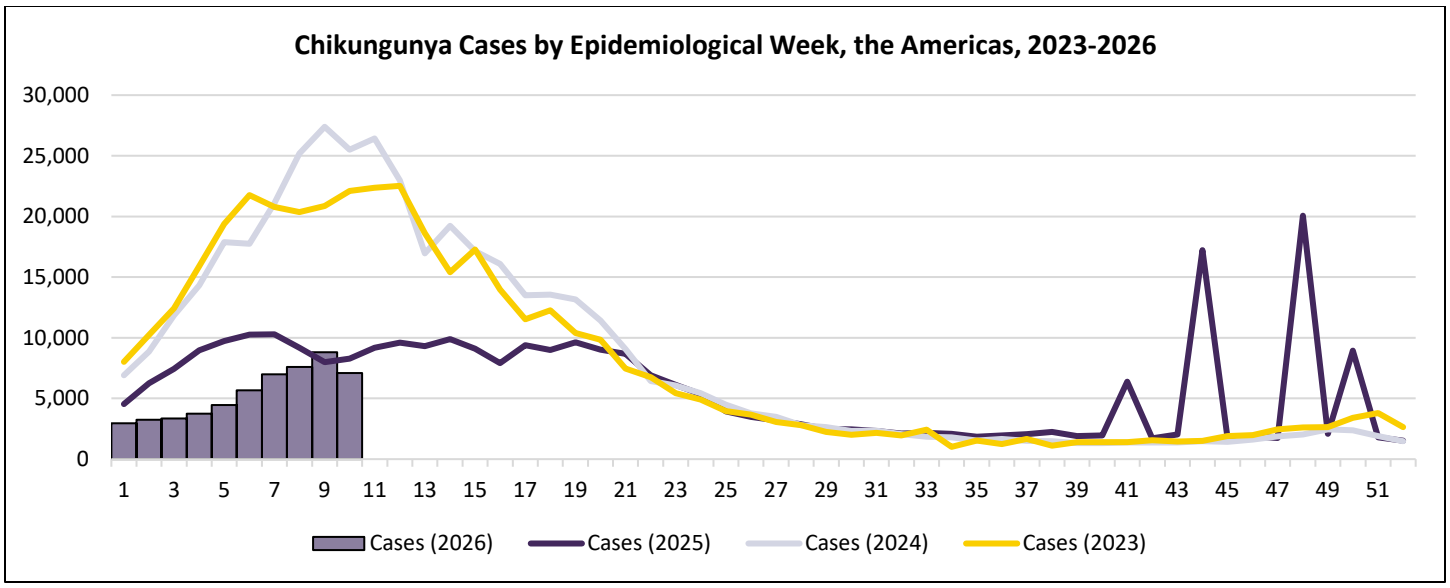

Figure Notes: Data extracted on April 2, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 17 countries during 2026, primarily Brazil (33,811), Bolivia (17,378), Argentina (2,937), Suriname (2,579), and Cuba (1,457). Cumulative incidence per 1,000,000 population is currently highest in Suriname (399.84), Bolivia (136.31), French Guiana (19.18), Brazil (15.83), Cuba (13.38), and Argentina (6.38). 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.

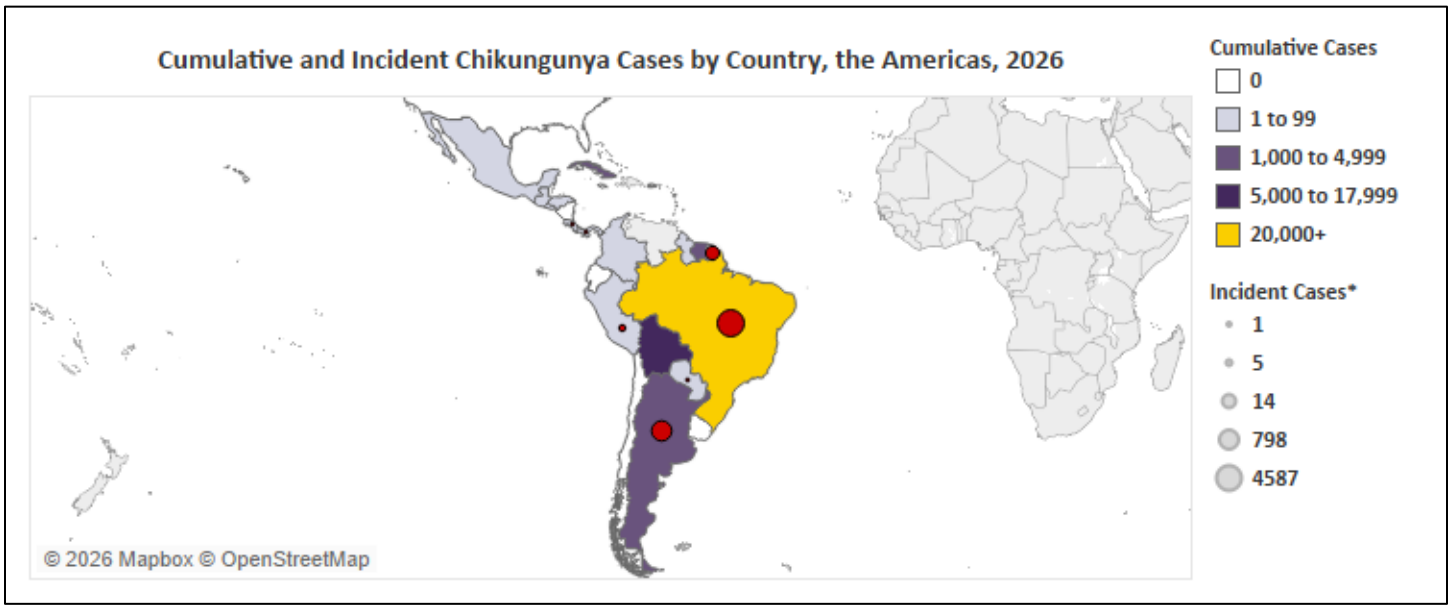

*Figure Notes: Data extracted on April 2, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.*

During 2025, there were 315,860 chikungunya cases, of which 115,737 were confirmed, and 173 deaths (0.1% among confirmed cases) 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 (4/2/26)

Mayotte – Updated Data on Ongoing Outbreak Affecting All 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 549 confirmed locally acquired cases reported in 16/17 communes as of March 22, 2026. Since the previous update, 119 locally acquired confirmed incident cases were reported, of which 70 had symptom onset during epidemiological week 12 (a 36.9% decrease compared to the prior week). Despite this decrease, SPF indicated that incidence remains high with ongoing community transmission. Confirmed cases have been reported primarily in Mamoudzou (117), Sada (90), Ouangani (48), Bouéni (44), and Chirongui (41). Recent trends in incidence have shifted more towards northeast portions of the island. Those aged 25-44 and 45-64 years have accounted for nearly 65% 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 (3/27/26)

Escherichia Coli

United States – Incident Cases Reported in California and Raw Milk Implicated:

According to data from the United States CDC as of March 25, 2026, there have been a total of 9 cases infected with the outbreak strain of *Escherichia coli* (*E. coli*) O157:H7 linked to raw cheddar cheese and milk products sold by Raw Farm, LLC. Since the previous update, 2 incident cases were reported in California, and one hospitalized case developed hemolytic uremic syndrome (HUS), a serious complication that can cause kidney damage and lead to failure.

Escherichia Coli Outbreak Cases, Hospitalizations, and Deaths, United States, 2025-2026

Confirmed Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
9	+2	3	+1	0	0	0.0%

*Table Notes: Data as of March 25, 2026; ‡Among 8 cases with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

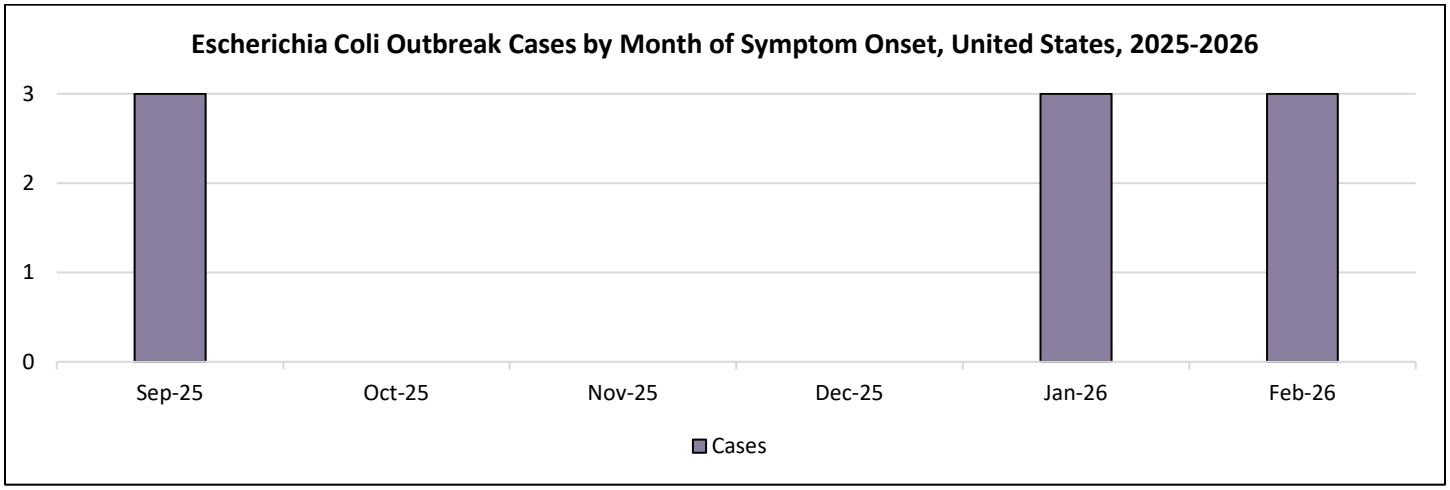

Figure Notes: Data as of March 25, 2026.

Cases have been reported by 3 states (California, Texas, and Florida) with reported dates of illness onset ranging from September 1, 2025 – February 20, 2026. Cases range from 1-28 years of age with a median age of 2 years – over 50% of cases are aged <5 years. Among all cases with available demographic information, most have been male (67%), White (83%), and non-Hispanic (87%). Among interviewed cases (8), all reported consuming or being served unpasteurized (raw) milk or cheese, 7 of which specifically mentioned Raw Farm brand products. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically, suggesting a common source of infection.

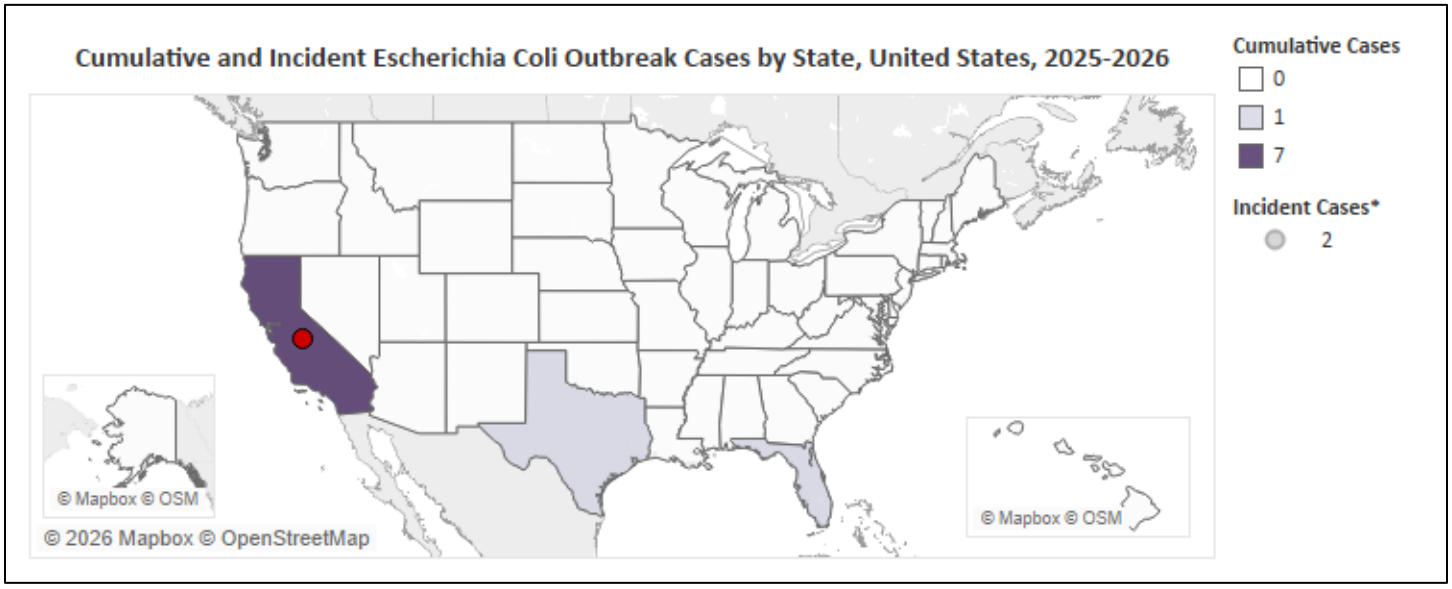

*Figure Notes: Data as of March 25, 2026; *Change in cumulative total compared to previous update.*

A recall of affected products has not been issued by Raw Farm, LLC. The United States Food and Drug Administration (FDA) has recommended that Raw Farm, LLC voluntarily remove their raw cheese products from the market – they have not responded. Affected products include original flavor raw cheddar cheese products of all sizes in block and shredded forms sold at retailers nationwide – the United States CDC recommends not consuming raw cheddar cheese products from Raw Farm, LLC sold on or after January 4, 2026. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

Data Source: CDA (3/30/26)

Measles

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

According to data from the Public Health Agency of Canada (PHAC) as of March 21, 2026, there have been a total of 5,463 probable and confirmed measles cases reported in Canada during 2025, and 650 probable and confirmed cases reported during 2026. Since the previous update, 68 incident cases were reported, primarily in Manitoba (40) and Alberta (26).

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	55	+8	595	+60	45	+8	0	+0	0.0%

*Table Notes: Data as of March 21, 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 (392), Alberta (209), British Columbia (19), Nova Scotia (10), Ontario (10), Saskatchewan (5), and Quebec (5). 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, 7% 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.

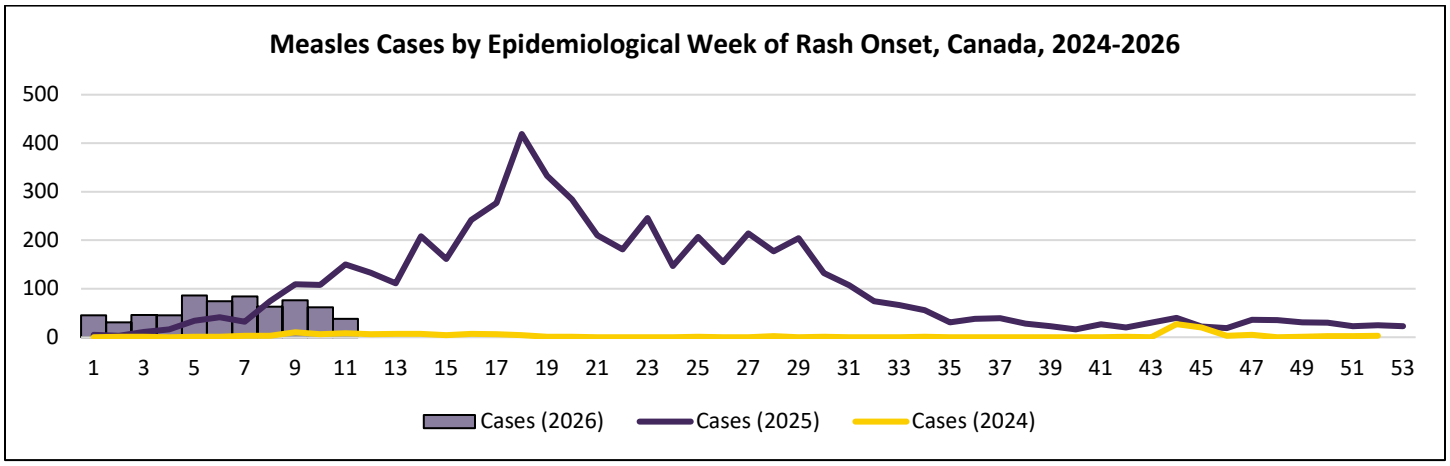

Figure Notes: Data as of March 21, 2026, and includes probable and confirmed cases.

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, suggesting a broad measles resurgence globally.

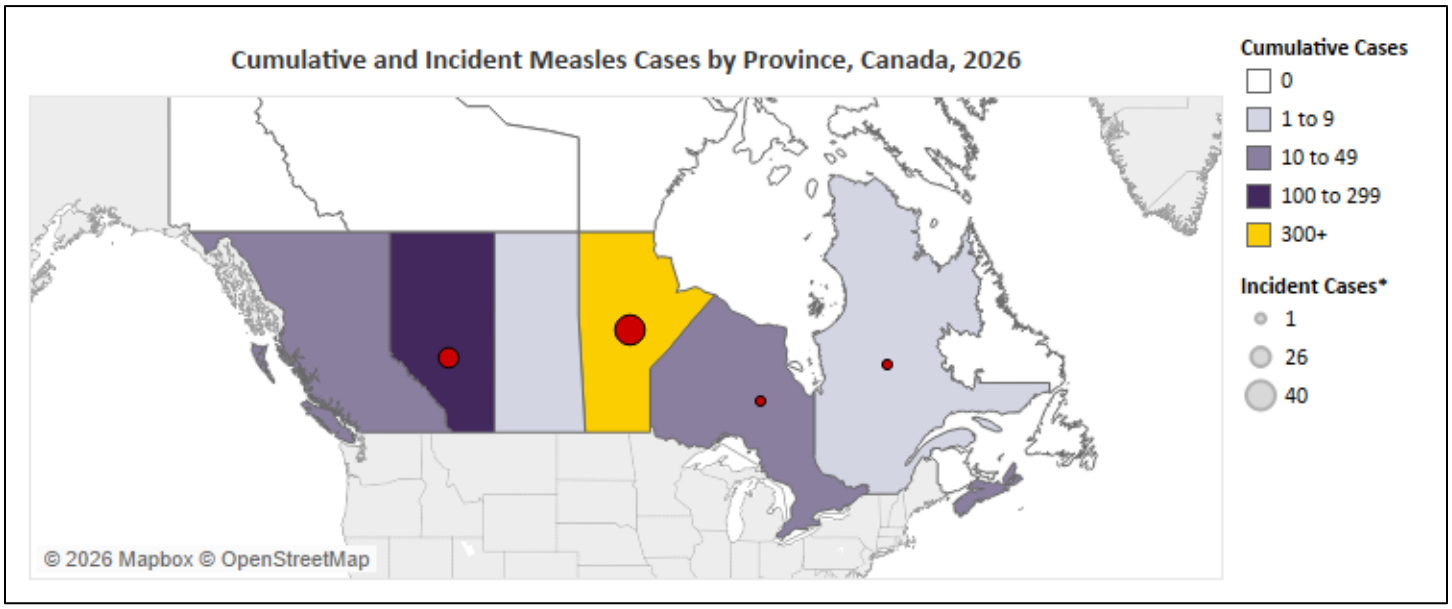

*Figure Notes: Data as of March 21, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

Canada is currently experiencing a large measles outbreak involving 6,020 cases that began in October 2024 and has resulted in the country losing measles elimination status. Among all cases reported during 2026, 97% 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 (3/30/26), PHAC - 2025 (3/16/26)

Guatemala – Over 3,500 Cases Reported in Nationwide Outbreak:

According to BEACON, which cites media reports with data from the Guatemalan Ministry of Public Health and Welfare (MSPAS), the country is experiencing its first measles outbreak in 36 years with a total of 3,594 cases and 2 deaths reported as of March 29, 2026. Both deaths have been reported among children aged <1 year who were ineligible for routine vaccination due to their ages. Health authorities have authorized administration of an early measles vaccine dose for infants aged 6-12 months to protect those most vulnerable. There has been a precipitous rise in cases reported since January when the outbreak was initially declared in Sololá – initial cases (31) were linked to religious mass gathering that was held in December 2025. While initially localized, community transmission is now occurring nationwide with cases reported in all 22 departments, primarily Guatemala (1,958), Sololá (294), and Totonicapán (248).

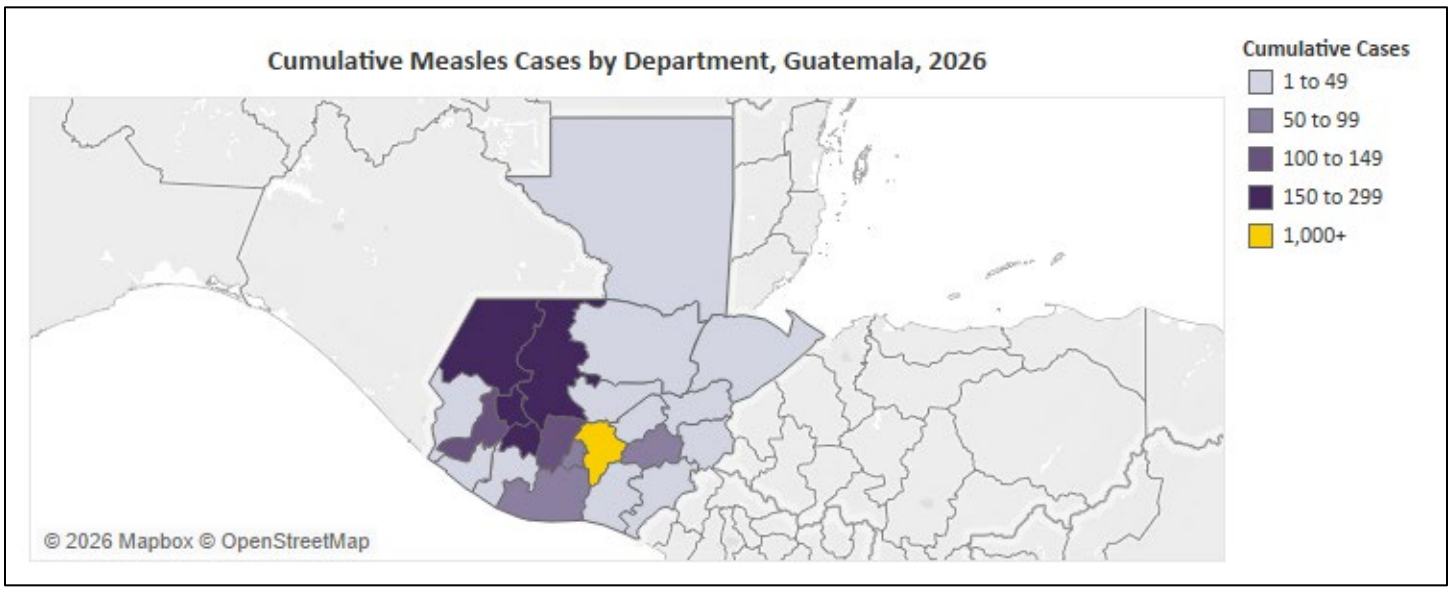

Figure Notes: Data as of March 29, 2026.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. During 2025, there were only 7 cases reported in the country. 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: BEACON (3/31/26), PAHO (2/3/26)

Mexico – Over 500 Confirmed Incident Cases Reported, Trends Declining:

According to data from the Secretary of Health of Mexico as of March 31, 2026, there have been a total of 6,460 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 8,526 confirmed cases and 9 deaths reported during 2026. Since the previous update, 505 confirmed incident cases and 1 death were reported.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,718	-3	6,460	+0	27	+0	0.4%
2026	21,015	+850	8,526	+505	9	+1	0.1%

*Table Notes: Data as of March 31, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (4,952), Chiapas (713), and Mexico City (676). 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 (72.84), followed by those aged 1-4 years (22.71), those aged 5-9 years (16.26), and those aged 25-29 years (16.39).

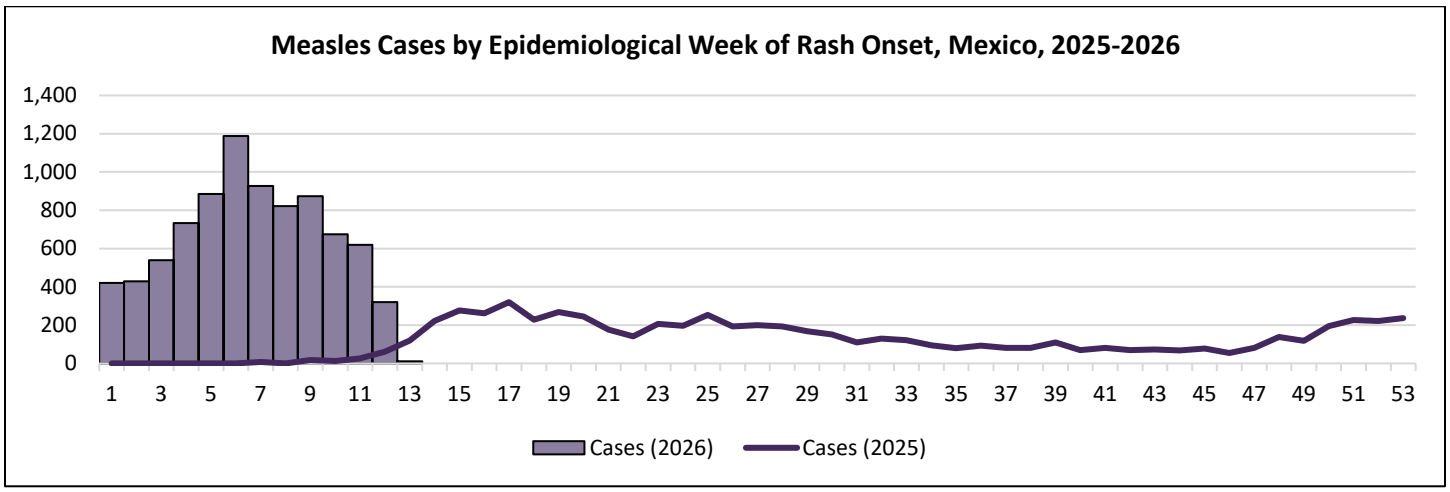

Figure Notes: Data as of March 31, 2026, and includes confirmed cases only (7 missing from figure).

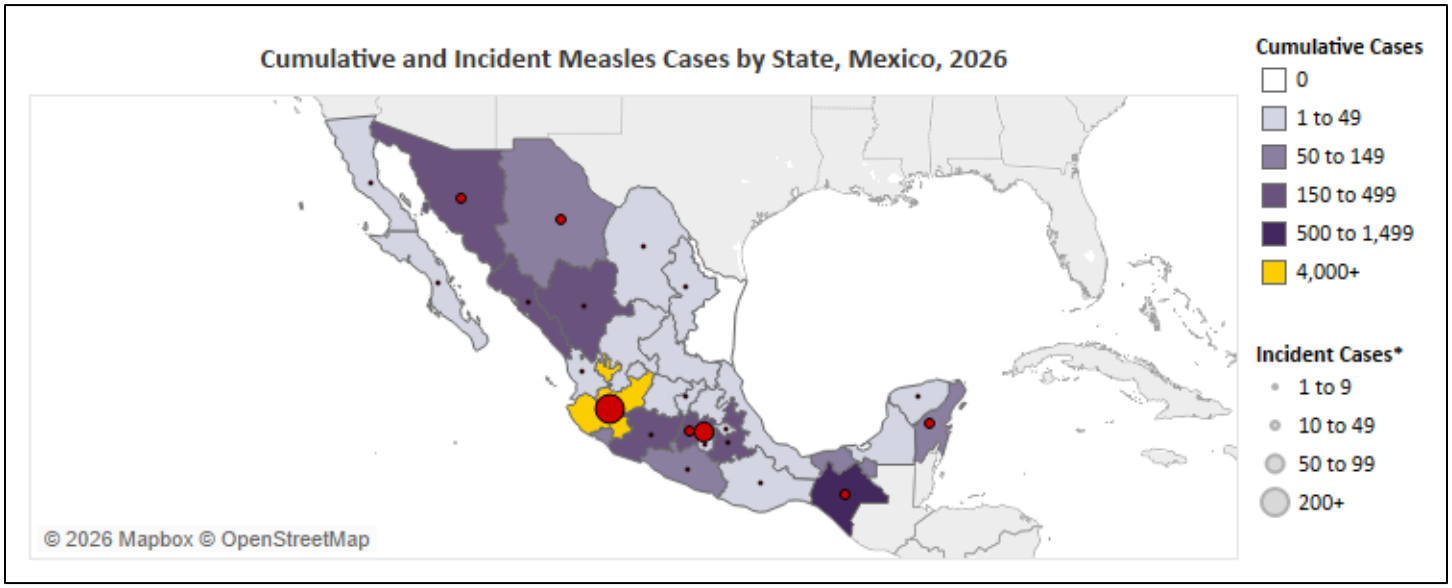

*Figure Notes: Data as of March 31, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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 (3/31/26)

United States – Incident Cases Reported in 11 States, Most in Utah and Texas:

According to data from the United States CDC as of March 26, 2026, there have been a total of 2,285 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,575 confirmed cases reported during 2026. Since the previous update, 88 confirmed incident cases were reported, primarily in Utah (43) and Texas (23).

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,285	+0	246	+0	3	+0	0.1%
2026	1,575	+88	78	+4	0	+0	0.0%

*Table Notes: Data as of March 26, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

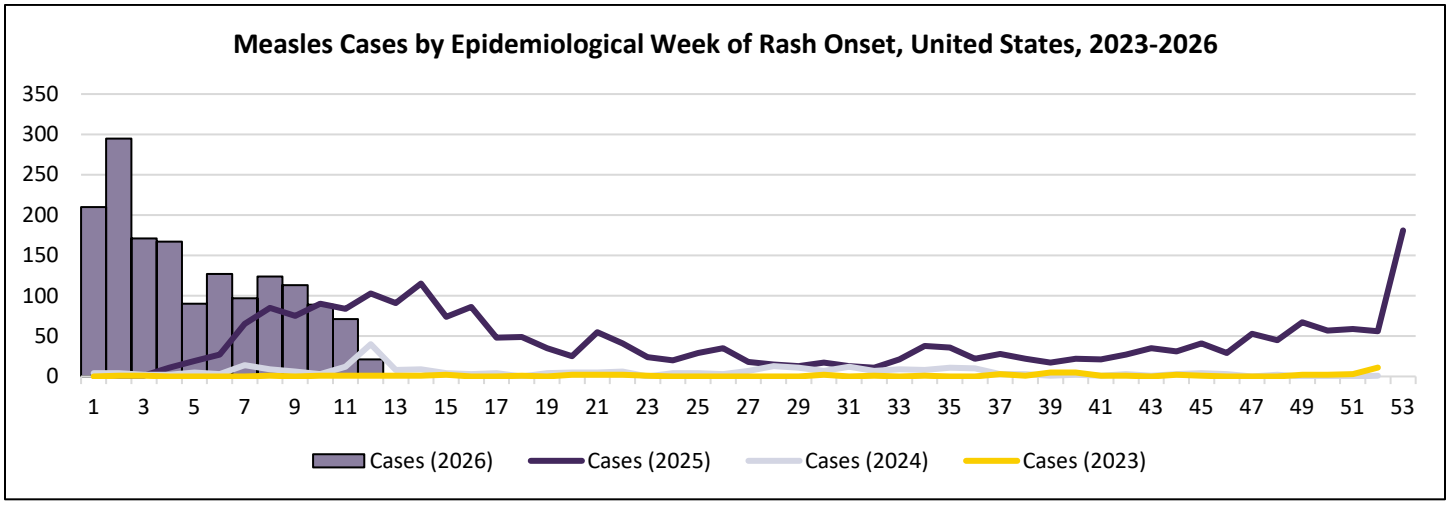

Figure Notes: Data as of March 26, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 32 jurisdictions, primarily South Carolina (668), Utah (318), Texas (170), and Florida (128). There have been 16 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (359 from outbreaks that began during 2026 and 1,124 from outbreaks that began during 2025). Currently, there are ongoing outbreaks in Arizona, Colorado, Florida, South Carolina, Texas, and Utah. Earlier in March, the CDC reported that they were supporting outbreak response activities in the Carolinas – South Carolina has now seen 2 weeks pass with no incident measles cases reported. Those aged 5-19 years have been most affected (52%), followed by those aged 20+ years (27%), 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 4 confirmed case reported in New York City and 4 confirmed cases reported in Rest of State.

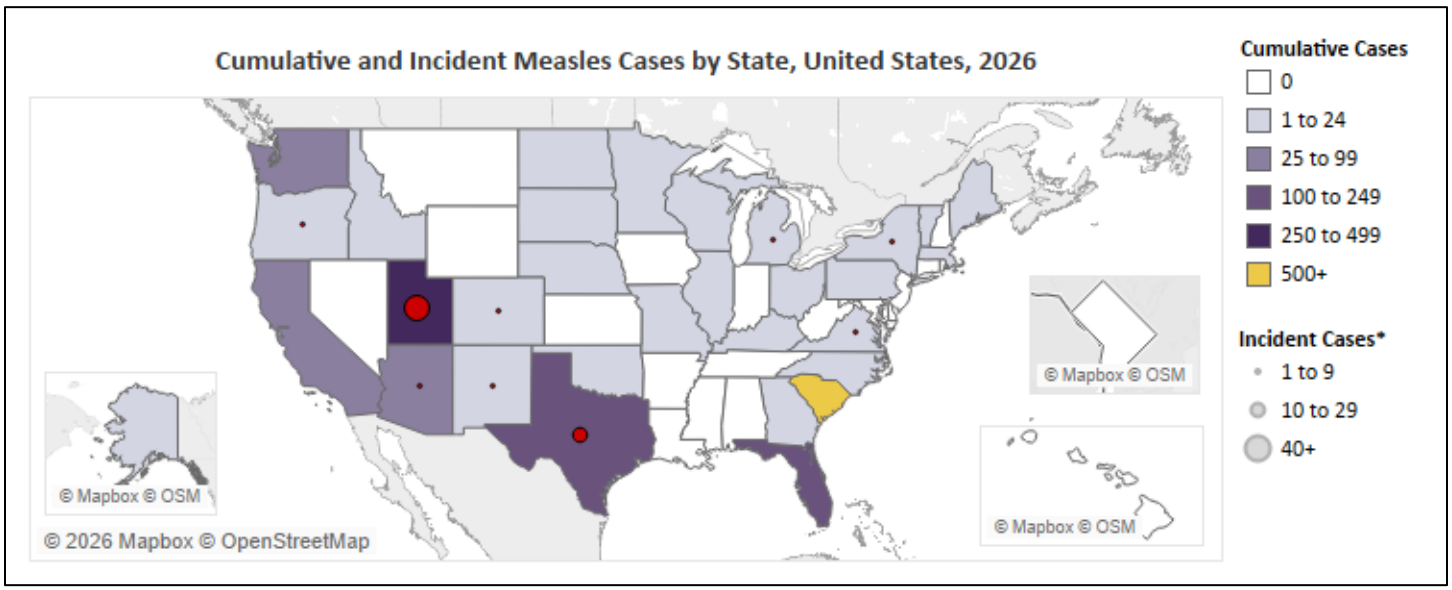

*Figure Notes: Data as of March 26, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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.

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 (3/27/26)

Mpox

Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries:

According to data from the World Health Organization (WHO) as of March 22, 2026, there have been a total of 64,686 confirmed mpox cases and 264 deaths reported in Africa since the beginning of 2024. Since the previous update, 167 confirmed incident cases were reported, primarily in Guinea (99), Madagascar (84), and the Democratic Republic of the Congo (DRC) (41).

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

Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,682	+17	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	36,786	+41	78	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,252	+99	6	+0	0.3%
Kenya	Ib	1,087	+13	19	+0	1.7%
Liberia	IIa and IIb	1,637	+0	8	+0	0.5%
Madagascar	Ib	680	+84	1	+0	0.1%
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	2,604	+11	32	+0	1.2%
Total	**Ia, Ib, IIa, and IIb**	**64,686**	**+265**	**264**	**+0**	**0.4%**

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

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. According to the Africa CDC, the DRC declared an end to the mpox outbreak in the county on April 2, 2026, moving to routine response.

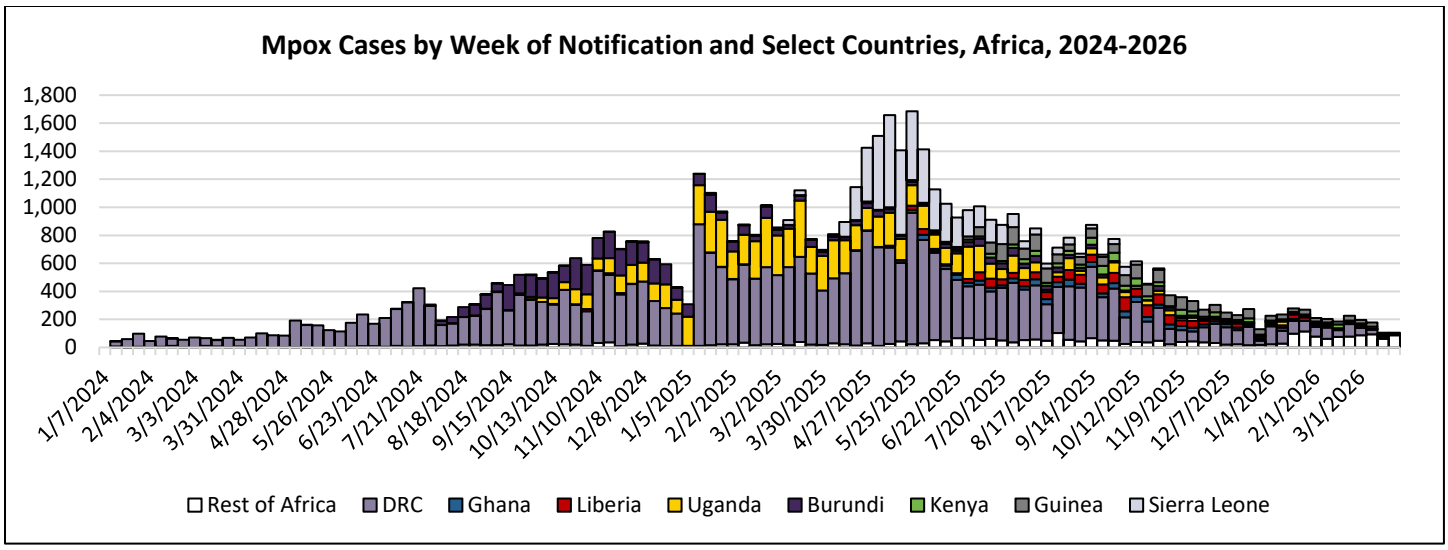

*Figure Notes: Data as of March 22, 2026, and includes confirmed cases only; *4,110 confirmed cases reported in the DRC are excluded.*

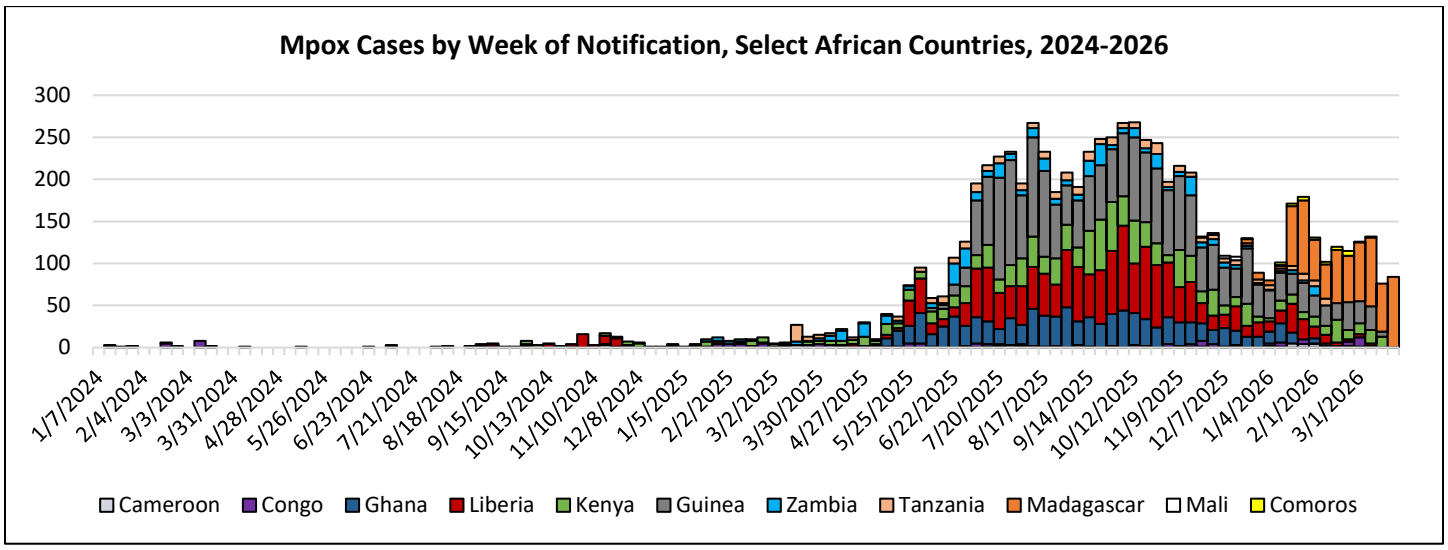

Figure Notes: Data as of March 22, 2026, and includes confirmed cases only.

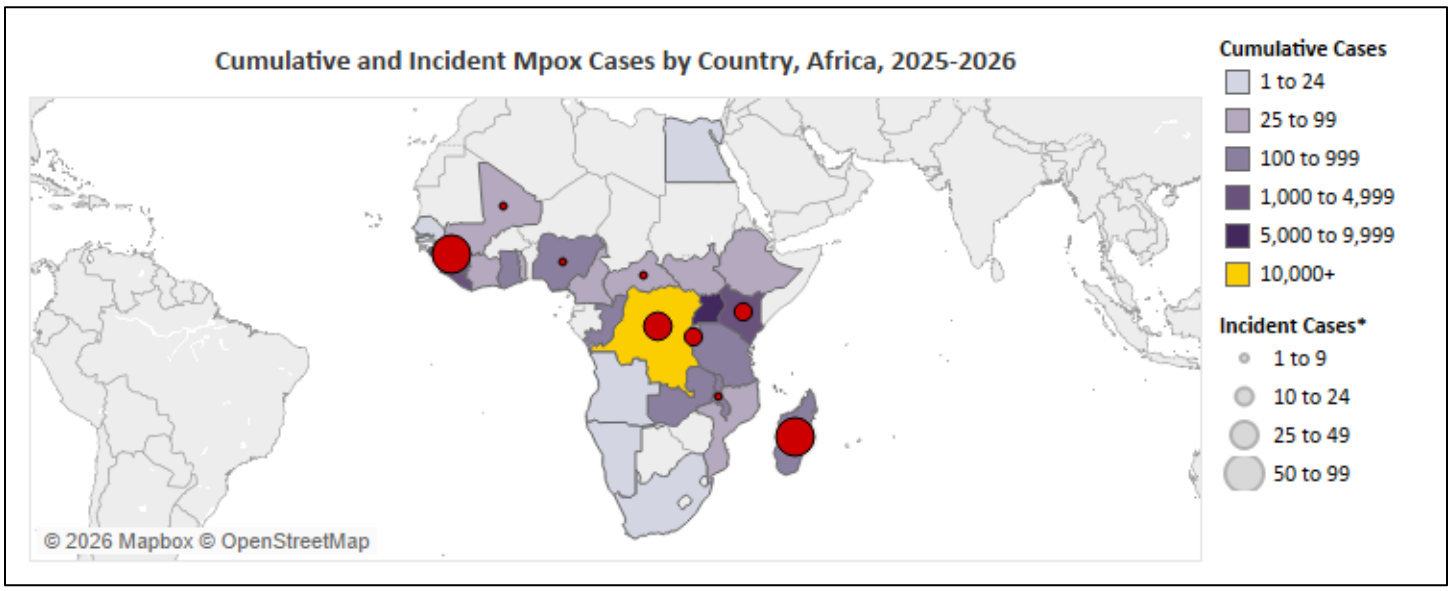

*Figure Notes: Data as of March 22, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed case totals in Africa since the beginning of 2025 (46,741) 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 (3/26/26)

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

According to data from the World Health Organization (WHO) as of March 26, 2026, there have been a total of 152 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 6 incident travel associated clade Ib mpox cases were reported in United States (5 – several of which were mentioned in previous updates) and Ireland (1). Location of exposure for the incident case reported in Ireland was listed as Belgium. Locations of exposure for the incident cases reported in the United States are listed as Europe (1), an area with a known clade I mpox outbreak (1), and under investigation (3).

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†
152	+6	50	+0

Table Notes: Data as of March 26, 2026; †Change in cumulative total compared to previous update.

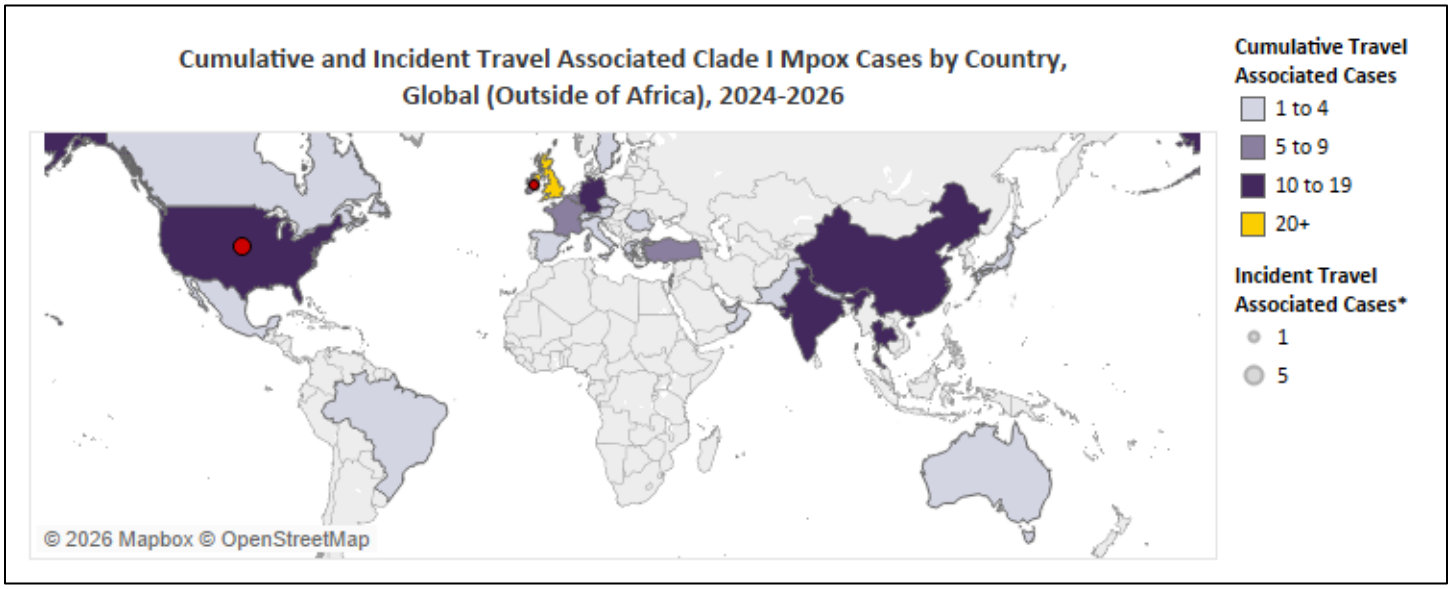

*Figure Notes: Data as of March 26, 2026, and does not include linked secondary cases or clade I cases not determined to be travel associated; *Change in cumulative total compared to previous update.*

Subclade of travel associated cases reported since the beginning of 2024 is distributed as follows: 144 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), the United States (10), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20).

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-March, the

number of clade I cases reported monthly in European Union (EU) and European Economic Area (EEA) countries decreased in February (60 cases) following an increase observed during January (85 cases) – 264 clade I mpox cases have been reported since August 2024. A recent communication published in Eurosurveillance highlights the rapid increase in locally acquired incident clade Ib mpox cases reported in Berlin, Germany, particularly among MSM since December of 2025. 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 those returning from the UAE, indicating likely community transmission. Vaccination is recommended for those traveling to countries with outbreaks and at risk for exposure.

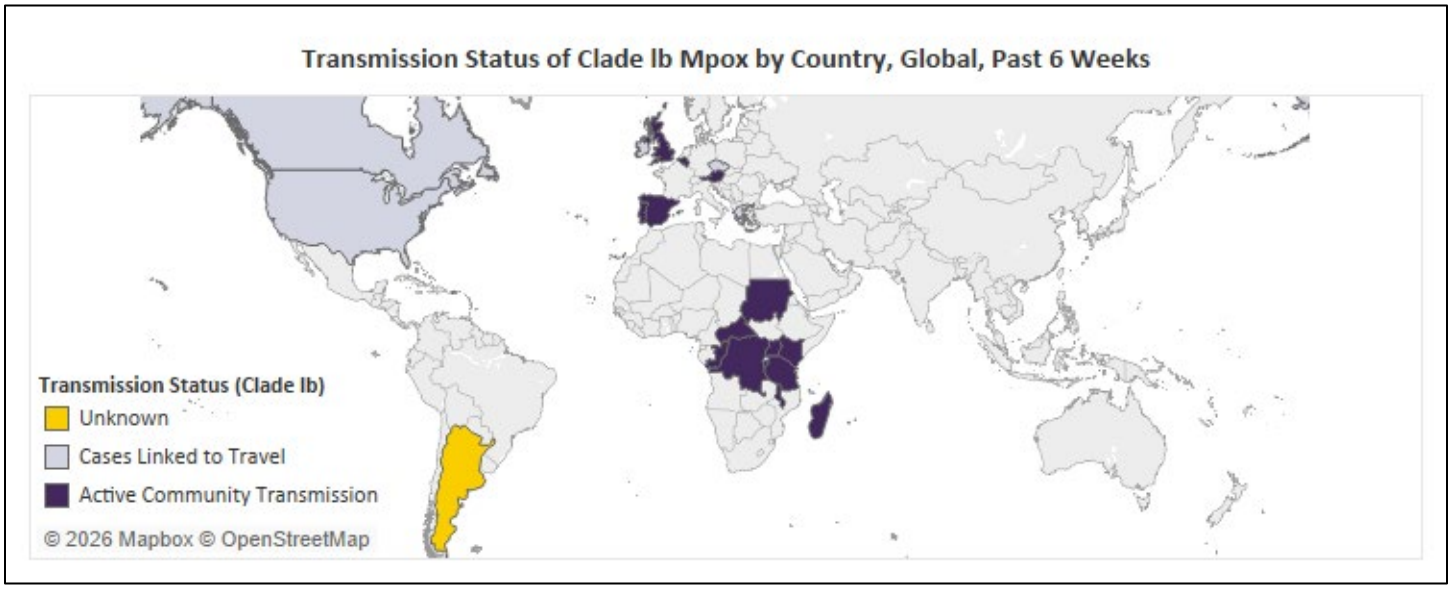

Figure Notes: Data as of March 26, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Data Sources: WHO (3/26/26), 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 April 1, 2026, there have been a total of 19,474 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,440 are currently active (an increase compared to the prior week). According to data from the Secretary of Health of Mexico, as of March 21, 2026, there have been a total of 219 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 742 incident cases among animals and 15 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†
19,474	+742	1,440	+95	219	+15

Figure Notes: Data for cases reported among animals as of April 1, 2026, and data for cases reported among humans of March 21, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have primarily been reported in Chiapas (6,309), Oaxaca (3,324), Veracruz (2,931), Yucatan (1,851), and Tabasco (1,197). Confirmed NWS cases among humans have primarily been reported in Chiapas (119), Yucatan (23), and Oaxaca (18). 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 31, 2026, there have been over 164,000 NWS cases reported among animals and over 1,660 NWS cases reported among humans in Central America and Mexico.

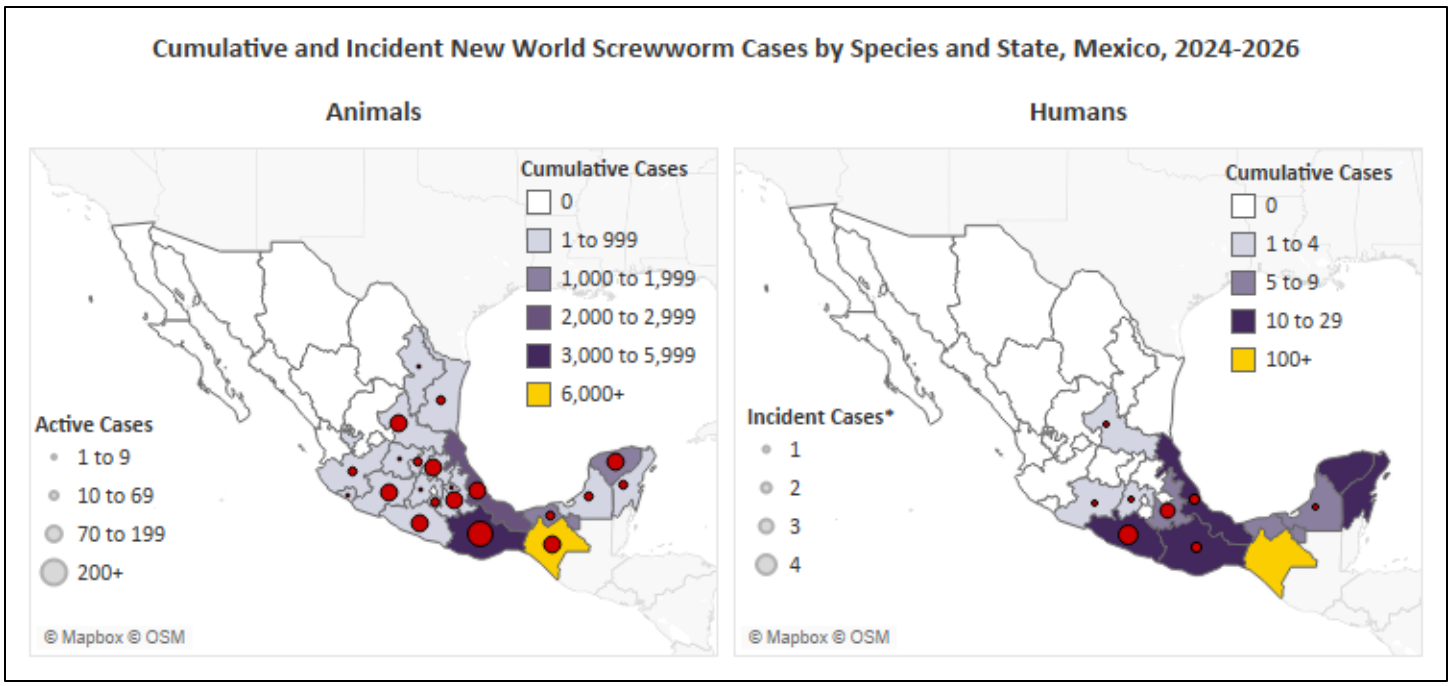

Figure Notes: Data for cases reported among animals as of April 1, 2026, and data for cases reported among humans as of March 21, 2026.

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 41 active NWS cases among animals (an increase of 1 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 (4/1/26), Secretary of Health (3/31/26), CDC (4/1/26)

Non-Seasonal Influenza

Cambodia – Incident Human Case Reported in Oddar Meanchey Province (H5N1):

According to data from the European Centre for Disease Prevention and Control (ECDC), as of March 31, there have been a total of 3 influenza A(H5N1) cases reported among humans in Cambodia during 2026. Since the previous update, 1 incident human H5N1 case was reported among a child aged <5 years in the Banteay Ampil district of Oddar Meanchey province. The case was exposed to sick and dead poultry prior to illness onset and is currently hospitalized.

Human Avian Influenza Type A(H5N1) Cases and Deaths, Cambodia, 2026				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
3	+1	0	+0	0.0%

*Table Notes: Data as March 31, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

After a period with no human H5N1 cases reported from 2015-2022, there has been a rise in the number of human H5N1 cases reported annually in Cambodia. During 2025, there were 18 human H5N1 cases and 9 deaths (CFR: 50%) reported, almost all of which were exposed to domestic birds or poultry prior to illness onset. Most recent human cases in Cambodia with known clade have been caused by influenza A(H5N1) clade 2.3.2.1e. Since November 2003, there have been 93 human H5N1 cases and 52 deaths (CFR: 55.9%) reported in Cambodia.

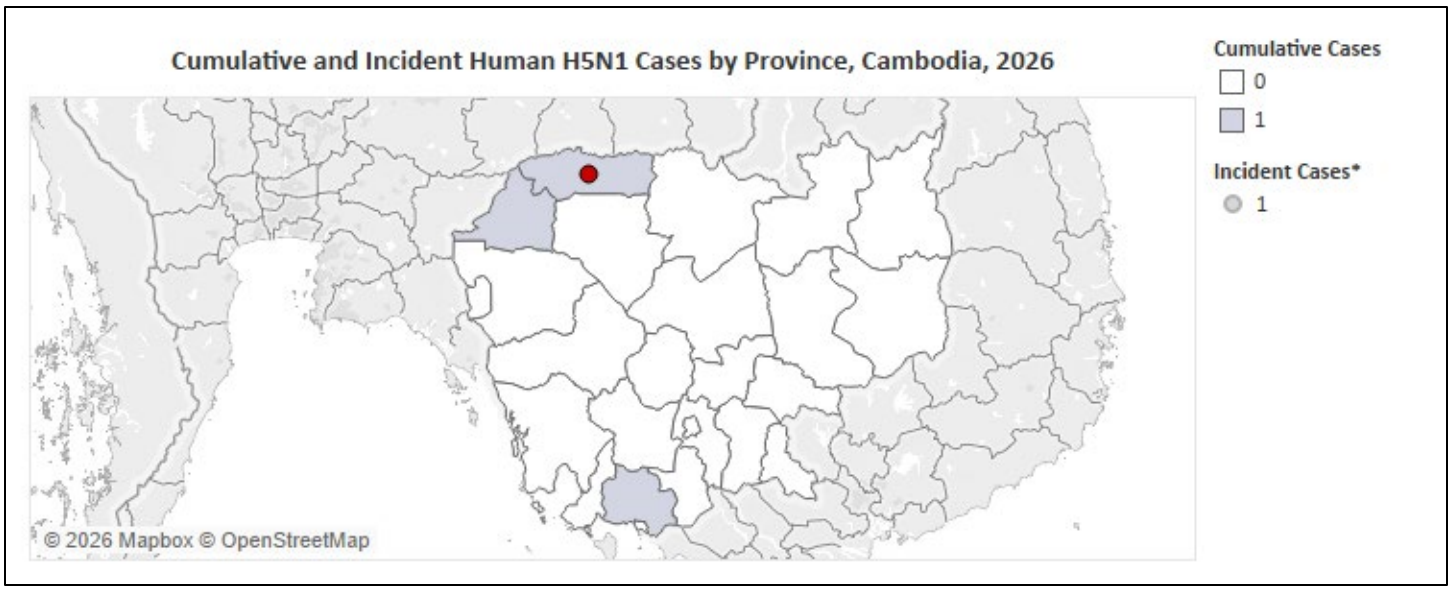

*Figure Notes: Data as of March 31, 2026; *Change in cumulative total compared to previous update.*

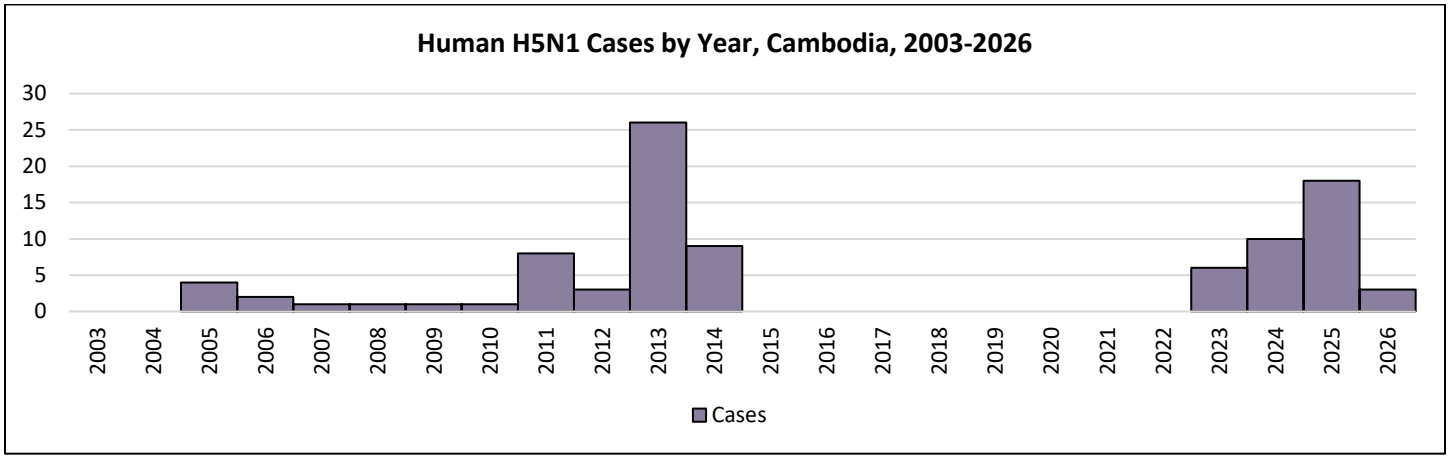

Figure Notes: Data as of March 31, 2026.

Data Sources: ECDC (4/1/26)

Taiwan – Novel Avian Influenza A Case Reported Among Poultry Farmer (H7):

According to statement issued by the Taiwan CDC on April 2, 2026, an avian influenza A(H7) case of novel subtype was detected in March among a 70-year-old male poultry farmer in Taiwan. An exact source of exposure has not yet been identified but investigations are ongoing. The case sought care and was hospitalized with symptoms including runny nose, cough, body aches, and pneumonia – the case's condition has been improving. A total of 33 case contacts have been identified for monitoring and follow-up, of which 6 tested negative for infection and 3 were given preventive treatment.

Sequence analysis determined that the isolated H7 virus belongs to the Eurasian lineage, similar to H7 viruses detected in wild birds in China for many years but differing from H7N9 viruses detected among humans from 2013-2019. According to data from the World Health Organization (WHO), there were 1,568 human H7N9 cases reported globally during this period, of which 616 were fatal (39.9%) – almost all were reported in or imported from mainland China, including 5 in Taiwan. The Taiwan CDC noted that sequence data from the novel H7 case showed similar alignment to sequence data from a human H7N4 case reported in China in 2018, the only human H7N4 case ever reported globally.

Sporadic avian and variant influenza A cases have been reported among humans in Taiwan since 2013, including 5 H7N9 cases imported from mainland China, and individual cases of variant viruses H1N2v, H1N1v, and H1N2v.

Data Sources: Taiwan CDC (4/2/26), WHO (3/27/26), HKCHP (3/31/26)

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

According to data from the United States Department of Agriculture (USDA) as of March 31, 2026, there have been a total of 2,181 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 5 new detections were reported. In the past 30 days, a total of 65 confirmed HPAI detections have been reported (a decrease compared to the previous update) affecting 5.13 million birds.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		**Livestock Herds***			**Wild Birds**	**Mammals**
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
36	29	0	0	0	260	22

*Table Notes: Data as of March 31, 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 17 states, primarily Indiana (33), 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 70 detections reported in 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 30, 2026, there have been 79 poultry flock detections reported in NYS – the most recent detection was confirmed on March 30 in Kings County.

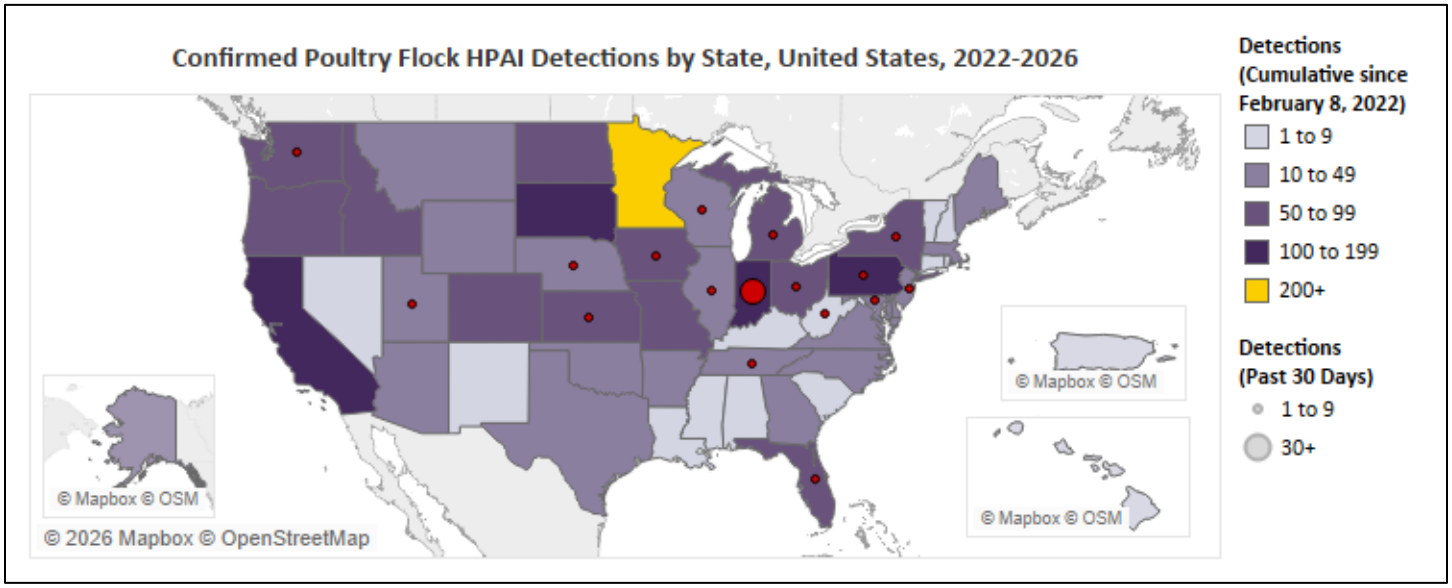

Figure Notes: Data as of March 31, 2026.

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, including a deceased sea lion in California recently, 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 (4/1/26), CDC (3/6/26)

United States – Decrease in Incident Cases Reported Compared to Prior Week:

According to provisional data from the United States CDC as of March 28, there have been a total of 2,765 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 149 incident cases were reported, of which 71 reported symptom onset during the most recent epidemiological week, a 16% decrease 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	+2	67	164	0.4
Middle Atlantic	+9	247	605	0.4
East North Central	+17	392	1,679	0.2
West North Central	+0	95	1,161	0.1
South Atlantic	+18	347	1,009	0.3
East South Central	+7	269	726	0.4
West South Central	+2	269	1,136	0.3
Mountain	+9	415	1,254	0.3
Pacific	+5	647	2,037	0.3
United States Territories	+2	17	44	0.4
Total	**+71**	**2,765**	**9,815**	**0.3**

Table Notes: Data as of March 28, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic region.

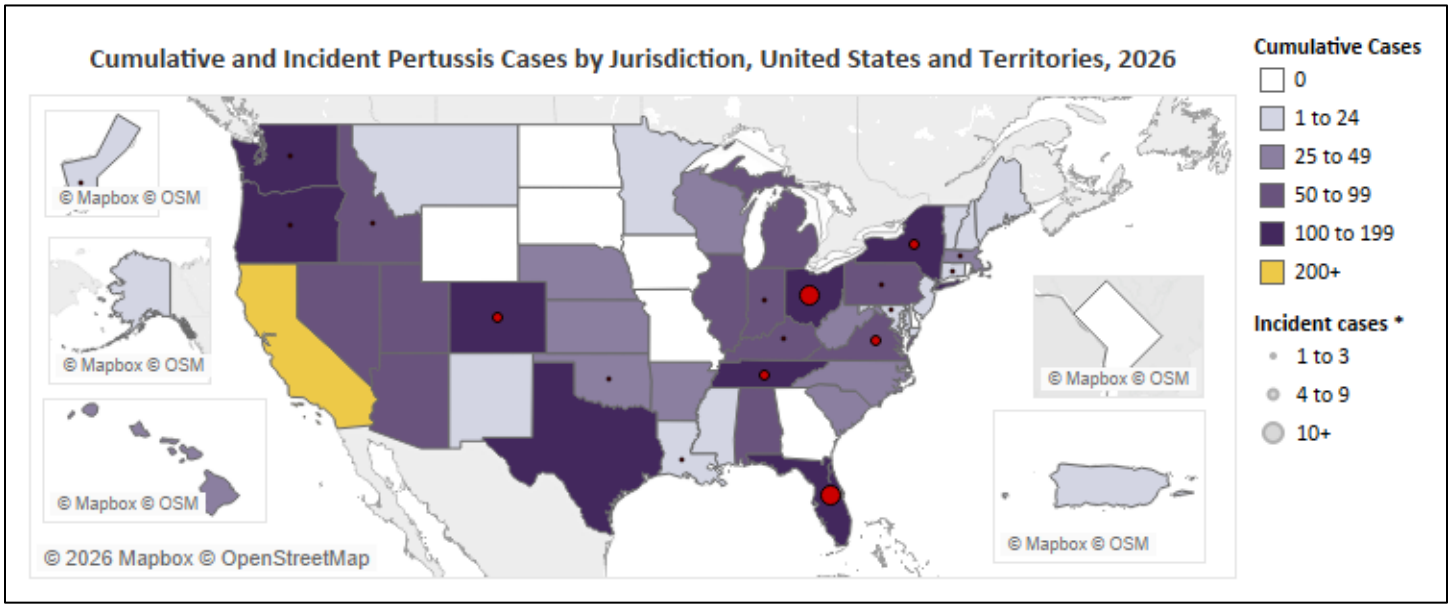

*Figure Notes: Data as of March 28, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Marina Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom 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 (4/1/26), CDC (12/2/25), PAHO (3/25/26)

Polio

Global – Incident AFP Cases Reported in Afghanistan and Nigeria:

According to data from the Global Polio Eradication Initiative (GPEI) as of March 30, 2026, there have been 2 acute flaccid paralysis (AFP) case caused by wild poliovirus type 1 (WPV1), 17 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 case caused by WPV1 was reported in Afghanistan and 1 incident AFP case caused by cVDPV2 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†
2	+1	0	+0	17	+1	2	+0

Table Notes: Data as of March 30, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

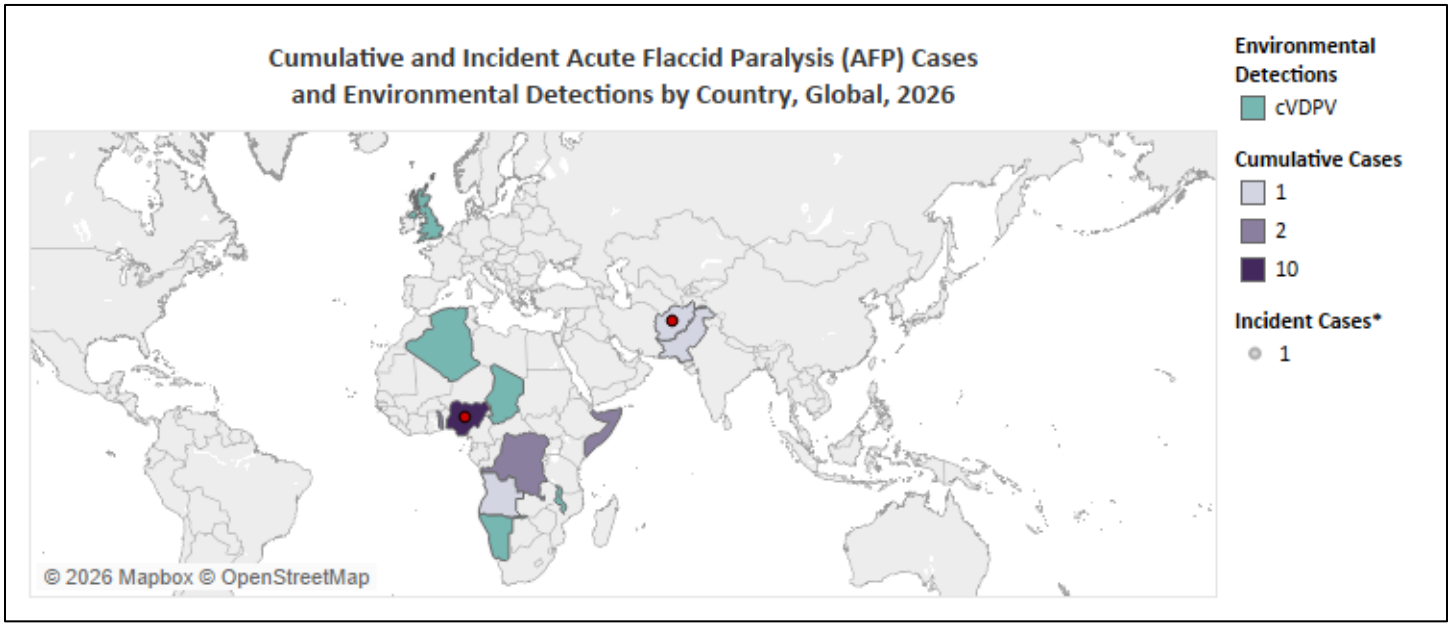

*Figure Notes: Data as of March 30, 2026, and only includes AFP cases with onset of paralysis or environmental detection collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 7 countries: Afghanistan (1 – WPV1), Angola (1 – cVDPV2), the Democratic Republic of the Congo (DRC) (2 – cVDPV2), Nigeria (10 – 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 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 (3/30/26), GPEI - cVDPV (3/30/26)

Seasonal Influenza

United States – Influenza-Like Illness Activity Drops Below National Baseline:

According to data from the United States CDC as of March 21, 2026, there have been an estimated total of 29 million infections, 360,000 hospitalizations, and 23,000 deaths from seasonal influenza during the 2025-2026 season so far. There have been a total of 123 pediatric deaths reported, of which 8 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 continues to decrease and has now dropped below the national baseline for the first time in 16 weeks. 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†
29 Million	360,000	23,000	123	+8

Table Notes: Data as of March 21, 2026; †Change in cumulative total compared to previous update.

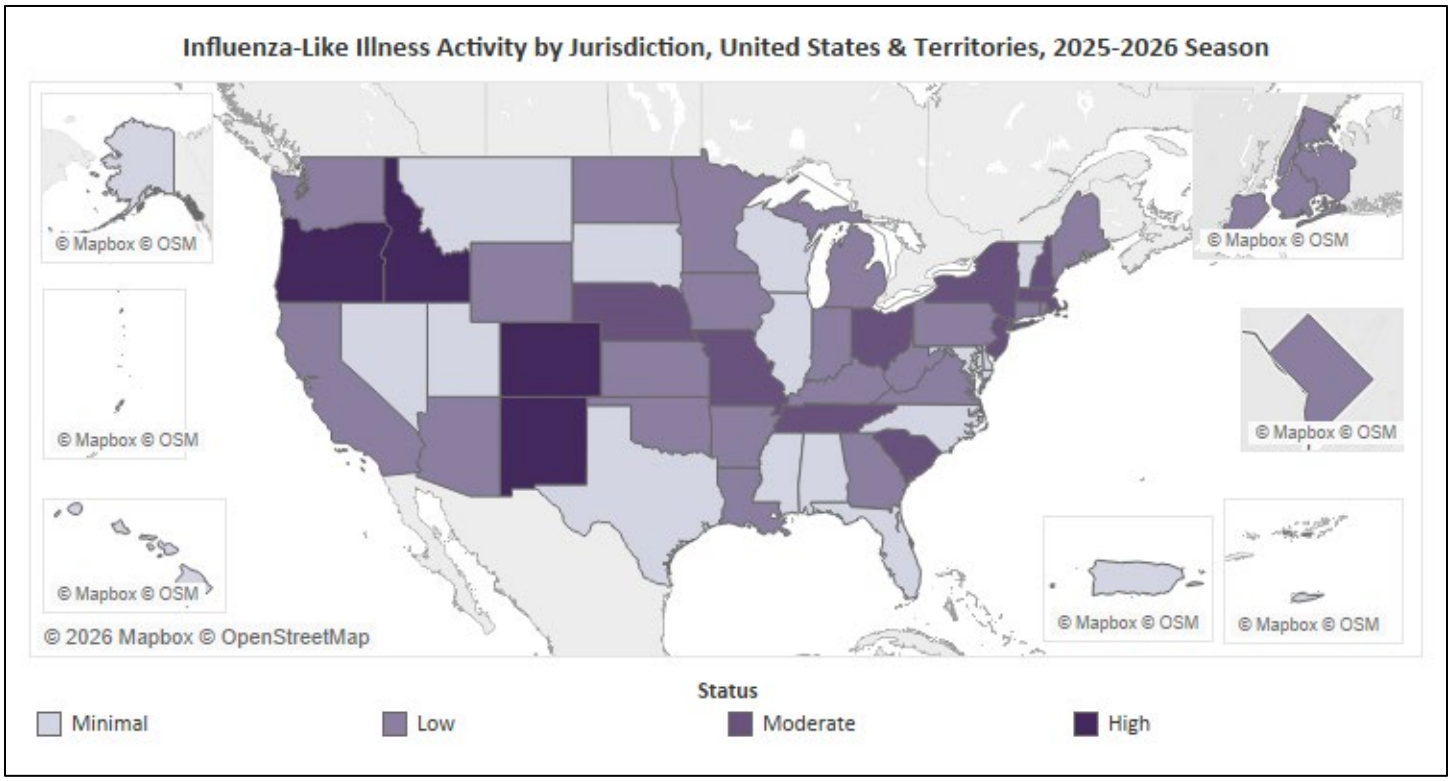

Figure Notes: Data as of March 21, 2026, and depicts influenza-like illness activity during the most recent epidemiological week.

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 42 jurisdictions, moderate in 9 jurisdictions, and high in 4 jurisdictions. There are no jurisdictions with very high activity. During the week ending March 21, 2026, the percentage of patient visits due to ILI was 2.9%, a decrease compared to the prior week and below the national baseline of 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 21, 2026, confirmed cases increased by 7% and hospitalizations decreased by 5% compared to the prior week.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states (14), as of March 21, 2026, the cumulative hospitalization rate among laboratory-confirmed influenza cases for the 2025-2026 season is 81.6 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 (265.0), children aged ≤4 years (88.9), especially those aged <1 year (136.9), non-Hispanic Black persons (age-adjusted 138.3), and American Indian or Alaska Native persons (age-adjusted 88.5). The hospitalization rate during the most recent week was 1.1 per 100,000 population (but it is likely to range from 1.4-1.9), a decrease compared to the prior week.

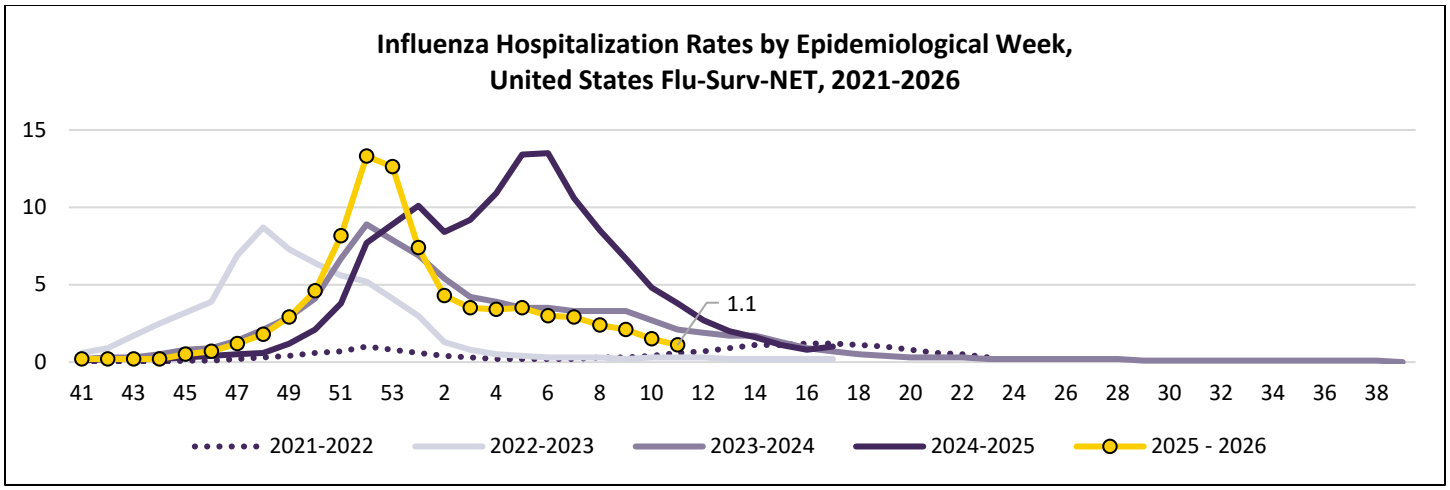

Figure Notes: Data as of March 21, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

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 0.32%, a decrease compared to the prior week.

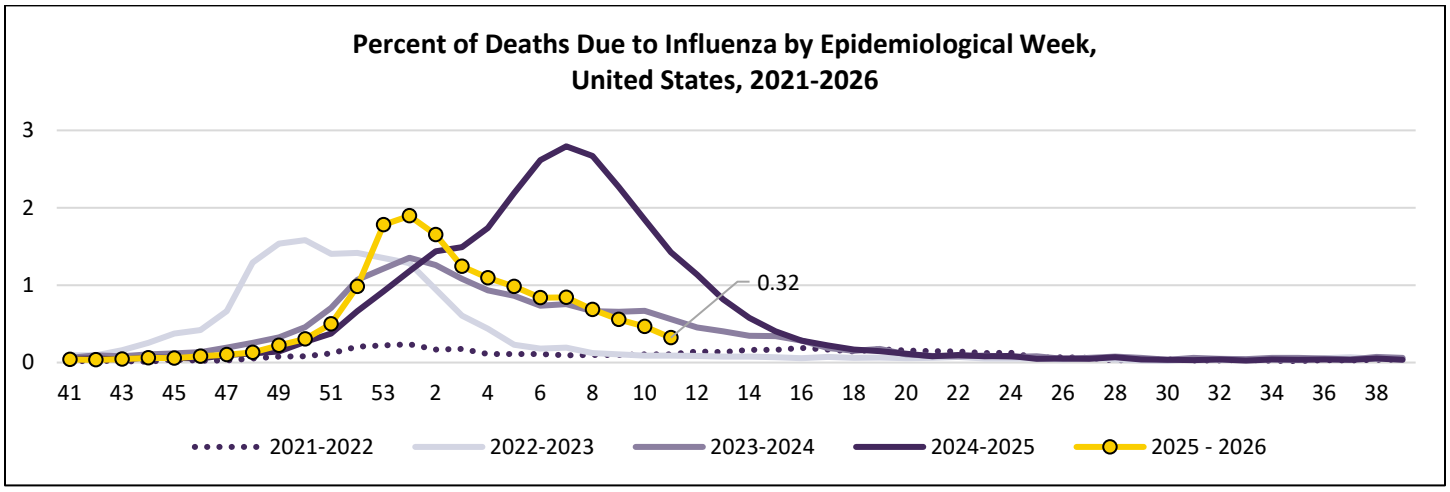

Figure Notes: Data as of March 21, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

Among influenza positive samples collected during this season, 75.4% have been influenza A and 24.6% have been influenza B – there has been a recent rise in the proportion of influenza B detected, with 82.5% 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 (87.6%), including 68.4% 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 (3/27/26)

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

- Africa – WHO Publishes Rapid Risk Assessment Regarding Regional Trends (March 26)
- 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 (Suspected)

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

Marburg

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

Measles

- Israel – Over 3,500 Cases Reported in Ongoing Outbreak, Most Aged <10 Years (March 26)
- Global – WHO Provides Update on Global Case Counts and Incidence Rates (March 19)
- Europe – Measles Transmission Re-Established in Several Countries (February 5)

Meningococcal Disease

- Democratic Republic of the Congo – US CDC Issues Level 2 Travel Health Notice (March 26)
- United Kingdom – Incident Case Reported Among Traveler Returning to France (March 26)

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

- Italy – First Human Case in Europe Reported Among Traveler (H9N2) (March 26)

- 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)

Yellow Fever

- The Americas – Incident Cases and Death Reported in Colombia (March 26)

Other Active CDC Travel Health Notices:

- Yellow Fever in Venezuela - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Chikungunya in Seychelles - 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
- Diphtheria in Nigeria - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Global Dengue - 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
- 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
- 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
- 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

Other Global Health News and Events:

- WHO Member States agree to extend negotiations on key annex to the Pandemic Agreement
- Multi-country outbreak of cholera, epidemiological update #35 -27 March 2026
- Chikungunya cases reach 735 in Mauritius with rapid transmission across several districts - BEACON
- Detecting Influenza A(H5N1) Viruses through Severe Acute Respiratory Infection Surveillance, Cambodia - Volume 32, Number 3—March 2026 - Emerging Infectious Diseases journal - CDC
- Dengue epidemic declared in New Caledonia: First epidemic since 2019 with rapid spread beyond Wolbachia-protected zones - BEACON
- Pertussis cases in Honduras increase to 91 confirmed cases and nine deaths during the first quarter of 2026 - BEACON
- Update on Lassa fever in Nigeria: Elevated case fatality rate and growing healthcare worker impact - BEACON

- WHO IPC - Global Newsletter N°57
- Four recent respiratory diphtheria cases in Northern Territory, Australia, prompt outbreak declaration - BEACON
- Meningitis kills more than 250,000 worldwide in a year, report says | CIDRAP
- GeoSentinel report – rare human tanapox case diagnosed in Johannesburg, South Africa in a patient from Zambia, with an additional probable case also from Zambia - BEACON
- England reports an increase in sexually transmitted shigellosis and ongoing transmission with significant antimicrobial resistance among infections in men who have sex with men (MSM) - BEACON
- Increase in hepatitis A cases mainly linked to contaminated seafood in Lazio, Campania, and Puglia, Italy - BEACON
- Global Respiratory Virus Activity: Weekly Update N° 571 | WHO
- Tpoxx should no longer be used to treat mpox, European drug regulators say | CIDRAP
- Ebola virus may linger in breast milk for weeks after recovery | CIDRAP
- Follow-up on measles outbreak in Bangladesh: 674 cases and 38 child deaths reported, with 70% in infants below vaccination age - BEACON
- More people requesting 'unvaccinated' blood for themselves or their children | CIDRAP
- Rapid increase in measles cases in Japan, with 152 reported by late March 2026 - BEACON
- Kazakhstan reports 5000 measles cases since the beginning of the year, and a fatal complication in one child - BEACON
- Follow-up on measles situation in Hadhramaut, Yemen: 1170 suspected cases with two deaths from the start of 2026 through 21 Mar 2026 - BEACON
- Meningitis bulletin Week 11, 2026 | WHO
- Meningitis bulletin Week 12, 2026 | WHO