



Date: 4/23/26

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..... 1
- Measles..... 3
- Mpox 11
- New World Screwworm..... 13
- Non-Seasonal Influenza..... 14
- Pertussis..... 17
- Polio 18
- Yellow Fever 19
- Other Outbreaks, News, and Events..... 21

Chikungunya

The Americas – Over 1,100 Incident Cases Reported with Majority in Argentina:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on April 22, there have been a total of 75,841 chikungunya cases, of which 25,834 are confirmed, and 26 deaths reported in the Americas during 2026. Since the previous update, 1,190 incident chikungunya cases, of which 295 are confirmed, 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	23,145	+0	7,817	+0	7	+0	0.1%
Brazil	42,979	+0	15,576	+0	16	+1	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	5,681	+1,190	973	+295	0	+0	0.1%
Total	75,841	+1,190	25,834	+295	26	+0	0.1%

*Table Notes: Data extracted on April 22, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

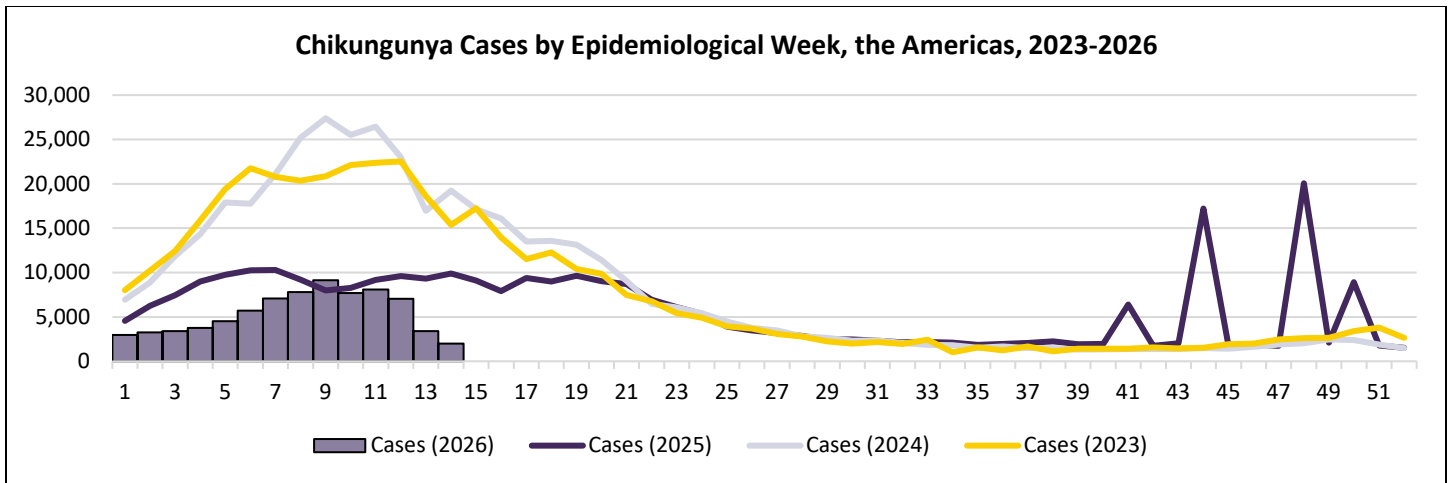


Figure Notes: Data extracted on April 22, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 18 countries in the Americas during 2026, primarily [Brazil](#) (42,979), [Bolivia](#) (23,145), [Argentina](#) (5,506), [Suriname](#) (2,579), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (399.84), Bolivia (181.54), [French Guiana](#) (32.70), Brazil (20.12), Cuba (13.38), and Argentina (11.97). 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, such as [Guatemala](#) which last reported a confirmed chikungunya case in 2016.

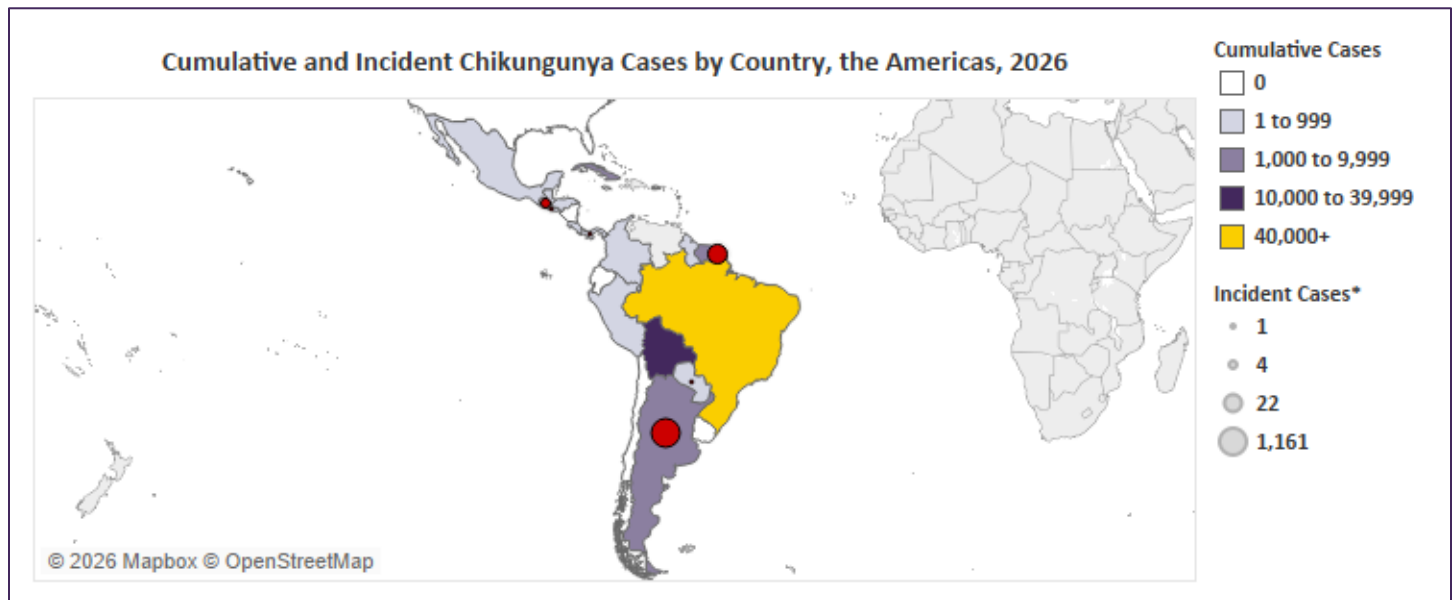


Figure Notes: Data extracted on April 22, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

During 2025, there were 316,401 chikungunya cases, of which 115,875 were confirmed, and 175 deaths (0.2% 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](#) and [Suriname](#). [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [PAHO \(4/22/26\)](#)

Mayotte – Indicators for Suspected Cases and Test Positivity Continue to Rise:

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 900 confirmed locally acquired cases reported in 15 out of 17 communes as of April 17, 2026. Since the previous update, 145 confirmed locally acquired incident cases were reported, of which 100 had symptom onset during epidemiological week 15 (a 24% decrease compared to the prior week). According to SPF, Chikungunya virus circulation remains high with indicators for test positivity and suspected cases rising despite the week-to-week decrease in confirmed cases observed.

Chikungunya Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
942	+145	35	+4	0	+0	0.0%

Table Notes: Data as of April 17, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

Confirmed cases have been reported primarily in Mamoudzou (22%), Sada (12.7%), Bouéni & Chirongui (12.3%), Ouangani (8.6%), and Chiconi (7.4%). Recent trends in incidence have shifted more towards northeast portions of the island and away from earlier epicenters. Test positivity for the current week was estimated at 42.9%, an increase compared to the prior week (38.7%), mimicking suspected case trends. Those aged 25-44 years have been most affected (34.5%), followed by those aged 45-64 years (24.7%), and trailed by those aged <5 years (6.0%) and ≥65 years (5.6%). Among all confirmed cases, 3.7% have been hospitalized. Mayotte has been experiencing a chikungunya outbreak since the beginning of 2025 with 2,208 confirmed cases reported as of April 17, 2026 (1,266 reported during 2025). 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 Source: [SPF \(4/17/26\)](#)

Measles

Global – WHO Provides Update on Global Case Counts and Incidence Rates:

Since the previous update, the [World Health Organization \(WHO\)](#) released their monthly update regarding confirmed measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 68,499 confirmed measles cases reported by 108 countries. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of April 15, 2026, are presented in the table below.

Cumulative Measles Cases and Incidence Rates, Global, 2026			
Confirmed Cases		Incidence per 1M Population	
Country	Cumulative	Country	Cumulative Incidence Rate
India	14,552	Guatemala	197.29
Mexico	8,435	Kazakhstan	188.45
Pakistan	5,843	Lao People's Democratic Republic	168.93
Yemen	5,711	Cameroon	156.30
Cameroon	4,670	Yemen	136.71
Kazakhstan	3,928	Central African Republic	128.96
Guatemala	3,687	Angola	91.96
Angola	3,590	Mexico	63.93
United States of America	1,664	Mongolia	56.30
Bangladesh	1,481	Burundi	45.66

Table Notes: Data as of April 15, 2026; Cumulative incidence rates calculated using population data from 2025.

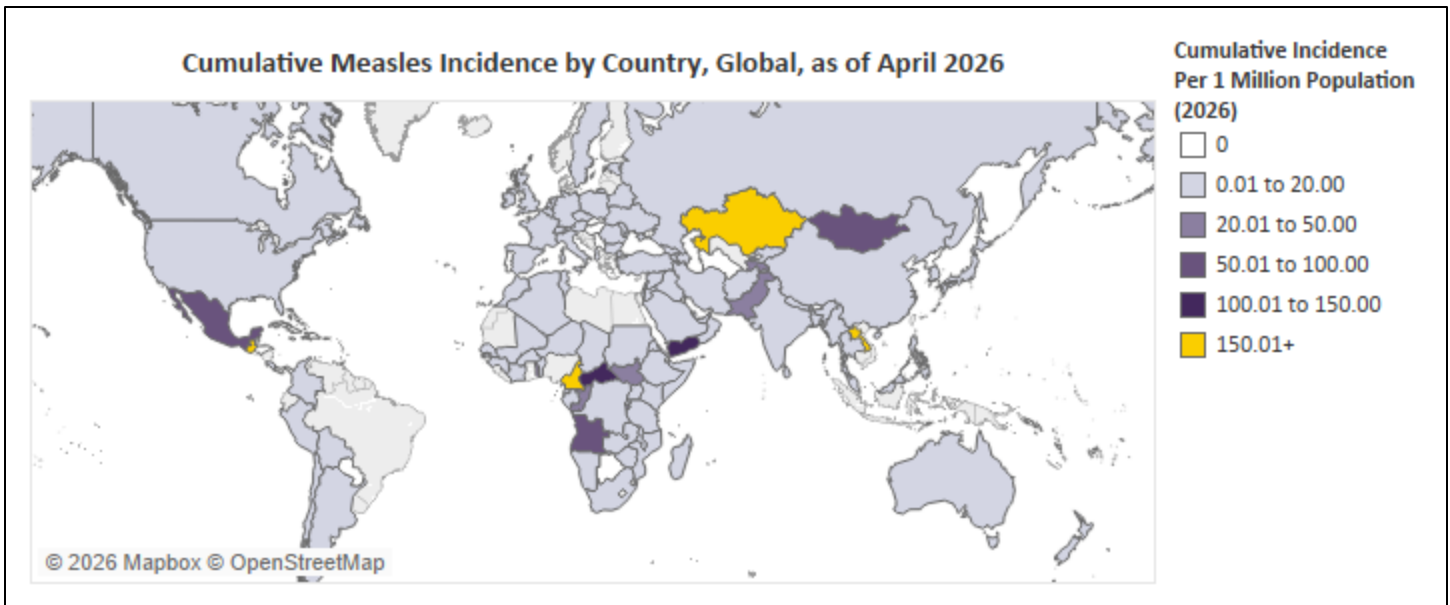


Figure Notes: Data as of April 15, 2026; Cumulative incidence rates calculated using population data from 2025.

There were a total of 276,240 confirmed measles cases reported globally during 2025. On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for ≥ 12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a [PAHO Epidemiological Alert](#) published in February, confirmed case counts for 2026 in the Americas represent a 45-fold increase compared to 2025 through the end of epidemiological week 3. 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: [WHO \(4/15/26\)](#)

Bangladesh – Almost 4,000 Confirmed Cases Reported Since Mid-March:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of April 23, there have been a total of 27,164 suspected and 3,934 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 190 deaths reported among suspected cases, and 38 reported among confirmed cases. Since the previous update, 7,681 cases (6,812 suspected & 869 confirmed) and 22 deaths (18 suspected & 4 confirmed) were reported. According to provisional data from the [World Health Organization \(WHO\)](#) for the period of January 1 – March 16, 2026, there were 91 confirmed cases reported, highlighting the rapid increase in incidence since then.

Measles Cases, Hospitalizations, and Deaths by Case Status, Bangladesh, Since March 15, 2026							
Case Status	Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Suspected	27,164	+6,812	17,998	+4,869	190	+18	0.7%
Confirmed	3,934	+869			38	+4	1.0%

Table Notes: Data as of April 23, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, suspected cases have been reported in all 8 departments: Dhaka (12,058), Rajshahi (5,174), Chattogram (3,586), Khulna (2,101), Barisal (1,783), Sylhet (1,149), Rangpur (766), and Mymensingh (547). Among all cases (suspected & confirmed), 58% have been hospitalized. According to data from the [WHO](#) as of April 14, 2026, the majority of cases have been among children aged < 5 years (79%), with 66% among children aged < 2 years and 33% among children aged < 9 months. Deaths have primarily been reported among unvaccinated children aged < 2 years.

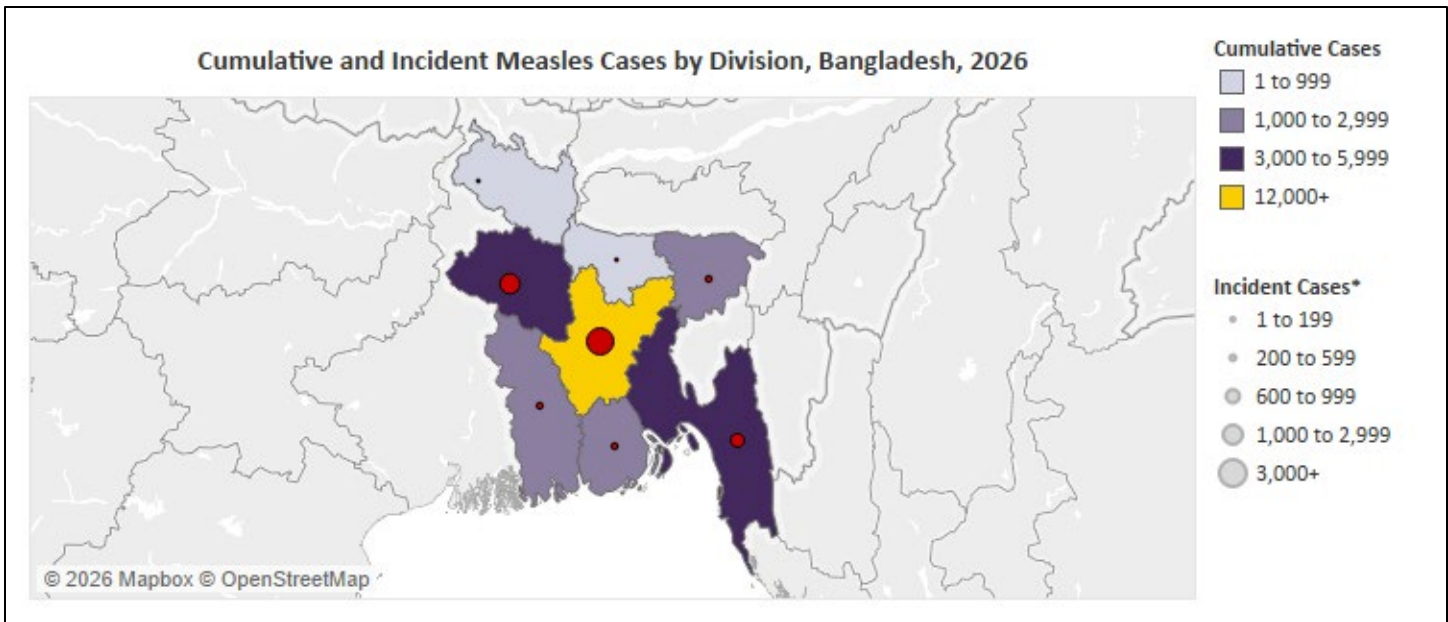


Figure Notes: Data as of April 23, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

On April 5, 2026, an [emergency measles-rubella vaccination campaign](#) was launched targeting children aged 6 months to 5 years who were not routinely immunized or are at greatest risk for severe illness across 18 high-risk districts. According to data from the [WHO South-East Asia Region \(SEAR\)](#) as of April 20, 2026, over 1.5 million children have been vaccinated since the campaign began.

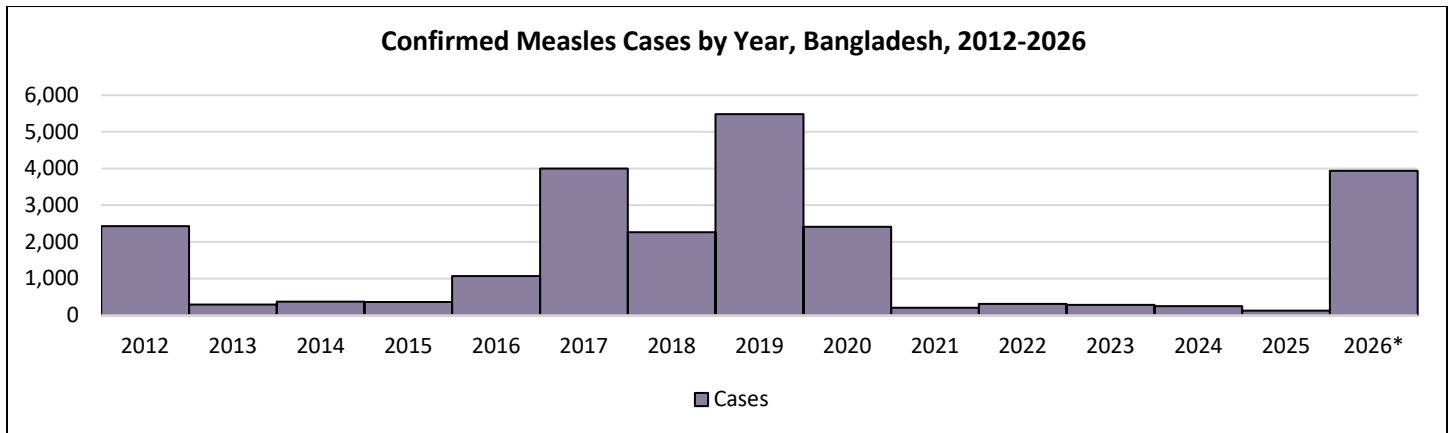


Figure Notes: Data for 2012-2025 as of March 16, 2026; *Data for 2026 as of April 23, 2026, and is incomplete for the year.

In the first 4 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year since 2019 (5,479). An approximately 13-fold decrease in the number of confirmed cases reported annually has been observed since the COVID-19 pandemic. From 2021-2025, there were 293 confirmed cases reported annually on average. In the years preceding the pandemic (2016-2020), there were 3,805 confirmed 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: [WHO \(3/16/26\)](#), [SEAR \(4/22/26\)](#), [DGHS \(4/23/26\)](#), [WHO \(4/23/26\)](#)

Canada – Incident Cases Reported in 5 Provinces, Most in Manitoba:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of April 11, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 871 probable and confirmed cases reported during 2026. Since the previous update, 82 incident cases with rash onset in 2026 were reported, primarily in 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	380	+0	5,082	+2	401	+0	2	+0	0.0%
2026	74	+9	797	+73	55	+1	0	+0	0.0%

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

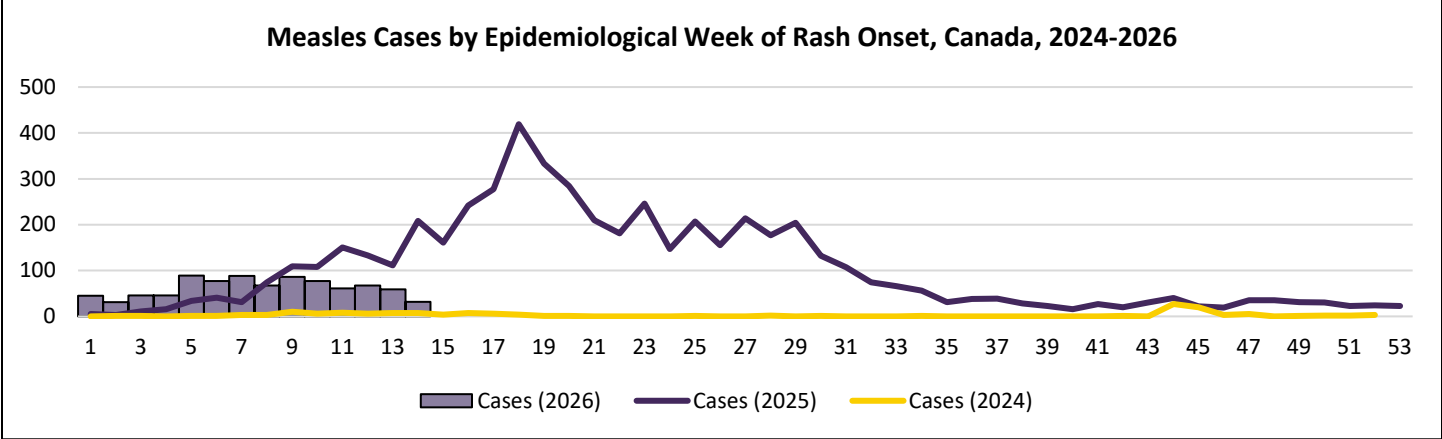


Figure Notes: Data as of April 11, 2026, and includes probable and confirmed cases; 2 cases missing from figure for 2025.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (529), [Alberta](#) (273), Ontario (23), [British Columbia](#) (22), Nova Scotia (10), [Quebec](#) (9), and [Saskatchewan](#) (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 (13%). There have been 2 congenital cases reported. Among all cases, 92% were unvaccinated or had unknown vaccination statuses, 6% have been hospitalized, and 97% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Chad, [Guatemala](#), India, [Mexico](#), Pakistan, Spain, Thailand, Togo, Türkiye, the [United States](#), and Vietnam.

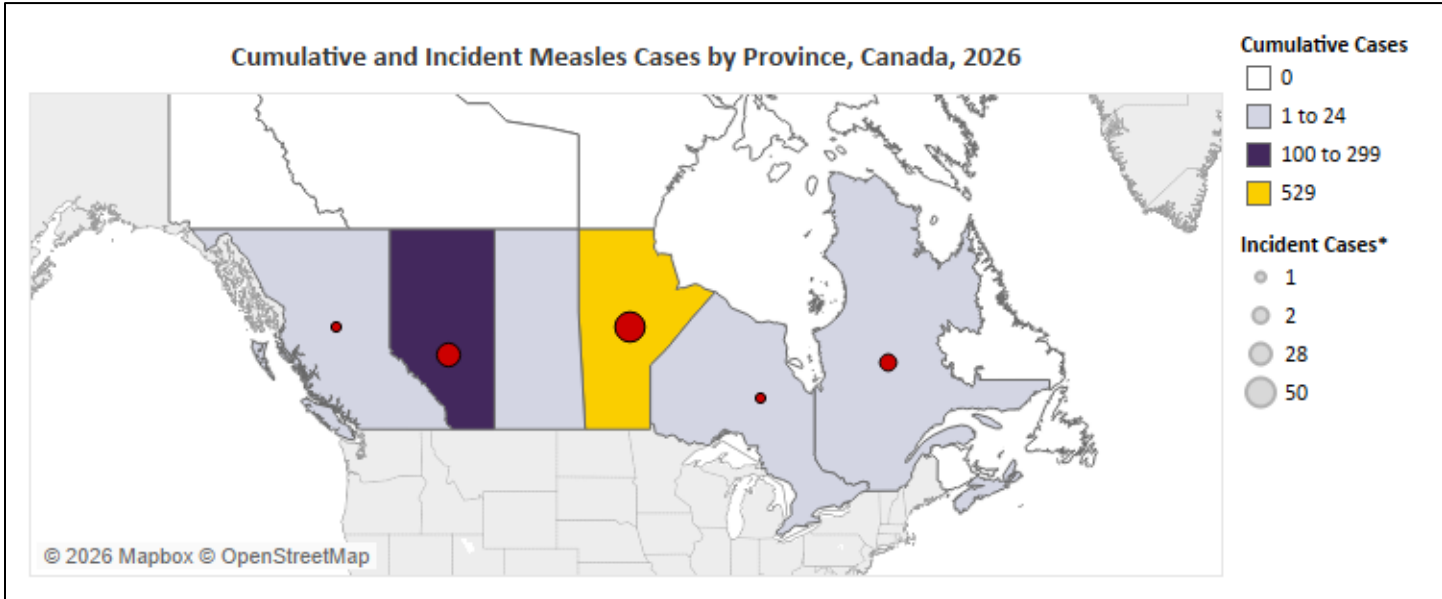


Figure Notes: Data as of April 11, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,396), Alberta (2,013), 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 23 different countries, suggesting a broad measles resurgence globally.

Canada is currently experiencing a large measles outbreak involving 6,226 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 \(4/20/26\)](#), [PHAC - 2025 \(4/13/26\)](#)

Israel – Updated Data on Outbreak Primarily Affecting Children Aged <10 Years:

According to data from the [Israeli Ministry of Health](#), as of April 20, 2026, there have been a total of 3,643 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 19 incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,643	+19	1,232	+6	17	+0	0.5%

*Table Notes: Data as of April 20, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Cases have primarily been reported in Jerusalem (1,154), Beit Shemesh (1,054), Bnei Brak (195), Safed (148), Beitar Illit (110), Tiberias (103), Modin Illit (71), and Nof Hagalil (60). Among all cases, 86.2% have been among children aged <10 years, and 33.8% have been hospitalized, including 13 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.

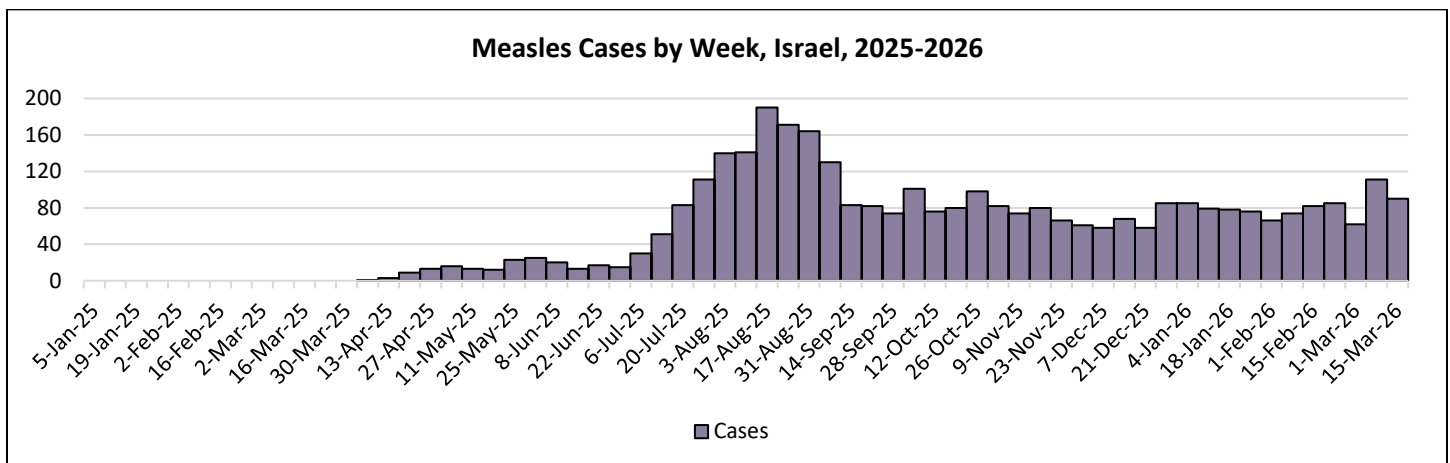


Figure Notes: Data as of April 20, 2026, and includes 3,505 cases through March 21, 2026.

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 \(4/20/26\)](#)

Japan – Initial Data on Increasing Community Transmission Trends:

According to provisional data from the [Japan Institute for Health Security \(JIHS\)](#) as of April 12, there have been a total of 299 measles cases reported in Japan during 2026. From April 6-12, 2026, there were 63 incident cases reported, of which 56 had symptom onset during that week. Weekly incidence trends have been increasing since the beginning of the year.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
299	+63	+56	0	0.0%

Table Notes: Data as of April 12, 2026; †Change in cumulative total compared to prior update; ‡Incident cases with symptom onset during most recent epidemiological week; *Case fatality rate (CFR).

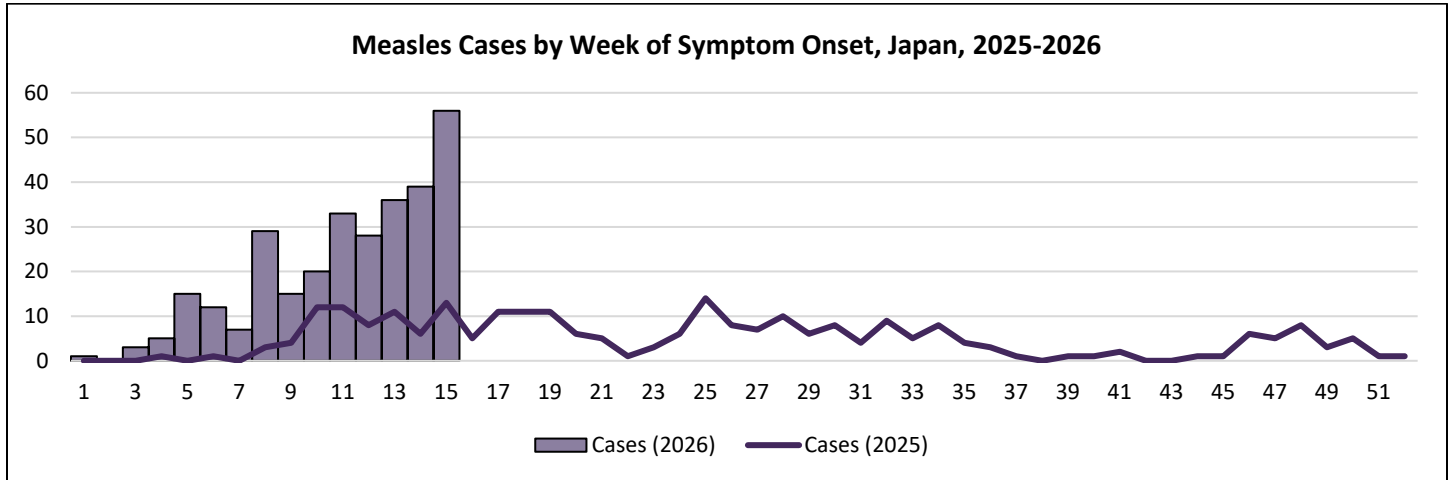


Figure Notes: Data as of April 12, 2026; 13 cases missing from figure for 2025.

During 2026, cases have been reported by 25 prefectures, primarily Tokyo (108), Kanagawa (31), Kagoshima (28), Aichi (23), Chiba (23), and Saitama (21). From April 6-12, 2026, Tokyo reported the highest number of incident cases (36). Those aged 20-29 years have been most affected (31%), followed by those aged 30-39 years (21%), those aged 15-19 years (19%), and those aged 40-49 years (13%). Among all cases, 41.8% have been unvaccinated or had unknown vaccination statuses, and 70.2% of cases acquired infection domestically.

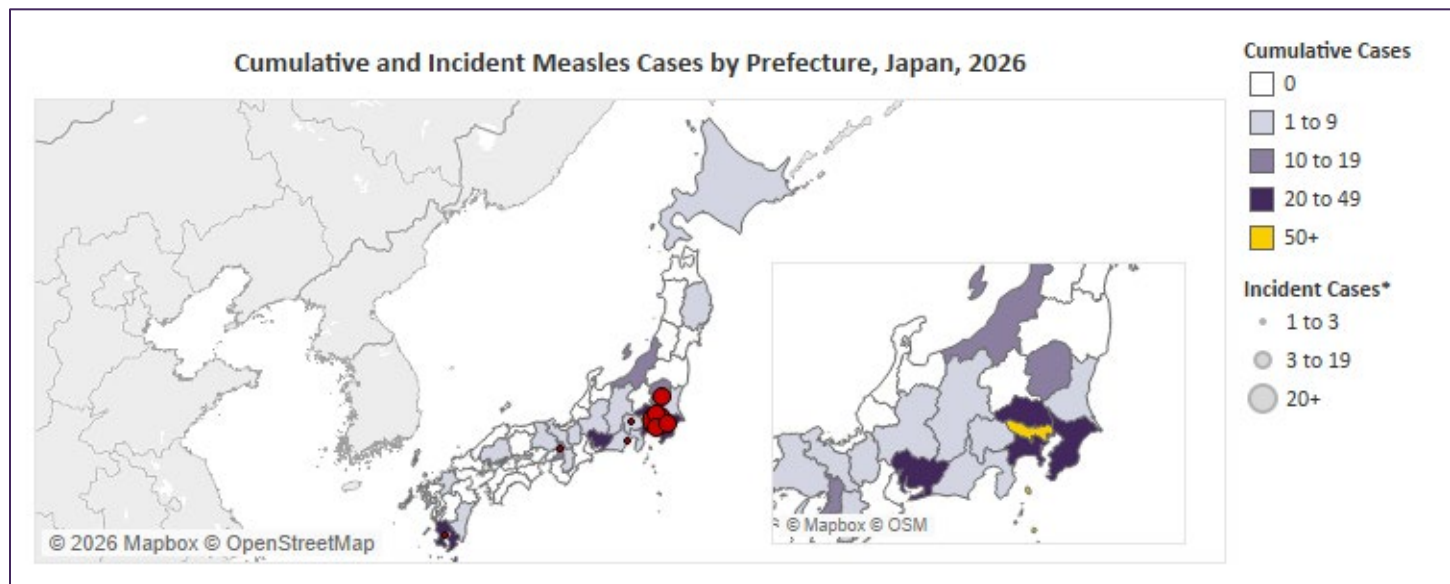


Figure Notes: Data as of April 12, 2026; *Reported during the week of April 6-12, 2026.

In the first 4 months of 2026, Japan has reported the highest number of measles cases in a given year since 2019 (744). In the 3 years prior to 2019, there were 210 measles cases reported on average. There were a total of 265 measles cases reported during 2025, following a gradually increasing annual trend from 2022-2024 (6-45 cases). 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: [JIHS \(4/22/26\)](#), [JIHS \(4/15/26\)](#)

Mexico – Over 400 Confirmed Incident Cases Reported in 23 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of April 22, 2026, there have been a total of 6,574 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 9,872 confirmed cases and 9 deaths reported during 2026. Since the previous update, 414 confirmed incident cases with symptom onset during 2026 were reported, primarily in Jalisco (227) and Mexico City (54). Weekly incident cases reported have been declining since epidemiological week 6.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,711	-1	6,574	+87	27	+0	0.4%
2026	23,454	+721	9,872	+414	9	+0	0.1%

Table Notes: Data as of April 22, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

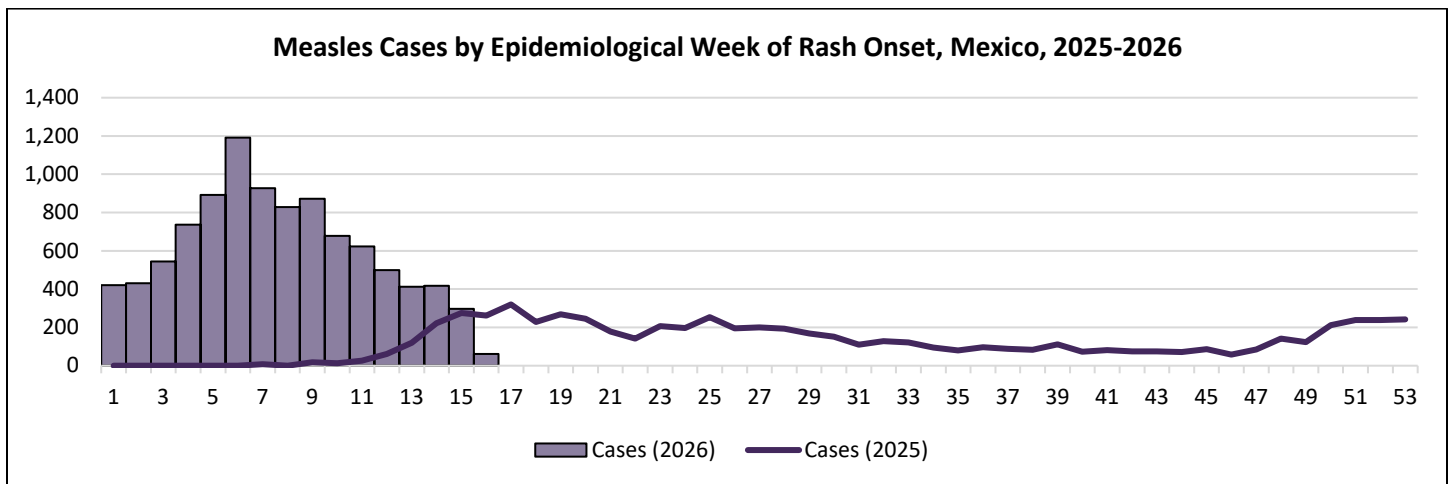


Figure Notes: Data as of April 22, 2026, and includes confirmed cases only (50 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (5,675), Mexico City (825), and Chiapas (774). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (733). Across both years, incidence per 100,000 population has been highest among those aged <1 year (80.25), followed by those aged 1-4 years (24.83), those aged 25-29 years (17.80), and those aged 5-9 years (17.69).

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.

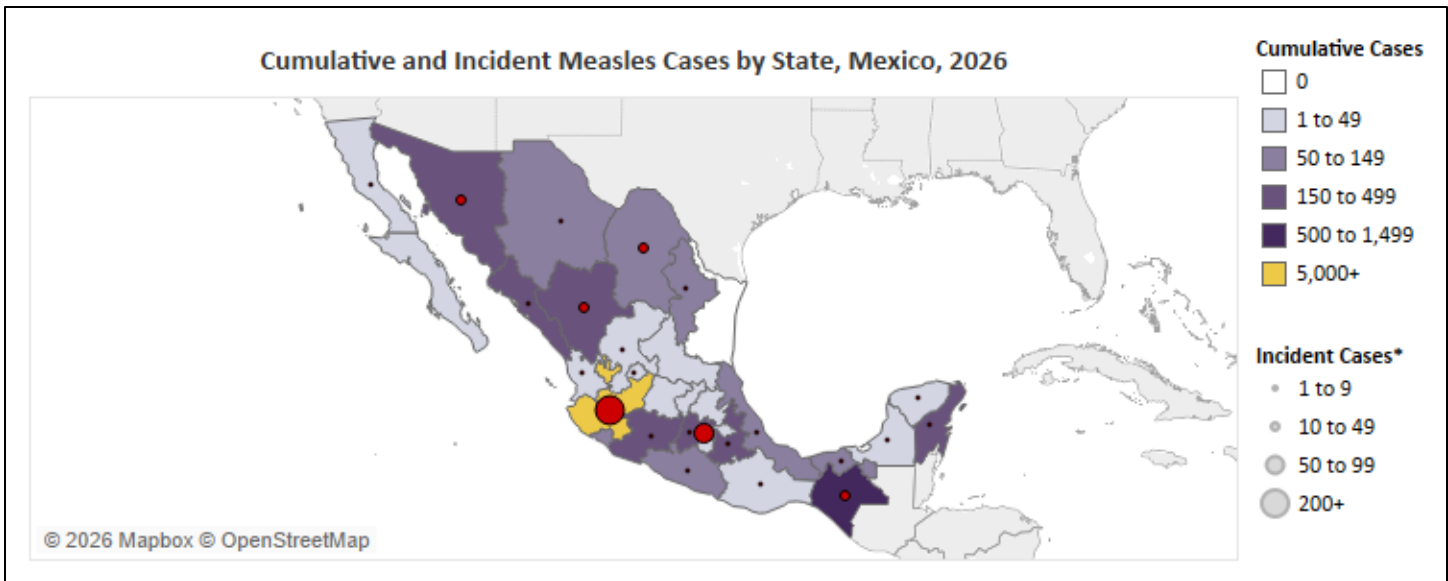


Figure Notes: Data as of April 22, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(4/23/26\)](#)

United States – Declining Incidence Trend Observed Since Beginning of 2026:

According to data from the [United States CDC](#) as of April 16, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,748 confirmed cases reported during 2026. Since the previous update, 34 confirmed incident cases with rash onset during 2026 were reported in 8 states: Arizona (6), California (6), Colorado (1), Florida (1), Oregon (6), Texas (4), Utah (6), and Washington (6).

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,288	+1	243	+0	3	+0	0.1%
2026	1,748	+34	98	+2	0	+0	0.0%

Table Notes: Data as of April 16, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

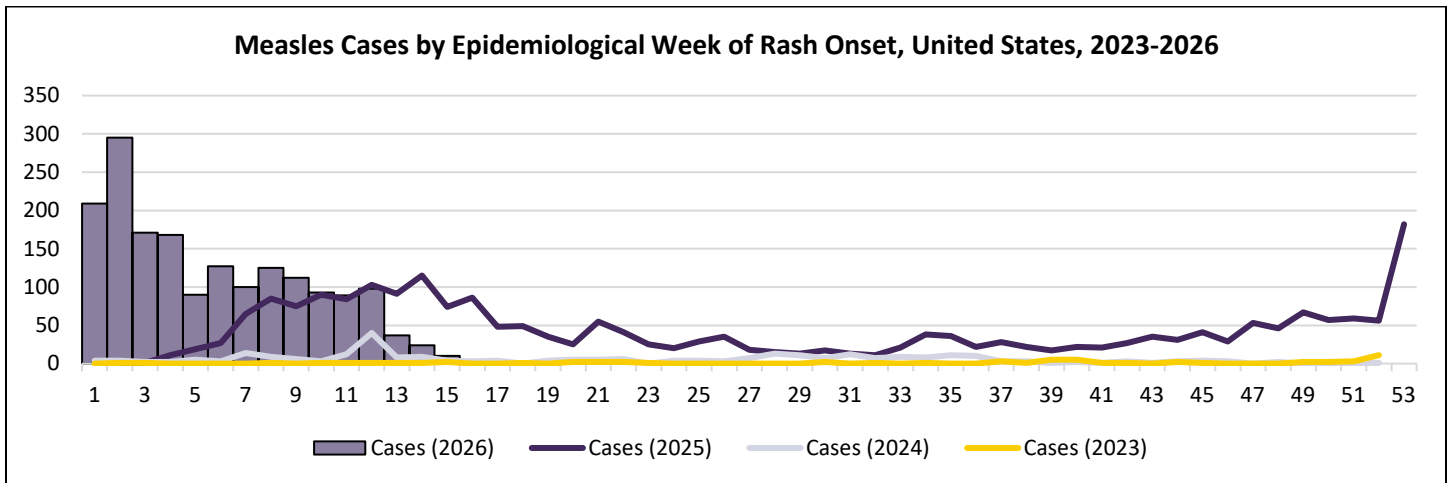


Figure Notes: Data as of April 16, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 33 jurisdictions, primarily South Carolina (667), Utah (414), Texas (180), and Florida (130). There have been 19 outbreaks reported during 2026 – 94% of confirmed cases reported during

2026 are outbreak associated (388 from outbreaks that began during 2026 and 1,249 from outbreaks that began during 2025). Currently, there are large ongoing outbreaks in [Arizona](#), [Texas](#), and [Utah](#). Earlier in March, the [CDC reported](#) that they were supporting outbreak response activities in the Carolinas – [South Carolina](#) has now seen 5 weeks pass with no incident locally acquired measles cases reported. Those aged 5-19 years have been most affected (51%), 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 6% have been hospitalized. In New York, there have been 4 confirmed cases reported in [New York City](#) and 4 confirmed cases reported in [Rest of State](#).

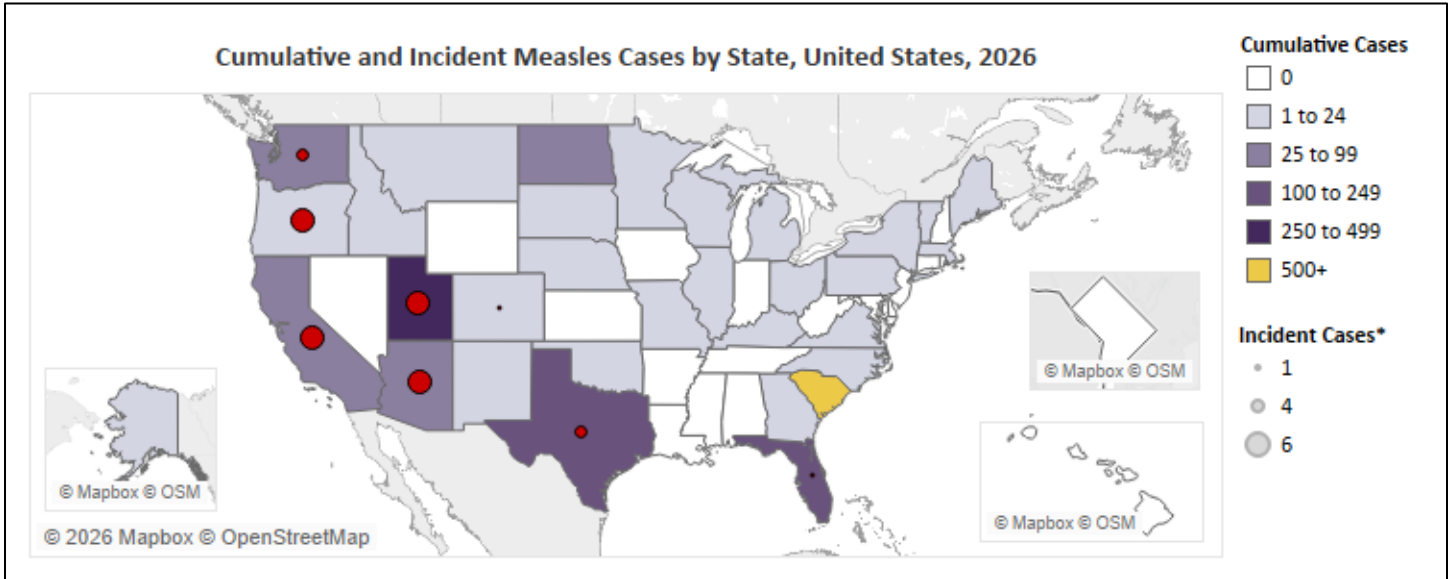


Figure Notes: Data as of April 16, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

During 2025, confirmed case 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 (30%), 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 \(4/17/26\)](#)

Mpox

Global (Outside of Africa) – Colombia, Denmark, and the US Report Clade I Cases:

According to data from the [World Health Organization \(WHO\)](#) as of April 5, 2026, there have been a total of 157 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. While not yet included in data from the WHO, several incident clade I mpox cases were reported since the previous update in Colombia, Denmark, and the United States among individuals suspected to have been exposed abroad.

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†
157	+0	50	+0

Table Notes: Data as of April 5, 2026; †Change in cumulative total compared to previous update.

Subclade of travel associated clade I cases reported since the beginning of 2024 is distributed as follows: 149 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 34 countries outside of Africa, primarily the United Kingdom (25), [India](#) (18), [Thailand](#) (15), Germany (12), China (11), the United States (10), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20).

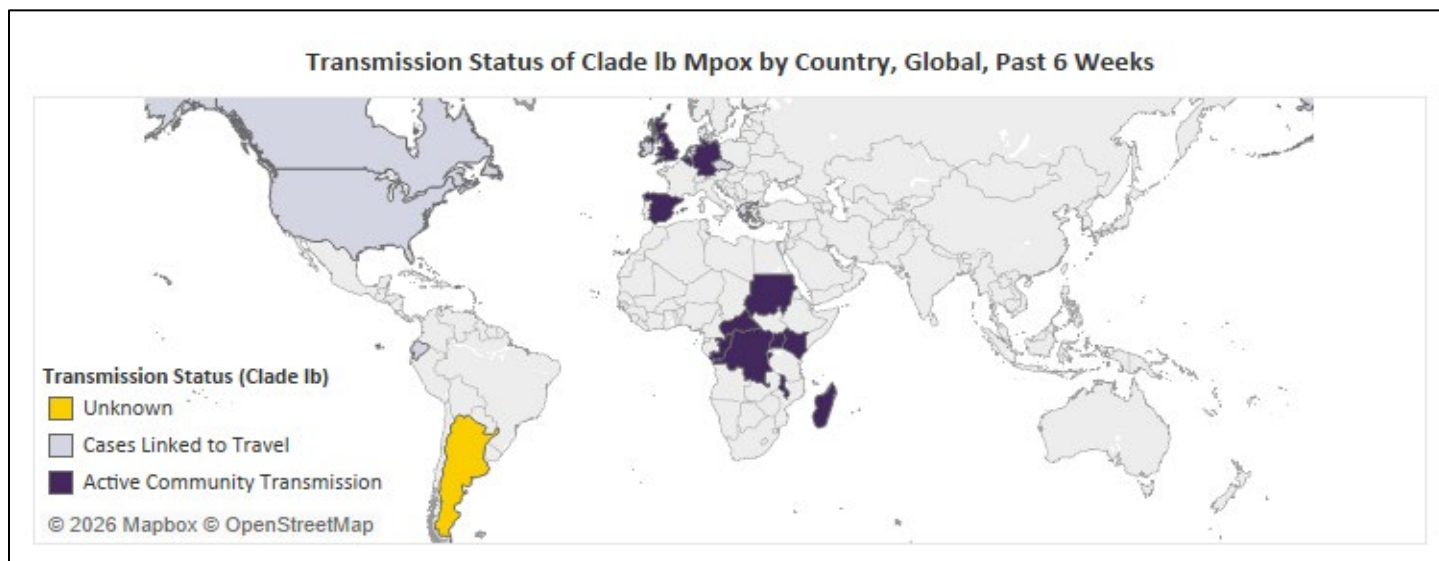


Figure Notes: Data as of April 5, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Since September 2025, [broader transmission of clade Ib mpox](#) has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the [European Center for Disease Prevention and Control \(ECDC\)](#) as of mid-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.

Incident Clade Ib Mpox Case Reported in Colombia

On April 18, 2026, the [Ministry of Health and Social Protection in Colombia \(MinSaludCol\)](#) reported a confirmed case of clade Ib mpox in the department of Antioquia. Contact tracing and epidemiological investigations are ongoing. There is currently no evidence of community transmission. This is the first confirmed clade I mpox case reported in Colombia – all previous mpox cases reported since 2022 have been clade II (4,825).

Incident Travel Associated Clade Ib Mpox Case Reported in Denmark

On April 17, 2026, the [Statens Serum Institut \(SSI\)](#) reported a confirmed case of clade Ib mpox in Denmark. The case is suspected to have been exposed through sexual contact while traveling abroad. According to the [Danish Health Authority](#), the case developed mild symptoms upon returning to Denmark and ultimately sought care. No additional case contacts have been identified. This is the first confirmed clade I mpox case reported in Denmark – all previous mpox cases reported since 2022 have been clade II (>200).

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

On April 16, 2026, the San Francisco Department of Public Health (SFDPH) reported a confirmed case of clade Ib mpox among an unvaccinated resident. The case was hospitalized after seeking care and reported close contact with an individual who had recently traveled internationally. According to data from the [United States CDC](#), there have been 16 clade I mpox cases reported in the United States since November 2024, of which 5 have been reported since March 2026 and are not linked. All 16 cases have been among individuals who recently travelled to areas of Africa and Europe experiencing outbreaks of clade I mpox or had close contact with other individuals that travelled to those areas.

Data Sources: [WHO \(4/10/26\)](#), [ECDC \(3/13/26\)](#), [MinSaludCol \(4/18/26\)](#), [SSI \(4/17/26\)](#), [SFDPH \(4/16/26\)](#)

New World Screwworm

Mexico – Number of Active Animal Cases Almost Double in Tamaulipas:

According to data from the [Secretary of Agriculture of Mexico](#) as of April 22, 2026, there have been a total of 21,517 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,488 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of April 11, 2026, there have been a total of 253 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 722 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†
21,517	+722	1,488	+193	253	+15

Figure Notes: Data for cases reported among animals as of April 22, 2026, and data for cases reported among humans of April 11, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 23 states, primarily Chiapas (6,491), Oaxaca (3,589), Veracruz (3,224), Yucatan (1,957), and Tabasco (1,222). Confirmed NWS cases among humans have been reported in 12 states, primarily Chiapas (122), Veracruz (25), Yucatan (24), and Oaxaca (22). However, spread has been moving northward in recent weeks. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico. According to data from the [United States CDC](#) as of April 21, 2026, there have been about 168,000 NWS cases reported among animals and over 1,710 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 116 active NWS cases among animals (an increase of 53 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.

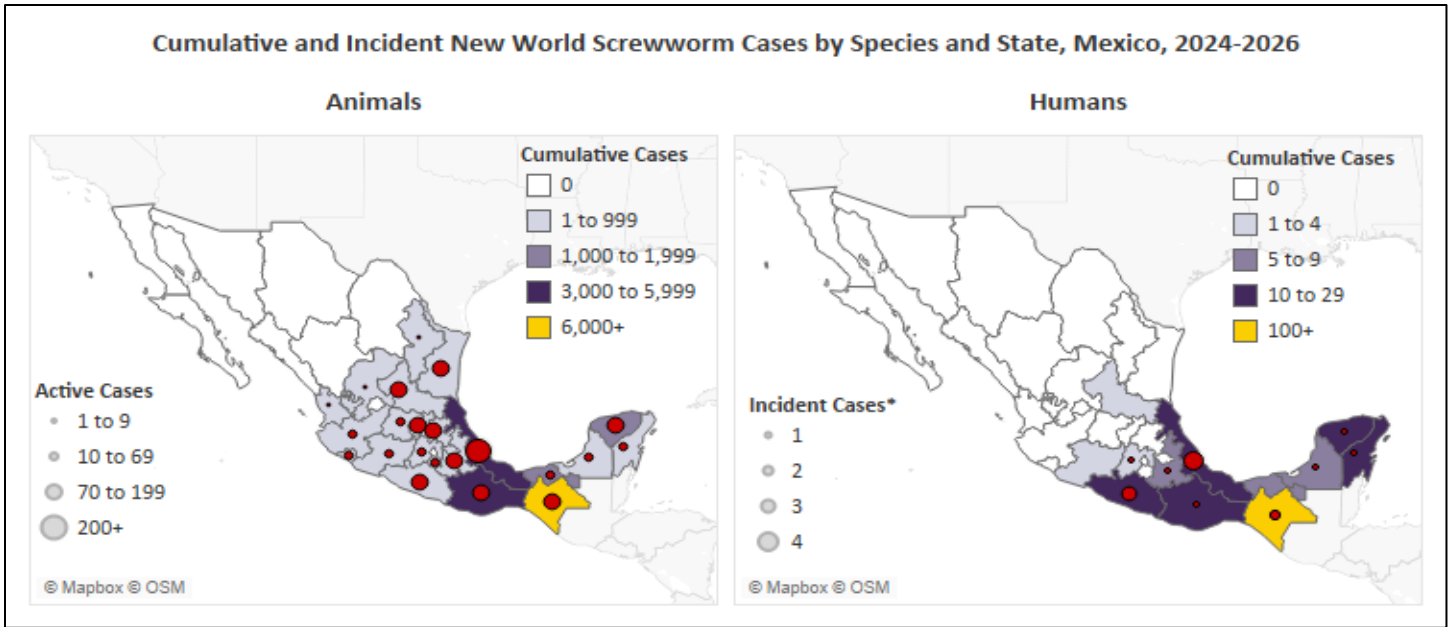


Figure Notes: Data for cases reported among animals as of April 22, 2026, and data for cases reported among humans as of April 11, 2026.

Data Sources: [Secretary of Agriculture \(4/22/26\)](#), [Secretary of Health \(4/21/26\)](#), [CDC \(4/14/26\)](#)

Non-Seasonal Influenza

Cambodia – Incident Human Case Reported in Svay Rieng Province (H5N1):

According to a press release from the Cambodian Ministry of Health captured by [BEACON](#), as of April 21, there have been a total of 4 influenza A(H5N1) cases reported among humans in Cambodia during 2026. Since the previous update, 1 incident human H5N1 case was reported among a 66-year-old female in the Romduol district of Svay Rieng province. The case was exposed to sick and dead poultry prior to illness onset and is currently hospitalized in intensive care.

Human H5N1 Cases and Deaths, Cambodia, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
4	+1	0	+0	0.0%

Table Notes: Data as April 21, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

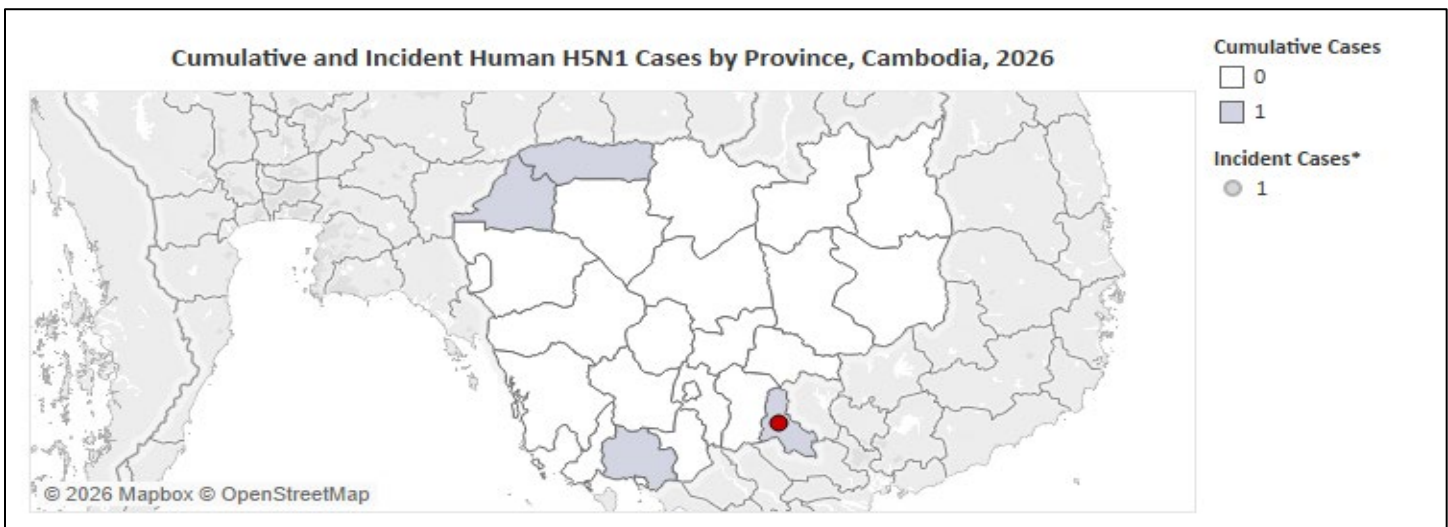


Figure Notes: Data as of April 21, 2026; *Change in cumulative total compared to previous update.

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) [novel reassortant](#) (clades 2.3.2.1e and 2.3.4.4b) virus. Since November 2003, there have been 94 human H5N1 cases and 52 deaths (CFR: 55.3%) reported in Cambodia.

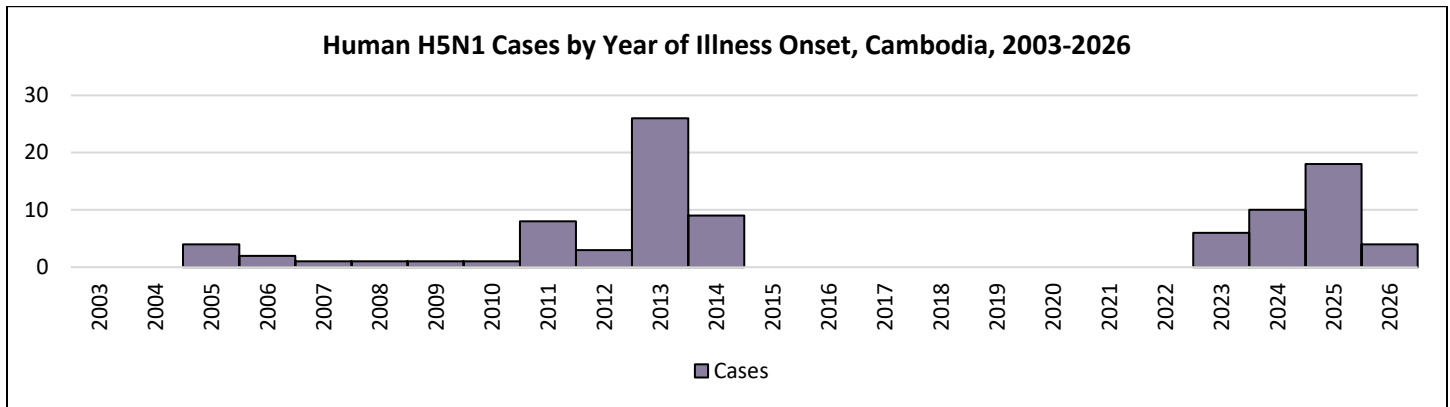


Figure Notes: Data as of April 21, 2026.

Data Sources: [BEACON \(4/22/26\)](#)

China – Incident Human Cases Reported in Multiple Provinces (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#), as of April 20, 2026, there have been a total of 20 influenza A(H9N2) cases reported among humans in China during the past 6 months, none of which have been fatal. Since the previous update, 3 incident human H9N2 cases were reported in Guangdong (1), Jiangxi (1), and Yunnan (1) Provinces. The case reported in Guangdong Province was hospitalized with severe pneumonia and has been discharged.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
20	+3	0	+0	0.0%

Table Notes: Data as of April 20, 2025; †Change in cumulative total compared to previous update; Past 6 months refers to date of reporting rather than date of symptom onset.

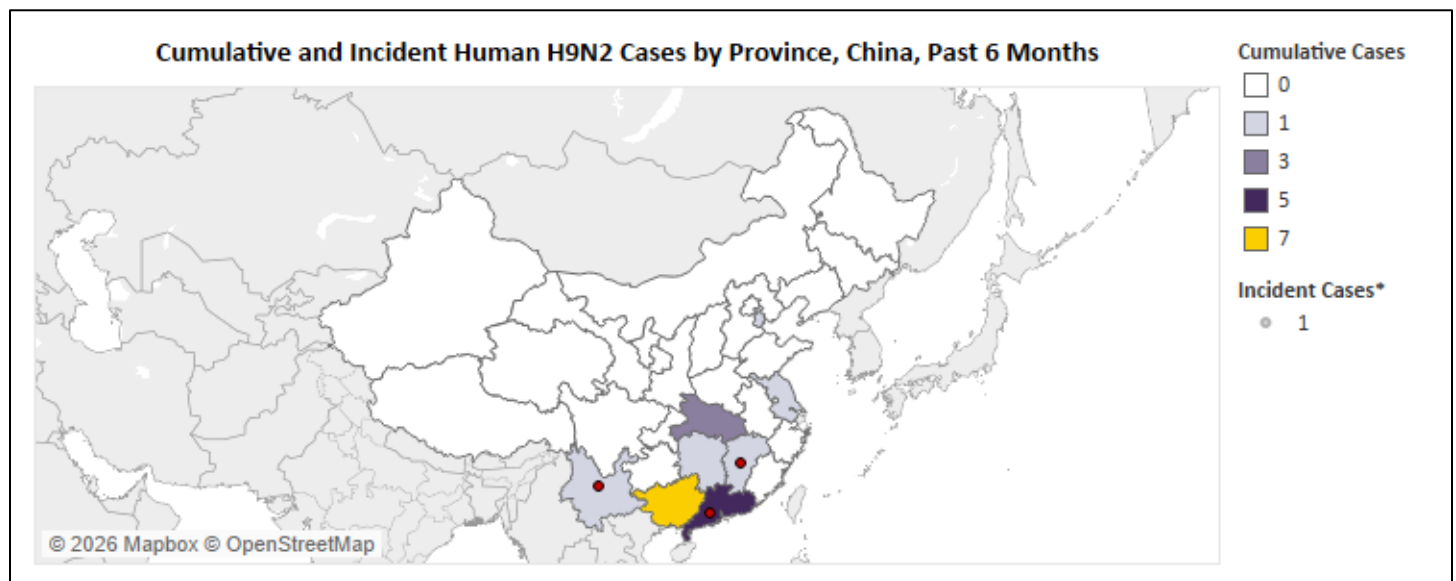


Figure Notes: Data as of April 20, 2025; Past 6 months refers to date of reporting rather than date of symptom onset; *Change in cumulative total compared to previous update.

All incident H9N2 cases were reported among children aged <10 years. The case in Guangdong Province was reported among a 5-year-old male with comorbidities and symptom onset in February 2026. The case in Jiangxi Province was reported among a 2-year-old male with symptom onset in March 2026. The case in Yunnan Province was reported among a 2-year-old female with symptom onset in March 2026. According to information from the [World Health Organization \(WHO\)](#), those cases reported in Jiangxi and Yunnan Provinces developed mild symptoms and were not hospitalized. Those cases reported in Guangdong and Jiangxi Provinces were exposed to poultry prior to illness onset, whereas no such exposure was identified for the case reported in Yunnan Province. Environmental samples collected from live poultry stalls frequently visited by a family member of the case in Yunnan Province were positive for influenza A(H9). In the past 6 months, human influenza A(H9N2) cases have been reported by 8 provinces/regions/municipalities in China: Guangxi Zhuang (7), Guangdong (5), Hubei (3), Hunan (1), Jiangsu (1), Jiangxi (1), Tianjin (1), and Yunnan (1). According to data from the [WHO](#), as of April 16, 2025, there have been a total of 159 human H9N2 cases reported in China since December 2015.

Data Sources: [HKCHP \(4/21/26\)](#), [WHO \(4/17/26\)](#)

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

According to data from the [United States Department of Agriculture \(USDA\)](#) as of April 21, 2026, there have been a total of 2,201 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 4 new detections were reported. In the past 30 days, a total of 31 confirmed HPAI detections have been reported (a decrease compared to the previous update) affecting 0.72 million birds. According to data from the [USDA](#), as of April 13, 2026, there have been a total of 1,095 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. In the past 30 days, a total of 5 confirmed HPAI detections have been reported among livestock herds in [Idaho](#), following a period with no reported detections since December 2025.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
23	8	5	0	0	230	38

*Table Notes: Data as of April 22, 2026, for poultry flocks and April 13, 2026, for livestock; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; *New HPAI detections among previously unaffected herds only.*

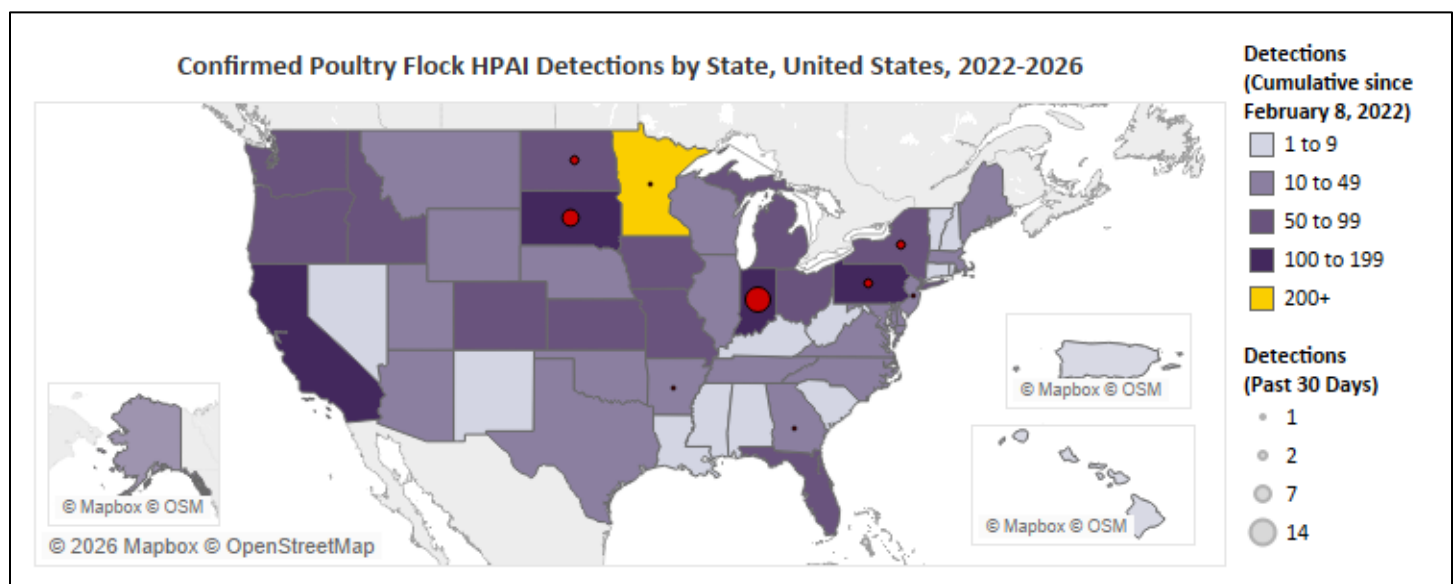


Figure Notes: Data as of April 22, 2026.

In the past 30 days, HPAI has been detected among poultry flocks in 9 states, primarily [Indiana](#) (14) and [South Dakota](#) (7). Detections increased during 2025 from September (29) to November (96) before decreasing slightly in December (82). During 2026, detections increased slightly from January (62) to March (75) and there have been 15 detections reported so

far in April. Somewhat similar trends have been observed during recent years in the [United States](#). 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 31, 2026, there have been 80 poultry flock detections reported in [NYS](#) – the most recent detection was confirmed on March 31 in Bronx County.

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](#). 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](#) that [emerged](#) and spread rapidly in North America during the 2024 wild bird migration season).

Data Sources: [USDA \(4/22/26\)](#), [USDA \(4/22/26\)](#), [CDC \(3/6/26\)](#)

Pertussis

United States – Georgia Retrospectively Reports Over 650 Cases During 2026:

According to provisional data from the [United States CDC](#) as of April 18, there have been a total of 4,136 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 891 incident cases were reported, of which 78 reported symptom onset during the most recent epidemiological week, a 15% increase compared to the prior week. According to data from the [Pan American Health Organization \(PAHO\)](#) through mid-March, those aged 1-6 years (29%) and 11-19 years (23%) have been most affected and there has been [1 death](#) from pertussis reported during 2026. Case totals for 2026 at this time are about 60% lower compared to 2025.

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	76	204	0.4
Middle Atlantic	+8	314	722	0.4
East North Central	+12	493	1,921	0.3
West North Central	+1	105	1,307	0.1
South Atlantic	+15	1,111	1,230	0.9
East South Central	+7	315	853	0.4
West South Central	+6	283	1,473	0.2
Mountain	+10	504	1,502	0.3
Pacific	+18	909	2,523	0.4
United States Territories	+1	26	61	0.4
Total	+78	4,136	11,796	0.4

Table Notes: Data as of April 18, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic.

During 2026, cases have been reported by 46 jurisdictions, primarily Georgia (671), California (453), Washington (227), Ohio (208), Florida (208), New York (192), Texas (183), Oregon (161), Colorado (148), Tennessee (126), Pennsylvania (108), and Illinois (103). Recently, the [Department of Public Health and Social Services \(DPHSS\)](#) in Guam reported a pertussis outbreak linked to a childcare setting, confirming the first pertussis outbreak in the United States Territory since [2015](#).

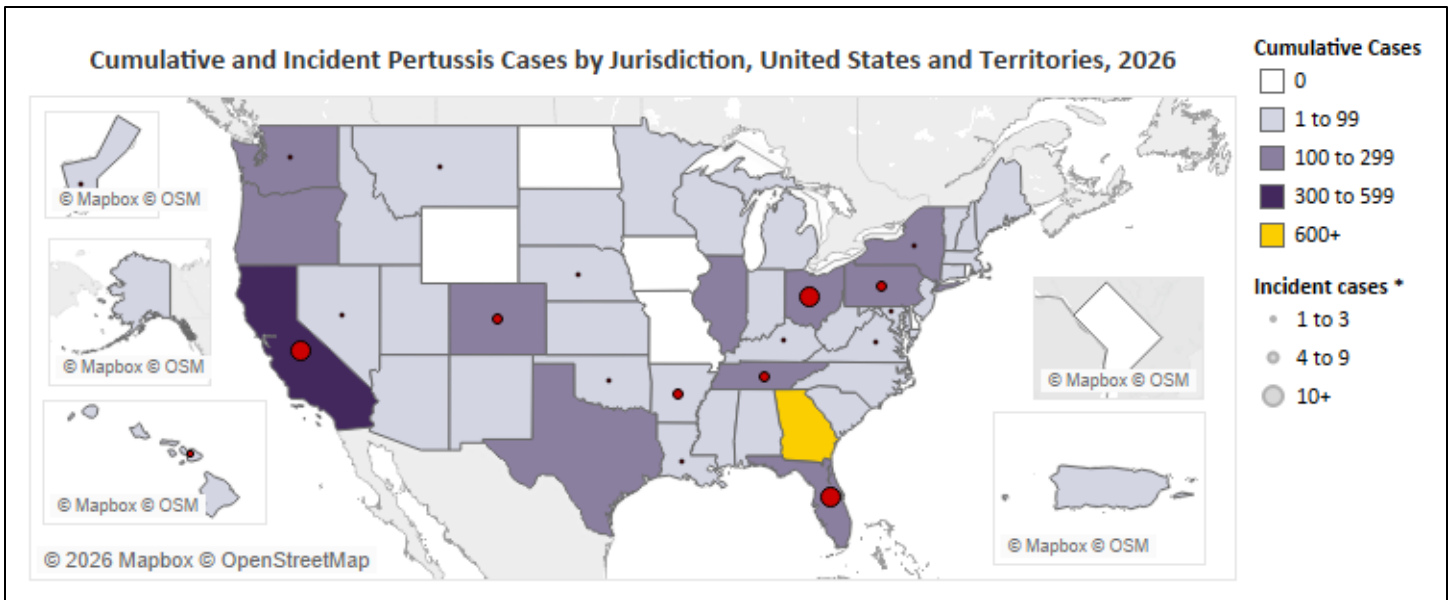


Figure Notes: Data as of April 18, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Mariana Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom onset during the most recent epidemiological week.

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 \(4/22/26\)](#), [CDC \(12/2/25\)](#), [PAHO \(3/25/26\)](#)

Polio

Global – Incident AFP Cases (cVDPV2) Reported in the DRC and Sudan:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of April 20, there have been 4 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 2 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 24 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, 2 Incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of the Congo (DRC) (1) and for the first time during 2026 in Sudan (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
4	+0	2	+0	24	+2	2	+0

Table Notes: Data as of April 20, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 9 countries: [Afghanistan](#) (3 – WPV1), [Angola](#) (1 – cVDPV2), the [DRC](#) (4 – cVDPV2), [Nigeria](#) (13 – cVDPV2, 2 – cVDPV3), [Pakistan](#) (1 – WPV1), [Somalia](#) (3 – cVDPV2),

Sudan (1– cVDPV2), South Sudan (2 – cVDPV1), 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 (4 – cVDPV2), [Namibia](#) (5 – cVDPV2), and the [United Kingdom](#) (2 – cVDPV2), suggesting undetected transmission was occurring in these countries this year.

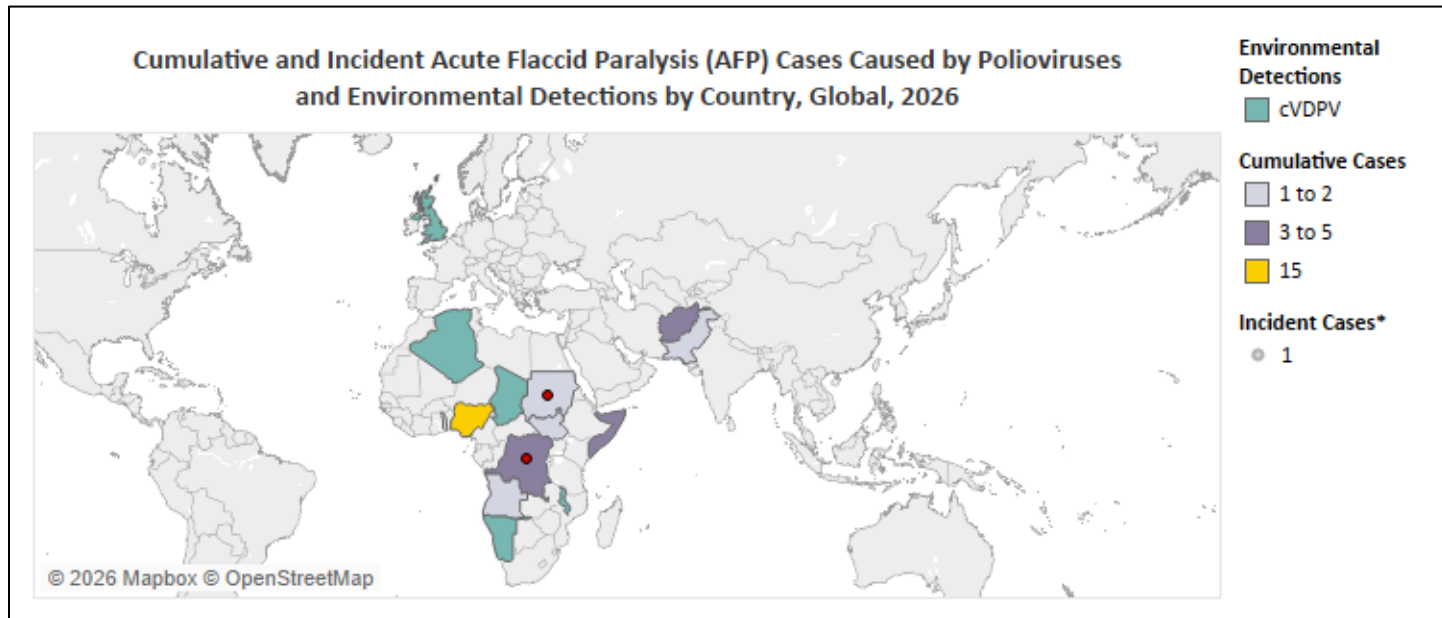


Figure Notes: Data as of April 20, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding 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, 222 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 \(4/20/26\)](#), [GPEI - cVDPV \(4/20/26\)](#)

Yellow Fever

The Americas – Incident Cases and Death Reported in Multiple Countries:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of April 21, there have been a total of 58 confirmed yellow fever cases and 22 deaths reported in the Americas during 2026. Since the previous update, 10 confirmed incident cases and 1 death were reported in Brazil (4 cases, 1 death), Bolivia (3 cases), Peru (2 cases), and Colombia (1 case).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
58	+10	22	+1	37.9%

Table Notes: Data as of April 21, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, confirmed cases and deaths have been reported by 5 countries in the Americas, including [Colombia](#) (36 cases, 16 deaths), [Venezuela](#) (6 cases, 1 death), Peru (6 cases, 1 death), Bolivia (5 cases, 2 deaths), and Brazil (5 cases, 2 deaths). Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and 73% of deaths reported in the Americas during 2026. According to [PAHO epidemiological alert](#) published in March, 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](#) recently initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never

vaccinated against yellow fever. Despite not reporting any human cases, the [Trinidad and Tobago Ministry of Health](#) recently detected yellow fever in a deceased red howler monkey, confirming presence of the virus and sylvatic transmission in the country. Additionally, a yellow fever [health alert](#) was recently declared in Sata Cruz, Bolivia.

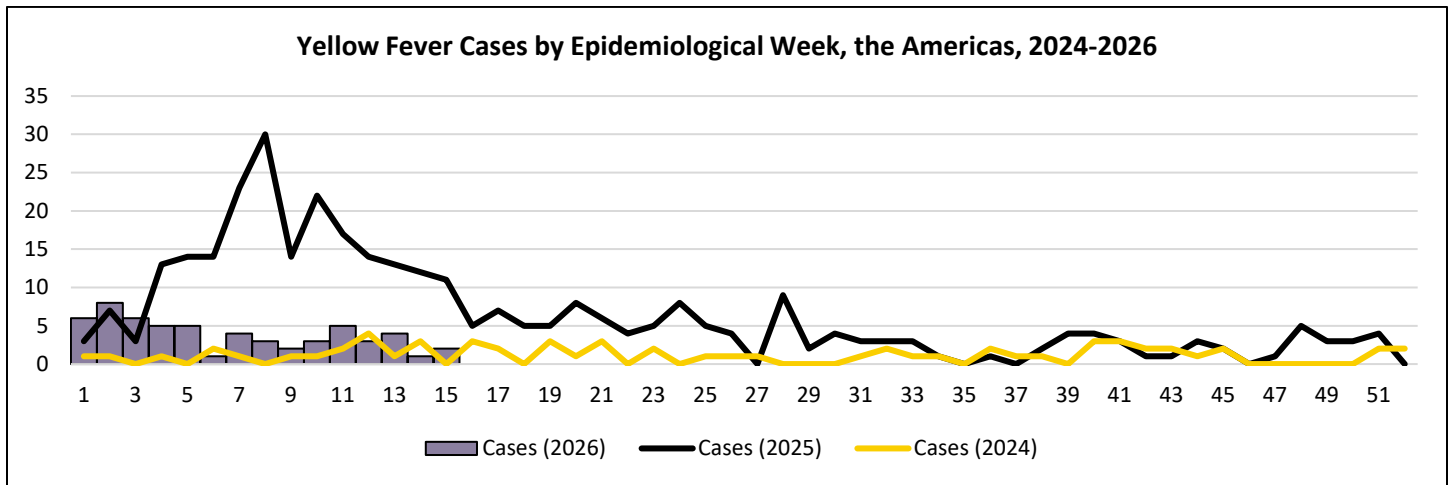


Figure Notes: Data as of April 21, 2026; Cases reported during 2025 with missing dates of symptom onset excluded from figure (12).

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: Brazil (120 cases, 48 deaths), Colombia (125 cases, 51 deaths – a [5-fold increase](#) compared to 2024), Peru (49 cases, 19 deaths), Venezuela (32 cases, 19 deaths), Ecuador (11 cases, 8 deaths), Bolivia (8 cases, 2 deaths), and Guyana (1 fatal case), representing a [5.6-fold increase](#) compared to 2024 for the region.



Figure Notes: Data as of April 21, 2026; *Change in cumulative total compared to previous update.

Data Source: [PAHO \(4/21/26\)](#)

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](#))

Escherichia Coli

- United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC ([April 9](#))

Marburg

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

Measles

- Guatemala – Over 3,500 Cases Reported in Nationwide Outbreak ([April 2](#))
- 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](#))

Mpox

- Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries ([April 16](#))

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

- Taiwan – Additional Information on First Locally Acquired Human Case (H7N7) ([April 9](#))
- 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](#))

Seasonal Influenza

- United States – ILI Activity Continues to Decrease Below National Baseline ([April 9](#))

Other Active CDC Travel Health Notices:

- [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](#)
- [Clade II Monkeypox in Ghana and Liberia - 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](#)
- [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](#)
- [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](#)
- [Rabies in Morocco - 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:

- [Extensively drug-resistant Shigella on the rise in US, CDC warns | CIDRAP](#)
- [Eurosurveillance | Imported case of avian influenza A\(H9N2\) virus infection in a patient with miliary tuberculosis, Italy, March 2026](#)
- [Kennedy defends measles record: 'I have never been anti-vaccine' | CIDRAP](#)
- [In hearings, RFK Jr claims no responsibility for measles spread | CIDRAP](#)
- [Hegseth removes flu vaccination requirement for US troops | CIDRAP](#)
- [WHO reports measurable health impact in 2025 amid transition to new strategy | WHO](#)
- [Meningitis B cluster in Weymouth, Dorset, England, prompts vaccination campaign for secondary school students - BEACON](#)
- [Twofold increase in hepatitis A cases in Thailand in 2026, concentrated in Bangkok and Eastern provinces - BEACON](#)
- [Algeria eliminates trachoma as a public health problem | WHO](#)
- [Salmonella Bochum outbreak in Germany with 40 cases and one death, linked to contaminated nut nougat spread; recall - BEACON](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 12, 2026 - World | ReliefWeb](#)
- [Two Lassa fever cases, including one death, reported in Bong County, Liberia - BEACON](#)

- [Update on Lassa fever in Nigeria: 170 deaths reported and case fatality rate increasing to 25% amid declining weekly confirmed cases - BEACON](#)
- [Increase in diphtheria notifications in Australia in 2026, with 83 confirmed toxigenic cases and one probable case reported - BEACON](#)
- [Dengue may pose similar risk of Guillain-Barre as flu, Campylobacter | CIDRAP](#)
- [Sixth hantavirus case reported in Los Lagos Region, Chile, associated with outdoor activities in Cochamó - BEACON](#)
- [Two occupational hantavirus cases among aquaculture divers in Aysén Region, Chile: One death and one in critical condition - BEACON](#)
- [Epidemic and emerging disease alerts in the Pacific as of 21 April 2026 - World | ReliefWeb](#)
- [Crimean-Congo hemorrhagic fever \(CCHF\) in Dhi Qar Governorate, Iraq: Nine laboratory-confirmed cases, including two deaths, amid urban livestock-control challenges - BEACON](#)
- [Meningitis bulletin Week 15, 2026 | WHO](#)
- [732 melioidosis cases and 23 deaths reported in Thailand in early 2026 - BEACON](#)
- [Global Respiratory Virus Activity: Weekly Update N° 574 | WHO](#)
- [Follow-up on cluster of undiagnosed illnesses in Mpanda, Bujumbura Province, Burundi: Testing for 200 pathogens negative; metagenomic sequencing pending; investigation ongoing - BEACON](#)
- [Request for information \(RFI\): Undiagnosed febrile illnesses with one reported death in Boni Forest, Lamu County, Kenya; widespread transmission in remote villages. RFI on diagnostic test results - BEACON](#)
- [Request for information \(RFI\): Three suspected viral hemorrhagic fever cases under investigation in Kapoeta East County, Eastern Equatoria State, South Sudan. RFI on laboratory test results, patient demographics, symptoms, and exposure histories - BEACON](#)
- [Request for information \(RFI\): Unconfirmed social media rumors of an increase in meningitis cases in Tashkent, Uzbekistan. RFI on case numbers and causative pathogen\(s\) - BEACON](#)
- [Study finds no increased risk with same-day flu, pertussis vaccination for pregnant women | CIDRAP](#)
- [Severe malaria in early childhood tied to long-term cognitive issues | CIDRAP](#)
- [Request for information \(RFI\): Autochthonous mpox transmission reported in Sindh province, Pakistan with 25 confirmed cases and nine deaths across multiple districts. RFI on mpox subclade and patient demographics - BEACON](#)
- [WHO certifies the Bahamas for eliminating mother-to-child transmission of HIV | WHO](#)
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- [Notes from the Field: Contact Tracing for Monkeypox virus Clade I Cases Associated with Air Travel — United States, November 2024–January 2025 | MMWR](#)
- [‘We are worried’: Malaria mounts a comeback after slashed US funding | CIDRAP](#)
- [PAHO calls to strengthen vaccination amid rising measles cases in the Americas - World | ReliefWeb](#)