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

GLOBAL HEALTH UPDATE

Date: 4/9/26

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 – Over 10,000 Incident Cases Reported, Most in Bolivia and Brazil:

According to data from the Pan American Health Organization (PAHO) extracted on April 8, there have been a total of 69,029 chikungunya cases, of which 23,813 are confirmed, and 24 deaths reported in the Americas during 2026. Since the previous update, 10,749 incident chikungunya cases, of which 2,746 are confirmed, and 1 death 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	+5,767	7,817	+1,242	7	+1	0.1%
Brazil	38,386	+4,575	13,995	+1,403	15	+0	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	3,462	+407	533	+101	0	+0	0.0%
Total	**69,029**	**+10,749**	**23,813**	**+2,746**	**24**	**+1**	**0.1%**

*Table Notes: Data extracted on April 8, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

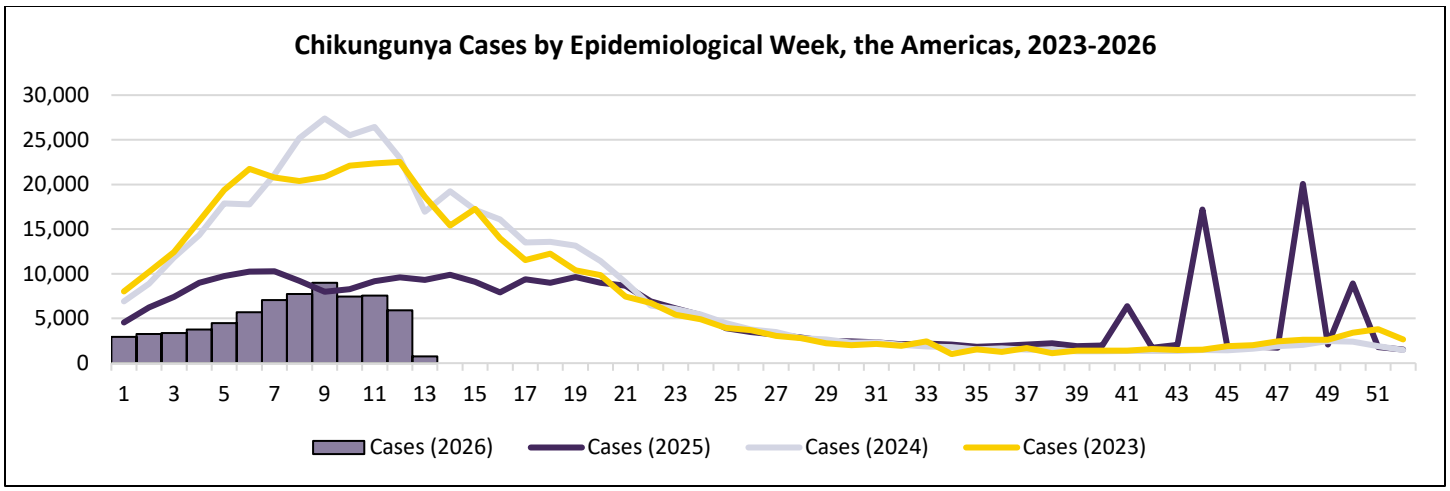

Figure Notes: Data extracted on April 8, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 17 countries during 2026, primarily Brazil (38,386), Bolivia (23,145), Argentina (3,325), Suriname (2,579), and Cuba (1,457). Cumulative incidence per 1,000,000 population is currently highest in Suriname (399.84), Bolivia (181.54), French Guiana (24.21), Brazil (17.97), Cuba (13.38), and Argentina (7.23). 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.

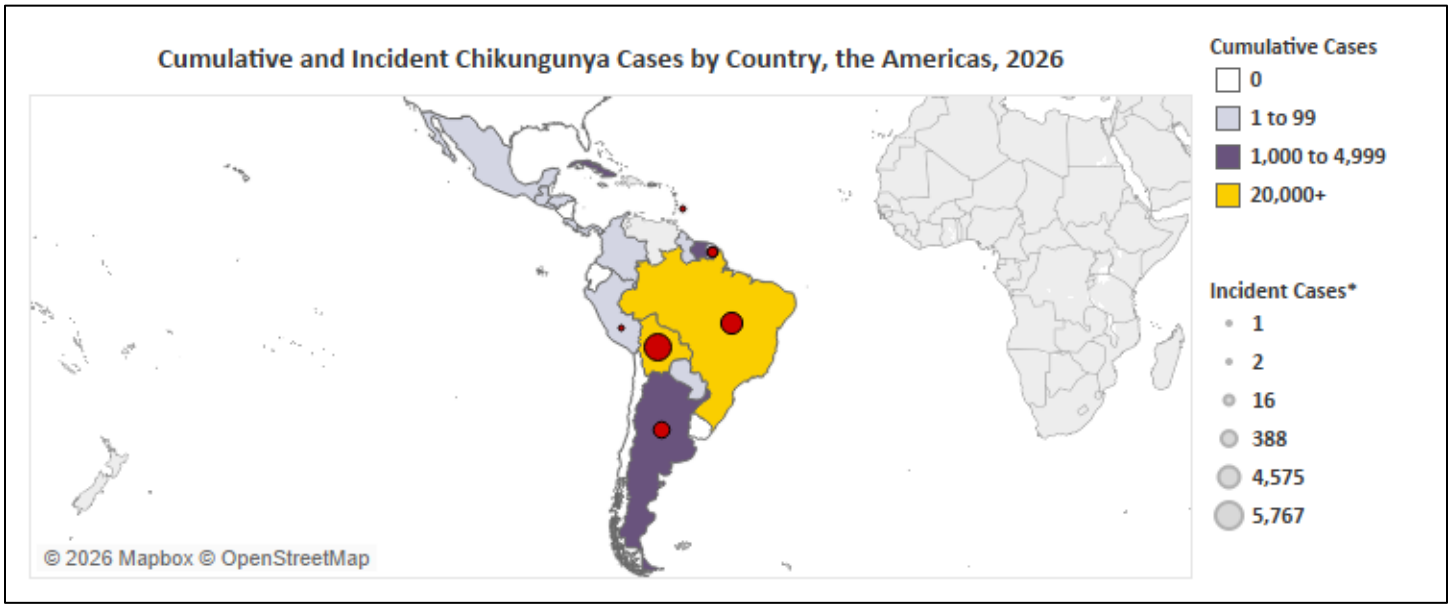

*Figure Notes: Data extracted on April 8, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.*

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 (4/8/26)

Escherichia Coli

United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC:

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, Raw Farm, LLC issued a voluntary recall of select Raw Farm brand raw cheddar cheeses.

Escherichia Coli Outbreak Cases, Hospitalizations, and Deaths, United States, 2025-2026						
Confirmed Cases		**Hospitalizations‡**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
9	+0	3	+0	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).*

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.

On April 2, 2026, Raw Farm, LLC issued a voluntary recall of Raw Farm brand raw cheddar cheeses from select batch numbers following recommendations from the United States Food and Drug Administration (FDA). Affected products include original, lightly salted, and jalapeno flavored cheddar cheese blocks and shredded cheese bags of various weights. While these products were sold at retailers nationwide, cases report purchasing them at Sprouts Farmers Market and H-E-B. The United States CDC and FDA recommend that people do not eat, sell, or purchase any of the affected products. 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 (4/3/26), FDA (4/2/26)

Measles

Bangladesh – Almost 150 Deaths Reported in Outbreak Affecting all Divisions:

According to data from the World Health Organization (WHO) South-East Asia Region (SEAR) as of April 5, 2026, there have been a total of 9,883 suspected and 1,398 confirmed measles cases reported in Bangladesh from March 15 – April 5, 2026. Additionally, there have been 128 deaths reported among suspected cases, and 21 reported among confirmed cases. According to provisional WHO data from January 1 – March 16, 2026, there were 91 confirmed cases reported.

Measles Cases, Hospitalizations, and Deaths by Case Status, Bangladesh, March 15 – April 5, 2026				
Case Status	**Cases**	**Hospitalizations†**	**Deaths**	
	Cumulative	Cumulative	Cumulative	CFR*
Suspected	9,883	6,883	128	1.3%
Confirmed	1,398		21	1.5%

*Table Notes: Data as of April 5, 2026; †Among suspected and confirmed cases; *Case fatality rate (CFR).*

During 2026, suspected cases have been reported primarily in Dhaka (4,160), Rajshahi (1,750), and Chattogram (1,415) Divisions. Among all cases (suspected and confirmed), 61% have been hospitalized, most of which have been discharged (4,635 of 6,883). Media reports indicate that the majority of deaths have been among children and that hospitals have been overcrowded in high-burden areas. On April 5, 2026, an emergency measles-rubella vaccination campaign was

launched targeting 1.2 million 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.

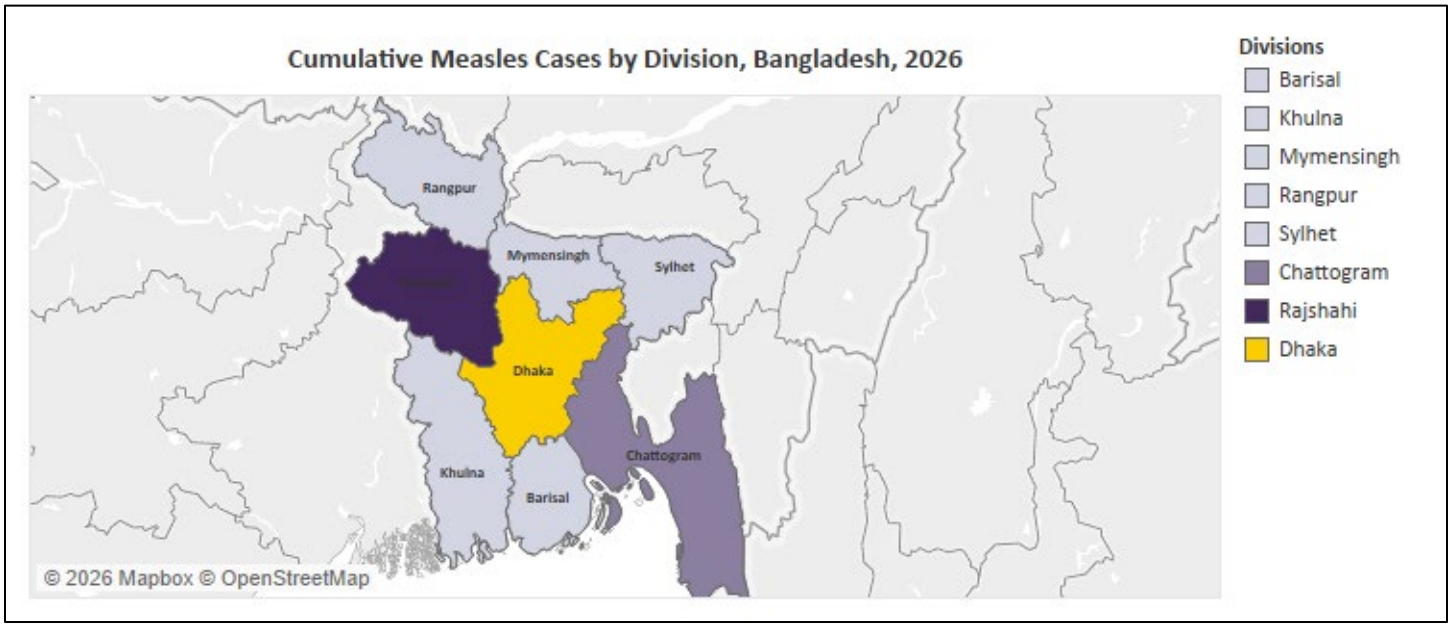

Figure Notes: Data as of April 5, 2026.

In the first 4 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year since 2020 (2,410). 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.

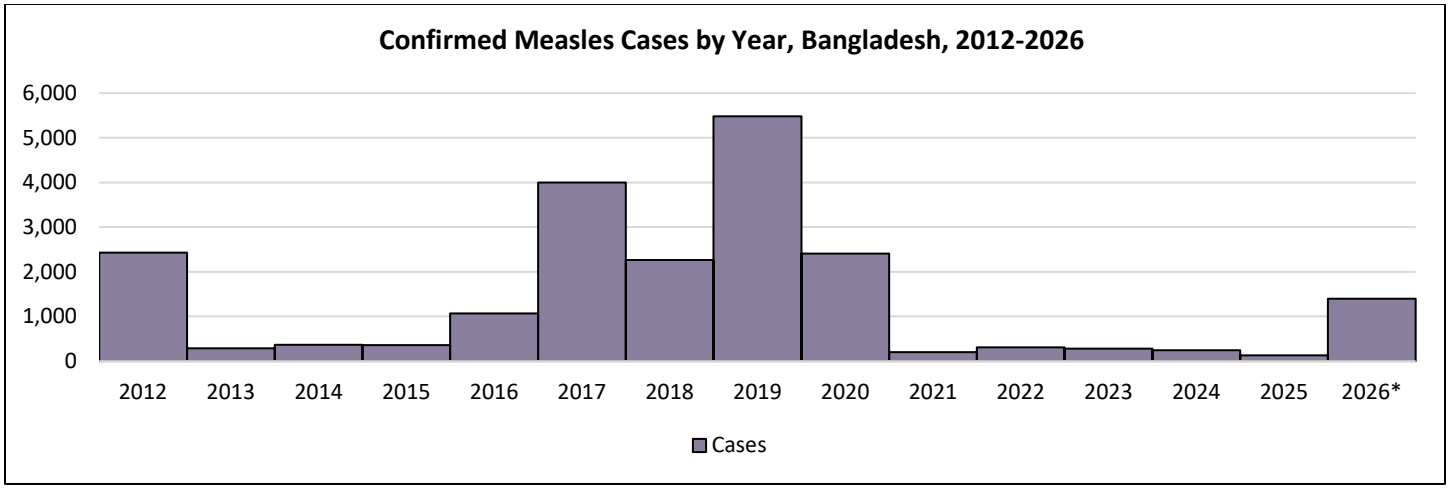

*Figure Notes: Data for 2012-2025 as of March 16, 2026; *Data for 2026 as of April 5, 2026, and is incomplete for the year.*

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 SEAR (4/8/26), WHO (3/16/26)

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 28, 2026, there have been a total of 5,463 probable and confirmed measles cases reported in Canada during 2025, and 733 probable and confirmed cases reported during 2026. Since the previous update, 83 incident cases were reported, primarily in Manitoba (50) and Alberta (28).

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	63	+8	670	+75	51	+6	0	+0	0.0%

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

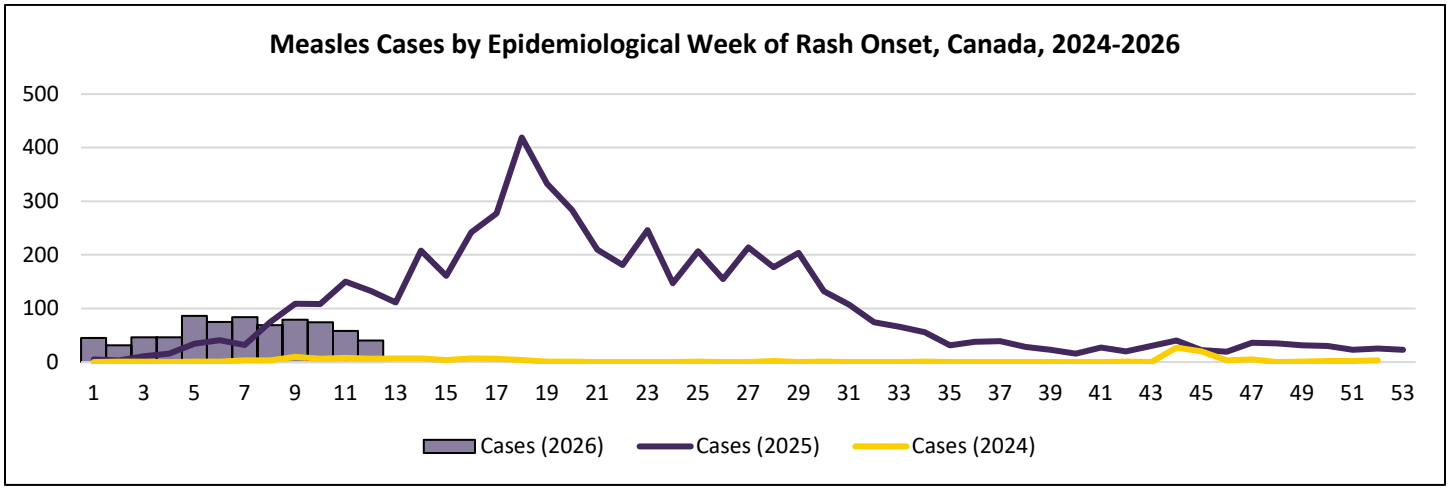

Figure Notes: Data as of March 28, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: Manitoba (442), Alberta (237), British Columbia (19), Ontario (14), Nova Scotia (10), Quebec (6), and Saskatchewan (5). Those aged 5-17 years have been most affected (43%), followed by those aged 18-54 years (36%), and those aged 1-4 years (13%). There have been 2 congenital cases reported. Among all cases, 93% 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 Chad , Germany, Guatemala, India, Mexico, Pakistan, Spain, Togo, and the United States.

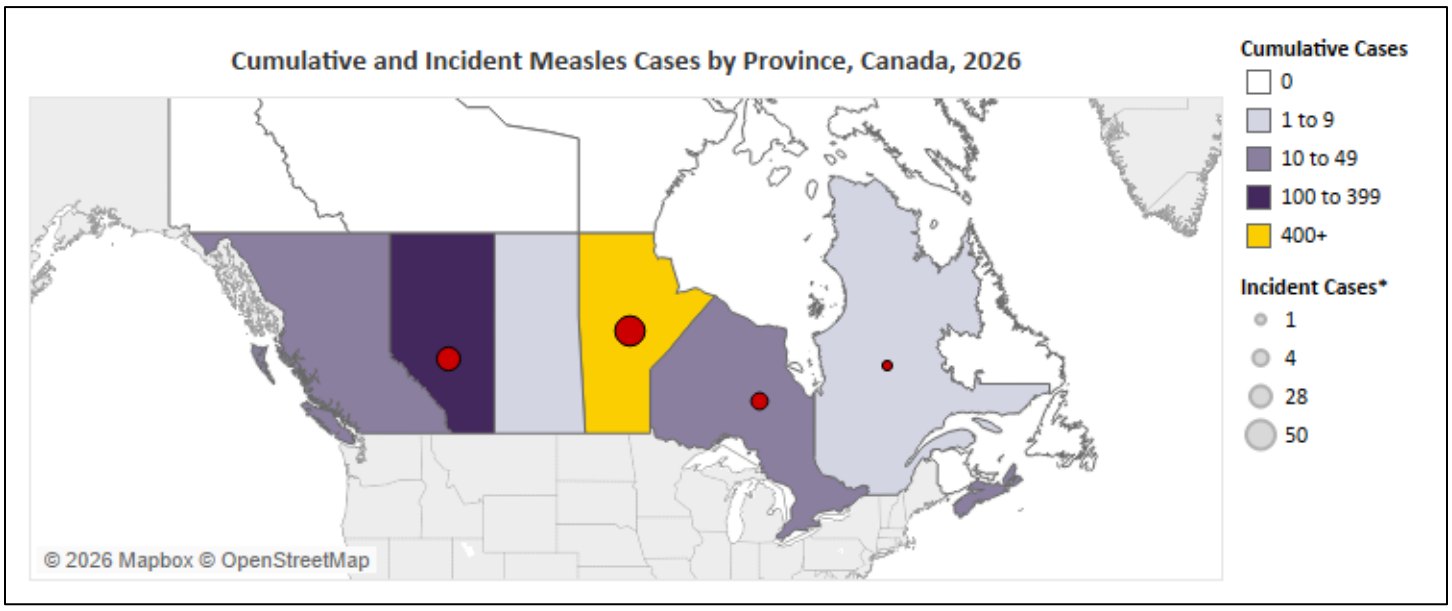

*Figure Notes: Data as of March 28, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), 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.

Canada is currently experiencing a large measles outbreak involving 6,099 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 (4/7/26), PHAC - 2025 (3/16/26)

Mexico – Over 350 Confirmed Incident Cases Reported with Decreasing Trend:

According to data from the Secretary of Health of Mexico as of April 8, 2026, there have been a total of 6,464 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 8,901 confirmed cases and 9 deaths reported during 2026. Since the previous update, 379 confirmed incident cases were reported, primarily in Jalisco (186).

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,714	-4	6,464	+4	27	+0	0.4%
2026	21,860	+845	8,901	+375	9	+0	0.1%

*Table Notes: Data as of April 8, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

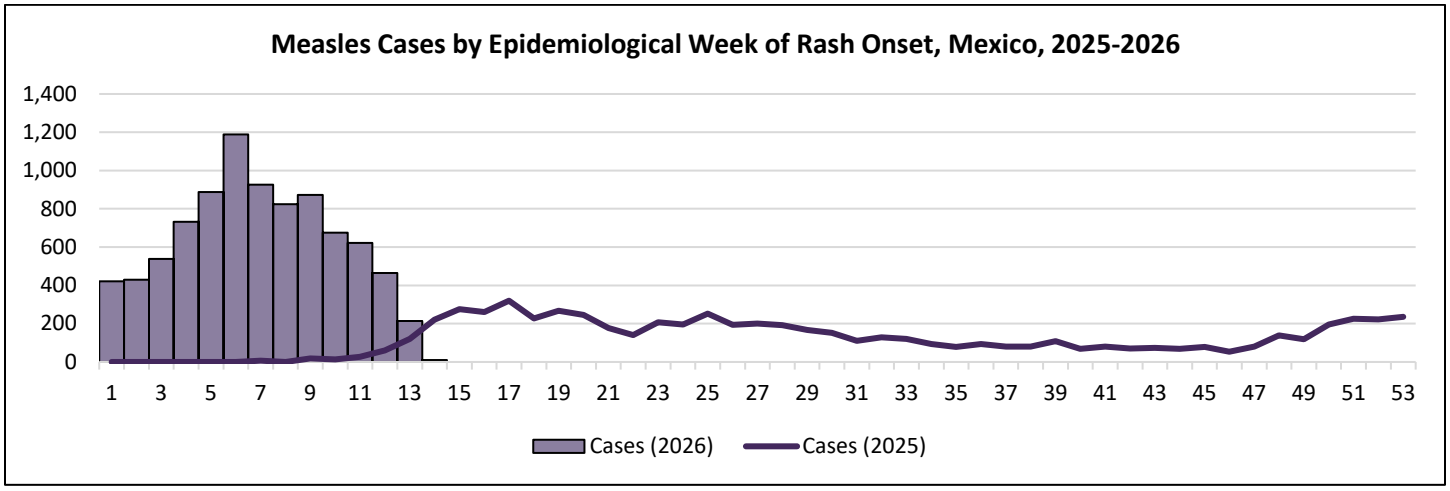

Figure Notes: Data as of April 8, 2026, and includes confirmed cases only (7 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (5,138), Chiapas (730), and Mexico City (712). 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 (75.47), followed by those aged 1-4 years (23.23), those aged 5-9 years (16.60), and those aged 25-29 years (16.72).

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.

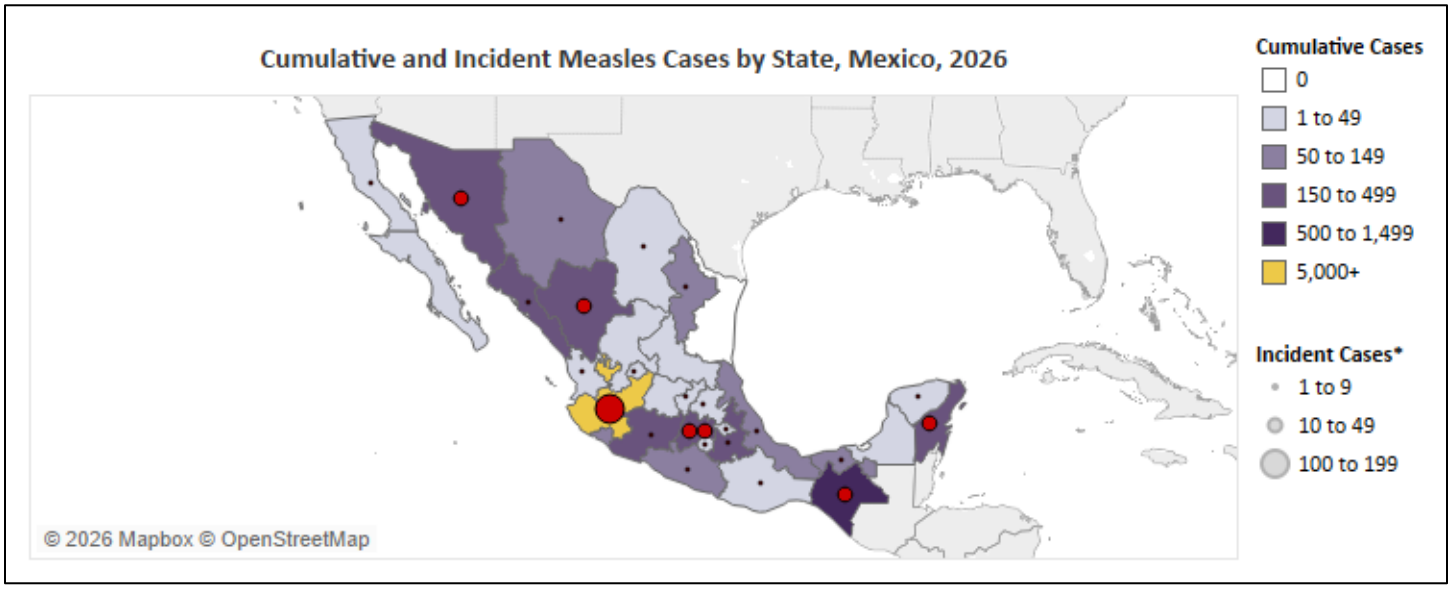

*Figure Notes: Data as of April 8, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Source: Secretary of Health (4/8/26)

United States – Incident Cases Reported in 13 States, Most in Utah and Arizona:

According to data from the United States CDC as of April 2, 2026, there have been a total of 2,286 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,671 confirmed cases reported during 2026. Since the previous update, 97 confirmed incident cases were reported, primarily in Utah (60) and for the first time in Montana (5).

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,286	+1	246	+0	3	+0	0.1%
2026	1,671	+96	91	+13	0	+0	0.0%

*Table Notes: Data as of April 2, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

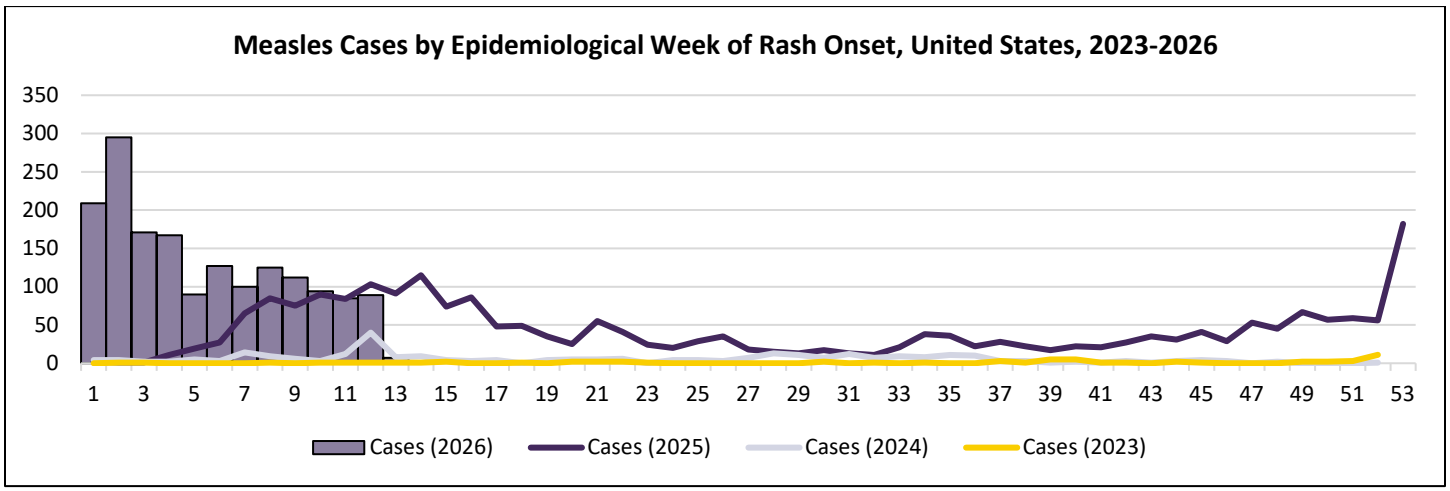

Figure Notes: Data as of April 2, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 33 jurisdictions, primarily South Carolina (667), Utah (378), Texas (175), and Florida (129). There have been 17 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (374 from outbreaks that began during 2026 and 1,196 from outbreaks that began during 2025). Currently, there are ongoing outbreaks in Arizona, 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 3 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 – including 9% of cases aged <5 years. In New York, there have been 4 confirmed case reported in New York City and 4 confirmed cases reported in Rest of State.

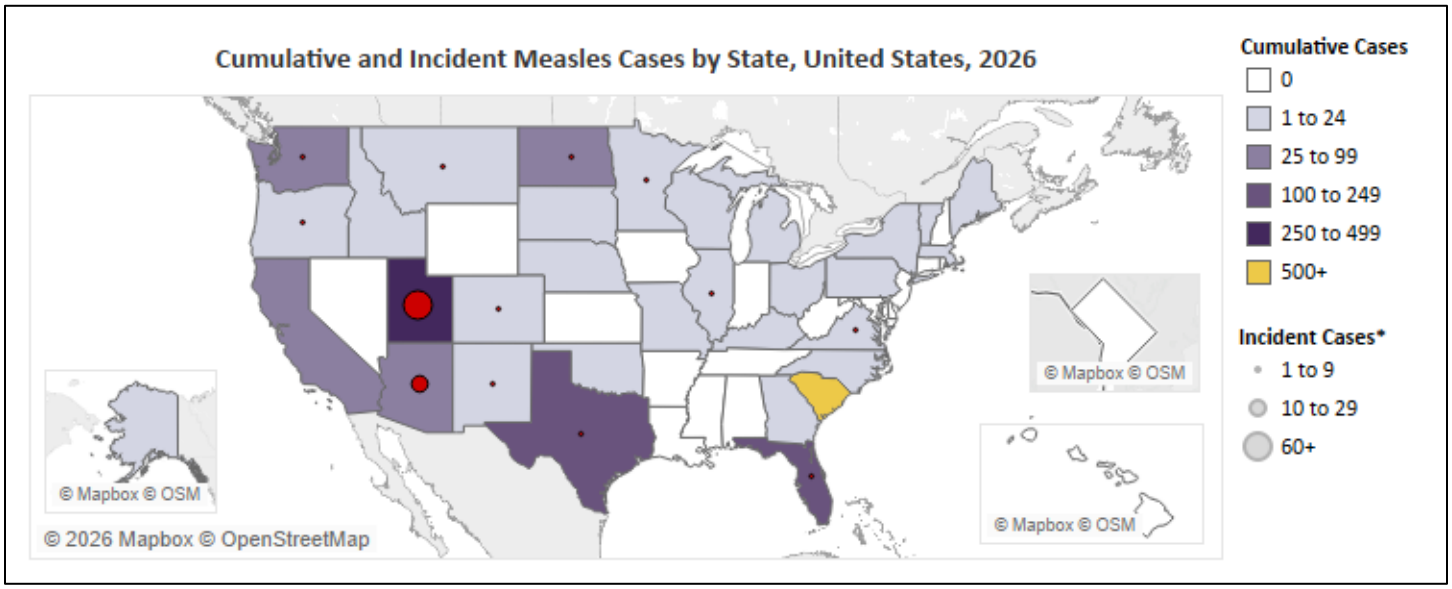

*Figure Notes: Data as of April 2, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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 (4/3/26)

Mpox

Global (Outside of Africa) – Ecuador and Singapore Report Incident Clade I Cases:

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.

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	+0	50	+0

Table Notes: Data as of March 26, 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: 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).

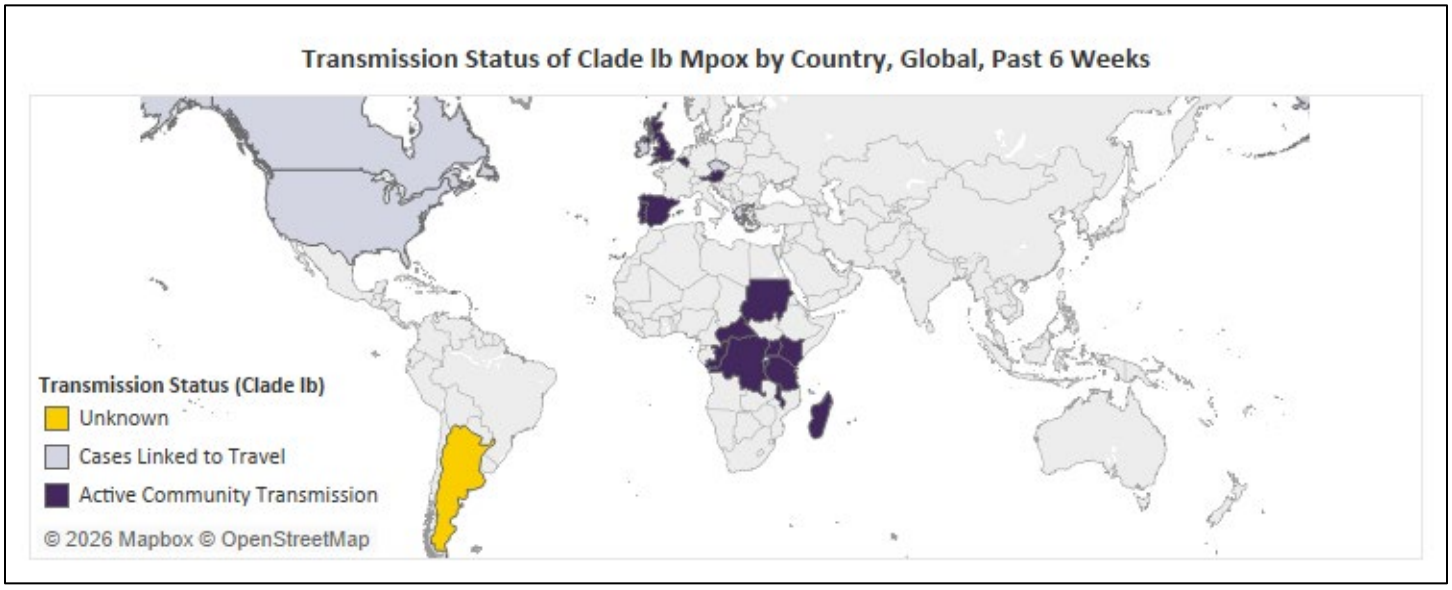

Figure Notes: Data as of March 26, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

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 Travel Associated Clade Ib Mpox Case Reported in Ecuador

While not yet included in data above from the WHO, the Ministry of Public Health in Ecuador reported an incident travel associated clade Ib mpox case on April 2, 2026, according to information captured by BEACON. This is the first clade I mpox case reported in the country to date (travel associated or locally acquired). No information regarding country of exposure was provided and there is no evidence of community clade I mpox transmission in Ecuador.

Incident Locally Acquired Clade Ib Mpox Cases Reported in Singapore

While not yet included in data above from the WHO, on April 2, 2026, the Communicable Disease Agency (CDA) of Singapore reported 2 confirmed incident locally acquired clade Ib mpox cases, suggesting ongoing community transmission. The first case, a 30-year-old male with no recent travel history, developed symptoms in late March, was hospitalized, and has since been discharged and placed on home isolation. The second case, a 34-year-old male with recent travel history, developed symptoms in late March, sought medical care, and has been placed on home isolation. Both cases had prolonged physical contact with each other. Epidemiological investigations and contact tracing efforts are ongoing.

Data Sources: WHO (3/26/26), ECDC (3/13/26), BEACON (4/5/26), Singapore CDA (4/2/26)

New World Screwworm

Mexico – Active Animal Cases Decrease Overall but Increase in Tamaulipas:

According to data from the Secretary of Agriculture of Mexico as of April 8, 2026, there have been a total of 20,028 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,265 are currently active (a decrease compared to the prior week). According to data from the Secretary of Health of Mexico, as of March 28, 2026, there have been a total of 221 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 554 incident cases among animals and 2 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†
20,028	+554	1,265	-175	221	+2

Figure Notes: Data for cases reported among animals as of April 8, 2026, and data for cases reported among humans of March 28, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have primarily been reported in Chiapas (6,346), Oaxaca (3,425), Veracruz (3,018), Yucatan (1,867), and Tabasco (1,204). Confirmed NWS cases among humans have primarily been reported in Chiapas (120), 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 April 7, 2026, there have been over 164,000 NWS cases reported among animals and about 1,662 NWS cases reported among humans in Central America and Mexico.

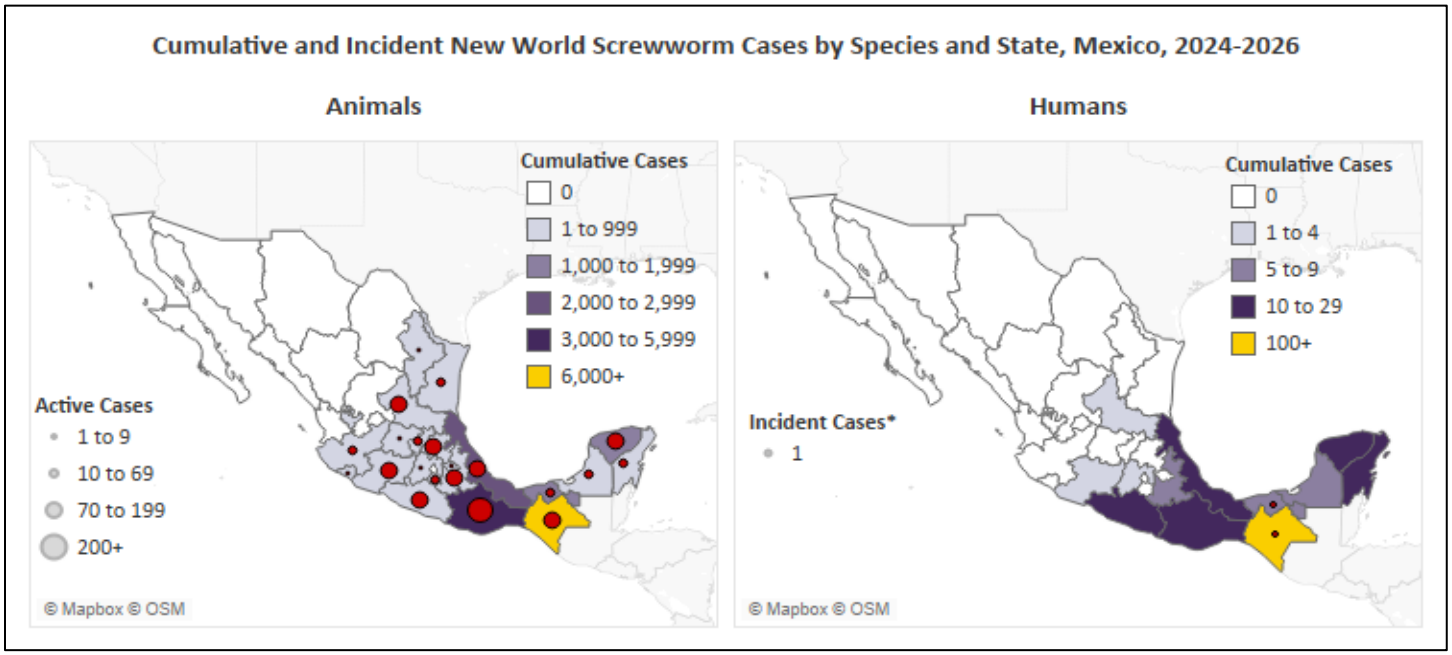

Figure Notes: Data for cases reported among animals as of April 8, 2026, and data for cases reported among humans as of March 28, 2026.

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 45 active NWS cases among animals (an increase of 4 compared to the prior week), to increase awareness given the potential for geographic spread. NWS was detected in a Florida import facility among a horse imported from Argentina that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has not been reported among animals or humans in the United States except for a single travel associated case among an individual returning from El Salvador.

Data Sources: Secretary of Agriculture (4/8/26), Secretary of Health (4/7/26), CDC (4/8/26)

Non-Seasonal Influenza

Taiwan – Additional Information on First Locally Acquired Human Case (H7N7):

On April 2, 2026, the Taiwan Centers for Disease Control (CDC) reported that a human avian influenza A(H7) case of novel subtype was detected in March among a 70-year-old male poultry farmer in the country. The case sought care and was hospitalized with symptoms including runny nose, cough, body aches, and pneumonia. Case contacts were identified, several were tested (all negative), and a few were given preventive treatment. On April 3, 2026, the Taiwan CDC reported that sputum samples taken from the case and genetically sequenced were positive for avian influenza A(H7N7), the first ever locally acquired human H7N7 case reported in Taiwan. Additionally, the Taiwan CDC noted that the case was discharged from the hospital to recover after their condition continued to improve following further treatment. No update regarding a source of exposure was provided.

According to the Taiwan CDC and data from the United States CDC, there have been over 90 human H7N7 cases and 1 death reported globally since 1959, primarily in Europe with most cases presenting with conjunctivitis. There had been no incident cases reported among humans since 2013 despite continued circulation among poultry. 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), HKCHP (4/8/26), Taiwan CDC (4/3/26), CDC (2/1/24), Taiwan CDC (4/8/26)

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

According to data from the United States Department of Agriculture (USDA) as of April 3, 2026, there have been a total of 2,191 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 10 new detections were reported. In the past 30 days, a total of 56 confirmed HPAI detections have been reported (a decrease compared to the previous update) affecting 4.97 million birds.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		**Livestock Herds***			**Wild Birds**	**Mammals**
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
38	18	0	0	0	267	45

*Table Notes: Data as of April 3, 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 13 states, primarily Indiana (32), New York (6), and Pennsylvania (4). 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 5 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.

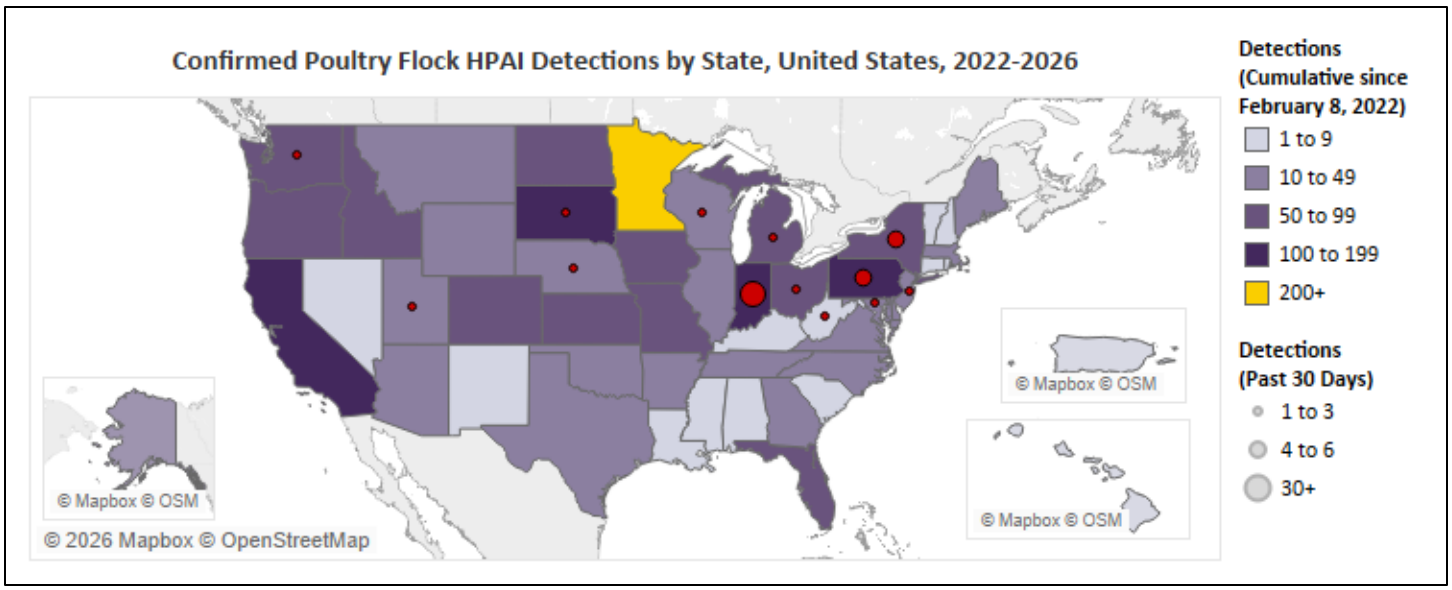

Figure Notes: Data as of April 3, 2026.

According to data from the United States CDC, as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths (1, 2), and 7 probable H5 cases reported among humans since the beginning of 2024. The most recent human case, and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected wild birds and other mammals, while detections among livestock (primarily dairy cattle) have not been reported during 2026. Since 2022, 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5N1 cases, including 2 deaths (both caused by the D1.1 strain).

Data Sources: USDA (4/8/26), CDC (3/6/26)

Pertussis

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

According to provisional data from the United States CDC as of April 4, there have been a total of 3,023 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 258 incident cases were reported, of which 83 reported symptom onset during the most recent epidemiological week, a 17% increase compared to the prior week. According to the Pan American Health Organization (PAHO), those aged 1-6 years (29%) and 11-19 years (23%) have been most affected through mid-March. Additionally, there has been 1 death from pertussis reported during 2026. Case totals for 2026 at this time are about 70% 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	+2	70	173	0.4
Middle Atlantic	+13	283	657	0.4
East North Central	+12	432	1,766	0.2
West North Central	+2	97	1,208	0.1
South Atlantic	+17	366	1,079	0.3
East South Central	+4	287	752	0.4
West South Central	+4	273	1,234	0.2

Mountain	+9	441	1,333	0.3
Pacific	+20	757	2,187	0.3
United States Territories	+0	17	50	0.3
Total	**+83**	**3,023**	**10,439**	**0.3**

Table Notes: Data as of April 4, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic.

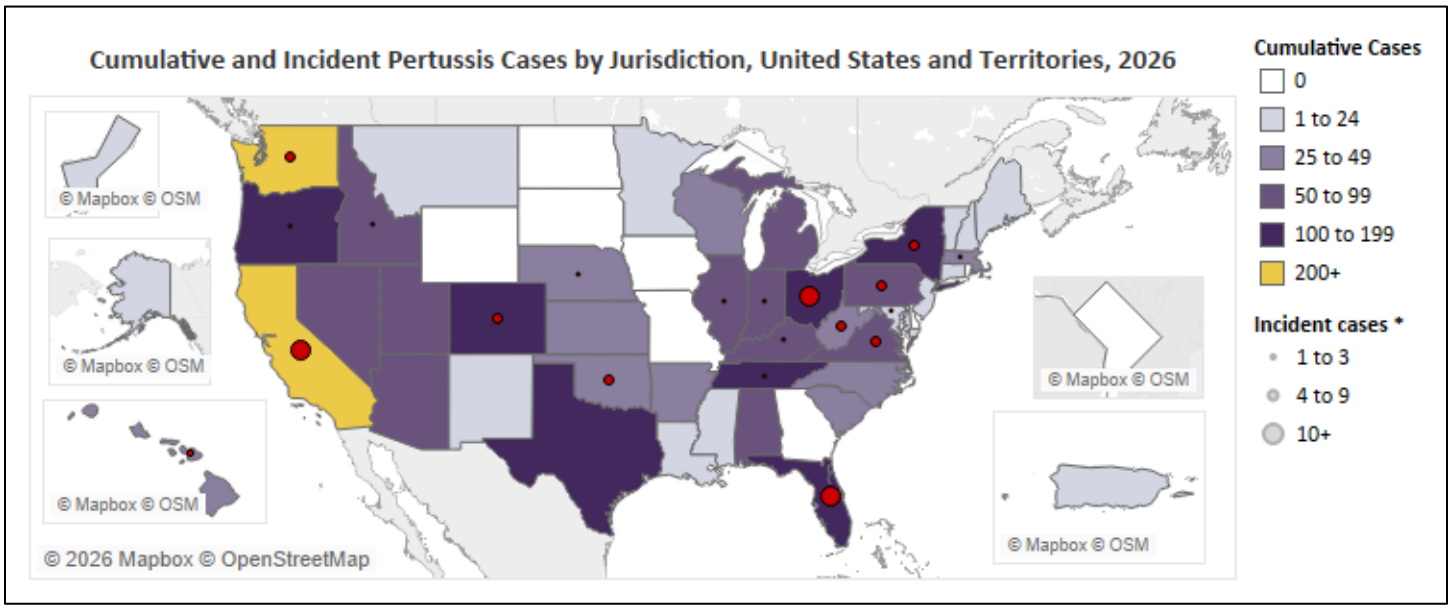

*Figure Notes: Data as of April 4, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Marina Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom 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 (4/8/26), CDC (12/2/25), PAHO (3/25/26)

Polio

Global – Incident AFP Cases (cVDPV2) Reported in Multiple African Countries:

According to data from the Global Polio Eradication Initiative (GPEI) as of April 6, there have been 2 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 22 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, 5 incident AFP cases caused by cVDPV2 were reported in Nigeria (3), the Democratic Republic of Congo (DRC) (1), and Somalia (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
2	+0	0	+0	22	+5	2	+0

Table Notes: Data as of April 6, 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 7 countries: Afghanistan (1 – WPV1), Angola (1 – cVDPV2), the DRC (3 – cVDPV2), Nigeria (13 – cVDPV2; 2 – cVDPV3), Pakistan (1 – WPV1), Somalia (3 – 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.

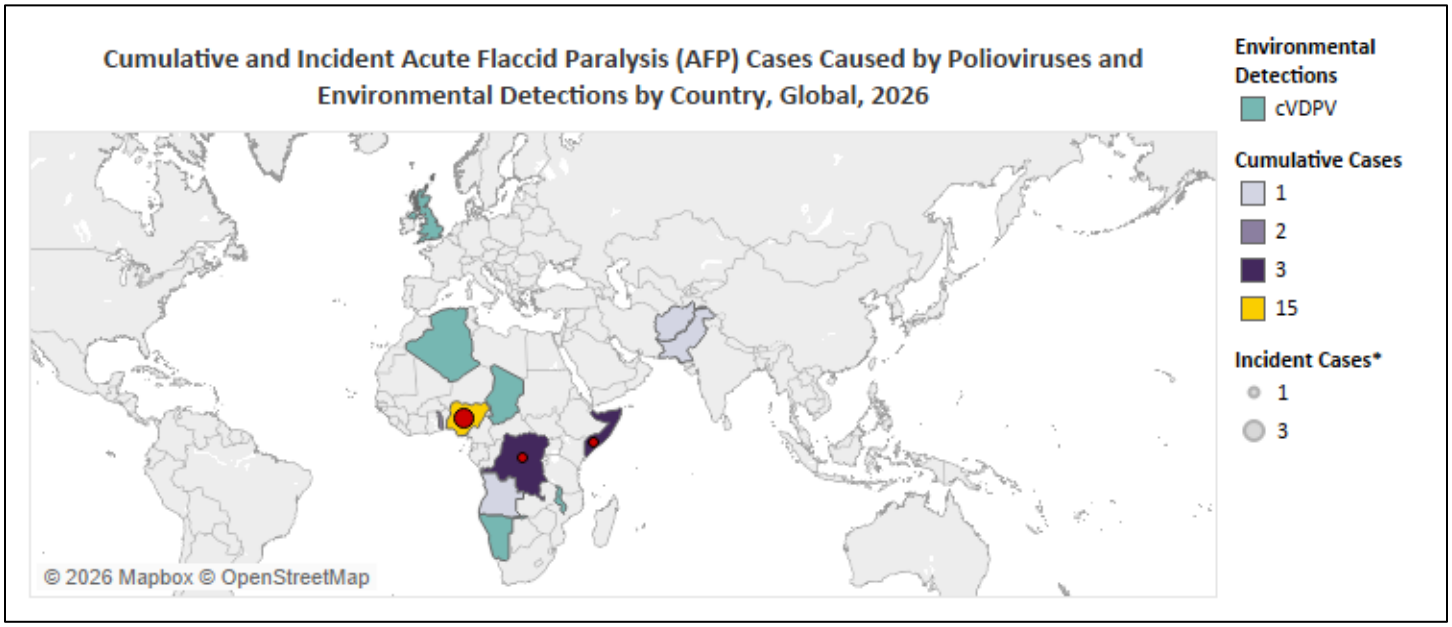

*Figure Notes: Data as of April 6, 2026, and only includes AFP cases with onset of paralysis or environmental detection collected during 2026; *Change in cumulative total compared to previous update.*

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, 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 (4/6/26), GPEI - cVDPV (4/6/26)

Seasonal Influenza

United States – ILI Activity Continues to Decrease Below National Baseline:

According to data from the United States CDC as of March 28, 2026, there have been an estimated total of 30 million infections, 370,000 hospitalizations, and 23,000 deaths from seasonal influenza during the 2025-2026 season so far. There have been a total of 127 pediatric deaths reported, of which 4 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 decreased again during the most recent week and remains below the national baseline. 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†
30 Million	370,000	23,000	127	+4

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

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 46 jurisdictions, moderate in 8 jurisdictions, and high in 1 jurisdiction. There are no jurisdictions with very high activity. During the week ending March 28, 2026, the percentage of patient visits due to ILI was 2.6%, a decrease compared to the prior week and below the national baseline of 3.1%.

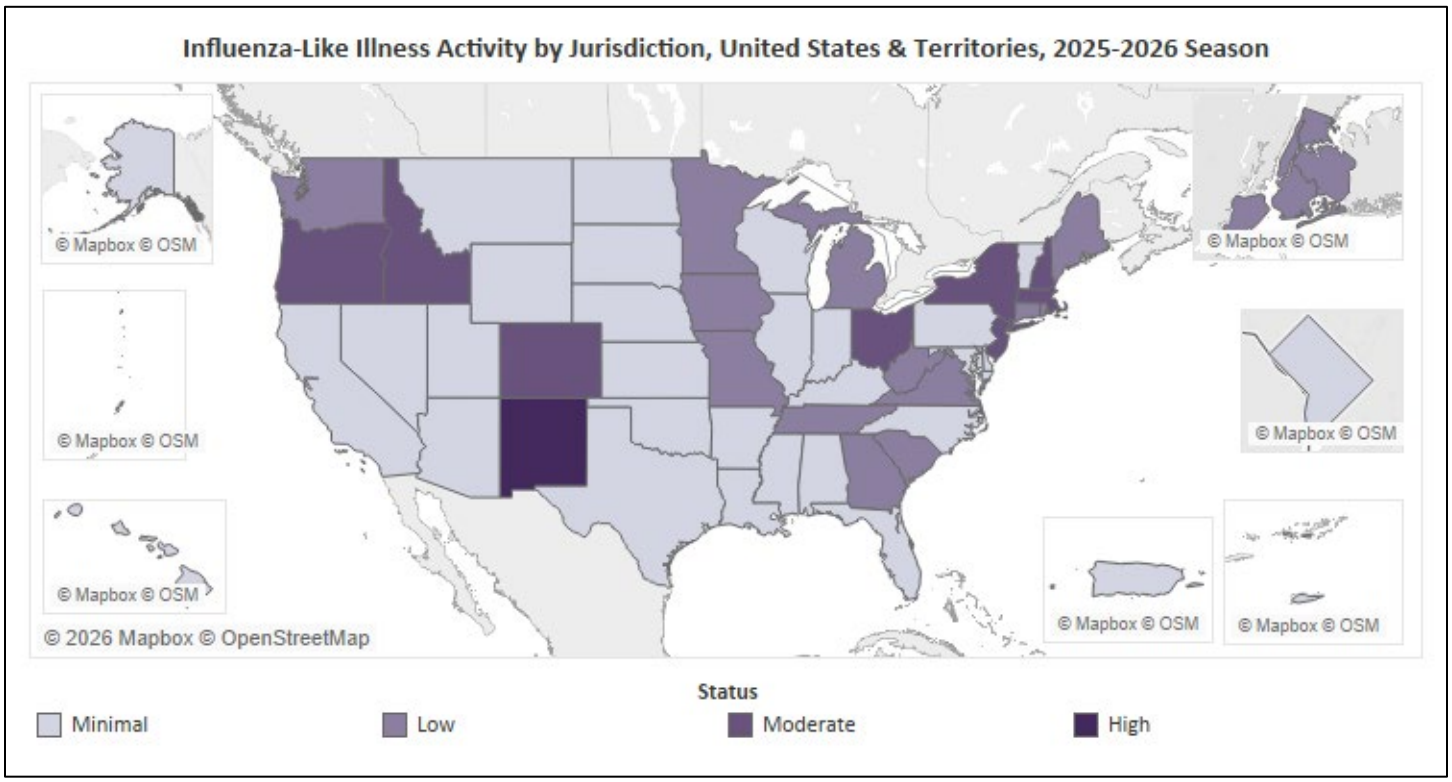

Figure Notes: Data as of March 28, 2026, and depicts influenza-like illness activity during the most recent epidemiological week.

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 28, 2026, confirmed cases increased by 5% and hospitalizations decreased by 9% compared to the prior week.

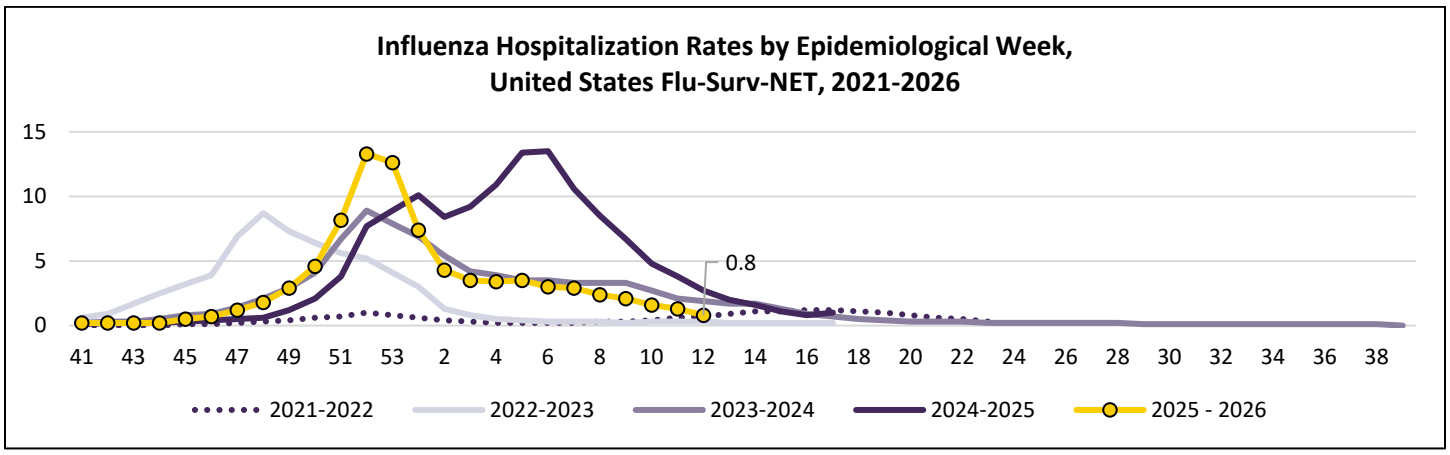

Figure Notes: Data as of March 28, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

According to data from Influenza Hospitalization Surveillance Network (FluSurv-NET) member states (14), as of March 28, 2026, the cumulative hospitalization rate among laboratory-confirmed influenza cases for the 2025-2026 season is 82.7 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 (266.9), children aged ≤4 years (91.3), especially those aged <1 year (139.3), non-Hispanic Black persons (age-adjusted 139.8), and American Indian or Alaska Native persons (age-adjusted 90.2). The hospitalization rate during the most recent week was 0.8 per 100,000 population (but it is likely to range from 1.0-1.4), a decrease compared to the prior week.

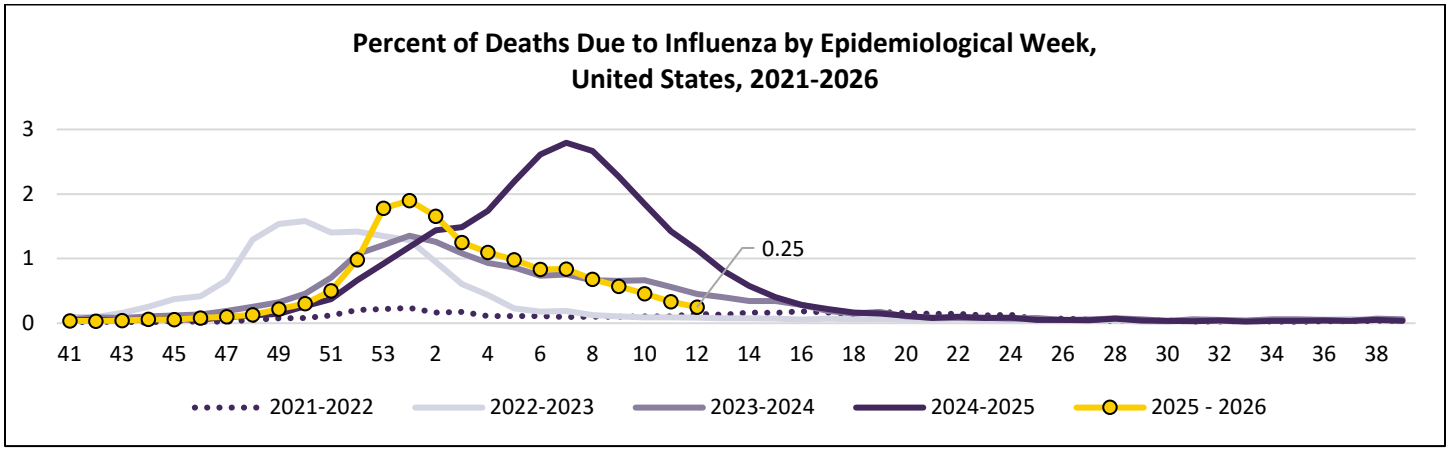

Figure Notes: Data as of March 28, 2026; Week 53 rates for seasons 2021-2022, 2022-2023, 2023-2024, and 2024-2025 calculated as the average of Weeks 52 and 1 of each respective season.

According to data from the National Center for Health Statistics (NCHS), the percentage of all deaths that occurred due to influenza during the most recent week was 0.25%, a decrease compared to the prior week.

Among influenza positive samples collected during this season, 74.0% have been influenza A and 26.0% have been influenza B – there has been a recent rise in the proportion of influenza B detected, with 84.2% 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 (87.4%), including 65.5% 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 (4/3/26)

Yellow Fever

The Americas – Incident Cases and Death Reported in Colombia and Brazil:

According to data from the Pan American Health Organization (PAHO) as of April 7, there have been a total of 43 confirmed yellow fever cases and 19 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases and 1 death were reported in Colombia (1) and for the first time this year in Brazil (1 fatal case).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
43	+2	19	+1	44.2%

*Table Notes: Data as of April 7, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

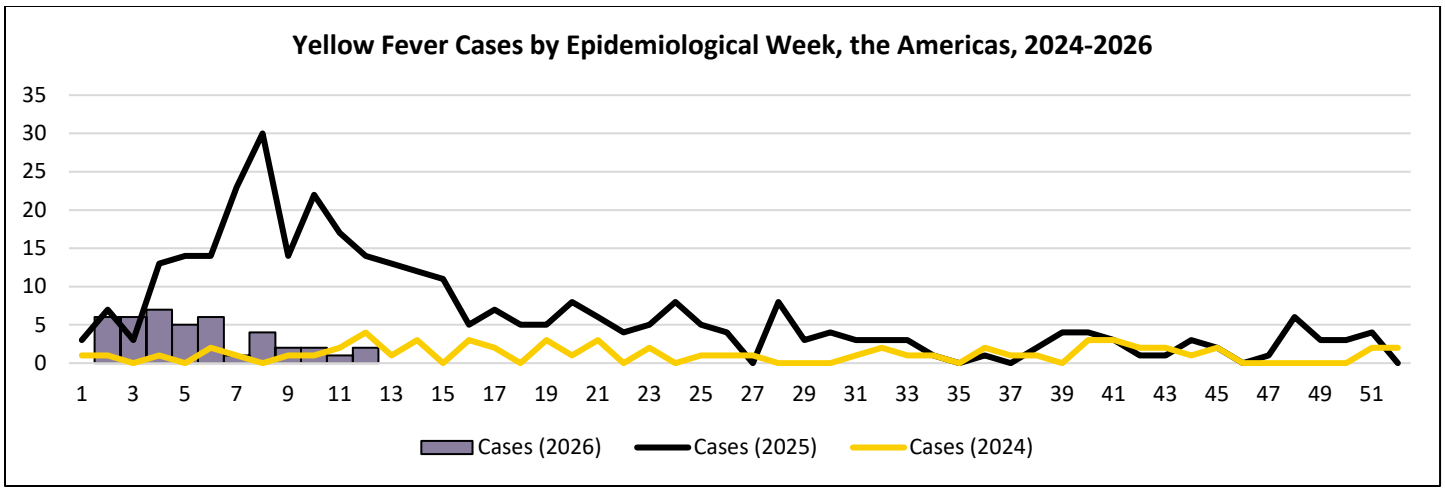

Figure Notes: Data as of April 7, 2026; Several cases reported by Colombia (7), Ecuador (4), and Brazil (1) during 2025-2026 missing from figure.

During 2026, confirmed cases have been reported by Colombia (33), Venezuela (6), Peru (2), Bolivia (1), and Brazil (1) Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and all but 3 of the deaths reported in the Americas during 2026. According to a recent PAHO epidemiological alert, yellow fever cases have been reported in areas with no history of transmission since September 2024, including areas outside the Amazon region. Based on recent regional trends observed during the end of 2025 and the beginning of 2026, Venezuela has initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never vaccinated against yellow fever. Despite not reporting any human cases, the Trinidad and Tobago Ministry of Health recently detected yellow fever in a decreased red howler monkey, confirming presence of the virus and sylvatic transmission in the country.

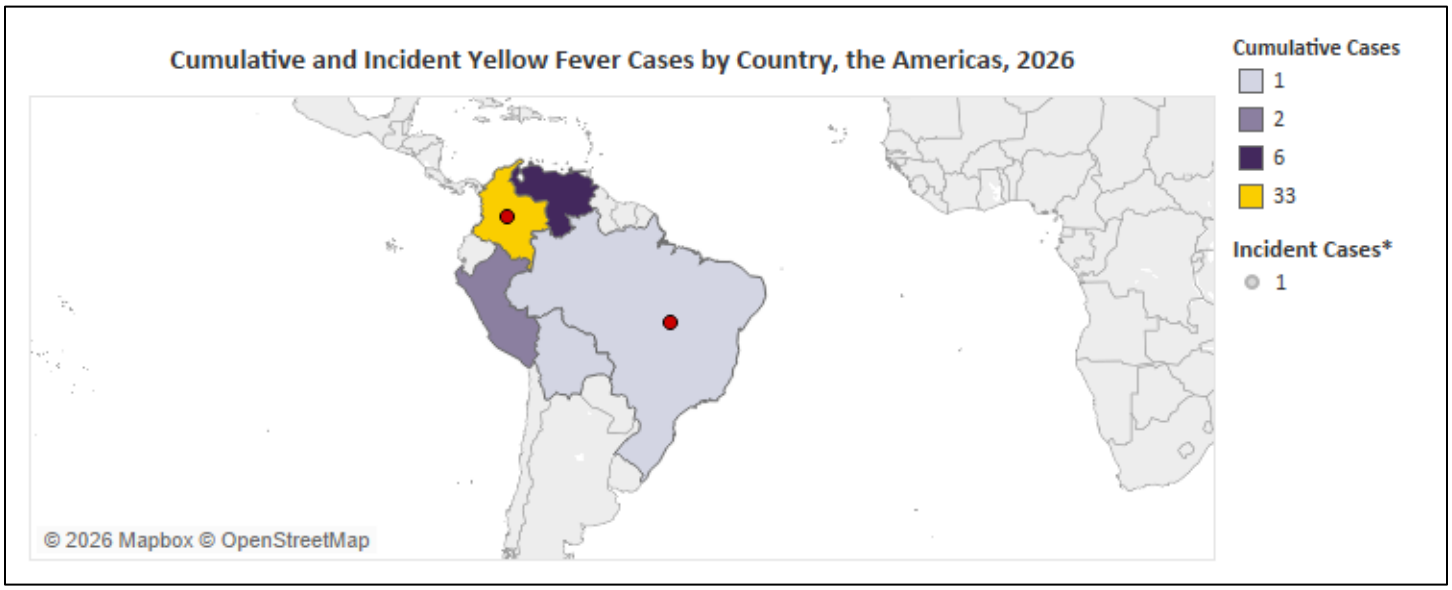

*Figure Notes: Data as of April 7, 2026; *Change in cumulative total compared to previous update.*

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, 47 fatal), Colombia (125 cases, 51 fatal – a 5-fold increase compared to 2024), Peru (49 cases, 19 fatal), Venezuela (32 cases, 19 fatal), Ecuador (11 cases, 8 fatal), Bolivia (8 cases, 2 fatal), and Guyana (1 fatal case) – a 5.6-fold increase compared to 2024.

Data Source: PAHO (4/7/26)

Other Outbreaks (2026):

Chikungunya

- Mayotte – Updated Data on Ongoing Outbreak Affecting All Communes (April 2)
- 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

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

Mpox

- Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries (April 2)

Nipah

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

Non-Seasonal Influenza

- Cambodia – Incident Human Case Reported in Oddar Meanchey Province (H5N1) (April 2)
- 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)

Other Active CDC Travel Health Notices:

- 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
- Chikungunya in Mayotte - 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
- 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
- Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- Global Respiratory Virus Activity: Weekly Update N° 572
- 155 cases of invasive meningococcal disease reported in Canada in 2025, the highest annual total since 2012, continuing an upward trend - BEACON
- Second confirmed measles case in 2026 reported in Brazil, involving an unvaccinated hotel worker in Rio de Janeiro, prompting an immediate public health response - BEACON
- US health worker flu vaccine coverage holds steady, but COVID vaccine uptake lags | CIDRAP
- Increased dengue activity in southern Martinique - BEACON
- State public health labs step up as CDC pauses testing for various pathogens, including rabies, mpox | CIDRAP
- Los Angeles County, California, USA, reports a record of 220 flea-borne typhus cases in 2025, with nearly 90% hospitalization rate - BEACON
- Trump administration seeks more funding cuts for NIH | CIDRAP
- Sustained increase in leptospirosis cases in Peru during the rainy season, with 1500 cases and 12 reported deaths as of April 2026 - BEACON
- Insecticide resistance in South American mosquitoes portends trouble for malaria control | CIDRAP
- Rapid increase in measles cases in Japan, with 152 reported by late March 2026 - BEACON
- DRC officially declares the end of the mpox epidemic - BEACON
- Follow-up on neonatal healthcare-associated mpox cluster in Khairpur, Sindh, Pakistan: Updated case numbers, probable source, and public health response - BEACON
- Watch out, hookworms: an effective vaccine might be on the horizon | CIDRAP
- Rabies emerges as endemic threat among Cape fur seals, with over 90 cases confirmed since 2024, prompting a coastal safety alert in Cape Town, South Africa - BEACON
- Follow-up on cluster of undiagnosed illnesses in Mpanda, Bujumbura Province, Burundi: Updated case numbers and symptoms; Ebola and Marburg virus negative; expanded diagnostic testing pending - BEACON
- Middle East Escalation of Conflict, Global external situation report #3 - 9 April 2026 | WHO

- Why mpox outbreaks can change course and what we can do about it | GAVI
- Human plague case reported in Apache County, Arizona - BEACON
- Vampire bats in Mexico may feed on CWD-positive deer, spreading disease and posing species-jump threat | CIDRAP