



Date: 5/14/26

This weekly report from the New York State Department of Health presents summaries of select ongoing and emerging infectious disease outbreaks of interest to public health professionals and the public, both globally and in the United States. The Global Health Update summaries include preliminary and up-to-date data that are publicly available for these events at the time of posting. Because this report aggregates and summarizes data and information from outside sources, the quality, accuracy or completeness of that data, and the appropriateness of the methodology used, cannot be guaranteed. Please refer directly to those sources for any data questions. Because the report includes preliminary information, subsequent reports may contain updates or revisions to information in prior reports.

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Chikungunya

The Americas – Almost 10,000 Incident Cases Reported in Brazil and Suriname:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on May 13, there have been a total of 120,150 chikungunya cases, of which 39,085 are confirmed, and 33 deaths reported in the Americas during 2026. Since the previous update, 10,754 incident cases, of which 4,131 are confirmed, and 2 deaths were reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	8,925	+821	1,801	+263	1	+0	0.1%
Bolivia	34,516	+0	9,443	+0	7	+0	0.1%
Brazil	67,418	+4,956	24,043	+1,781	23	+2	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	7,484	+4,905	3,389	+2,035	0	+0	0.0%
Rest of the Americas	350	+72	295	+52	0	+0	0.0%
Total	120,150	+10,754	39,085	+4,131	33	+2	0.1%

Table Notes: Data extracted on May 13, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

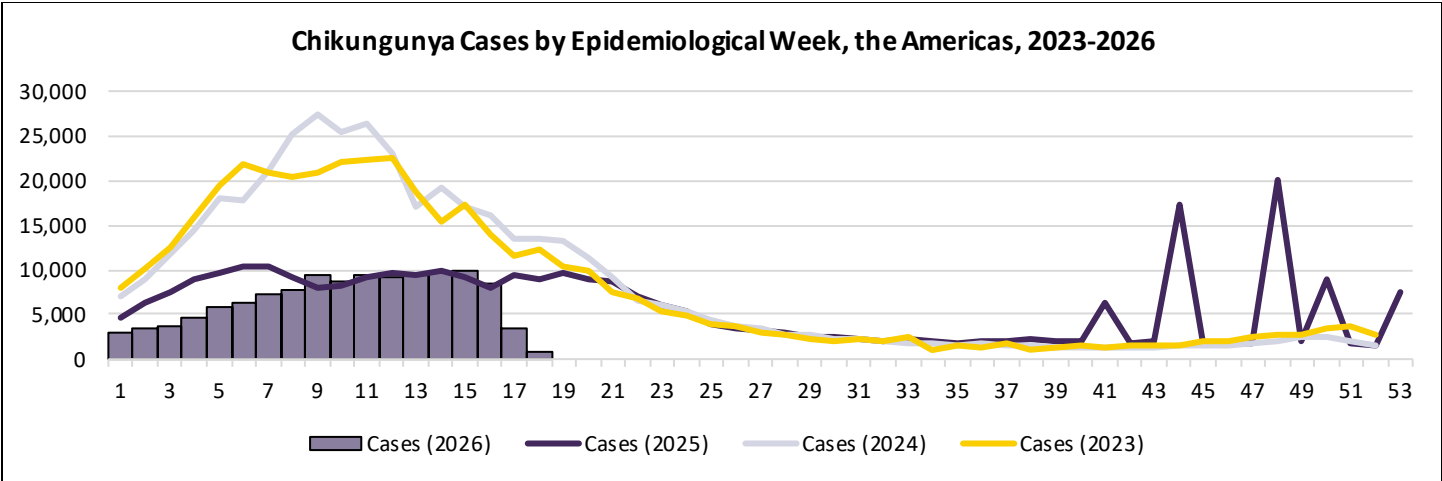


Figure Notes: Data extracted on May 13, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 20 countries in the Americas during 2026, primarily [Brazil](#) (67,418), [Bolivia](#) (34,516), [Argentina](#) (8,925), [Suriname](#) (7,484), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (1160.31), Bolivia (270.73), [French Guiana](#) (77.04), Brazil (31.57), Cuba (13.38), and Argentina (19.40). 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. On May 1, 2026, the [World Health Organization \(WHO\)](#) published a rapid risk assessment regarding chikungunya globally, highlighting how many regions may experience an increase in chikungunya incidence during the rainy season (May-November in the Northern hemisphere of the Americas), and assessing the overall risk to human health at the global level as moderate with moderate confidence in available information.

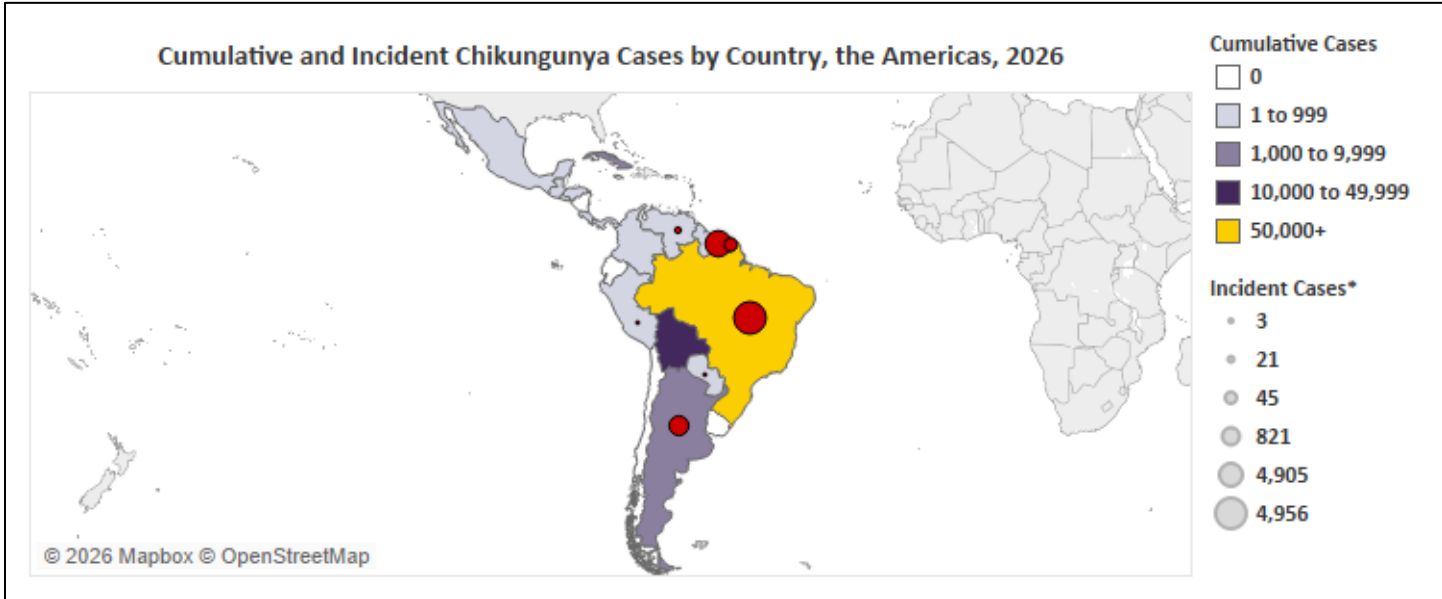


Figure Notes: Data extracted on May 13, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

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 \(5/14/26\)](#)

Hantavirus

International Waters – Updated Data on Cruise Ship Outbreak of Andes Virus:

According to information from the [World Health Organization \(WHO\)](#), on May 2, 2026, a cluster of severe acute respiratory illness was reported among passengers aboard the Dutch-flagged cruise ship, MV Hondius. According to data from the [WHO](#) as of May 13, 2026, there have been a total of 11 cases, of which 8 are confirmed, and 3 deaths (2 confirmed, 1 probable) reported in this outbreak caused by the [Andes species](#) of hantavirus - 1 individual is currently classified as an inconclusive case pending additional confirmatory testing. All cases reported have been among MV Hondius passengers.

Andes Hantavirus Outbreak Cases and Deaths, International Waters, 2026				
Cases			Deaths	
Confirmed	Probable	Inconclusive	Cumulative	CFR*
8	2	1	3	27.3%

Table Notes: Data as of May 13, 2026; *Case fatality rate (CFR).

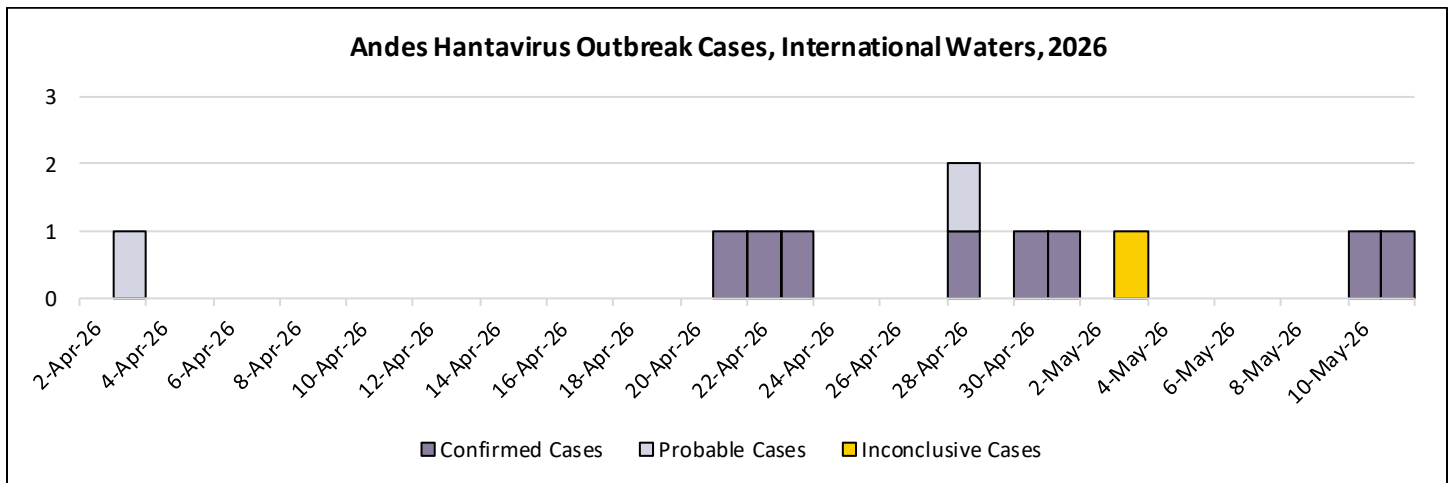


Figure Notes: Data as of May 13, 2026.

The vessel, carrying 147 passengers and crew members, departed from Ushuaia, Argentina, on April 1, 2026, and cruised along the South Atlantic, stopping at locations including mainland Antarctica, [St. Helena](#), and Ascension Island, among others, before mooring off the coast of Cape Verde for a period of time. As of May 14, 2026, all passengers have disembarked in [Tenerife](#) and are being cared for and monitored by public health professionals while traveling to their home countries – all passengers, regardless of where they disembarked from the vessel, will be monitored by local health authorities in their [respective countries](#): Spain (14), France (5), Canada (4), the Netherlands (26), the United Kingdom (22), Ireland (2), Turkey (3), and the United States (17), including several passengers from [New York](#) that will be [monitored](#) in Nebraska. Global [contact tracing](#) of individuals that disembarked from the vessel and returned home prior or were potentially exposed to cases in a variety of settings, including flights, is ongoing.

[Hantavirus](#) infection is typically acquired through contact with urine, droppings, or saliva of infected rodents, and less commonly through infected rodent bites; however, limited human to human transmission has been reported in previous outbreaks of the Andes virus (in [Argentina](#) and [Chile](#) associated with prolonged close contact), a species of hantavirus endemic in parts of [South America](#) and involved in this outbreak. Cases involved in the initial cluster had traveled to areas of Argentina, [Chile](#), and [Uruguay](#) where the Andes virus is present prior to boarding the MV Hondius in Ushuaia – it is suspected that the index case acquired infection prior to boarding the vessel and subsequently transmitted the infection

to others. According to the [Ministry of Health in Argentina](#), there have been a total of 101 confirmed hantavirus cases reported in the country since June 2025, primarily in Buenos Aires Province (42). The WHO currently assesses the risk to the global population as low. Similarly, the [United States CDC](#) assesses the risk to the overall American public and travelers as extremely low.

Data Sources: [WHO \(5/4/26\)](#), [WHO \(5/7/26\)](#), [WHO \(5/13/26\)](#)

Measles

Bangladesh – Updated Data on Ongoing Outbreak Affecting All Departments:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of May 14, there have been a total of 54,419 suspected and 7,305 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 369 deaths reported among suspected cases, and 70 deaths reported among confirmed cases. Since the previous update, 10,018 incident cases (8,921 suspected & 1,097 confirmed) and 103 deaths (90 suspected & 13 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	54,419	+8,921	39,160	+7,248	369	+90	0.7%
Confirmed	7,305	+1,097			70	+13	1.0%

Table Notes: Data as of May 14, 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 (24,464), Rajshahi (9,222), Chattogram (8,000), Khulna (3,918), Barisal (4,079), Sylhet (2,486), Mymensingh (1,137), and Rangpur (1,113). Among all cases (suspected & confirmed), 63% 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.

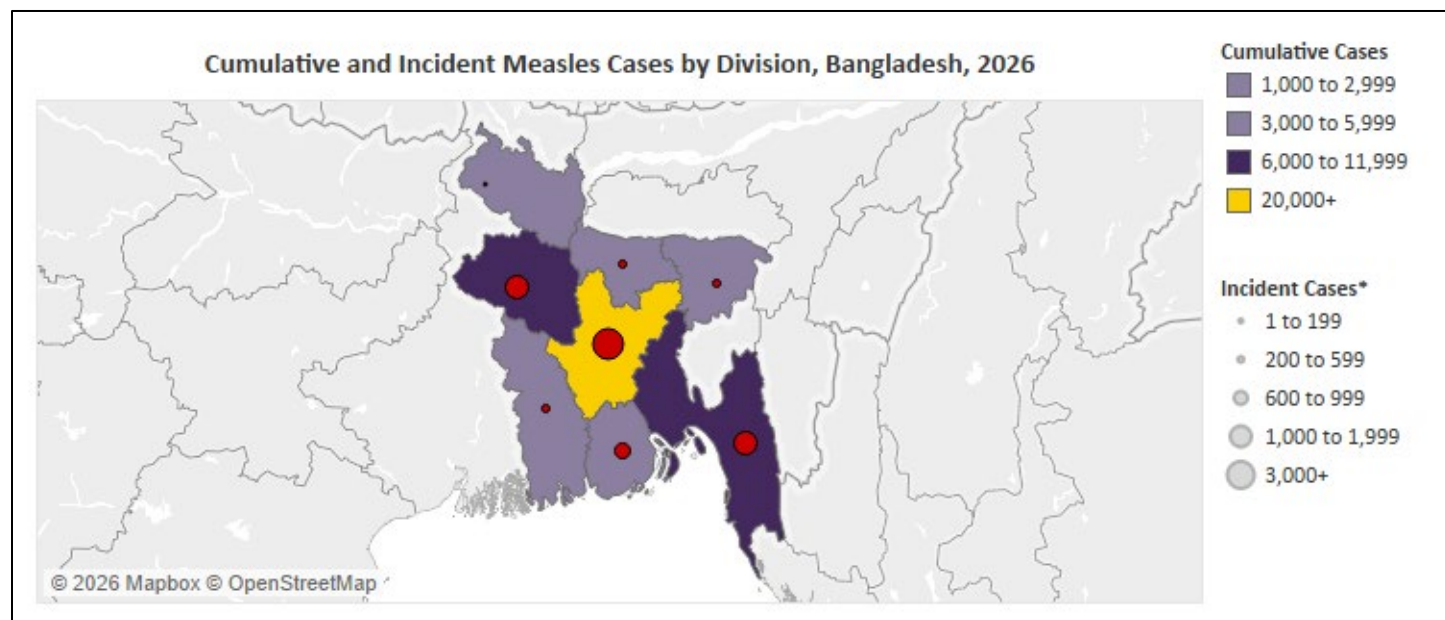


Figure Notes: Data as of May 13, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

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 May 4, 2026, over 15 million children have been vaccinated since the campaign began – equal to 86.4% of the target population.

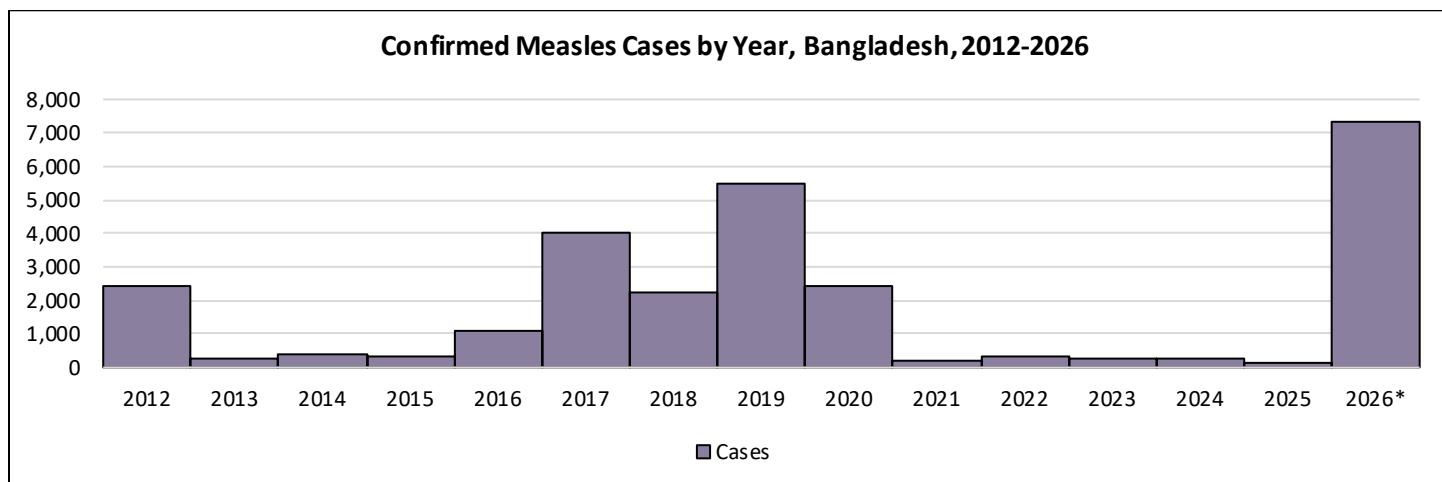


Figure Notes: Data for 2012-2025 as of March 23, 2026; *Data for 2026 as of May 13, 2026, and is incomplete for the year.

In the first 5 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year ever when compared to data available from the [WHO](#) since 2012. 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 \(5/5/26\)](#), [DGHS \(5/14/26\)](#), [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 May 2, 2026, there have been a total of 5,461 probable and confirmed measles cases reported in Canada during 2025, and 989 probable and confirmed cases reported during 2026. Since the previous update, 45 incident cases with rash onset during 2026 were reported in 5 provinces.

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	5,081	+0	401	+0	2	+0	0.0%
2026	76	+1	913	+44	62	+3	0	+0	0.0%

Table Notes: Data as of May 2, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (611), [Alberta](#) (295), [British Columbia](#) (30), Ontario (24), [Quebec](#) (14), Nova Scotia (10), and [Saskatchewan](#) (5). Those aged 5-17 years have been most affected (42%), followed by those aged 18-54 years (37%), and those aged 1-4 years (14%). There have been 4 congenital cases reported. Among all cases, 91% have been 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.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,396), Alberta (2,014), 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%). There were 19 congenital cases reported. 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 26 different countries, suggesting a broad measles resurgence globally.

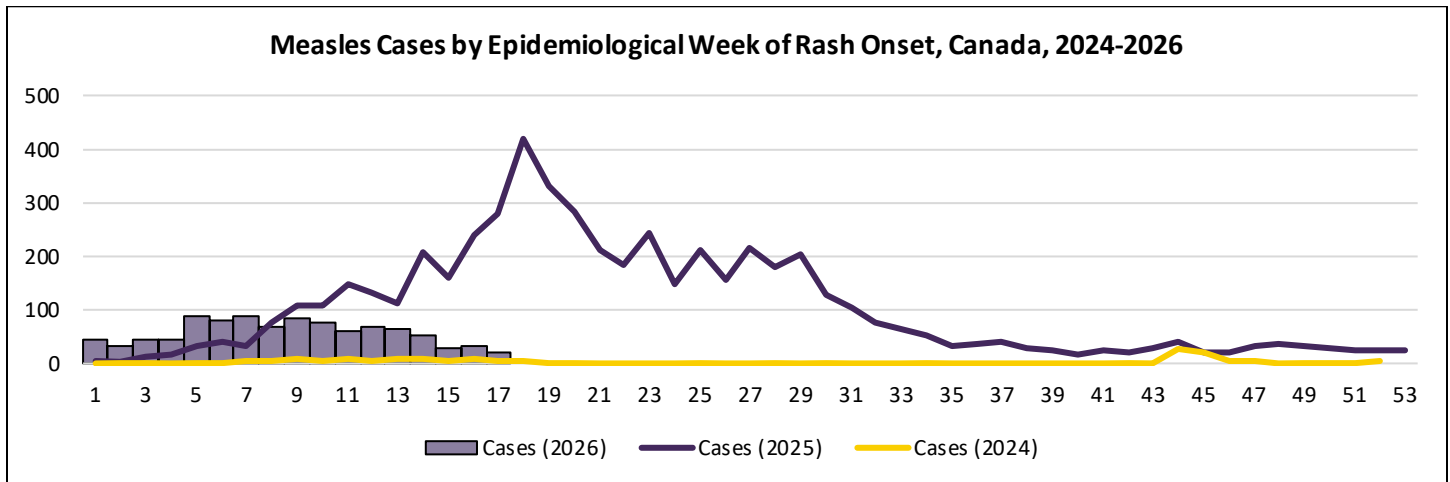


Figure Notes: Data as of May 2, 2026, and includes probable and confirmed cases.

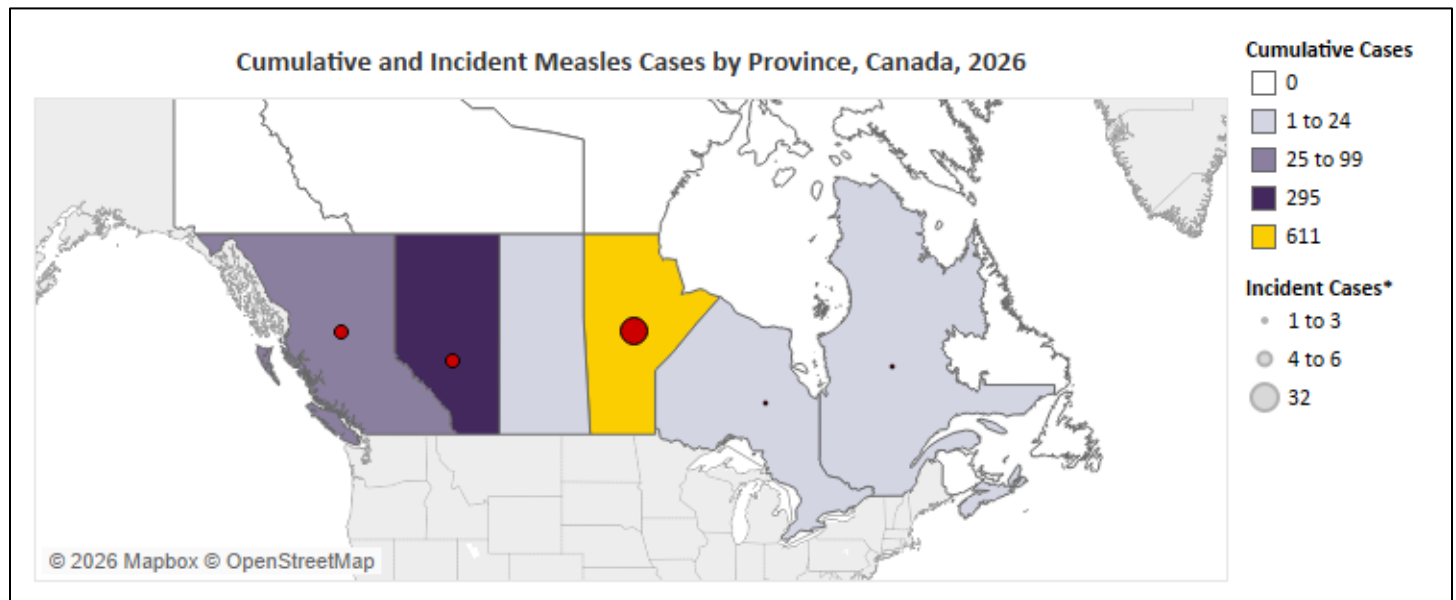


Figure Notes: Data as of May 2, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

Canada is currently experiencing a large measles outbreak involving 6,332 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 96% 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 \(5/11/26\)](#), [PHAC - 2025 \(5/4/26\)](#)

Guatemala – Over 6,000 Confirmed Cases Reported in Nationwide Outbreak:

According to data from the [Ministry of Public Health and Social Assistance \(MSPAS\)](#) as of May 7, 2026, there have been total of 6,098 confirmed measles cases and 10 deaths reported in Guatemala since December 2025. Since the previous update, 367 confirmed incident cases and 6 deaths were reported. Almost all deaths have been reported among infants too young to be vaccinated. A decrease in confirmed case incidence has been observed since the end of March.

Measles Cases and Deaths, Guatemala, 2025-2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
6,098	+367	10	+6	0.2%

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

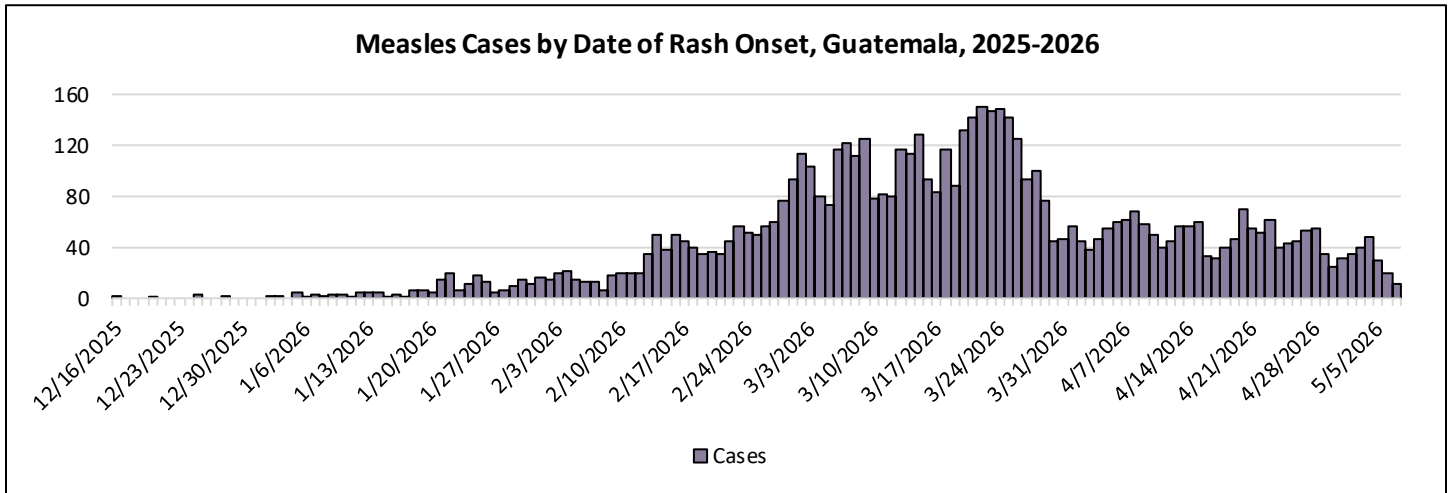


Figure Notes: Data as of May 7, 2026,

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (2,898), Quiché (395), Sololá (354), Totonicapán (299), and Chimaltenango (290) – cumulative incidence per 100,000 population is currently rated as very high (31.22+) in 7 departments: Guatemala (77.16), Sololá (69.73), Totonicapán (56.62), Sacatepequez (39.64), Chimaltenango (35.86), Quiché (33.66), and Jalapa (32.60). Incidence per 100,000 population has been highest among those aged <1 year (224.3), followed by those aged 20-29 years (63.2), those aged 1-4 years (42.6), and those aged 15-19 years (36.6).

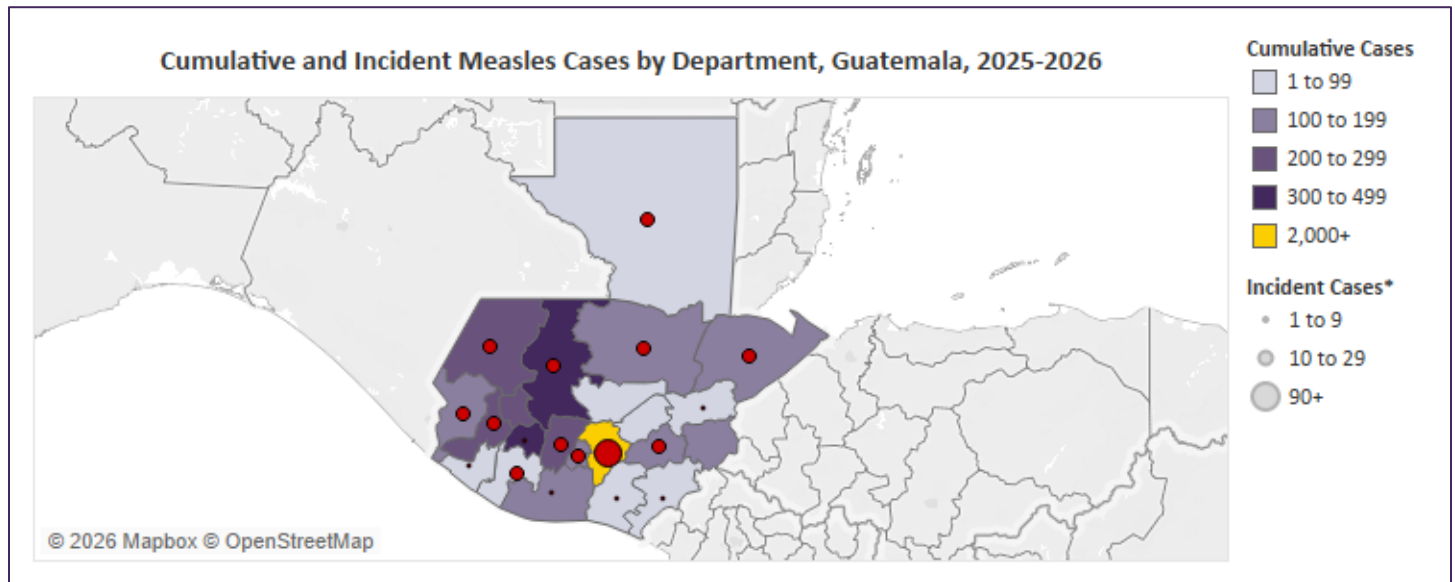


Figure Notes: Data as of May 7, 2026; *Change in cumulative total compared to previous update.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. During 2025, there were only 7 cases reported in the country. The current outbreak has been linked to religious retreat in Santiago Atitlán last December that involved over 2,000 attendees. In response to the outbreak, over 410,000 measles vaccine doses have been administered in the country as of April 30, 2026. 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: [MSPAS \(5/10/26\)](#)

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

According to data from the [Israeli Ministry of Health](#), as of May 9, 2026, there have been a total of 3,700 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 21 incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,700	+21	1,246	+3	17	+0	0.5%

Table Notes: Data as of May 9, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

Cases have primarily been reported in Jerusalem (1,172), Beit Shemesh (1,056), Bnei Brak (196), Safed (150), Beitar Illit (113), Tiberias (103), Modin Illit (71), and Nof Hagalil (60). Among all cases, 86.1% have been among children aged <10 years, and 33.7% have been hospitalized, including 7 cases currently hospitalized – 3 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.

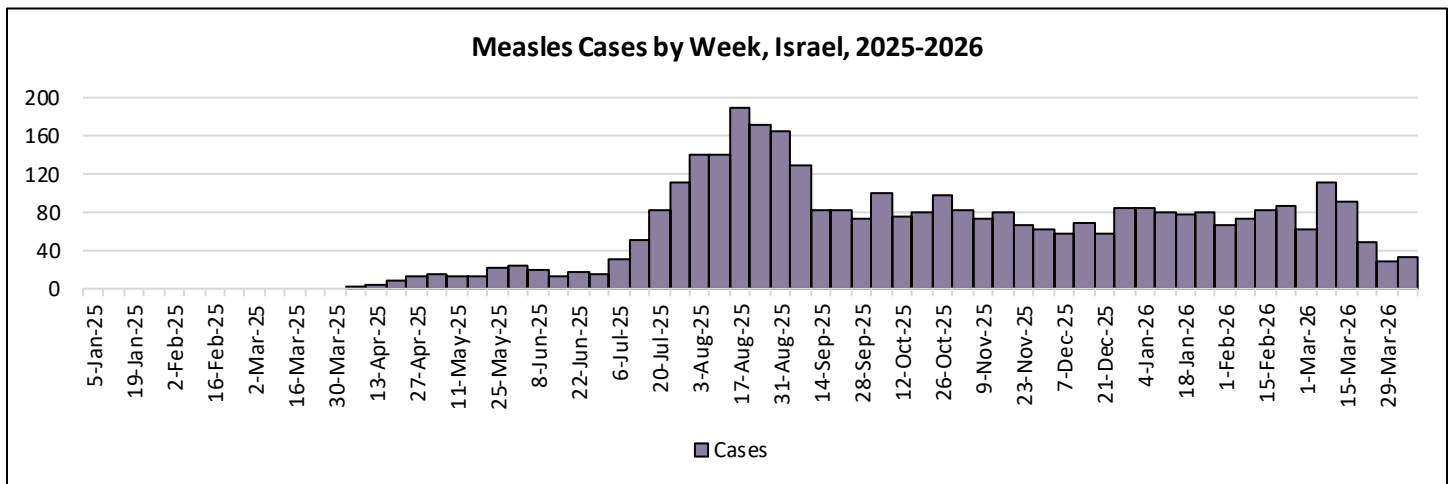


Figure Notes: Data as of May 9, 2026, and includes 3,620 cases through April 10, 2026.

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 \(5/11/26\)](#)

Japan – Updated Data on Increasing Community Transmission Trends:

According to provisional data from the [Japan Institute for Health Security \(JIHS\)](#) as of May 2, there have been a total of 462 measles cases reported in Japan during 2026. Since the previous update, 100 incident cases were reported, of which 23

had symptom onset during epidemiological week 18. Apart from this most recent week, which should be interpreted with caution, weekly case incidence has been increasing since the beginning of the year, driven by community transmission.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
462	+100	+23	0	0.0%

Table Notes: Data as of May 2, 2026; †Change in cumulative total compared to prior update; ‡Incident cases with symptom onset during most recent epidemiological week; *Case fatality rate (CFR).

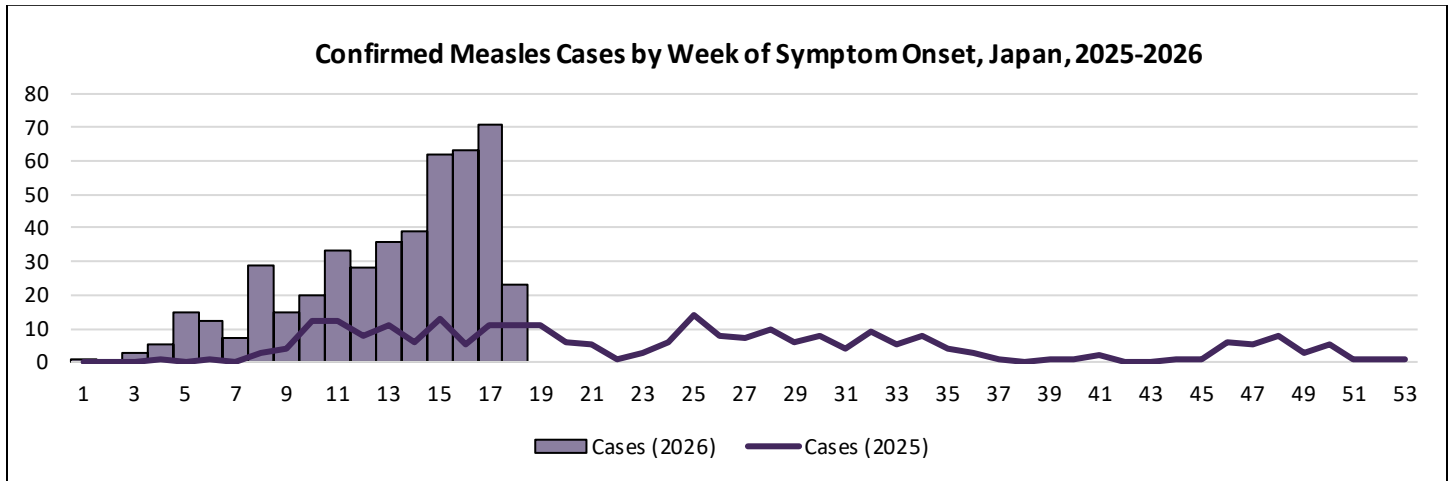


Figure Notes: Data as of May 2, 2026; Several cases missing from figure for 2025 (13).

During 2026, cases have been reported by 26 prefectures, primarily Tokyo (226), Kanagawa (41), Kagoshima (34), Saitama (33), Chiba (28), and Aichi (25). During the most recent epidemiological week, Tokyo reported the highest number of incident cases (53). Those aged 20-29 years have been most affected (31%), followed by those aged 30-39 years (21%), those aged 15-19 years (14%), and those aged 40-49 years (11%). Among all cases, 55.2% have been unvaccinated or had unknown vaccination statuses, and 73.4% of cases acquired infection domestically.

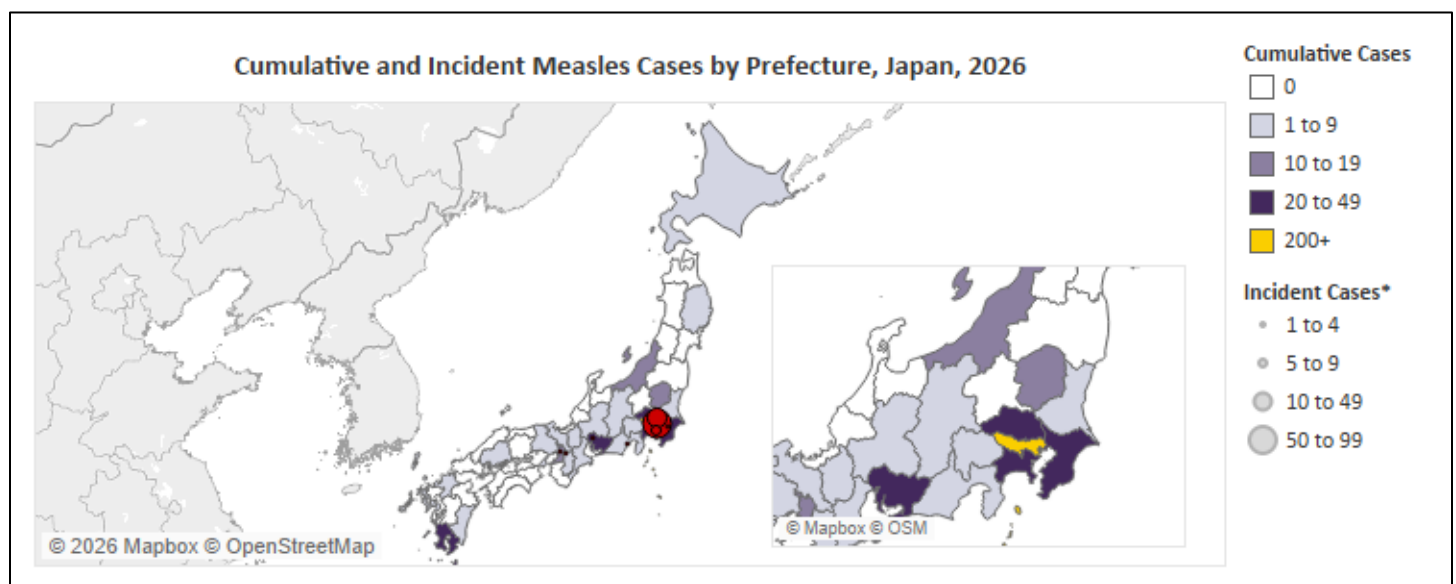


Figure Notes: Data as of May 2, 2026; *Change in cumulative total compared to previous update.

Measles has been eliminated in Japan since [2015](#) – a status verified by the World Health Organization (WHO). In the first 5 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 \(5/14/26\)](#), [JIHS \(5/8/26\)](#)

Mexico – Over 250 Confirmed Incident Cases Reported in 21 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of May 13, 2026, there have been a total of 6,608 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 10,760 confirmed cases and 13 deaths reported during 2026. Since the previous update, 251 confirmed incident cases with symptom onset during 2026 were reported in 21 states, primarily Jalisco (122). 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	15,695	+0	6,608	+0	27	+0	0.4%
2026	25,286	+613	10,760	+251	13	+0	0.1%

Table Notes: Data as of May 13, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

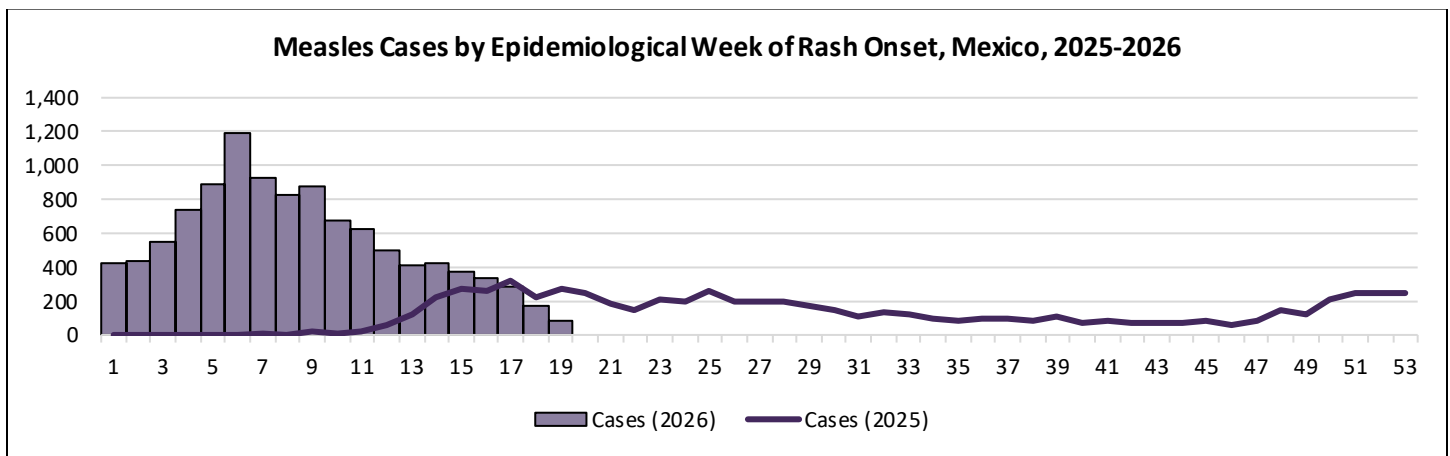


Figure Notes: Data as of May 13, 2026, and includes confirmed cases only (67 missing from figure).

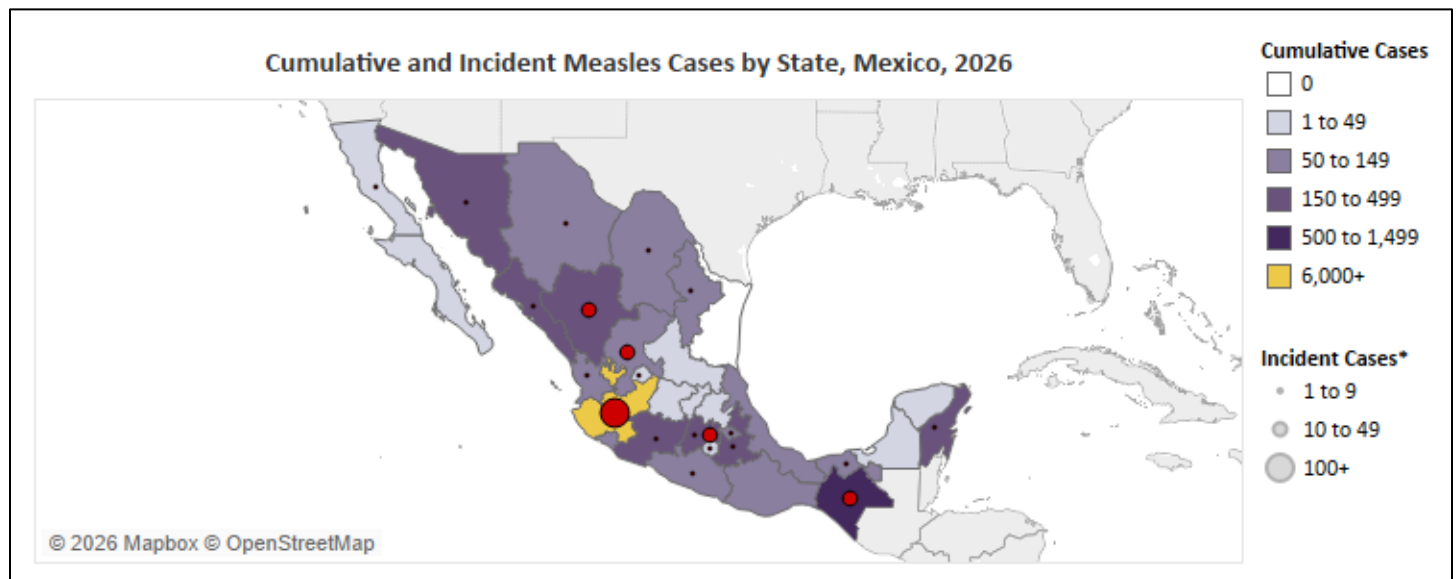


Figure Notes: Data as of May 13, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,100), Mexico City (921), and Chiapas (805). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (736). Across both years, incidence per 100,000 population has been highest among those aged <1 year (84.44), followed by those aged 1-4 years (26.26), those aged 5-9 years (18.88), and those aged 25-29 years (18.47).

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 its measles elimination status. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). Over [30 million measles vaccine doses](#) have been administered in Mexico since the beginning of 2025. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Source: [Secretary of Health \(5/13/26\)](#)

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

According to data from the [United States CDC](#) as of May 7, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,842 confirmed cases reported during 2026. Since the previous update, 28 confirmed incident cases with rash onset during 2026 were reported in 12 states.

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,288	+0	243	+0	3	+0	0.1%
2026	1,842	+28	113	+8	0	+0	0.0%

Table Notes: Data as of May 7, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

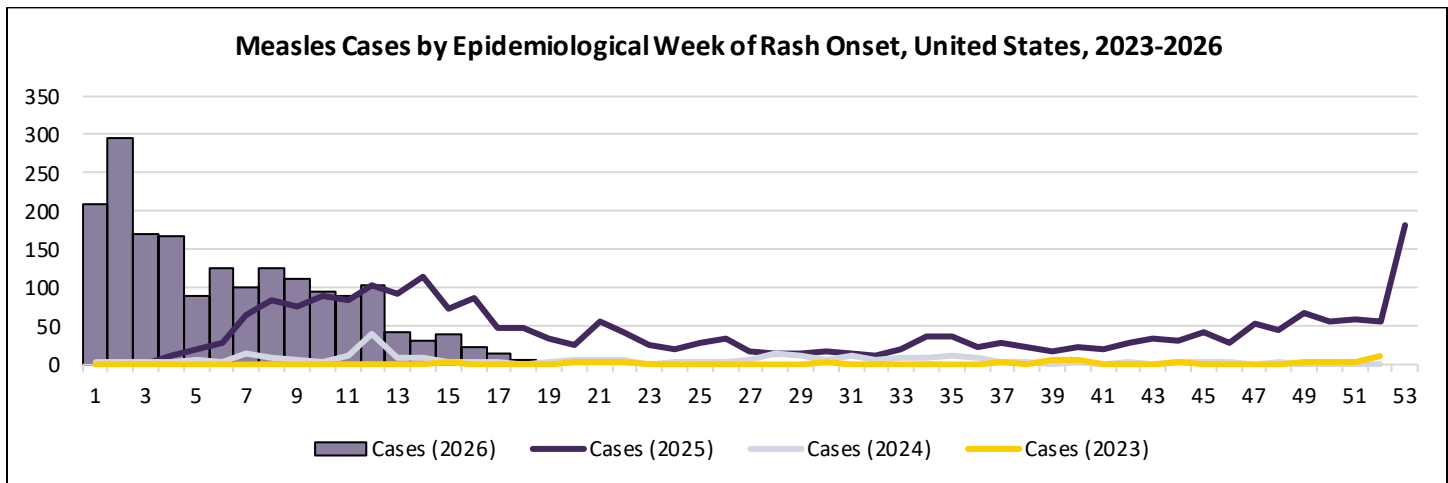


Figure Notes: Data as of May 7, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 39 jurisdictions, primarily South Carolina (669), [Utah](#) (439), Texas (182), and Florida (135). There have been 25 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (428 from outbreaks that began during 2026 and 1,284 from outbreaks that began during 2025). On April 27, 2026, the large measles outbreak in upstate [South Carolina](#) that resulted in 997 cases reported during 2025-2026 was officially declared over. 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 5 confirmed cases reported in [New York City](#) and 6 confirmed cases reported in [Rest of State](#).

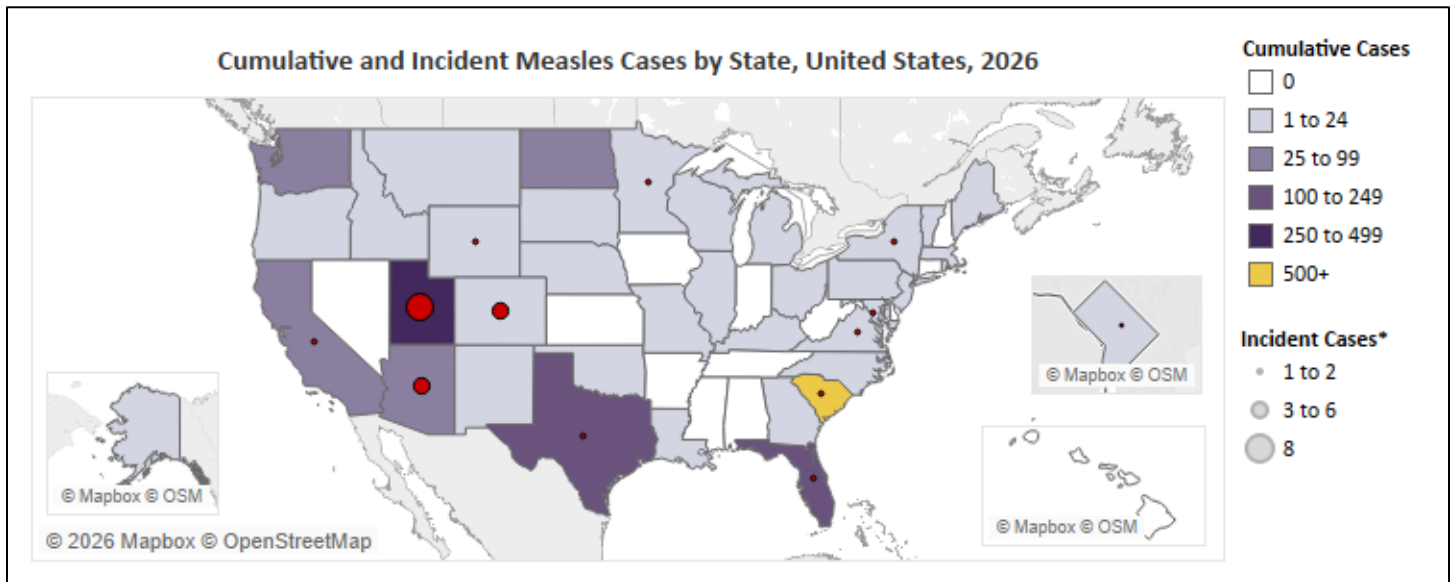


Figure Notes: Data as of May 7, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

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 its 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). An [analysis](#) published this month in The Lancet determined that it is highly likely that the United States will lose its measles elimination status given the current epidemiological context.

Data Source: [CDC \(5/8/26\)](#)

Mpox

Africa – Mauritius Reports Imported Cases Linked to Madagascar Outbreak:

According to data from the [World Health Organization \(WHO\)](#) as of May 3, 2026, there have been a total of 65,979 confirmed mpox cases and 268 deaths reported in Africa since the beginning of 2024. Since the previous update, 351 confirmed incident cases and [1 additional death](#) were reported. Confirmed incident cases were reported in Madagascar (243), the Democratic Republic of the Congo (DRC) (50), South Sudan (24), Kenya (13), Comoros (8), Liberia (6), Cameroon (5), and for the first time during 2026 in [Mauritius](#) (2) among individuals returning from Madagascar.

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,693	+0	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	37,226	+50	78	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,289	+0	7	+0	0.3%
Kenya	Ib	1,119	+13	19	+0	1.7%
Liberia	IIa and IIb	1,671	+6	8	+0	0.5%
Madagascar	Ib	1,335	+243	4	+1	0.3%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,688	+39	32	+0	1.2%
Total	Ia, Ib, IIa, and IIb	65,979	+351	268	+1	0.4%

Table Notes: Data as of May 3, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the DRC, Uganda, Sierra Leone, Burundi, Guinea, Liberia, and Madagascar. Despite the situation in Africa no longer being considered a [Public Health Emergency of Continental Security \(PHECS\)](#), and a steep decline in incidence observed, there have been 970 confirmed cases reported with symptom onset in the past 6 weeks by 14 countries.

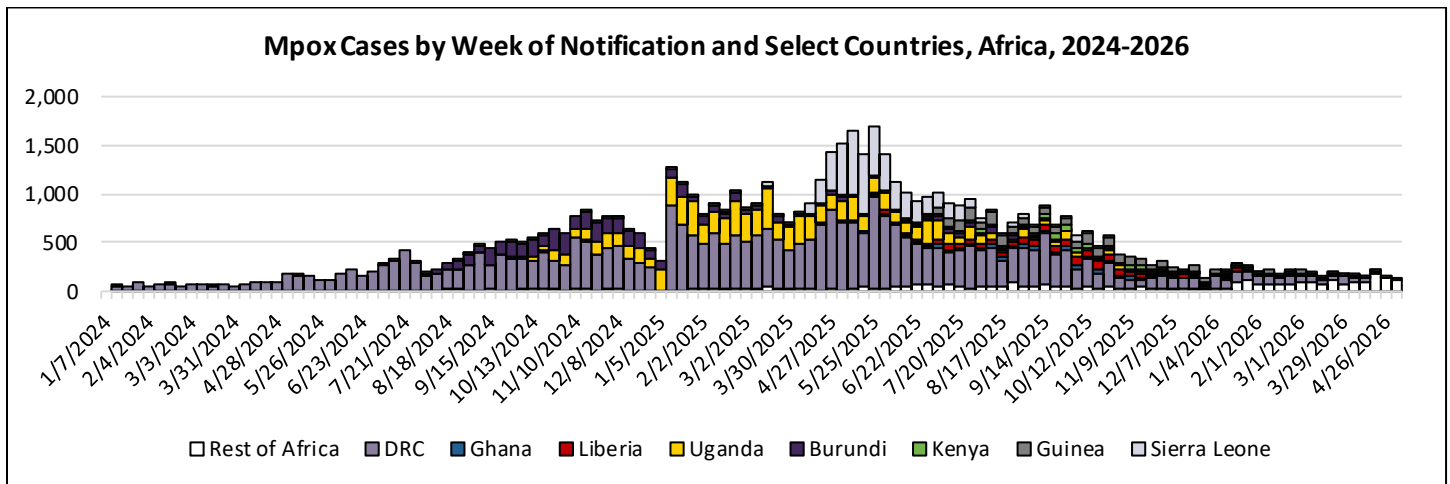


Figure Notes: Data as of May 3, 2026, and includes confirmed cases only, with 4,094 confirmed cases reported in the DRC excluded.

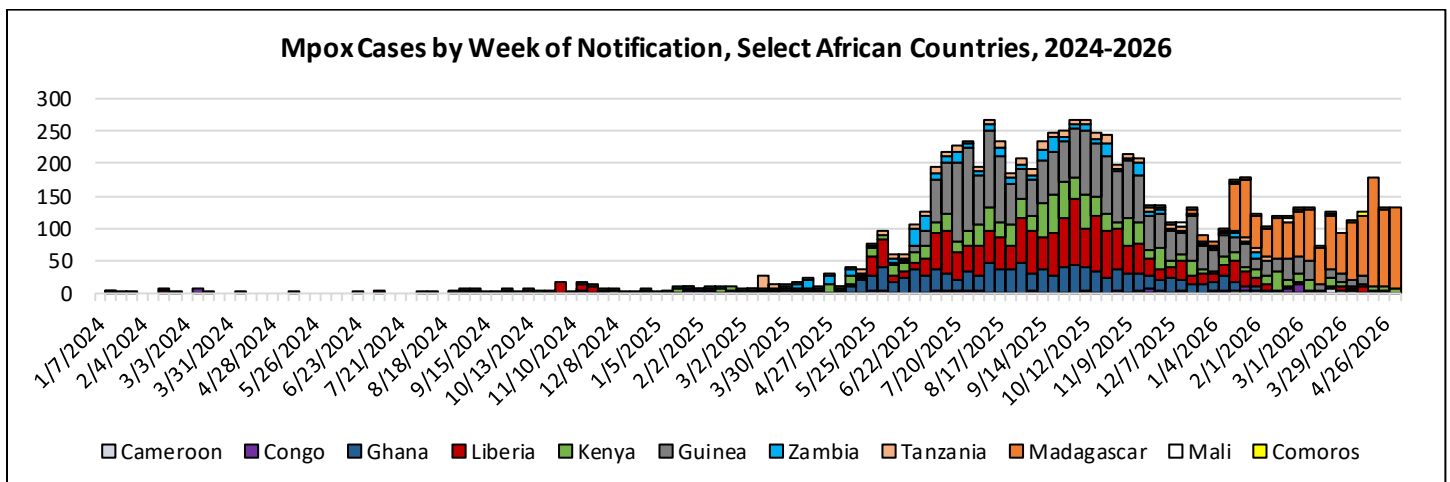


Figure Notes: Data as of May 3, 2026, and includes confirmed cases only.

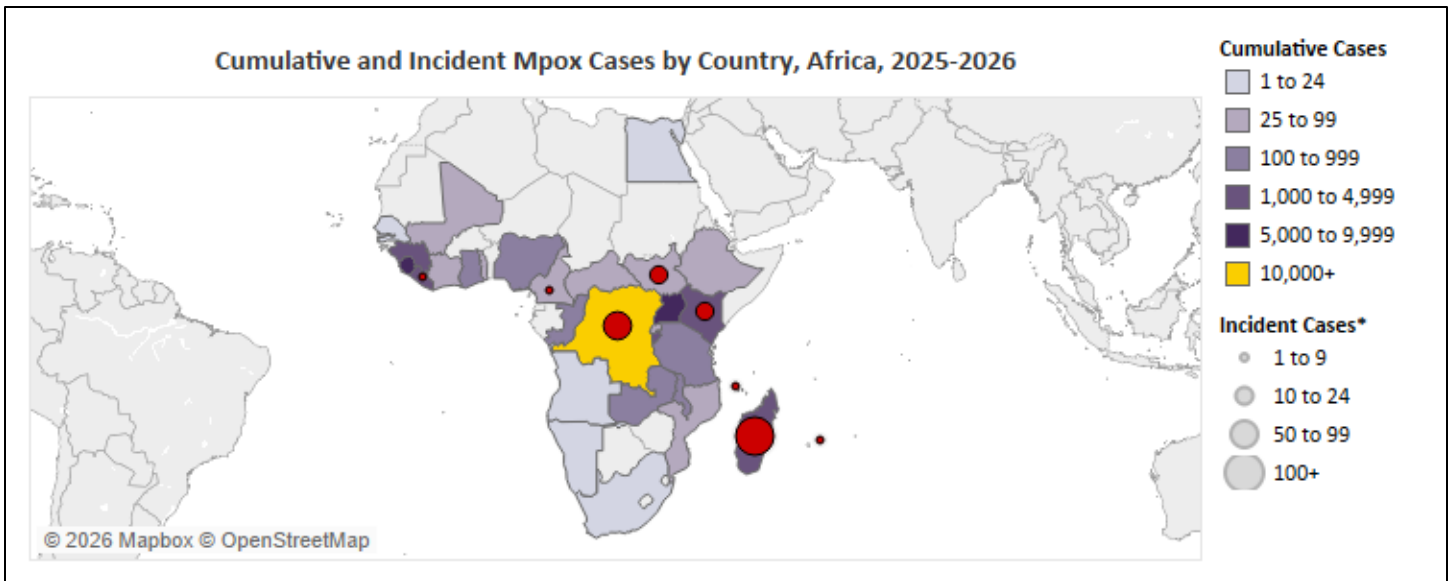


Figure Notes: Data as of May 3, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Confirmed case totals in Africa since the beginning of 2025 (48,034) have more than doubled totals for 2024 (17,945), with additional countries affected. Vaccination efforts are [ongoing](#) in many affected countries. The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding clade II mpox in Ghana and Liberia. [Vaccination](#) is recommended for those traveling to countries with outbreaks and at risk for exposure.

Data Source: [WHO \(5/8/26\)](#)

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

According to data from the [World Health Organization \(WHO\)](#) as of May 8, 2026, there have been a total of 166 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 6 incident travel associated clade I mpox cases were reported in the United States (3 – clade Ib), Ireland (1 – clade Ib), Qatar (1 – recombinant clade Ib/IIb mentioned in previous update), and for the first time in Colombia (1 – clade Ib). Those incident cases in Colombia and Ireland reported recent travel to Belgium and Germany, respectively, while the incident case in Qatar reported recent travel to Saudi Arabia. Travel history for those incident cases reported in the United States is currently under investigation.

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†
166	+6	50	+0

Table Notes: Data as of May 8, 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: 156 clade Ib, 4 clade Ia, 3 clade I of unknown subclade, and 3 recombinant clade Ib/IIb. Recombinant clade Ib/IIb mpox cases have only been reported in the [United Kingdom](#), [India](#), and Qatar among individuals with travel history to South-East Asia, the Arabian Peninsula, and none experienced severe outcomes. Travel associated clade I cases (not including secondary cases) have been reported by 38 countries outside of Africa, primarily the United Kingdom (25), [India](#) (18), [Thailand](#) (15), the [United States](#) (13), Germany (12), China (11), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20), and Sweden (6).

Since September 2025, [broader transmission of clade Ib mpox](#) has been observed 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 \(ECDC\)](#) through March, there have

been 336 clade I mpox cases have been reported in European Union & European Economic Area (EU/EEA) countries in the past year, primarily among MSM and unvaccinated persons. 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. Recently, active community transmission of clade I mpox was detected for the first time in [Denmark](#) and [Pakistan](#), and clade I mpox was detected in wastewater samples from the United States in [Hawaii](#) for the first time. [Vaccination](#) is recommended for those traveling to countries with outbreaks and at risk for exposure.

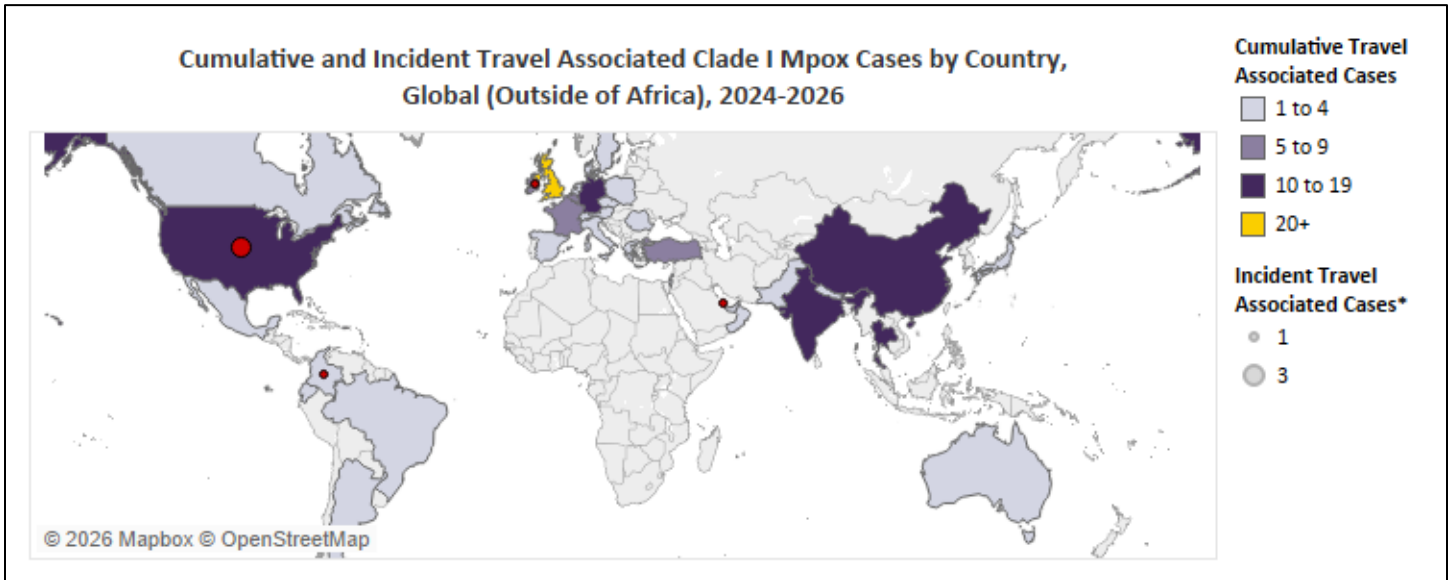


Figure Notes: Data as of May 8, 2026; *Change in cumulative total compared to previous update.

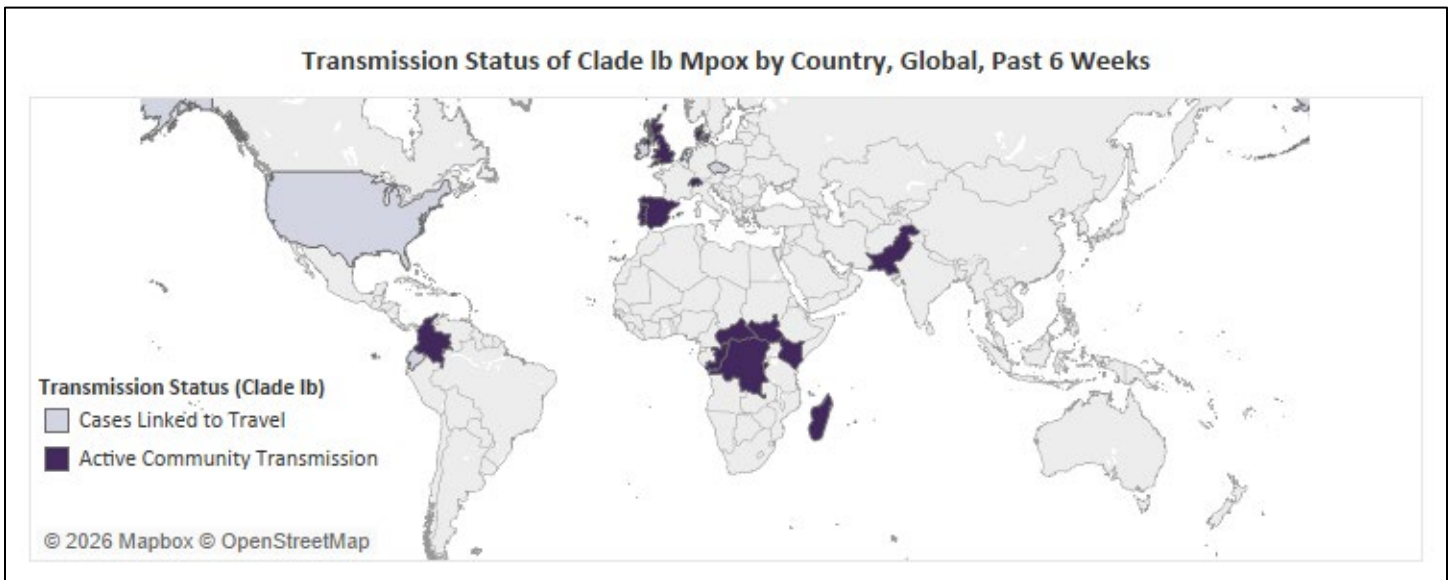


Figure Notes: Data as of May 8, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Data Sources: [WHO \(4/27/26\)](#), [ECDC \(3/13/26\)](#)

New World Screwworm

Mexico – Active Animal Cases Near United States Border Continue to Increase:

According to data from the [Secretary of Agriculture of Mexico](#) as of May 12, 2026, there have been a total of 24,166 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,761 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of May 2, 2026, there have been a total of 282 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 854 incident cases among animals and 6 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†
24,166	+854	1,761	+61	282	+6

Figure Notes: Data for cases reported among animals as of May 12, 2026, and data for cases reported among humans of May 2, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 25 states, primarily Chiapas (6,682), Oaxaca (3,884), Veracruz (3,542), Yucatán (2,080), and Tabasco (1,243). Confirmed NWS cases among humans have been reported in 15 states, primarily Chiapas (125), Veracruz (31), Yucatán (27), and Oaxaca (23). There have been 2 deaths reported among confirmed human cases. In recent weeks, spread has been moving northward, particularly in terms of animal cases. 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 May 13, 2026, there have been about 171,700 NWS cases reported among animals and over 1,860 NWS cases reported among humans in Central America and Mexico.

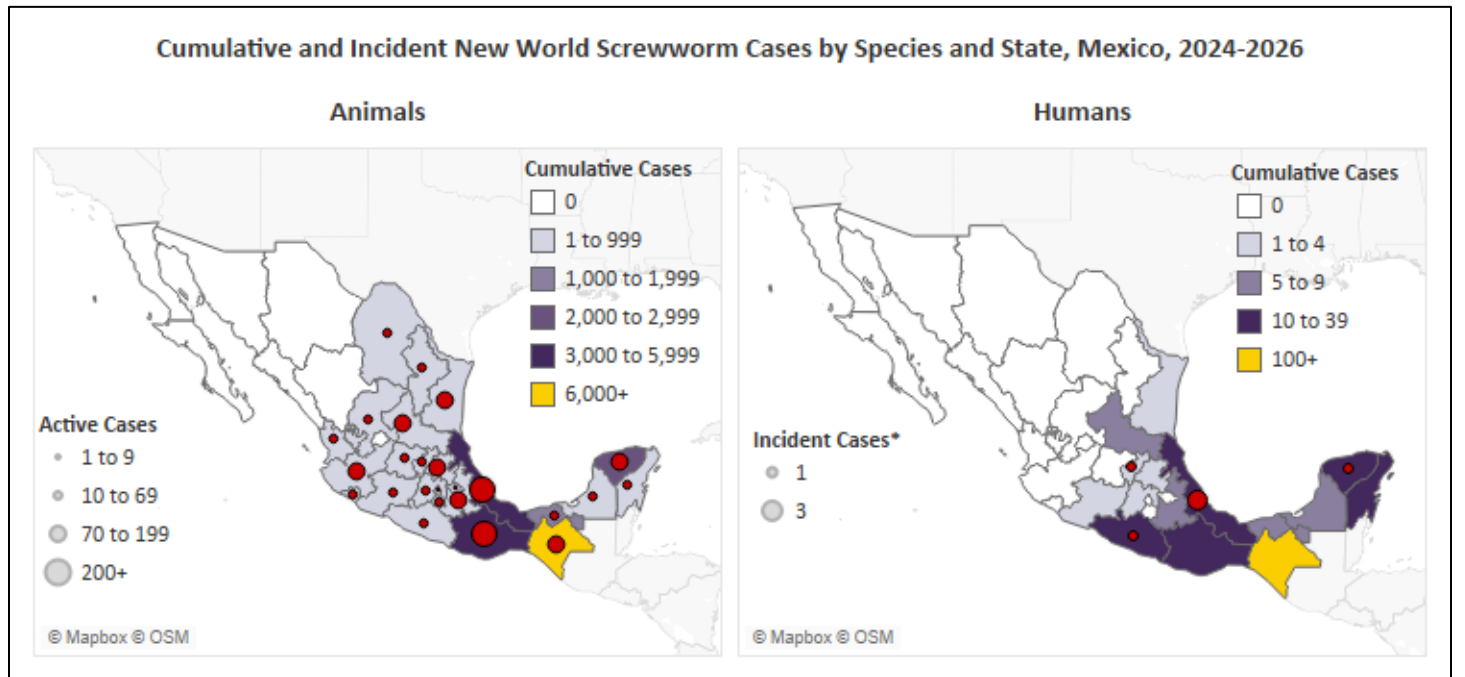


Figure Notes: Data for cases reported among animals as of May 12, 2026, and data for cases reported among humans as of May 2, 2026.

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 146 active NWS cases among animals (an increase of 13 compared to the prior week), to increase awareness given the potential for geographic spread. Since then, animal NWS cases were detected in Coahuila (12 active cases, an increase of 8 compared to the prior week) [119 miles](#) from the United States border. Domestically, 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 \(5/12/26\)](#), [Secretary of Health \(5/12/26\)](#), [CDC \(5/13/26\)](#)

Non-Seasonal Influenza

China – Fatal Human Case Reported; First Case in the Country Since 2024 (H5N6):

According to reports from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) and the [World Health Organization \(WHO\)](#), a confirmed fatal human case of avian influenza A(H5N6) was reported among a 55-year-old woman in Chongqing Municipality, China. The case had symptom onset on April 16, was hospitalized on April 23, and died from severe pneumonia on May 3, 2026. Epidemiological investigations revealed that she had been exposed to poultry prior to illness onset and environmental samples taken from the case’s residence were positive for avian influenza A(H5). All close contacts of the case have tested negative for infection, and no additional cases have been reported.

This is the first human H5N6 case to be reported in China since [2024](#). According to data from the [WHO](#), and including this most recent case, a total of 94 confirmed human H5N6 cases and 58 deaths have been reported in WHO Western Pacific Region since 2014 in China (93) and Laos (1) – [over 90%](#) reported exposure to domestic poultry.

Data Sources: [HKCHP \(5/12/26\)](#), [WHO \(5/11/26\)](#), [ECDC \(5/8/26\)](#)

United States – New Livestock Herd Detections Reported in Idaho (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of May 12, 2026, there have been a total of 2,209 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 5 new detections were reported. In the past 30 days, a total of 14 confirmed HPAI detections have been reported (an increase compared to the previous update) affecting 0.24 million birds. According to data from the [USDA](#), as of May 12, 2026, there have been a total of 1,108 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 9 new detections were reported among dairy cattle in Idaho. In the past 30 days, a total of 13 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		
8	6	13	0	0	78	8

*Table Notes: Data as of May 12, 2026; 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.*

In the past 30 days, HPAI has been detected among poultry flocks in 6 states, primarily South Dakota (5), North Dakota (4), and Indiana (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) before decreasing substantially in April (17) – there has been 6 detections reported during May. 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. A [recent study](#) examining transmission dynamics in California among 14 H5N1-positive dairy farms detected the virus in the air in milking parlors, in wastewater streams, and the exhaled breath of cows, suggesting possible sources of transmission on dairy farms beyond contact with contaminated milk. There has been [one instance](#) of documented possible zoonotic transmission (via serology testing) from domestic cats to humans among a veterinary professional occupationally exposed to an H5N1-infected cat.

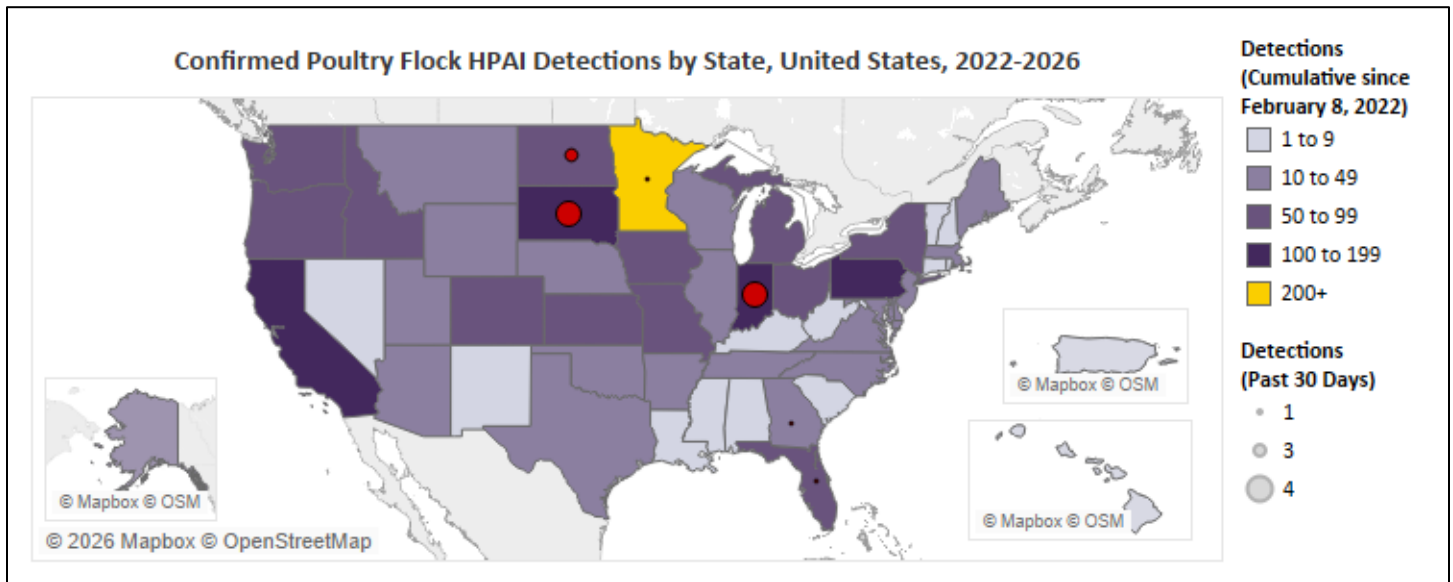


Figure Notes: Data as of May 12, 2026.

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 \(5/13/26\)](#), [USDA \(5/13/26\)](#), [CDC \(3/6/26\)](#)

United States – Nebraska Reports Variant Influenza A Virus Infection (H1N2v):

According to data and reports from the [United States CDC](#) and the [European Centre for Disease Prevention and Control \(ECDC\)](#), a human case of swine influenza A(H1N2)v was reported during epidemiological week 17 (April 26 – May 2, 2026) among a child aged <18 years in Nebraska. The case was not hospitalized, has since recovered from infection, and epidemiological investigations found no exposure (either direct or indirect) to swine (pigs). Despite a close contact becoming ill during the same period, no additional human H1N2v cases have been identified.

This is the second H1N2v case reported in the United States during the 2025-2026 influenza season and the first reported during the 2026 calendar year – the [first H1N2v case](#) of the 2025-2026 season was reported among an adult Vermont resident in December with symptom onset during October. There were 2 influenza variant virus cases reported among humans in the United States during 2025 in Vermont and Iowa, both H1N2v. There were 9 influenza variant virus cases reported among humans in the United States during 2024, all among Pennsylvania residents (H1N1v: 1, H1N2v: 4, and H3N2v: 4). Since 2011, a total of 44 H1N2v cases among humans have been reported in the United States.

Data Sources: [CDC \(5/8/26\)](#), [ECDC \(5/13/26\)](#), [CDC \(5/14/26\)](#)

Global – Incident AFP Cases (cVDPV1 & cVDPV2) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of May 11, there have been 6 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 6 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 43 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 3 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 4 incident AFP case caused by cVDPV1 were reported in Ethiopia (4) for the first time this year, and 9 incident AFP cases caused by cVDPV2 were reported in Nigeria (6) and the Democratic Republic of the Congo (DRC) (3). Additionally, the AFP case caused by cVDPV1 reported previously in Madagascar was removed.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
6	+0	6	+4	43	+9	3	+0

Table Notes: Data as of May 11, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

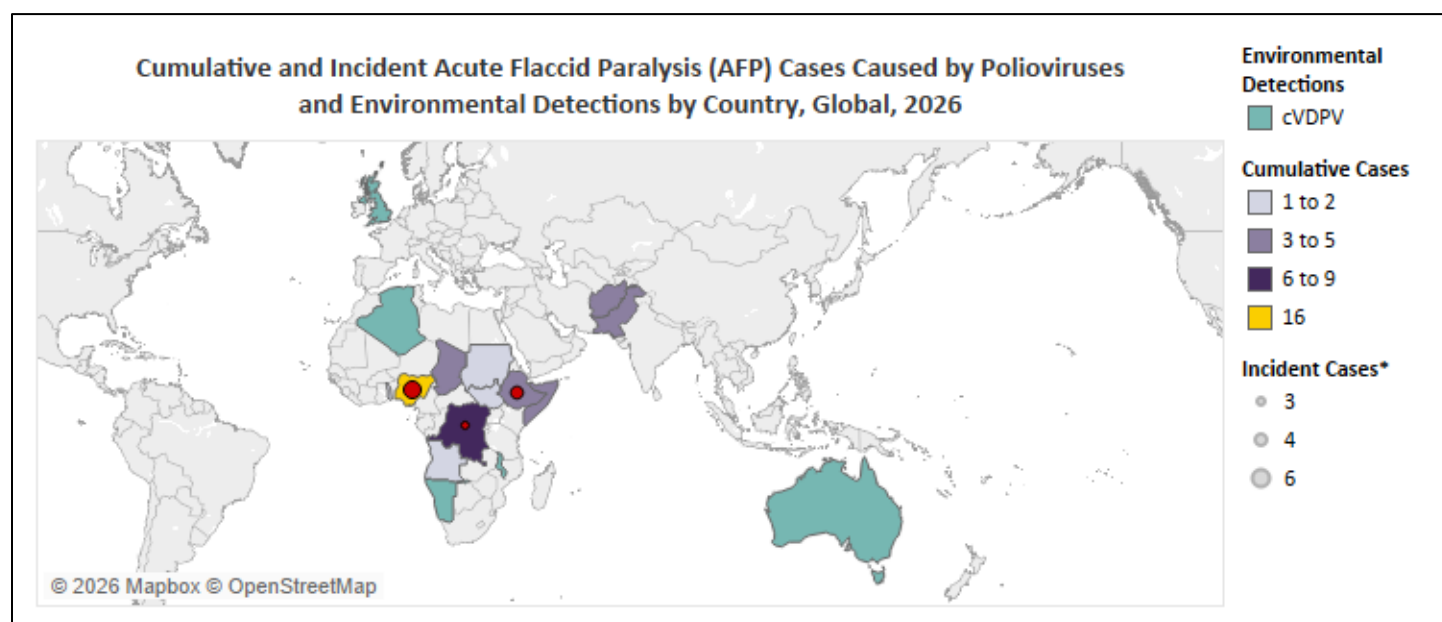


Figure Notes: Data as of May 11, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 11 countries: [Afghanistan](#) (3 – WPV1), [Angola](#) (1 – cVDPV2), [Chad](#) (4 – cVDPV2), the [DRC](#) (9 – cVDPV2), [Ethiopia](#) (4 – cVDPV1), [Nigeria](#) (23 – cVDPV2, 3 – cVDPV3), [Pakistan](#) (3 – WPV1), [Somalia](#) (3 – cVDPV2), [South Sudan](#) (2 – cVDPV1), [Sudan](#) (1 – 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), [Australia](#) (1 – cVDPV2), [Malawi](#) (5 – cVDPV2), [Namibia](#) (5 – cVDPV2), and the [United Kingdom](#) (2 – cVDPV2), suggesting undetected transmission was occurring in these countries this year.

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, 223 AFP cases caused by cVDPV2, and 14 AFP cases caused by cVDPV3, have been reported with onset of paralysis during 2025.

Data Sources: [GPEI - WPV \(5/11/26\)](#), [GPEI - cVDPV \(5/11/26\)](#)

Salmonella

United States – New Multistate Outbreak Linked to Pet Veiled Chameleons:

According to data from the [United States CDC](#) as of May 7, 2026, there have been a total of 5 cases infected with the outbreak strain of *Salmonella* Woodinville linked to pet veiled chameleons.

Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
5	+5	2	+2	0	+0	0.0%

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

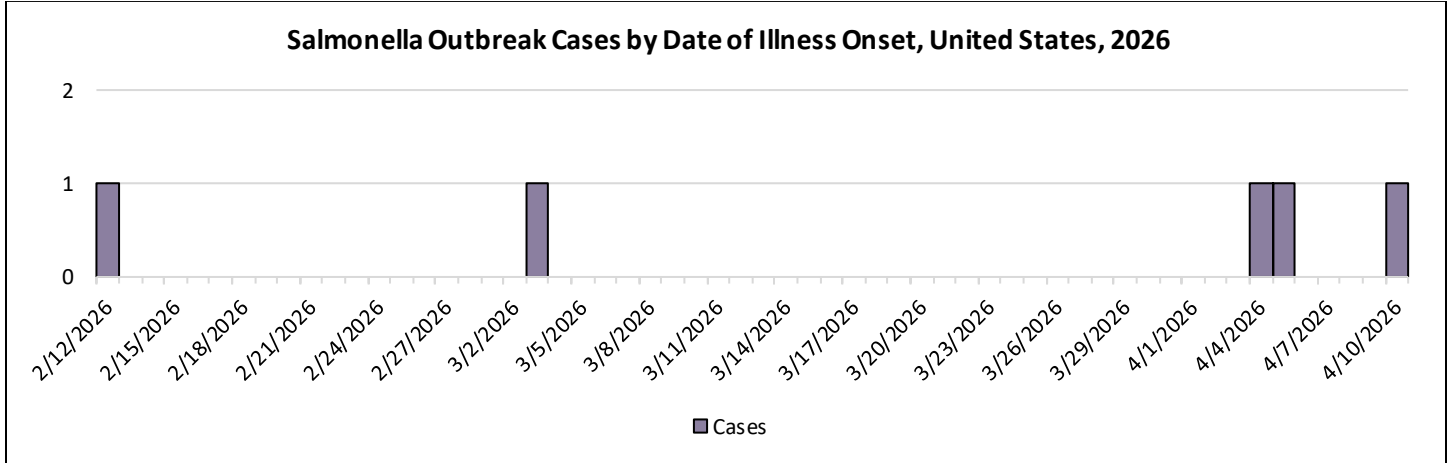


Figure Notes: Data as of May 7, 2026.

Cases have been reported by 4 states, including Nebraska (2), Iowa (1), Oklahoma (1), and Texas (1), and reported dates of illness onset ranging from February 12 – April 10, 2026. Cases range from <1-2 years of age with a median age of 1 year. Among all cases, most have been male (80%), White (60%), non-Hispanic (100%), and all visited or lived in a home with a veiled chameleon prior to illness onset. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection from same type of animal. Owners of chameleons involved in this outbreak report purchasing them at multiple retail locations.

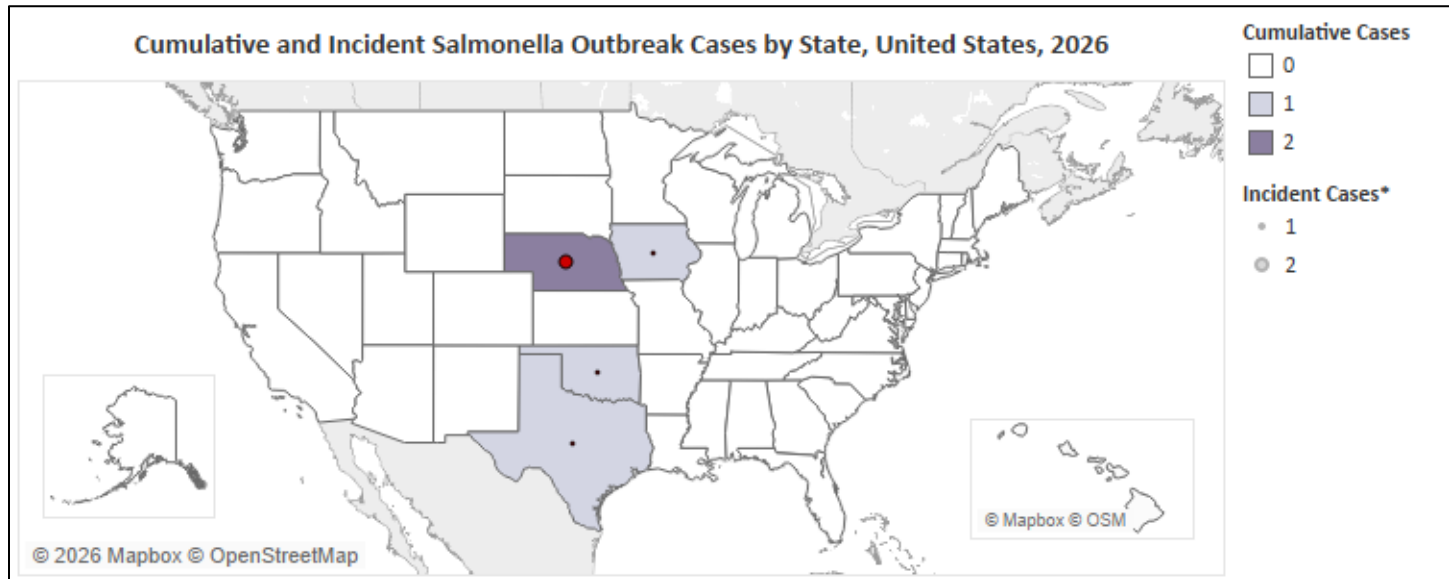


Figure Notes: Data as of May 7, 2026; *Change in cumulative total compared to previous update.

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. Veiled chameleons and other reptiles are not recommended pets for children aged <5 years due to increased likelihood for serious illness caused by pathogens carried by these animals.

Data Source: [CDC \(5/7/26\)](#)

United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry:

According to data from the [United States CDC](#) as of May 4, there have been a total of 184 cases infected with the outbreak strains of *Salmonella* Enteritidis (32), Mbandaka (19), and Saintpaul (133) linked to backyard poultry. Additionally, there has been 1 death reported. Since the previous update, 150 incident cases and 1 death were reported.

Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026						
Confirmed Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
184	+150	53	+40	1	+1	0.5%

Table Notes: Data as of May 4, 2026; ‡Among 154 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

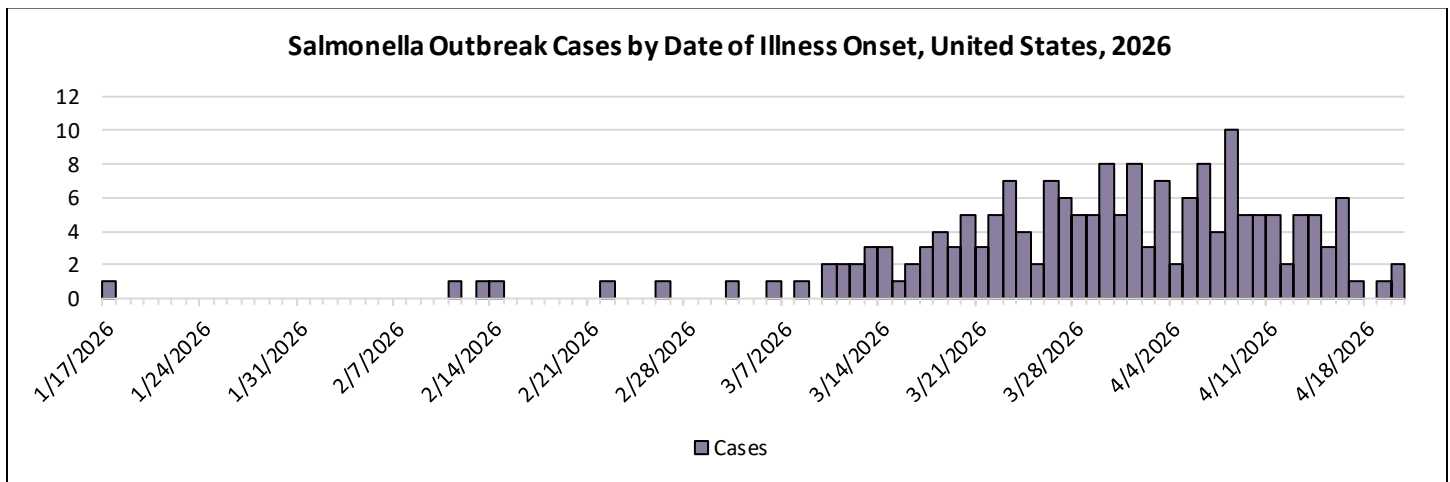


Figure Notes: Data as of May 4, 2026.

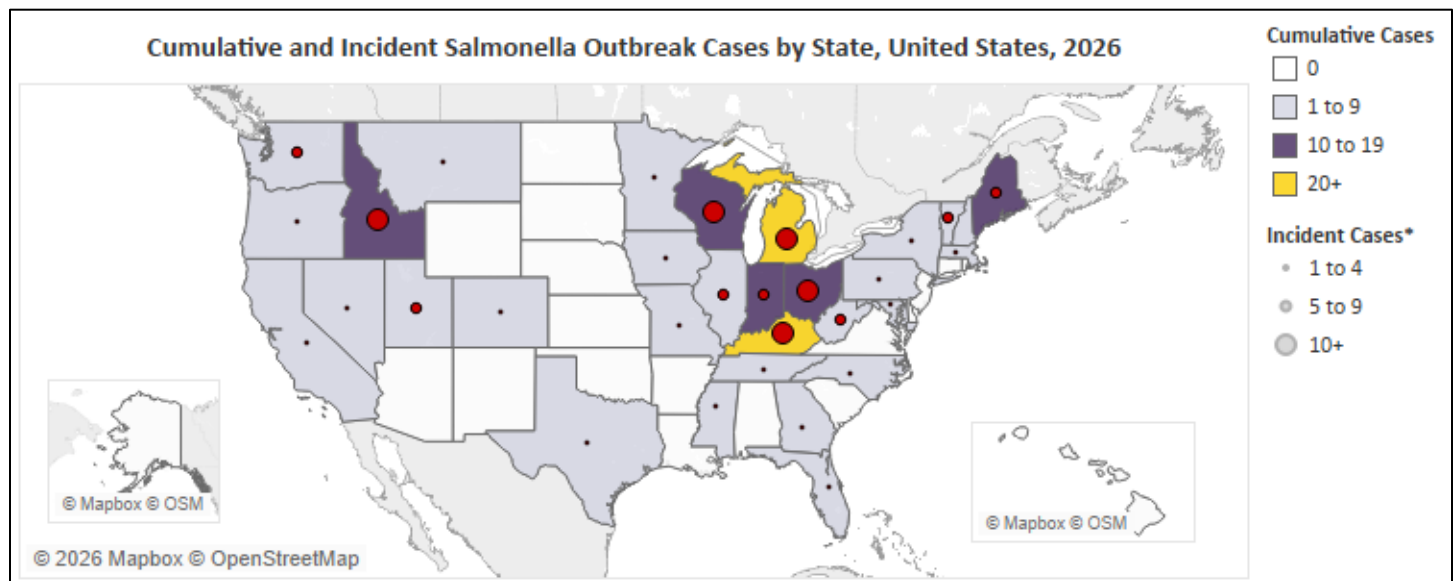


Figure Notes: Data as of May 4, 2026.

Cases have been reported by 31 states, primarily Kentucky (22), Michigan (21), Wisconsin (17), Ohio (15), Idaho (10), and Indiana (10), and reported dates of illness onset ranging from January 17 – April 20, 2026. Cases range from <1-86 years of age with a median age of 31 years – 28% of cases are aged <5 years. Among cases with available information, most have been female (57%), White (94%), and non-Hispanic (88%). Among interviewed cases (141), 78% reported contact with backyard poultry prior to illness onset. Among *S. Saintpaul* cases (65) with information available, 78% reported contact with chicks or chickens, and 54% reported contact with ducklings or ducks. Among cases with information available on type of duck (25), 64% reported contact with Pekin ducks. Among cases that reported owning backyard poultry (70), 87% purchased or obtained poultry during 2026 from various places. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically suggesting a common source of infection from same type of animal. Additionally, WGS predicted resistance to fosfomycin in 133 human samples, resistance to one or more of chloramphenicol, streptomycin, sulfisoxazole, and tetracycline in 27 human samples, and nonsusceptibility to ciprofloxacin and resistance to nalidixic acid in 32 human samples.

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. Outbreaks of *Salmonella* linked to backyard poultry are common in the United States and have occurred annually over the past decade. During 2025, *Salmonella* outbreaks linked to backyard poultry in the United States resulted in a total of 559 cases infected with various outbreak strains across 48 states, including 125 hospitalizations and 2 deaths. The CDC has [outlined steps](#) flock owners and anyone who interacts with backyard poultry can take to stay healthy.

Data Source: [CDC \(5/14/26\)](#)

Yellow Fever

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

According to data from the [Pan American Health Organization \(PAHO\)](#) as of May 13, there have been a total of 71 confirmed yellow fever cases and 28 deaths reported in the Americas during 2026. Since the previous update, 7 confirmed incident cases and 5 deaths were reported in Colombia (4 cases, 2 deaths), Brazil (3 cases, 2 deaths) and Venezuela (1 death).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
71	+7	28	+5	39.4%

Table Notes: Data as of May 13, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

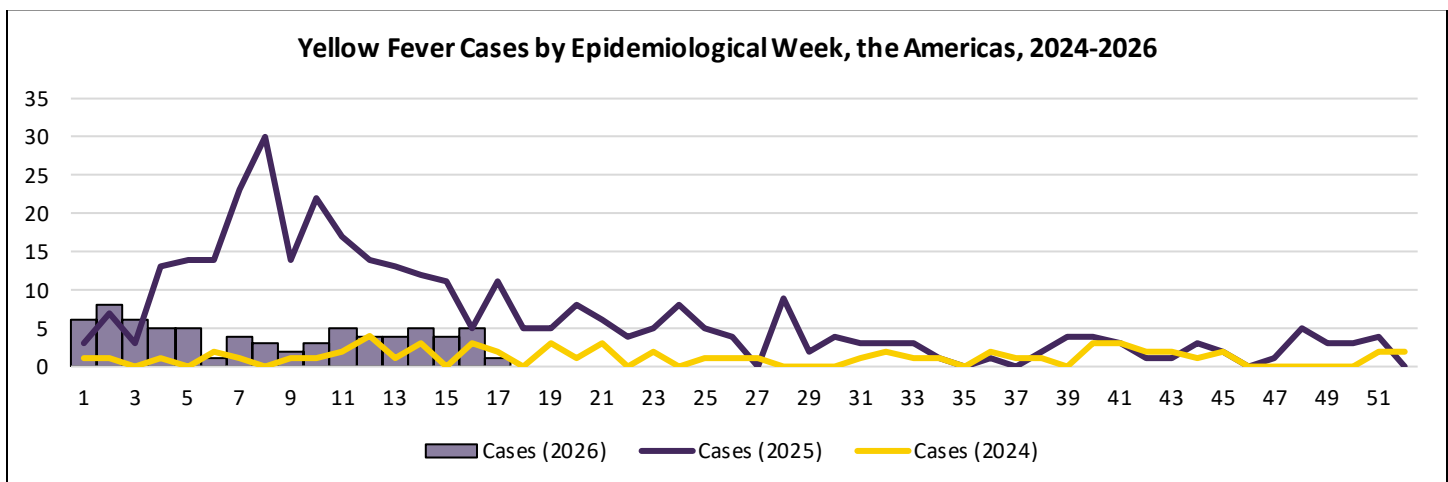


Figure Notes: Data as of May 13, 2026; Cases reported during 2025 with missing dates of symptom onset are excluded from figure (8).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas, including [Colombia](#) (42 cases, 18 deaths), Peru (9 cases, 1 death), Brazil (8 cases, 4 deaths), [Venezuela](#) (6 cases, 2 death), [Bolivia](#) (5 cases, 2 deaths), and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all but 2 cases reported in Colombia and 64% 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 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, in March, the [Trinidad and Tobago Ministry of Health](#) detected yellow fever in a deceased red howler monkey, confirming presence of the virus and sylvatic transmission in the country. Additionally, in April, a yellow fever [health alert](#) was declared in Santa Cruz, Bolivia.



Figure Notes: Data as of May 13, 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, 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.

Data Source: [PAHO \(5/13/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mayotte – Confirmed Case Total During 2026 Quickly Approaching 2025 Total ([May 7](#))
- 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

- Japan – Updated Data on Outbreak Affecting Tokyo and Surrounding Prefectures ([April 30](#))
- Global – WHO Provides Update on Global Case Counts and Incidence Rates ([April 23](#))
- 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 30](#))

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

- China – Incident Human Case Reported Among Child in Guangxi Zhuang (H9N2) ([May 7](#))
- Bangladesh – WHO Reports Fatal Human Case Detected in February 2026 (H5N1) ([April 30](#))
- Brazil – WHO Reports Human Case Detected in September 2025 (H3N2v) ([April 30](#))
- China – WHO Reports Human Cases Detected in Early 2026 (H1N2v & H1N1v) ([April 30](#))
- Cambodia – Incident Human Case Reported in Svay Rieng Province (H5N1) ([April 23](#))
- 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](#))

Pertussis

- United States – Over 100 Incident Cases Reported During Most Recent Epi Week ([May 7](#))

Salmonella

- United States – New Multistate Outbreak Linked to Backyard Poultry ([April 30](#))
- 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 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](#)
- [Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Ciguatera Fish Poisoning in Vanuatu - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Oropouche in the Americas - 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](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [A Strain of Multidrug-Resistant Salmonella Newport in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other Global Health News and Events:

- [Uptick in dengue cases in Honduras ahead of the rainy season - BEACON](#)
- [Hepatitis A outbreak in Manitoba, Canada, with 601 cases, 133 hospitalizations, and three deaths since April 2025 - BEACON](#)
- [Manitoba, Canada, declares the first HIV public health emergency in its history over a sharp increase in cases - BEACON](#)
- [Lassa fever case fatality rate in Nigeria reaches 25.2%, exceeding prior seasonal peaks, with 190 deaths reported January through April 2026 - BEACON](#)
- [Meningitis bulletin Week 18, 2026 | WHO](#)
- [Request for information \(RFI\): Seven cases of meningococcal meningitis and three deaths reported in Mongolia. RFI on meningococcal serogroup\(s\) - BEACON](#)
- [Request for information \(RFI\): Meningitis outbreak in Sokoto State, Nigeria, with at least 34 deaths and approximately 254 suspected cases across nine local government areas. RFI on pathogen identification - BEACON](#)
- [Request for information \(RFI\): Suspected enterovirus meningitis cluster among school-aged children in Sri Lanka, with 45–50 cases. RFI on actual case numbers, laboratory confirmation, clinical management, and epidemiological investigation findings - BEACON](#)
- [First autochthonous human infection with Oz virus reported in the Republic of Korea - BEACON](#)
- [Global Respiratory Virus Activity: Weekly Update N° 577 | WHO](#)
- [High school tuberculosis outbreak in San Francisco, California, USA, records an 18% attack rate - BEACON](#)

- [Request for information \(RFI\): Zika virus disease among travelers returning from Bali, Indonesia. RFI on Zika transmission in Bali and additional travel-related cases - BEACON](#)
- [Lower rotavirus vaccine uptake could trigger resurgence in severe childhood illness | CIDRAP](#)
- [Early Release - Suspected Sexual Transmission of Dermatophilosis among Men Who Have Sex with Men, Barcelona, Spain, 2025–2026 - Volume 32, Number 6—June 2026 - Emerging Infectious Diseases journal - CDC](#)
- [One Health Investigation into Fatal Encephalitis Caused by Pigeon Paramyxovirus Type 1, France - Volume 32, Number 5—May 2026 - Emerging Infectious Diseases journal - CDC](#)
- [RTS,S malaria vaccine averted 1 in 8 deaths among eligible kids in 3 African nations over 4 years | CIDRAP](#)
- [1 in 4 US kids with travel-acquired malaria face delayed diagnosis, raising risk of severe disease | CIDRAP](#)
- [Public Health Alerts: Intramuscular immunoglobulin for measles postexposure prophylaxis | CIDRAP](#)
- [PAHO signs agreement to reserve pandemic influenza vaccine supply for Latin America and the Caribbean - PAHO/WHO | Pan American Health Organization](#)
- [Global health gains face threat of reversal | WHO](#)
- [World health statistics 2026: monitoring health for the SDGs, sustainable development goals | WHO](#)
- [Tunisia validated by WHO as having eliminated trachoma as a public health problem](#)
- [Knowledge, Attitudes, and Practices Regarding Avian Influenza Among Owners of Backyard Flocks — United States, July–December 2025 | MMWR](#)
- [Increase in Travel-Associated and Locally Acquired Dengue Cases — United States, 2024 | MMWR](#)