



Date: 4/30/26

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 15,000 Incident Cases Reported with Majority in Brazil:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on April 29, there have been a total of 90,816 chikungunya cases, of which 30,379 are confirmed, and 30 deaths reported in the Americas during 2026. Since the previous update, 14,975 incident cases, of which 4,545 are confirmed, and 4 deaths were reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026

Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	8,104	+2,598	1,538	+707	1	+0	0.1%
Bolivia	23,145	+0	7,817	+0	7	+0	0.1%
Brazil	55,318	+12,339	19,378	+3,802	20	+4	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	2,579	+0	1,354	+0	0	+0	0.0%
Rest of the Americas	213	+38	178	+36	0	+0	0.0%
Total	90,816	+14,975	30,379	+4,545	30	+4	0.1%

Table Notes: Data extracted on April 29, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

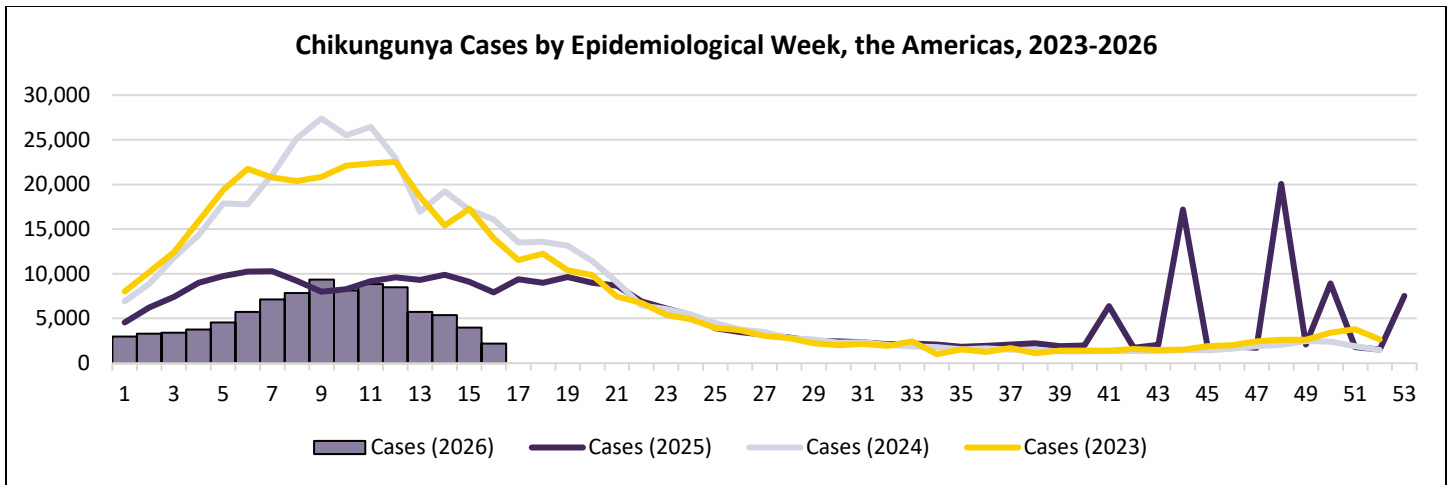


Figure Notes: Data extracted on April 29, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 18 countries in the Americas during 2026, primarily [Brazil](#) (55,318), [Bolivia](#) (23,145), [Argentina](#) (8,104), [Suriname](#) (2,579), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (399.84), Bolivia (181.54), [French Guiana](#) (43.71), Brazil (25.90), Cuba (13.38), and Argentina (17.62). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years, such as [Guatemala](#) which last reported a confirmed chikungunya case in 2016.

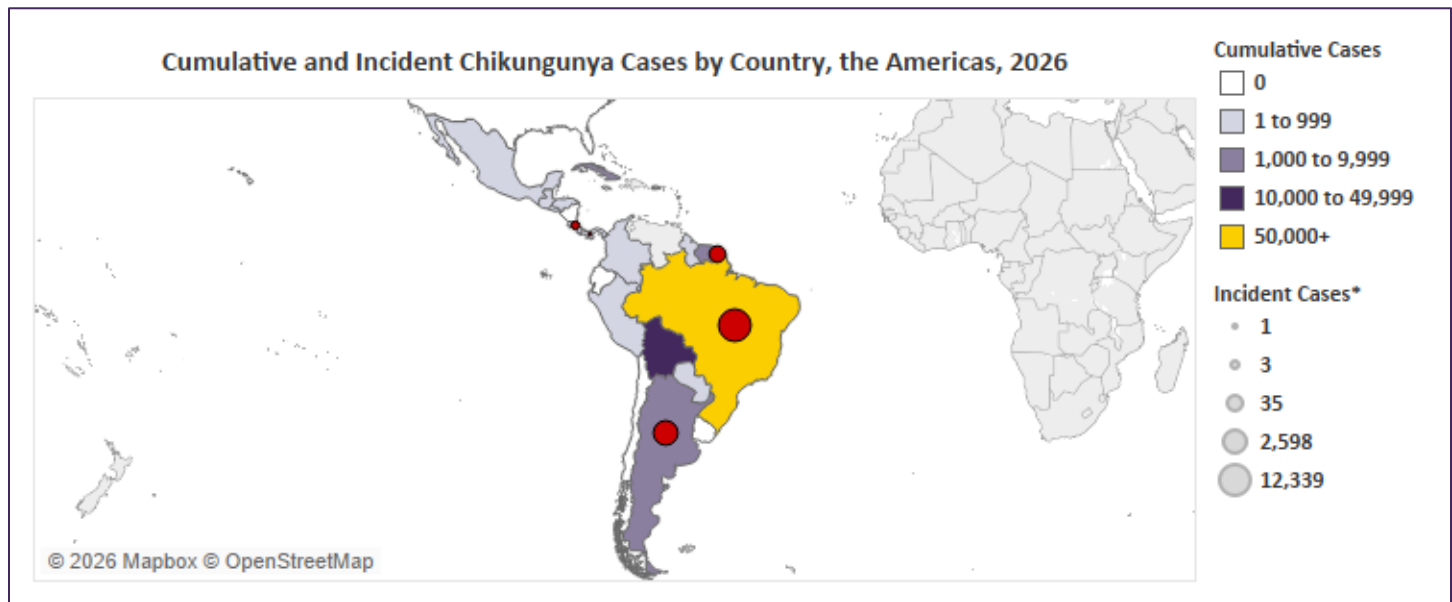


Figure Notes: Data extracted on April 29, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

During 2025, there were 316,401 chikungunya cases, of which 115,875 were confirmed, and 175 deaths (0.2% among confirmed cases) reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of [New York](#) and [Florida](#), the first in the country since 2015. According to data from the [United States CDC](#) as of January 13, 2026, a total of 466 travel associated cases were reported in the country during 2025. The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in [Bolivia](#) and [Suriname](#). [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [PAHO \(4/30/26\)](#)

Measles

Bangladesh – Almost 5,000 Confirmed Cases Reported Since Mid-March:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of April 29, there have been a total of 35,980 suspected and 4,944 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 227 deaths reported among suspected cases, and 47 reported among confirmed cases. Since the previous update, 9,826 cases (8,816 suspected & 1,010 confirmed) and 46 deaths (37 suspected & 9 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	35,980	+8,816	24,310	+6,312	227	+37	0.6%
Confirmed	4,944	+1,010			47	+9	1.0%

Table Notes: Data as of April 29, 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 (16,263), Rajshahi (6,637), Chattogram (4,979), Khulna (2,683), Barisal (2,458), Sylhet (1,509), Rangpur (889), and Mymensingh (662). Among all cases (suspected & confirmed), 59% have been hospitalized. According to data from the [WHO](#) as of April 14, 2026, the majority of cases have been among children aged <5 years (79%), with 66% among children aged <2 years and 33% among children aged <9 months. Deaths have primarily been reported among unvaccinated children aged <2 years.

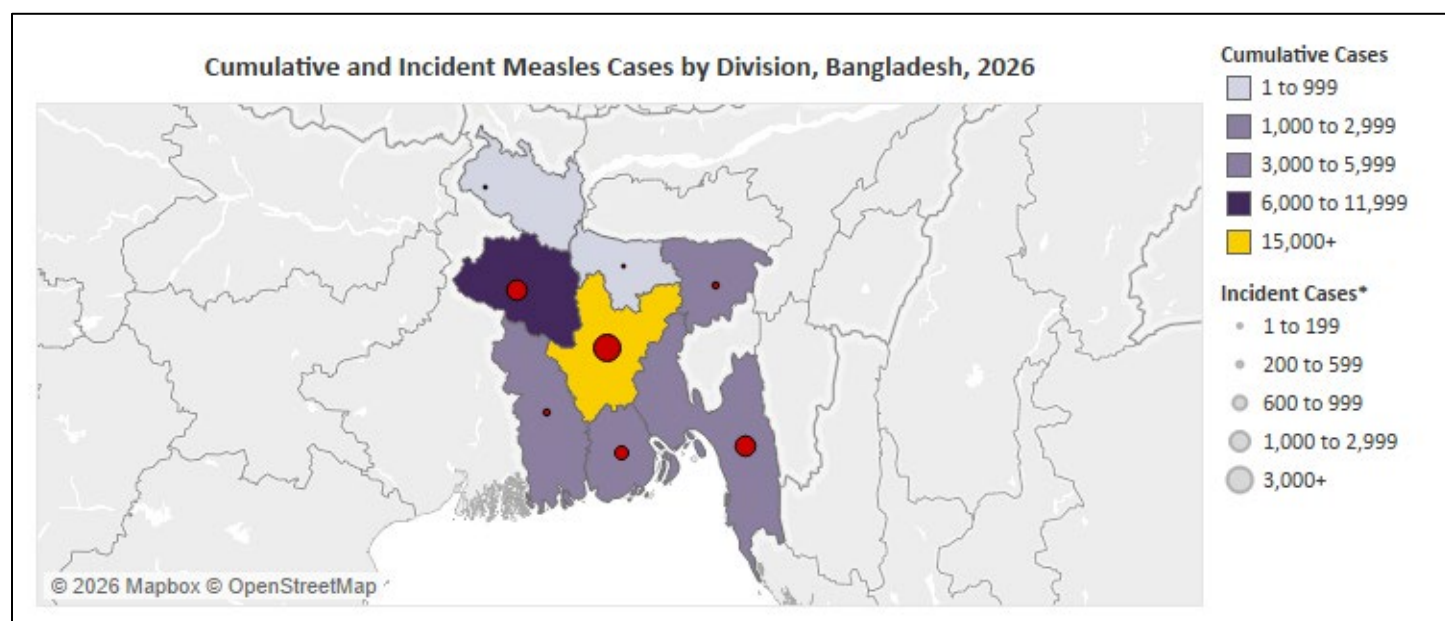


Figure Notes: Data as of April 29, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

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

In the first 4 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year since 2019 (5,479). An approximately 13-fold decrease in the number of confirmed cases reported annually has been observed since the COVID-19 pandemic. From 2021-2025, there were 293 confirmed cases reported annually on average. In the

years preceding the pandemic (2016-2020), there were 3,805 confirmed cases reported annually on average. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

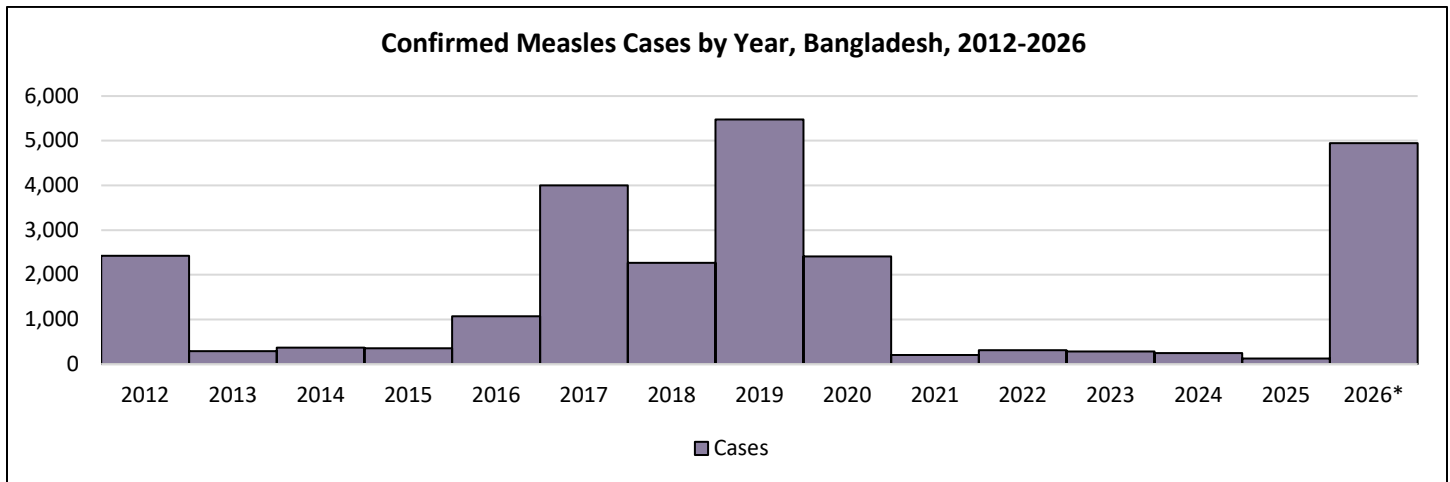


Figure Notes: Data for 2012-2025 as of March 23, 2026; *Data for 2026 as of April 29, 2026, and is incomplete for the year.

Data Sources: [WHO \(3/16/26\)](#), [SEAR \(4/22/26\)](#), [DGHS \(4/29/26\)](#), [WHO \(4/23/26\)](#)

Canada – Incident Cases Reported in 3 Provinces, Most in Manitoba:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of April 18, 2026, there have been a total of 5,460 probable and confirmed measles cases reported in Canada during 2025, and 907 probable and confirmed cases reported during 2026. Since the previous update, 36 incident cases with rash onset in 2026 were reported, primarily in Manitoba.

Measles Cases, Hospitalizations, and Deaths, Canada, 2025-2026									
Year	Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	380	+0	5,080	-2	401	+0	2	+0	0.0%
2026	73	-1	834	+37	59	+4	0	+0	0.0%

Table Notes: Data as of April 18, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

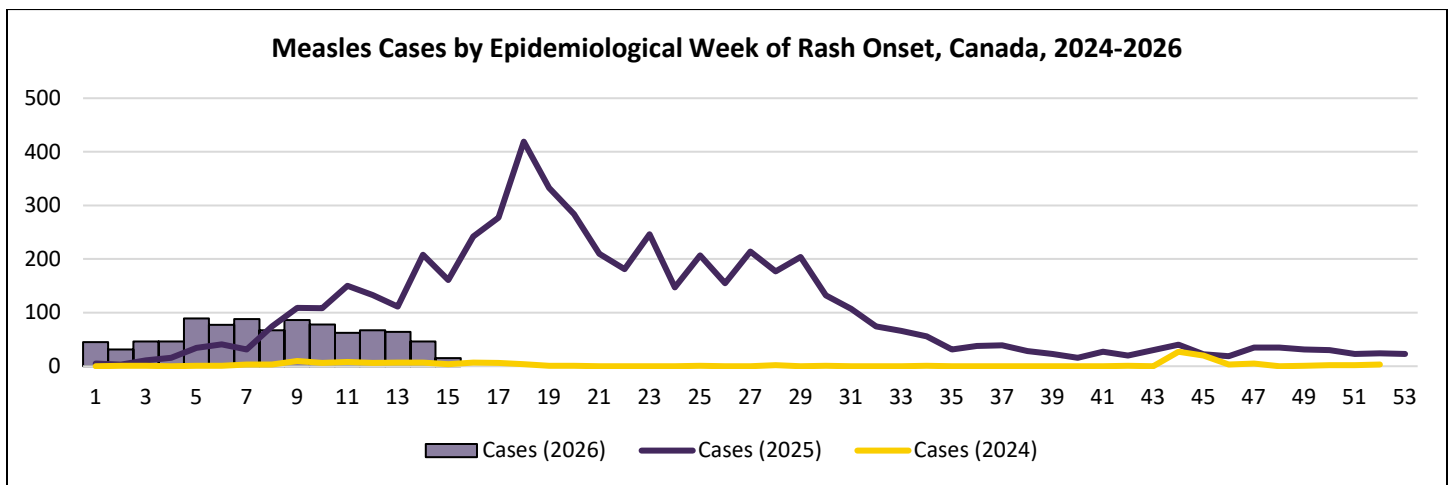


Figure Notes: Data as of April 18, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (556), [Alberta](#) (281), Ontario (23), [British Columbia](#) (23), Nova Scotia (10), [Quebec](#) (9), and [Saskatchewan](#) (5). Those aged 5-17 years have been most affected (42%), followed by those aged 18-54 years (38%), and those aged 1-4 years (13%). There have been 2 congenital cases reported. Among

all cases, 91% have been unvaccinated or had unknown vaccination statuses, 7% have been hospitalized, and 97% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Chad, [Guatemala](#), India, [Mexico](#), [Pakistan](#), Spain, Thailand, Togo, Türkiye, the [United States](#), and Vietnam.

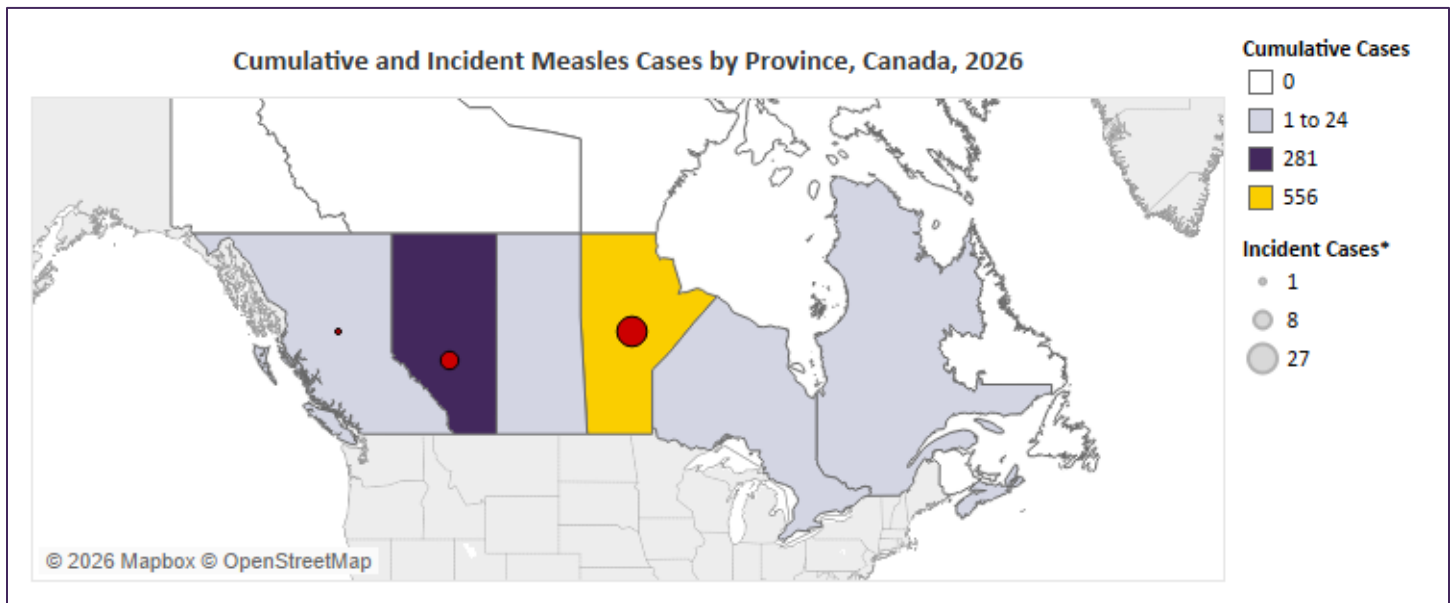


Figure Notes: Data as of April 18, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,396), Alberta (2,013), British Columbia (440), and Manitoba (358). Those aged 5-17 years were most affected (45%), followed by those aged 18-54 years (28%), and those aged 1-4 years (20%). Among all cases, 93% were unvaccinated or had unknown vaccination statuses, 7% were hospitalized, and 98% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada reported travel to 23 different countries, suggesting a broad measles resurgence globally.

Canada is currently experiencing a large measles outbreak involving 6,261 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 \(4/27/26\)](#), [PHAC - 2025 \(4/13/26\)](#)

Japan – Updated Data on Outbreak Affecting Tokyo and Surrounding Prefectures:

According to provisional data from the [Japan Institute for Health Security \(JIHS\)](#) as of April 19, there have been a total of 362 measles cases reported in Japan during 2026. Since the previous update, 63 incident cases were reported, of which 57 had symptom onset during epidemiological week 15. Weekly incidence has been increasing since the beginning of 2026.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
362	+63	+57	0	0.0%

Table Notes: Data as of April 19, 2026; †Change in cumulative total compared to prior update; ‡Incident cases with symptom onset during most recent epidemiological week; *Case fatality rate (CFR).

During 2026, cases have been reported by 26 prefectures, primarily Tokyo (153), Kanagawa (36), Kagoshima (34), Aichi (23), Chiba (24), and Saitama (22). During the most recent epidemiological week, Tokyo reported the highest number of incident cases (40). Those aged 20-29 years have been most affected (33%), followed by those aged 30-39 years (21%),

those aged 15-19 years (17%), and those aged 40-49 years (12%). Among all cases, 59.4% have been unvaccinated or had unknown vaccination statuses, and 71.5% of cases acquired infection domestically.

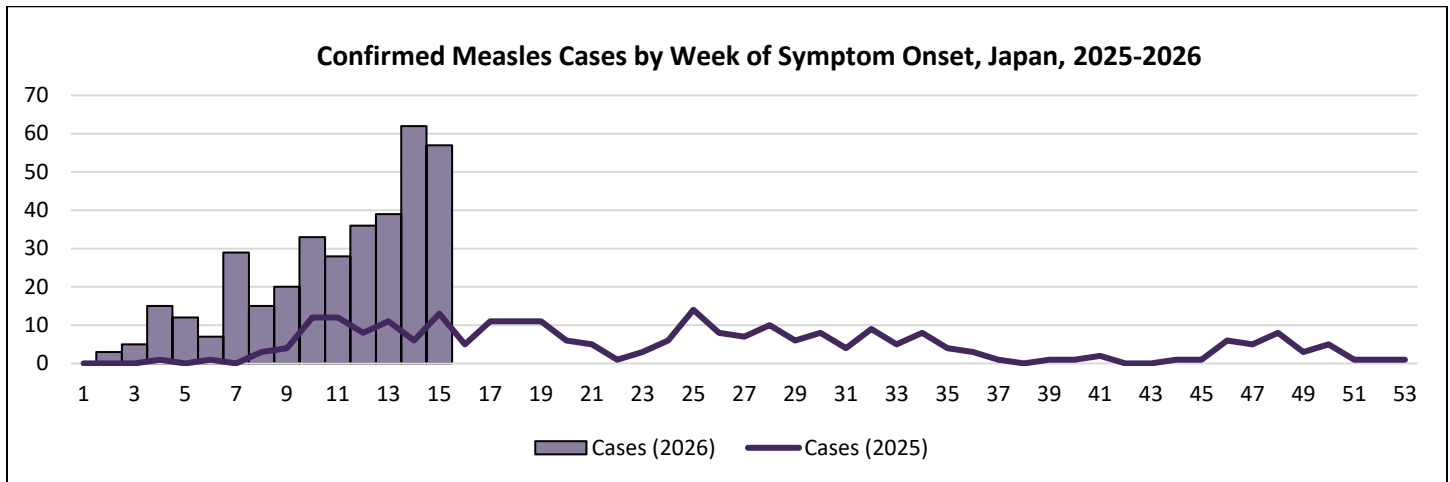


Figure Notes: Data as of April 19, 2026; Several cases missing from figure for 2025 (13).

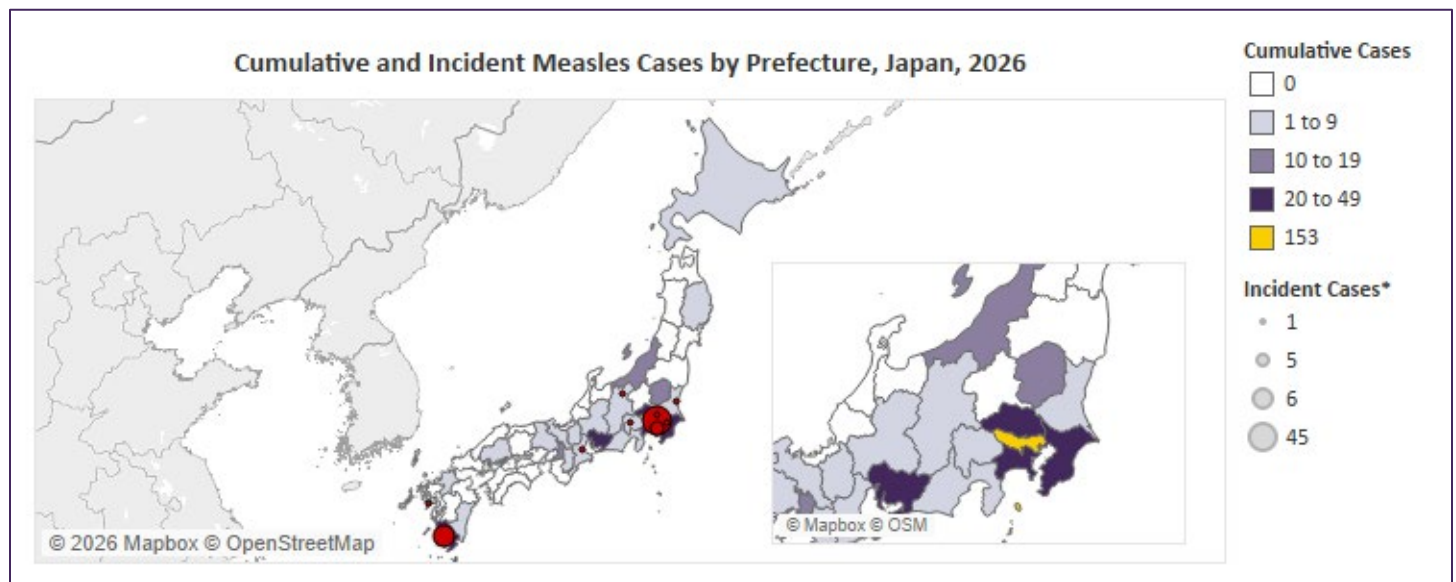


Figure Notes: Data as of April 19, 2026; *Change in cumulative total compared to previous update.

In the first 4 months of 2026, Japan has reported the highest number of measles cases in a given year since 2019 (744). In the 3 years prior to 2019, there were 210 measles cases reported on average. There were a total of 265 measles cases reported during 2025, following a gradually increasing annual trend from 2022-2024 (6-45 cases). The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Sources: [JIHS \(4/28/26\)](#), [JIHS \(4/22/26\)](#)

Mexico – Over 350 Confirmed Incident Cases Reported in 22 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of April 29, 2026, there have been a total of 6,601 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 10,226 confirmed cases and 10 deaths reported during 2026. Since the previous update, 354 confirmed incident cases with symptom onset during 2026 were reported, primarily in Jalisco (161) and Mexico City (47), and 1 additional death was reported in Mexico City. Weekly incident cases reported have been declining since epidemiological week 6.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,711	+0	6,601	+27	27	+0	0.4%
2026	24,145	+691	10,226	+354	10	+1	0.1%

Table Notes: Data as of April 29, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

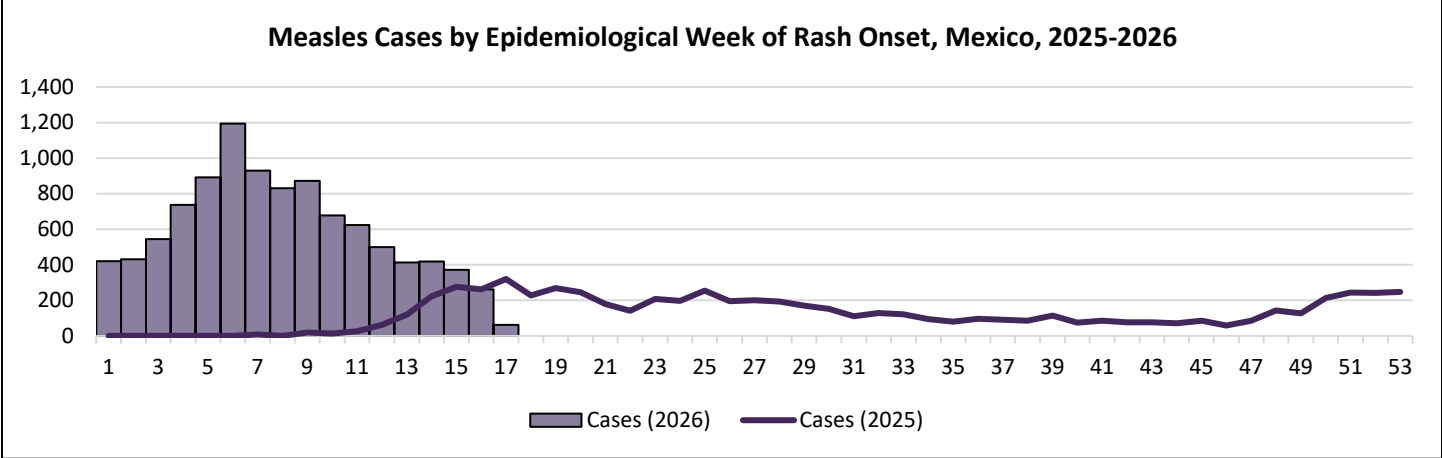


Figure Notes: Data as of April 29, 2026, and includes confirmed cases only (51 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (5,836), Mexico City (872), and Chiapas (779). 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 (81.87), followed by those aged 1-4 years (25.56), those aged 5-9 years (18.18), and those aged 25-29 years (18.05).

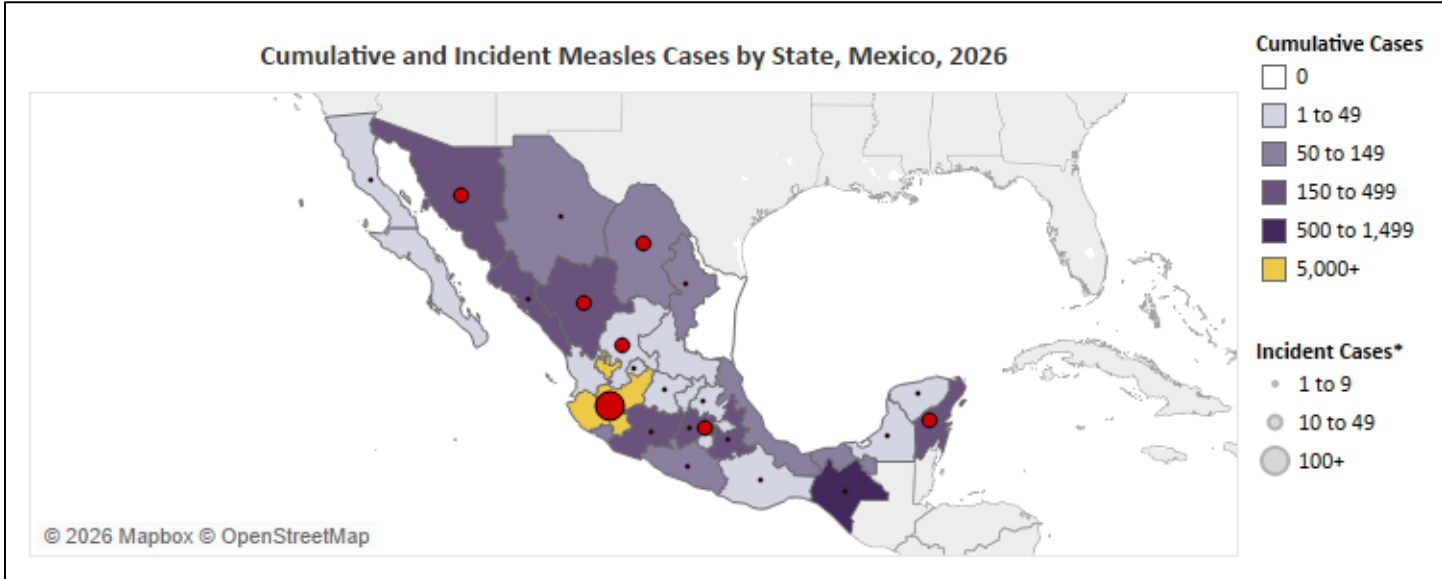


Figure Notes: Data as of April 22, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Measles outbreaks in Mexico have been ongoing since February 1, 2025 – this is the largest measles epidemic in Mexico since the country achieved elimination status in 1997. The [Pan American Health Organization \(PAHO\)](#) had initially invited Mexico to meet virtually in April to review their measles elimination status. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). Over [30 million measles vaccine doses](#) have been administered in Mexico since the beginning of 2025. The United States CDC currently has a [Level 1 – Practice Usual](#)

[Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Source: [Secretary of Health \(4/29/26\)](#)

United States – Several States Report Cases for the First Time During 2026:

According to data from the [United States CDC](#) as of April 23, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,792 confirmed cases reported during 2026. Since the previous update, 44 confirmed incident cases with rash onset during 2026 were reported, primarily in Utah (11), and for the first time this year in Louisiana (1), Maryland (1), New Jersey (1), and Rhode Island (1).

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	1,792	+44	101	+3	0	+0	0.0%

Table Notes: Data as of April 23, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

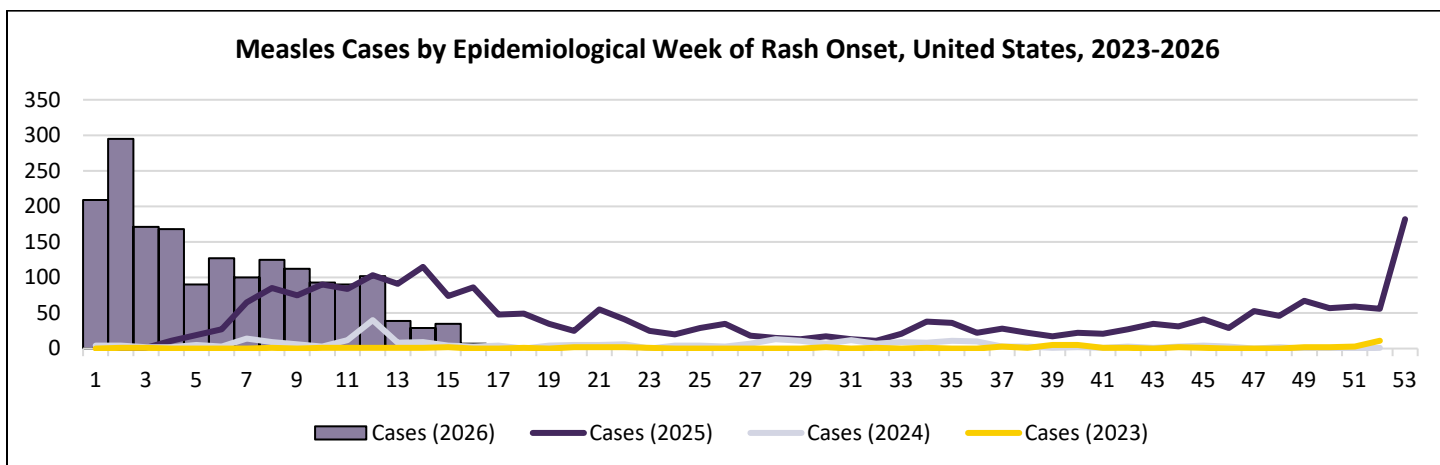


Figure Notes: Data as of April 23, 2026, and includes cases reported among international visitors to the United States.

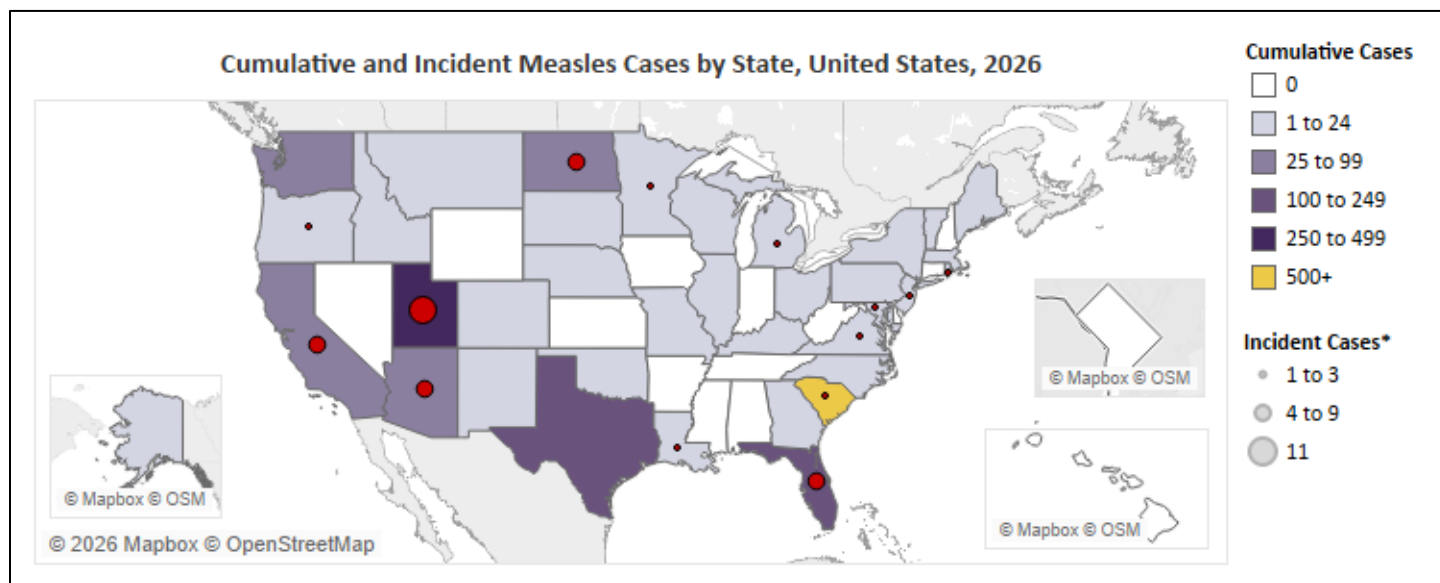


Figure Notes: Data as of April 23, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

During 2026, confirmed cases have been reported by 37 jurisdictions, primarily South Carolina (668), Utah (431), Texas (180), and Florida (134). There have been 22 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (401 from outbreaks that began during 2026 and 1,267 from outbreaks that began during 2025). Currently, there are large ongoing outbreaks in [Arizona](#) and [Utah](#). Those aged 5-19 years have been most affected (51%), followed by those aged 20+ years (27%), and those aged <5 years (21%). Among all confirmed cases 92% have been unvaccinated or have unknown vaccination statuses and 6% have been hospitalized. In New York, there have been 4 confirmed cases reported in [New York City](#) and 4 confirmed cases reported in [Rest of State](#).

During 2025, confirmed case totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (30%), and those aged <5 years (26%). Among all confirmed cases, 93% were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5 years. In New York, there were 20 confirmed cases reported in [New York City](#) and 28 in [Rest of State](#) with an [increase observed during October](#) in the Hudson Valley as a result of from measles acquired during international travel.

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers. A decrease in vaccination coverage among kindergartners and an [increase in parents delaying vaccination](#) among infants has been observed in the United States since the COVID-19 pandemic. The [Pan American Health Organization \(PAHO\)](#) had initially invited the United States to meet virtually in April to review their measles elimination status, a milestone achieved in 2000. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC).

Data Source: [CDC \(4/23/26\)](#)

Mpox

Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries:

According to data from the [World Health Organization \(WHO\)](#) as of April 19, 2026, there have been a total of 65,628 confirmed mpox cases and 267 deaths reported in Africa since the beginning of 2024. Since the previous update, 722 confirmed incident cases and 2 deaths were reported. Confirmed incident cases were reported primarily in Madagascar (351), the Democratic Republic of the Congo (DRC) (266), Guinea (32), Liberia (28), Kenya (19), and Burundi (11).

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	+11	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	37,176	+266	78	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,289	+32	7	+1	0.3%
Kenya	Ib	1,106	+19	19	+0	1.7%
Liberia	IIa and IIb	1,665	+28	8	+0	0.5%
Madagascar	Ib	1,092	+351	3	+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	2,649	+15	32	+0	1.2%
Total	Ia, Ib, IIa, and IIb	65,628	+722	267	+2	0.4%

*Table Notes: Data as of April 19, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the DRC, Uganda, Sierra Leone, Burundi, Guinea, and Liberia. Despite the situation in Africa no longer being considered a [Public Health Emergency of Continental Security \(PHECS\)](#), and a steep decline in incidence observed, there have been 969 confirmed cases reported with symptom onset in the past 6 weeks by 16 countries.

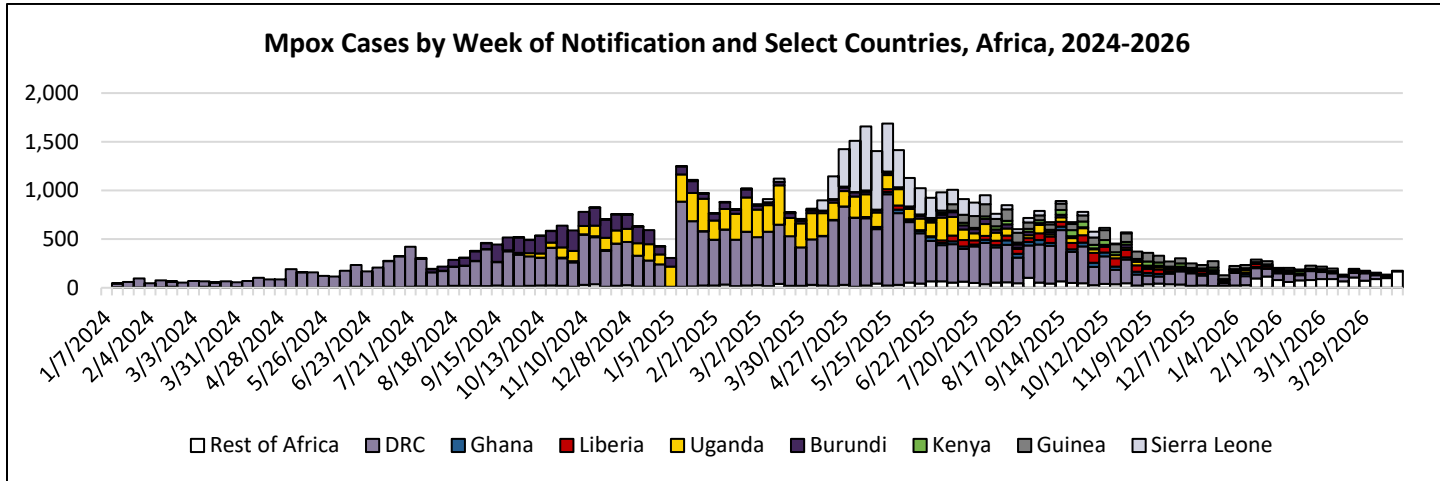


Figure Notes: Data as of April 19, 2026, and includes confirmed cases only, with 4,087 confirmed cases reported in the DRC excluded.

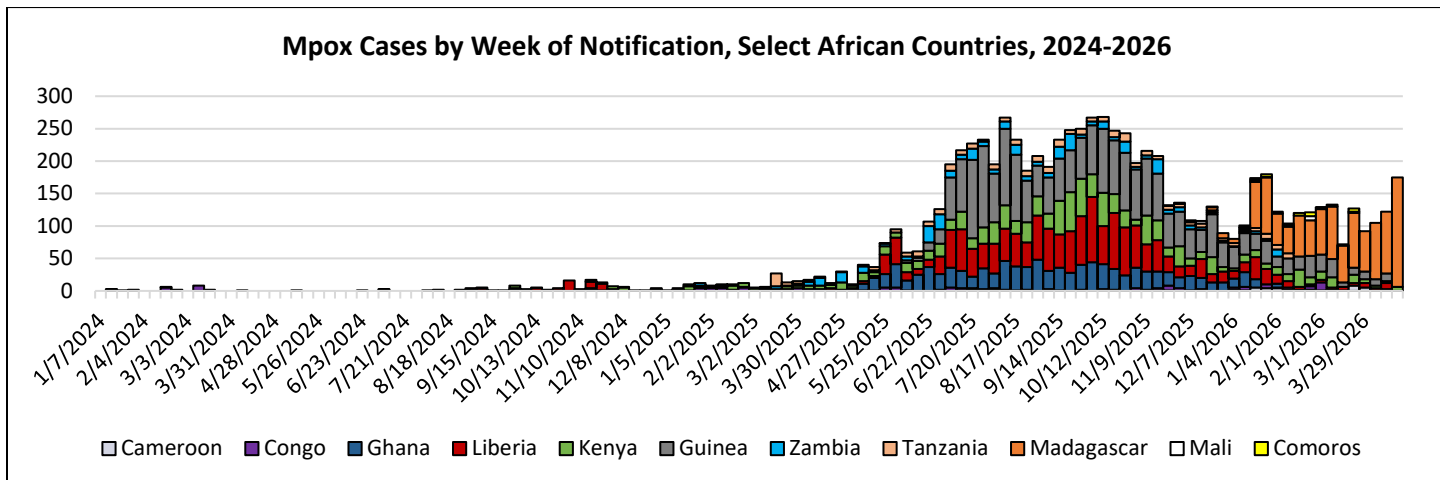


Figure Notes: Data as of April 19, 2026, and includes confirmed cases only.

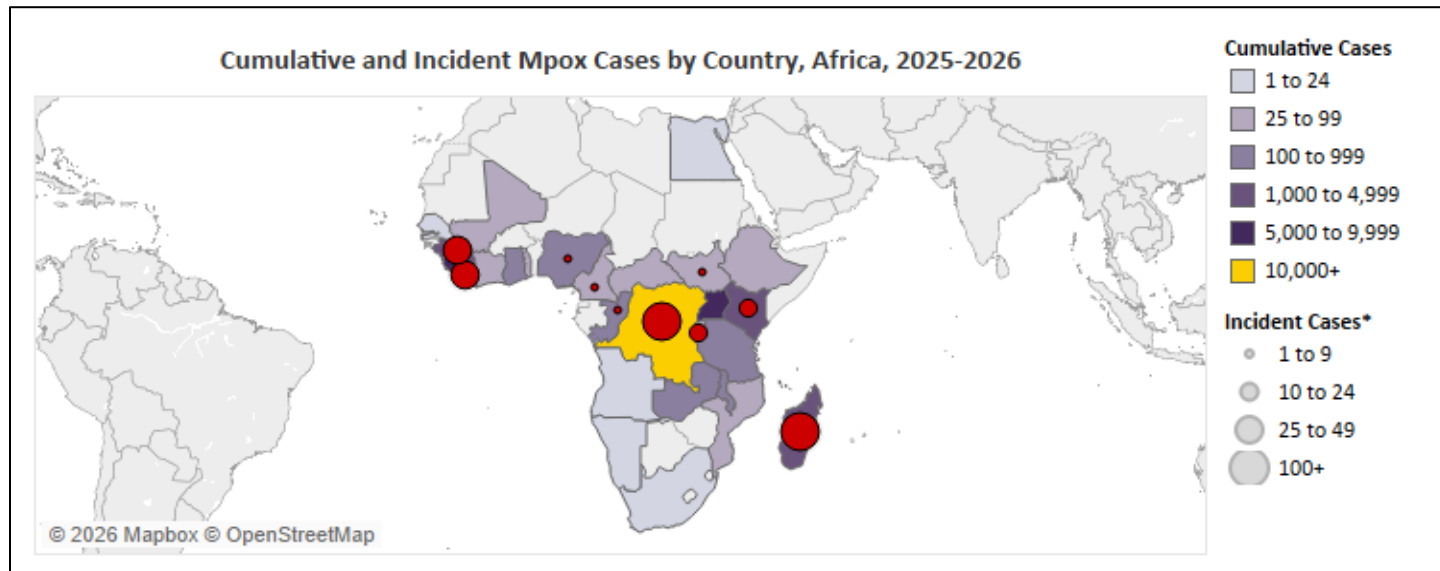


Figure Notes: Data as of April 19, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Confirmed case totals in Africa since the beginning of 2025 (47,683) 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 \(4/27/26\)](#)

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

According to data from the [World Health Organization \(WHO\)](#) as of April 27, 2026, there have been a total of 160 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 3 incident travel associated clade I mpox cases were reported in [Argentina](#) (1 – clade Ib), Denmark (1 – clade Ib mentioned in previous update), and Poland (1 – clade I). Those cases reported in Denmark and Poland reported recent travel to Germany and Slovakia, respectively, while the case reported in Argentina had no relevant travel history but reported close contact with individuals with a history of travel.

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†
160	+3	50	+0

Table Notes: Data as of April 19, 2026; †Change in cumulative total compared to previous update.

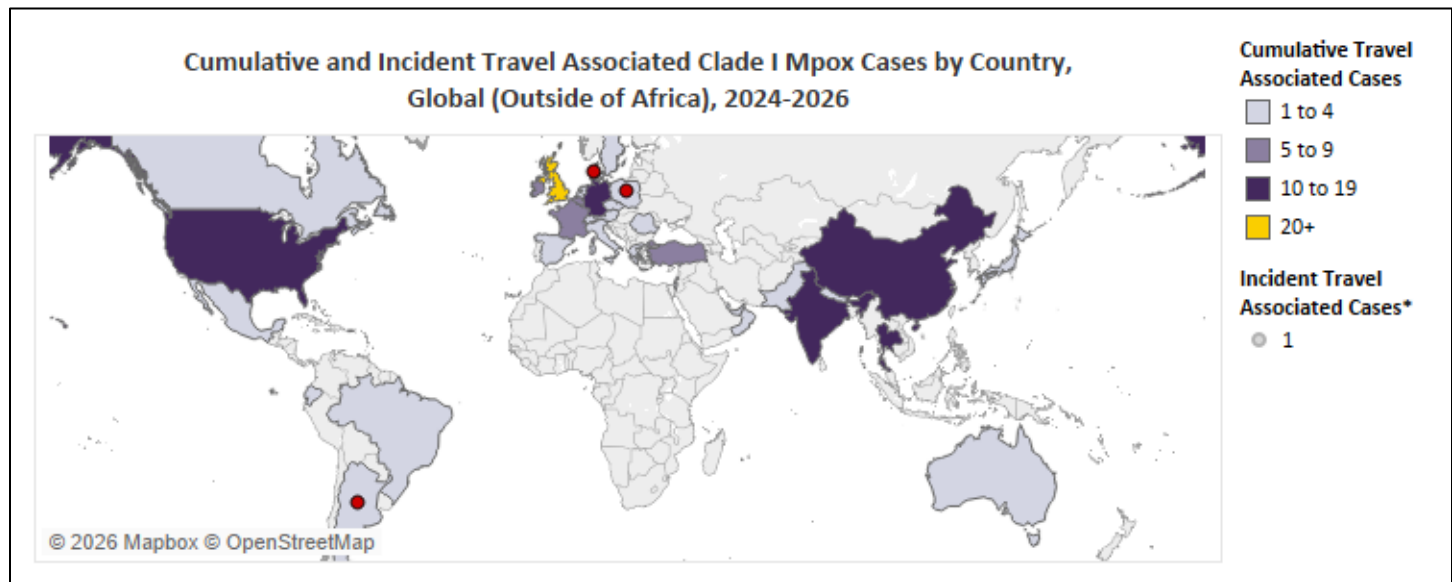


Figure Notes: Data as of April 19, 2026; *Change in cumulative total compared to previous update.

Subclade of travel associated clade I cases reported since the beginning of 2024 is distributed as follows: 151 clade Ib, 4 clade Ia, 3 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 37 countries outside of Africa, primarily the United Kingdom (25), [India](#) (18), [Thailand](#) (15), Germany (12), China (11), the United States (10), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20).

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 I 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.

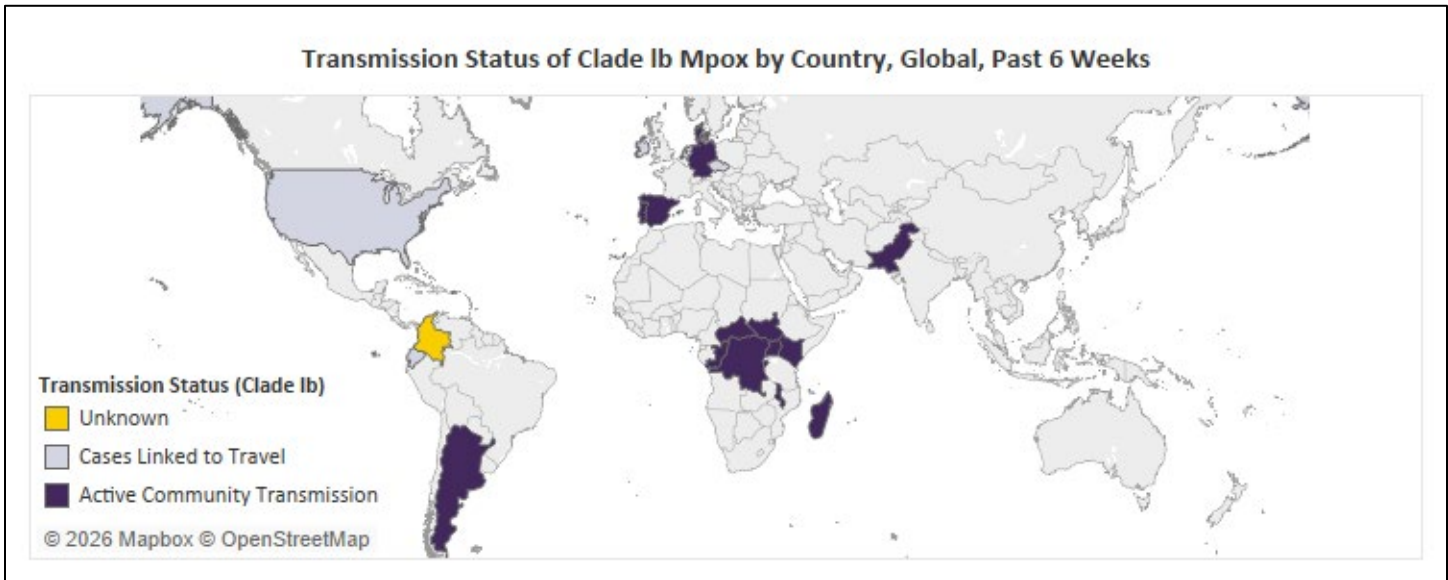


Figure Notes: Data as of April 19, 2026, and only includes countries with clade I mpox cases reported in the past 6 weeks.

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

New World Screwworm

Mexico – Animal Case Detected in Additional State Bordering the United States:

According to data from the [Secretary of Agriculture of Mexico](#) as of April 28, 2026, there have been a total of 22,490 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,651 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of April 18, 2026, there have been a total of 259 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 973 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†
22,490	+973	1,651	+163	259	+6

Figure Notes: Data for cases reported among animals as of April 28, 2026, and data for cases reported among humans of April 18, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 25 states, primarily Chiapas (6,578), Oaxaca (3,696), Veracruz (3,338), Yucatan (1,990), and Tabasco (1,231). Confirmed NWS cases among humans have been reported in 14 states, primarily Chiapas (122), Veracruz (25), Yucatan (24), and Oaxaca (22). In recent weeks, spread has been moving northward. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and

Mexico. According to data from the [United States CDC](#) as of April 28, 2026, there have been about 171,000 NWS cases reported among animals and over 1,780 NWS cases reported among humans in Central America and Mexico.

The United States CDC issued a [Health Advisory](#) in January regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas where there are currently 123 active NWS cases among animals (an increase of 7 compared to the prior week), to increase awareness given the potential for geographic spread. Since the previous update, an animal NWS case was detected in Coahuila (1 active case), which borders the United States. NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has [not been reported among animals](#) or humans in the United States except for a single [travel associated case](#) among an individual returning from El Salvador.

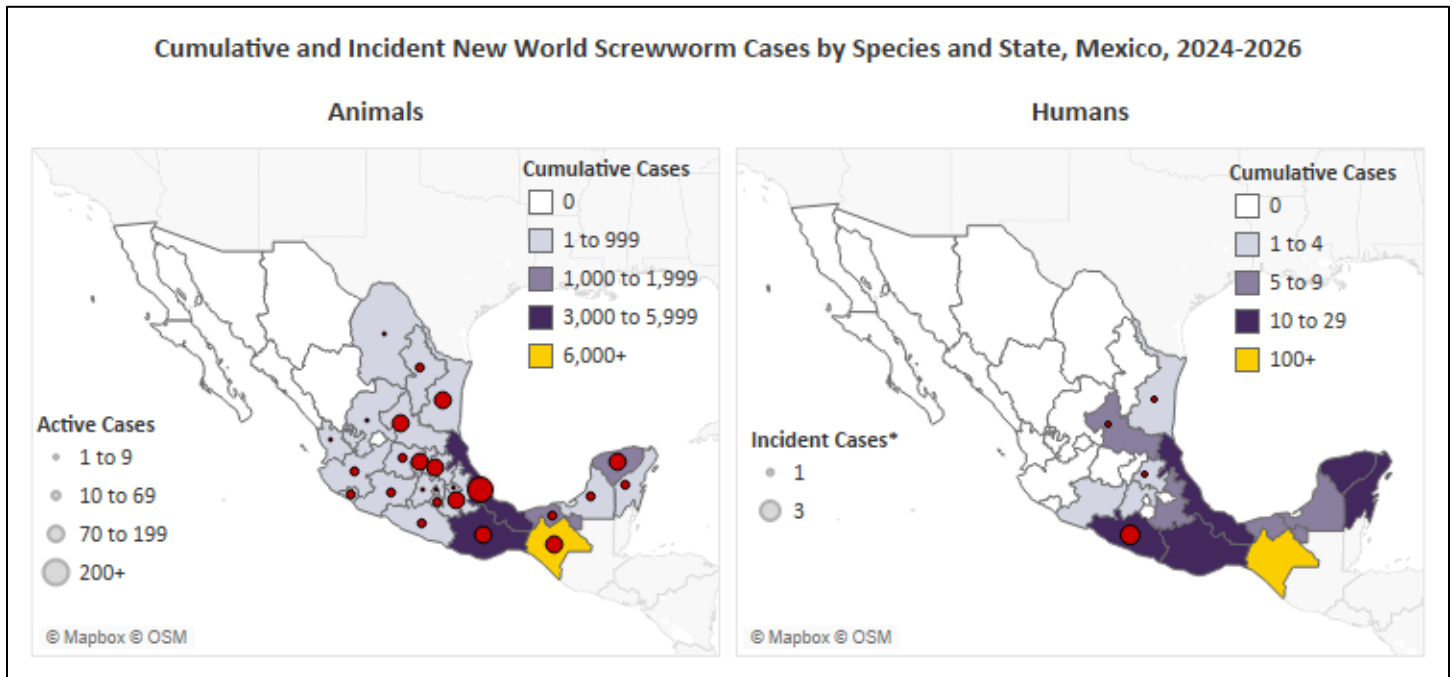


Figure Notes: Data for cases reported among animals as of April 28, 2026, and data for cases reported among humans as of April 18, 2026.

Data Sources: [Secretary of Agriculture \(4/28/26\)](#), [Secretary of Health \(4/28/26\)](#), [CDC \(4/14/26\)](#)

Non-Seasonal Influenza

Bangladesh – WHO Reports Fatal Human Case Detected in February 2026 (H5N1):

According to an update from the [WHO](#) published on April 29, 2026, a confirmed human avian influenza A(H5N1) case was detected in Bangladesh among a child from Chattogram Division in February 2026. The case experienced symptom onset in late January, was hospitalized and admitted to intensive care shortly after, and died on February 1. Infection with influenza A(H5N1) clade 2.3.2.1a was confirmed on February 7. The case was exposed to live and dead poultry prior to illness onset and had no known comorbidities. Samples collected from poultry in and around the household were positive for influenza A(H5). All symptomatic close contacts of the case tested negative for influenza virus infection. This is the first confirmed human H5N1 case reported in Bangladesh during 2026. A total of 4 human H5 cases were reported in Bangladesh during 2025. According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of April 2026, and including this most recent case, there have been a total of 12 human H5N1 cases reported in Bangladesh since 2003.

Data Sources: [WHO \(4/29/26\)](#), [HKCHP \(4/28/26\)](#)

Brazil – WHO Reports Human Case Detected in September 2025 (H3N2v):

According to an update from the [WHO](#) published on April 29, 2026, a confirmed human swine influenza A(H3N2)v case was detected in Brazil among a child resident of Mato Grosso do Sul in September 2025. The case had no known comorbidities or recent travel history and has since recovered from infection. The case experienced symptom onset in early September 2025 and was not directly exposed to swine prior to onset despite attending an agricultural school where pigs were present. The case was directly exposed to other classmates exhibiting symptoms of influenza-like-illness during the same period, but no additional human cases have been identified.

Data Source: [WHO \(4/29/26\)](#)

China – WHO Reports Human Cases Detected in Early 2026 (H1N2v & H1N1v):

According to an update from the [WHO](#) published on April 29, 2026, a confirmed human swine influenza A(H1N2)v case and a confirmed human swine influenza A(H1N1)v case were detected among children in Yunnan province in February and March 2026, respectively. The human H1N2v case detected in February experienced mild illness onset in late January and did not report exposure to swine prior to illness onset. The human H1N1v case detected in March experienced illness onset in late January, was hospitalized with pneumonia, and reported exposure to domestic pigs (swine) prior to illness onset. Both cases have recovered from infection, and neither are epidemiologically linked.

Data Source: [WHO \(4/29/26\)](#)

United States – Steep Decline in Poultry Flock Detections Reported in April (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of April 30, 2026, there have been a total of 2,203 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 2 detections were reported. In the past 30 days, a total of 23 confirmed HPAI detections have been reported (a decrease compared to the previous update) affecting 0.66 million birds. According to data from the [USDA](#), as of April 30, 2026, there have been a total of 1,191 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. In the past 30 days, a total of 5 confirmed HPAI detections have been reported among livestock herds in [Idaho](#), following a period with no reported detections since December 2025.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
15	8	5	0	0	192	29

Table Notes: Data as of April 30, 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 9 states, primarily South Dakota (8) and Indiana (7). Detections increased during 2025 from September (29) to November (96) before decreasing slightly in December (82). During 2026, detections increased slightly from January (62) to March (75) and there have been 17 detections reported so far in April. Somewhat similar trends have been observed during recent years in the [United States](#). In January, the New York State (NYS) Department of Environmental Conservation reminded New Yorkers to [stay alert for HPAI](#) and avoid contact with sick or dead birds and mammals that may be infected. As of March 31, 2026, there have been 80 poultry flock detections reported in [NYS](#) – the most recent detection was confirmed on March 31 in Bronx County.

According to data from the [United States CDC](#), as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths ([1](#), [2](#)), and 7 probable H5 cases reported among humans since the beginning of 2024. The [most recent human case](#), and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected [wild birds](#) and other

[mammals](#). Since [2022](#), 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5N1 cases, including 2 deaths (both caused by the [D1.1 strain](#) that [emerged](#) and spread rapidly in North America during the 2024 wild bird migration season).

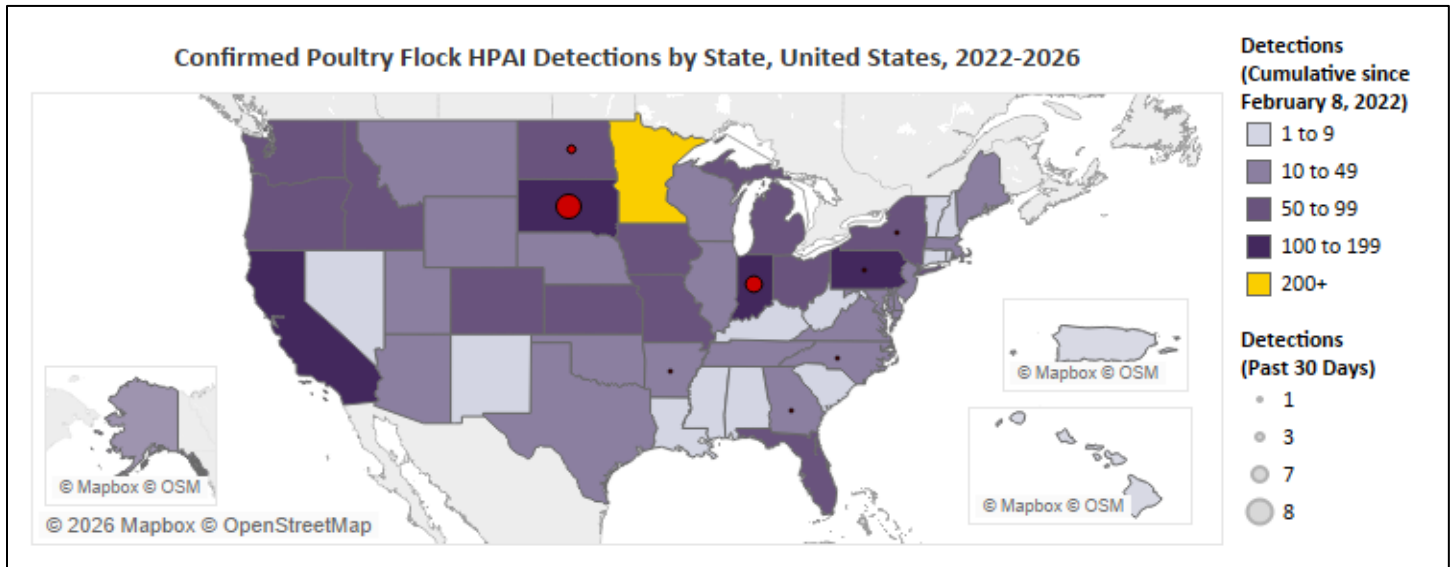


Figure Notes: Data as of April 30, 2026.

Data Sources: [USDA \(4/30/26\)](#), [USDA \(4/30/26\)](#), [CDC \(3/6/26\)](#)

Pertussis

United States – Over 100 Incident Cases Reported During Most Recent Epi Week:

According to provisional data from the [United States CDC](#) as of April 25, there have been a total of 4,490 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 354 incident cases were reported, of which 104 reported symptom onset during the most recent epidemiological week, a 33% increase compared to the prior week. According to data from the [Pan American Health Organization \(PAHO\)](#) through mid-March, those aged 1-6 years (29%) and 11-19 years (23%) have been most affected and there has been [1 death](#) from pertussis reported during 2026. Case totals for 2026 at this time are about 60% lower compared to 2025.

Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2025-2026				
Reporting Area	Cases			
	Current Week	Cumulative (2026)	Cumulative (2025)	Ratio (2026/2025)
New England	2	95	215	0.4
Middle Atlantic	5	366	757	0.5
East North Central	22	532	1,998	0.3
West North Central	1	128	1,344	0.1
South Atlantic	19	1,179	1,314	0.9
East South Central	4	328	902	0.4
West South Central	3	290	1,609	0.2
Mountain	15	526	1,581	0.3
Pacific	32	1,016	2,675	0.4
United States Territories	1	30	66	0.5
Total	+104	4,490	12,461	0.4

Table Notes: Data as of April 25, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic.

During 2026, cases have been reported by 47 jurisdictions, primarily Georgia (671), California (518), Washington (247), Ohio (230), Florida (214), New York (210), Texas (183), Oregon (183), Colorado (159), Tennessee (131), Illinois (112), and Pennsylvania (108). Recently, the [Department of Public Health and Social Services \(DPHSS\)](#) in Guam reported a pertussis outbreak linked to a childcare setting, confirming the first pertussis outbreak in the United States Territory since [2015](#).

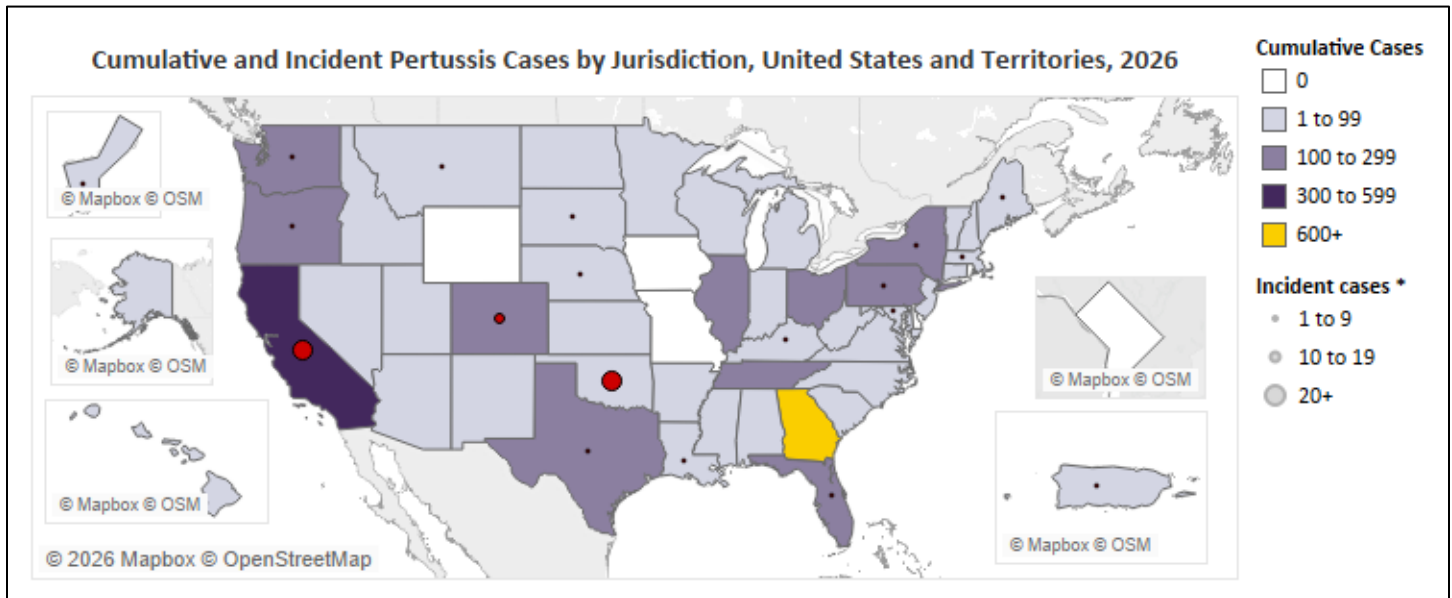


Figure Notes: Data as of April 25, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Mariana Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom onset during the most recent epidemiological week.

During 2024-2025, reported pertussis cases increased across the country and remained elevated compared to before the COVID-19 pandemic; however, cases have been trending downward since peaking in November 2024. From 2016-2019, an average of 17,793 cases were reported annually. From 2020-2023, an average of 4,587 cases were reported annually. According to provisional CDC reports for 2024-2025, among United States residents and residents of United States Territories, there were 35,435 cases and 10 deaths (6 among those aged <1 year) reported during [2024](#), and 28,783 cases and 16 deaths (10 among those aged <1 year) reported during [2025](#). [Vaccination](#) is the best way to protect against pertussis. In March, 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 \(4/29/26\)](#), [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 27, there have been 4 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 2 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 28 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, 4 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of the Congo (DRC) (1), Nigeria (1), and for the first time during 2026 in Chad (2).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
4	+0	2	+0	28	+4	2	+0

Table Notes: Data as of April 27, 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 10 countries: [Afghanistan](#) (3 – WPV1), Angola (1 – cVDPV2), Chad (2 – cVDPV2), the DRC (5 – cVDPV2), Nigeria (14 – cVDPV2, 2 – cVDPV3), [Pakistan](#) (1 – WPV1), Somalia (3 – cVDPV2), Sudan (1 – cVDPV2), South Sudan (2 – cVDPV1), and [Togo](#) (2 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported by Algeria (2 – cVDPV2), Malawi (5 – cVDPV2), [Namibia](#) (5 – cVDPV2), and the [United Kingdom](#) (2 – cVDPV2), suggesting undetected transmission was occurring in these countries this year.

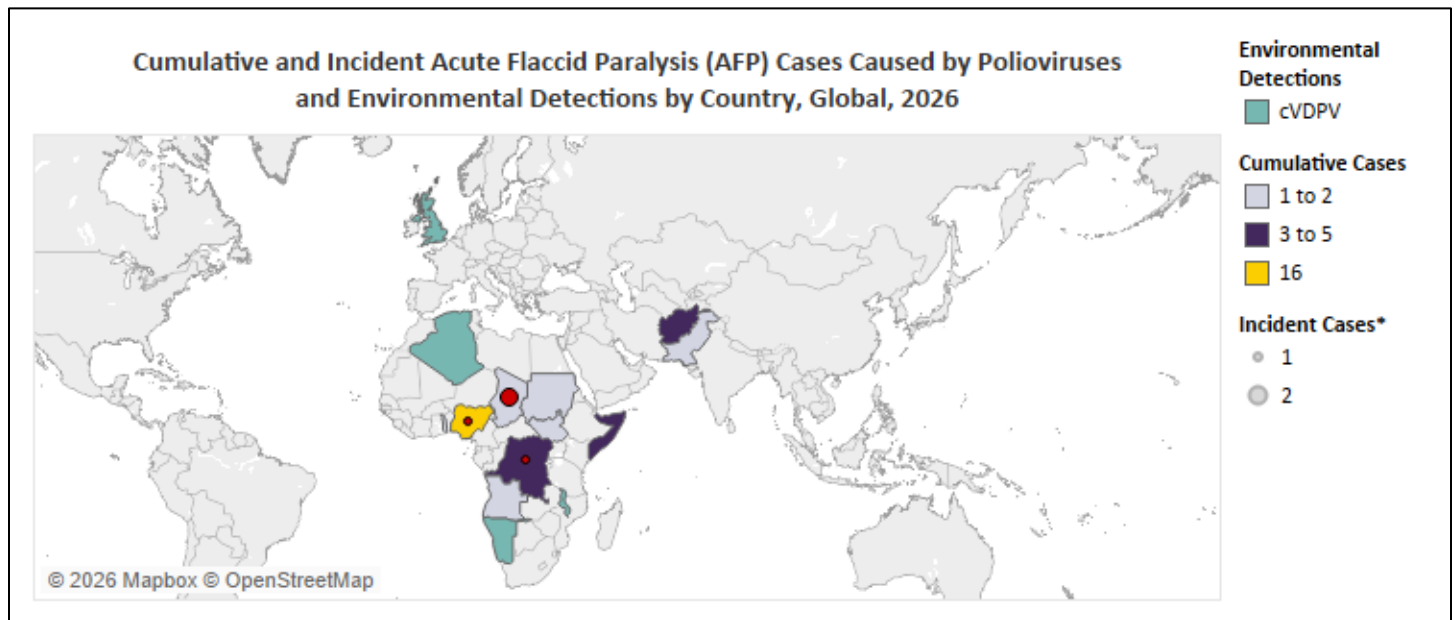


Figure Notes: Data as of April 27, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding polio globally. [Vaccination](#) is the best way to protect against polio. A total of 52 AFP cases caused by WPV1, 3 AFP cases caused by cVDPV1, 222 AFP cases caused by cVDPV2, and 13 AFP cases caused by cVDPV3, have been reported with onset of paralysis during 2025.

Data Sources: [GPEI - WPV \(4/27/26\)](#), [GPEI - cVDPV \(4/27/26\)](#)

Salmonella

United States – New Multistate Outbreak Linked to Backyard Poultry:

According to data from the [United States CDC](#) as of April 13, there have been a total of 34 cases infected with the outbreak strain of *Salmonella* Saintpaul linked to backyard poultry.

Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
34	+34	13	+13	0	+0	0.0%

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

Yellow Fever

The Americas – Ecuador Reports First Case and Death in the Country During 2026:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of April 28, there have been a total of 62 confirmed yellow fever cases and 23 deaths reported in the Americas during 2026. Since the previous update, 4 confirmed incident cases and 1 death were reported in Colombia (2 cases), Peru (1 case), and for the first time in Ecuador (1 fatal case).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
62	+4	23	+1	37.1%

Table Notes: Data as of April 28, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas, including [Colombia](#) (38 cases, 16 deaths), Peru (7 cases, 1 death), [Venezuela](#) (6 cases, 1 death), [Bolivia](#) (5 cases, 2 deaths), Brazil (5 cases, 2 deaths) and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and 70% of deaths reported in the Americas during 2026. According to [PAHO epidemiological alert](#) published in March, yellow fever cases have been reported in areas with no history of transmission since September 2024, including areas outside the Amazon region. Based on recent regional trends observed during the end of 2025 and the beginning of 2026, [Venezuela](#) recently initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never vaccinated against yellow fever. Despite not reporting any human cases, the [Trinidad and Tobago Ministry of Health](#) recently detected yellow fever in a deceased red howler monkey, confirming presence of the virus and sylvatic transmission in the country. Additionally, a yellow fever [health alert](#) was recently declared in Sata Cruz, Bolivia.

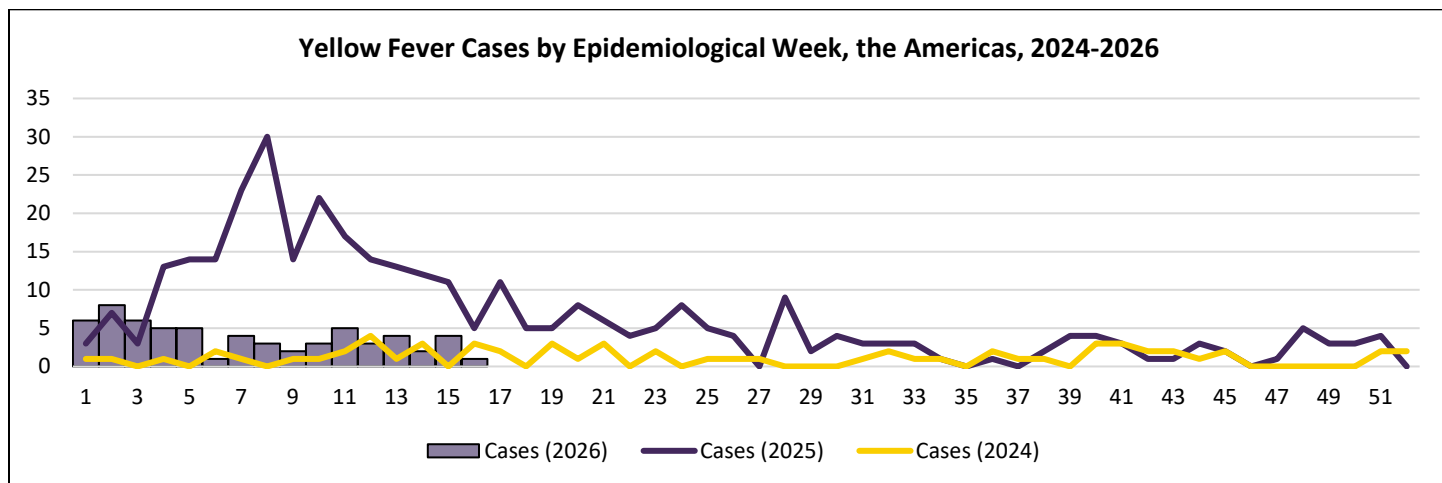


Figure Notes: Data as of April 28, 2026; Cases reported during 2025 with missing dates of symptom onset excluded from figure (8).

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in [Colombia](#) and [Venezuela](#). [Vaccination](#) is recommended for those aged ≥ 9 months that are traveling to or living in areas at risk for yellow fever. A total of 346 confirmed yellow fever cases and 148 deaths (CFR: 42.8%) were reported by 7 countries in the Americas during 2025: Brazil (120 cases, 48 deaths), Colombia (125 cases, 51 deaths – a [5-fold increase](#) compared to 2024), Peru (49 cases, 19 deaths), Venezuela (32 cases, 19 deaths), Ecuador (11 cases, 8 deaths), Bolivia (8 cases, 2 deaths), and Guyana (1 fatal case), representing a [5.6-fold increase](#) compared to 2024 for the region.

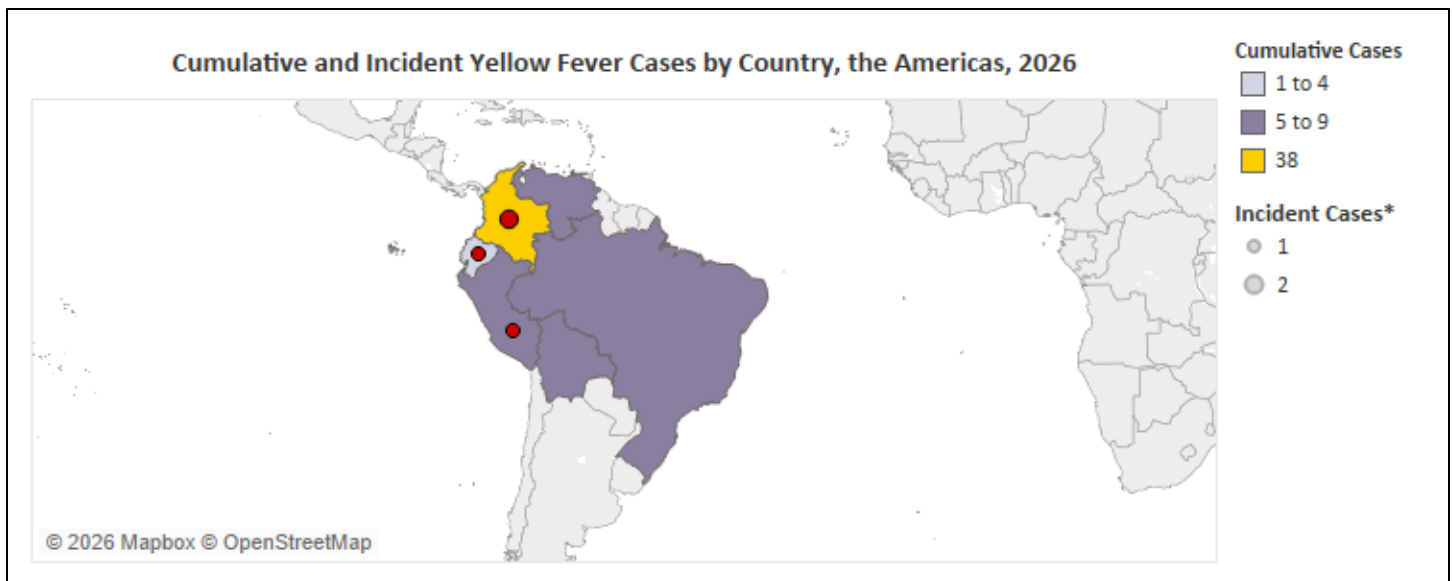


Figure Notes: Data as of April 21, 2026; *Change in cumulative total compared to previous update.

Data Source: [PAHO \(4/28/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mayotte – Indicators for Suspected Cases and Test Positivity Continue to Rise ([April 23](#))
- 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

- Israel – Updated Data on Outbreak Primarily Affecting Children Aged <10 Years ([April 23](#))
- Global – WHO Provides Update on Global Case Counts and Incidence Rates ([April 23](#))
- Guatemala – Over 3,500 Cases Reported in Nationwide Outbreak ([April 2](#))

- Europe – Measles Transmission Re-Established in Several Countries ([February 5](#))

Meningococcal Disease

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

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 Svay Rieng Province (H5N1) ([April 23](#))
- China – Incident Human Cases Reported in Multiple Provinces (H9N2) ([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](#))

Salmonella

- United States – New Multistate Outbreak Linked to Moringa Powder Capsules ([February 19](#))
- United States – Update on Multistate Outbreak Linked to Supplement Powders ([January 29](#))

Seasonal Influenza

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

Other Active CDC Travel Health Notices:

- [Chikungunya in 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](#)
- [Oropouche in the Americas - 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](#)
- [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](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - 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](#)

Other Global Health News and Events:

- [Sudan launches a 5-year plan to end cholera as a public health threat - Sudan | ReliefWeb](#)
- [Request for information \(RFI\): Suspected cholera outbreak in detention centers in El Fasher, North Darfur, Sudan, with more than 300 deaths amid conflict and healthcare collapse. RFI on case numbers and diagnostic testing - BEACON](#)
- [Cholera outbreak in Burundi resurges with a 68% weekly increase, driven in part by contaminated municipal water - BEACON](#)
- [First autochthonous dengue fever case of 2026 reported in Hong Kong - BEACON](#)
- [Hepatitis B and C claimed 1.3 million lives in 2024, WHO reports | CIDRAP](#)
- [End of universal birth-dose hep B vaccination will drive up infections, deaths, costs, researchers say | CIDRAP](#)
- [Cutaneous leishmaniasis cluster reported in Lower South Waziristan, Pakistan, with 255 cases in the first quarter of 2026 - BEACON](#)
- [PAHO calls to strengthen vaccination amid rising measles cases in the Americas - World | ReliefWeb](#)
- [Over 10 000 measles cases and 72 deaths reported in South Kivu Province, DRC, amid security constraints - BEACON](#)
- [Measles cases in Puno Region, Peru, increase to 82 ahead of May festivities - BEACON](#)
- [Pakistan reports over 4000 measles cases and 71 deaths in first quarter of 2026 - BEACON](#)
- [Meningitis bulletin Week 16, 2026 | WHO AFRO](#)
- [Meningococcal meningitis and measles cases surging in Eastern Chad - BEACON](#)
- [Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Request for information \(RFI\): Suspected bacterial meningitis outbreak reported in Kurawa village, Sokoto State, Nigeria. RFI on case counts and diagnostic test results - BEACON](#)
- [Pertussis outbreak affecting children under five reported in Kolofata, Far North Region, Cameroon - BEACON](#)
- [Southern Viet Nam on rabies alert: Cases rise as rabid dog attacks and human death linked to dog meat trade expose growing public health risks - BEACON](#)
- [El Salvador has reported 60 confirmed cases of typhoid fever from 01 Jan to 18 Apr 2026 - BEACON](#)
- [Salmonella Bovismorbificans outbreak reported in Finland with 32 laboratory-confirmed cases; cases also reported in at least six other European countries; suspected link to raw sprouts - BEACON](#)
- [Global Respiratory Virus Activity: Weekly Update N° 575 | WHO](#)
- [Epidemiological Alert: Seasonal Influenza and Other Respiratory Viruses —Start of the Southern Hemisphere Season— 27 April 2026 - PAHO/WHO | Pan American Health Organization](#)
- [CDC: 6 more US children die of flu as season winds down | CIDRAP](#)
- [Flu vaccination rate lags in US nursing homes | CIDRAP](#)
- [Flu vaccine reduces severe illness in kids, but coverage remains low | CIDRAP](#)
- [Raising US child flu vaccination rate to 70% could prevent 30,000 hospitalizations, 123 deaths in highly active season | CIDRAP](#)
- [Request for information \(RFI\): Intestinal infection cluster with 30 cases in Byuregavan, Kotayk Province, Armenia. RFI on source identification and exposure history - BEACON](#)
- [Update on undiagnosed febrile illness in Boni Forest, Lamu County, Kenya: Preliminary official investigation found no evidence of increased morbidity, case clustering, or epidemiological patterns suggestive of an outbreak; investigation ongoing - BEACON](#)
- [WHO prequalifies first-ever malaria treatment for newborns and infants, adds new diagnostic tests](#)
- [Practicing today for tomorrow's emergencies – WHO convenes countries and partners to simulate response to major disease outbreak](#)
- [New global health misinformation survey reveals deep divides | CIDRAP](#)
- [Low risk of clade 1 mpox spread during air travel revealed | CIDRAP](#)
- [Global immunization effort helps 18 million kids 'catch up' on vaccines | CIDRAP](#)

- [New York State Department of Health's Wadsworth Center Fills Testing Gap for CDC](#)
- [Efforts to eliminate hepatitis delivers gains but more action needed to meet 2030 targets](#)
- [Maternal chikungunya infections linked to short and long-term neurologic problems in babies | CIDRAP](#)
- [Survey: Vaccine scientists held in high regard by most Americans | CIDRAP](#)
- [Australia becomes the 30th country to eliminate trachoma as a public health problem](#)
- [Media habits tied to MMR vaccine hesitancy in US adults | CIDRAP](#)
- [Survey identifies potential resident-physician barriers to specializing in infectious diseases | CIDRAP](#)
- [RFK Jr holding up distribution of \\$600 million in vaccines to foreign nations: report | CIDRAP](#)
- [Multi-country outbreak of cholera, epidemiological update #36 -30 April 2026 | WHO](#)