



Date: 5/21/26

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 – Over 1,000 Incident Cases Reported in Argentina:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on May 21, there have been a total of 121,315 chikungunya cases, of which 39,496 are confirmed, and 33 deaths reported in the Americas during 2026. Since the previous update, 1,165 incident cases, of which 411 are confirmed, were reported, primarily in Argentina.

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

Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	10,000	+1,075	2,123	+322	1	+0	0.1%
Bolivia	34,516	+0	9,443	+0	7	+0	0.1%
Brazil	67,418	+0	24,043	+0	23	+0	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	440	+90	295	+89	0	+0	0.0%
Total	121,315	+1,165	39,496	+411	33	+0	0.1%

Table Notes: Data extracted on May 21, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

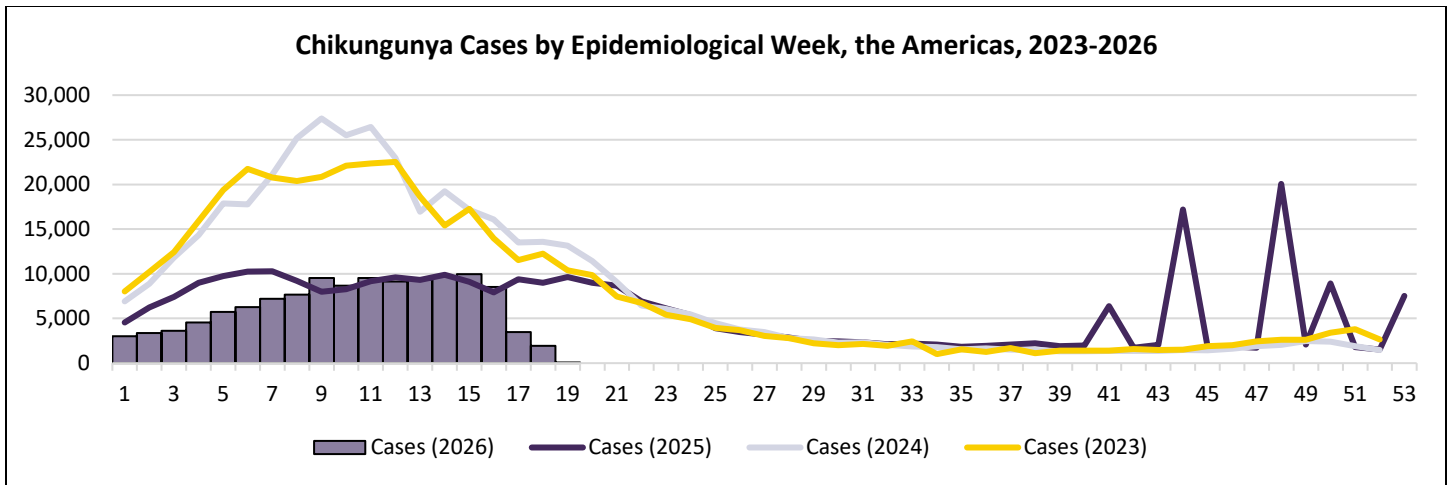


Figure Notes: Data extracted on May 21, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 20 countries in the Americas during 2026, primarily [Brazil](#) (67,418), [Bolivia](#) (34,516), [Argentina](#) (10,000), [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](#) (105.03), Brazil (31.57), Argentina (21.74), and Cuba (13.38). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years, 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.

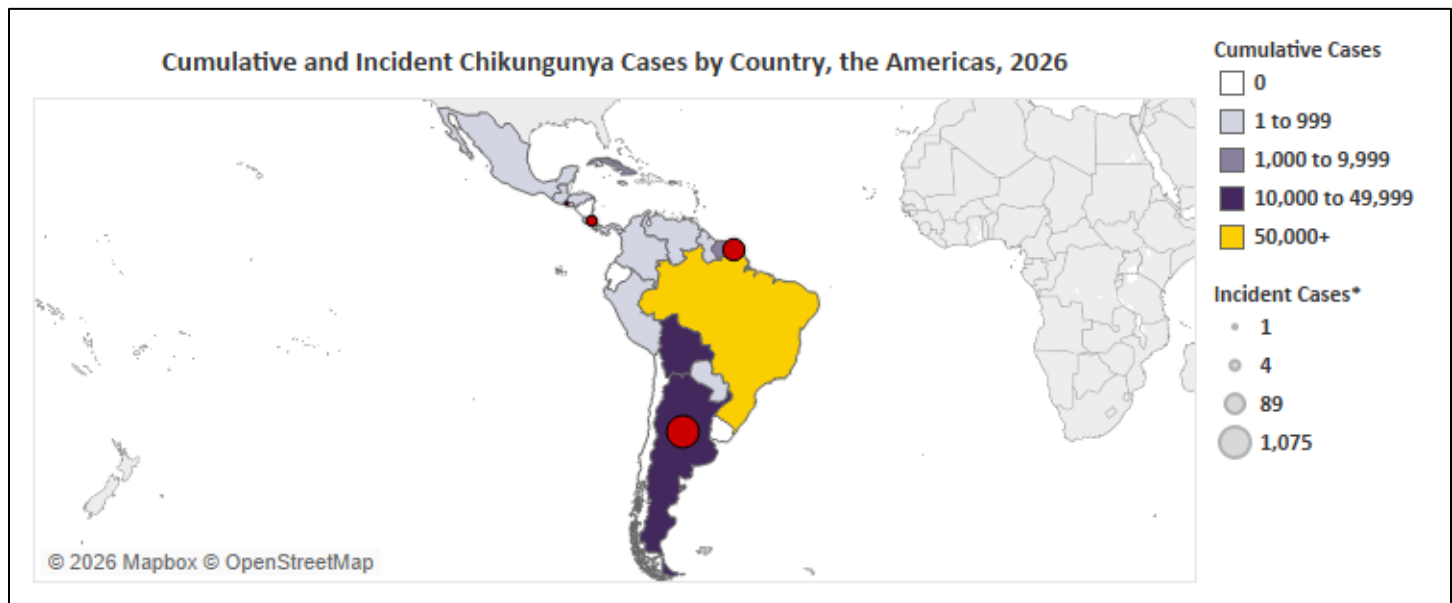


Figure Notes: Data extracted on May 21, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

During 2025, there were 316,401 chikungunya cases, of which 115,875 were confirmed, and 175 deaths (0.2% among confirmed cases) were 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 \(5/21/26\)](#)

Mauritius – CDC Issues Level 2 Travel Health Notice Amidst Ongoing Outbreak:

According to media reports captured by BEACON as of May 15, 2026, there have been a total of 3,331 chikungunya cases reported in Mauritius during 2026, an increase of 2,596 incident cases since March 30. Incidence has been gradually increasing since the beginning of the year, with an average of 125 cases reported daily. Urban areas affected most include Quatre-Bornes, Rose-Hill, Stanley, Beau-Bassin, and Chemin-Grenier.

On May 1, 2026, the [World Health Organization \(WHO\)](#) published a rapid risk assessment regarding chikungunya globally, highlighting how the African region may experience an increase in chikungunya incidence during or following local rainy seasons, which vary by country, and assessing the overall risk to human health at the global level as moderate with moderate confidence in available information. The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding Chikungunya in Mauritius. [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [BEACON \(5/18/26\)](#)

Ebola

Africa – Bundibugyo Virus Disease Outbreak Declared in the DRC and Uganda:

According to data from the [World Health Organization \(WHO\)](#) as of May 18, 2026, and the [World Food Program Logistics Cluster \(WFPLC\)](#) as of May 19, 2026, there have been a total of 575 suspected Bundibugyo virus disease (BVD) cases (51 confirmed) and 148 deaths (4 confirmed) reported in Ituri (48 confirmed) and North Kivu (3 confirmed) Provinces, Democratic Republic of the Congo (DRC), and 2 confirmed BDV cases (both imported from the DRC and not linked), and 1 death (confirmed) reported in Kampala, Uganda. Totals for the DRC include 1 confirmed case reported among an American national working in the DRC – the case is currently receiving care in Germany and improving. There is significant uncertainty regarding the true number of cases and geographic scope of this outbreak. Confirmatory testing is currently being conducted on a suspected case (preliminary positive result) in West Equatoria State, [South Sudan](#). The WHO currently assesses the risk associated with this outbreak to be high at the national and regional levels, and low at the global level.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026				
Country	Cases		Deaths	
	Suspected	Confirmed‡	Suspected (CFR*)	Confirmed‡ (CFR*)
DRC†	575	51	148 (25.7%)	4 (7.8%)
Uganda	0	2	0 (-)	1 (50.0%)
Total	575	53	148 (25.7%)	5 (9.4%)

*Table Notes: Data for the DRC and Uganda as of May 18, 2026, and May 19, 2026, respectively, and includes locally acquired and imported cases; ‡Among suspected cases; *Case fatality rate (CFR); †Includes confirmed case reported among American national that is currently receiving care in Germany.*

In the DRC, according to data from the WHO as of May 18, 2026, suspected cases have been reported in Ituri (513) and North Kivu (3) Provinces across 7 health zones – burden is currently highest in Mongbwalu (302) and Rwampara (136) health zones, both in Ituri Province. In Uganda, confirmed cases have been reported in the capital city of Kampala (2). A total of 668 case contacts have been identified for monitoring and follow-up in the DRC (541) and Uganda (127).

On May 15, 2026, the [Ministry of Public Health, Hygiene and Social Welfare \(MSPH\)](#) in the Democratic Republic of the Congo (DRC) declared an outbreak of [Ebola virus disease \(EVD\)](#), specifically BVD, affecting multiple health zones (Rwampara, Mongbwalu, and Bunia) in Ituri Province. At the time of declaration, a total of 246 suspected cases, of which 8

are confirmed as BVD, and 80 deaths (4 among confirmed cases) were reported. The suspected index case in this outbreak was among a healthcare provider that presented to care with symptoms including fever, hemorrhaging, vomiting, and severe weakness, and died on April 24, 2026, at the Evangelical Medical Center in the Rwampara health zone of Ituri Province. According to the [WHO](#), most of the suspected cases were aged 20-39 years and female, suggesting risk associated with household and caregiver transmission. Deaths have also been reported among healthcare workers, indicating the presence of healthcare-associated transmission.

That same day, the [Ministry of Health in Uganda \(Ugandan MOH\)](#) declared an outbreak of EVD, specifically BVD, following confirmation of BVD infection among a 59-year-old man from the DRC that had died at Kibuli Muslim Hospital in Kampala on May 14, 2026. The case was hospitalized on May 11, 2026, with symptoms including fever, epigastric pain, nausea, difficult urination, and eventual hemorrhaging prior to death. Confirmatory testing was done retrospectively following the BVD outbreak declaration in the DRC. On May 16, 2026, the Ugandan MOH confirmed an additional travel associated case among an individual in Kampala that had recently returned from the DRC with no known links to the first case. To date, there have not been any locally acquired BVD cases linked to this outbreak reported in Uganda.

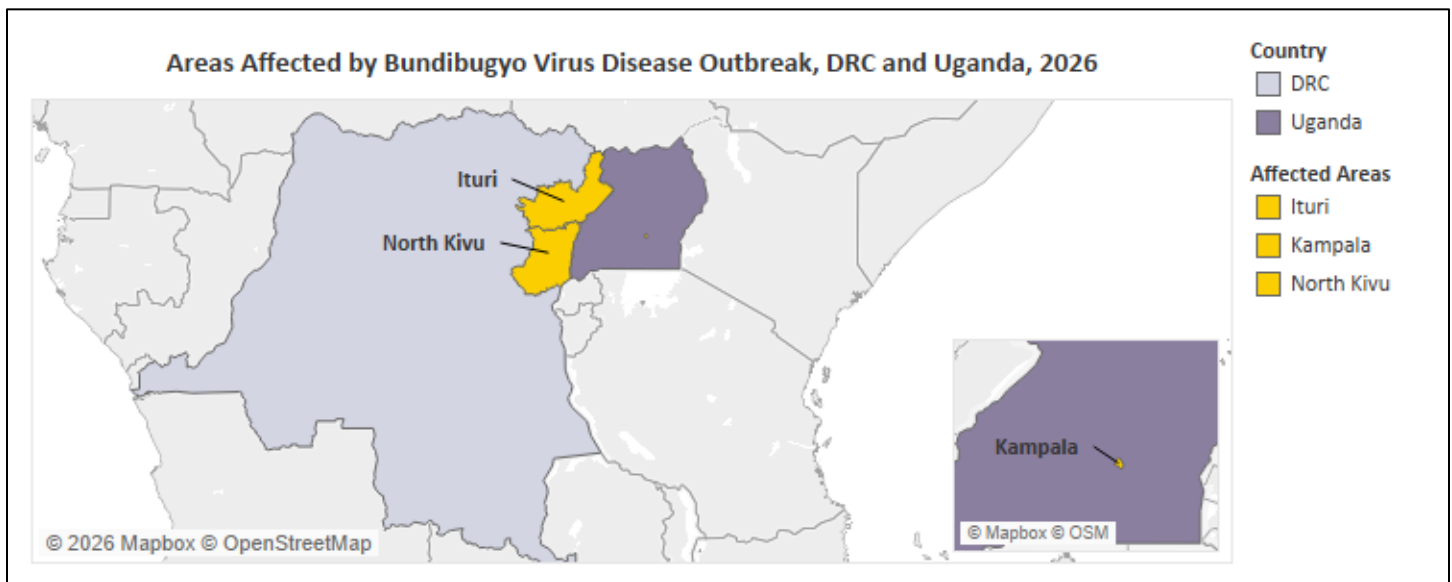


Figure Notes: Data as of May 19, 2026.

On May 16, 2026, the Director-General of the WHO determined that the BVD outbreak in the DRC and Uganda constitutes a [public health emergency of international concern \(PHEIC\)](#) without reaching the criteria of a pandemic emergency. Neighboring countries sharing land borders with the DRC are considered to be at high risk for further spread. On May 18, 2026, the [Africa CDC](#) declared the ongoing BVD outbreak in the DRC and Uganda to be a Public Health Emergency of Continental Security (PHECS).

On May 17, 2026, the [United States CDC](#) reported that an American doctor caring for patients in the DRC tested positive for BVD and was subsequently moved to Germany for treatment and care. In addition, there are currently 6 other Americans being monitored for symptoms in Germany (5 family members of the American case) and the Czech Republic (another potentially exposed American doctor) – none have shown symptoms of infection.

The DRC has previously experienced 16 Ebola outbreaks since 1976 – the [last EVD outbreak](#) occurred in the Bulape health zone of Kasai Province and lasted from September 4 – December 1, 2025, resulting in a total of 64 cases (53 confirmed) and 45 deaths (34 confirmed) (CFR: 70.3%). The [only other BVD outbreak](#) in the DRC occurred in the Isiro health zone of Orientale Province and lasted from August 17 – November 26, 2012, resulting in a total of 62 cases (36 confirmed) and 34 deaths (CFR: 54.8%). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care.

The United States CDC currently has [Level 3 – Reconsider Nonessential Travel](#) and [Level 1 – Practice Usual Precautions](#) Travel Health Notices posted regarding the outbreak of BVD in the DRC and Uganda, respectively. On May 18, 2026, the

CDC issued an [order](#) suspending entry into the country for all foreign nationals that visited the DRC, Uganda, or South Sudan in the 21 days prior to arrival – all United States citizens, nationals, and lawful permanent residents that visited any of those countries in the 21 days prior to arrival are being [redirected](#) through Washington-Dulles International Airport for enhanced public health screening. The CDC currently assesses the risk to the general public as low. On May 19, 2026, the CDC issued a [Health Alert Network \(HAN\) Health Advisory](#) to alert clinicians, public health practitioners, and travelers about the outbreak, assessing the risk of spread to the United States as low. The New York State Department of Health is closely monitoring the current situation – there is [no immediate risk](#) to New Yorkers.

Data Sources: [WHO \(5/20/26\)](#), [WFPLC \(5/21/26\)](#), [CDC \(5/21/26\)](#)

Hantavirus

International Waters – Confirmed Case Reported Among Canadian Passenger:

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 [European Centre for Disease Prevention and Control \(ECDC\)](#) as of May 21, 2026, there have been a total of 11 cases, of which 9 are confirmed, and 3 deaths reported in this outbreak caused by the [Andes species](#) of hantavirus. Since the previous update, 1 confirmed case was reported among a passenger from [Canada](#) and the inconclusive case reported among a passenger from the [United States](#) tested negative for infection, and thus is no longer considered a case. All cases reported in this outbreak have been among MV Hondius [passengers or crew](#) from Canada (1), France (1), Germany (1), the Netherlands (3), Spain (1), Switzerland (1), and the United Kingdom (3).

Andes Hantavirus Outbreak Cases and Deaths, International Waters, 2026						
Confirmed Cases		Probable Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
9	+1	2	+0	3	+0	27.3%

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

The vessel departed from Ushuaia, Argentina, on April 1, 2026, with 114 passengers and 61 crew and cruised along the South Atlantic, stopping at many locations – a total of 187 unique individuals were aboard the ship at some point during the journey. On May 10, 2026, all passengers (representing 25 nationalities) disembarked in Tenerife, Canary Islands, and were repatriated to their respective countries – a total of 18 passengers from the United States, including several [New Yorkers](#), are currently being monitored at the University of Nebraska Medical Center for a 42-day period until June 21, 2026. On May 18, 2026, the MV Hondius arrived in Rotterdam, Netherlands, where the remaining crew disembarked and will be monitored until June 29, 2026. 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, has been ongoing – a total of [41 people](#) from the United States are being monitored, including those 18 passengers. The WHO has issued [guidance](#).

[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). According to [BEACON](#), the Ministry of Health in Chile has reported 41 confirmed hantavirus cases and 14 deaths during 2026 as of May 9, representing an elevated CFR compared to 2025 (34% vs 18%).

The [WHO](#) currently assesses the risk to the global population as low. The [United States CDC](#) currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding the Andes virus in South America and assesses the risk

to the overall American public and most travelers as extremely low. On May 18, 2026, the United States CDC issued a Health Alert Network [Health Update](#) to inform clinicians and health departments about testing available for patients with suspected hantavirus infection to include Andes virus, following an earlier [Health Advisory](#).

Data Sources: [WHO \(5/4/26\)](#), [WHO \(5/7/26\)](#), [WHO \(5/13/26\)](#), [WHO \(5/19/26\)](#), [WHO \(5/17/26\)](#)

Measles

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

Since the previous update, the [World Health Organization \(WHO\)](#) released their monthly update regarding confirmed measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 100,239 confirmed measles cases reported by 111 countries. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of May 13, 2026, are presented in the table below.

Cumulative Measles Cases and Incidence Rates, Global, 2026			
Confirmed Cases		Incidence per 1M Population	
Country	Cumulative	Country	Cumulative Incidence Rate
India	18,737	Guatemala	288.90
Mexico	10,475	Kazakhstan	253.89
Bangladesh	10,196	Yemen	233.06
Yemen	9,736	Central African Republic	219.83
Pakistan	8,045	Cameroon	202.45
Cameroon	6,049	Lao People's Democratic Republic	188.24
Guatemala	5,399	Angola	113.06
Kazakhstan	5,292	Mexico	79.39
Angola	4,414	Mongolia	59.71
Sudan	2,754	Bangladesh	58.04

Table Notes: Data as of May 13, 2026; Cumulative incidence rates calculated using population data from 2025.

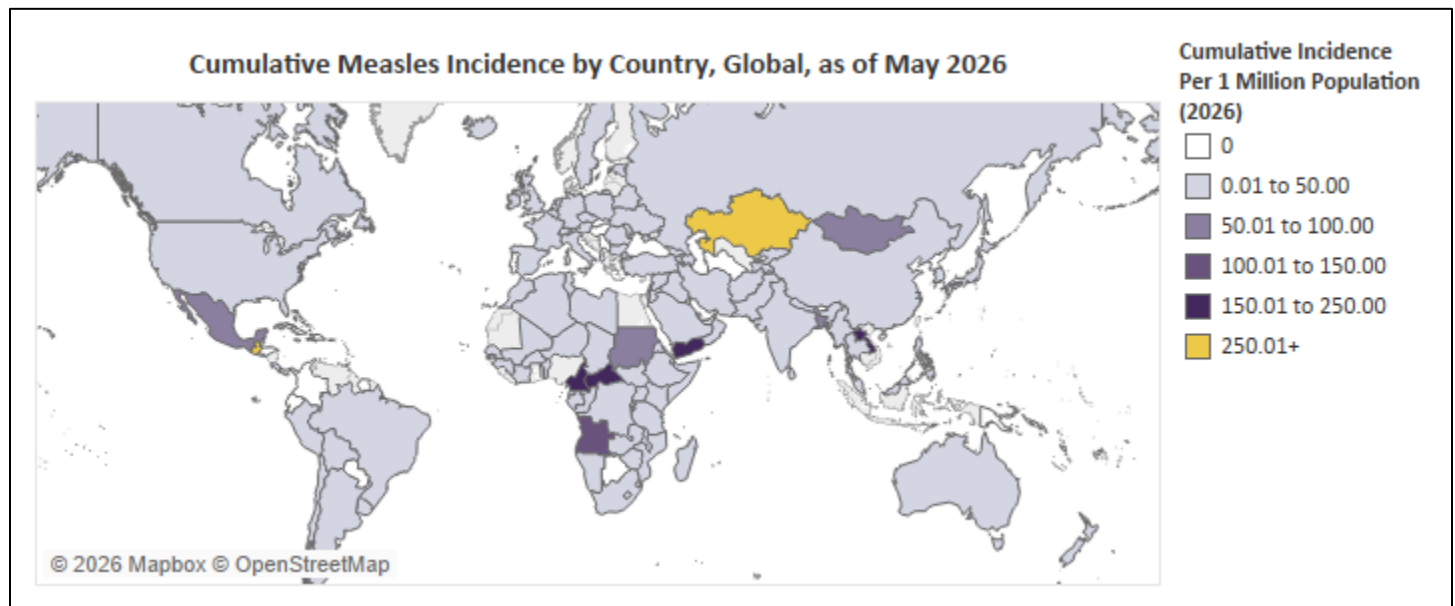


Figure Notes: Data as of May 13, 2026; Cumulative incidence rates calculated using population data from 2025.

There were a total of 254,851 confirmed measles cases reported globally during 2025. On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission

observed for ≥ 12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a [PAHO Epidemiological Alert](#) published in February, confirmed case counts for 2026 in the Americas represent a 45-fold increase compared to 2025 through the end of epidemiological week 3. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

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

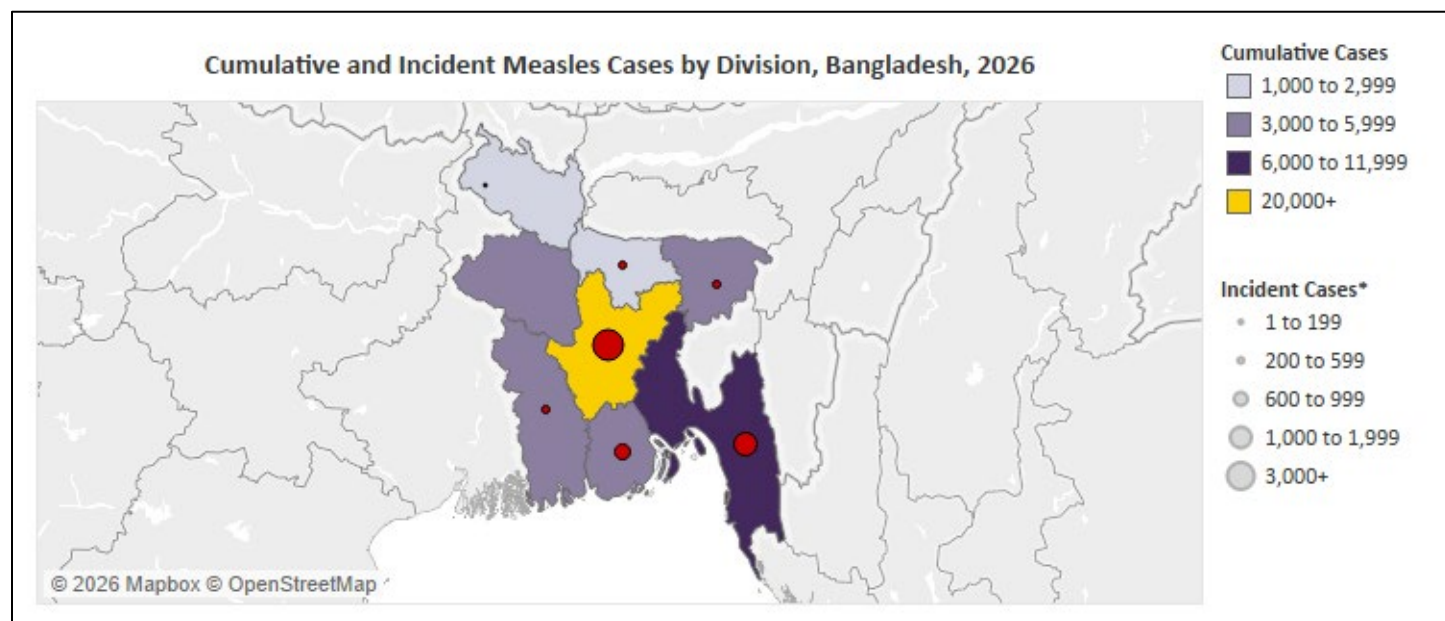
Bangladesh – Updated Data on Ongoing Outbreak Affecting All Departments:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of May 21, there have been a total of 59,279 suspected and 8,275 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 405 deaths reported among suspected cases, and 83 deaths reported among confirmed cases. Since the previous update, 4,860 suspected incident cases, 970 confirmed incident cases, 36 suspected deaths, and 13 confirmed deaths, 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	59,279	+4,860	46,407	+7,247	405	+36	0.7%
Confirmed	8,275	+970			83	+13	1.0%

*Table Notes: Data as of May 21, 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 (28,599), Chattogram (9,632), Rajshahi (5,796), Barisal (5,010), Khulna (4,513), Sylhet (3,034), Mymensingh (1,495), and Rangpur (1,200). 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 21, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

According to data from the [WHO South-East Asia Region \(SEAR\)](#) as of May 19, 2026, over 18 million children have been vaccinated since vaccination campaigns began on April 5 – equal to 101.4% of the target population.

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 \(5/20/26\)](#), [DGHS \(5/21/26\)](#), [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 May 9, 2026, there have been a total of 5,461 probable and confirmed measles cases reported in Canada during 2025, and 1,018 probable and confirmed cases reported during 2026. Since the previous update, 29 incident cases with rash onset during 2026 were reported in 3 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	377	-3	5,084	+3	401	+0	2	+0	0.0%
2026	77	+1	941	+28	65	+3	0	+0	0.0%

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

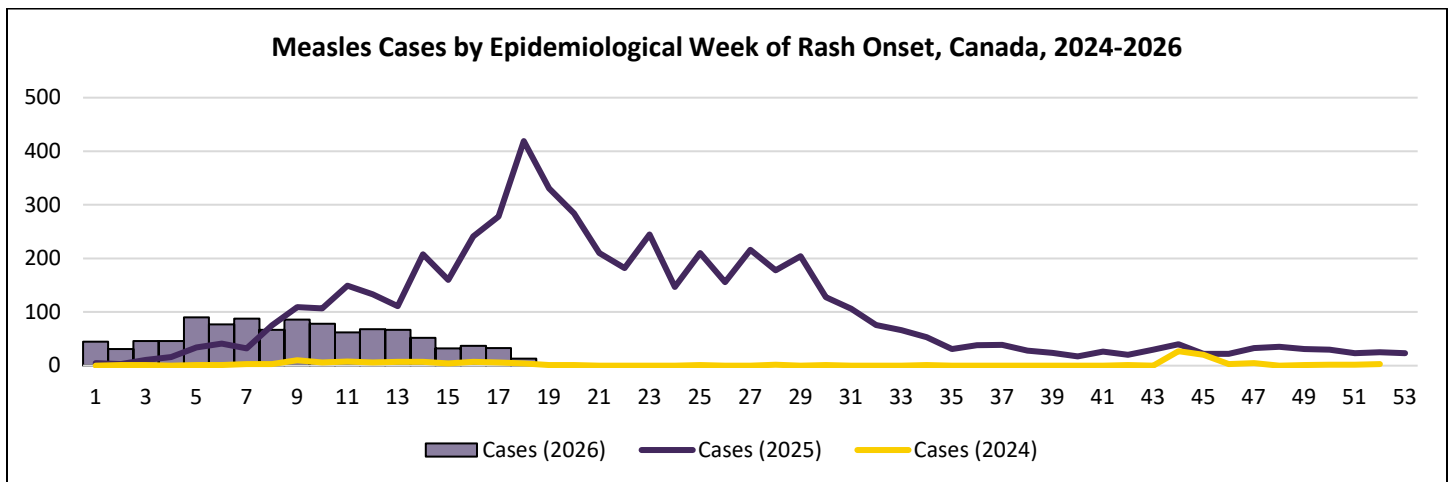


Figure Notes: Data as of May 9, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (630), [Alberta](#) (302), [British Columbia](#) (30), Ontario (24), [Quebec](#) (17), Nova Scotia (10), and [Saskatchewan](#) (5). Those aged 5-17 years have been most affected (41%), 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.

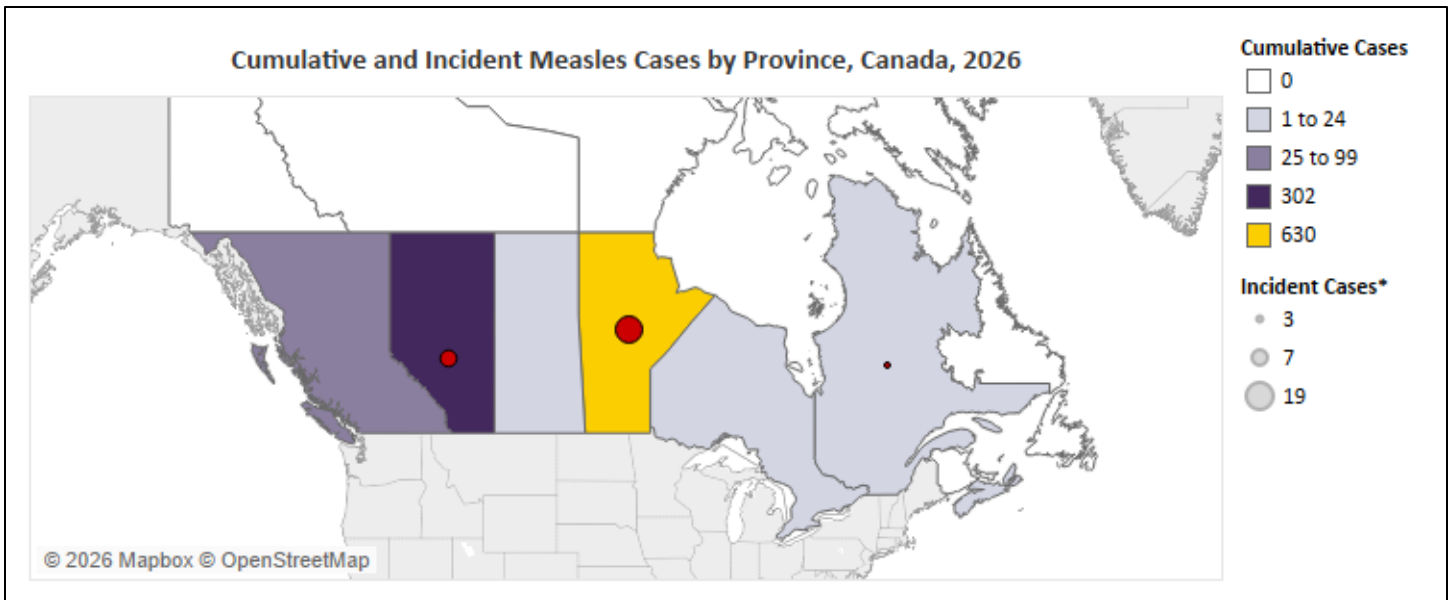


Figure Notes: Data as of May 9, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

Canada is currently experiencing a large measles outbreak involving 6,357 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 \(5/19/26\)](#), [PHAC - 2025 \(5/4/26\)](#)

Guatemala – Incidence Gradually Decreasing Since Epidemiological Week 13:

According to data from the [Ministry of Public Health and Social Assistance \(MSPAS\)](#) as of May 13, 2026, there have been total of 6,209 confirmed measles cases and 12 deaths reported in Guatemala since December 2025. Additionally, there have been a total of 7,752 probable measles cases reported. Since the previous update, 111 confirmed incident cases and 2 deaths were reported. Almost all deaths (9) have been reported among infants too young to be vaccinated. Confirmed case incidence has been decreasing gradually since epidemiological week 13.

Measles Cases and Deaths, Guatemala, 2025-2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
6,209	+111	12	+2	0.2%

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

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (2,936), Quiché (412), Sololá (355), Totonicapán (299), and Chimaltenango (297) – cumulative incidence per 100,000 population is currently rated as very high (33.75+) in 7 departments: Guatemala (78.17), Sololá (69.93), Totonicapán (56.62), Sacatepequez (40.58), Chimaltenango (36.73), Quiché (35.1), and Jalapa (33.75). 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). Among infant cases aged <1 year (838), the majority have been among those aged 4-10 months.

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 near the end of the year. 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 482,000 measles vaccine doses have been administered in the country as of May 13, 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.

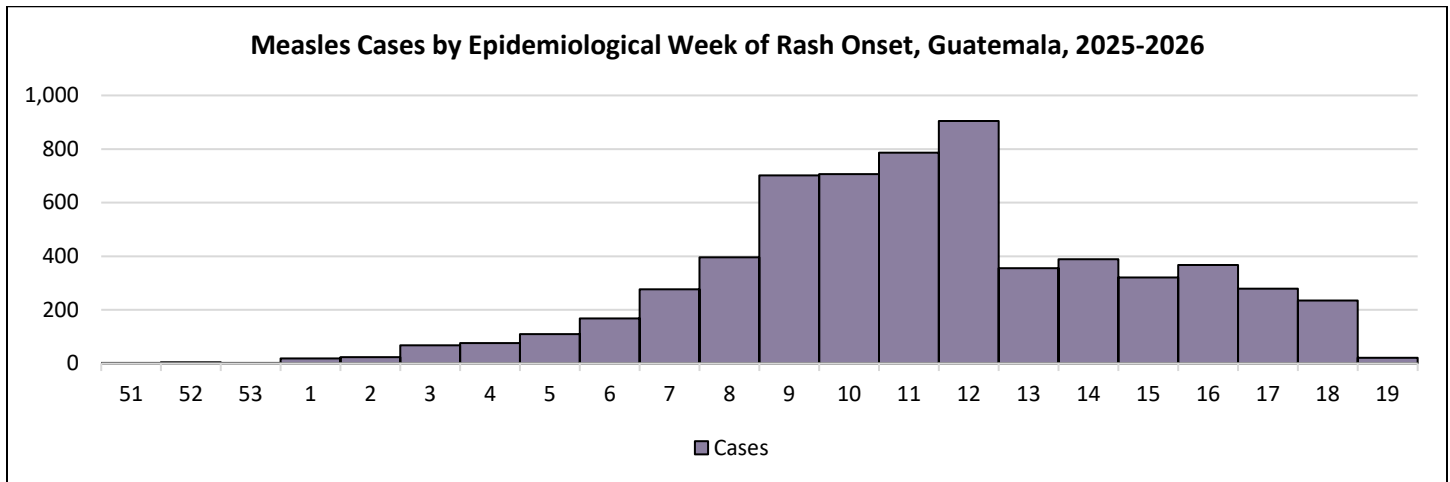


Figure Notes: Data as of May 13, 2026.

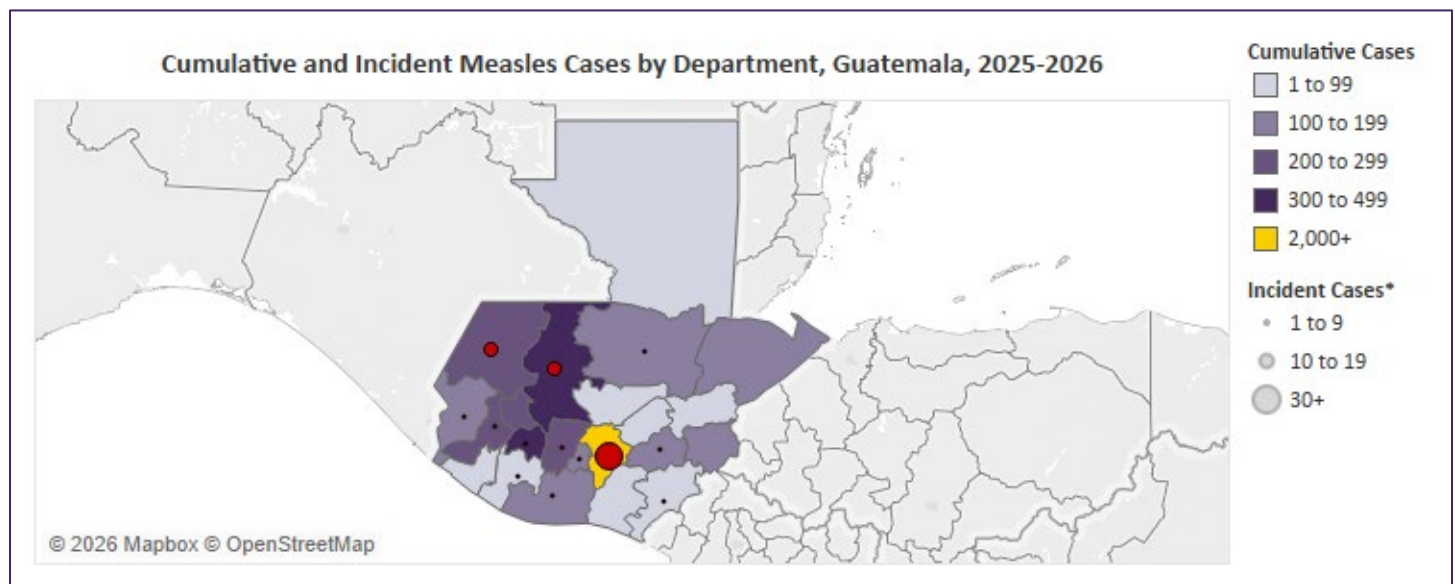


Figure Notes: Data as of May 13, 2026; *Change in cumulative total compared to previous update.

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

Israel – Trends Improving with Gradual Decline Observed Since Late March:

According to data from the [Israeli Ministry of Health](#), as of May 18, 2026, there have been a total of 3,714 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 14 incident cases were reported. Recent incidence trends show a gradual decline in cases reported since late March.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,714	+14	1,249	+3	17	+0	0.5%

Table Notes: Data as of May 18, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

Cases have primarily been reported in Jerusalem (1,181), Beit Shemesh (1,059), Bnei Brak (196), Safed (150), Beitar Illit (115), Tiberias (103), Modin Illit (71), and Nof Hagalil (60). Among all cases, 86.1% have been among children aged <10 years, and 33.6% 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.

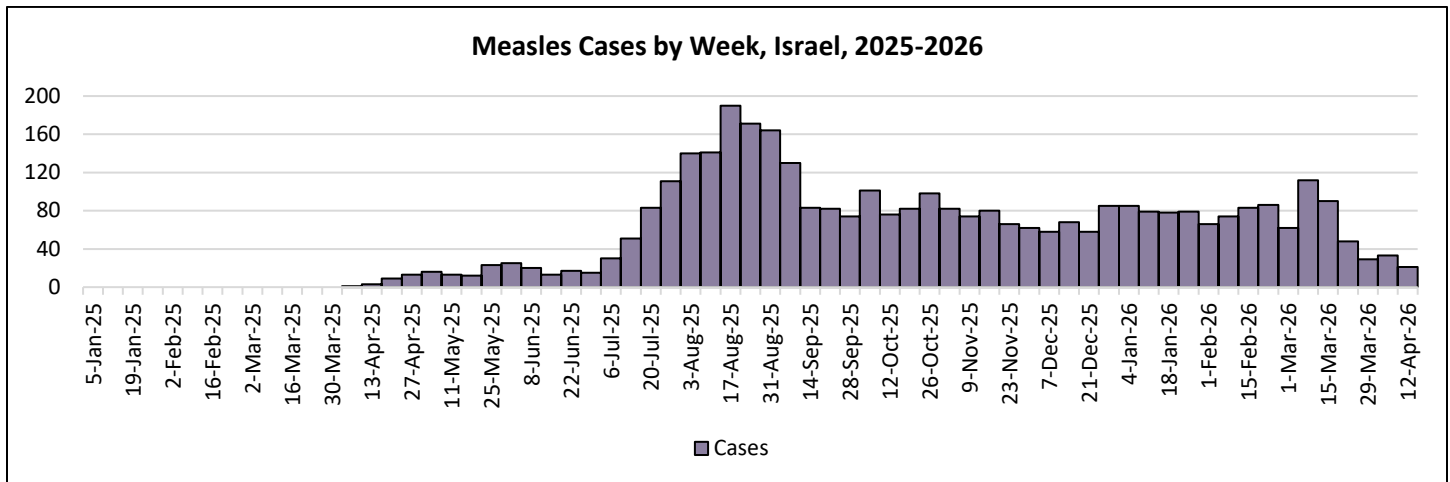


Figure Notes: Data as of May 18, 2026, and includes 3,620 cases through April 18, 2026.

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 \(5/18/26\)](#)

Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Observed:

According to provisional data from the [Japan Institute for Health Security \(JIHS\)](#) as of May 13, there have been a total of 479 measles cases reported in Japan during 2026. Since the previous update, 19 incident cases were reported (2 cases reported in Nara [1] and Osaka [1] were removed), of which 18 had symptom onset during epidemiological week 19.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
479	+17	+18	0	0.0%

Table Notes: Data as of May 13, 2026; †Change in cumulative total compared to prior update (2 cases reported in Nara (1) and Osaka (1) were removed); ‡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 (234), Kanagawa (45), Saitama (36), Kagoshima (34), Chiba (30), and Aichi (26). During the most recent epidemiological week, Tokyo reported the highest number of incident cases (8). Those aged 20-29 years have been most affected (32%), followed by those aged 30-39 years (21%), those aged 15-19 years (14%), and those aged 40-49 years (11%). Among all cases, 54.5% have been unvaccinated or had unknown vaccination statuses, and 73.3% of cases acquired infection domestically.

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.

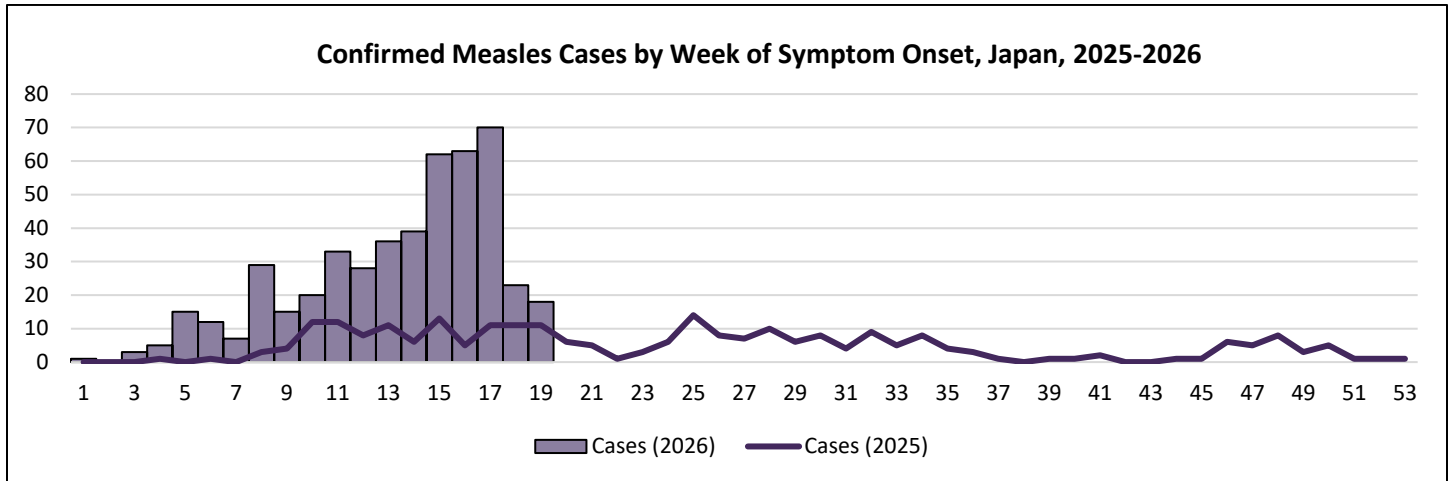


Figure Notes: Data as of May 13, 2026; Several cases missing from figure for 2025 (13).

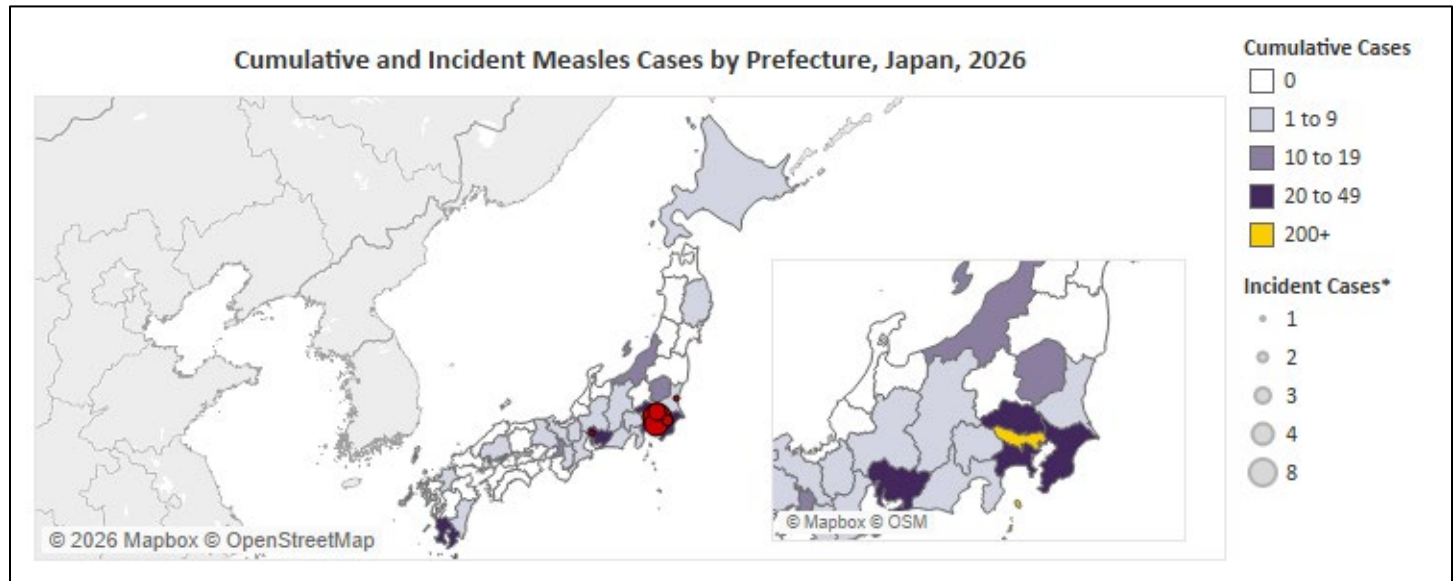


Figure Notes: Data as of May 13, 2026; *Change in cumulative total compared to previous update.

Data Sources: [JIHS \(5/13/26\)](#), [JIHS \(5/13/26\)](#)

Mexico – Confirmed Incident Cases Reported in 15 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of May 19, 2026, there have been a total of 6,608 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 10,945 confirmed cases and 13 deaths reported during 2026. Since the previous update, 185 confirmed incident cases with symptom onset during 2026 were reported in 15 states, primarily Jalisco (71). 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	25,732	+446	10,945	+185	13	+0	0.1%

Table Notes: Data as of May 19, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

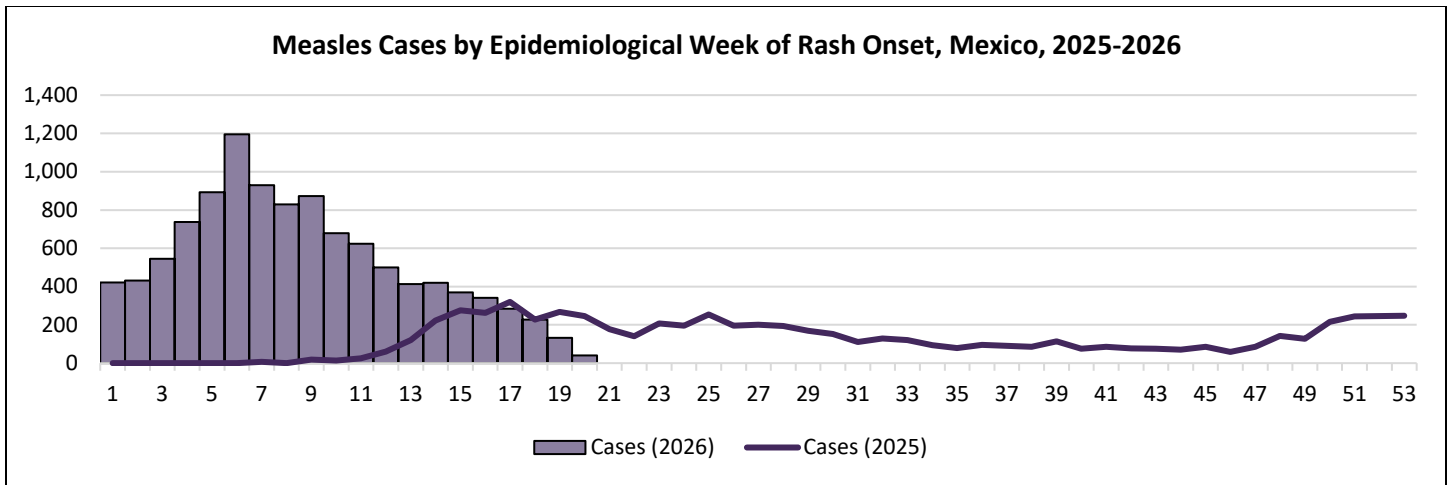


Figure Notes: Data as of May 19, 2026, and includes confirmed cases only (37 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,171), Mexico City (943), and Chiapas (809). 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 (85.51), followed by those aged 1-4 years (26.57), those aged 5-9 years (19.12), and those aged 25-29 years (18.68).

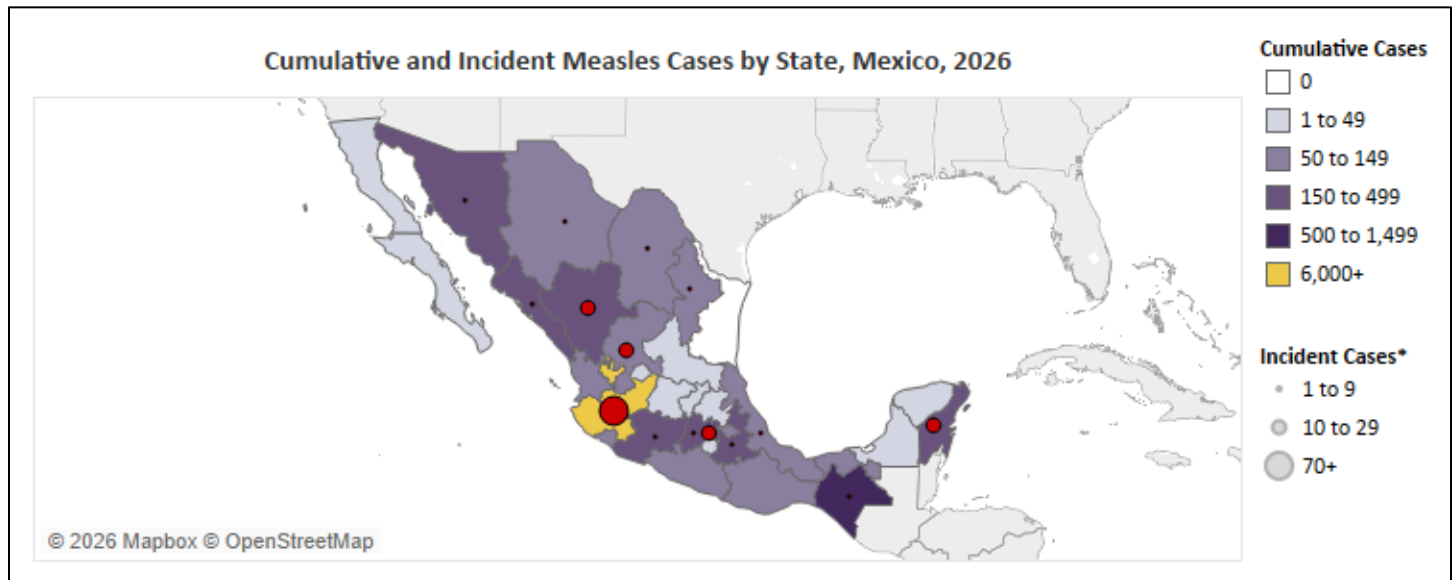


Figure Notes: Data as of May 19, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

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 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 \(5/19/26\)](#)

United States – Incident Cases Reported in 9 States, Most in Utah and Virginia:

According to data from the [United States CDC](#) as of May 14, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,893 confirmed cases reported during 2026. Since the previous update, 51 confirmed incident cases with rash onset during 2026 were reported in 9 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	1,893	+51	116	+3	0	+0	0.0%

Table Notes: Data as of May 14, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

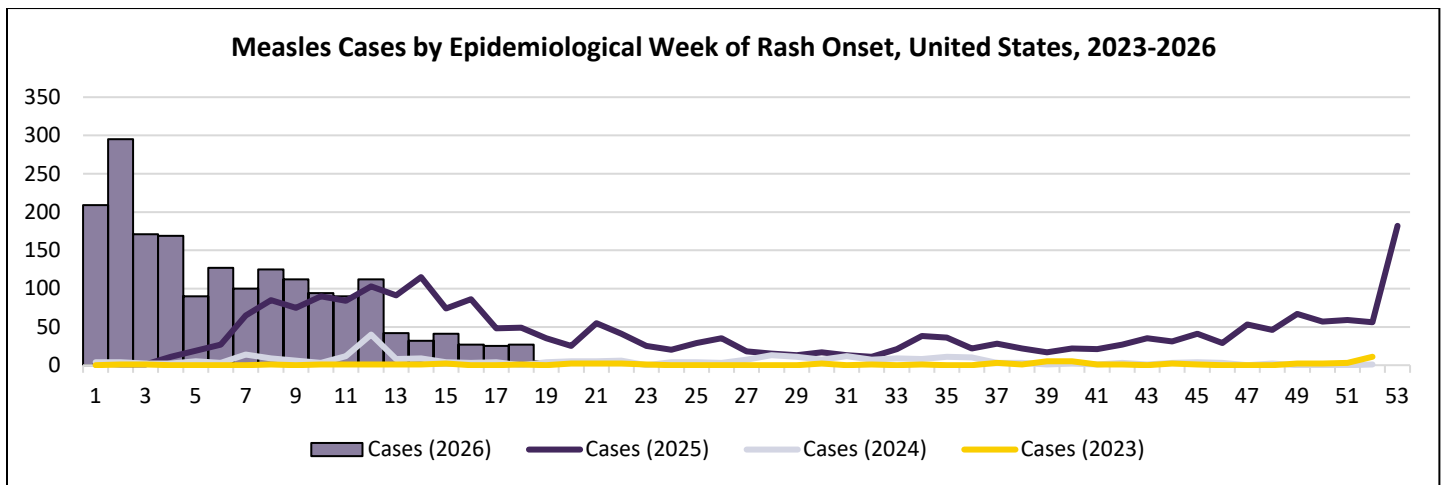


Figure Notes: Data as of May 14, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 40 jurisdictions, primarily South Carolina (669), [Utah](#) (456), Texas (182), and Florida (135). There have been 27 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (459 from outbreaks that began during 2026 and 1,302 from outbreaks that began during 2025). 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 6 confirmed cases reported in [New York City](#) and 5 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 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.

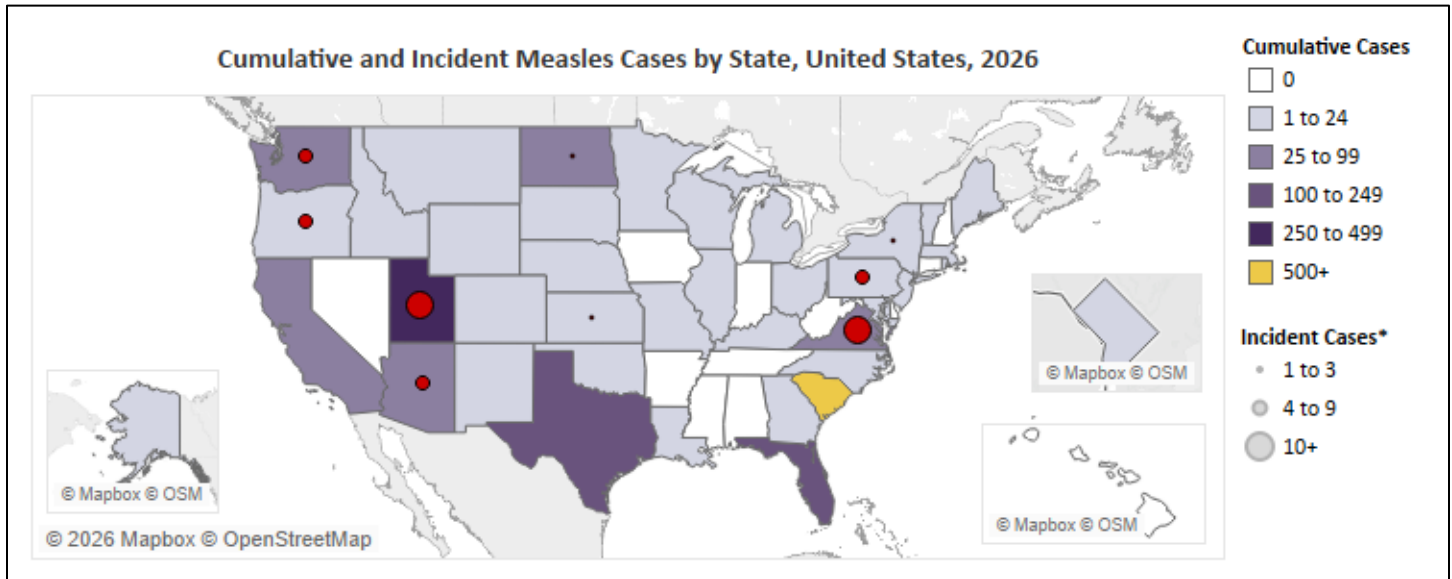


Figure Notes: Data as of May 14, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

Data Source: [CDC \(5/15/26\)](#)

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 19, 2026, there have been a total of 25,261 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,994 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#) as of May 9, 2026, there have been a total of 322 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 1,095 incident cases among animals and 40 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†
25,261	+1,095	1,994	+233	322	+40

Figure Notes: Data for cases reported among animals as of May 19, 2026, and data for cases reported among humans of May 9, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 26 states, primarily Chiapas (6,753), Oaxaca (3,987), Veracruz (3,693), Yucatán (2,124), and Tabasco (1,250). Confirmed NWS cases among humans have been reported in 16 states, primarily Chiapas (127), Veracruz (53), Yucatán (31), Oaxaca (23), and Guerrero (21). 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 20, 2026, there have been about 171,700 NWS cases reported among animals and over 1,920 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 152 active NWS cases among animals (an increase of 6 compared to the prior week), to increase awareness given the potential for geographic spread. Since then, animal NWS cases were detected in Coahuila (18 active cases, an increase of 6 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.

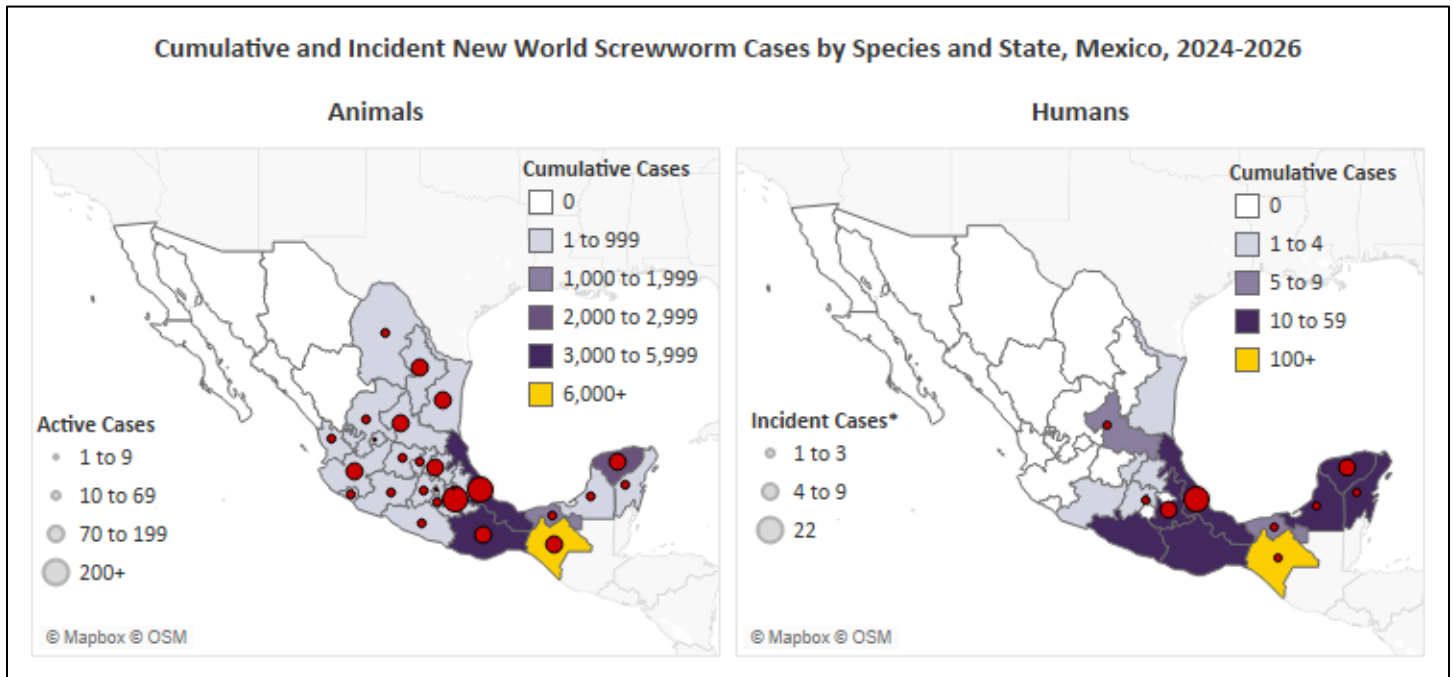


Figure Notes: Data for cases reported among animals as of May 19, 2026, and data for cases reported among humans as of May 9, 2026.

Data Sources: [Secretary of Agriculture \(5/20/26\)](#), [Secretary of Health \(5/20/26\)](#), [CDC \(5/20/26\)](#)

Non-Seasonal Influenza

China – Incident Human Case Reported Among Child in Sichuan Province (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of May 18, 2026, there have been a total of 22 influenza A(H9N2) cases reported among humans in China during the past 6 months, none of which have been fatal. Since the previous update, 1 incident human H9N2 case was reported in Sichuan Province.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
22	+1	0	+0	0.0%

Table Notes: Data as of May 18, 2026; †Change in cumulative total compared to previous update; Past 6 months refers to date of reporting rather than date of symptom onset.

The incident case in the Sichuan was reported among a 3-year-old girl with symptom onset on April 25, 2026. According to information from the [World Health Organization \(WHO\)](#), the case developed mild illness (fever) that self-resolved and was exposed to poultry at live markets prior to illness onset. All close contacts identified tested negative for infection. In the past 6 months, human influenza A(H9N2) cases have been reported by 9 provinces/regions/municipalities in China: Guangxi Zhuang (8), Guangdong (5), Hubei (3), Hunan (1), Jiangsu (1), Jiangxi (1), Sichuan (1), Tianjin (1), and Yunnan (1). According to data from the [WHO](#) as of May 15, 2025, there have been a total of 161 human H9N2 cases reported in China since December 2015.

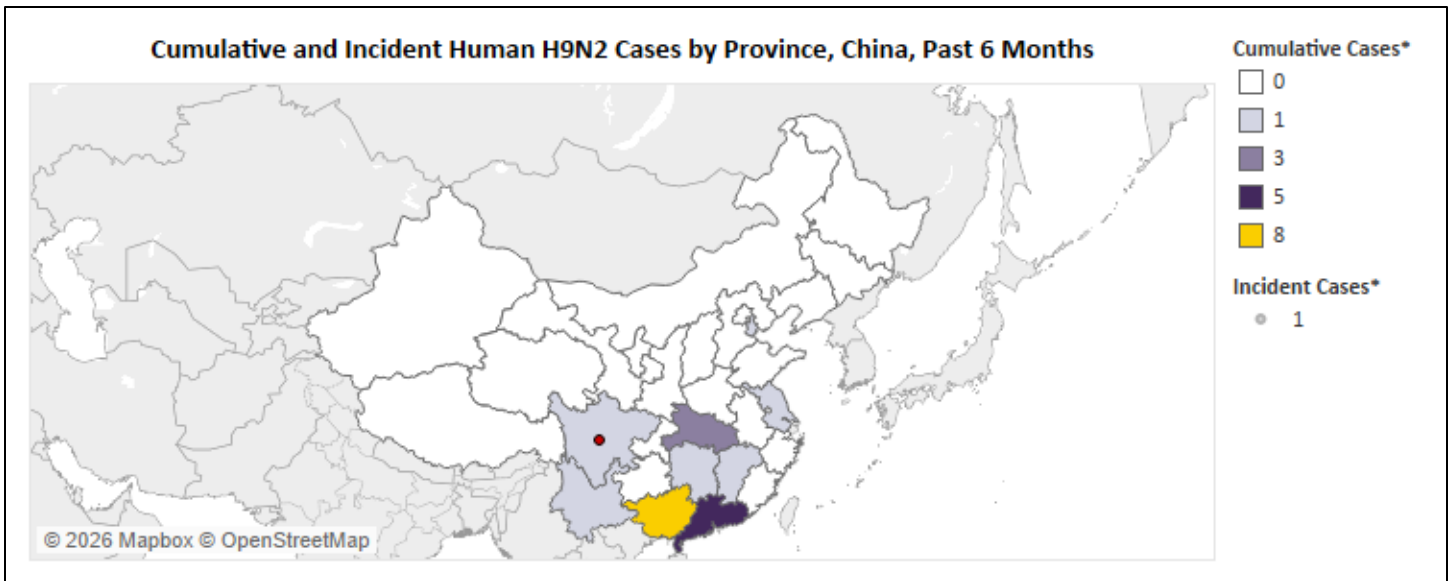


Figure Notes: Data as of May 18, 2026; *Change in cumulative total compared to previous update; Past 6 months refers to date of reporting rather than date of symptom onset.

Data Sources: [HKCHP \(5/19/26\)](#), [WHO \(5/18/26\)](#)

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

According to data from the [United States Department of Agriculture \(USDA\)](#) as of May 19, 2026, there have been a total of 2,216 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 7 new detections were reported. In the past 30 days, a total of 17 confirmed HPAI detections have been reported (an increase compared to the previous update) affecting 0.19 million birds. According to data from the [USDA](#), as of May 19, 2026, there have been a total of 1,108 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. 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 earlier this year.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
10	7	13	0	0	66	8

Table Notes: Data as of May 19, 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 5 states: Indiana (7), Minnesota (4), North Dakota (3), South Dakota (2), and Florida (1). 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 have been 13 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. A [recent national survey](#) found that nearly all responding backyard flock owners had heard of avian influenza or bird flu (95%), but only 63% knew that humans could be infected and only 32% could correctly identify all signs of infection in birds. 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.

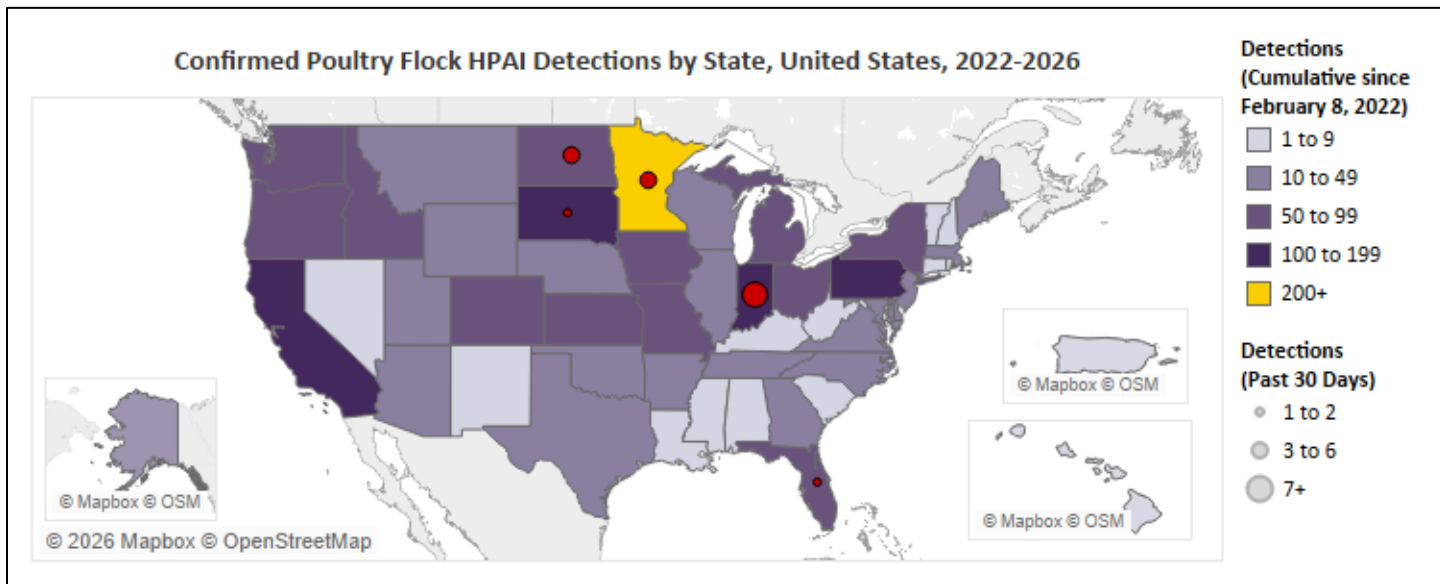


Figure Notes: Data as of May 19, 2026.

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 \(5/20/26\)](#), [USDA \(5/20/26\)](#), [CDC \(3/6/26\)](#)

Pertussis

United States – Updated Data on Cases Reported During 2026:

According to provisional data from the [United States CDC](#) as of May 16, there have been a total of 4,635 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 481 incident cases were reported, of which 98 reported symptom onset during the most recent epidemiological 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 70% lower compared to 2025. Testing data from [ARUP Laboratories](#) shows a declining trend since November 2024, with a slight uptick in detections and large increase in positivity in August 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	+4	121	243	0.5
Middle Atlantic	+8	422	866	0.5
East North Central	+29	652	2,228	0.3

West North Central	+2	155	1,496	0.1
South Atlantic	+23	688	1,601	0.4
East South Central	+4	384	1,093	0.4
West South Central	+6	308	1,975	0.2
Mountain	+4	585	1,827	0.3
Pacific	+28	1,283	3,198	0.4
United States Territories	+0	37	78	0.5
Total	+98	4,635	14,605	0.3

Table Notes: Data as of May 16, 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 48 jurisdictions, primarily California (690), Washington (303), Ohio (281), Florida (246), New York (241), Oregon (208), Texas (183), Colorado (177), Tennessee (146), Illinois (146), Pennsylvania (133), Kentucky (123), Utah (108), and North Carolina (107). 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](#) – see [current data](#).

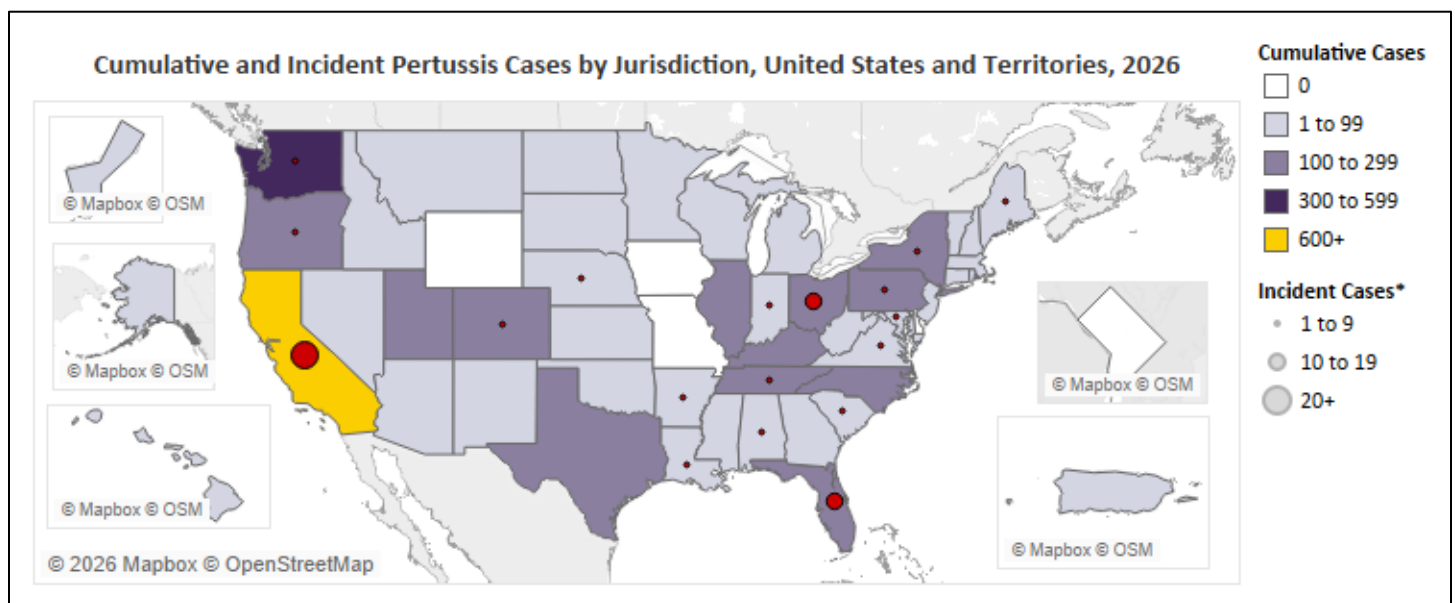


Figure Notes: Data as of May 16, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Mariana Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom 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 \(5/20/26\)](#), [CDC \(4/28/26\)](#), [PAHO \(3/25/26\)](#)

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

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of May 18, there have been 6 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 7 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 44 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, 1 incident AFP case caused by cVDPV1 was reported in South Sudan, and 1 incident AFP case caused by cVDPV2 was reported in Nigeria.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
6	+0	7	+1	44	+1	3	+0

Table Notes: Data as of May 18, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

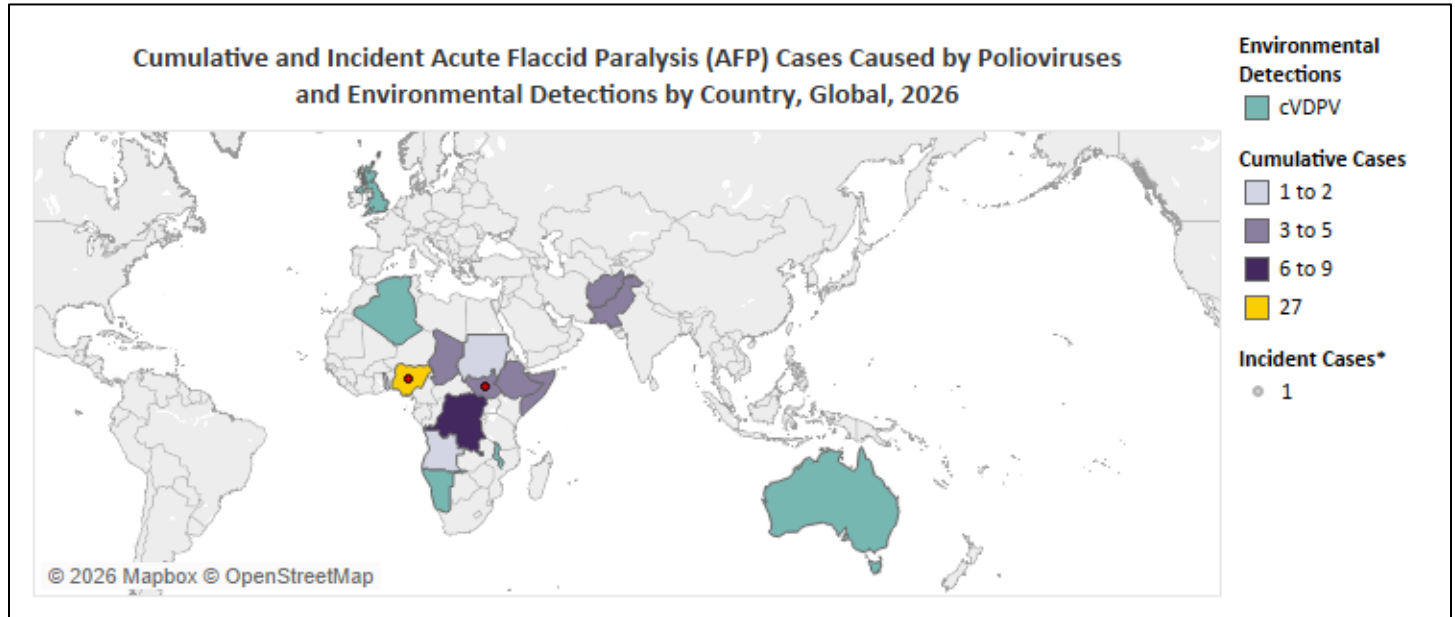


Figure Notes: Data as of May 18, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

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](#) (24 – cVDPV2, 3 – cVDPV3), [Pakistan](#) (3 – WPV1), [Somalia](#) (3 – cVDPV2), [South Sudan](#) (3 – 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, 224 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 \(5/18/26\)](#), [GPEI - cVDPV \(5/18/26\)](#)

Yellow Fever

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

According to data from the [Pan American Health Organization \(PAHO\)](#) as of May 20, there have been a total of 72 confirmed yellow fever cases and 29 deaths reported in the Americas during 2026. Since the previous update, 3 confirmed incident cases were reported in Venezuela (2) and Brazil (1), and 1 death was reported in Peru. Additionally, the number of confirmed cases reported in Peru during 2026 decreased by 2.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
72	+1	29	+1	40.3%

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

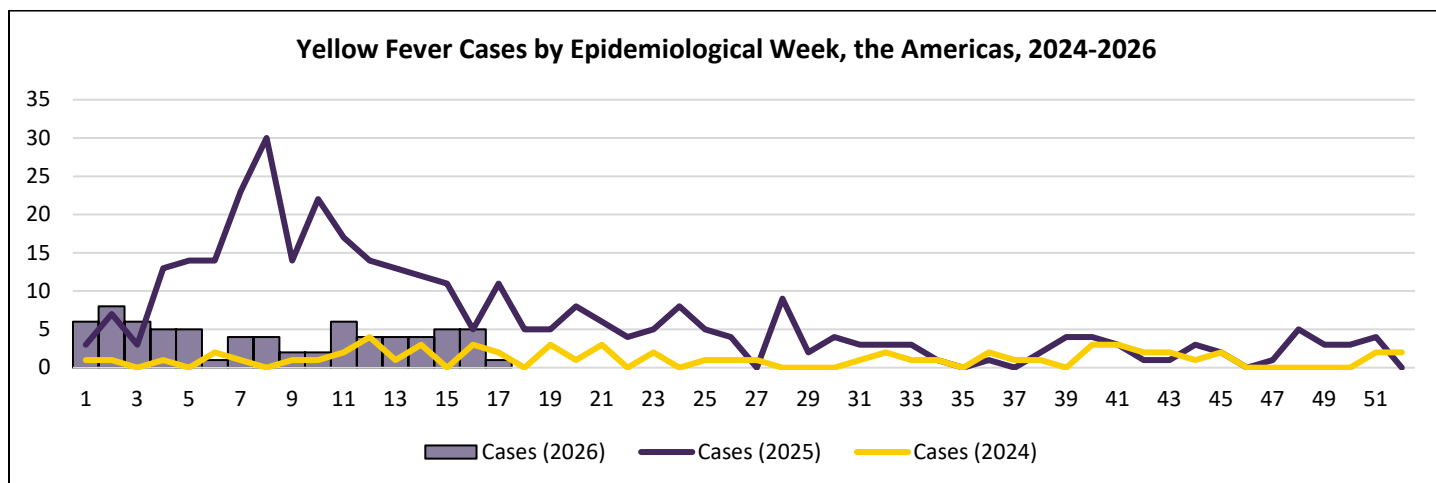


Figure Notes: Data as of May 20, 2026; Cases reported during 2025 with missing dates of symptom onset are excluded from figure (8).

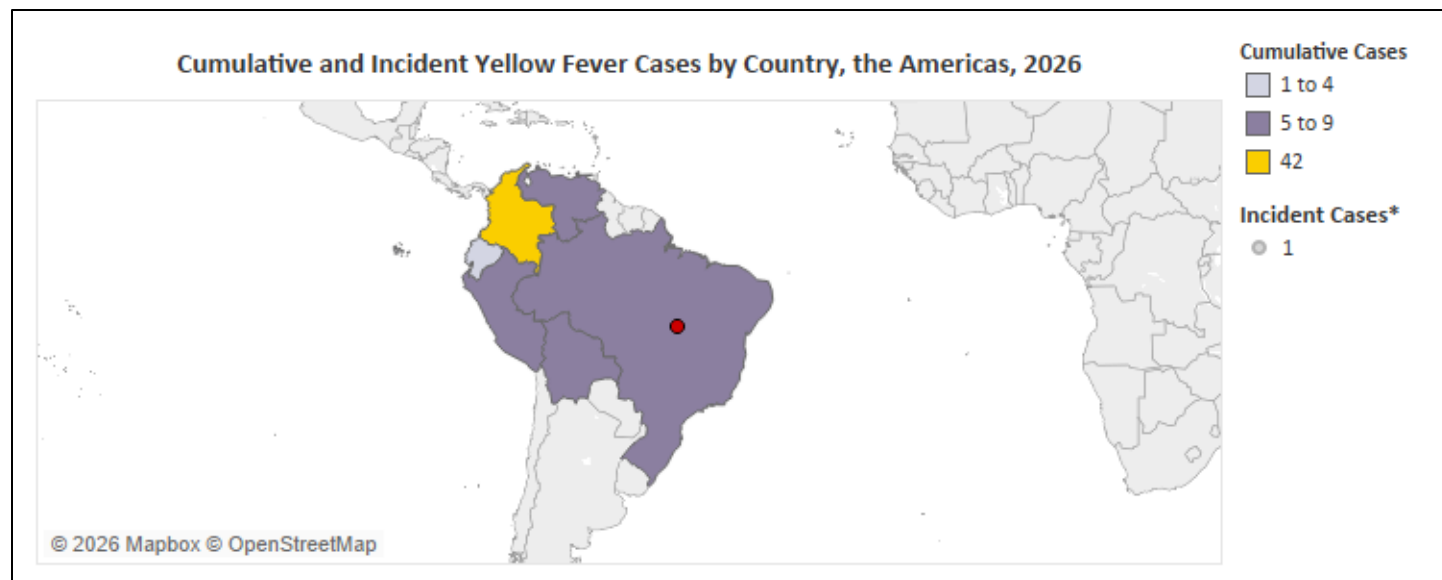


Figure Notes: Data as of May 20, 2026; *Change in cumulative total compared to previous update.

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas, including [Colombia](#) (42 cases, 18 deaths), [Brazil](#) (9 cases, 4 deaths), [Venezuela](#) (8 cases, 2 death), Peru (7 cases, 2 deaths), [Bolivia](#) (5 cases, 2 deaths), and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all but 3 cases reported in Colombia and 62% 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](#) initiated a vaccination campaign in February focusing on 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.

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: Colombia (125 cases, 51 deaths – a [5-fold increase](#) compared to 2024), Brazil (120 cases, 48 deaths), 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 \(5/20/26\)](#)

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

- 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

- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported ([May 14](#))
- Africa – Mauritius Reports Imported Cases Linked to Madagascar Outbreak ([May 14](#))

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 – Fatal Human Case Reported; First Case in the Country Since 2024 (H5N6) ([May 14](#))
- United States – Nebraska Reports Variant Influenza A Virus Infection (H1N2v) ([May 14](#))
- 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](#))

Salmonella

- United States – New Multistate Outbreak Linked to Pet Veiled Chameleons ([May 14](#))
- United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry ([May 14](#))
- 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](#)
- [Clade II Monkeypox in Ghana and Liberia - 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:

- [Ciguatera fish poisoning cases increase to 173 across 10 islands in Vanuatu; ongoing public health advisories and international travel notifications - BEACON](#)
- [Request for information \(RFI\): Increase in suspected Crimean-Congo hemorrhagic fever cases in Afghanistan - BEACON](#)
- [Iraq reports 48 confirmed human Crimean-Congo hemorrhagic fever \(CCHF\) cases and four deaths since the start of the year - BEACON](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 16, 2026 - World | ReliefWeb](#)
- [First reported death from diphtheria in Australia in almost a decade, amid a further increase in cases across four jurisdictions - BEACON](#)
- [Year-over-year increase in confirmed cases of hemorrhagic fever with renal syndrome \(HFRS\) across multiple provinces in Indonesia - BEACON](#)
- [Autochthonous case of hantavirus infection reported in Arad County, Romania, possibly linked to rodent exposure in institutional setting - BEACON](#)
- [Hantavirus death reported in Colorado, USA, unrelated to MV Hondius cruise ship outbreak - BEACON](#)
- [Suspected autochthonous malaria focus identified in Chirongui, Mayotte, amid rising case counts - BEACON](#)
- [Malaria reintroduction into US is possible: CDC report | CIDRAP](#)
- [Peru declares health emergency amid 231 confirmed and 115 suspected measles cases - BEACON](#)
- [Measles outbreak in Sierra Leone increases to 41 cases in eight districts; 75% national test positivity rate suggests higher number of undiagnosed cases - BEACON](#)
- [Meningitis bulletin Week 19, 2026 | WHO](#)
- [UK Health Security Agency reports a cluster of three cases of meningitis B, including one death, in Reading, England - BEACON](#)
- [Two fatal cases of Murray Valley encephalitis reported in Alice Springs, Northern Territory, Australia, amid increased rainfall - BEACON](#)
- [Updated joint FAO/WHO/WOAH public health assessment of recent high pathogenicity avian influenza A\(H5\) virus events in animals and people](#)
- [Persistent HPAI \(H5\) transmission across Europe raises concern despite declining trends in several countries - BEACON](#)
- [Request for information \(RFI\): HPAI \(H5N1\) poultry outbreak; suspected cases among veterinary workers in Nandurbar District, Maharashtra, India - BEACON](#)
- [HPAI \(H5N5\) confirmed in polar bear and walrus in Svalbard, Norway. First detection in a European polar bear - BEACON](#)
- [Norovirus outbreak aboard cruise ship in France with 50 affected passengers - BEACON](#)
- [Moldova reports eight Q fever cases with no epidemiological links over one month - BEACON](#)
- [Request for information \(RFI\): Rift Valley fever confirmed in livestock in Chiradzulu District, Malawi; suspected spread to Mulanje District - BEACON](#)

- [First West Nile virus \(WNV\) case of 2026 reported in Oristano, Sardinia, Italy, ahead of typical seasonal onset - BEACON](#)
- [UKHSA risk assessment of MERS-CoV - GOV.UK](#)
- [Early Release - Concurrent Detection of Swine-Origin Influenza A\(H1N1\) Virus in Pigs and Farmer, Switzerland - Volume 32, Number 6—June 2026 - Emerging Infectious Diseases journal - CDC](#)
- [Fragile progress on global public health under threat | CIDRAP](#)
- [The State of US Vaccine Policy — May 14, 2026 | CIDRAP](#)
- [Mpox infections may outnumber diagnosed cases 33 to 1, study suggests | CIDRAP](#)
- [From medieval plague ships to hantavirus: How outbreaks at sea helped to shape the international public health system](#)
- [A week's warning in the sewers: Wastewater may predict flu surges | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 578 | WHO](#)
- [Ebola survivors struggle to return to normal lives: what I found out in Sierra Leone and Liberia](#)
- [Funding cuts led to delayed detection of deadly Ebola outbreak in DRC | The IRC](#)
- [Bundibugyo, the rare virus causing a deadly new Ebola outbreak, has no vaccine yet. Here's what we know](#)