



**Date: 5/28/26**

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

## Contents

Chikungunya.....	1
Ebola .....	3
Hantavirus .....	5
Measles.....	6
Mpox .....	14
New World Screwworm .....	17
Non-Seasonal Influenza.....	18
Polio .....	20
Yellow Fever .....	21
Other Outbreaks, News, and Events.....	22

## Chikungunya

### The Americas – Over 17,000 Incident Cases Reported Regionally, Most in Brazil:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on May 27, there have been a total of 138,375 chikungunya cases, of which 45,606 are confirmed, and 37 deaths reported in the Americas during 2026. Since the previous update, 17,060 incident cases, of which 6,110 are confirmed, were reported in the region.

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

Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	10,724	+724	2,382	+259	1	+0	0.1%
Bolivia	39,501	+4,985	10,628	+1,185	7	+0	0.1%
Brazil	78,686	+11,268	28,627	+4,584	27	+4	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	523	+83	466	+82	0	+0	0.0%
<b>Total</b>	<b>138,375</b>	<b>+17,060</b>	<b>45,606</b>	<b>+6,110</b>	<b>37</b>	<b>+4</b>	<b>0.1%</b>

Table Notes: Data extracted on May 27, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

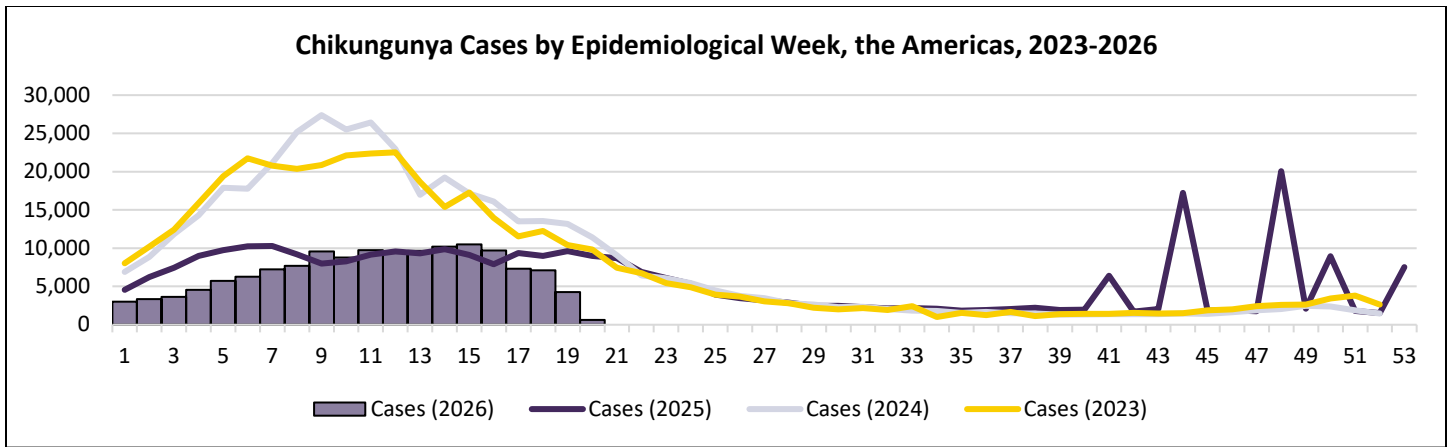


Figure Notes: Data extracted on May 27, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 19 countries in the Americas during 2026, primarily [Brazil](#) (78,686), [Bolivia](#) (39,501), [Argentina](#) (10,724), [Suriname](#) (7,484), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (1160.31), Bolivia (309.84), [French Guiana](#) (130.50), Brazil (36.84), Argentina (23.31), 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.

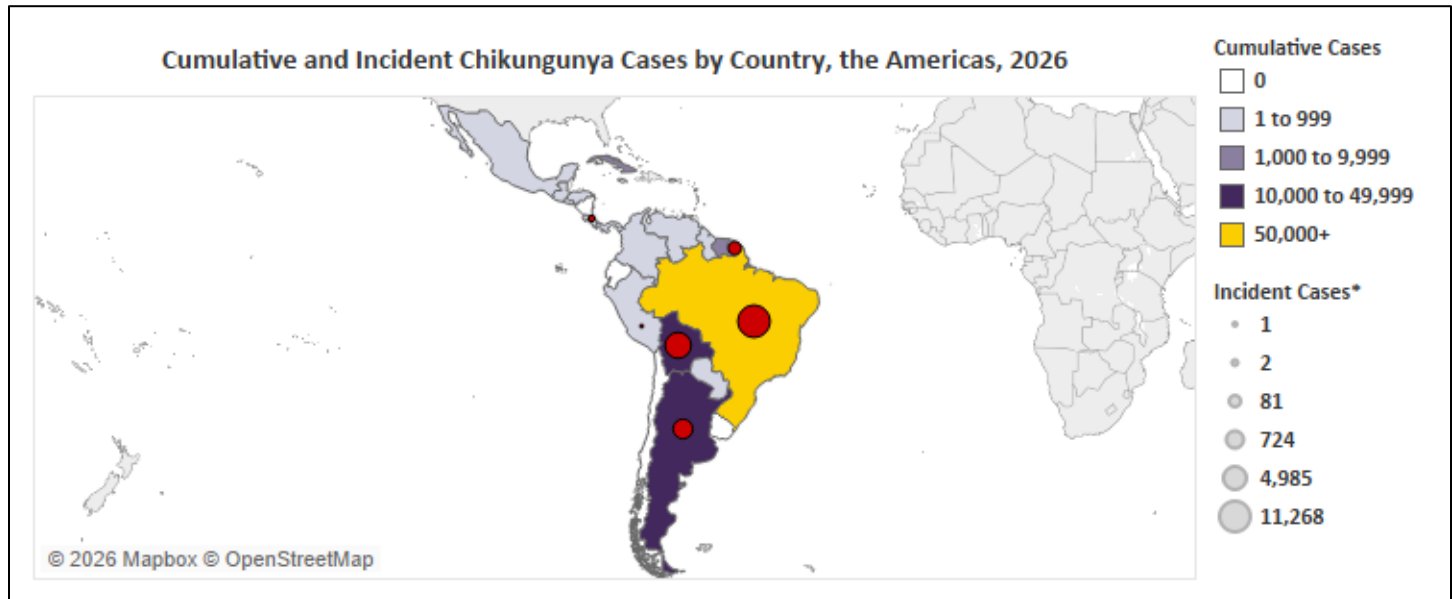


Figure Notes: Data extracted on May 27, 2026, and includes locally acquired cases only; \*Change in cumulative total compared to previous update.

During 2025, there were 316,401 chikungunya cases, of which 115,875 were confirmed, and 175 deaths (CFR: 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 \(5/27/26\)](#)

## Mayotte – Decreasing Weekly Incidence Trend Observed Since Late April:

According to data from the [French National Public Health Agency \(SPF\)](#), there has been a resurgence of chikungunya virus circulation in Mayotte this year with a total of 1,291 confirmed locally acquired cases reported in 10 municipalities as of May 17, 2026. Since the previous update, 77 confirmed locally acquired incident cases were reported, of which 26 were reported during the most recent epidemiological week – incidence has been decreasing since the end of April. Despite this decrease, a greater number of confirmed cases have now been reported in Mayotte during 2026 compared to 2025 (1,266).

Chikungunya Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
1,291	+77	32	+0	0	+0	0.0%

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

During the most recent epidemiological week, confirmed locally acquired incident cases were reported in 10 communes, primarily Pamandzi (6) and Mamoudzou (4). Recent trends in incidence have shifted more towards northeast portions of the island and away from earlier epicenters. Test positivity for the current week was estimated at 13.2%, a decrease of 15.2% since epidemiological week 16 (28.4%). Those aged 25-44 years have been most affected (36%), followed by those aged 45-64 years (25%), and trailed by those aged ≥65 years (6.0%) and <5 years (3.0%). Mayotte is an overseas department of France in the Indian Ocean off the coast of Southeastern Africa where chikungunya activity has seen a [resurgence in recent years](#). The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Mayotte. [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [SPF \(5/22/26\)](#)

## Ebola

### Africa – Updated Data on Bundibugyo Outbreak in the DRC and Uganda:

According to data from the [European Centre for Disease Prevention and Control \(ECDC\)](#) as of May 26, 2026, and the [National Institute of Public Health \(INSP\)](#) in the Democratic Republic of the Congo (DRC) as of May 27, 2026, there have been a total of 906 suspected and 125 confirmed Bundibugyo virus disease (BVD) cases and 223 suspected and 17 confirmed deaths reported in Ituri, North Kivu, and South Kivu provinces, Democratic Republic of the Congo (DRC), and 7 confirmed BDV cases (3 linked to travel from the DRC), and 1 confirmed death 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 undergoing treatment in Germany in a high-level isolation unit and is [reported](#) to be improving. There is significant uncertainty regarding the true number of cases and geographic scope of this outbreak. The [WHO](#) currently assesses the risk associated with this outbreak to be very high at the national level, high at the regional level, and low at the global level. This situation remains a [Public Health Emergency of International Concern \(PHEIC\)](#) globally and a [Public Health Emergency of Continental Security \(PHECS\)](#) in Africa.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026				
Country	Cases		Deaths	
	Suspected	Confirmed	Suspected (CFR*)	Confirmed (CFR*)
DRC†	906	125	223 (24.6%)	17 (13.6%)
Uganda	0	7	0 (-%)	1 (14.3%)
<b>Total</b>	<b>906</b>	<b>132</b>	<b>223 (24.6%)</b>	<b>18 (13.6%)</b>

Table Notes: Data for the DRC and Uganda as of May 26-27, 2026, and includes locally acquired and imported 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 [INSP](#) as of May 27, 2026, confirmed cases have been reported in 13 health zones in Ituri (7), North Kivu (5), and South Kivu (1) provinces – 88.0% of confirmed cases have been reported in Ituri Province

(110), particularly in Bunia (37), Rwampara (33), Mongbwalu (20), and Nyankunde (10) health zones. The suspected case burden is currently highest in Mongbwalu (339), Bunia (249), and Rwampara (228) health zones, which collectively account for 90.1% of suspected cases in the country. In Uganda, according to data from the [WHO](#) as of May 24, 2026, confirmed cases have been reported in the capital city of Kampala (7). A total of 2,946 case contacts have been identified for monitoring and follow-up in the DRC (2,635) and Uganda (311).

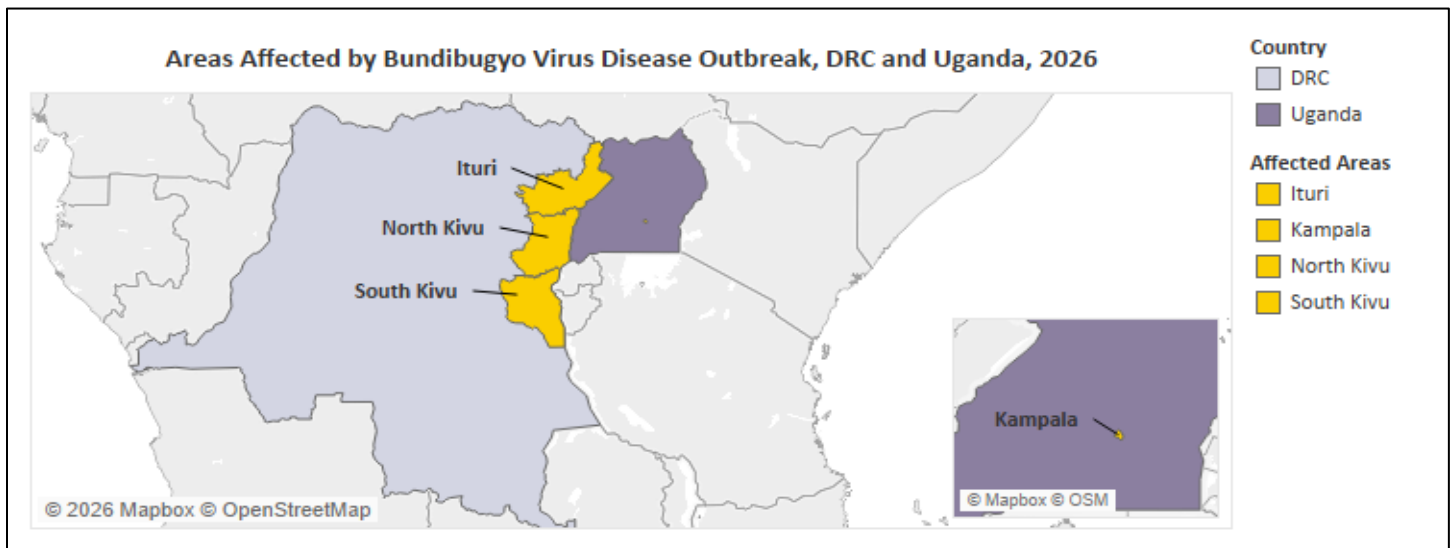


Figure Notes: Data as of May 27, 2026.

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. 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. 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).

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 2 – Practice Enhanced Precautions](#) Travel Health Notices posted regarding the outbreak of BVD in the DRC and Uganda, respectively. On May 22, 2026, Health and Human Services (HHS) issued an [updated Title 42 order](#) effectively suspending entry into the United States for all foreign nationals and lawful permanent residents (green card holders) who were in the DRC, Uganda, or South Sudan within 21 days of arrival. Beginning May 20, 2026, all United States citizens and nationals who were in the DRC, Uganda, or South Sudan within 21 days of arrival will be [redirected](#) through either Washington-Dulles International Airport (IAD) in Virginia, Hartsfield-Jackson Atlanta International Airport (ATL) in Georgia, George Bush Intercontinental Airport (IAH) in Texas, or John F. Kennedy Intercontinental Airport (JFK) in New York, for enhanced public health screening. The CDC currently assesses the risk to the general public as low and has issued a [Health Alert Network \(HAN\) Health Advisory](#) to alert clinicians, public health practitioners, and travelers about the outbreak. The New York State Department of Health is closely monitoring the current situation – there is [no immediate risk](#) to New Yorkers.

**Data Sources:** [CDC \(5/26/26\)](#), [WHO \(5/27/26\)](#), [WHO \(5/26/26\)](#), [ECDC \(5/27/26\)](#), [INSP \(5/28/26\)](#)

## Hantavirus

### International Waters – Confirmed Cases Reported in the Netherlands and Spain:

According to information from the [World Health Organization \(WHO\)](#), on May 2, 2026, a cluster of severe acute respiratory illness was reported among passengers aboard the Dutch-flagged cruise ship, MV Hondius. According to data from the [WHO](#) as of May 27, 2026, there have been a total of 13 cases, of which 11 are confirmed, and 3 deaths reported in this outbreak caused by the [Andes species](#) of hantavirus. Since the previous update, 2 confirmed cases were reported among a crew member from [the Netherlands](#) and a passenger from [Spain](#) – both cases were identified through contact follow-up. All cases reported in this outbreak have been among passengers and crew members of the MV Hondius.

Andes Hantavirus Outbreak Cases and Deaths, International Waters, 2026						
Confirmed Cases		Probable Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
11	+2	2	+0	3	+0	23.1%

*Table Notes: Data as of May 27, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.*

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 for a 42-day period. On May 18, 2026, the MV Hondius arrived in Rotterdam, Netherlands, where the remaining crew disembarked and will be monitored for 42 days. 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 – over 600 contacts (53% high-risk and 47% low-risk) across 32 countries, territories, and areas are under close monitoring or are self-monitoring in line with WHO [guidance](#), including [41 people](#) from the United States.

[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 individuals acquired infection prior to boarding the vessel and subsequently transmitted the infection to others. According to data from the [Ministry of Health in Argentina](#) as of May 16, there have been a total of 106 confirmed hantavirus cases reported in the country since June 2025, primarily in Buenos Aires Province (43). 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 \(5/13/26\)](#), [WHO \(5/17/26\)](#), [WHO \(5/28/26\)](#)

## Measles

### Bangladesh – Over 67,000 Suspected Cases Reported in Nationwide Outbreak:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of May 28, there have been a total of 67,905 suspected and 8,885 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 477 deaths reported among suspected cases, and 88 deaths reported among confirmed cases. Since the previous update, 8,626 suspected incident cases, 610 confirmed incident cases, 72 suspected deaths, and 5 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	67,905	+8,626	54,182	+7,775	477	+72	0.7%
Confirmed	8,885	+610			88	+5	1.0%

Table Notes: Data as of May 28, 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 (32,072), Chattogram (10,996), Rajshahi (6,235), Barisal (5,961), Khulna (5,069), Sylhet (3,413), Mymensingh (2,835), and Rangpur (1,324). According to data from the [United Nations](#) as of May 20, 2026, children aged <5 years have accounted for 81% of reported cases. Deaths have primarily been reported among unvaccinated children aged <2 years. 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.

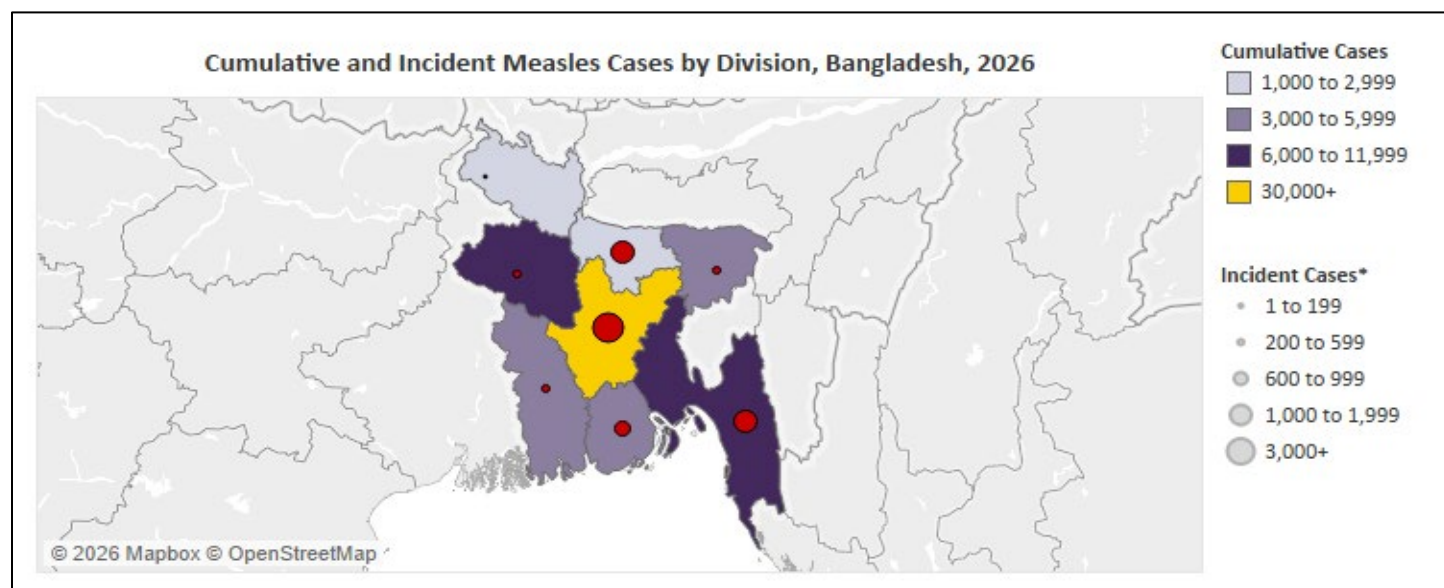


Figure Notes: Data as of May 28, 2026, and includes suspected cases only; \*Change in cumulative total compared to previous update.

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 \(5/2/26\)](#), [DGHS \(5/28/26\)](#), [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 16, 2026, there have been a total of 5,461 probable and confirmed measles cases reported in Canada during 2025, and 1,042 probable and confirmed cases reported during 2026. Since the previous update, 24 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	+0	5,084	+0	401	+0	2	+0	0.0%
2026	78	+1	964	+23	66	+1	0	+0	0.0%

Table Notes: Data as of May 16, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among probable and confirmed cases.

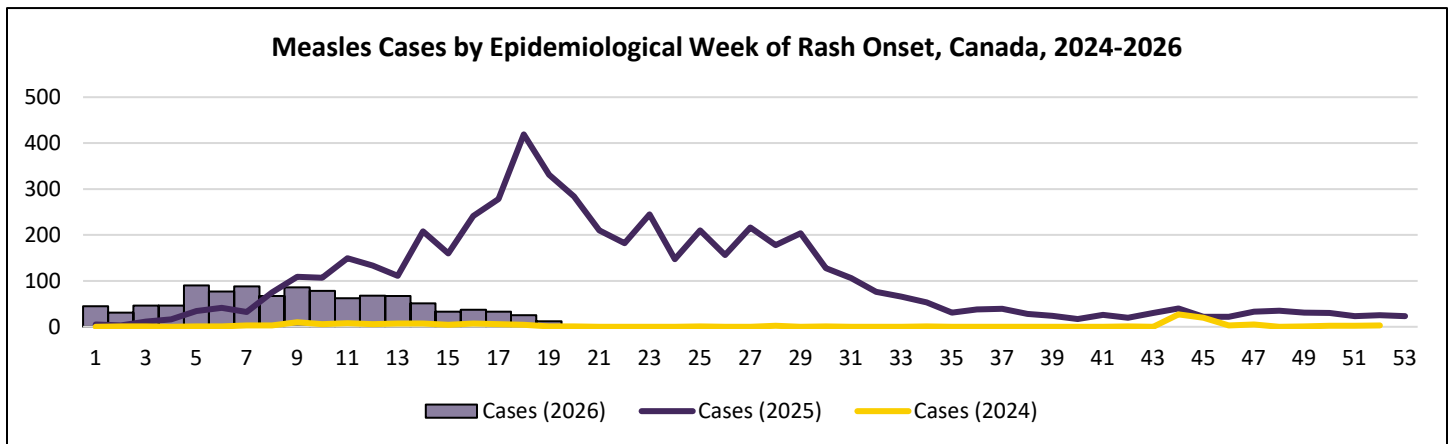


Figure Notes: Data as of May 16, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (651), [Alberta](#) (304), [British Columbia](#) (30), Ontario (25), [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, Japan, [Mexico](#), [Pakistan](#), Spain, Thailand, Togo, Türkiye, the [United States](#), and Vietnam.

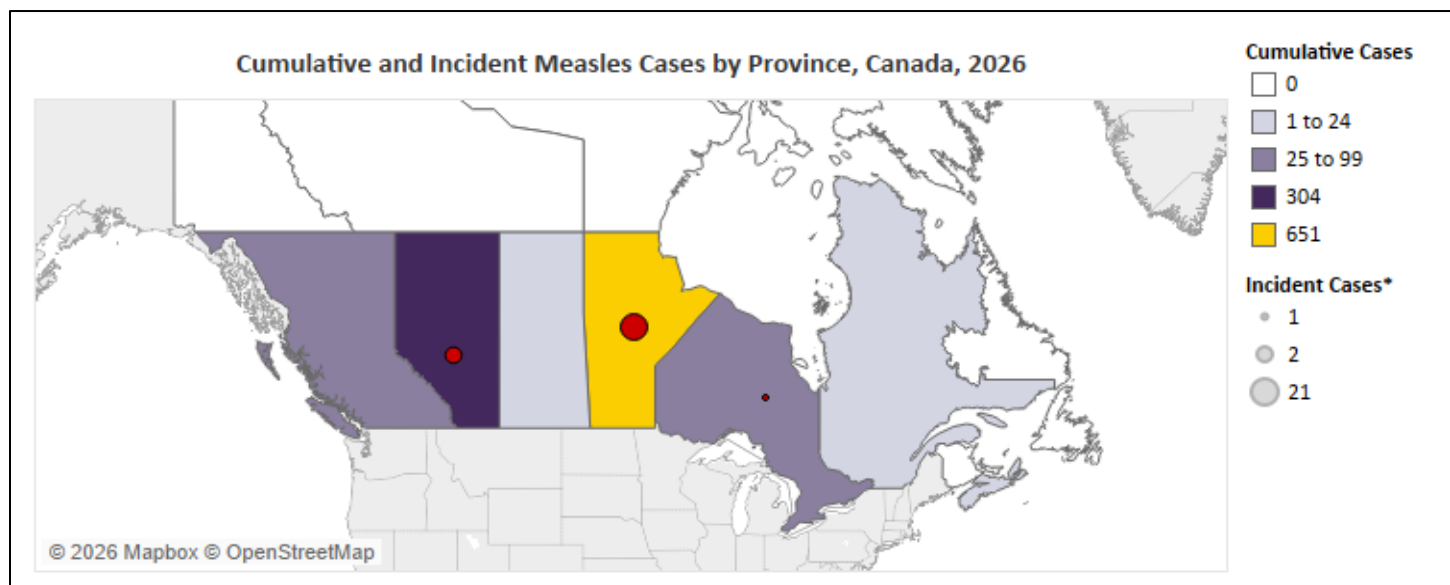


Figure Notes: Data as of May 16, 2026, and includes probable and confirmed cases; \*Change in cumulative total compared to previous update.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,396), Alberta (2,014), 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.

Canada is currently experiencing a multijurisdictional measles outbreak involving 6,379 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 95% 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 \(5/25/26\)](#), [PHAC - 2025 \(5/25/26\)](#)

## Guatemala – Updated Data on Cases and Deaths Reported in Ongoing Outbreak:

According to data from the [Ministry of Public Health and Social Assistance \(MSPAS\)](#) as of May 22, 2026, there have been total of 6,437 confirmed measles cases and 14 deaths reported in Guatemala since December 2025. Additionally, there have been a total of 9,653 probable measles cases reported. Since the previous update, 228 confirmed incident cases and 2 deaths were reported. Almost all deaths (12) have been reported among infants aged ≤1 year. Confirmed case incidence has been following a downward trend since epidemiological week 13.

Measles Cases and Deaths, Guatemala, 2025-2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
6,437	+228	14	+2	0.2%

Table Notes: Data as of May 22, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

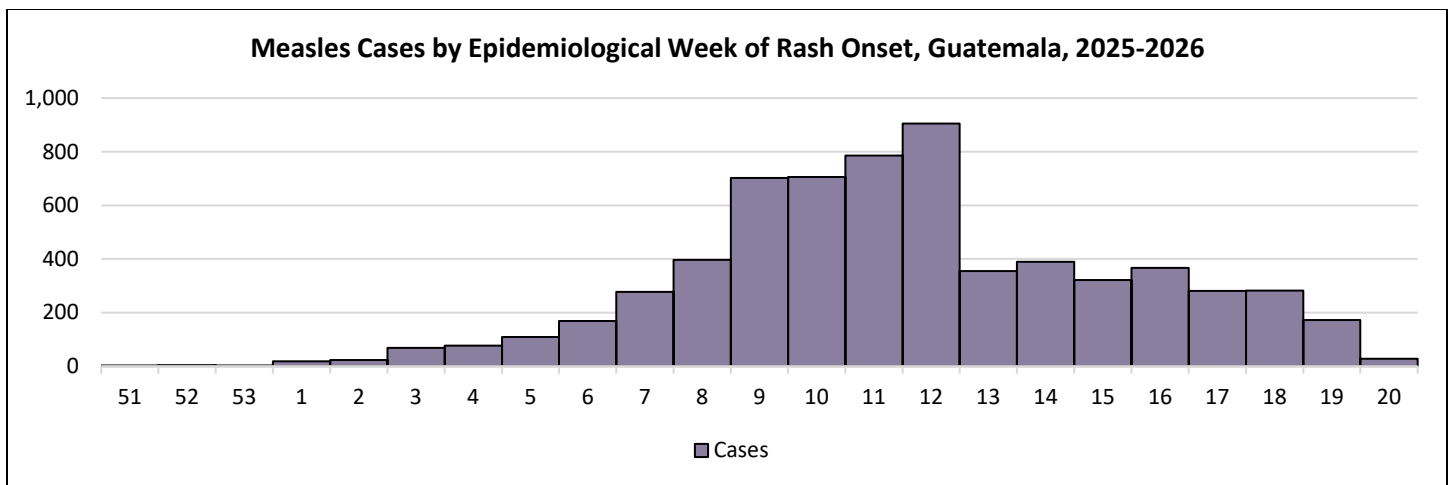


Figure Notes: Data as of May 22, 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (2,993), Quiché (432), Sololá (362), Chimaltenango (315), Totonicapán (300), Huehuetenango (296), and Quetzaltenango (282) – cumulative incidence per 100,000 population is currently rated as very high (35.84+) in 6 departments: Guatemala (79.69), Sololá (71.31), Totonicapán (56.81), Sacatepéquez (40.81), Chimaltenango (38.95), and Quiché (36.81). Incidence per 100,000 population has been highest among those aged <1 year (264.0), followed by those aged 20-29 years (64.9), those aged 1-4 years (46.8), and those aged 15-19 years (37.8). Among infant cases aged <1 year (937), the majority have been among those aged 4-10 months.

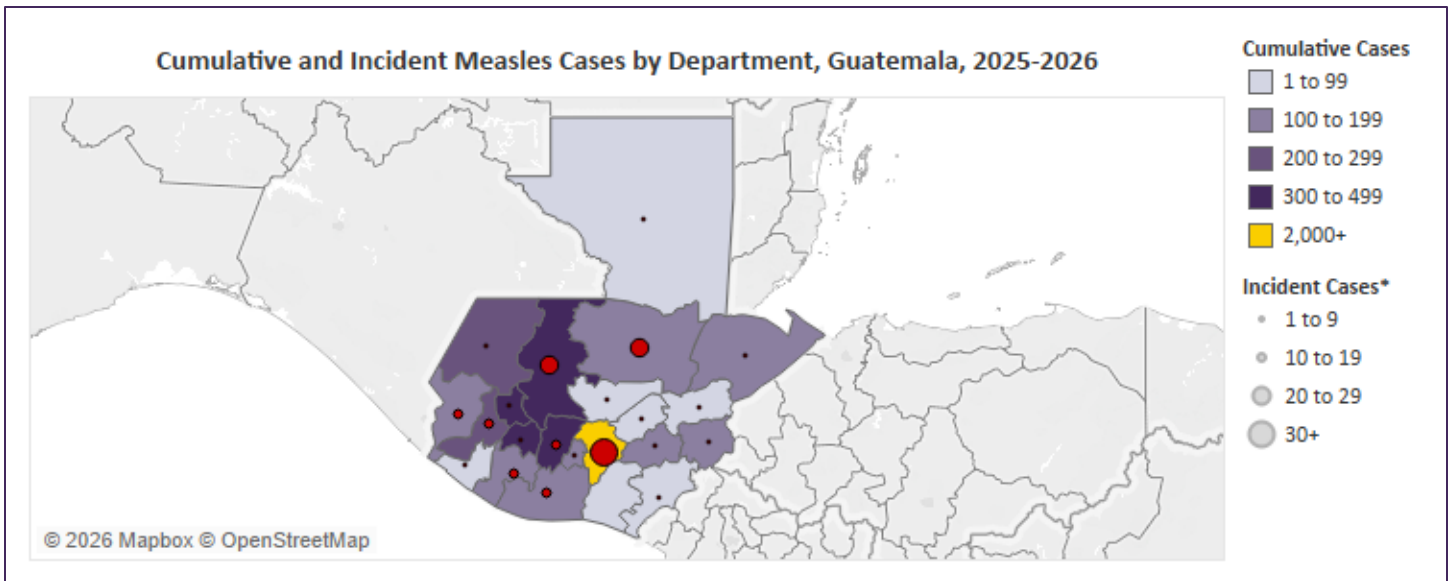


Figure Notes: Data as of May 22, 2026; \*Change in cumulative total compared to previous update.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. During [2025](#), there were only 7 cases reported in the country 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 and during the outbreak, over 525,000 measles vaccine doses have been administered in the country as of May 17, 2026. Recently, imported (travel associated) cases linked to this outbreak have been reported in neighboring [Honduras](#), a country declared measles free since 1997. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Source: [MSPAS \(5/22/26\)](#)

## Israel – Decreasing Incidence Trend Observed Since Late March Continues:

According to data from the [Israeli Ministry of Health](#), as of May 25, 2026, there have been a total of 3,723 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 9 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*
3,723	+9	1,251	+2	17	+0	0.5%

Table Notes: Data as of May 25, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

Cases have primarily been reported in Jerusalem (1,183), Beit Shemesh (1,060), Bnei Brak (196), Safed (150), Beitar Illit (118), 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 3 cases currently hospitalized – 1 of which is 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.

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.

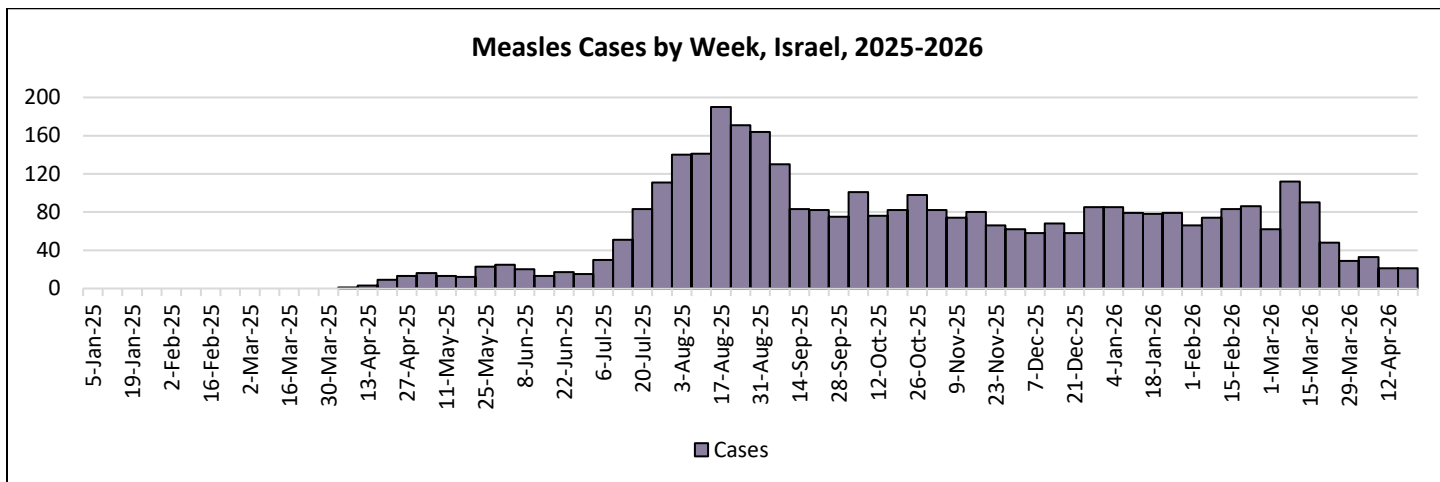


Figure Notes: Data as of May 25, 2026, and includes 3,667 cases through April 23, 2026.

Data Source: [Israeli Ministry of Health \(5/26/26\)](#)

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

According to provisional data from the [Japan Institute for Health Security \(JIHS\)](#) as of May 20, there have been a total of 498 measles cases reported in Japan during 2026. Since the previous update, 19 incident cases were reported, of which 17 had symptom onset during epidemiological week 20.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
498	+19	+17	0	0.0%

Table Notes: Data as of May 20, 2026; †Change in cumulative total compared to prior update ‡Incident cases with symptom onset during most recent epidemiological week; \*Case fatality rate (CFR).

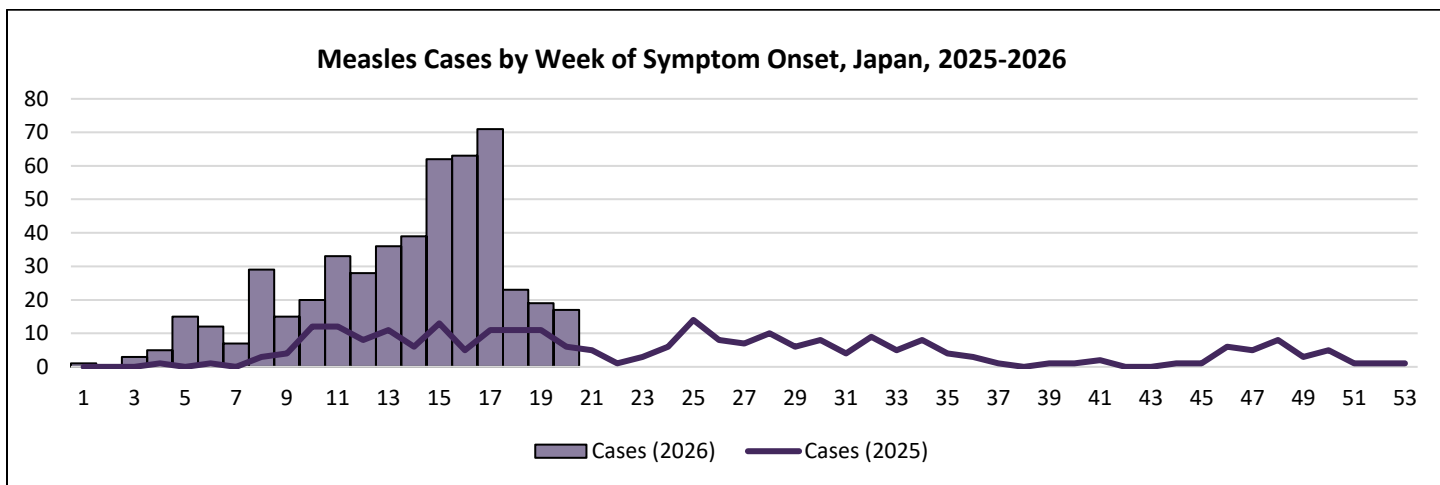


Figure Notes: Data as of May 20, 2026; Several cases missing from figure for 2025 (13).

During 2026, cases have been reported by 27 prefectures, primarily Tokyo (244), Kanagawa (46), Saitama (38), Kagoshima (34), Chiba (31), and Aichi (26). During the most recent epidemiological week, Tokyo reported the highest number of incident cases (10). 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, 54.6% have been unvaccinated or had unknown vaccination statuses, and 73.3% of cases acquired infection domestically.

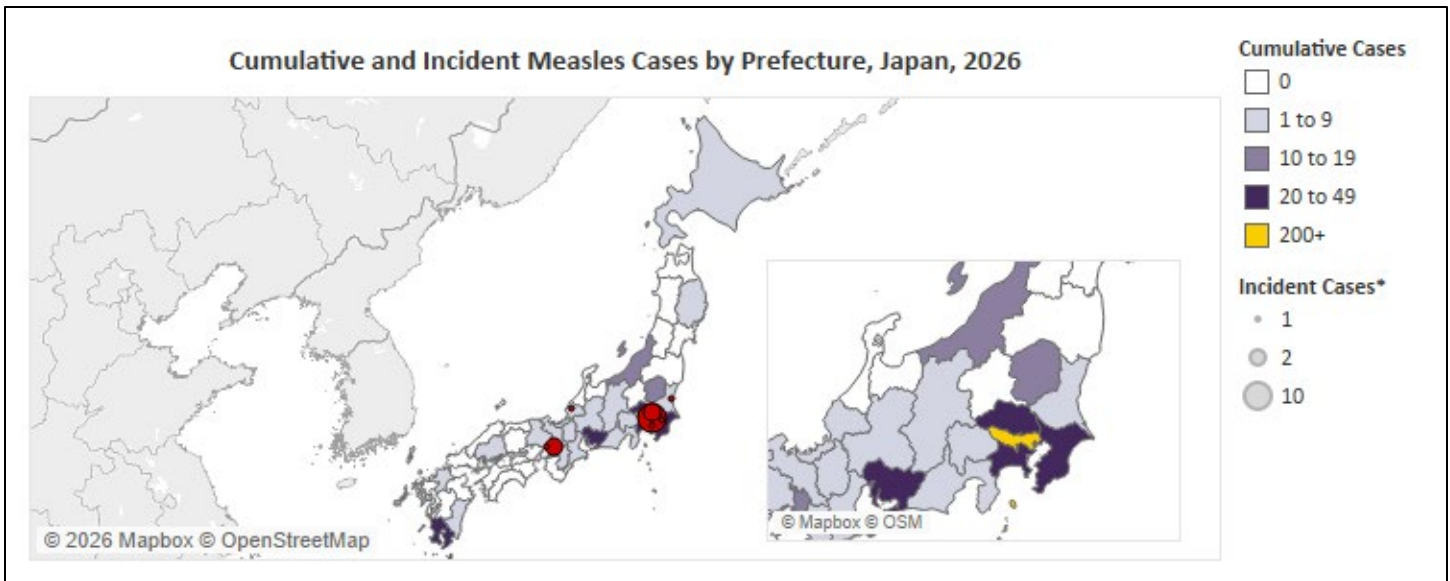


Figure Notes: Data as of May 20, 2026; \*Change in cumulative total compared to previous update.

Measles has been eliminated in Japan since [2015](#) – a status verified by the World Health Organization (WHO). In the first 5 months of 2026, Japan has reported the highest number of measles cases in a given year since 2019 (744). In the 3 years prior to 2019, there were 210 measles cases reported on average. There were a total of 265 measles cases reported during 2025, following a gradually increasing annual trend from 2022-2024 (6-45 cases). The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

**Data Sources:** [JIHS - 1 \(5/26/26\)](#), [JIHS - 2 \(5/26/26\)](#)

## Mexico – Confirmed Incident Cases Reported in 16 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of May 27, 2026, there have been a total of 6,608 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 11,186 confirmed cases and 14 deaths reported during 2026. Since the previous update, 241 confirmed incident cases with symptom onset during 2026 and 1 death were reported in 16 states. Weekly incident cases reported have been declining since epidemiological week 7.

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	26,335	+603	11,186	+241	14	+1	0.1%

Table Notes: Data as of May 27, 2026; †Change in cumulative total compared to prior update; \*Case fatality rate (CFR) calculated among confirmed cases.

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,273), Mexico City (962), and Chiapas (816). 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 (86.35), followed by those aged 1-4 years (26.94), those aged 5-9 years (19.54), and those aged 25-29 years (18.89).

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.

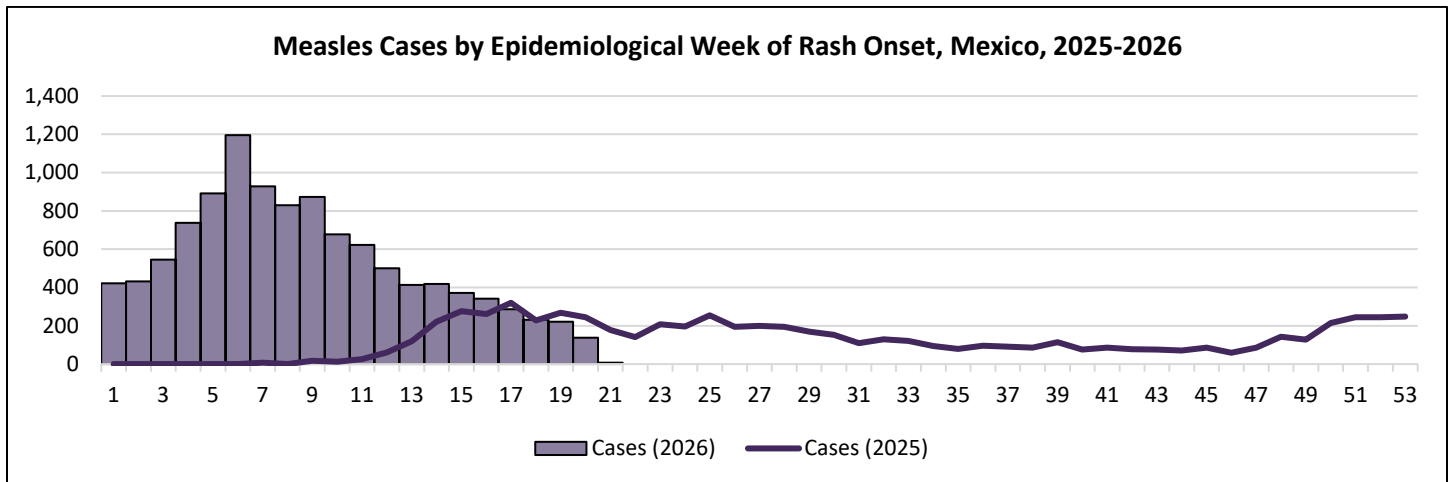


Figure Notes: Data as of May 27, 2026, and includes confirmed cases only (4 missing from figure).

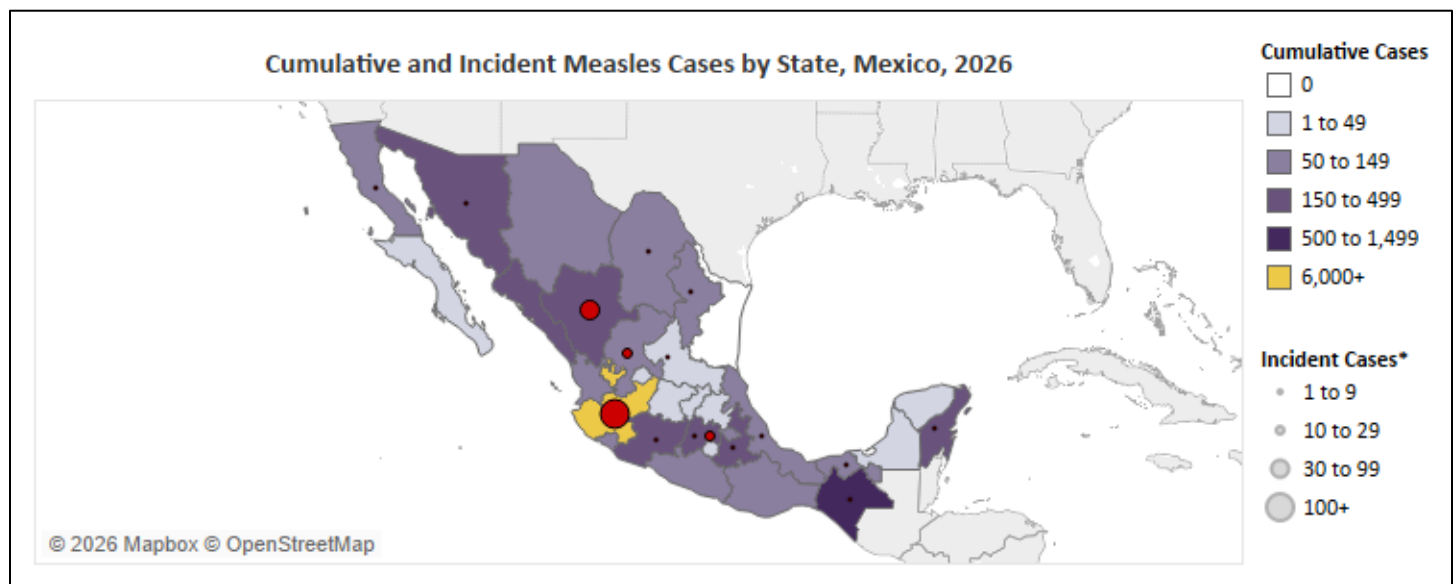


Figure Notes: Data as of May 27, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(5/27/26\)](#)

## United States – Confirmed Incident Cases Reported in 11 States, Most in Utah:

According to data from the [United States CDC](#) as of May 21, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,952 confirmed cases reported during 2026. Since the previous update, 59 confirmed incident cases with rash onset during 2026 were reported in 11 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	1,952	+59	124	+8	0	+0	0.0%

Table Notes: Data as of May 21, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

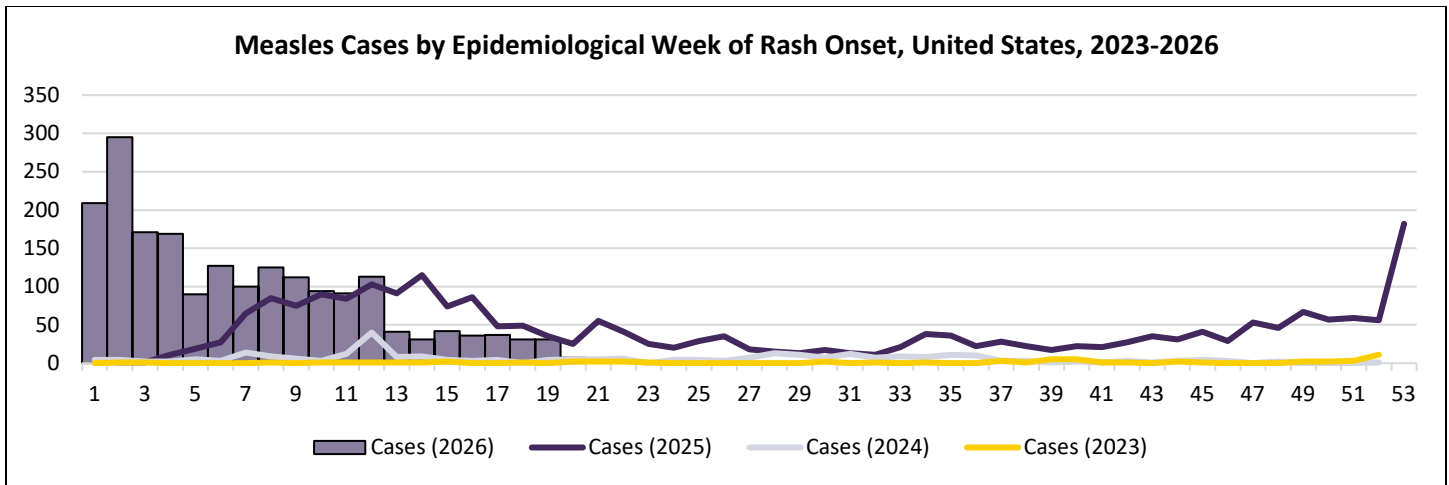


Figure Notes: Data as of May 21, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 40 jurisdictions, primarily [South Carolina](#) (669), [Utah](#) (482), Texas (182), and Florida (138). There have been 29 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (487 from outbreaks that began during 2026 and 1,328 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (51%), followed by those aged 20+ years (28%), 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](#) (11 total).

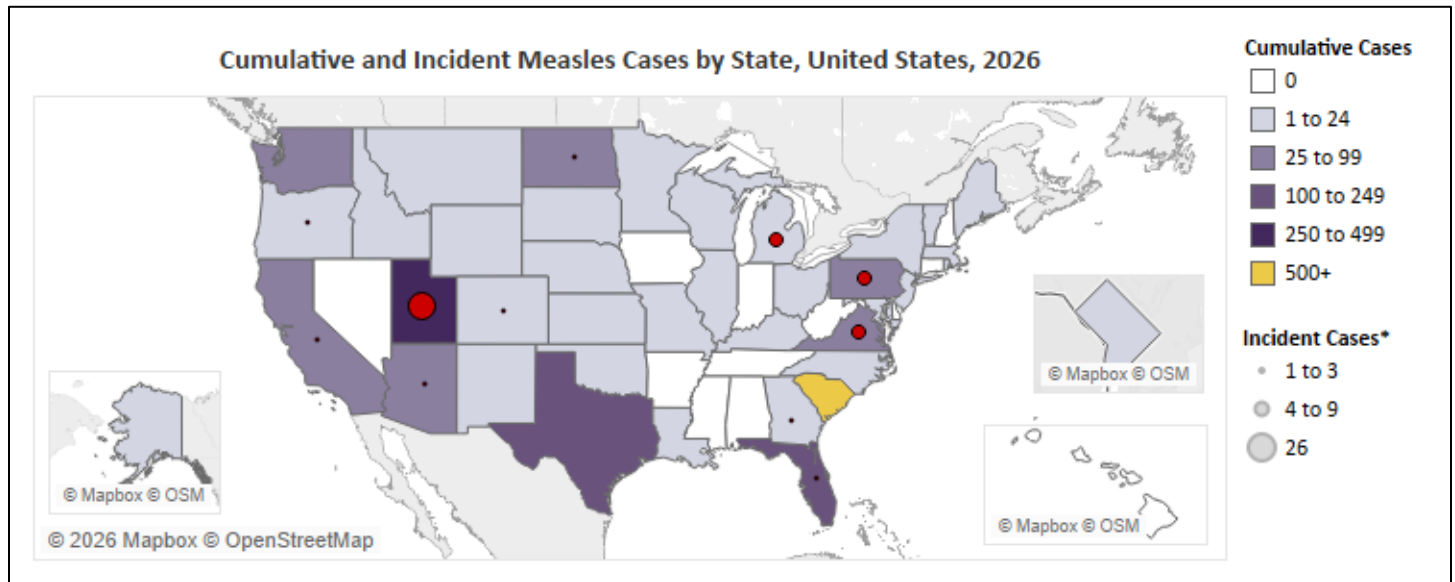


Figure Notes: Data as of May 21, 2026, and does not include cases reported among international visitors to the United States; \*Change in cumulative total compared to previous update.

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

The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers. A decrease in vaccination coverage among kindergartners and an [increase in parents delaying vaccination](#) among infants has

been observed in the United States since the COVID-19 pandemic. The [Pan American Health Organization \(PAHO\)](#) had initially invited the United States to meet virtually in April to review its measles elimination status, a milestone achieved in 2000. However, this meeting has since been [postponed](#) and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). An [analysis](#) published this month in The Lancet determined that it is highly likely that the United States will lose its measles elimination status given the current epidemiological context.

Data Source: [CDC \(5/22/26\)](#)

## Mpox

### Africa – Updated Data on Continental Trends Currently Driven by Madagascar:

According to data from the [World Health Organization \(WHO\)](#) as of May 17, 2026, there have been a total of 66,277 confirmed mpox cases and 270 deaths reported in Africa since the beginning of 2024. Since the previous update, 298 confirmed incident cases and [2 additional deaths](#) were reported. Confirmed incident cases were reported in Madagascar (273), South Sudan (12), Kenya (5), Guinea (3), Liberia (2), Cameroon (2), and South Africa (1).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,693	+0	1	+0	0.0%
<a href="#">DRC</a>	Ia, Ib, IIa, and IIb	37,226	+0	78	+0	0.2%
<a href="#">Ghana</a>	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,292	+3	7	+0	0.3%
Kenya	Ib	1,124	+5	19	+0	1.7%
Liberia	IIa and IIb	1,673	+2	8	+0	0.5%
<a href="#">Madagascar</a>	Ib	1,608	+273	6	+2	0.4%
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	2,703	+15	32	+0	1.2%
<b>Total</b>	<b>Ia, Ib, IIa, and IIb</b>	<b>66,277</b>	<b>+298</b>	<b>270</b>	<b>+2</b>	<b>0.4%</b>

Table Notes: Data as of May 17, 2026, and includes confirmed cases only. †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

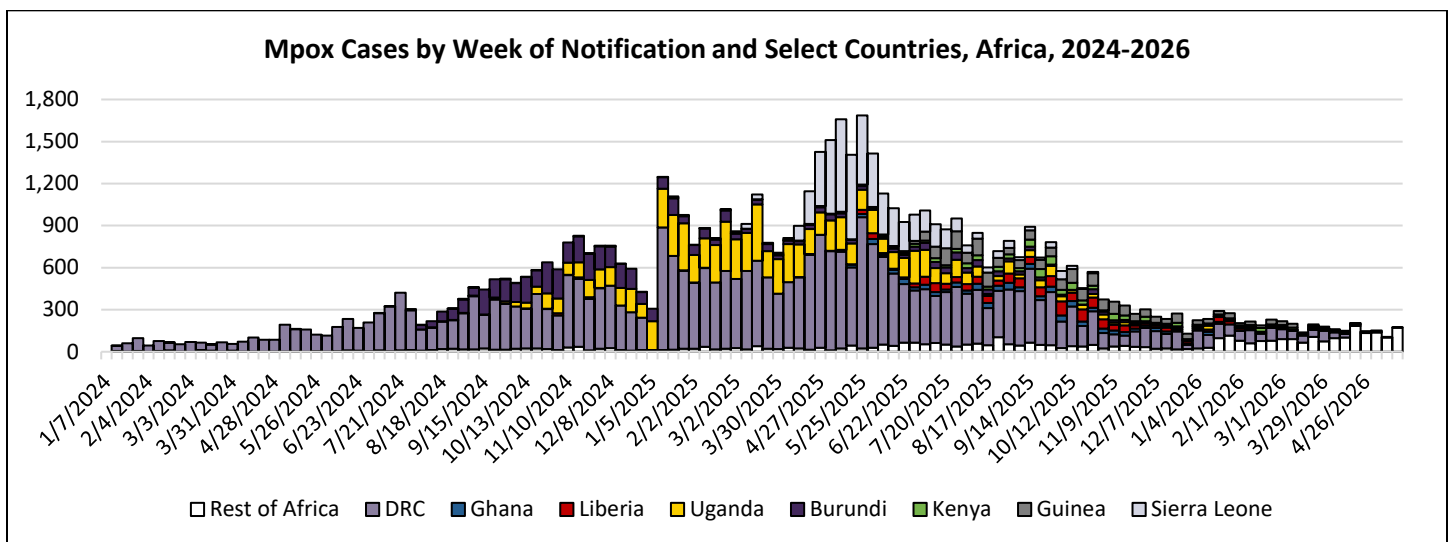


Figure Notes: Data as of May 17, 2026, and includes confirmed cases only, with 4,094 confirmed cases reported in the DRC excluded.

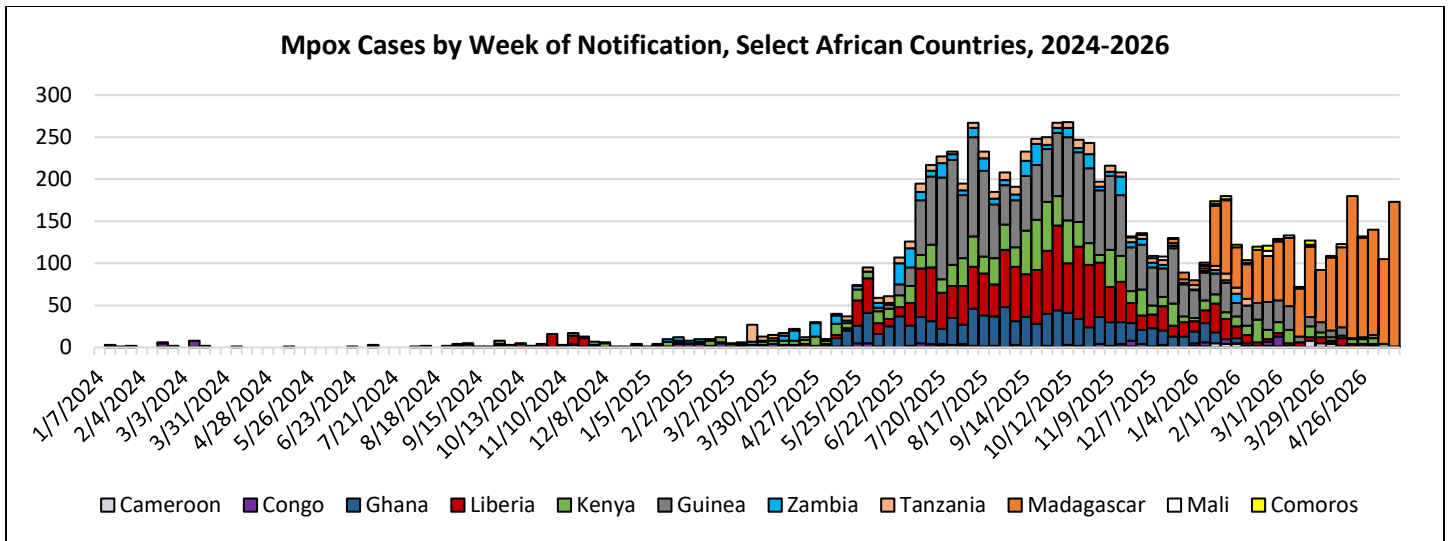


Figure Notes: Data as of May 17, 2026, and includes confirmed cases only.

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the DRC, Uganda, Sierra Leone, Guinea, Burundi, Madagascar, and Liberia. Additionally, there is a [suspected outbreak](#) ongoing in Sudan, a country that hasn't reported any confirmed cases since the beginning of 2024. 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 928 confirmed cases reported with symptom onset in the past 6 weeks by 10 countries, primarily Madagascar.

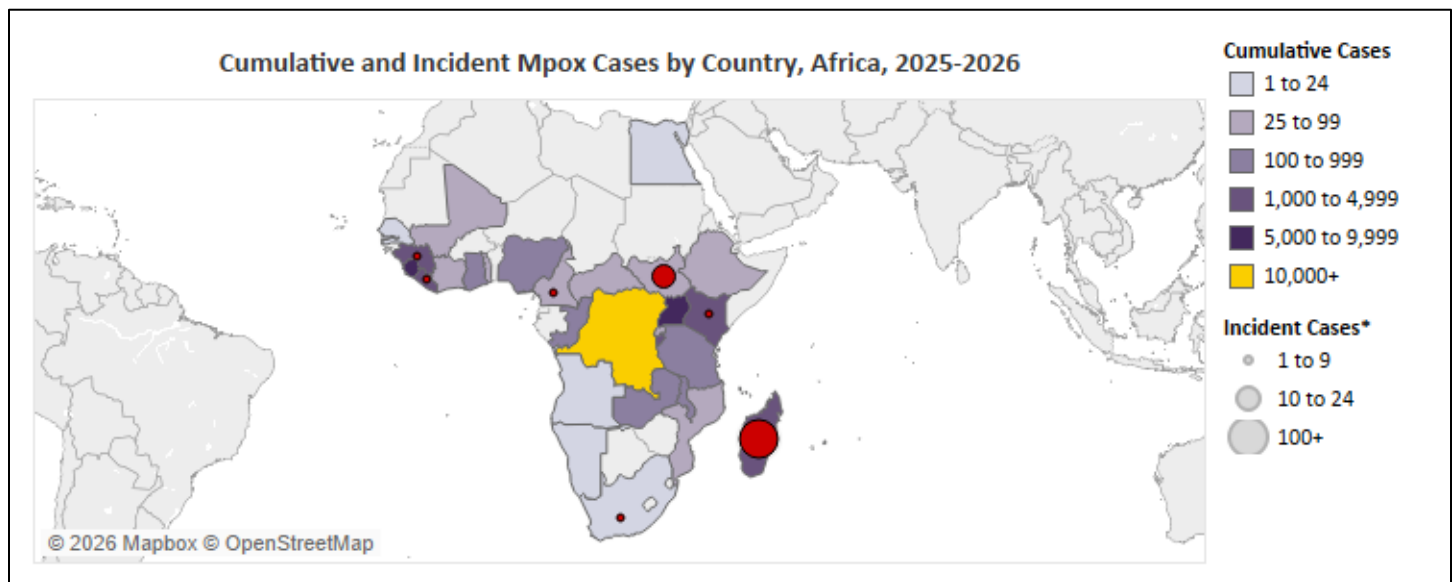


Figure Notes: Data as of May 17, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

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

Data Source: [WHO \(5/22/26\)](#)

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

According to data from the [World Health Organization \(WHO\)](#) as of May 22, 2026, there have been a total of 169 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 Ib mpox cases were reported in China (1), Colombia (1), and the United States

(1). Those incident cases in Colombia and China reported recent travel to Spain and Thailand, respectively, while travel history for incident case reported in the United States is currently under investigation.

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2026			
Travel Associated Clade I Cases		Linked Secondary Clade I Cases	
Cumulative	Incident†	Cumulative	Incident†
169	+3	50	+0

Table Notes: Data as of May 22, 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: 159 clade Ib, 4 clade Ia, 3 clade I of unknown subclade, and 3 recombinant clade Ib/Iib. Recombinant clade Ib/Iib mpox cases have only been reported in the [United Kingdom](#), [India](#), and [Qatar](#) among individuals with travel history to South-East Asia and the Arabian Peninsula, and none experienced severe outcomes. Travel associated clade I cases (not including secondary cases) have been reported by 38 countries outside of Africa, primarily the [United Kingdom](#) (25), [India](#) (18), [Thailand](#) (15), the [United States](#) (14), Germany (12), China (12), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20), and Sweden (6).

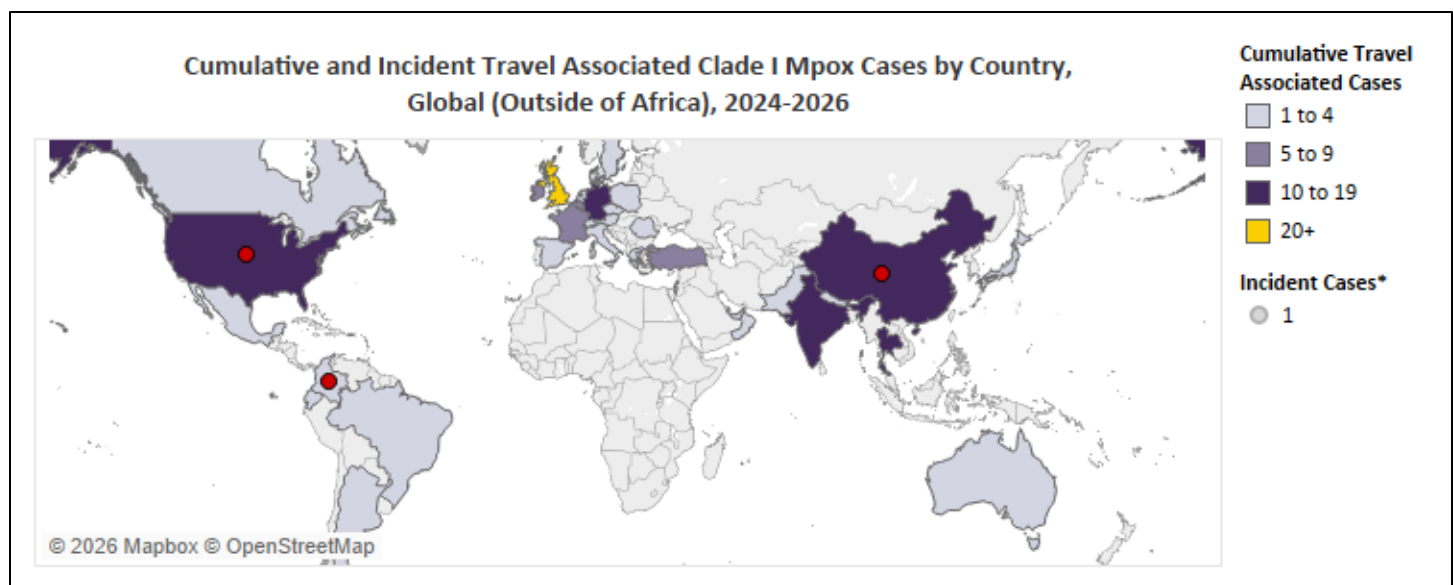


Figure Notes: Data as of May 22, 2026; \*Change in cumulative total compared to previous update.

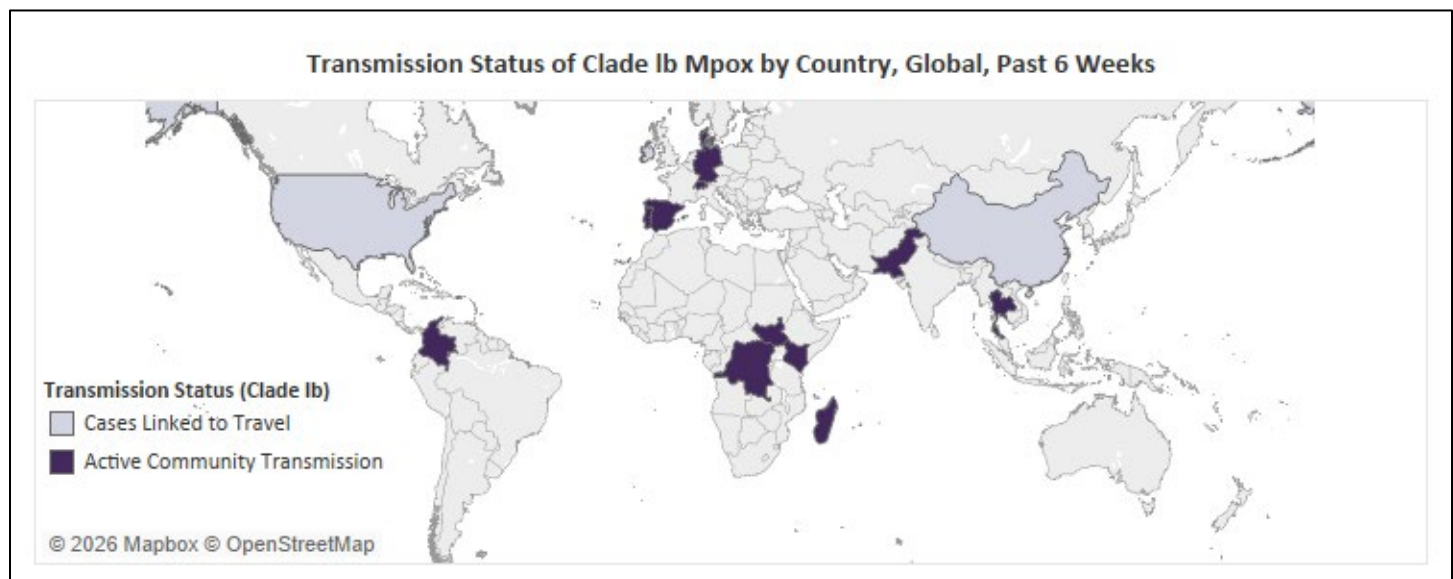


Figure Notes: Data as of May 22, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Since September 2025, [broader transmission of clade Ib mpox](#) has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the [European Center for Disease Prevention and Control \(ECDC\)](#) through March, there have been 336 clade I mpox cases have been reported in European Union & European Economic Area (EU/EEA) countries in the past year, primarily among MSM and unvaccinated persons. A recent communication published in [Eurosurveillance](#) highlights the rapid increase in locally acquired incident clade Ib mpox cases reported in Berlin, Germany, particularly among MSM since December of 2025. While community transmission of clade I mpox has not been confirmed in the UAE, many travel associated cases reported in other countries have been among those returning from the UAE, indicating likely community transmission. In April, 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.

**Data Sources:** [WHO \(5/25/26\)](#), [ECDC \(4/30/26\)](#)

## 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 27, 2026, there have been a total of 26,508 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,098 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#) as of May 16, 2026, there have been a total of 352 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 1,247 incident cases among animals and 30 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†
26,508	+1,247	2,098	+104	352	+30

Figure Notes: Data for cases reported among animals as of May 27, 2026, and among humans of May 16, 2026; †Change in cumulative total compared to previous update.

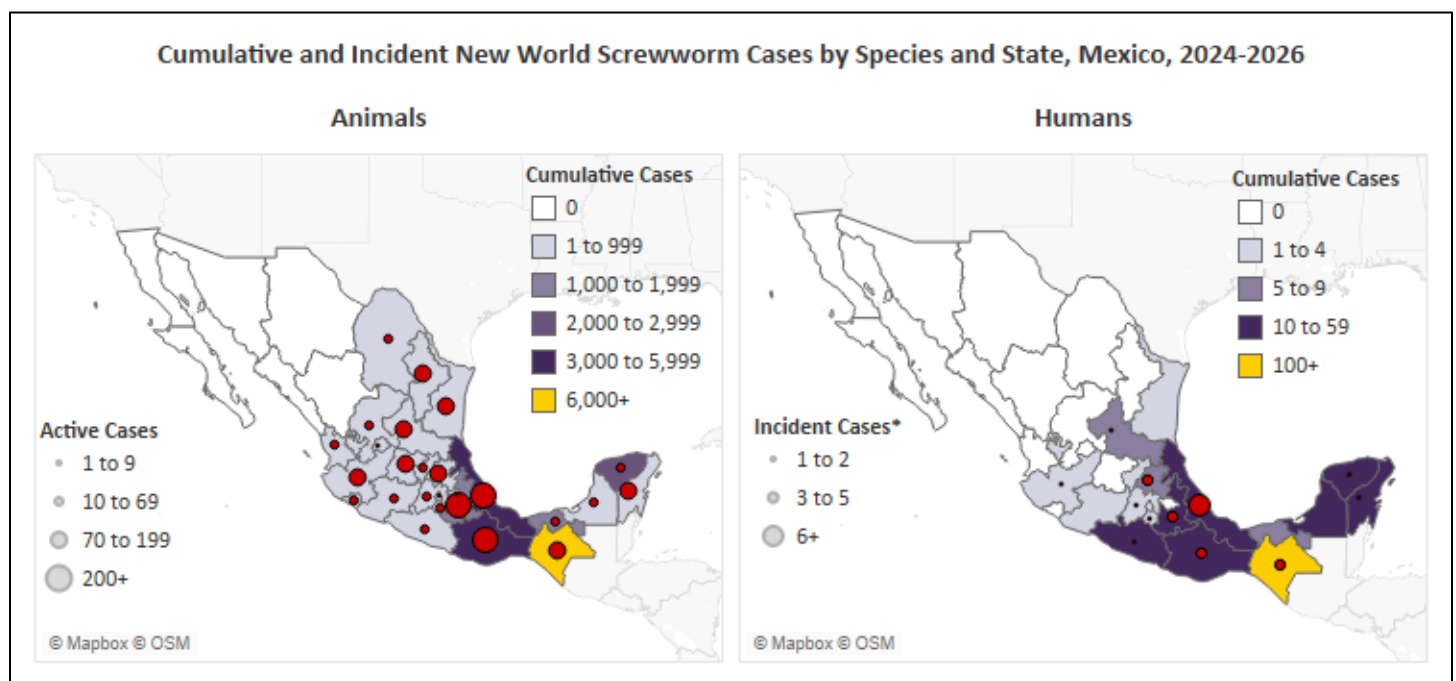


Figure Notes: Data for cases reported among animals as of May 27, 2026, and data for cases reported among humans as of May 16, 2026.

NWS cases among animals have been reported in 26 states, primarily Chiapas (6,856), Oaxaca (4,107), Veracruz (3,832), Yucatán (2,152), and Tabasco (1,255). Confirmed NWS cases among humans have been reported in 18 states, primarily Chiapas (131), Veracruz (59), Yucatán (32), Oaxaca (26), and Guerrero (23). There have been 2 deaths reported among confirmed human cases. In recent weeks, spread has been moving northward, particularly in terms of animal cases. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico. According to data from the [United States CDC](#) as of May 20, 2026, there have been about 171,700 NWS cases reported among animals and over 1,960 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 182 active NWS cases among animals (an increase of 30 compared to the prior week), to increase awareness given the potential for geographic spread. Since then, animal NWS cases were detected in Coahuila (19 active cases, an increase of 1 compared to the prior week) [119 miles](#) from the United States border. On May 19, the FDA issued an emergency use authorization for [Dectomax/Dectomax-CA1](#), an injectable solution for prevention and treatment of NWS in dairy cattle and other mammals. Domestically, NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has [not been reported among animals](#) or humans in the United States except for a single [travel associated case](#) among an individual returning from El Salvador.

**Data Sources:** [Secretary of Agriculture \(5/27/26\)](#), [Secretary of Health \(5/25/26\)](#), [CDC \(5/26/26\)](#)

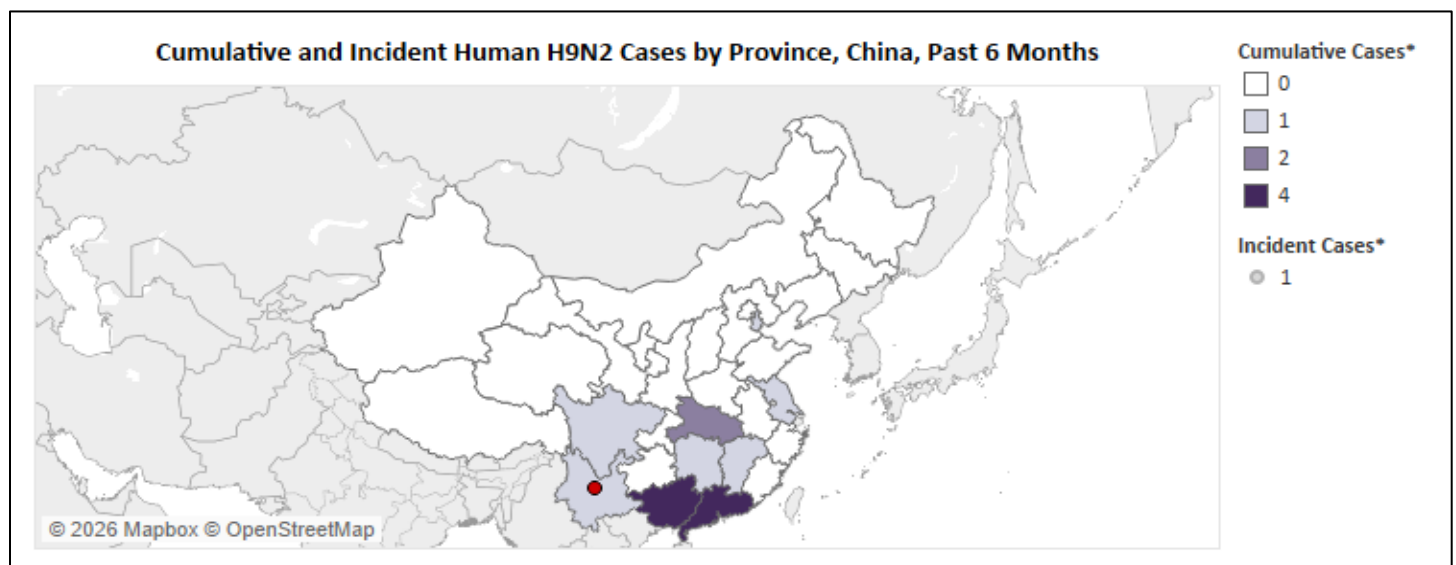
## Non-Seasonal Influenza

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

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of May 25, 2026, there have been a total of 16 influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 1 incident human H9N2 case was reported among a child in Yunnan Province.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
16	+1	0	+0	0.0%

*Table Notes: Data as of May 25, 2026; †Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset (was previously date of reporting).*



*Figure Notes: Data as of May 25, 2026; \*Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset (was previously date of reporting).*

The incident case in Yunnan Province was reported among a 3-year-old boy with symptom onset on April 28, 2026. According to information from the [World Health Organization \(WHO\)](#), the case had a history of exposure to backyard poultry, was hospitalized with pneumonia on April 29, 2026, and has since recovered and been discharged. All close contacts of the case have tested negative for infection. In the past 6 months, human H9N2 cases have been reported by 8 provinces/regions/municipalities in China: Guangxi Zhuang (4), Guangdong (4), Hubei (2), Yunnan (2), Hunan (1), Jiangsu (1), Jiangxi (1), and Sichuan (1). According to data from the [WHO](#) as of May 22, 2026, there have been a total of 162 human H9N2 cases reported in China since December 2015.

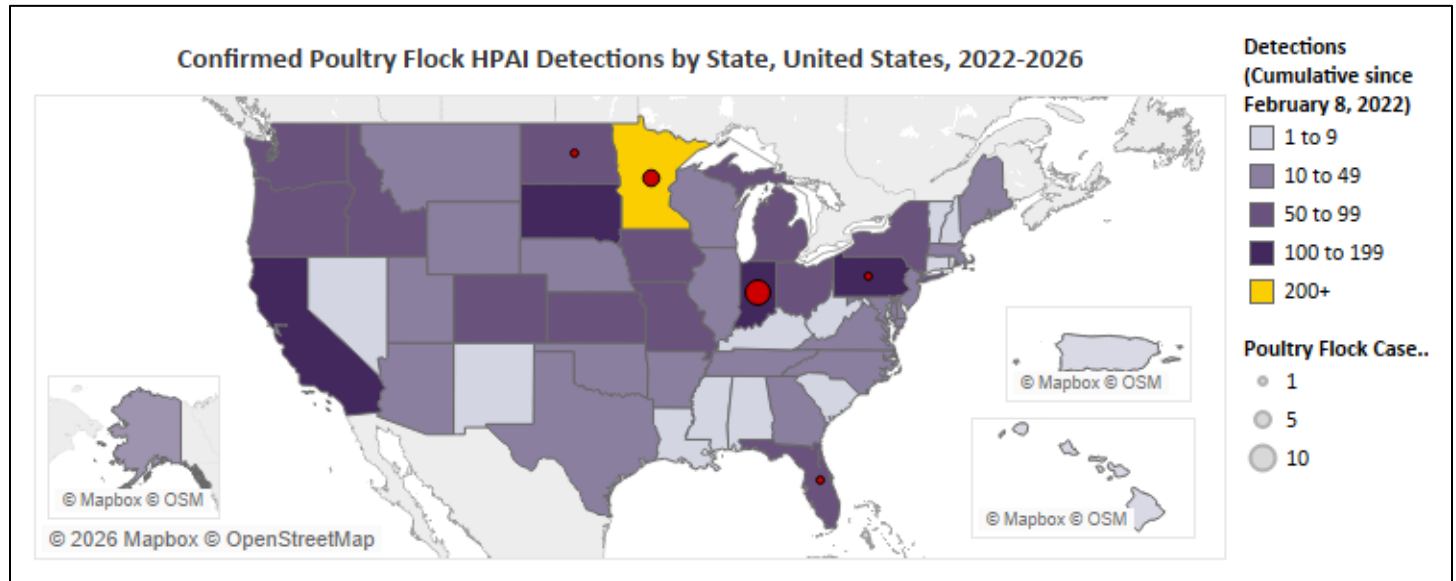
**Data Sources:** [HKCHP \(5/25/26\)](#), [WHO \(5/22/26\)](#)

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

According to data from the [United States Department of Agriculture \(USDA\)](#) as of May 22, 2026, there have been a total of 2,221 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 5 new detections were reported. In the past 30 days, a total of 18 confirmed HPAI detections have been reported (an increase compared to the previous update) affecting 0.17 million birds. According to data from the [USDA](#), as of May 26, 2026, there have been a total of 1,109 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 1 new detection was reported among a previously unaffected livestock herd in Idaho. In the past 30 days, a total of 14 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		
12	6	14	0	0	80	6

*Table Notes: Data as of May 22, 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.*



*Figure Notes: Data as of May 22, 2026.*

In the past 30 days, HPAI has been detected among poultry flocks in 5 states: Indiana (10), Minnesota (5), North Dakota (1), Pennsylvania (1), 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 18 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.

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 \(5/28/26\)](#), [USDA \(5/28/26\)](#), [CDC \(3/6/26\)](#)

## Polio

### Global – Incident AFP Cases (WPV1 & cVDPV1-3) Reported Globally:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of May 25, there have been 7 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 9 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 46 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 6 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 WPV1 was reported in Afghanistan, 2 incident AFP cases caused cVDPV1 were reported in South Sudan (1) and Madagascar (1), 2 incident AFP cases caused by cVDPV2 were reported in Somalia, and 3 incident AFP cases caused by cVDPV3 were 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†
7	+1	9	+2	46	+2	6	+3

*Table Notes: Data as of May 25, 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 12 countries: [Afghanistan](#) (4 – WPV1), [Angola](#) (1 – cVDPV2), [Chad](#) (4 – cVDPV2), the [DRC](#) (9 – cVDPV2), [Ethiopia](#) (4 – cVDPV1), [Madagascar](#) (1 – cVDPV1), [Nigeria](#) (24 – cVDPV2, 6 – cVDPV3), [Pakistan](#) (3 – WPV1), [Somalia](#) (5 – cVDPV2), [South Sudan](#) (4 – 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.

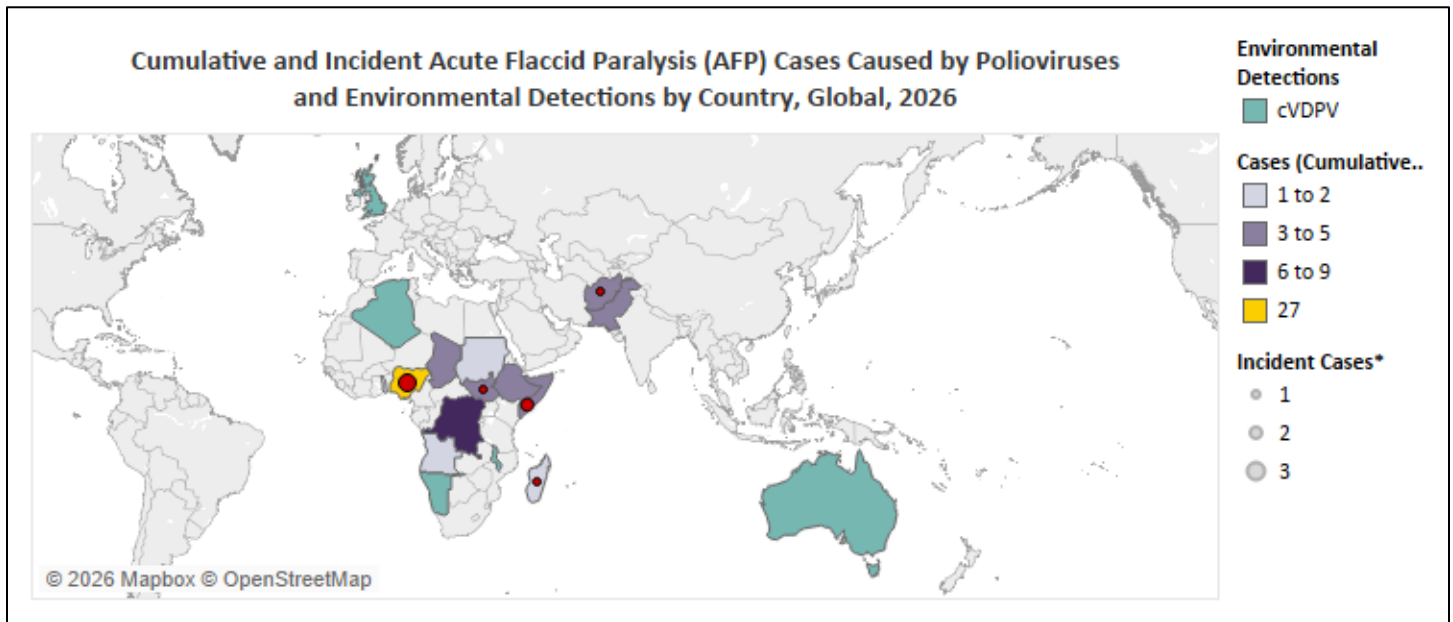


Figure Notes: Data as of May 25, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; \*Change in cumulative total compared to previous update.

Data Sources: [GPEI - WPV \(5/25/26\)](#), [GPEI - cVDPV \(5/25/26\)](#)

## Yellow Fever

### The Americas – Incident Cases and Deaths Reported in Brazil and Colombia:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of May 27, there have been a total of 79 confirmed yellow fever cases and 31 deaths reported in the Americas during 2026. Since the previous update, 8 confirmed incident cases and 2 deaths were reported in Brazil (2 cases, 2 deaths) and Columbia (6 cases, 1 death) – the total number of confirmed cases and deaths reported in Peru each decreased by 1.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
79	+7	31	+2	39.2%

Table Notes: Data as of May 27, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

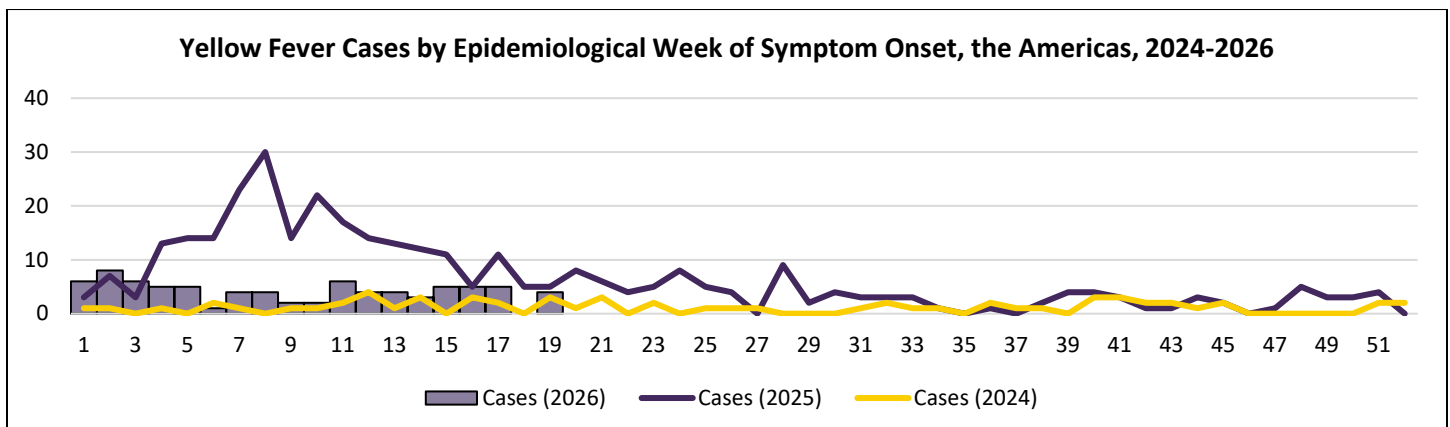


Figure Notes: Data as of May 27, 2026; Cases reported during 2025 with missing dates of symptom onset are excluded from figure (8).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas, including [Colombia](#) (48 cases, 19 deaths), [Brazil](#) (11 cases, 6 deaths), [Venezuela](#) (8 cases, 2 deaths), Peru (6 cases, 1 death), [Bolivia](#) (5 cases, 2 deaths), and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all but 1 case reported in Colombia and 61% 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.



Figure Notes: Data as of May 27, 2026; \*Change in cumulative total compared to previous update.

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in [Colombia](#) and [Venezuela](#). [Vaccination](#) is recommended for those aged  $\geq 9$  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 \(5/27/26\)](#)

## Other Outbreaks, News, and Events

### Other Outbreaks (2026):

#### Chikungunya

- Mauritius – CDC Issues Level 2 Travel Health Notice Amidst Ongoing Outbreak ([May 21](#))
- 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**

- Global – WHO Provides Update on Global Case Counts and Incidence Rates ([May 21](#))
- 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**

- 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](#))

### **Pertussis**

- United States – Updated Data on Cases Reported During 2026 ([May 21](#))

### **Seasonal Influenza**

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

## Other Active CDC Travel Health Notices:

- [Chikungunya in Mauritius - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Guinea - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Nigeria - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Ciguatera Fish Poisoning in Vanuatu - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Ethiopia - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Oropouche in the Americas - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rabies in Morocco - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Rocky Mountain Spotted Fever in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [A Strain of Multidrug-Resistant Salmonella Newport in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

## Other Global Health News and Events:

- [Brucella melitensis cluster of human cases linked to imported, unpasteurized cheese in South Los Angeles County, USA - BEACON](#)
- [Cholera outbreak in Borno State, Nigeria, with 2715 suspected cases and 27 deaths in May 2026 - BEACON](#)
- [Nearly 30 000 dengue cases reported in Sri Lanka ahead of monsoon peak, with all 25 districts affected - BEACON](#)
- [Taiwan's first autochthonous dengue fever case of 2026 detected in Kaohsiung City; early-season DENV-1 transmission confirmed - BEACON](#)
- [US dengue cases jumped 359% in 2024 amid global surge | CIDRAP](#)
- [Autochthonous cluster of dengue cases reported on Alofi Island, Futuna, after the April 2026 detection of the first autochthonous case - BEACON](#)
- [Increase in reported flea-borne typhus cases in Louisiana, USA - BEACON](#)
- [Two new hantavirus cases reported in Chile, in Ñuble and Los Lagos regions - BEACON](#)
- [Second hantavirus case reported in Colorado, USA, unrelated to MV Hondius cruise ship outbreak - BEACON](#)
- [Lassa Fever Situation Report - Week 19, 2026 | Nigeria CDC](#)
- [Increase in malaria cases reported in Yemen, with malaria expanding into previously low-risk areas - BEACON](#)
- [PAHO Regional Situation Report No.3: Measles in the Region of the Americas \(21 May 2026\) - Mexico | ReliefWeb](#)
- [Measles cases in Bulgaria increase to 317, driven by vaccination gaps in northwestern regions - BEACON](#)
- [Two mpox cases reported in Hong Kong, linked to a venue in Mong Kok, amid cross-boundary case notification - BEACON](#)

- [Avian influenza: WOAH adopts revised biosecurity standards targeting live bird market supply chains - BEACON](#)
- [Eurosurveillance | Cross-reactive human antibody responses to H9N2 influenza virus, New York, United States, 2025](#)
- [Request for information \(RFI\): Norovirus outbreak among Pacific Crest Trail hikers in California, USA. RFI on case numbers and source - BEACON](#)
- [Rabies confirmed in wild fox; child receives post-exposure prophylaxis after severe exposure in Nueva Granada, Magdalena Department, Colombia - BEACON](#)
- [Follow-up on rabies in an imported dog from Russia to Germany; fraudulent vaccination records expose biosecurity gap in the EU pet trade - BEACON](#)
- [Salmonella Enteritidis outbreak linked to eggs in Belgium, with 236 cases; recalls extended to France, Luxembourg, and the Netherlands - BEACON](#)
- [Bacterial STIs reach record highs in Europe in 2024: Gonorrhoea and syphilis continue upward trend; congenital syphilis cases nearly double - BEACON](#)
- [First human neuroinvasive case of West Nile virus \(WNV\) in Texas, USA, in 2026; early-season detection also reported in Tennessee - BEACON](#)
- [Full article: Surveillance and biological characterization of H3 subtype avian influenza viruses in Eastern China](#)
- [Dairy cows infected with influenza A\(H5N1\) reveals low infectious dose and transmission barriers | Nature Communications](#)
- [Study highlights global burden of Staph aureus respiratory infections, including MRSA | CIDRAP](#)
- [Hajj 2026, Saudi Arabia: Communicable disease context - BEACON](#)
- [Countries in the Horn of Africa and Yemen recommit to ending variant poliovirus | WHO | Regional Office for Africa](#)
- [Investigation of and Response to Autochthonous Dengue, Los Angeles County, California, USA, August–November 2024 - Volume 32, Number 5—May 2026 - Emerging Infectious Diseases journal - CDC](#)
- [Global Respiratory Virus Activity: Weekly Update N° 579](#)
- [Century-long analysis of biosafety incidents identifies strongest predictors of outbreaks, deaths | CIDRAP](#)
- [Risk evaluation of Rift Valley Fever virus \(RVFV\) lineages and their public health impact](#)
- [Characteristics of Patients Hospitalized with Measles During an Outbreak — West Texas, January–March 2025 | MMWR](#)
- [The State of US Vaccine Policy — May 28, 2026 | CIDRAP](#)
- [US data show ‘alarming’ increase in multidrug-resistance gene | CIDRAP](#)
- [Middle East Escalation of Conflict, Global external situation report #8 - 28 May 2026](#)
- [Planes, trains and pandemics: Lessons from COVID-19 about travel risks posed by hantavirus and Ebola](#)
- [First hantavirus death of 2026 confirmed in Panama, involving an agricultural worker, unrelated to MV Hondius cruise ship outbreak - BEACON](#)
- [First human case of Bourbon virus confirmed on Long Island, New York State, USA - BEACON](#)
- [Third human death from New World screwworm myiasis reported in Honduras amid increase in human cases in 2026 to 176 - BEACON](#)