



Date: 5/7/26

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 18,000 Incident Cases Reported with Majority in Bolivia:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on May 6, there have been a total of 109,396 chikungunya cases, of which 34,954 are confirmed, and 31 deaths reported in the Americas during 2026. Since the previous update, 18,580 incident cases, of which 4,575 are confirmed, and 1 death were reported.

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

Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	8,104	+0	1,538	+0	1	+0	0.1%
Bolivia	34,516	+11,371	9,443	+1,626	7	+0	0.1%
Brazil	62,462	+7,144	22,262	+2,884	21	+1	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Suriname	2,579	+0	1,354	+0	0	+0	0.0%
Rest of the Americas	278	+65	243	+65	0	+0	0.0%
Total	109,396	+18,580	34,954	+4,575	31	+1	0.1%

Table Notes: Data extracted on May 6, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

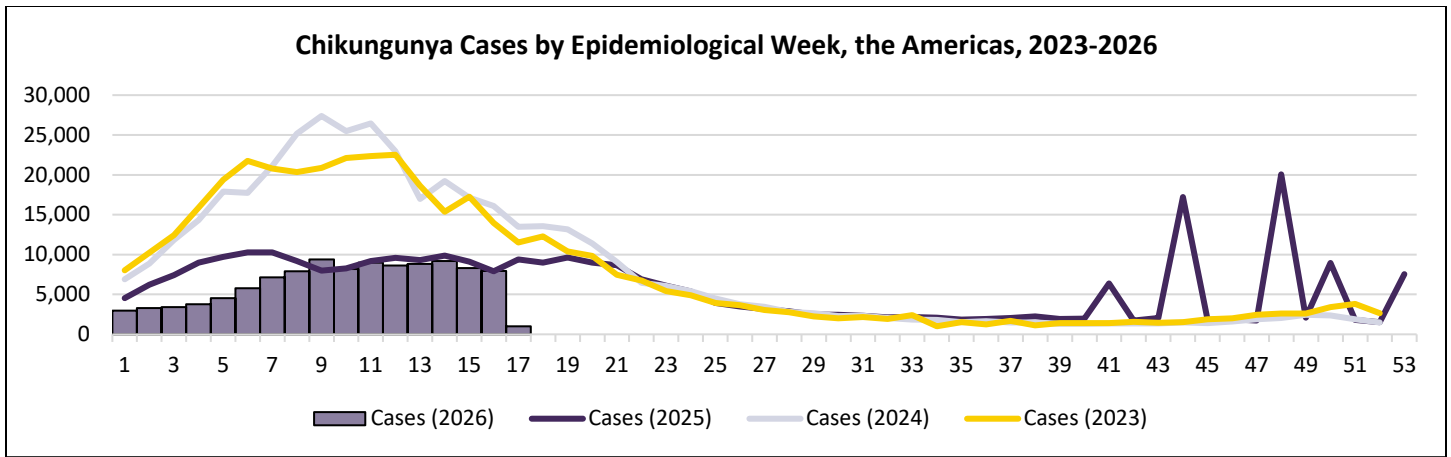


Figure Notes: Data extracted on May 6, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 19 countries in the Americas during 2026, primarily [Brazil](#) (62,462), [Bolivia](#) (34,516), [Argentina](#) (8,104), [Suriname](#) (2,579), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (399.84), Bolivia (270.73), [French Guiana](#) (62.89), Brazil (29.25), Cuba (13.38), and Argentina (17.62). According to a [PAHO Epidemiological Alert](#) from February, there has been a sustained increase in incidence observed between late 2025 and early 2026 in the Americas with resumption of local transmission in areas that haven't reported such for several years, such as [Guatemala](#) which last reported a confirmed chikungunya case in 2016. 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.

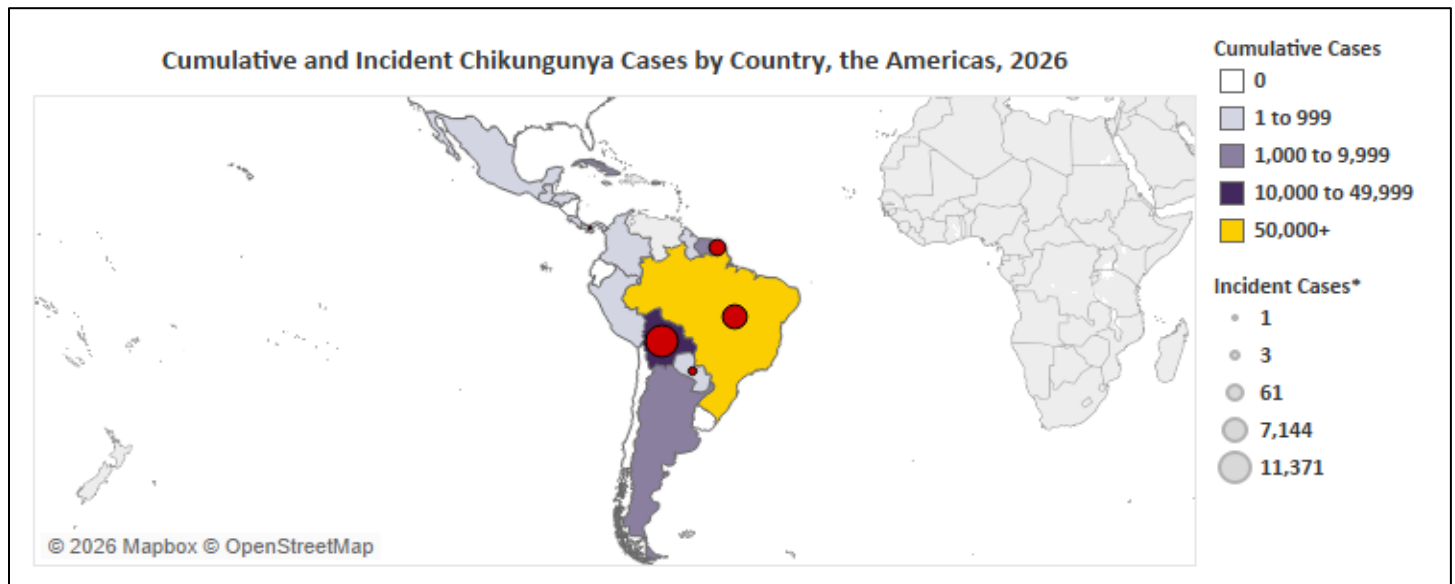


Figure Notes: Data extracted on May 6, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update; Case reported in the United States (1) according to PAHO data not shown due to symptom onset being during 2025.

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

Data Source: [PAHO \(5/6/26\)](#)

Mayotte – Confirmed Case Total During 2026 Quickly Approaching 2025 Total:

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 1,214 confirmed locally acquired cases reported in 11 out of 17 communes as of May 3, 2026. Since the previous update, 272 confirmed locally acquired incident cases were reported, of which 58 had symptom onset during the most recent epidemiological week (a 43.1% decrease compared to the prior week).

Chikungunya Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
1,214	+272	32	-3	0	+0	0.0%

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

Confirmed cases have been reported primarily in Mamoudzou (23%), Sada (10.0%), Bouéni & Chirongui (9.8%), Ouangani (7.2%), and Chiconi (6.3%). 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 22.2%, a decrease compared to the prior week (28.3%), mimicking suspected case trends. Those aged 25-44 years have been most affected (36.3%), followed by those aged 45-64 years (25.2%), and trailed by those aged <5 years (6.0%) and ≥65 years (6.0%). Among all confirmed cases, 2.6% have been hospitalized. Mayotte has been experiencing a chikungunya outbreak since the beginning of 2025 with 2,480 confirmed cases reported as of May 3, 2026 (1,266 reported during 2025). 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 \(5/3/26\)](#)

Hantavirus

International Waters – Andes Virus Species Implicated in Cruise Ship Outbreak:

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 a [WHO media briefing](#) held on May 7, 2026, there have been a total of 8 cases, of which 5 are confirmed, and 3 deaths reported in this outbreak caused by the Andes species of hantavirus. Cases involved in this outbreak are currently receiving treatment in South Africa (1 in intensive care), Switzerland (1), the Netherlands (2 in stable condition), and Germany (1 asymptomatic).

The initial cluster included 7 cases and 2 deaths – laboratory testing conducted in South Africa confirmed hantavirus infection among 1 of the cases that same day. By May 4, 2026, a total of 7 cases, of which 2 are confirmed, and 3 deaths were reported. Cases involved in this initial cluster had symptoms including fever, gastrointestinal symptoms, rapid progression to pneumonia, acute respiratory distress syndrome, and shock, and had onset dates ranging from April 6-28, 2026. On May 6, 2026, an additional confirmed case was reported by health authorities in [Switzerland](#) among a passenger of the MV Hondius that had disembarked in South Africa and returned home prior to developing symptoms.

The vessel, carrying 147 passengers and crew members, departed from Ushuaia, Argentina, on April 1, 2026, and cruised along the South Atlantic, stopping at locations including mainland Antarctica, [St. Helena](#), and Ascension Island, among others, before mooring off the coast of Cape Verde – as of May 7, 2026, the vessel is now sailing for the Canary Islands. Medical assessments of each passenger and crew member are being conducted onboard by infectious disease experts and doctors from the WHO and other organizations – none are symptomatic. Global contact tracing of individuals that disembarked from the vessel and returned home already or were potentially exposed to cases in a variety of settings, including a flight from St. Helena to Johannesburg, is ongoing.

[Hantavirus](#) infection is typically acquired through contact with urine, droppings, or saliva of infected rodents, and less commonly through infected rodent bites; however, limited human to human transmission has been reported in previous outbreaks of the Andes virus (in [Argentina](#) and [Chile](#) associated with prolonged close contact), a species of hantavirus endemic in parts of [South America](#) and involved in this outbreak. Cases involved in the initial cluster had traveled to areas of Argentina, [Chile](#), and [Uruguay](#) where the Andes virus is present prior to boarding the MV Hondius in Ushuaia. 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). At the time of writing, the WHO currently assesses the risk to the global population and to the people of the Canary Islands as low. This situation is rapidly developing.

Data Sources: [WHO \(5/4/26\)](#), [WHO \(5/7/26\)](#), [Argentina MOH \(5/4/26\)](#), [Swiss FOPH \(5/6/26\)](#)

Measles

Bangladesh – Updated Data on Ongoing Outbreak Affecting All Departments:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of May 6, there have been a total of 45,498 suspected and 6,208 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 279 deaths reported among suspected cases, and 57 reported among confirmed cases. Since the previous update, 10,782 incident cases (9,518 suspected & 1,264 confirmed) and 62 deaths (52 suspected & 10 confirmed) were reported. According to provisional data from the [World Health Organization \(WHO\)](#) for the period of January 1 – March 16, 2026, there were 91 confirmed cases reported, highlighting the rapid increase in incidence since then.

Measles Cases, Hospitalizations, and Deaths by Case Status, Bangladesh, Since March 15, 2026							
Case Status	Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Suspected	45,498	+9,518	31,912	+7,602	279	+52	0.6%
Confirmed	6,208	+1,264			57	+10	0.9%

Table Notes: Data as of May 6, 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 (20,581), Rajshahi (8,049), Chattogram (6,423), Khulna (3,373), Barisal (3,281), Sylhet (1,964), Rangpur (994), and Mymensingh (833). Among all cases (suspected & confirmed), 62% have been hospitalized. According to data from the [WHO](#) as of April 14, 2026, the majority of cases have been among children aged <5 years (79%), with 66% among children aged <2 years and 33% among children aged <9 months. Deaths have primarily been reported among unvaccinated children aged <2 years.

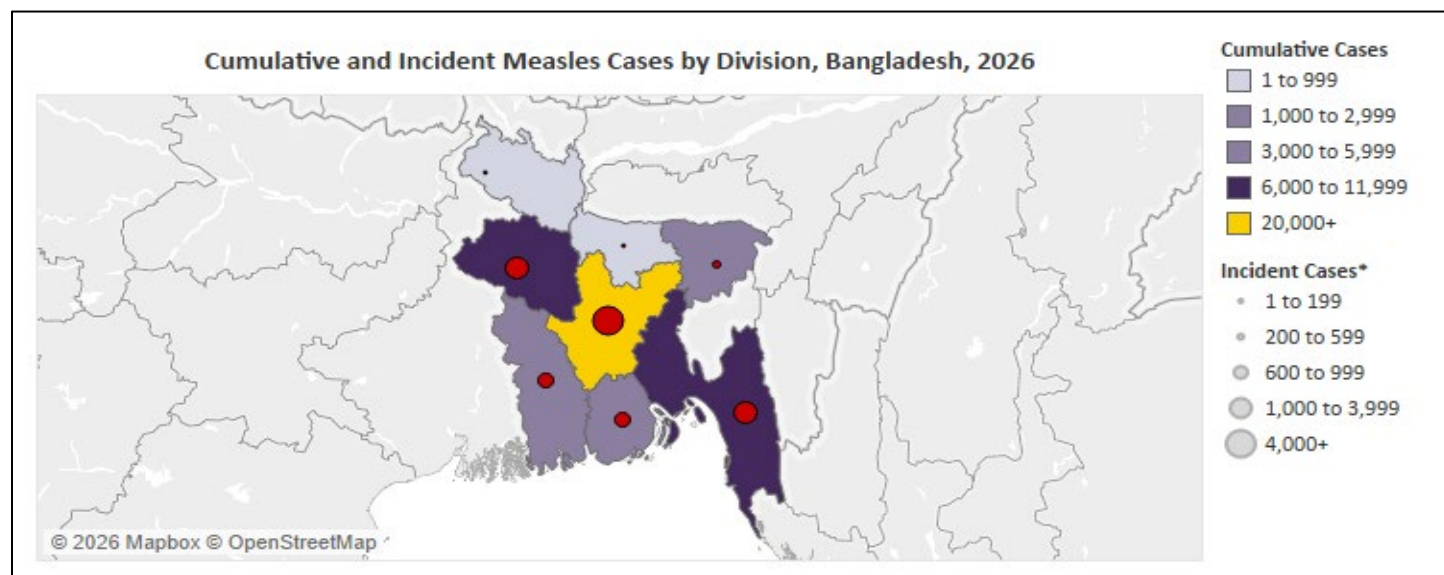


Figure Notes: Data as of May 6, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

On April 5, 2026, an [emergency measles-rubella vaccination campaign](#) was launched targeting children aged 6 months to 5 years who were not routinely immunized or are at greatest risk for severe illness across 18 high-risk districts. According to data from the [WHO South-East Asia Region \(SEAR\)](#) as of May 4, 2026, over 15 million children have been vaccinated since the campaign began – equal to 86.4% of the target population.

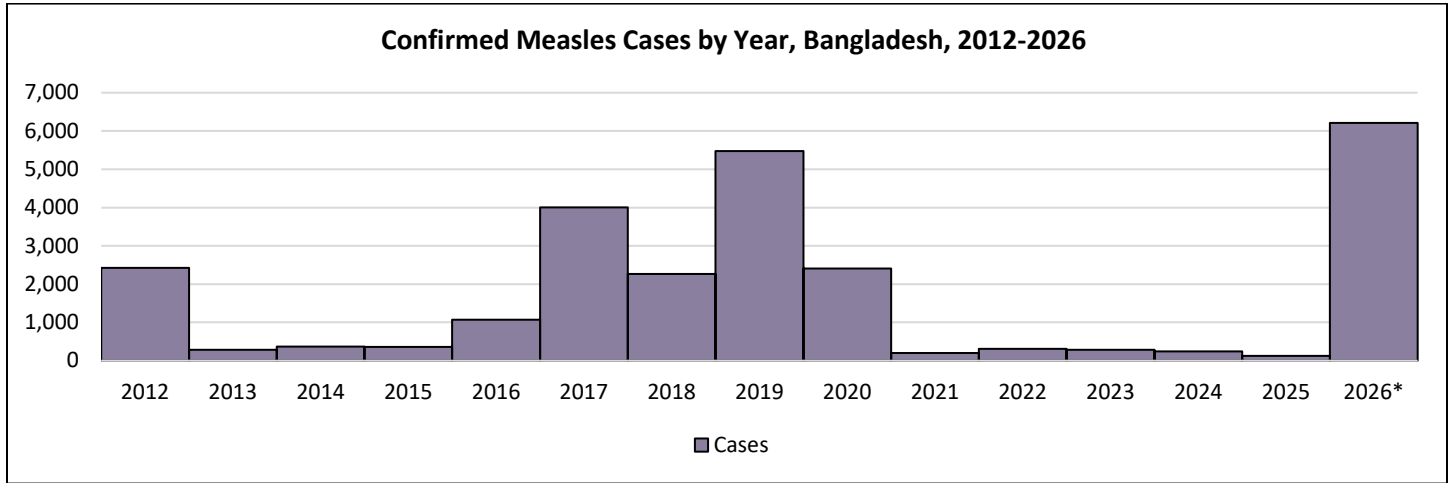


Figure Notes: Data for 2012-2025 as of March 23, 2026; *Data for 2026 as of May 6, 2026, and is incomplete for the year.

In the first 5 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year ever when compared to data available from the [WHO](#) since 2012. An approximately 13-fold decrease in the number of confirmed cases reported annually has been observed since the COVID-19 pandemic. From 2021-2025, there were 293 confirmed cases reported annually on average. In the years preceding the pandemic (2016-2020), there were 3,805 confirmed cases reported annually on average. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Sources: [WHO \(3/16/26\)](#), [SEAR \(5/5/26\)](#), [DGHS \(5/7/26\)](#), [WHO \(4/23/26\)](#)

Canada – Incident Cases Reported in 4 Provinces, Most in Manitoba:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of April 25, 2026, there have been a total of 5,460 probable and confirmed measles cases reported in Canada during 2025, and 944 probable and confirmed cases reported during 2026. Since the previous update, 37 incident cases with rash onset during 2026 were reported in 4 provinces.

Measles Cases, Hospitalizations, and Deaths, Canada, 2025-2026									
Year	Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	380	+0	5,081	+0	401	+0	2	+0	0.0%
2026	75	+2	869	+35	59	+0	0	+0	0.0%

Table Notes: Data as of April 25, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (579), [Alberta](#) (290), [British Columbia](#) (26), Ontario (23), Nova Scotia (10), [Quebec](#) (11), and [Saskatchewan](#) (5). Those aged 5-17 years have been most affected (42%), followed by those aged 18-54 years (37%), and those aged 1-4 years (13%). There have been 3 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%). 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.

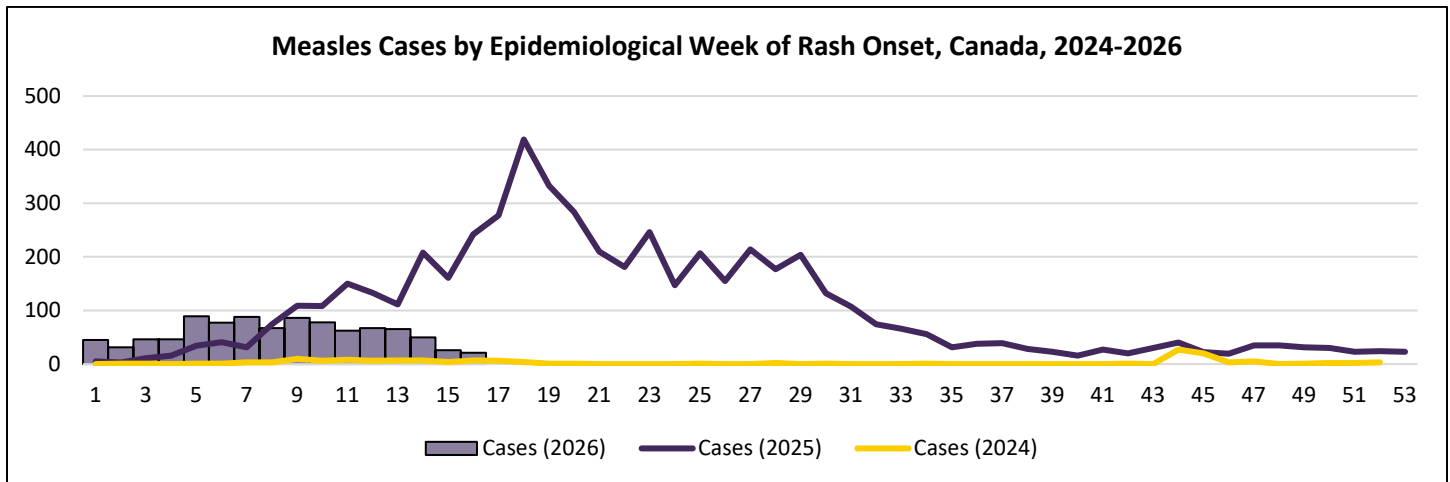


Figure Notes: Data as of April 25, 2026, and includes probable and confirmed cases.

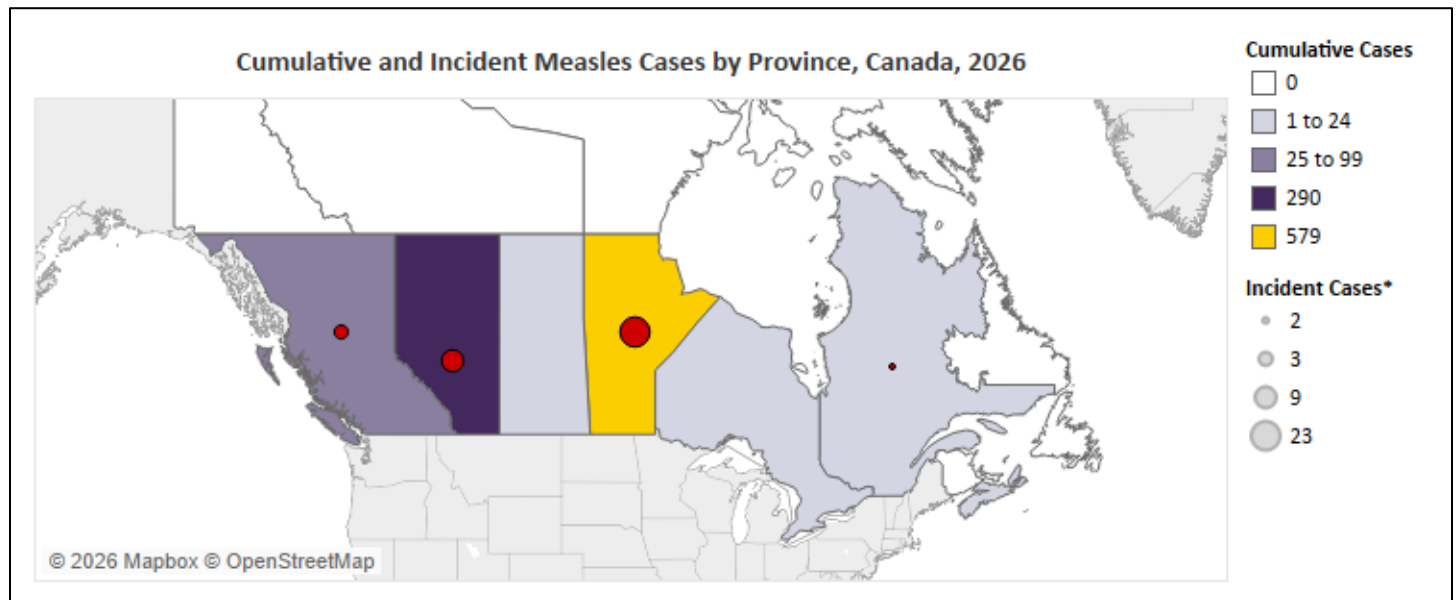


Figure Notes: Data as of April 25, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

Canada is currently experiencing a large measles outbreak involving 6,294 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 \(5/4/26\)](#), [PHAC - 2025 \(5/4/26\)](#)

Guatemala – Over 5,700 Confirmed Cases Reported in Nationwide Outbreak:

According to data from the [Ministry of Public Health and Social Assistance \(MSPAS\)](#) as of May 4, 2026, there have been total of 5,731 confirmed measles cases and 4 deaths reported in Guatemala since December 2025. Since the previous update, 3,594 confirmed incident cases and 2 deaths were reported. All deaths have been reported among infants too young to be vaccinated against measles. A decrease in confirmed case incidence has been observed since the end of March.

Measles Cases and Deaths, Guatemala, 2025-2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
5,731	+3,594	4	+2	0.1%

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

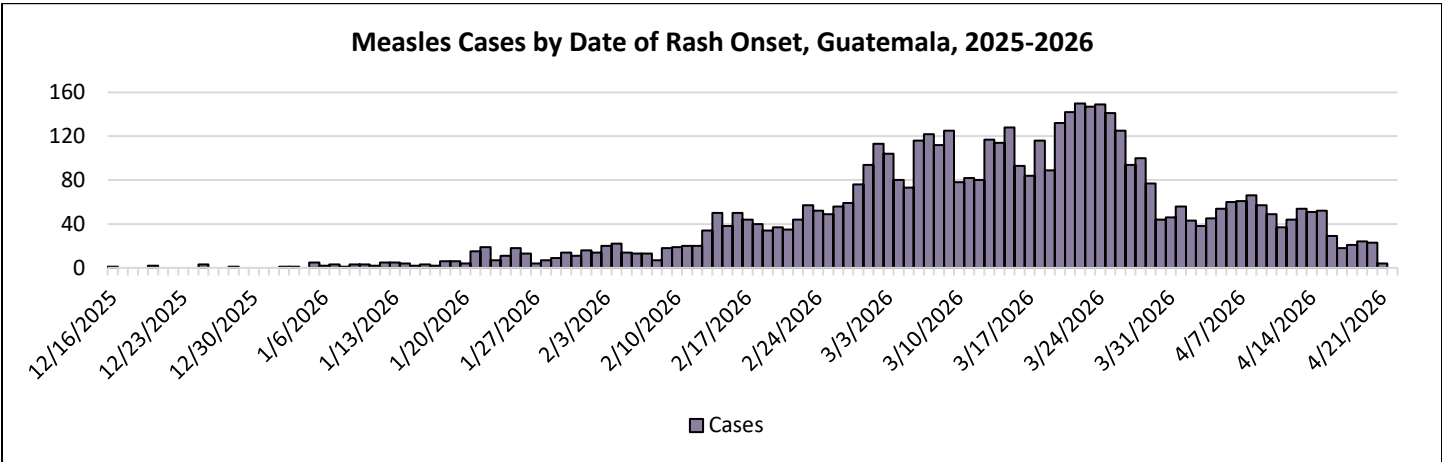


Figure Notes: Data as of May 4, 2026, and includes 5,297 confirmed cases through April 21, 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (2,802), Quiché (370), and Sololá (350) – cumulative incidence per 100,000 population is currently rated as very high (25.10 to 68.95) in 7 departments: Sololá (68.95), Guatemala (62.89), Totonicapán (56.62), Sacatepéquez (35.18), Chimaltenango (33.26), Quiché (31.52), and Jalapa (30.05). Incidence per 100,000 population has been highest among those aged <1 year (198.1), followed by those aged 20-29 years (60.6), those aged 1-4 years (37.9), and those aged 15-19 years (35.1).

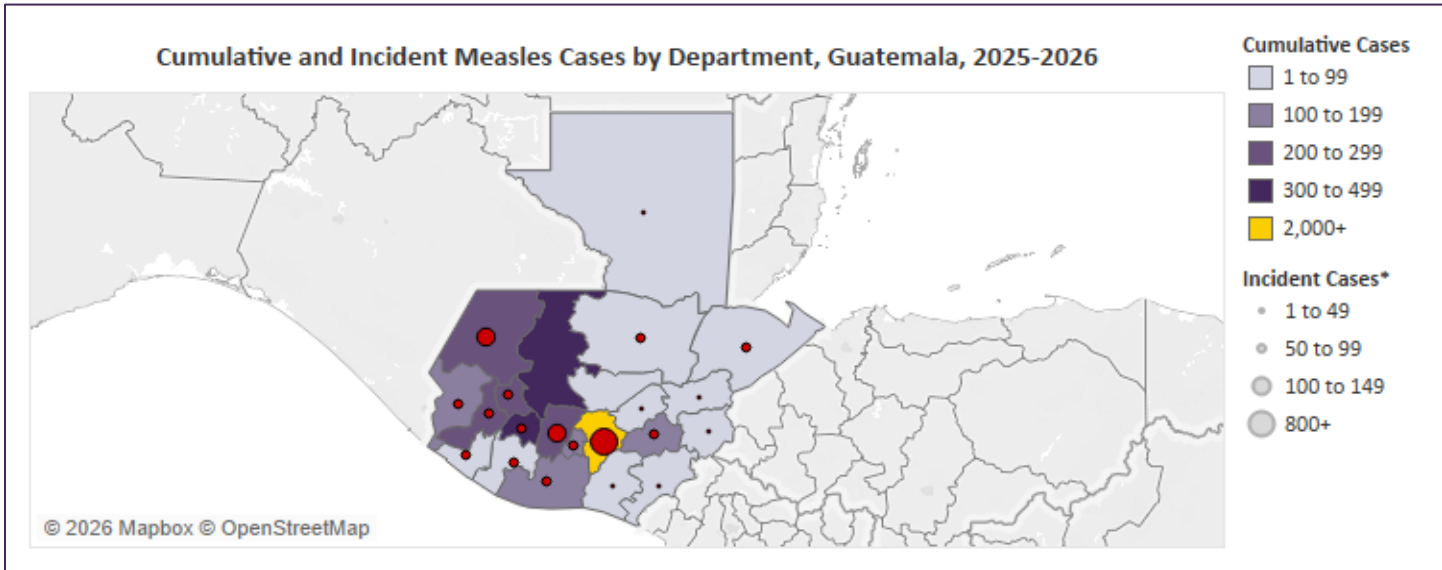


Figure Notes: Data as of May 4, 2026; *Change in cumulative total compared to previous update.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. During 2025, there were only 7 cases reported in the country. The current outbreak has been linked to religious retreat in Santiago Atitlán last December that involved over 2,000 attendees. In response to the outbreak, over 410,000 measles vaccine doses have been administered in the country as of April 30, 2026. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding measles globally. [Vaccination](#) offers the best protection against measles and is recommended for all international travelers.

Data Source: [MSPAS \(5/4/26\)](#)

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

According to data from the [Israeli Ministry of Health](#), as of May 3, 2026, there have been a total of 3,679 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 36 incident cases were reported.

Measles Cases, Hospitalizations, and Deaths, Israel, 2025-2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
3,679	+36	1,243	+11	17	+0	0.5%

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

Cases have primarily been reported in Jerusalem (1,159), Beit Shemesh (1,056), Bnei Brak (196), Safed (150), Beitar Illit (112), Tiberias (103), Modin Illit (71), and Nof Hagalil (60). Among all cases, 86.2% have been among children aged <10 years, and 33.8% have been hospitalized, including 7 cases currently hospitalized – 4 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.

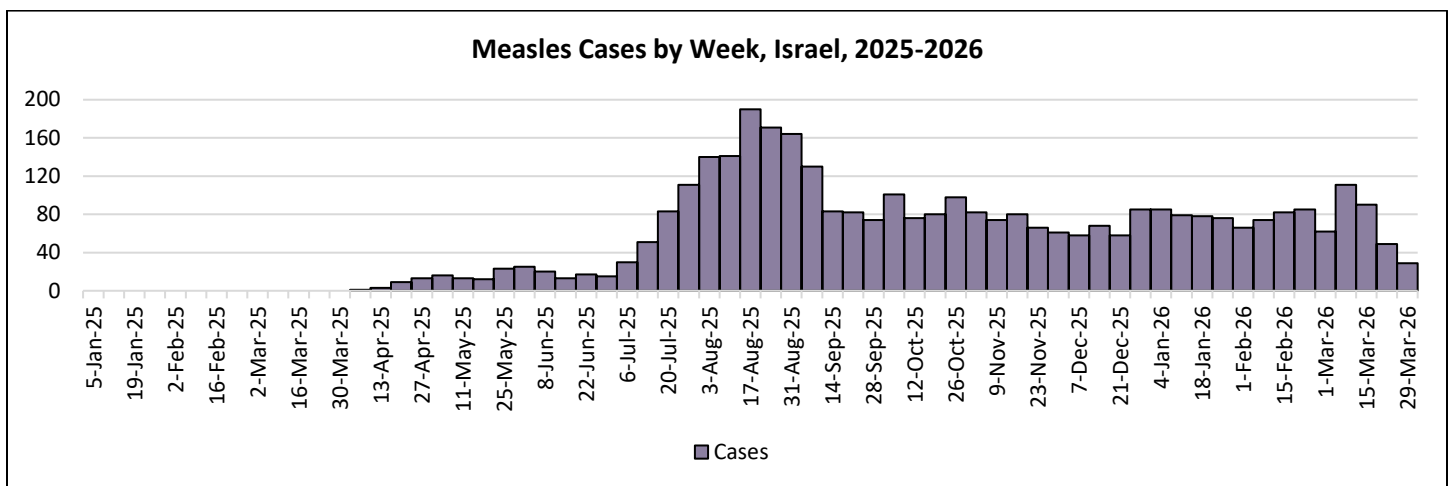


Figure Notes: Data as of May 3, 2026, and includes 3,583 cases through April 4, 2026.

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 \(5/3/26\)](#)

Mexico – Over 250 Confirmed Incident Cases and 3 Deaths Reported:

According to data from the [Secretary of Health of Mexico](#) as of May 6, 2026, there have been a total of 6,608 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 10,509 confirmed cases and 13 deaths reported during 2026. Since the previous update, 283 confirmed incident cases with symptom onset during 2026 were reported, along with 3 additional deaths – all deaths were reported in Zacatecas. Incident cases were primarily reported in Jalisco (142), Durango (31), and Mexico City (22). 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	-16	6,608	+7	27	+0	0.4%
2026	24,673	+528	10,509	+283	13	+3	0.1%

Table Notes: Data as of May 6, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

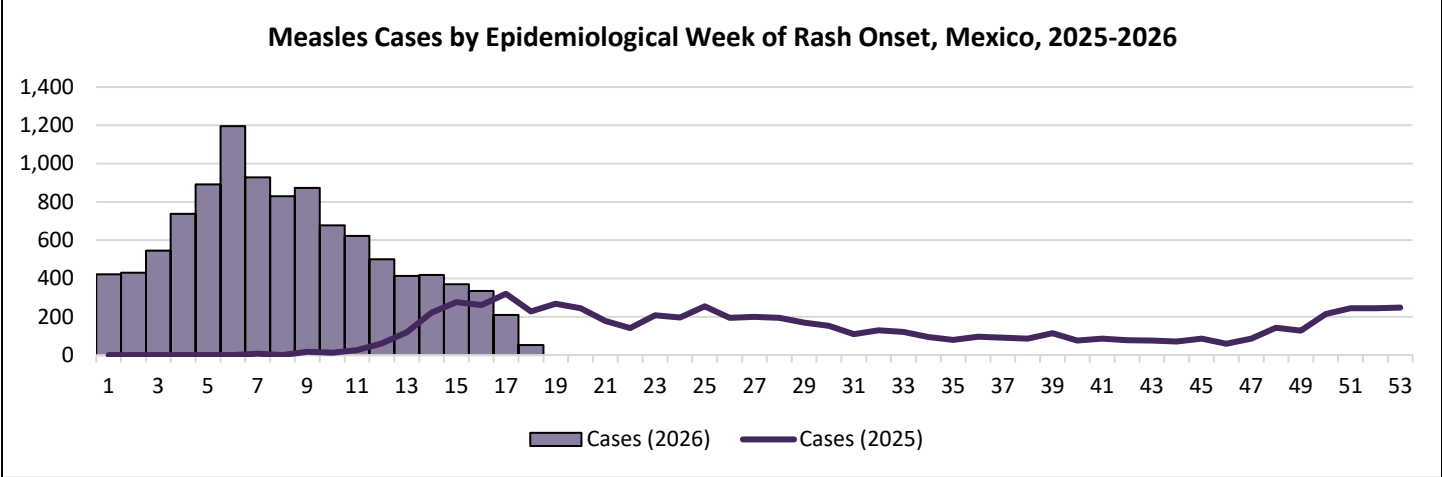


Figure Notes: Data as of May 6, 2026, and includes confirmed cases only (42 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (5,978), Mexico City (894), and Chiapas (791). 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 (83.86), followed by those aged 1-4 years (25.88), those aged 5-9 years (18.58), and those aged 25-29 years (18.28).

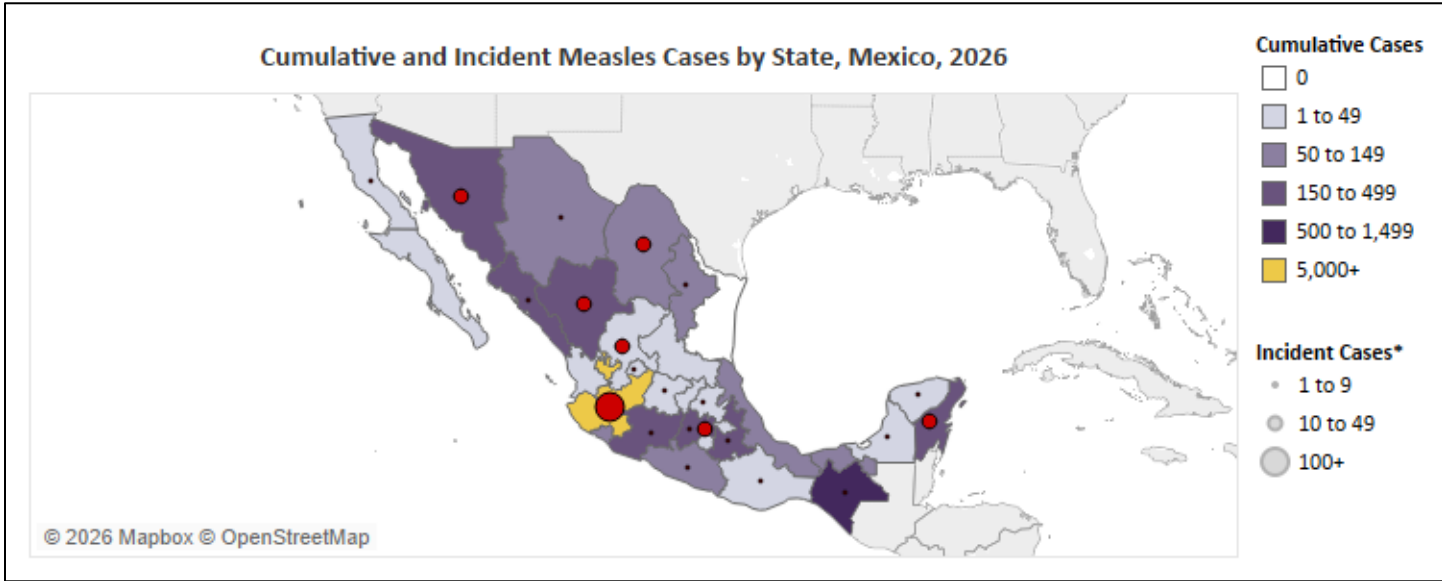


Figure Notes: Data as of May 6, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

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 \(5/6/26\)](#)

United States – Over 1,800 Confirmed Cases Reported Nationally During 2026:

According to data from the [United States CDC](#) as of April 30, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,814 confirmed cases reported during 2026. Since the previous update, 22 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	1,814	+22	105	+4	0	+0	0.0%

*Table Notes: Data as of April 30, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

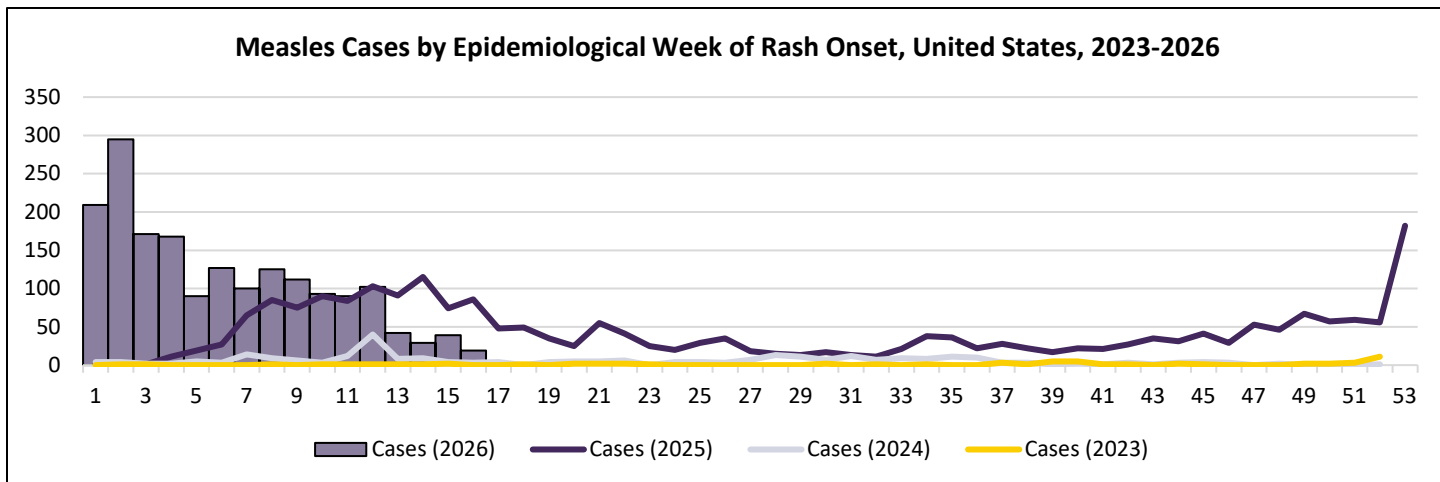
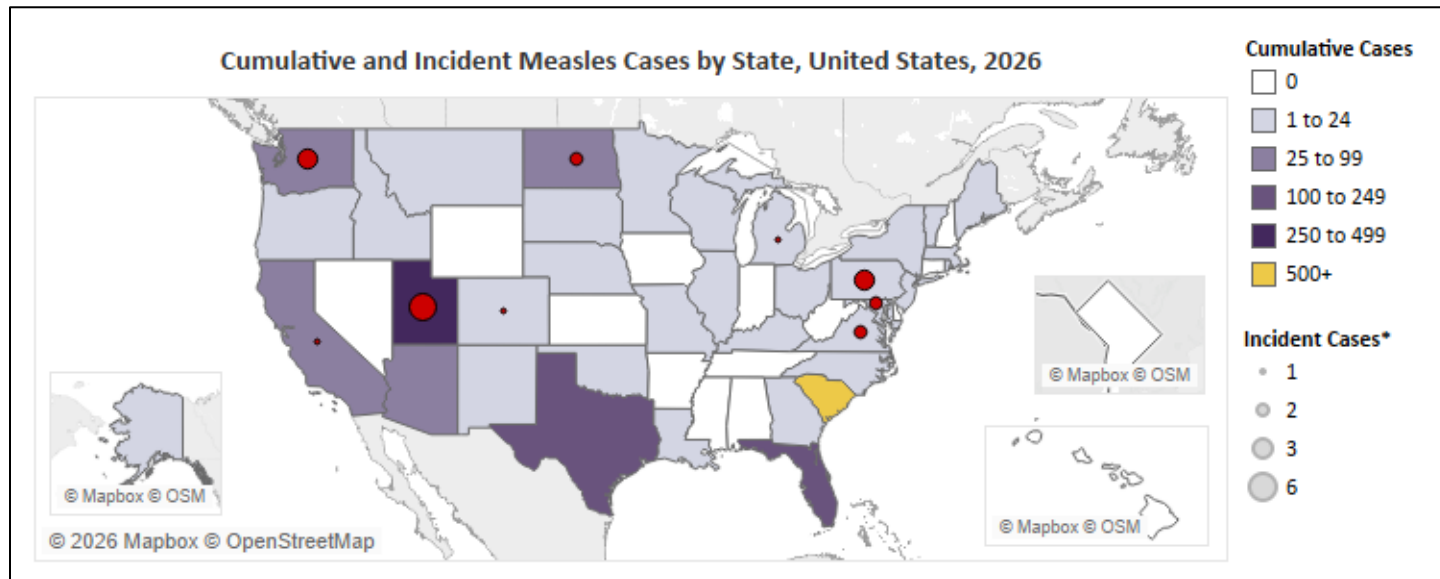


Figure Notes: Data as of April 30, 2026, and includes cases reported among international visitors to the United States.



*Figure Notes: Data as of April 30, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

During 2026, confirmed cases have been reported by 37 jurisdictions, primarily South Carolina (668), [Utah](#) (431), Texas (180), and Florida (134). There have been 24 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (415 from outbreaks that began during 2026 and 1,273 from outbreaks that began during 2025). On April 27, 2026, the large measles outbreak in upstate [South Carolina](#) that resulted in 997 cases reported during 2025-2026 was officially declared over. Those aged 5-19 years have been most affected (51%), followed by those aged 20+ years (27%), and those aged <5 years (21%). Among all confirmed cases 92% have been unvaccinated or have unknown vaccination statuses and 6% have been hospitalized. In New York, there have been 5 confirmed cases reported in [New York City](#) and 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.

Data Source: [CDC \(5/1/26\)](#)

Mpox

Global (Outside of Africa) – Incident Recombinant Clade Ib/IIb Case Reported:

According to data from the [World Health Organization \(WHO\)](#) as of April 19, 2026, there have been a total of 160 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. While not yet included in data from the WHO, an incident travel associated recombinant clade Ib/IIb mpox case was reported since the previous update in [Qatar](#), the third such case reported globally, following reports of cases in India and the United Kingdom.

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2026			
Travel Associated Clade I Cases		Linked Secondary Clade I Cases	
Cumulative	Incident†	Cumulative	Incident†
160	+3	50	+0

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

Subclade of travel associated clade I cases reported since the beginning of 2024 is distributed as follows: 151 clade Ib, 4 clade Ia, 3 clade I of unknown subclade, and [2 recombinant clade Ib/IIb](#). Recombinant clade Ib/IIb mpox cases have only been reported in the United Kingdom and India among individuals with travel history to South-East Asia and the Arabian Peninsula, respectively, and neither patient experienced severe outcomes. Given the time between illness onset of both cases (several weeks) there may be additional recombinant clade Ib/IIb cases that have not yet been detected/reported. Travel associated clade I cases (not including secondary cases) have been reported by 37 countries outside of Africa, primarily the United Kingdom (25), [India](#) (18), [Thailand](#) (15), Germany (12), China (11), the United States (10), and France (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20).

Since September 2025, [broader transmission of clade Ib mpox](#) has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the [European Center for Disease Prevention and Control \(ECDC\)](#) through March, the number of clade I cases reported monthly in European Union (EU) and European Economic Area (EEA) countries has been relatively stable: January (89), February (78), March (80). There have been 336 clade I mpox cases reported by 17 EU/EEA countries in the past 12 months (95% among MSM). A recent communication published in [Eurosurveillance](#) highlights the rapid increase in locally acquired incident clade Ib mpox cases reported in Berlin, Germany, particularly among MSM since December of 2025. While community transmission of clade I mpox has not been confirmed in the UAE, many travel associated cases reported in other countries have been among those returning from the UAE, indicating likely community transmission. Recently, active community transmission of clade I mpox was detected for the first time in [Denmark](#) and [Pakistan](#), and clade I mpox was detected in wastewater samples from the United States in [Hawaii](#) for the first time. [Vaccination](#) is recommended for those traveling to countries with outbreaks and at risk for exposure.

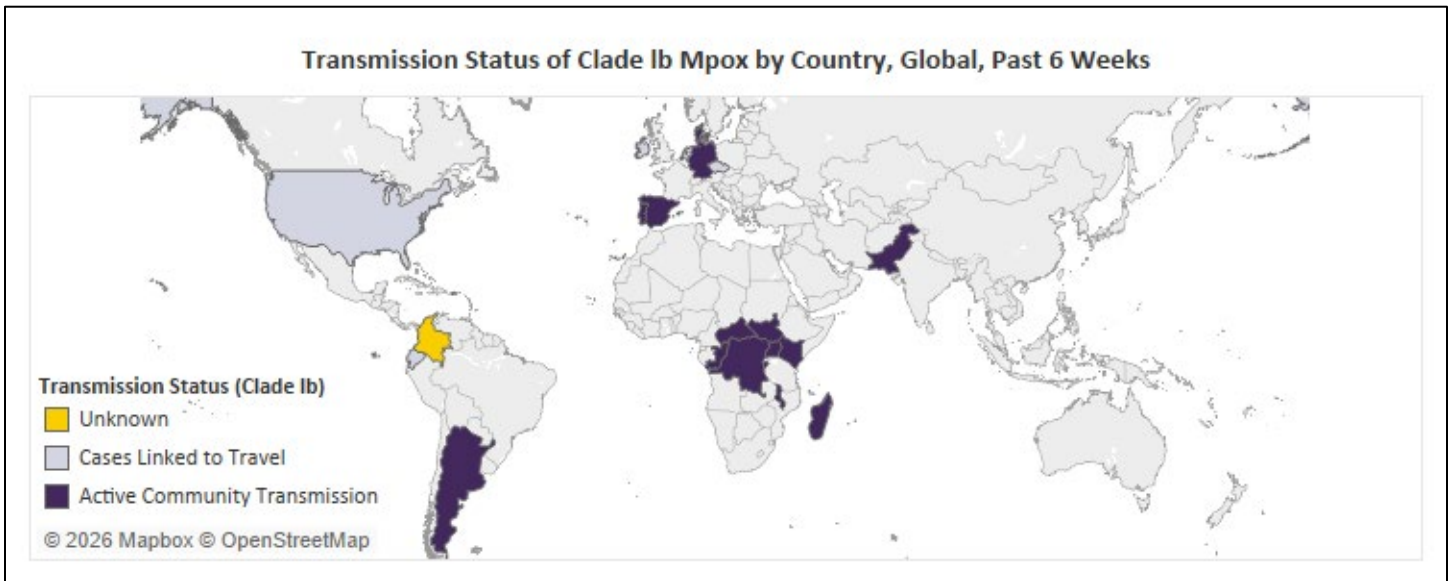


Figure Notes: Data as of April 19, 2026, and only includes countries with clade Ib cases reported in the past 6 weeks.

Incident Travel Associated Recombinant Clade Ib/IIb Mpox Case Reported in Qatar

On March 24, 2026, health officials in Qatar notified the WHO of a confirmed case of recombinant clade Ib/IIb mpox among an adult male resident of Qatar who had recently traveled to Saudi Arabia. The case did not report any high-risk exposures, and the source of infection remains unknown. This is the third case of recombinant clade Ib/IIb mpox to be reported globally, following reports of cases in India (1) and the United Kingdom (1).

Data Sources: [WHO \(4/27/26\)](#), [ECDC \(5/7/26\)](#), [WHO \(4/30/26\)](#)

New World Screwworm

Mexico – Confirmed Human Case Reported in Querétaro for the First Time:

According to data from the [Secretary of Agriculture of Mexico](#) as of May 5, 2026, there have been a total of 23,312 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,700 are currently active (an increase compared to the prior week). According to data from the [Secretary of Health of Mexico](#), as of April 25, 2026, there have been a total of 276 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 822 incident cases among animals and 17 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†
23,312	+822	1,700	+49	276	+17

Figure Notes: Data for cases reported among animals as of May 5, 2026, and data for cases reported among humans of April 25, 2026; †Change in cumulative total compared to previous update.

NWS cases among animals have been reported in 25 states, primarily Chiapas (6,637), Oaxaca (3,808), Veracruz (3,414), Yucatan (2,036), and Tabasco (1,236). Confirmed NWS cases among humans have been reported in 15 states, primarily Chiapas (122), Veracruz (25), Yucatan (24), Oaxaca (23), and now for the first time in Querétaro (1). There have been 2 deaths reported among confirmed human cases. In recent weeks, spread has been moving northward. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico. According to data from the [United States CDC](#) as of May 5, 2026, there have been about 171,700 NWS cases reported among animals and over 1,830 NWS cases reported among humans in Central America and Mexico.

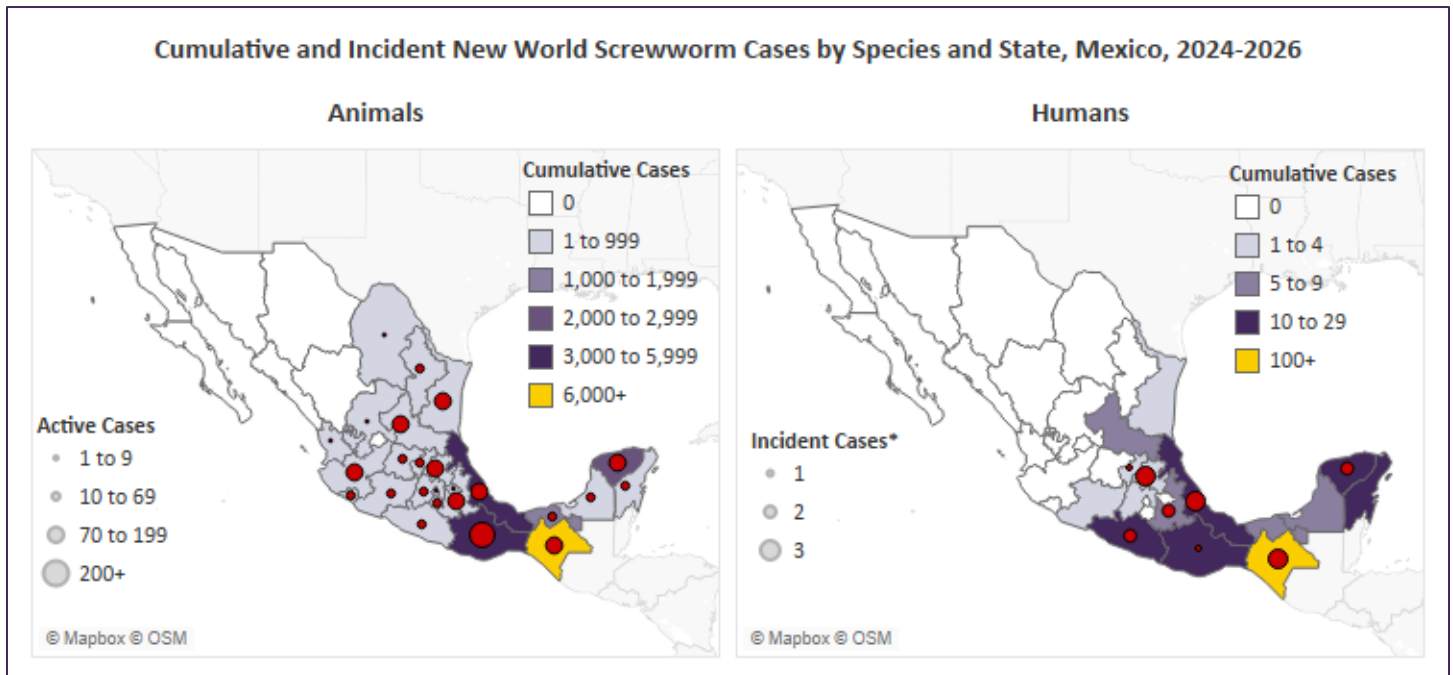


Figure Notes: Data for cases reported among animals as of May 5, 2026, and data for cases reported among humans as of April 25, 2026.

The United States CDC issued a [Health Advisory](#) in January regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas where there are currently 133 active NWS cases among animals (an increase of 10 compared to the prior week), to increase awareness given the potential for geographic spread. Since then, animal NWS cases were detected in Coahuila (4 active cases, an increase of 3 compared to the prior week) [119 miles](#) from the United States border. Domestically, NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – there has been no detection of NWS outside of the quarantine facility. NWS has [not been reported among animals](#) or humans in the United States except for a single [travel associated case](#) among an individual returning from El Salvador.

Data Sources: [Secretary of Agriculture \(5/5/26\)](#), [Secretary of Health \(5/6/26\)](#), [CDC \(4/14/26\)](#)

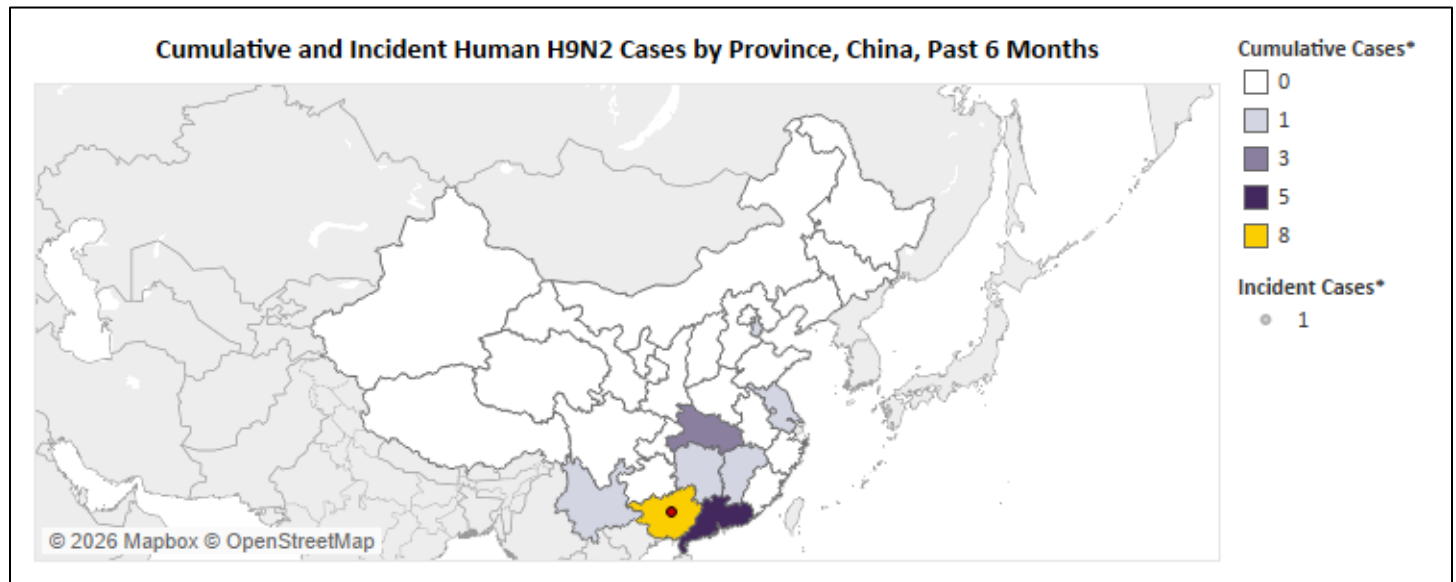
Non-Seasonal Influenza

China – Incident Human Case Reported Among Child in Guangxi Zhuang (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of May 4, 2026, there have been a total of 21 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 the Guangxi Zhuang Autonomous Region.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
21	+1	0	+0	0.0%

Table Notes: Data as of May 4, 2026; †Change in cumulative total compared to previous update; Past 6 months refers to date of reporting rather than date of symptom onset.



*Figure Notes: Data as of May 4, 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 Guangxi Zhuang was reported among a 1-year-old boy with symptom onset on April 12, 2026. According to information from the [World Health Organization \(WHO\)](#), the case developed mild illness after being exposed to domestic poultry while at home and was not hospitalized. Environmental samples collected from the case’s residence and nearby live poultry stalls tested positive for avian influenza A(H9N2). In the past 6 months, human influenza A(H9N2) cases have been reported by 8 provinces/regions/municipalities in China: Guangxi Zhuang (8), Guangdong (5), Hubei (3), Hunan (1), Jiangsu (1), Jiangxi (1), Tianjin (1), and Yunnan (1). According to data from the [WHO](#) as of April 30, 2025, there have been a total of 160 human H9N2 cases reported in China since December 2015.

Data Sources: [HKCHP \(5/5/26\)](#), [WHO \(5/1/26\)](#)

United States – Past 30-Day Trends Continue to Decrease; 1 New Detection (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of May 7, 2026, there have been a total of 2,204 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 1 new detection was reported. In the past 30 days, a total of 13 confirmed HPAI detections have been reported (a decrease compared to the previous update) affecting 0.46 million birds. According to data from the [USDA](#), as of May 7, 2026, there have been a total of 1,191 confirmed HPAI detections reported

among livestock in the United States since March 25, 2024. In the past 30 days, a total of 5 confirmed HPAI detections have been reported among livestock herds in [Idaho](#), following a period with no reported detections since December 2025.

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
7	6	5	0	0	204	25

*Table Notes: Data as of May 7, 2026; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; *New HPAI detections among previously unaffected herds only.*

In the past 30 days, HPAI has been detected among poultry flocks in 6 states, primarily South Dakota (5) and North Dakota (4). Detections increased during 2025 from September (29) to November (96) before decreasing slightly in December (82). During 2026, detections increased slightly from January (62) to March (75) before decreasing substantially in April (17) – there has been 1 detection reported so far during May. Somewhat similar trends have been observed during recent years in the [United States](#). In January, the New York State (NYS) Department of Environmental Conservation reminded New Yorkers to [stay alert for HPAI](#) and avoid contact with sick or dead birds and mammals that may be infected. As of March 31, 2026, there have been 80 poultry flock detections reported in [NYS](#) – the most recent detection was confirmed on March 31 in Bronx County.

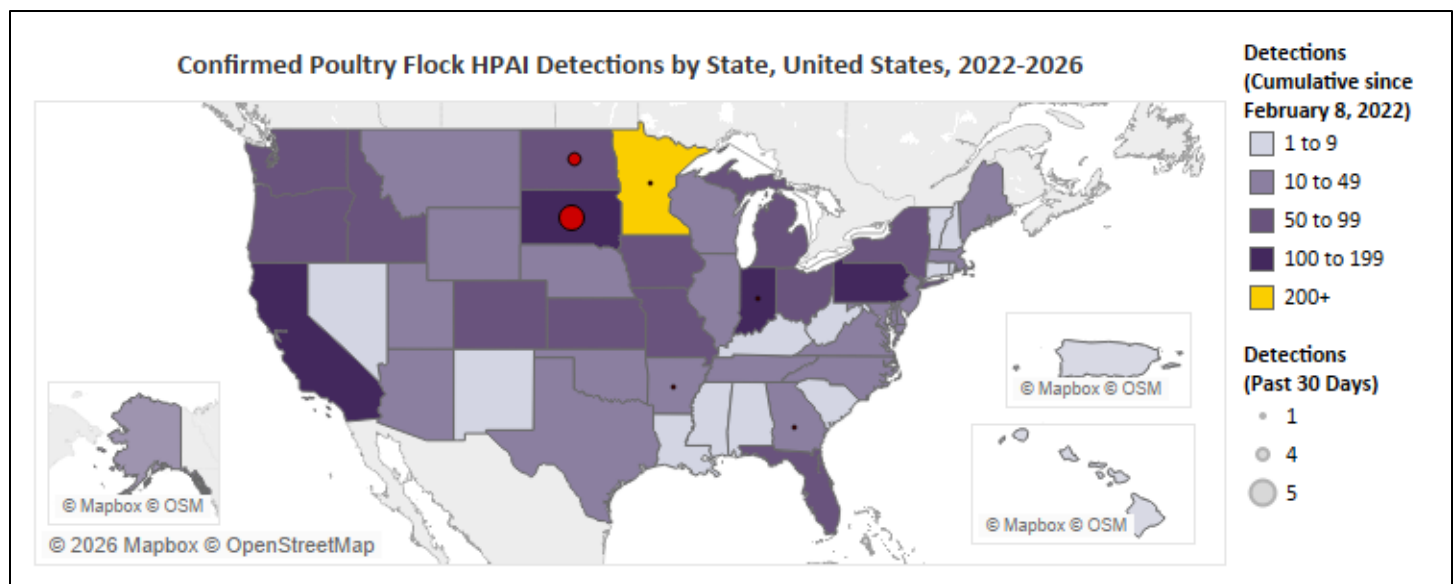


Figure Notes: Data as of May 7, 2026.

According to data from the [United States CDC](#), as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths ([1](#), [2](#)), and 7 probable H5 cases reported among humans since the beginning of 2024. The [most recent human case](#), and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. 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.

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 \(5/7/26\)](#), [USDA \(5/7/26\)](#), [CDC \(3/6/26\)](#)

Pertussis

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

According to provisional data from the [United States CDC](#) as of May 2, there have been a total of 4,154 pertussis cases reported among United States residents and residents of United States Territories during 2026. Since the previous update, 255 incident cases were reported, of which 101 reported symptom onset during the most recent epidemiological week. Additionally, 591 cases were removed from the cumulative 2026 count for Georgia. According to data from the [Pan American Health Organization \(PAHO\)](#) through mid-March, those aged 1-6 years (29%) and 11-19 years (23%) have been most affected and there has been [1 death](#) from pertussis reported during 2026. Case totals for 2026 at this time are about 60% lower compared to 2025.

Pertussis Cases by Reporting Area with Prior Year Comparison, United States, 2025-2026				
Reporting Area	Cases			
	Current Week	Cumulative (2026)	Cumulative (2025)	Ratio (2026/2025)
New England	2	97	226	0.4
Middle Atlantic	7	394	795	0.5
East North Central	14	575	2,082	0.3
West North Central	0	138	1,395	0.1
South Atlantic	10	605	1,403	0.4
East South Central	7	347	971	0.4
West South Central	5	295	1,723	0.2
Mountain	13	551	1,659	0.3
Pacific	30	1,116	2,869	0.4
United States Territories	3	36	67	0.5
Total	+101	4,154	13,190	0.3

Table Notes: Data as of May 2, 2026; Case counts are provisional and subject to change; New York State is included in the Middle Atlantic.

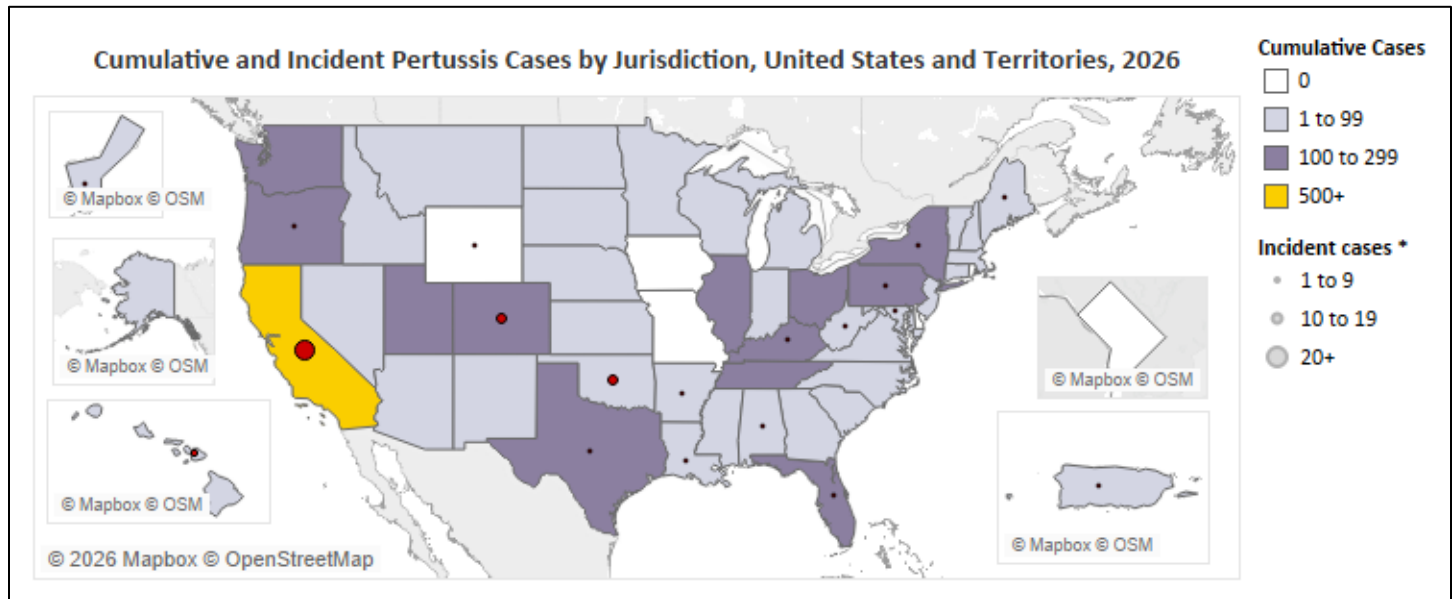


Figure Notes: Data as of May 2, 2026; New York State and New York City are combined in figure; The United States Virgin Islands, American Samoa, and the Commonwealth of Northern Marina Islands did not report any cases during 2025-2026 and are not included in figure; *Incident cases reported symptom onset during the most recent epidemiological week.

During 2026, cases have been reported by 47 jurisdictions, primarily California (571), Washington (265), Ohio (243), Florida (223), New York (226), Oregon (197), Texas (183), Colorado (172), Tennessee (138), Illinois (124), and Pennsylvania (120).

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](#).

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 \(5/7/26\)](#), [CDC \(12/2/25\)](#), [PAHO \(3/25/26\)](#)

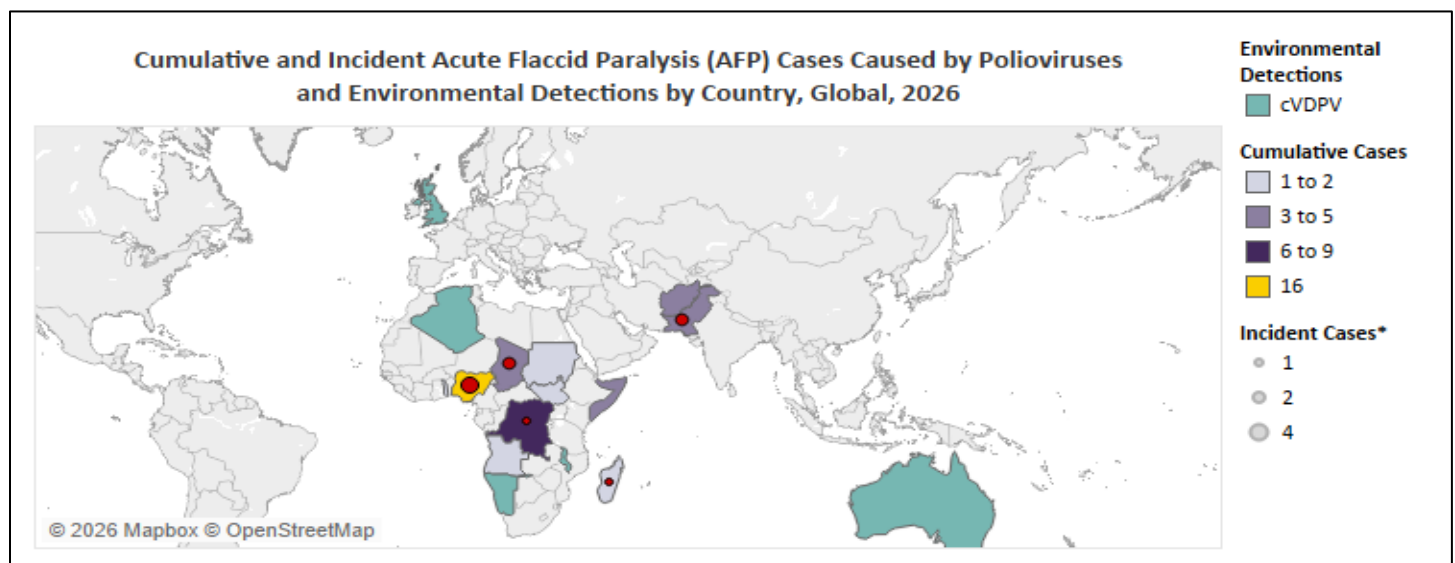
Polio

Global – Incident AFP Cases Reported in Multiple Countries; cVDPV2 in Australia:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of May 4, there have been 6 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 3 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 34 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, 2 incident AFP cases caused by WPV1 were reported in [Pakistan](#) (2), 1 incident AFP case caused by cVDPV1 was reported in Madagascar (1) for the first time this year, 6 incident AFP cases caused by cVDPV2 were reported in the Nigeria (3), Chad (2), and Democratic Republic of the Congo (DRC) (1), and 1 incident AFP case caused by cVDPV3 was reported in Nigeria (1). Additionally, an environmental cVDPV2 detection was reported in Perth, [Australia](#).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
6	+2	3	+1	34	+6	3	+1

Table Notes: Data as of May 4, 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 4, 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 (6 – cVDPV2), Madagascar (1 – cVDPV1), Nigeria (17 – cVDPV2, 3 – cVDPV3), [Pakistan](#) (3 – WPV1), Somalia (3 – cVDPV2), South Sudan (2 – cVDPV1), Sudan (1 – cVDPV2), and [Togo](#) (2 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported by Algeria (2 – cVDPV2), [Australia](#) (1 – cVDPV1), 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, 222 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 \(5/4/26\)](#), [GPEI - cVDPV \(5/4/26\)](#)

Yellow Fever

The Americas – Updated Data; Confirmed Incident Cases Reported in Peru:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of May 5, there have been a total of 64 confirmed yellow fever cases and 23 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases were reported in Peru.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
64	+2	23	+0	35.9%

*Table Notes: Data as of May 5, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

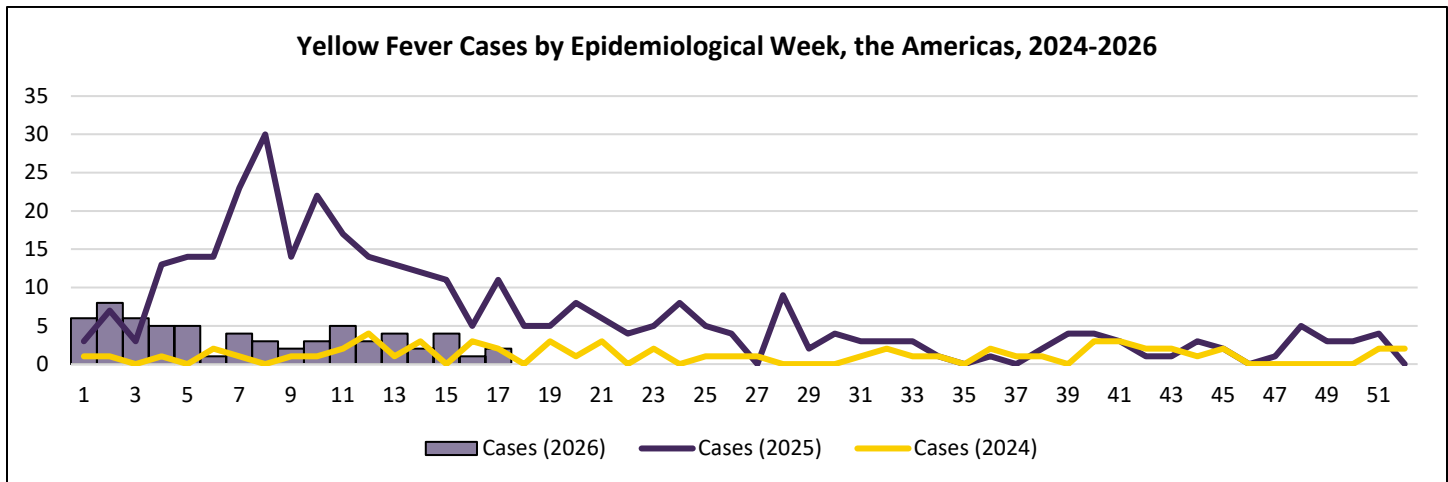


Figure Notes: Data as of May 5, 2026; Cases reported during 2025 with missing dates of symptom onset excluded from figure (8).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas, including [Colombia](#) (38 cases, 16 deaths), Peru (9 cases, 1 death), [Venezuela](#) (6 cases, 1 death), [Bolivia](#) (5 cases, 2 deaths), Brazil (5 cases, 2 deaths) and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all cases reported in Colombia and 70% of deaths reported in the Americas during 2026. According to [PAHO epidemiological alert](#) published in March, yellow fever cases have been reported in areas with no history of transmission since September 2024, including areas outside the Amazon region. Based on recent regional trends observed during the end of 2025 and the beginning of 2026, [Venezuela](#) recently initiated a vaccination campaign focusing on several states previously considered low risk for infection and individuals never vaccinated against yellow fever. Despite not reporting any human cases, the [Trinidad and Tobago](#)

[Ministry of Health](#) detected yellow fever in a deceased red howler monkey in March, confirming presence of the virus and sylvatic transmission in the country. Additionally, a yellow fever [health alert](#) was declared last month in Santa Cruz, Bolivia.

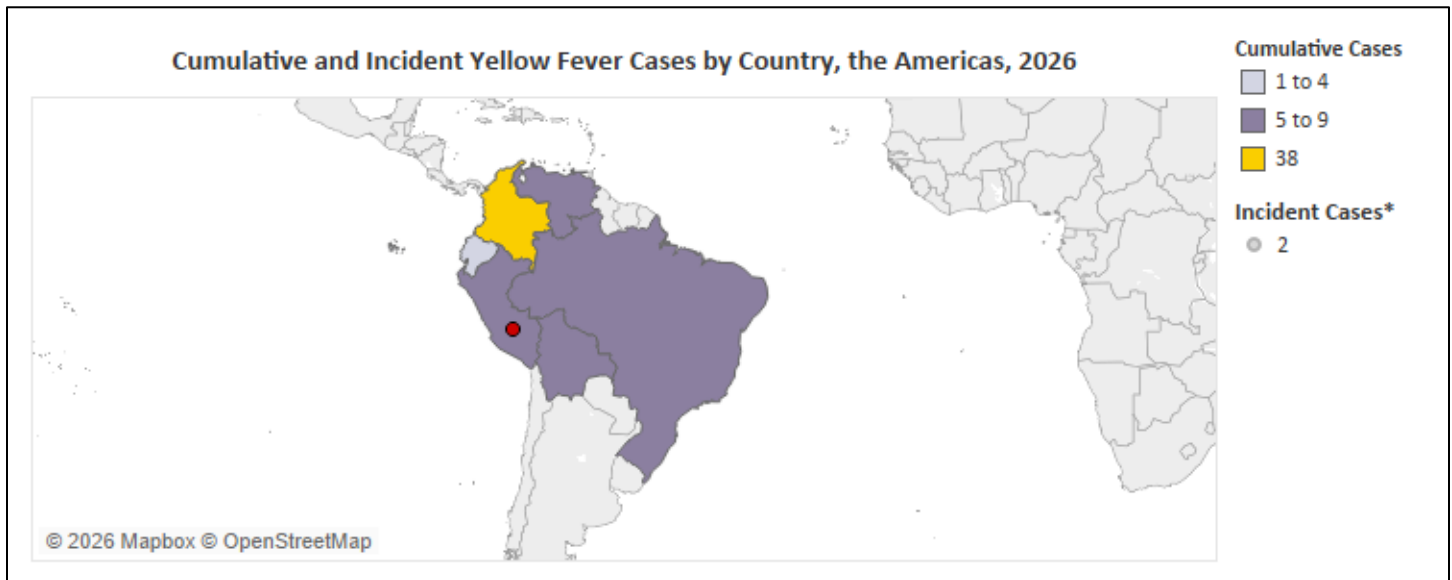


Figure Notes: Data as of May 5, 2026; *Change in cumulative total compared to previous update.

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

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

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Seychelles – Over 110 Travel Associated Cases Reported in EU/EEA Countries ([March 19](#))
- United States – Second Locally Acquired Case of 2025 Reported in Florida ([January 22](#))
- Sri Lanka – Updated Information on Trends During Largest Outbreak in 16 Years ([January 8](#))

Diphtheria

- Africa – WHO Publishes Rapid Risk Assessment Regarding Regional Trends ([March 26](#))
- Guinea – Initial Data for 2026; Active Level 2 Travel Health Notice Posted ([February 12](#))
- Nigeria – Initial 2026 Trends Lower Compared to Previous Years ([February 5](#))

Ebola (Suspected)

- Democratic Republic of the Congo – Suspected Cases and Deaths Reported ([March 12](#))

Escherichia Coli

- United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC ([April 9](#))

Marburg

- Ethiopia – Outbreak Declared Over Following Rapid Containment ([January 29](#))

Measles

- Japan – Updated Data on Outbreak Affecting Tokyo and Surrounding Prefectures ([April 30](#))
- Global – WHO Provides Update on Global Case Counts and Incidence Rates ([April 23](#))
- Europe – Measles Transmission Re-Established in Several Countries ([February 5](#))

Meningococcal Disease

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

Mpox

- Africa – Updated Data on Ongoing Outbreaks Affecting Multiple Countries ([April 30](#))

Nipah

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

Non-Seasonal Influenza

- 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 Backyard Poultry ([April 30](#))
- United States – New Multistate Outbreak Linked to Moringa Powder Capsules ([February 19](#))
- United States – Update on Multistate Outbreak Linked to Supplement Powders ([January 29](#))

Seasonal Influenza

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

Other Active CDC Travel Health Notices:

- [Chikungunya in Seychelles - 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](#)
- [Diphtheria in Guinea - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Nigeria - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

- [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](#)
- [East African Sleeping Sickness in Zambia and Zimbabwe - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [A Strain of Multidrug-Resistant Salmonella Newport in Mexico - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Extensively Drug-Resistant Typhoid Fever in Pakistan - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Ciguatera Fish Poisoning in Vanuatu - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)

Other Global Health News and Events:

- [Pakistan and Afghanistan unite to protect millions of children in synchronized polio campaigns - GPEI - Pakistan | ReliefWeb](#)
- [Public Health Alerts: Detection of a single measles infection using untargeted ultra-deep metagenomic sequencing of wastewater in Cook County, Illinois | CIDRAP](#)
- [The first local human case of H7N7 new influenza A was detected in China, and the Ministry of Health launched an integrated joint action for epidemic prevention and control, completed the public health risk assessment as "low risk", and continued to implement epidemic surveillance and prevention and control work - Centers for Disease Control and Prevention, Ministry of Health and Welfare](#)
- [First autochthonous case of Oropouche fever reported in Anápolis, Goiás, Brazil - BEACON](#)
- [Global Respiratory Virus Activity: Weekly Update N° 576 | WHO](#)
- [First commercial detection of Aujeszky's disease \(pseudorabies\) since 2004, traced to feral swine exposure, prompting swift containment measures in Iowa and Texas, USA - BEACON](#)
- [30 mpox cases reported at Dilala Central Prison in Kolwezi, Lualaba Province, DRC - BEACON](#)
- [Indonesia reports 706 000 malaria cases in 2025, the highest annual total in the country's recent history; cases are concentrated in Papua, Eastern Indonesia - BEACON](#)
- [As RFK Jr. Downplays Rabies, CDC Staff Tells Docs It's a Daily Threat | The Transmission | University of Nebraska Medical Center](#)
- [Rabies-positive beaver attacks multiple people at public lake in Mahwah, New Jersey; bat case confirmed in Texas, USA - BEACON](#)
- [Follow-up on salmonellosis outbreak linked to a restaurant in Hamilton, Ontario, Canada: Update on case numbers; cross-contamination in restaurant kitchen identified as the primary transmission mechanism - BEACON](#)
- [Follow-up on suspected viral hemorrhagic fever cases in Kapoeta East County, Eastern Equatoria State, South Sudan: Negative test results for Ebola virus disease, Marburg virus disease, yellow fever, and Rift Valley fever; investigation ongoing - BEACON](#)
- [Zika epidemiology update - May 2026 | WHO](#)
- [Eurosurveillance | Highly pathogenic avian influenza A\(H5N1\) in poultry and domestic cats and occupational exposure among veterinary and other first responders, Germany, February 2026](#)
- [Large TB outbreaks in the United States decline slightly in recent years, CDC reports | CIDRAP](#)
- [Probe into multistate E coli outbreak involving raw milk is over: CDC | CIDRAP](#)
- [Saudi Arabia fuels polio eradication research with vital funding and leadership - Saudi Arabia | ReliefWeb](#)
- [Infant formula voluntarily recalled after testing positive for heat-stable toxin | CIDRAP](#)
- [TB costs in poor countries exceed those of HIV, estimates suggest | CIDRAP](#)

- [Vermont documents rise in Eastern equine encephalitis cases in people, horses in 2023-24 | CIDRAP](#)
- [US lawmakers seek answers on blocked funding for Gavi | CIDRAP](#)
- [Fatal Human Case of Highly Pathogenic Avian Influenza A\(H5N5\) in a Backyard Flock Owner — Washington, November 2025 | MMWR](#)
- [Serologic Evidence of Highly Pathogenic Avian Influenza A\(H5N1\) Virus Infection in a Veterinary Professional Exposed to an Infected Domestic Cat — Los Angeles County, California, December 2024–January 2025 | MMWR](#)