



**Date: 6/4/26**

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 – Updated Data on Regional Trends; Brazil Reports 7 New Deaths:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on June 3, there have been a total of 143,837 chikungunya cases, of which 48,373 are confirmed, and 45 deaths reported in the Americas during 2026. Since the previous update, 5,462 incident cases, of which 2,767 are confirmed, and 8 deaths 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	11,111	+387	2,542	+160	2	+1	0.1%
Bolivia	39,501	+40	10,628	+0	7	+0	0.1%
Brazil	83,668	+4,982	31,140	+2,513	34	+7	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	616	+93	560	+94	0	+0	0.0%
<b>Total</b>	<b>143,837</b>	<b>+5,462</b>	<b>48,373</b>	<b>2,767</b>	<b>45</b>	<b>+8</b>	<b>0.1%</b>

Table Notes: Data extracted on June 3, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR) calculated among confirmed cases.

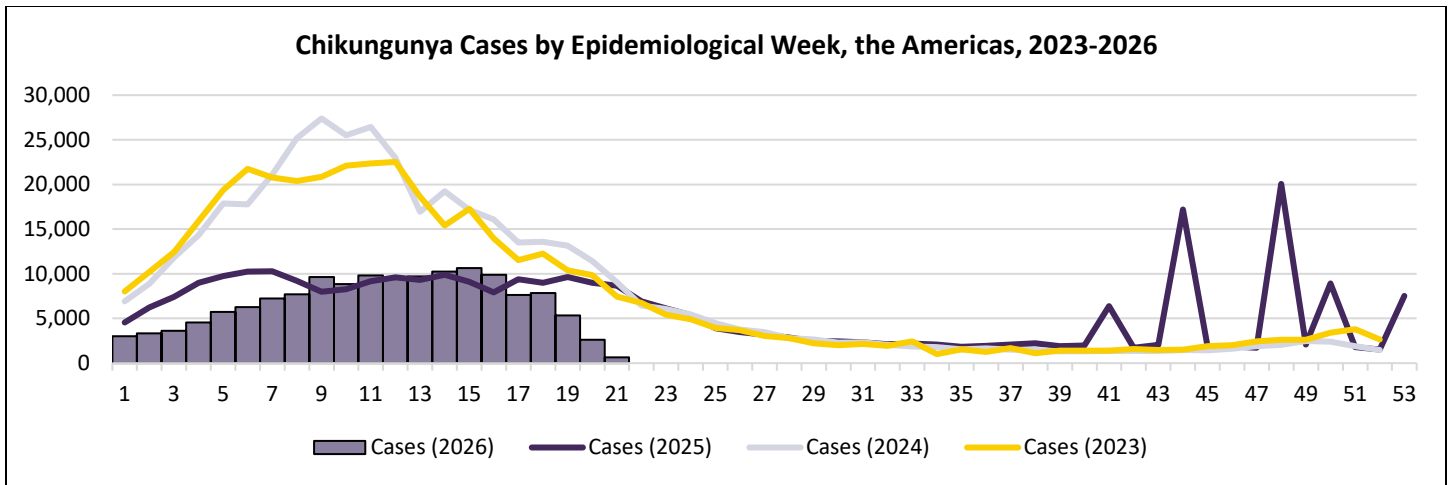


Figure Notes: Data extracted on June 3, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

Cases have been reported by 19 countries in the Americas during 2026, primarily [Brazil](#) (83,668), [Bolivia](#) (39,501), [Argentina](#) (11,111), [Suriname](#) (7,484), and Cuba (1,457). Cumulative incidence per 1 million population is currently highest in Suriname (1,160.31), Bolivia (309.84), [French Guiana](#) (160.06), Brazil (39.18), Argentina (24.15), 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. In May, 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 November-March in the Southern Hemisphere), and assessing the overall risk to human health at the global level as moderate. According to data from the [United States CDC](#) as of June 2, a total of 57 travel associated cases (confirmed & probable) have been reported in the country this year.

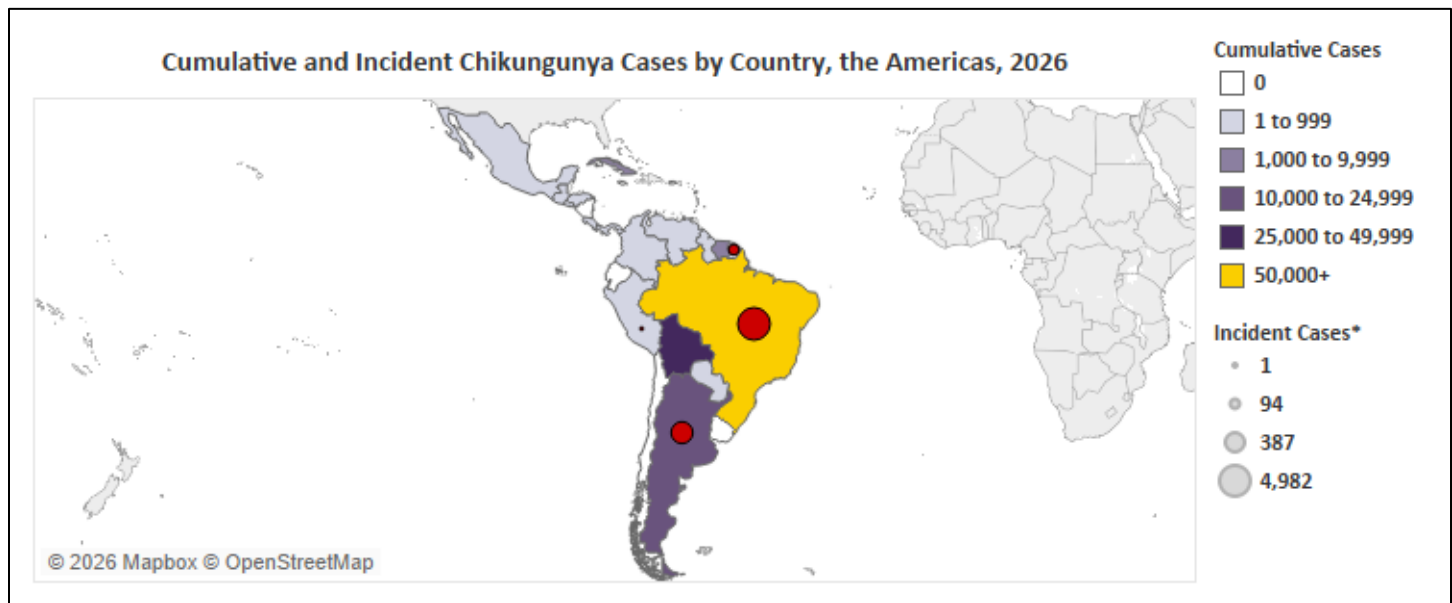


Figure Notes: Data extracted on June 3, 2026, and includes locally acquired cases only; \*Change in cumulative total compared to previous update.

During 2025, there were 316,401 chikungunya cases, of which 115,875 were confirmed, and 175 deaths (CFR: 0.2% among confirmed cases) 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](#), a total of 628 travel associated cases (confirmed & probable) were reported in the country during 2025, the highest number since 2015 (895) and over 2.5 times the number reported during 2024 (241). 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 \(6/3/26\)](#)

## Mayotte – Weekly Confirmed Case Incidence Continues to Decline Since 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 1,311 confirmed locally acquired cases reported as of May 24, 2026. Since the previous update, 20 confirmed locally acquired incident cases were reported, of which 16 were reported during the most recent epidemiological week – incidence has been decreasing since the end of April. So far during 2026, a greater number of confirmed cases have been reported compared to the entire year during 2025 (1,266).

Chikungunya Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
1,311	+20	32	+0	0	+0	0.0%

Table Notes: Data as of May 24, 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 9 municipalities, primarily Mamoudzou (4). Test positivity for the current week was estimated at 16.1%, a slight increase compared to the prior week (13.2%), but much lower than peak during epidemiological week 16 in mid-April (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 (6.0%). 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 \(5/29/26\)](#)

## Diphtheria

### Africa – Updated Level 1 Travel Health Notice Posted by the United States CDC:

On June 2, 2026, the United States CDC posted an updated [Level 1 – Practice Usual Precautions Travel Health Notice](#) regarding diphtheria in several countries in Sub-Saharan Africa, updating previous Level 2 – Practice Enhanced Precautions Travel Health Notices regarding diphtheria in Guinea and Nigeria. According to data from the [Africa CDC](#) as of May 3, there have been a total of 2,155 cases of diphtheria (375 confirmed) and 62 deaths (13 confirmed) reported by 7 African Union (AU) Member States (MS) during 2026.

Diphtheria Cases and Deaths by Country, African Union Member States, 2026			
Country	Cases	Deaths	CFR*
Guinea	28	3	10.7%
Mali	116	4	3.4%
Mauritania	158	0	0.0%
Niger	78	6	7.7%
Nigeria	360	8	2.2%
Somalia	1,395	36	2.6%
South Africa	20	5	25.0%
<b>Total</b>	<b>2,155</b>	<b>62</b>	<b>2.9%</b>

Table Notes: Data as of May 3, 2026, and includes suspected and confirmed cases; \*Case fatality rate (CFR).

In March, the World Health Organization (WHO) published a [rapid risk assessment \(RRA\)](#) regarding diphtheria in the African Region, assessing the overall risk to human health to be moderate at the regional level and low at the global level. According to the RRA, trend data during 2026 has been difficult to interpret; however, a lower number of cases have consistently been reported by many countries since increases were observed beginning in 2025. Between 2000 and 2024, a total of 75,789 suspected cases were reported (3,500 annually on average), with most reported from 2023-2024 (~57,000). Between the beginning of 2025 and March of 2026, over 29,000 suspected cases and 1,420 deaths (CFR: 4.9%) were reported, with most reported during 2025, primarily among females, children aged <15 years, and individuals not fully vaccinated. According to data from the Africa CDC, there were a total of 24,838 cases of diphtheria (7,016 confirmed) and 1,176 deaths (CFR: 4.7%) reported by 10 AU MS during 2025. According to the WHO, diphtheria remains a major public health problem in the African Region despite substantial vaccination efforts of the past 30 years. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

**Data Source:** [Africa CDC \(5/3/26\)](#)

## Australia – Communicable Disease Incident of National Significance Declared:

On May 22, 2026, Australia’s Chief Medical Officer declared diphtheria a [Communicable Disease Incident of National Significance \(CDINS\)](#). According to data from the [Australian Centre for Disease Control \(CDC\)](#) as of May 24, there have been a total of 248 cases (247 confirmed & 1 probable) of diphtheria, and 1 death reported in Australia during 2026, representing a 30-fold increase compared to the same period from 2022-2025 (average of 7.8 cases) and the first death with diphtheria listed as the probable cause since 2018. Incidence had been steadily increasing since October 2025 before spiking in February-April 2026; a decrease has been observed from April-May. During the most recent week, 40 incident cases were reported, whereas 78 were reported the week prior. Cases have been primarily reported in the Northern Territory (146) and Western Australia (92), but also in South Australia (7) and Queensland (3), and almost all have been locally acquired (246) – whole genome sequencing (WGS) has determined that recent cases reported in these locations are genomically linked.

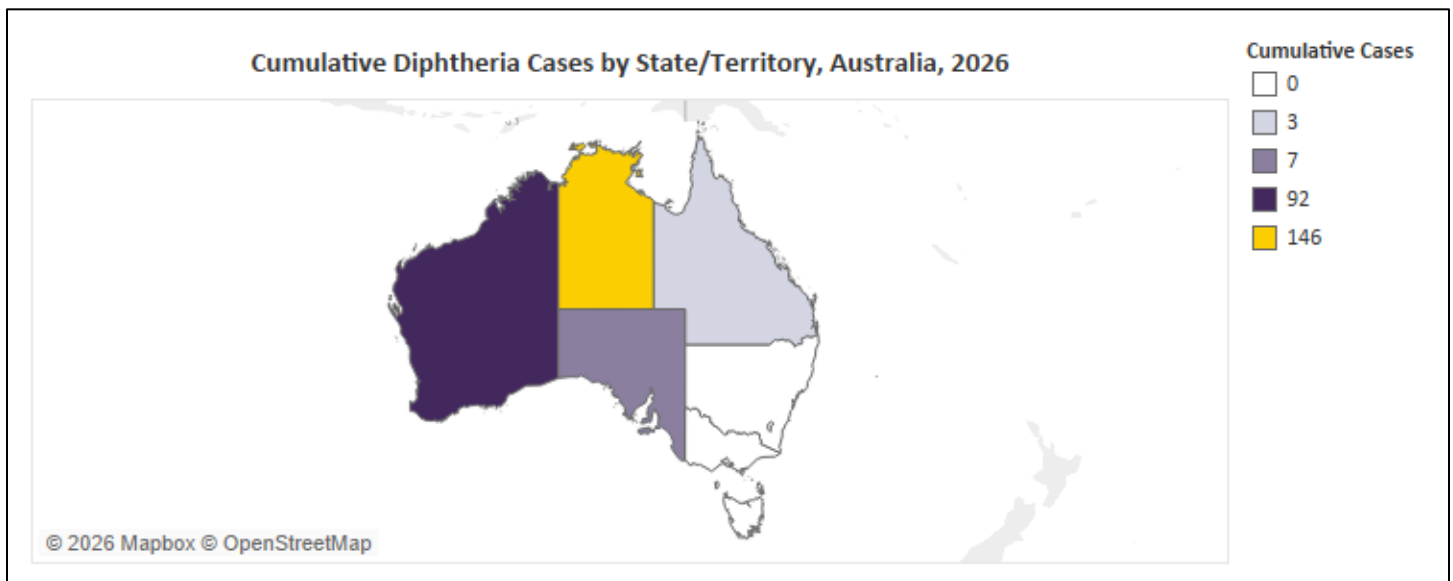


Figure Notes: Data as of May 22, 2026.

Among all cases, 94.8% have been among Aboriginal and/or Torres Strait Islander people, 57.6% have been female, 24.7% been hospitalized, and 65.7% have been cutaneous diphtheria (as opposed to respiratory: 32.7%). Most cases of respiratory (83.8%) and cutaneous (73.0%) diphtheria have received the primary course (3-doses) of a diphtheria vaccine. This year, the highest number of cases has been reported among those aged 25-44 years, while the highest rate has been reported among those aged 15-24 years. Prior to the COVID-19 pandemic, most diphtheria cases in Australia were travel associated. Since 2020, there have been 15 diphtheria clusters ( $\geq 2$  cases) reported (10 during 2026), the largest of which

(10-16 cases) occurred in North Queensland from 2020-2023. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

**Data Source:** [Australian CDC \(5/22/26\)](#), [Australian CDC \(5/29/26\)](#)

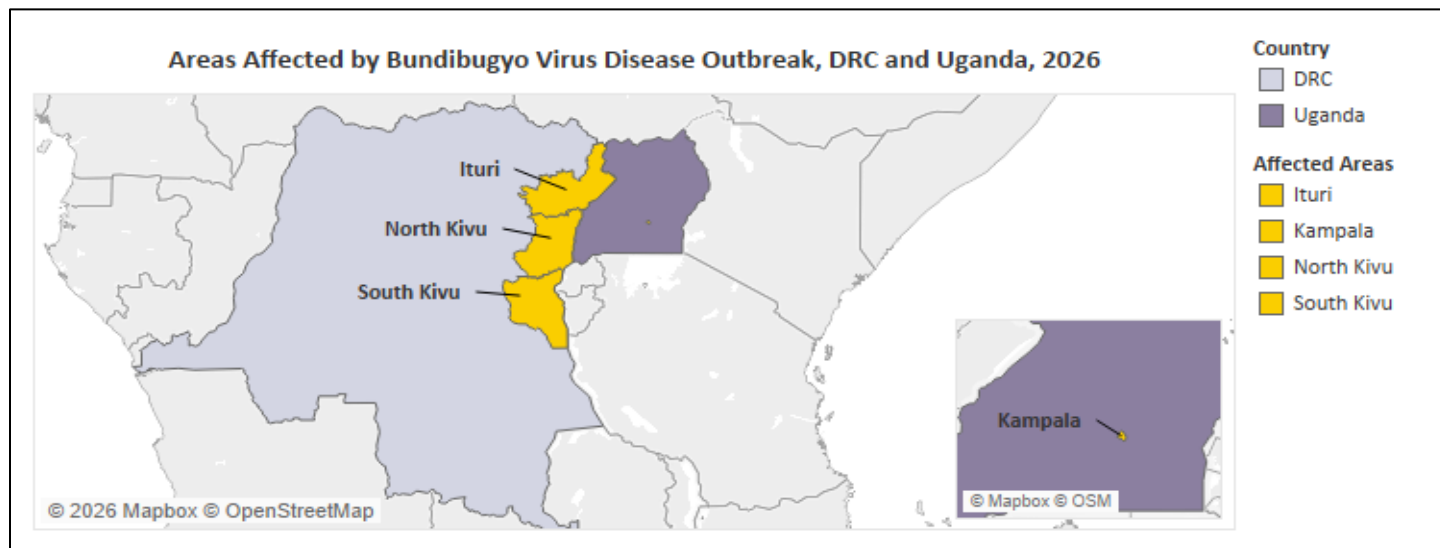
## Ebola

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

According to data from the [National Institute of Public Health \(INSP\)](#) in the Democratic Republic of the Congo (DRC) as of June 3, 2026, and the [Ministry of Health in Uganda \(MOH-U\)](#) as of June 4, 2026, there have been a total of 381 confirmed Bundibugyo virus disease (BVD) cases and 64 confirmed deaths reported in Ituri, North Kivu, and South Kivu Provinces, Democratic Republic of the Congo (DRC), and 16 confirmed BDV cases and 1 confirmed death reported in Kampala and Wakiso, Uganda. Totals for the DRC include 1 confirmed case reported among an American national working in the DRC – the case is still receiving care in Germany according to the [latest report](#). Since the previous update, 265 additional confirmed cases and 47 confirmed deaths were reported. Testing and contact tracing remain a [challenge](#), particularly in the DRC. The [World Health Organization \(WHO\)](#) 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	Confirmed Cases		Confirmed Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	381	+256	64	+47	16.8%
Uganda	16	+9	1	+0	6.3%
<b>Total</b>	<b>397</b>	<b>+265</b>	<b>65</b>	<b>+47</b>	<b>16.4%</b>

*Table Notes: Data for the DRC and Uganda as of June 3-4, 2026, and includes locally acquired and imported cases; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR); ‡Includes confirmed case reported among American national that is currently receiving care in Germany.*



*Figure Notes: Data as of June 3-4, 2026.*

In the DRC, according to data from the [INSP](#) as of June 3, 2026, confirmed cases have been reported in 25 health zones in Ituri (17), North Kivu (7), and South Kivu (1) provinces – 94.2% of confirmed cases have been reported in Ituri Province (359), followed by North Kivu (19), and South Kivu (3) provinces. Populations most affected include males (~55%) and those aged 18-49 years, among confirmed cases. Additionally, cases and deaths have been reported among healthcare workers. A total of 4,551 contacts have been identified for monitoring and follow-up, of which only 55.5% (2,525) are

actively being monitored (seen within the previous 24 hours). There have been 7 recoveries. In Uganda, according to data from the [MOH-U](#) as of June 2, 2026, confirmed cases have been reported in the capital city of Kampala and the Wakiso District – most of which have been among known contacts of previously confirmed cases, including healthcare workers. A total of 668 contacts have been identified for monitoring and follow-up. There have been 2 recoveries.

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, Mongwalu, 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.

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 – the order will be in effect for 30 days. 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 International Airport (JFK) in New York, for enhanced public health screening. The [CDC](#) currently assesses the overall risk to the American public and travelers to be low and has Travel Health Notices posted for the [DRC \(Level 3 - Reconsider Nonessential Travel\)](#) and [Uganda \(Level 2 - Practice Enhanced Precautions\)](#). The New York State Department of Health is closely monitoring the current situation – there is [no immediate risk](#) to New Yorkers.

**Data Sources:** [CDC \(6/4/26\)](#), [WHO \(5/26/26\)](#), [INSP \(6/4/26\)](#), [MOH-U \(6/4/26\)](#), [MOH-U \(6/2/26\)](#), [Africa CDC \(6/3/26\)](#)

## Hantavirus

### International Waters – No New Cases or Deaths Reported; Monitoring Continues:

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. No new cases were reported since the previous update. 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	+0	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. 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. Among them include [3 New Yorkers](#), of which 2 recently returned to the state to complete the remainder of their 42-day monitoring period, while 1 remains in Nebraska.

[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 74,000 Suspected Cases Reported in Nationwide Outbreak:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of June 3, there have been a total of 74,572 suspected and 9,191 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 511 deaths reported among suspected cases, and 90 deaths reported among confirmed cases. Since the previous update, 6,667 suspected incident cases, 306 confirmed incident cases, 34 suspected deaths, and 2 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	74,572	+6,667	60,158	+5,976	511	+34	0.7%
Confirmed	9,191	+306			90	+2	1.0%

*Table Notes: Data as of June 3, 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 (35,023), Chattogram (12,224), Rajshahi (6,608), Barisal (6,786), Khulna (5,505), Sylhet (3,749), Mymensingh (3,223), and Rangpur (1,454). 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 June 1, 2026, over 18 million measles vaccine doses have been administered since April 20 – equal to 101.7% of the vaccination campaign target.

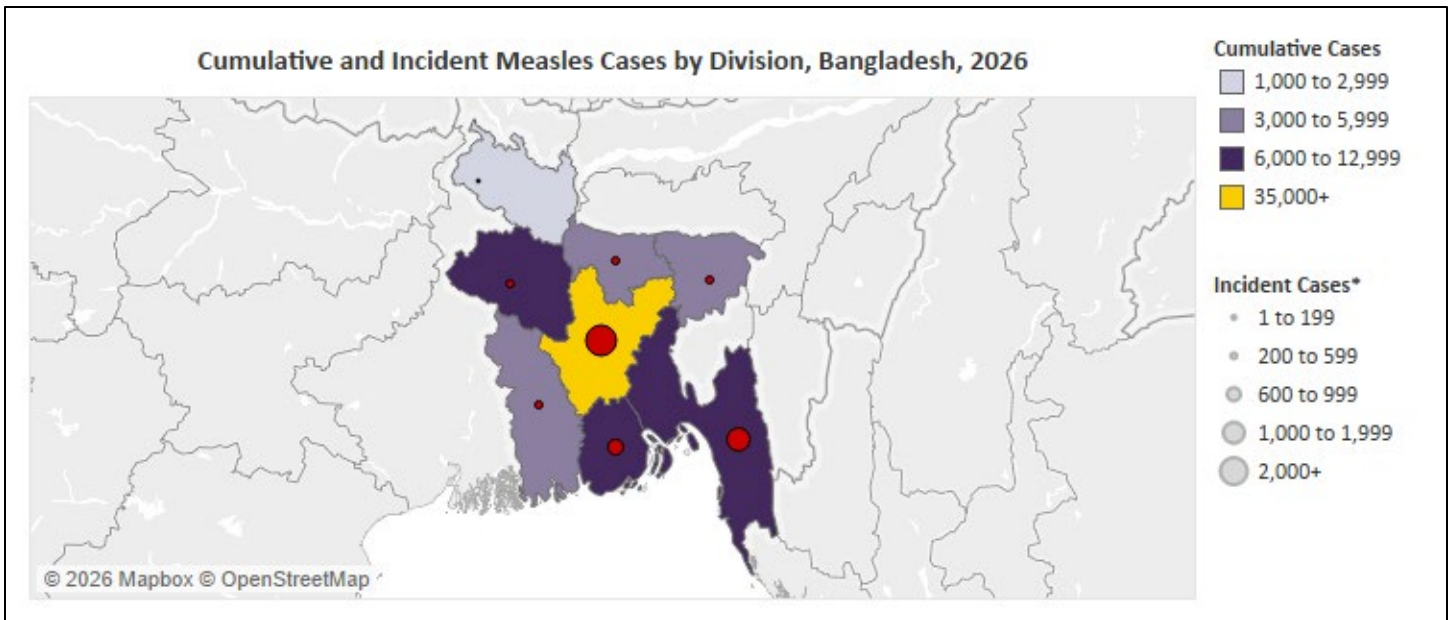


Figure Notes: Data as of June 3, 2026, and includes suspected cases only; \*Change in cumulative total compared to previous update.

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.

Data Sources: [WHO \(3/16/26\)](#), [SEAR \(5/20/26\)](#), [DGHS \(6/3/26\)](#), [WHO \(4/23/26\)](#)

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

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of May 23, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,052 probable and confirmed cases reported during 2026. Since the previous update, 10 incident cases with rash onset during 2026 were reported by 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	377	+0	5,085	+1	401	+0	2	+0	0.0%
2026	81	+3	971	+7	67	+1	0	+0	0.0%

Table Notes: Data as of May 23, 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](#) (657), [Alberta](#) (305), [British Columbia](#) (31), Ontario (27), [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](#), Sint Maarten, Spain, Thailand, Togo, Türkiye, the [United States](#), and Vietnam.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), 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 97% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada reported travel to 26 different countries, suggesting a broad measles resurgence globally.

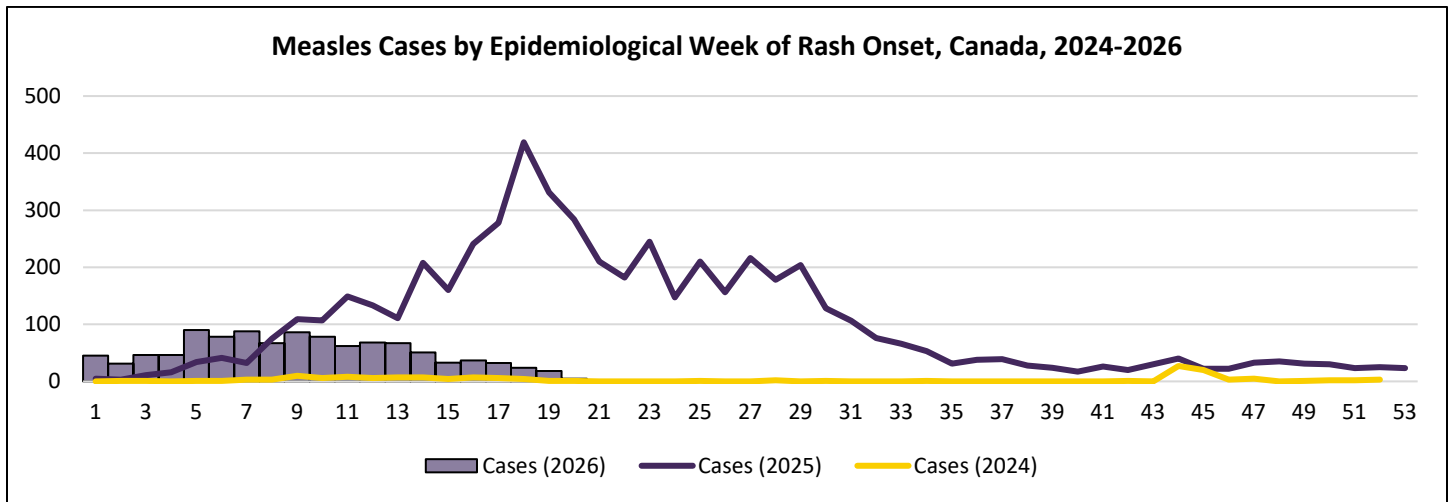


Figure Notes: Data as of May 23, 2026, and includes probable and confirmed cases.

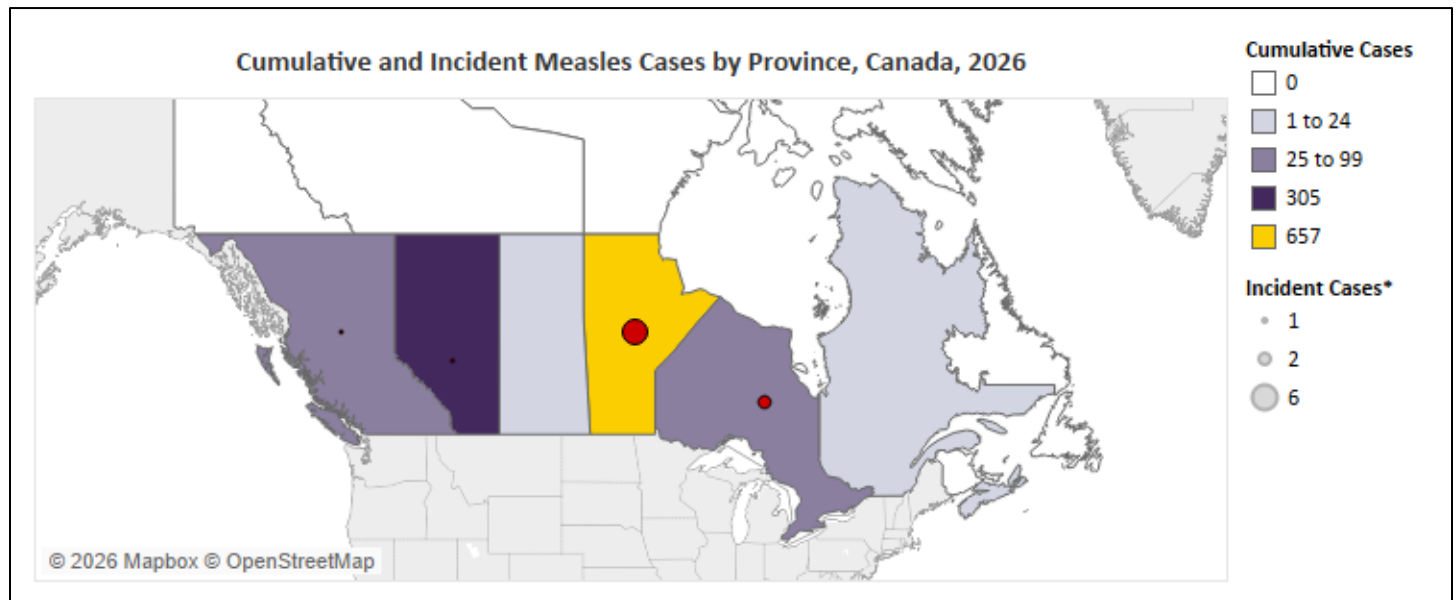


Figure Notes: Data as of May 23, 2026, and includes probable and confirmed cases; \*Change in cumulative total compared to previous update.

Canada is currently experiencing a multijurisdictional measles outbreak involving 6,387 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.

Data Sources: [PHAC - 2026 \(6/1/26\)](#), [PHAC - 2025 \(6/1/26\)](#)

## 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 June 1, 2026, there have been total of 6,764 confirmed measles cases and 20 deaths reported in Guatemala since December 2025. Additionally, there have been a total of 9,886 probable measles cases reported. Since the previous update, 327 confirmed incident cases and

6 deaths were reported. Over half of all deaths (12) have been reported among infants aged  $\leq 1$  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*
6,764	+327	20	+6	0.3%

Table Notes: Data as of June 1, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

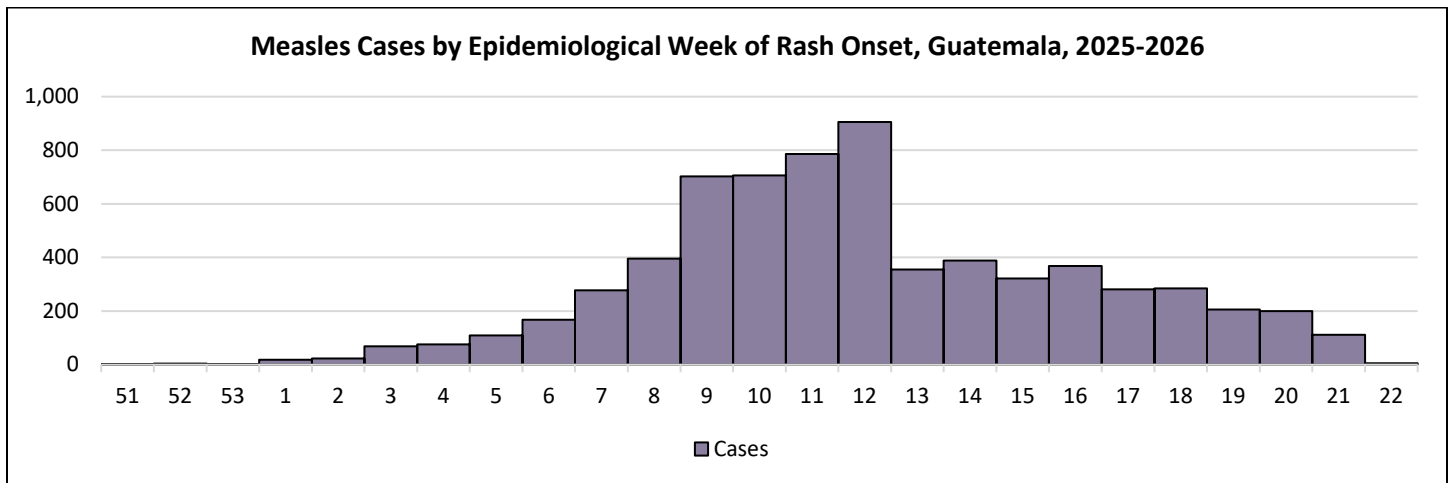


Figure Notes: Data as of June 1, 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (3,069), Quiché (452), Sololá (365), Chimaltenango (336), Totonicapán (303), Huehuetenango (318), and Quetzaltenango (310) – cumulative incidence per 100,000 population is currently rated as very high (39.08+) in 6 departments: Guatemala (81.71), Sololá (71.9), Totonicapán (57.38), Sacatepéquez (43.39), Chimaltenango (41.55), and Jalapa (39.53). Incidence per 100,000 population has been highest among those aged  $< 1$  year (304.0), followed by those aged 20-29 years (67.5), those aged 1-4 years (52.1), and those aged 15-19 years (38.8).

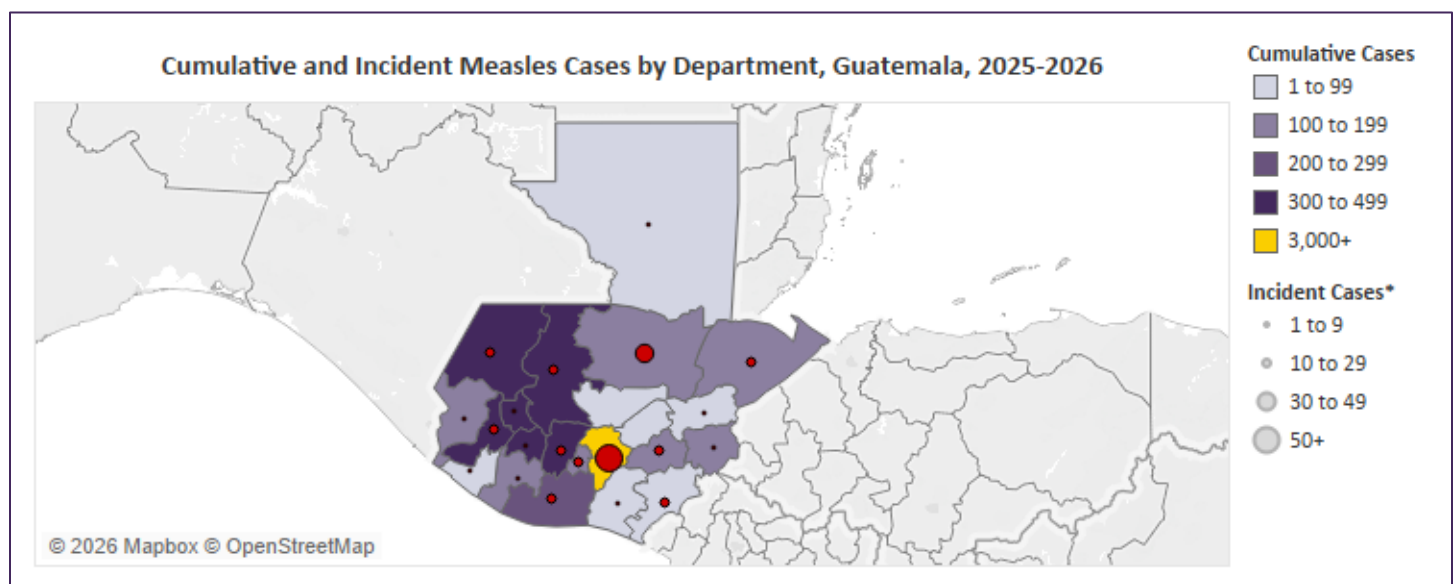


Figure Notes: Data as of June 1, 2026; \*Change in cumulative total compared to previous update.

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 660,000

measles vaccine doses have been administered in the country as of May 26, 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.

**Data Source:** [MSPAS \(6/1/26\)](#)

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

According to data from the [Israeli Ministry of Health](#), as of June 1, 2026, there have been a total of 3,729 measles cases and 17 deaths reported in Israel since April 2025. Since the previous update, 6 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*
3,729	+6	1,253	+2	17	+0	0.5%

Table Notes: Data as of June 1, 2026; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

Cases have primarily been reported in Jerusalem (1,185), Beit Shemesh (1,061), Bnei Brak (197), Safed (149), Beitar Illit (118), Tiberias (106), 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. 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.

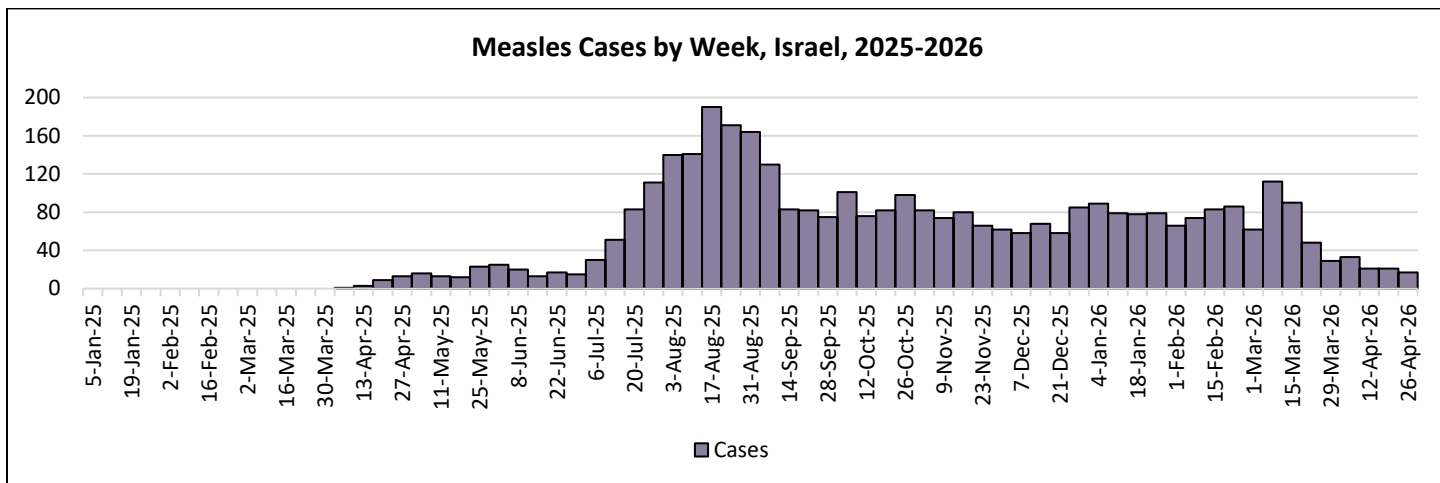


Figure Notes: Data as of June 1, 2026, and includes 3,688 cases through May 1, 2026.

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 have contributed 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.

**Data Source:** [Israeli Ministry of Health \(6/1/26\)](#)

## 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 27, there have been a total of 511 measles cases reported in Japan during 2026. Since the previous update, 13 incident cases were reported, of which 11 had symptom onset during epidemiological week 21.

Measles Cases and Deaths, Japan, 2026				
Cases			Deaths	
Cumulative	Incident†	Most Recent Week‡	Cumulative	CFR*
511	+13	+11	0	0.0%

Table Notes: Data as of May 27, 2026; †Change in cumulative total compared to prior update ‡Incident cases with symptom onset during most recent epidemiological week; \*Case fatality rate (CFR).

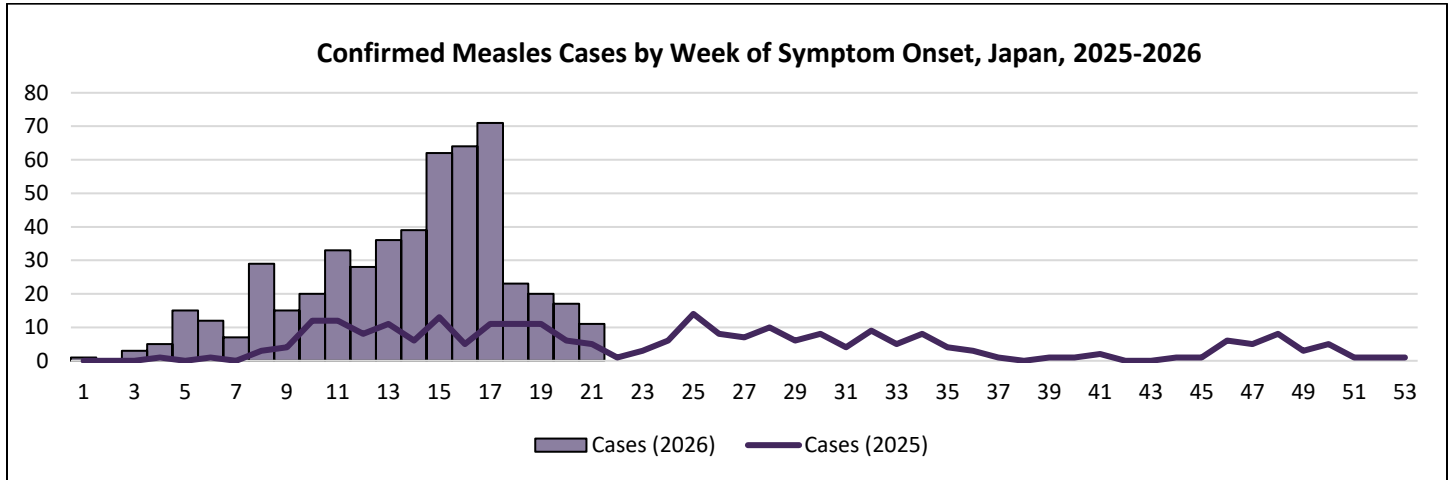


Figure Notes: Data as of May 27, 2026; Several cases missing from figure for 2025 (13).

During 2026, cases have been reported by 27 prefectures, primarily Tokyo (253), Kanagawa (46), Saitama (38), Kagoshima (34), Chiba (31), and Aichi (28). During the most recent epidemiological week, Tokyo reported the highest number of incident cases (8). Those aged 20-29 years have been most affected (32%), followed by those aged 30-39 years (21%), those aged 15-19 years (14%), and those aged 40-49 years (11%). Among all cases, 54.4% have been unvaccinated or had unknown vaccination statuses, and 73.0% of cases acquired infection domestically.

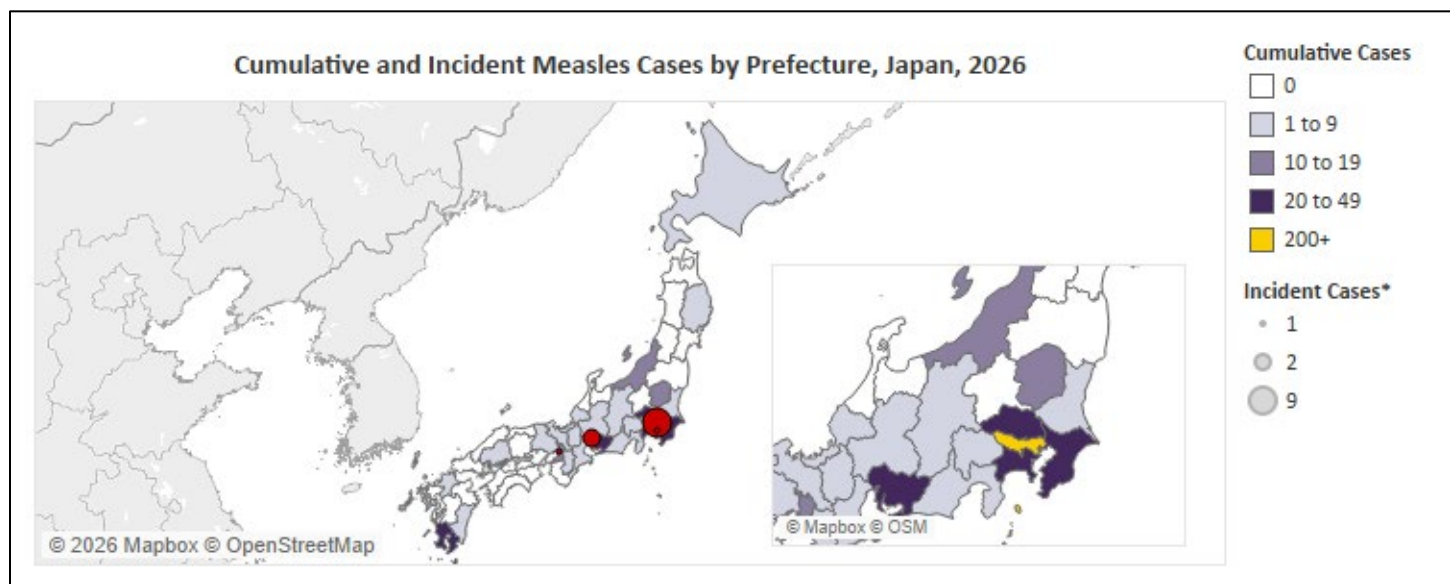


Figure Notes: Data as of May 27, 2026; \*Change in cumulative total compared to previous update.

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.

Data Sources: [JIHS - 1 \(5/27/26\)](#), [JIHS - 2 \(5/27/26\)](#)

## Mexico – Confirmed Incident Cases Reported by 18 States, Most in Jalisco:

According to data from the [Secretary of Health of Mexico](#) as of June 3, 2026, there have been a total of 6,608 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 11,415 confirmed cases and 14 deaths reported during 2026. Since the previous update, 229 confirmed incident cases with symptom onset during 2026 were reported by 18 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	15,694	-1	6,608	+0	27	+0	0.4%
2026	26,655	+320	11,415	+229	14	+0	0.1%

Table Notes: Data as of June 3, 2026; †Change in cumulative total compared to prior update; \*Case fatality rate (CFR) calculated among confirmed cases.

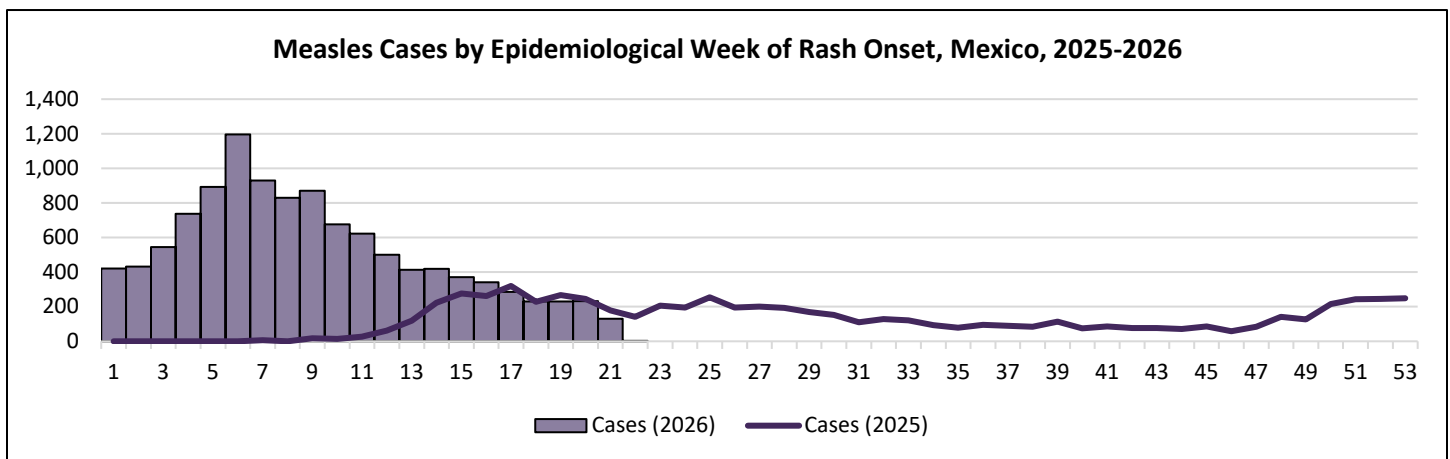


Figure Notes: Data as of June 3, 2026, and includes confirmed cases only (4 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,351), Mexico City (974), and Chiapas (830). 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 (87.31), followed by those aged 1-4 years (27.34), those aged 5-9 years (19.79), and those aged 25-29 years (19.18).

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.

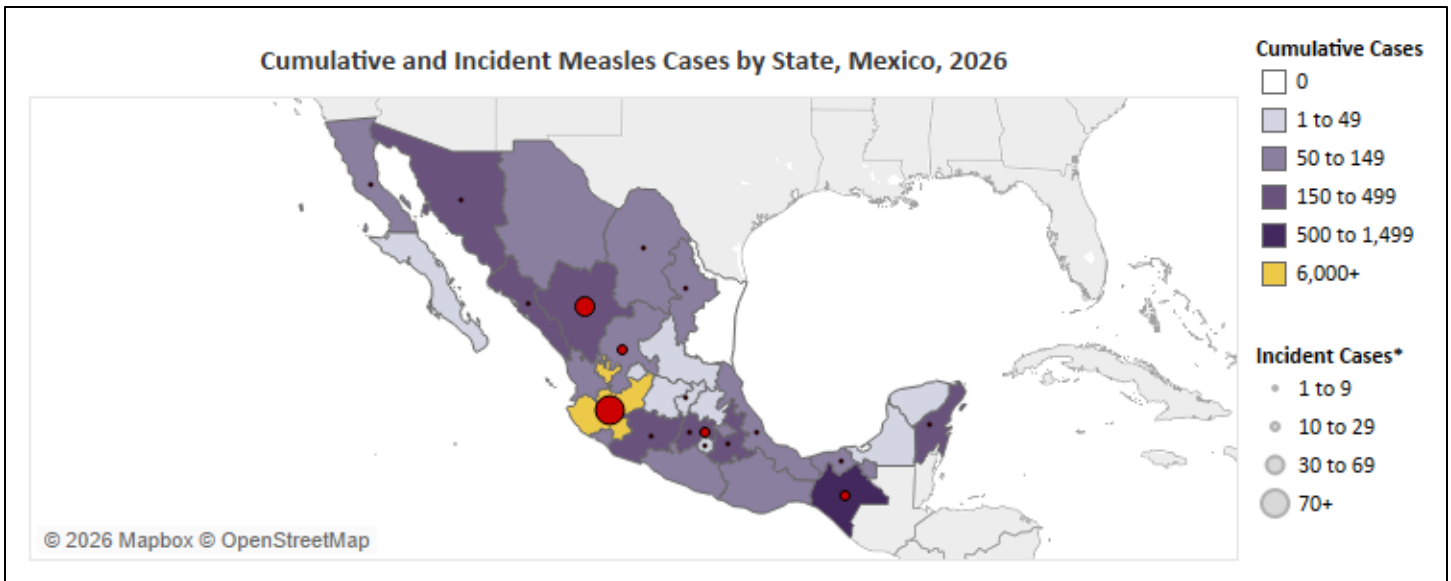


Figure Notes: Data as of June 3, 2026, and includes confirmed cases only; \*Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(6/3/26\)](#)

## United States – Confirmed Incident Cases Reported by 6 States, Most in Virginia:

According to data from the [United States CDC](#) as of May 28, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 1,983 confirmed cases reported during 2026. Since the previous update, 31 confirmed incident cases with rash onset during 2026 were reported by 6 states, primarily [Virginia](#).

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	1,983	+31	124	+0	0	+0	0.0%

Table Notes: Data as of May 28, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; \*Case fatality rate (CFR).

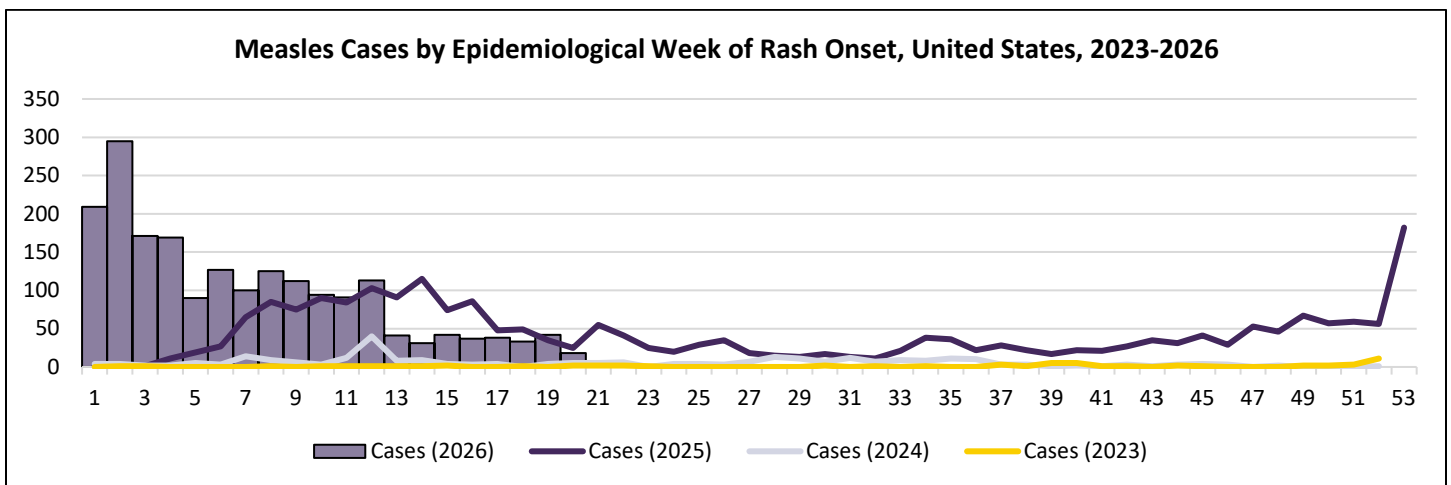


Figure Notes: Data as of May 28, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 40 jurisdictions, primarily [South Carolina](#) (669), [Utah](#) (484), Texas (182), and Florida (139). There have been 29 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (517 from outbreaks that began during 2026 and 1,330 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 in [Rest of State](#) (11 total).

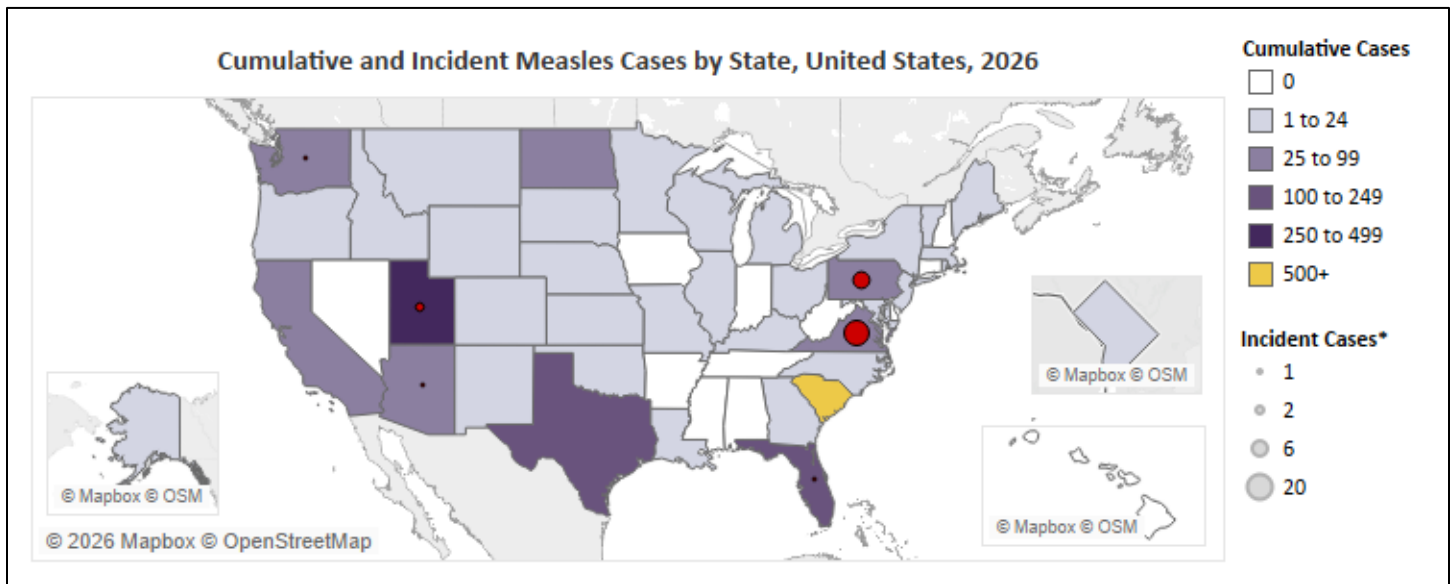


Figure Notes: Data as of May 28, 2026, and does not include cases reported among international visitors to the United States; \*Change in cumulative total compared to previous update.

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. 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 last 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 \(5/29/26\)](#)

## New World Screwworm

### Mexico – Updated Data on Reported Detections; Active Animal Cases Decrease:

According to data from the [Secretary of Agriculture of Mexico](#) as of June 3, 2026, there have been a total of 27,602 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,077 are currently active (a decrease compared to the prior week). According to data from the [Secretary of Health of Mexico](#) as of May 23, 2026, there have been a total of 371 confirmed NWS cases reported among humans since the beginning of 2025. Since the previous update, 1,094 incident cases among animals and 19 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†
27,602	+1,094	2,077	-21	371	+19

Figure Notes: Data for cases reported among animals as of June 3, 2026, and among humans of May 23, 2026; †Change in cumulative total compared to previous update.

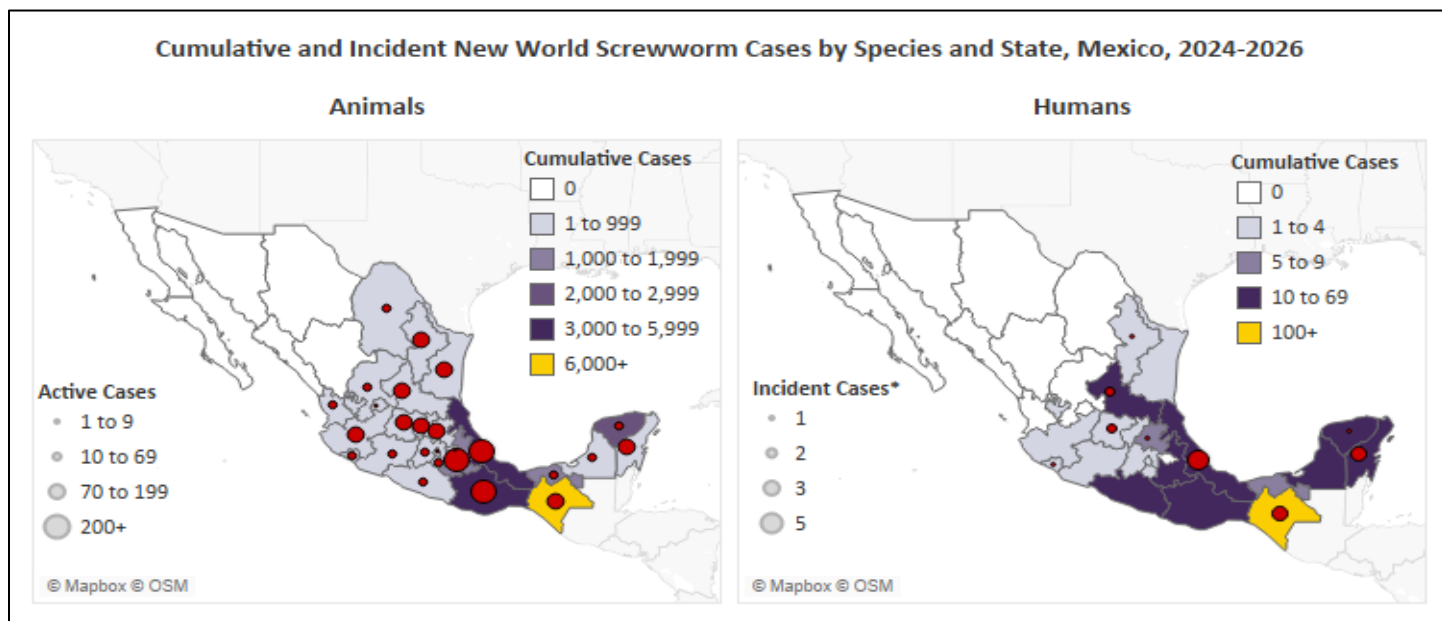


Figure Notes: Data for cases reported among animals as of June 1, 2026, and data for cases reported among humans as of May 23, 2026.

NWS cases among animals have been reported in 26 states, primarily Chiapas (6,925), Oaxaca (4,237), Veracruz (3,954), Yucatán (2,173), and Tabasco (1,265). Confirmed NWS cases among humans have been reported in 21 states, primarily Chiapas (134), Veracruz (64), Yucatán (33), 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, and into more urban areas. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico, and recently the United States – there are currently 155 active NWS cases in Tamaulipas, and 35 in Coahuila, both bordering Texas. According to data from the [United States CDC](#) as of June 3, 2026, there have been about 171,700 NWS cases reported among animals and over 2,070 NWS cases reported among humans in Central America and Mexico.

**Data Sources:** [Secretary of Agriculture \(6/3/26\)](#), [Secretary of Health \(6/3/26\)](#), [CDC \(5/26/26\)](#)

## United States – First Case Reported Among Livestock Since Eradication in 1966:

On June 3, 2026, the [United States Department of Agriculture \(USDA\)](#) reported a confirmed detection of New World Screwworm (NWS) among a 3-week-old calf in Zavala County, Texas. No additional detections have been reported. The USDA and health officials in Texas are working to immediately contain and once again eradicate NWS from the United States, including forming a unified Incident Command Team, establishing a 20km infested zone around the detection, expediting targeted release of sterile NWS flies, increasing trapping for NWS flies, implementing NWS surveillance and management strategies for wildlife, and conducting targeted local outreach. The USDA urges residents in the area to check their pets and livestock for signs of NWS. While uncommon in humans, individuals should seek medical attention immediately if they suspect they may have contracted NWS.

NWS was eradicated in the United States in [1966](#) – cases were reported in the [Florida Keys during 2016](#) among deer and companion animals (pets); however, this is the first case among livestock since then. In January, the United States CDC issued a [Health Advisory](#) regarding NWS cases detected among animals near the United States – Mexico border, specifically

in Tamaulipas, Mexico, to increase awareness given the potential for geographic spread. In May, 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. Previously, NWS was detected in a Florida import facility among a [horse imported from Argentina](#) that was immediately quarantined and treated – no detections were reported outside of the quarantine facility. There have not been any human cases reported in the United States, except for a single [travel associated case](#) detected among an individual returning from El Salvador in August 2025.

**Data Source:** [USDA \(6/3/26\)](#)

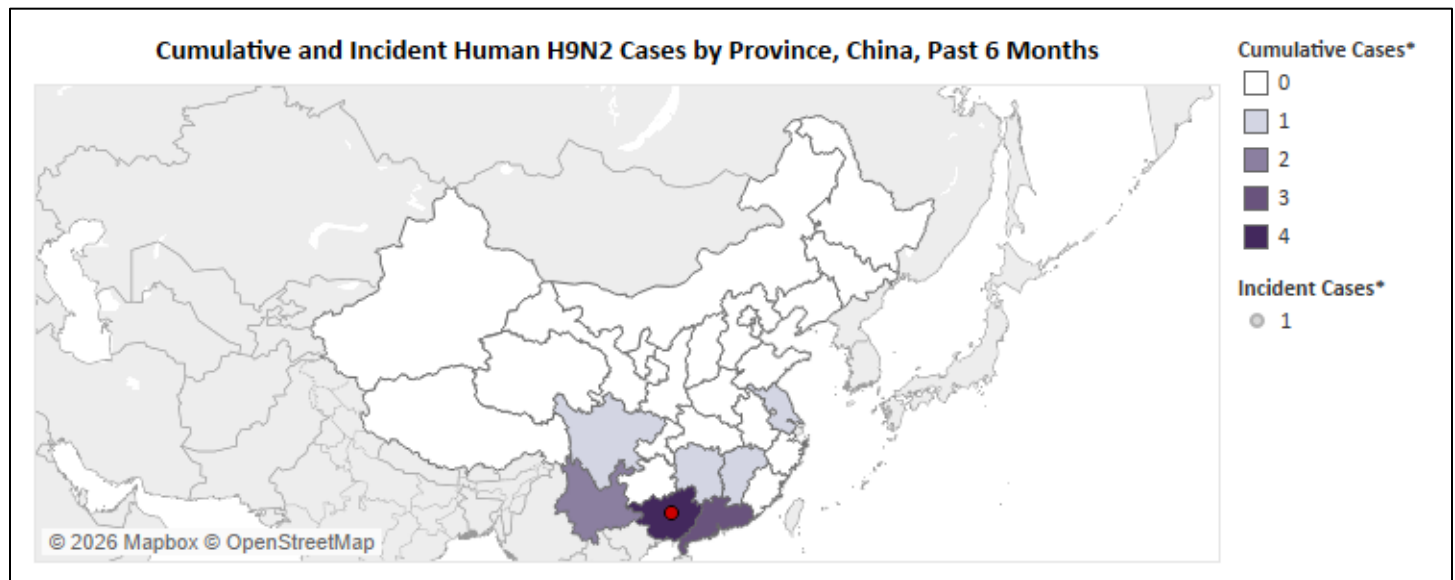
## Non-Seasonal Influenza

### China – Incident Human Case Reported in Guangxi Zhuang Region (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of June 1, 2026, and the [World Health Organization \(WHO\)](#) as of May 28, 2026, there have been a total of 13 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 an elderly female (age not provided) in the Guangxi Zhuang Autonomous Region.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
13	+1	0	+0	0.0%

*Table Notes: Data as of May 28 – June 1, 2026; †Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset.*



*Figure Notes: Data as of May 28 – June 1, 2026; \*Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset.*

The incident case in the Guangxi Zhuang Autonomous Region was reported among an elderly female with symptom onset on May 4, 2026. The case had a history of exposure to live poultry, was hospitalized on May 5, 2026, and has since recovered and been discharged. All close contacts of the case tested negative for infection. In the past 6 months, human H9N2 cases have been reported by 7 provinces/regions/municipalities in China: Guangxi Zhuang (4), Guangdong (3), Yunnan (2), Hunan (1), Jiangsu (1), Jiangxi (1), and Sichuan (1). According to data from the [WHO](#) as of May 28, 2026, there have been a total of 163 human H9N2 cases reported in China since December 2015 (out of 166 total in the WHO Western Pacific Region with those remaining 3 cases being reported in Cambodia [2] and Vietnam [1]).

**Data Sources:** [HKCHP \(6/2/26\)](#), [WHO \(5/29/26\)](#)

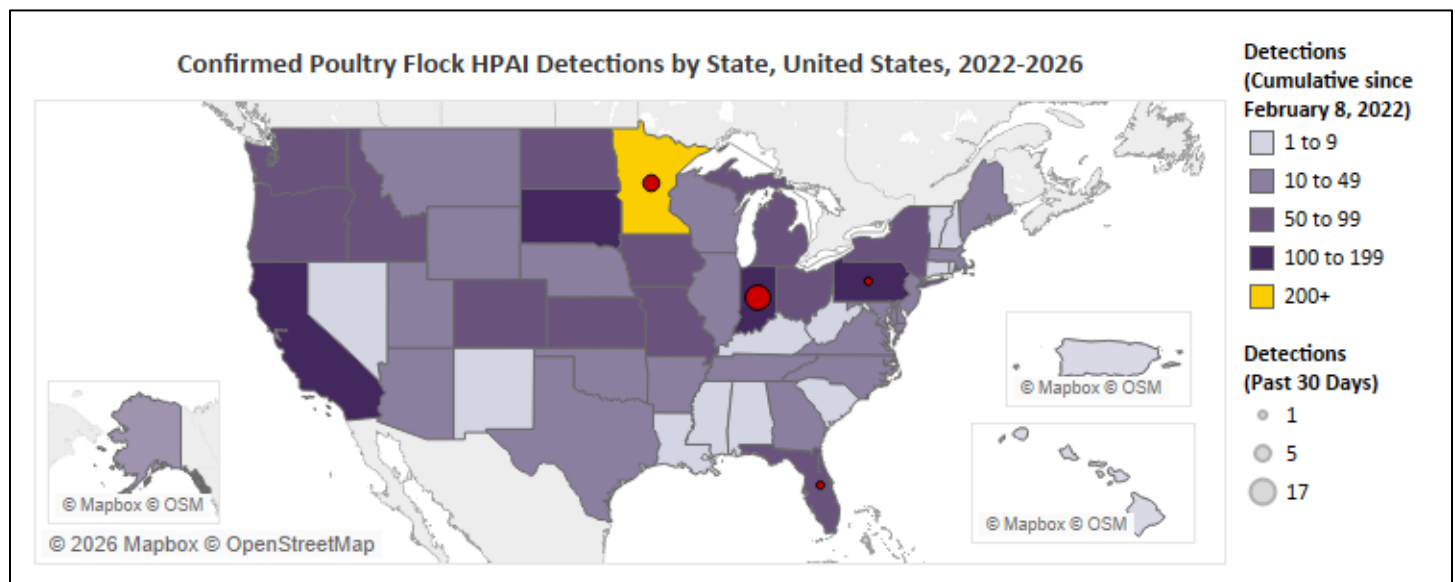
## United States – Updated Data on Poultry Flock and Livestock Detections (HPAI):

According to data from the [United States Department of Agriculture \(USDA\)](#) as of June 3, 2026, there have been a total of 2,228 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 7 new detections were reported. In the past 30 days, a total of 24 confirmed HPAI detections have been reported (an increase compared to the previous update) affecting 0.28 million birds. According to data from the [USDA](#), as of May 30, 2026, there have been a total of 1,110 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 1 new detection was reported. In the past 30 days, a total of 15 confirmed HPAI detections have been reported among livestock herds in [Idaho](#) (14) and Texas (1), 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		
16	8	15	0	0	29	1

*Table Notes: Data as of June 3, 2026; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; \*New HPAI detections among previously unaffected herds only.*

In the past 30 days, HPAI has been detected among poultry flocks in 5 states: Indiana (17), Minnesota (5), Pennsylvania (1), and Florida (1). A significant decrease in detections has been observed since March. 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.



*Figure Notes: Data as of May 22, 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. 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 \(6/3/26\)](#), [USDA \(6/3/26\)](#), [CDC \(3/6/26\)](#)

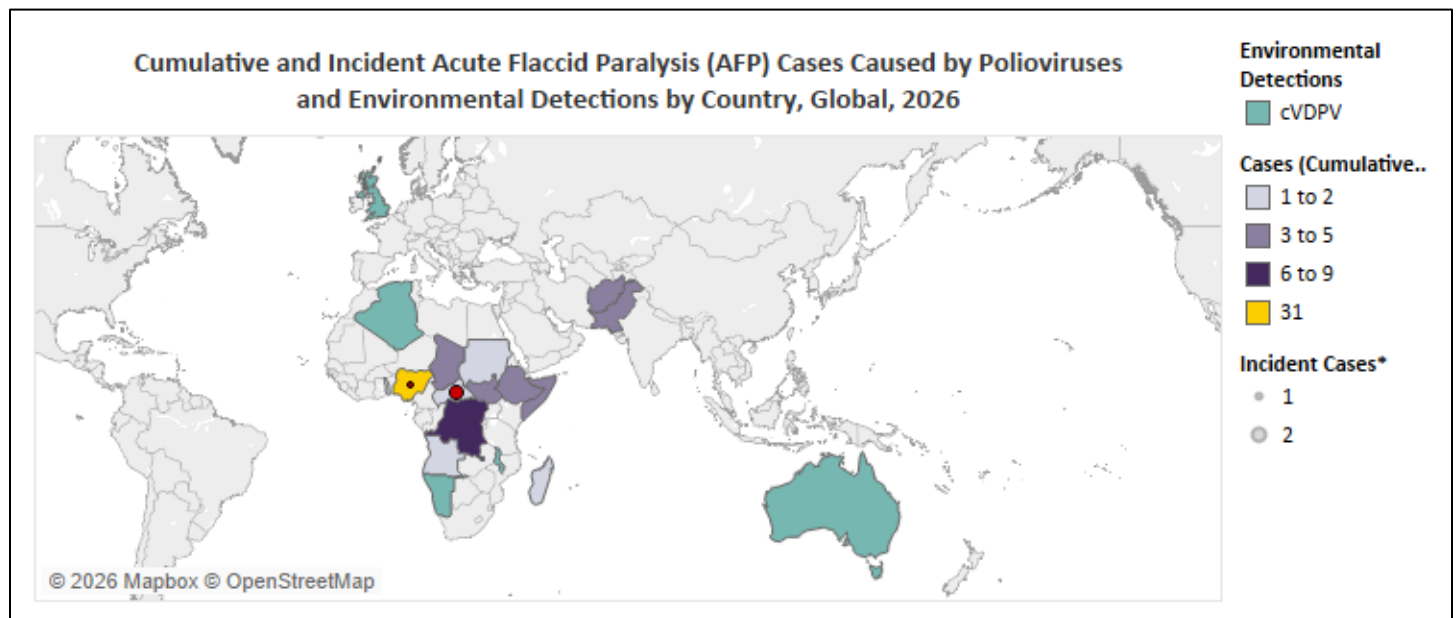
## Polio

### Global – Incident AFP Cases (cVDPV2) Reported in the CAR and Nigeria:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of June 1, 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), 49 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, 3 incident AFP cases caused by cVDPV2 with onset of paralysis during 2026 were reported in Nigeria (1) and for the first time this year in the Central African Republic (CAR) (2).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
7	+0	9	+0	49	+3	6	+0

*Table Notes: Data as of June 1, 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 June 1, 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 13 countries: [Afghanistan](#) (4 – WPV1), [Angola](#) (1 – cVDPV2), [Chad](#) (4 – cVDPV2), the [CAR](#) (2 – cVDPV2), the [Democratic Republic of the Congo](#) (9 – cVDPV2), [Ethiopia](#) (4 – cVDPV1), [Madagascar](#) (1 – cVDPV1), [Nigeria](#) (25 – 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 (7 – 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, 225 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 \(6/1/26\)](#), [GPEI - cVDPV \(6/1/26\)](#)

## Salmonella

### United States – Outbreak Investigation Reopened; Additional Products Recalled:

According to data from the [United States CDC](#), as of May 26, 2026, there have been a total of 119 cases infected with the outbreak strains of *Salmonella* Typhimurium and *Salmonella* Newport linked to moringa leaf powder supplements. Since the previous update, 54 incident cases were reported, of which 22 were reported since the investigation reopened.

Salmonella Outbreak Cases, Hospitalizations, and Deaths, United States, 2025-2026					
Cases		Hospitalizations*		Deaths	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	CFR
119	+54	32	+18	0	0.0%

Table Notes: Data as of May 26, 2026; \*Among 109 cases with information available.

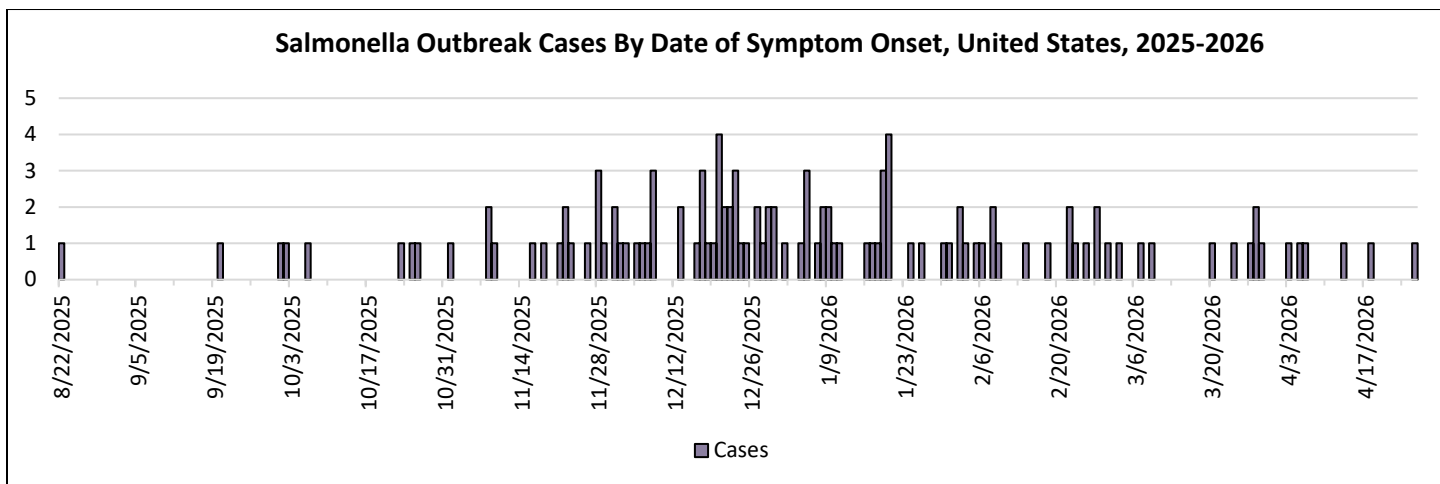


Figure Notes: Data as of May 26, 2026.

Cases have been reported by 36 states, primarily Wisconsin (16), Minnesota (9), New York (8), and Pennsylvania (8), and reported dates of illness onset ranging from August 22, 2025 – April 26, 2026. Cases range from 1-81 years of age with a median age of 45 years. Among cases with available demographic information, most have been male (57%), White (92%), and non-Hispanic (98%). Among cases with information available (109), 27% have been hospitalized. Among interviewed cases (79), 89% reported eating a product containing moringa leaf powder from various brands, including Live it Up Super Greens supplement powders (60), Why Not Natural moringa powder capsules (5), both previously mentioned products (1), and TNVitamins moringa powder capsules (4). Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically, suggesting a common source of infection; bacteria from 1 case sample had predicted resistance to ampicillin.

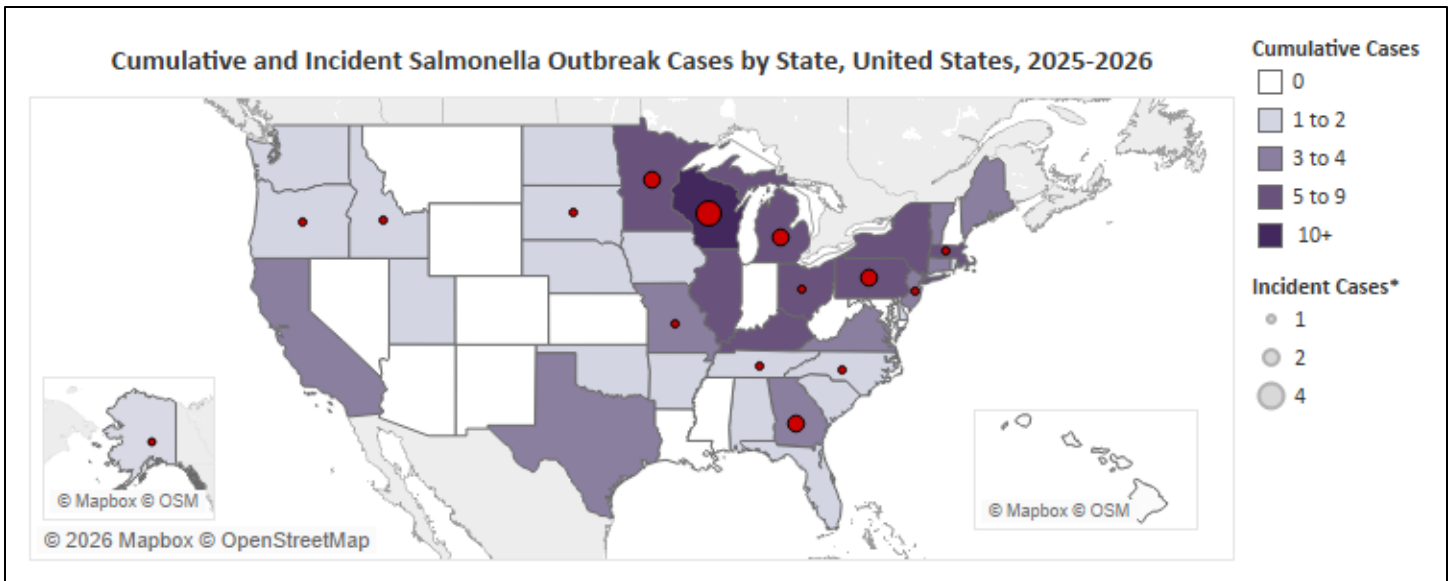


Figure Notes: Data as of May 26, 2026; \*Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset (was previously date of reporting).

On January 15, 2026, Superfoods, Inc issued a [voluntary recall](#) of all Live it Up Super Greens supplement powders with expiration dates in 2026-2028. On January 28, 2026, Why Not Natural issued a [voluntary recall](#) of Moringa Capsules with the lot code A25G051 and expiration date of July 2028. Since the previous update, on [May 26](#) and [June 2](#), 2026, Total Nutrition, Inc issued voluntary recalls of two brands of moringa capsules: TNVitamins Ultra Potent Complete Green Superfood Moringa 10,000 mg with certain lot codes (2793, 2512-304, 2507199, and 2748) expiring in 2027 and 2028, and Doctor’s Pride Complete Green Superfood Ultra Potent Moringa 10,000 mg with certain lot codes (2507199 and 2748) expiring in 2027. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

Source: [CDC \(5/28/26\)](#)

## United States – New Multistate Outbreak Linked to Moringa Capsules:

According to data from the [United States CDC](#) as of May 26, 2026, there have been a total of 18 cases infected with the outbreak strain of *Salmonella* Typhimurium linked to Mogo brand moringa capsules. This outbreak is unrelated to [another ongoing Salmonella Typhimurium and Newport outbreak](#) linked to moringa leaf powders and capsules from other brands.

Salmonella Outbreak Cases, Hospitalizations, and Deaths, United States, 2026					
Cases		Hospitalizations*		Deaths	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	CFR
18	+18	7	+7	0	0.0%

Table Notes: Data as of May 26, 2026; \*Among 13 cases with information available.

Cases have been reported by 14 states with reported dates of illness onset ranging from February 3 – April 7, 2026. Cases range from 1-93 years of age with a median age of 67 years. Among cases with available demographic information, most have been White (92%) and non-Hispanic (100%). Among interviewed cases (8), 75% reported eating moringa powder capsules, including 4 who specifically consumed Mogo brand moringa capsules. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection; no antibiotic resistance was predicted. Traceback investigations are ongoing to determine the source of contamination.

On May 25, 2026, Mogo Moringa LLC issued a [voluntary recall](#) for two lots (15525AA & 00926AA) of Pure Moringa Oleifera Capsules. Affected products were sold to consumers online through authorized channels. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

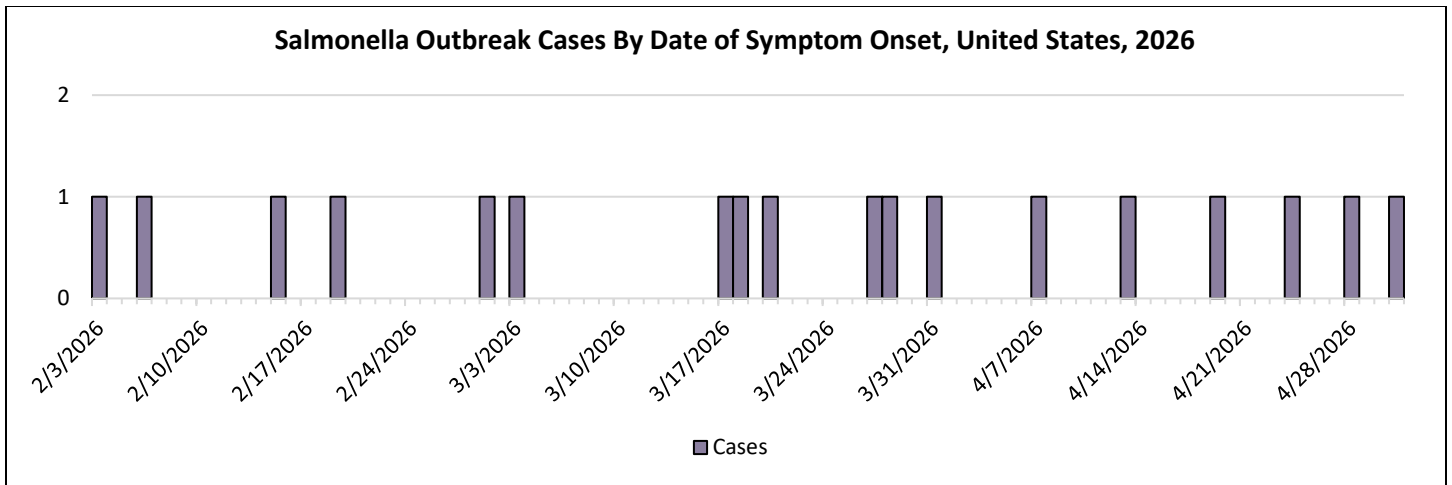


Figure Notes: Data as of May 26, 2026.

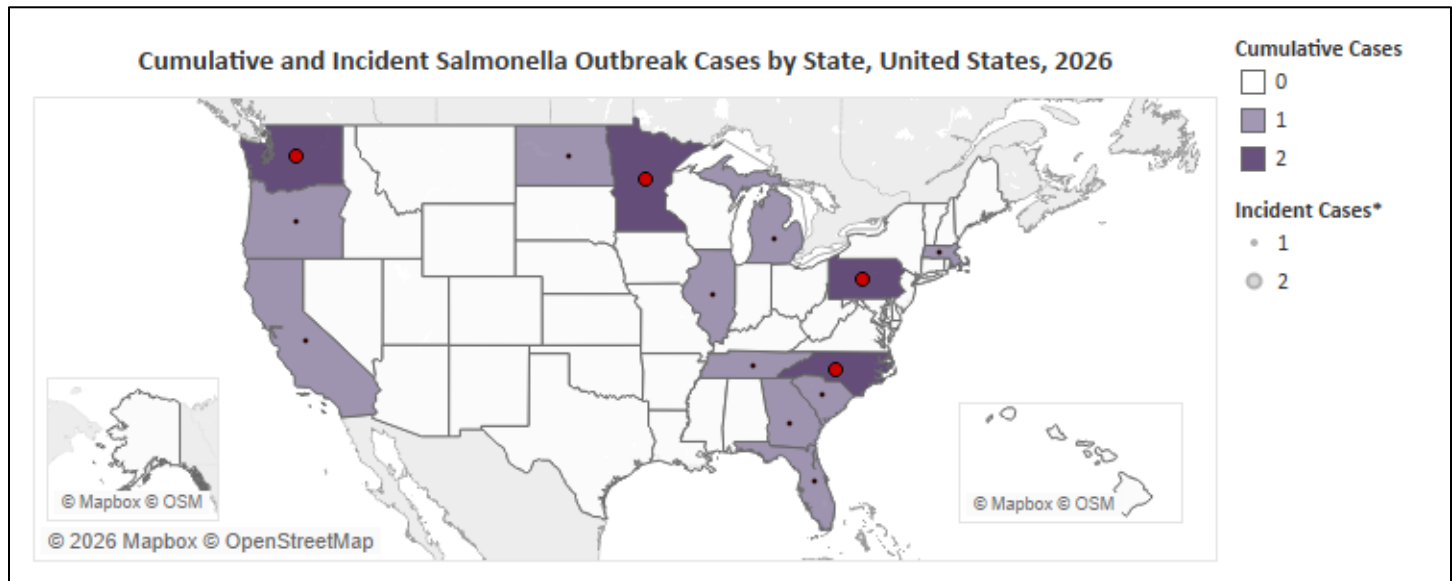


Figure Notes: Data as of May 26, 2026; \*Change in cumulative total compared to previous update.

Data Source: [CDC \(5/27/26\)](#)

## 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

- 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](#))

### **Mpox**

- Africa – Updated Data on Continental Trends Currently Driven by Madagascar ([May 28](#))
- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported ([May 28](#))

### **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](#))

## Yellow Fever

- The Americas – Incident Cases and Deaths Reported in Brazil and Colombia ([May 28](#))

## 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](#)
- [Malaria in Mayotte - 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](#)
- [Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Yellow Fever in Venezuela - 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:

- [Multi-country outbreak of cholera, epidemiological update #37 -29 May 2026](#)
- [Cholera outbreak in Borno State, Nigeria, increases to over 3000 cases and 37 deaths across seven LGAs as rainy season intensifies - BEACON](#)
- [Cholera outbreak in West Kordofan, Sudan, amid conflict-driven healthcare collapse - BEACON](#)
- [Vanuatu Ciguatera Fish Poisoning Situation Report #8 as of 25 May 2026 - Vanuatu | ReliefWeb](#)
- [Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 18, 2026 - PAHO/WHO | Pan American Health Organization](#)
- [First child death from diphtheria reported in Czechia since 1969 - BEACON](#)
- [Cluster of five cases of hemorrhagic fever with renal syndrome \(HFRS\) reported in Penza Oblast, Russia - BEACON](#)
- [Fatal hantavirus case reported in Arizona, USA, unrelated to MV Hondius cruise ship outbreak - BEACON](#)

- [Epidemiological Alert: Measles in the Americas Region - 29 May 2026 - PAHO/WHO | Pan American Health Organization](#)
- [Measles outbreaks in Nepal affect nine districts, with more than 300 cases reported - BEACON](#)
- [Request for information \(RFI\): 53 cases and eight deaths from meningitis during seasonal peak across 20 municipalities in Mato Grosso, Brazil - BEACON](#)
- [Multi-country outbreak of mpox, External situation report #66 - 31 May 2026](#)
- [Community transmission of mpox in Angola without travel history signals a critical epidemiological shift - BEACON](#)
- [Human Q fever cases in Moldova increase to 12 across Chişinău and rural districts - BEACON](#)
- [Three human rabies deaths in less than two months linked to domestic animal exposures and PEP non-adherence in Omsk Oblast, Russia - BEACON](#)
- [Salmonella outbreak at Broome County Correctional Facility, New York, USA: Over 300 cases reported - BEACON](#)
- [Avian Influenza in Humans: Virology, Transmission, and Clinical Priorities | QJM: An International Journal of Medicine | Oxford Academic](#)
- [Confirmed Crimean-Congo hemorrhagic fever death in Kasese District, Western Uganda, amid intensified viral hemorrhagic fever surveillance - BEACON](#)
- [FDA vaccine advisers recommend XFG variant as target for fall's updated COVID vaccines | CIDRAP](#)
- [FIFA World Cup 2026 – Canada, USA, Mexico: Communicable disease context - BEACON](#)
- [Just how deadly is Ebola?](#)
- [Canine rabies confirmed in an illegally imported dog in Veneto, Italy; Moroccan viral origin, contacts traced - BEACON](#)
- [Trump executive order directs CDC to 'realign' childhood vaccine recommendations | CIDRAP](#)
- [Los Angeles County health department asks providers to watch for infectious diseases during World Cup | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 580](#)
- [Measles Outbreak in a Child Care Facility — Lubbock, Texas, March–April 2025 | MMWR](#)
- [Quick takes: Shift in Gavi funding, mpox smuggling charge, pandemic vaccine platform | CIDRAP](#)
- [WHO attributes 866 million yearly illnesses, 1.5 million deaths around the world to contaminated food | CIDRAP](#)