



Date: 7/16/26

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 Driven by Brazil and Bolivia:

According to data from the [Pan American Health Organization \(PAHO\)](#) extracted on July 16, there have been a total of 168,028 locally acquired chikungunya cases, of which 62,391 are confirmed, and 78 deaths reported in the Americas during 2026. Since the previous update, 3,172 incident locally acquired cases, of which 1,960 are confirmed, and 4 deaths were reported in the region – incident cases were primarily reported in Brazil (3,070).

Locally acquired cases have been reported by 19 countries in the Americas during 2026, primarily [Brazil](#) (104,658), [Bolivia](#) (41,354), [Argentina](#) (11,885), [Suriname](#) (7,484), Cuba (1,457), and [French Guiana](#) (1,053). Cumulative incidence per 1 million population is currently highest in Suriname (1,160.31), French Guiana (331.13), Bolivia (324.37), Brazil (49.01), Argentina (25.84), 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 and November-March in the Southern Hemisphere of the Americas), and assessing the overall risk to human health at the global level as moderate. According to data from the [United States CDC](#) as of July 14, a total of 74 travel associated cases (confirmed & probable) have been reported in US states and territories this year.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	11,885	+33	2,825	+13	2	+0	0.1%
Bolivia	41,354	+0	11,180	+0	27	+0	0.2%
Brazil	104,658	+3,070	43,770	+1,889	47	+4	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
Guayana Francesa	1,053	+54	1,053	+54	0	0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	137	+15	60	+4	4	+0	0.0%
Total	168,028	+3,172	62,391	+1,960	78	+4	0.1%

Table Notes: Data extracted on July 16, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

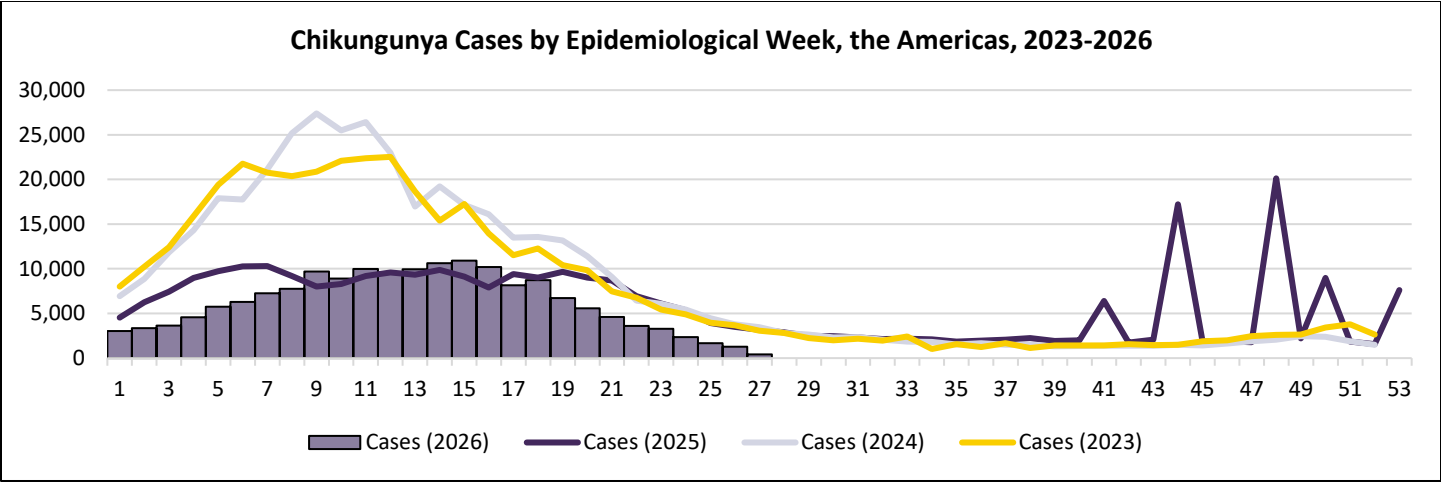


Figure Notes: Data extracted on July 16, 2026, and includes locally acquired cases only; Most recent weeks’ trends should be interpreted with caution due to delays in reporting.

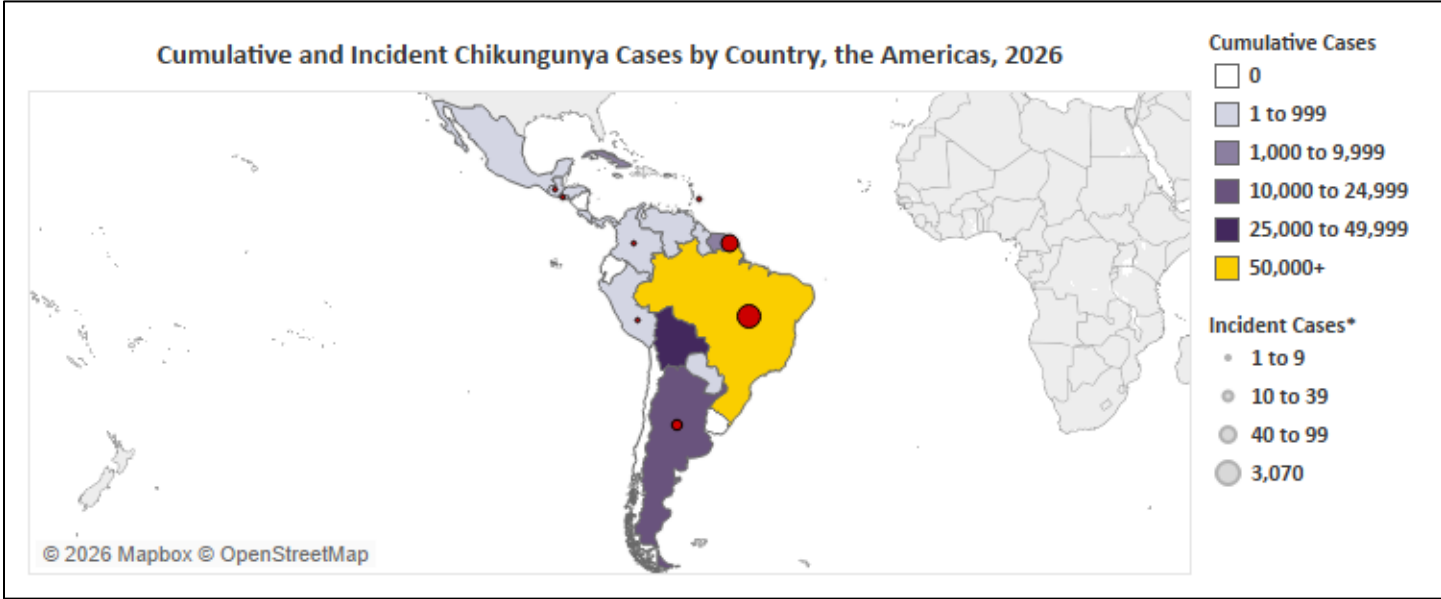


Figure Notes: Data extracted on July 16, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update.

During 2025, there were 316,654 locally acquired chikungunya cases, of which 115,952 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 629 travel associated cases (confirmed & probable) were reported in US states and territories 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](#), [Costa Rica](#), [French Guiana](#), and [Suriname](#). [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [PAHO \(7/16/26\)](#)

Mayotte – No Cases Reported During Most Recent Epidemiological Week:

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 1,389 confirmed cases reported as of July 5, 2026. Since the previous update, 56 confirmed incident cases were reported, none of which were reported during the most recent epidemiological week – incidence has been steadily decreasing since the end of April. During 2026, a greater number of confirmed cases have been reported compared to the entire year of 2025 (1,266).

Chikungunya Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
1,389	+56	38	+6	0	+0	0.0%

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

Those aged 25-44 years have been most affected (36%), followed by those aged 45-64 years (26%), and trailed by those aged <5 years (6.0%) and ≥65 years (6.0%). Females have accounted for 58% of confirmed cases. 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 \(6/5/26\)](#)

Cyclosporiasis

United States – Several Outbreaks Being Investigated; Link to Lettuce Identified:

Cyclosporiasis is an intestinal infection caused by the parasite *Cyclospora*. Infection is typically transmitted by ingesting contaminated food or water. Cyclosporiasis season runs from May 1 – August 31 and case counts typically increase during spring and summer months. Currently, there are many jurisdictions reporting an increase in cases this year compared to the same period during 2025 (249). According to data from the [United States CDC](#) as of July 13, there have been a total of 1,645 confirmed locally acquired cyclosporiasis cases reported in the country during 2026. Investigations to identify sources of outbreaks are ongoing. Additionally, there are over 5,100 cases awaiting confirmation of infection and acquisition. Travel associated cases have also been reported this year in 35 states (440).

Cyclosporiasis Cases, Hospitalizations, and Deaths, United States, 2026				
Cumulative Confirmed Cases		Other Cases*	Hospitalizations†	Deaths
Locally Acquired	Travel Associated	Awaiting Confirmation	Cumulative	Cumulative
1,645	440	>5,100	141	0

Table Notes: Data as July 13, 2026; *Other cases reported to CDC awaiting confirmation of infection and acquisition (locally acquired vs travel associated); †Among confirmed locally acquired cases with information available.

Locally acquired cases have been reported by 34 states, primarily Michigan (501-900), New York (161-300), and [North Carolina](#) (81-160). Cases range from 2-95 years of age with a median of 44 years. Among cases with information available, 141 were hospitalized (8.6%), and there have been no deaths reported. There is substantial lag between illness onset and case reporting to CDC, therefore it is anticipated that overall case counts will continue to rise and state health departments may have more up to date information regarding the current situation in their jurisdiction - the [Michigan Department of Health and Human Services \(MDHHS\)](#) has reported over 4,300 cases in the state this year as of July 16. Data from individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases.

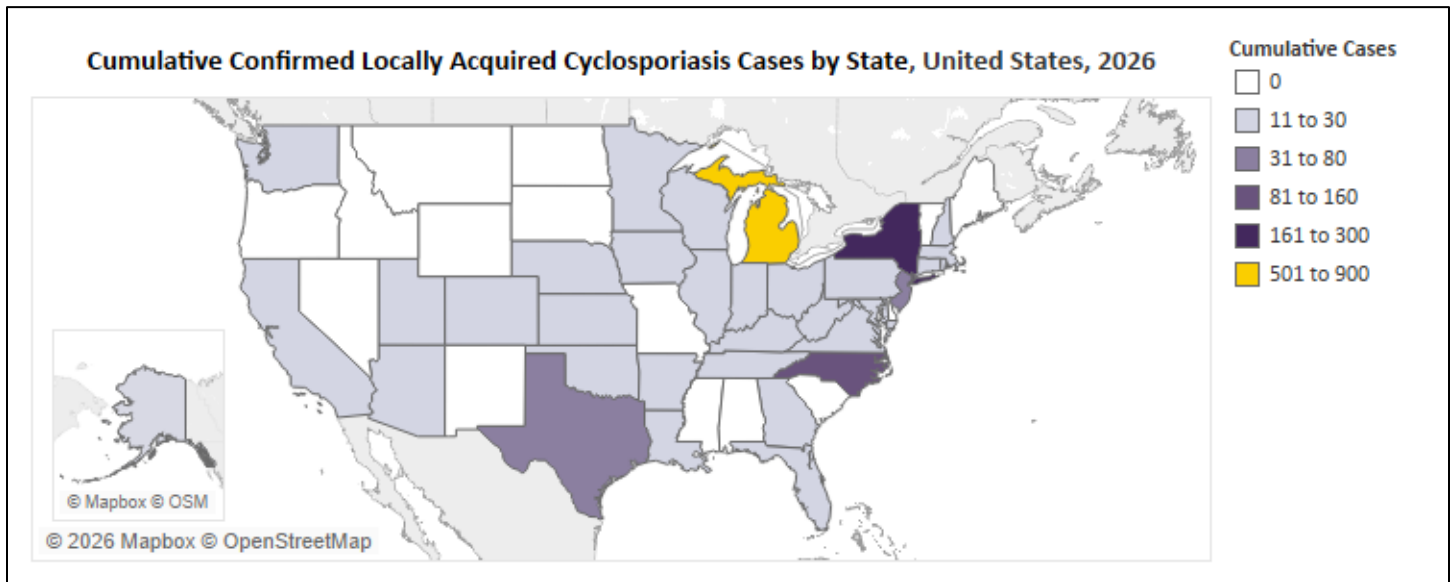


Figure Notes: Data as of July 13, 2026, and includes confirmed locally acquired cases only.

On July 13, the New York State Department of Health (NYSDOH) and New York City Department of Health and Mental Hygiene (NYCDOHMH) issued a [Health Advisory](#) regarding an increase of cyclosporiasis cases in the state (NYS outside of NYC: 129 during 2026 vs 20-55 during 2025, NYC: 381 during 2026 vs ~127 during 2025, as of July 8). On July 14, 2026, the United States CDC issued a [Health Alert Network \(HAN\) Health Advisory](#) regarding locally acquired cases in multiple states, notifying clinicians public health practitioners, and laboratories of the relative increase in cases.

Multistate Outbreak Linked to Shredded Iceberg Lettuce from Taco Bell

According to data from the [United States CDC](#) as of July 16, there have been a total of 1,644 cyclosporiasis cases reported across 5 states that also reported exposure to Taco Bell prior to illness onset – it is unclear how many of these cases are included in national surveillance data presented above. Cases involved in this outbreak have been reported in [Michigan](#) (1,141), Ohio (420), [Indiana](#) (47), [Kentucky](#) (25), and [West Virginia](#) (11), and reported dates of illness onset ranging from May 13 – July 13, 2026. Among them, 94 have been hospitalized and there have been no deaths reported. MDHHS analyzed exposures from 190 cases that ate at Taco Bell prior to illness onset in Michigan and found that 90% of interviewed cases reported eating iceberg lettuce. Investigations have identified a single supplier of shredded iceberg lettuce in Mexico as the source of contamination. According to the United States CDC, the true number of cases linked to this multistate outbreak is likely higher than the number reported and may not be limited to affected states. Do not consume shredded iceberg lettuce from Mexico served at Taco Bell locations in affected states – Taco Bell is working to stop using lettuce implicated in this outbreak. Other cyclosporiasis outbreaks and illnesses unrelated to this outbreak are being investigated nationally.

Data Source: [CDC Surveillance \(7/14/26\)](#), [CDC Outbreak \(7/16/26\)](#)

Diphtheria

Africa – Updated 2026 Data from Member States; Burden Highest in Somalia:

According to data from the [Africa CDC](#) as of June 28, there have been a total of 3,130 cases of diphtheria (382 confirmed) and 93 deaths (13 confirmed) reported by 7 African Union (AU) Member States (MS) during 2026. Since the previous update, 980 incident cases were reported in Somalia (963) and South Africa (17), along with 31 additional deaths reported in Mauritania (1), Somalia (27), and South Africa (3). There were 5 cases removed from cumulative counts for Mali.

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.

Diphtheria Cases and Deaths by Country, Africa, 2026					
Country	Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	CFR*
Guinea	28	+0	3	+0	10.7%
Mali	111	-5	4	+0	3.6%
Mauritania	158	+0	1	+1	0.6%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Somalia	2,358	+963	63	+27	2.7%
South Africa	37	+17	8	+3	21.6%
Total	3,130	+975	93	+31	3.0%

Table Notes: Data as of June 28, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

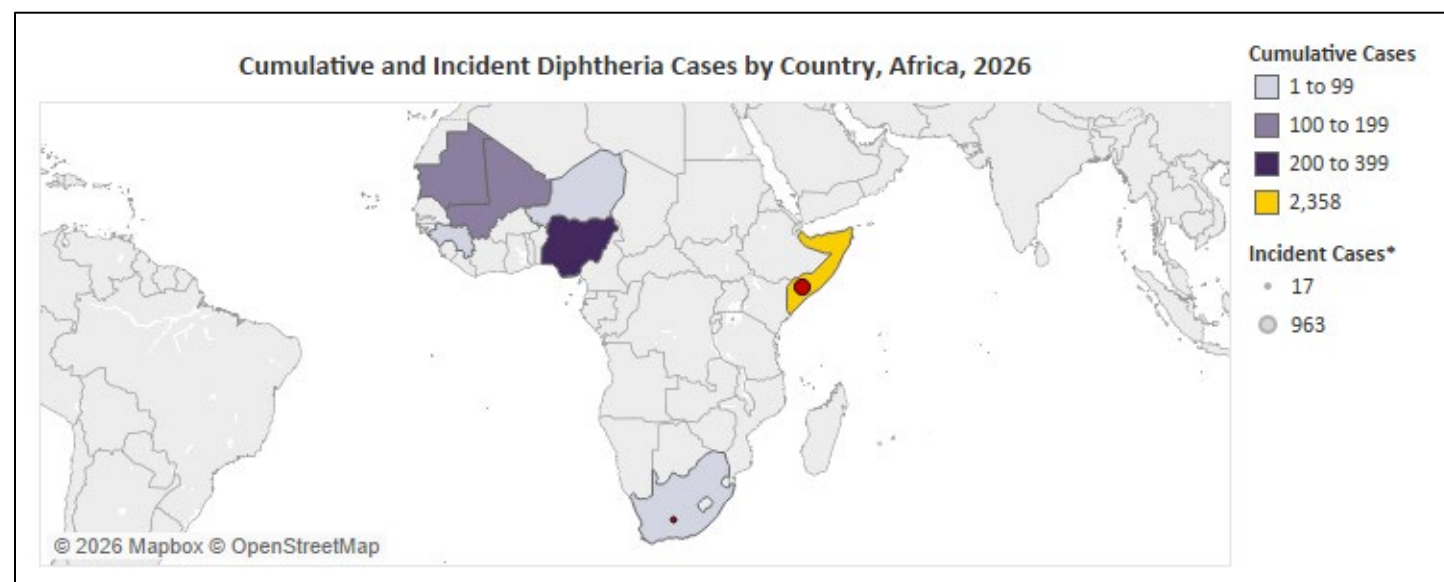


Figure Notes: Data as of June 28, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.

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. The United States CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) regarding diphtheria in several countries in Sub-Saharan Africa. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: [Africa CDC \(6/26/26\)](#)

Australia – Incidence Trends Appear to Decline in CDINS Affecting Remote Areas:

On June 29, 2206, 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 July 6, there have been a total of 429 cases (426 confirmed & 3 probable) of diphtheria, and 1 death reported in Australia during 2026, representing an almost 40-fold increase compared to the same period from 2022-2025 (average of 10.8 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 16 confirmed incident cases were reported. Incidence had been steadily increasing since October 2025 before spiking in February; trends have plateaued from mid-April through early June but remain elevated compared to typical incidence trends.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
426	+16	76	+2	1	+0	0.2%

Table Notes: Data as of July 6, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

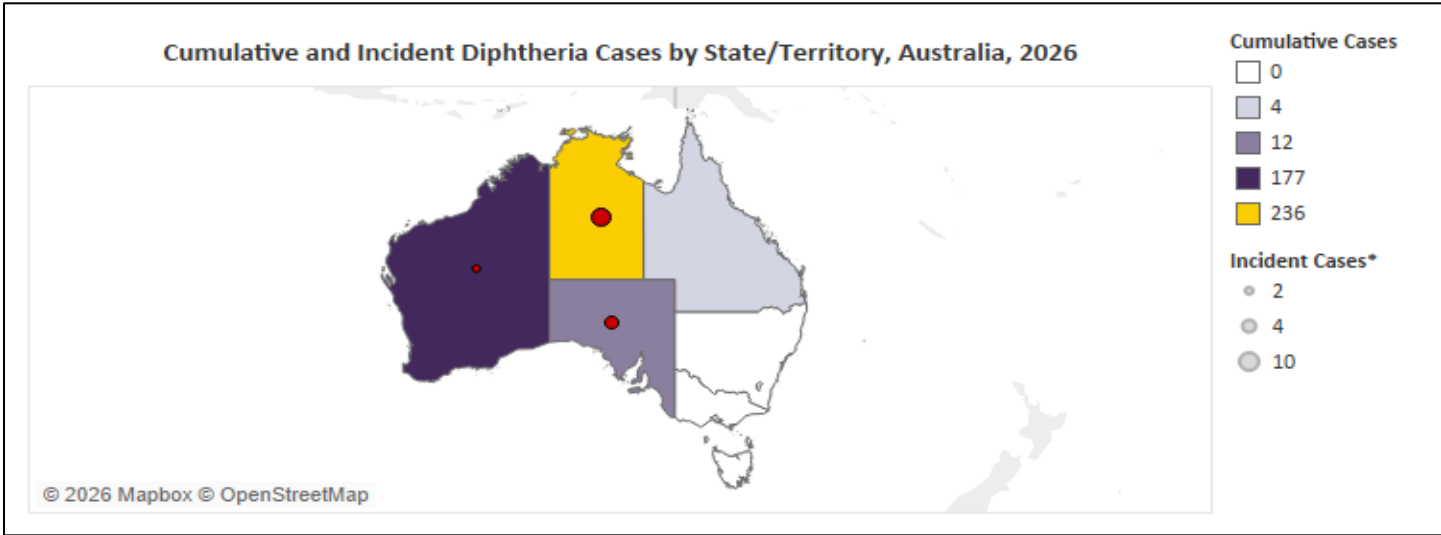


Figure Notes: Data as of July 6, 2026; *Change in cumulative total compared to previous update.

During 2026, cases have been reported in the Northern Territory (236), Western Australia (177), South Australia (12), and Queensland (4) – 99.3% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Among all cases, 95.1% have been among Aboriginal and/or Torres Strait Islander people, 54.7% have been female, 17.7% have been hospitalized, and 65.0% have been cutaneous diphtheria (as opposed to respiratory: 32.4%). Most cases of respiratory (86.1%) and cutaneous (76.3%) 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 rates have been reported among those aged <24 years. Prior to the COVID-19 pandemic (2014-2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 16 diphtheria clusters (≥2 cases) reported (11 during 2026), the largest of which (10-16 cases) occurred in North Queensland from 2020-2023. Clusters reported during 2026 have ranged from 2-10 cases. [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 \(7/6/26\)](#)

Africa – Updated Data on Ongoing 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 July 15, 2026, and the [Ministry of Health in Uganda \(MOH-U\)](#) as of July 16, 2026, there have been a total of 2,073 confirmed Bundibugyo virus disease (BVD) cases and 796 confirmed deaths reported in Haut-Uélé, Ituri, North Kivu, South Kivu, and Tshopo provinces, DRC, and 20 confirmed BDV cases and 2 confirmed deaths reported in Kampala and Wakiso, Uganda. Additionally, on June 24, 2026, the [Ministry of Health, Families, Autonomy and Disabled People \(MSS\)](#) in France reported a confirmed imported BVD case among a national returning from a humanitarian mission in the DRC – the case has [recovered](#). On July 10, 2026, the CDC reported the [second American national case](#), a humanitarian worker in [Bunia](#) who was [not involved with direct patient care](#) - the case has been transferred to [Germany](#) for care. Since the previous update, 314 additional confirmed cases and 196 confirmed deaths were reported. Despite [operational and logistical scale-up](#), 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 in the DRC, high in Uganda and neighboring countries with land borders adjoining countries reporting detected BVD cases, and low in other countries within the African region and 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		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	2,073	+314	796	+196	38.4%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	2,094	+314	798	+196	38.1%

*Table Notes: Data for the DRC and Uganda as of July 15-16, 2026, and includes locally acquired and imported cases; *Case fatality rate (CFR); †Change in cumulative total compared to the previous update; ‡Includes confirmed American national cases that has recovered; §Data for France as of July 5, 2026, and includes imported case from the DRC that has recovered.*

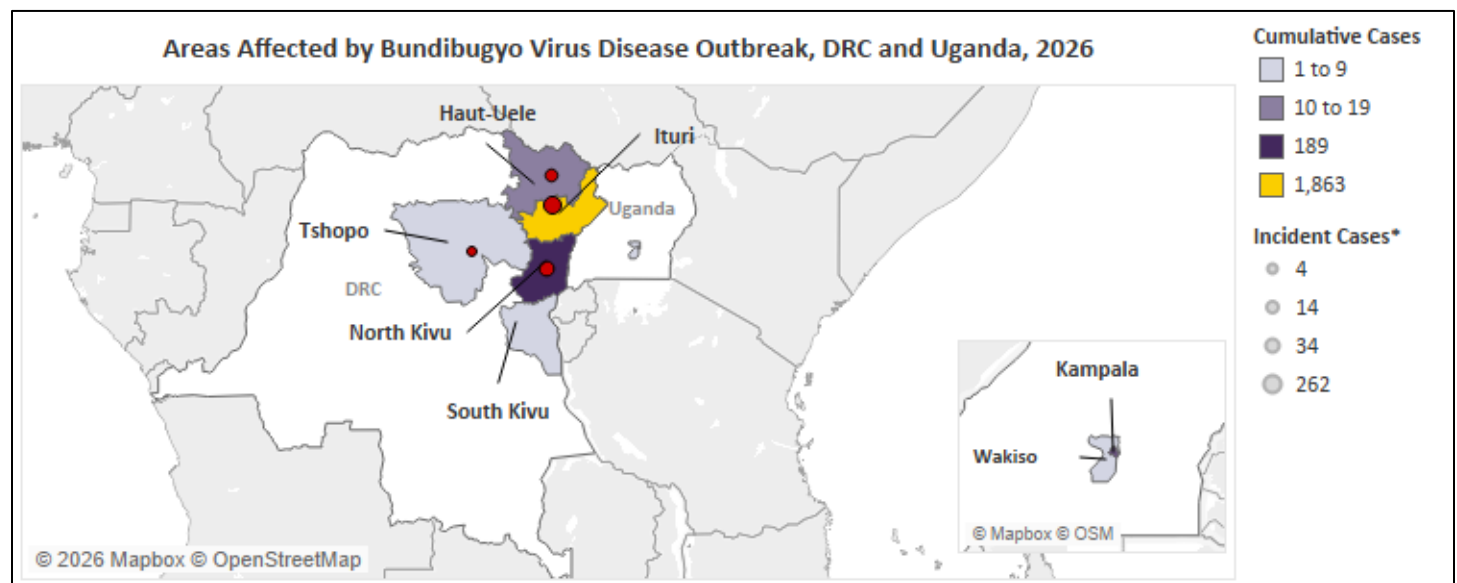


Figure Notes: Data as of July 15-16, 2026; Wakiso is part of the Kampala Metropolitan Area.

In the DRC, according to data from the [INSP](#) as of July 15, 2026, confirmed cases have been reported in 45 health zones in Haut-Uele (4), Ituri (26), North Kivu (11), South Kivu (1), and Tshopo (3) provinces – 89.9% of confirmed cases have been reported in Ituri province (1,863), followed by North Kivu (189), Haut-Uélé (14), Tshopo (4), and South Kivu (3)

provinces. A total of 12,050 contacts have been identified for monitoring and follow-up, of which 76.6% (9,235) are actively being monitored (seen within the previous 24 hours). There have been 377 recoveries. In Uganda, according to data from the [MOH-U](#) as of July 16, 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. Of the 831 total identified contacts, 0 (0.0%) are under active follow-up, and 821 (99.9%) completed 21-day follow-up periods. There have been 18 recoveries. In France, according to data from the [WHO](#) as of July 5, 2026, a total of 5 identified contacts are under active follow-up. There has been 1 recovery.

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. 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%). According to a recent publication in the New England Journal of Medicine (NEJM), gastrointestinal symptoms (vomiting diarrhea, anorexia, and abdominal pain) were [clinical features](#) that most distinguished confirmed cases from both negative cases and those in previous outbreaks. Hemorrhagic signs were not commonly observed (10.4% of positive cases). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care; however, [BVD treatment clinical trials](#) have begun in DRC – [an ongoing healthcare worker strike](#) over unsafe and unfair working conditions may disrupt outbreak response and clinical trial progress.

On July 13, 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. As of July 14, 2026, the United States CDC, under [updated Title 42](#), and the Department of Homeland Security (DHS), [under Title 49](#), are working together on a [DO NOT BOARD \(DNB\)](#) process which American citizens who are departing the DRC may be subject to, restricting their return to the United States for 21 days after leaving the DRC. This is in addition to the 21-day international travel restriction, initiated June 24, 2026, by the [DRC Ministry of Public Health, Hygiene, and Social Welfare](#), for anyone who has stayed in an affected area or had contact with a confirmed or probable case. All United States citizens, nationals, and certain government and military personnel who were in Uganda or South Sudan within 21 days of arrival will be [redirected](#) through either Washington-Dulles International Airport (IAD) in Virginia, Hartsfield-Jackson Atlanta International Airport (ATL) in Georgia, George Bush Intercontinental Airport (IAH) in Texas, or John F. Kennedy Intercontinental Airport (JFK) in New York, for enhanced public health screening. The [CDC](#) currently assesses the 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 \(7/15/26\)](#), [WHO \(6/9/26\)](#), [INSP \(7/16/26\)](#), [MOH-U \(7/16/26\)](#)

Malaria

Mayotte – Updated Data on Incident Cases Reported, Most Linked to Travel:

According to data from the [French National Public Health Agency \(SPF\)](#) as of July 5, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 264 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 20 confirmed incident cases reported, of which only 1 was locally acquired. Among all confirmed cases, 183 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 47 have been locally acquired, 12 have an undetermined origin, and 22 are currently under investigation.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
264	+20	72	+1	0	+0	0.0%

Table Notes: Data as of July 5, 2026; †Change in cumulative total compared to previous update.

During the week ending July 5, 2026, there were 8 confirmed incident cases reported, of which 4 were travel associated and 4 are currently under investigation – no locally acquired cases were reported. Overall trends spiked during epidemiological week 18 and have been declining since. During this year, confirmed locally acquired cases have been reported in 6 communes primarily in the southern region of the island: Dembéli (20), Bandréli (12), Chirongui (11), Kani-Kéli (2), Mamoudzou (1), and M'Tsangamouji (1). Those aged 15-24 and 25-44 years have accounted for 53% of all confirmed cases with available demographic information and males (155) have been affected more than females (105). Among all confirmed cases, 72 have been hospitalized, including 4 admitted to intensive care.

Mayotte is an overseas department of France in the Indian Ocean off the coast of Southeastern Africa where malaria transmission is ongoing in many countries, including Comoros and Madagascar. Intensified transmission in these neighboring countries has led to a significant rise in travel associated cases in Mayotte. According to data from the [European Centre for Disease Prevention and Control \(ECDC\)](#), there were 111 confirmed malaria cases reported in Mayotte during 2025, of which only 5 were suspected to be locally acquired – this was the first time local malaria transmission was detected on the island since 2020. The United States CDC currently has a [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding malaria in Mayotte.

Data Sources: [SPF \(7/10/26\)](#), [ECDC \(6/5/26\)](#), [BEACON \(6/30/26\)](#)

Measles

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

Since the previous update, the [World Health Organization \(WHO\)](#) released their monthly update regarding confirmed measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 186,168 confirmed measles cases reported by 135 countries. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of July 14, 2026, are presented in the table below.

Cumulative Measles Cases and Incidence Rates, Global, 2026			
Confirmed Cases		Incidence per 1M Population	
Country	Cumulative	Country	Cumulative Incidence Rate
Bangladesh	42,780	Guatemala	745.15
India	26,627	Mongolia	686.57
Yemen	13,392	Kazakhstan	626.55
Mexico	11,970	Yemen	623.44
Pakistan	11,022	Cameroon	591.76

Cameroon	9,066	Lao People's Democratic Republic	485.08
Guatemala	7,067	Bangladesh	481.17
Kazakhstan	6,605	Rwanda	437.08
Angola	6,244	Central African Republic	433.76
Madagascar	5,655	Madagascar	337.39

Table Notes: Data as of July 14, 2026.

There were 257,456 confirmed measles cases reported globally during 2025. On November 10, 2025, the [Pan American Health Organization \(PAHO\)](#) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for ≥ 12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a [PAHO Regional Situation Report](#) published on July 2, 2026, confirmed case counts for 2026 in the Americas represent a 181% increase compared to 2025 through the end of epidemiological week 25. 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.

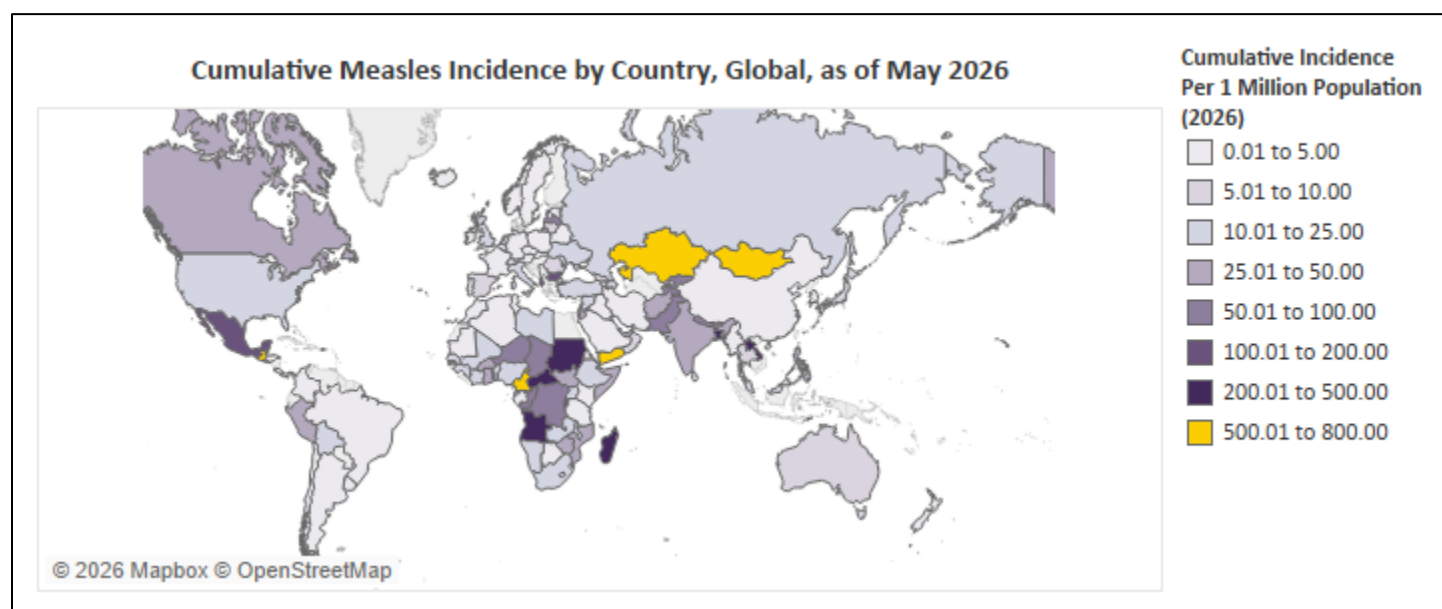


Figure Notes: Data as of July 14, 2026.

Data Source: [WHO \(7/14/26\)](#)

Bangladesh – Almost 100,000 Individuals Hospitalized in Nationwide Outbreak:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of July 16, there have been a total of 115,138 suspected and 14,104 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 684 deaths reported among suspected cases, and 95 deaths reported among confirmed cases. Since the previous update, 12,145 suspected incident cases, 1,818 confirmed incident cases, 53 additional suspected deaths, and 2 additional 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 since.

During 2026, cases have been reported in all 8 departments: Dhaka (61,041), Chattogram (22,193), Barisal (12,410), Rajshahi (9,721), Khulna (8,351), Sylhet (7,166), Mymensingh (5,972), and Rangpur (2,388). According to data from the [United Nations](#) as of June 25, 2026, children aged <5 years have accounted for 81% of reported cases, and recent weekly trends show a slight decrease in incidence since mid-May. Deaths have primarily been reported [among children](#).

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	115,138	+12,145	97,819	+11,408	684	+53	0.6%
Confirmed	14,104	+1,818			95	+2	0.7%
Total	129,242	+13,963	97,819	+11,408	779	+55	0.6%

Table Notes: Data as of July 16, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

In the first 7 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 was observed since the COVID-19 pandemic until the end of last year. 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.

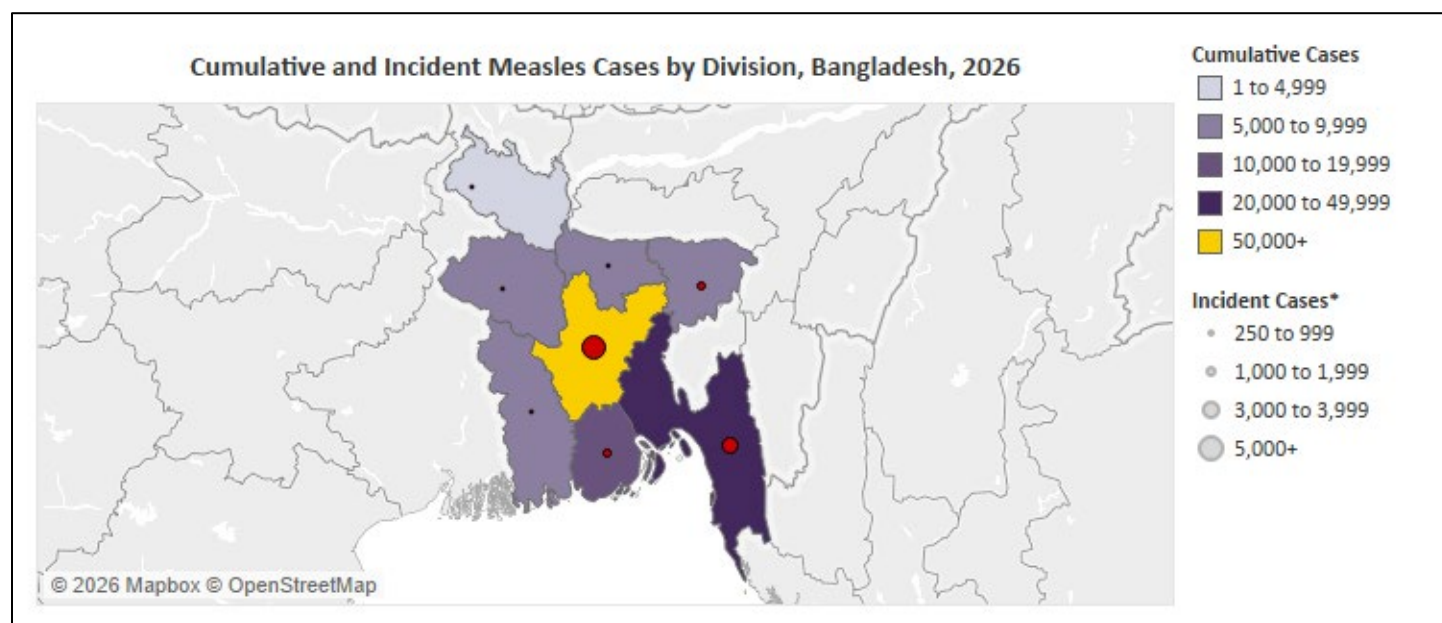


Figure Notes: Data as of July 16, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

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

Canada – Incident Cases Reported by Multiple Jurisdictions, Most in Quebec:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of July 4, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,097 probable and confirmed cases reported during 2026. Since the previous update, 14 incident cases with rash onset during 2026 were reported by 4 jurisdictions.

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	+0	401	+0	2	+0	0.0%
2026	81	+0	1,016	+14	73	+0	0	+0	0.0%

Table Notes: Data as of July 4, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

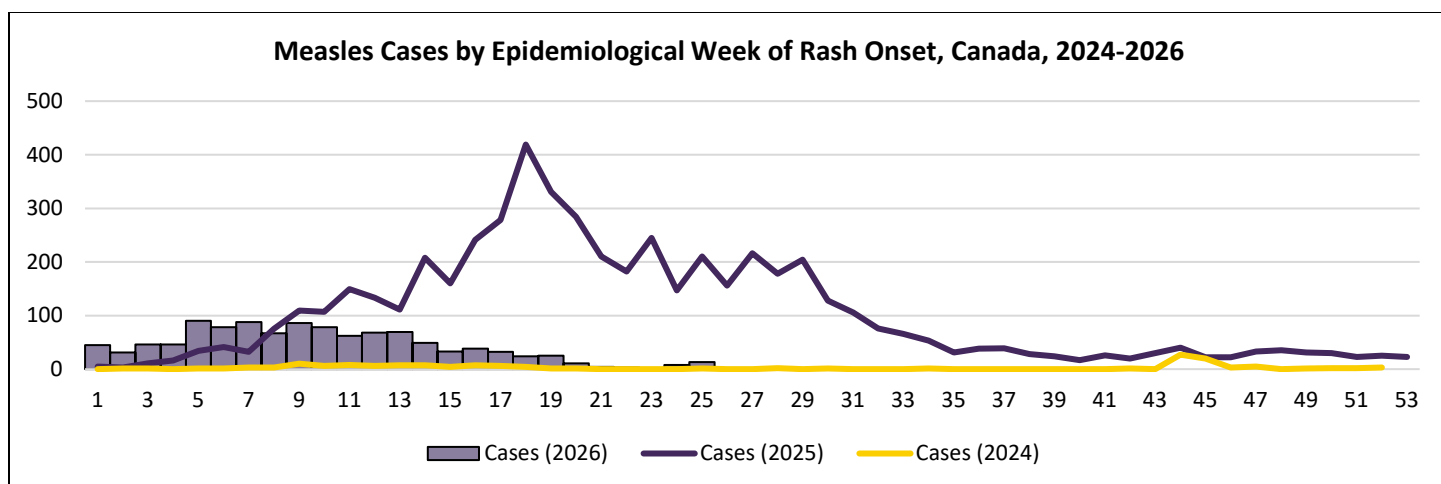


Figure Notes: Data as of July 4, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: [Manitoba](#) (674), [Alberta](#) (311), [British Columbia](#) (37), [Quebec](#) (31), Ontario (29), 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, 7% have been hospitalized, and 96% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Bangladesh, Cameroon, Chad, [Guatemala](#), India, Japan, [Mexico](#), [Pakistan](#), Sint Maarten, Spain, Thailand, Togo, Türkiye, the [United States](#), and Vietnam.

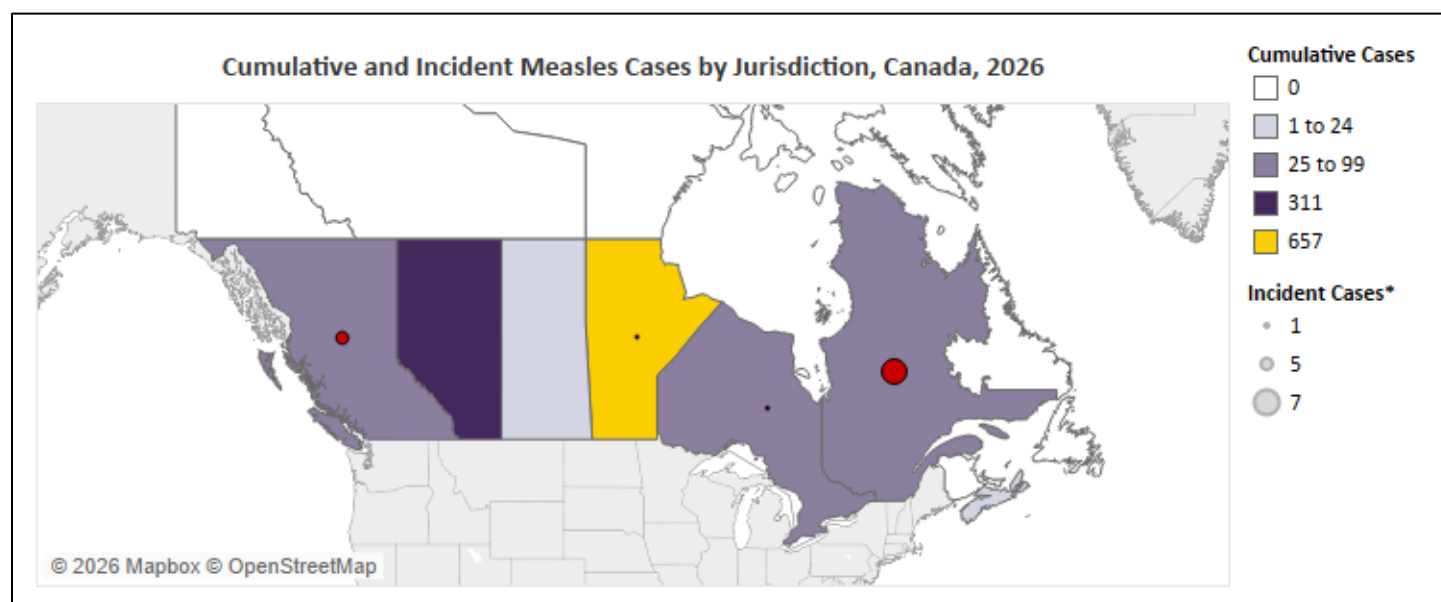


Figure Notes: Data as of July 4, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), 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.

Canada is currently experiencing a multijurisdictional measles outbreak involving 6,411 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 94% 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 \(7/13/26\)](#), [PHAC - 2025 \(6/1/26\)](#)

Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining:

According to data from the [Ministry of Public Health and Social Assistance \(MSPAS\)](#) as of July 14, 2026, there have been total of 28,543 confirmed measles cases and 28 deaths reported in Guatemala since December 2025. All probable and confirmed cases reported previously have now been reclassified into 3 confirmed case categories (laboratory confirmed, epidemiologically linked, and clinically predicted). Since the previous update, 1,337 confirmed incident cases, and 2 additional deaths, were reported. Half of all deaths (14) have been reported among infants aged ≤1 year. Confirmed case incidence has been following a downward trend since peaking during epidemiological week 16.

Measles Cases and Deaths, Guatemala, 2025-2026					
Confirmed Cases			Deaths		
Category	Cumulative	Incident†	Cumulative	Incident†	CFR*
Laboratory	7,621	+132	28	+2	0.1%
Epidemiological	3,213	+159			
Clinical	17,709	+1,107			
Total	28,543	+1,337	28	+2	0.1%

Table Notes: Data as of July 14, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among all confirmed cases (laboratory, epidemiological, and clinical).

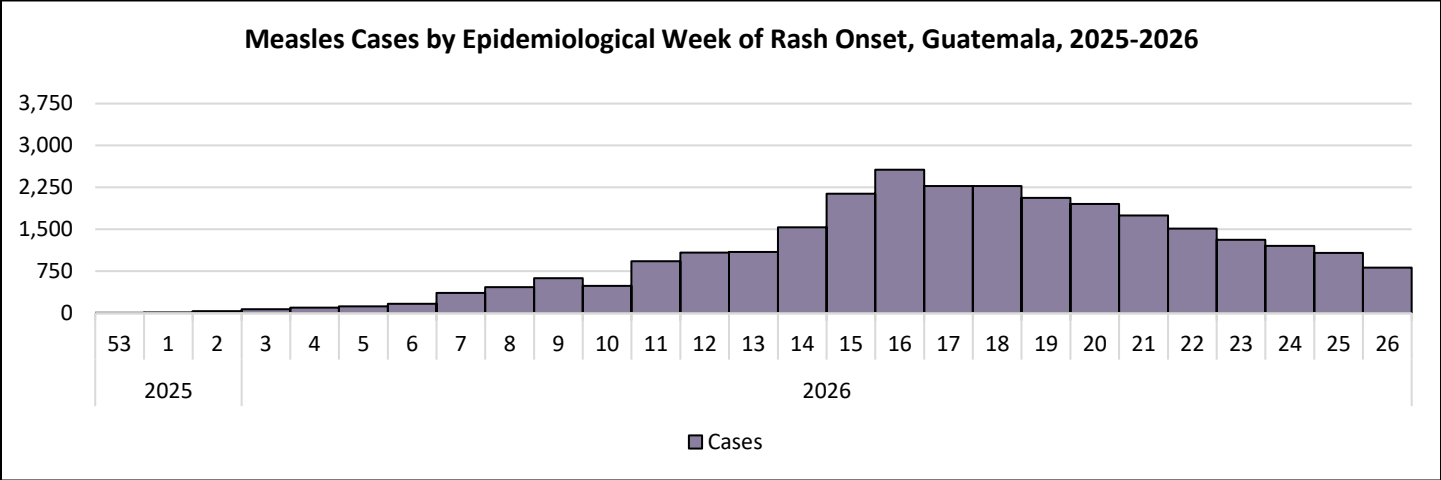


Figure Notes: Data as of July 14, 2026, and includes all confirmed cases (laboratory, epidemiological, and clinical).

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (10,814), Quetzaltenango (2,324), Quiche (2,097), Huehuetenango (1,656), Sololá (1,422), and Izabal (1,344) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 6 departments: Guatemala (283.8), Izabal (283.0), Sololá (280.5), Quetzaltenango (241.8), Totonicapán (194.5), and Quiche (193.1). Those aged 20-29 years (37.0%) have been most affected, followed by those aged 30-39 years (16.9%), those aged 15-19 years (9.4%), and those aged <1 year (9.1%) – infants aged <1 year remain the most at-risk group for severe outcomes. Among all confirmed cases, 92.9% have been unvaccinated or had unknown vaccination statuses, and 8.9% have been hospitalized.

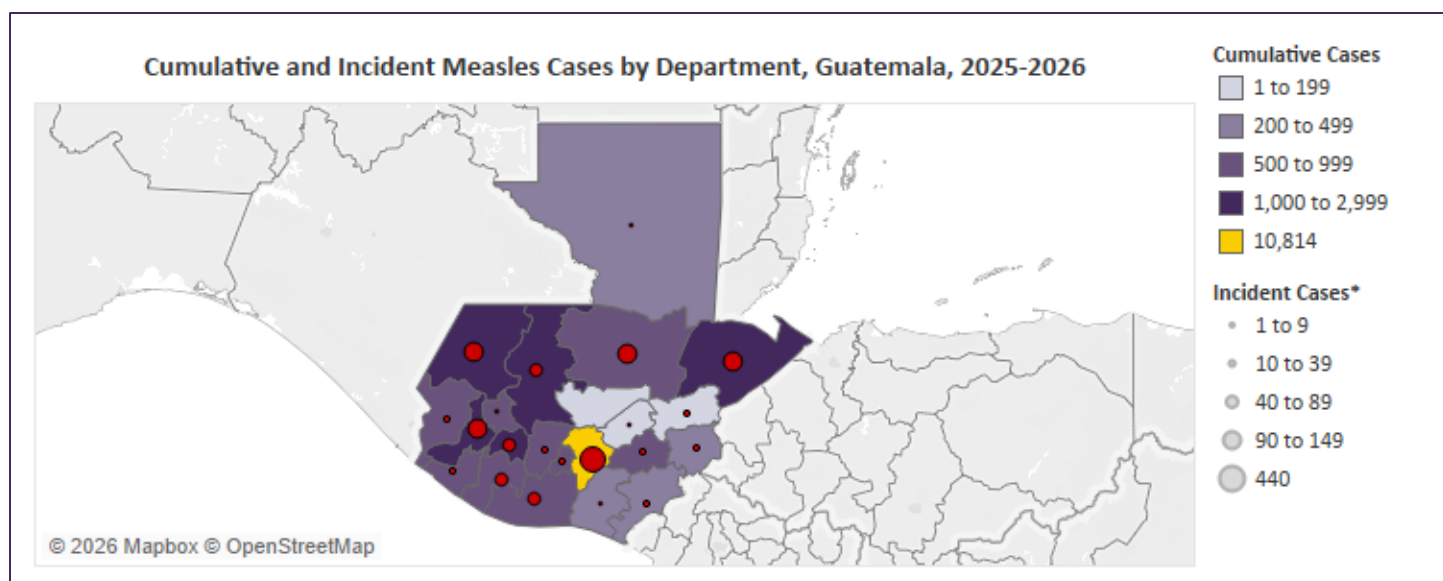


Figure Notes: Data as of July 14, 2026, and includes all confirmed cases; *Reported during most recent epidemiological week.

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. 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 and as part of the regular schedule, over 1.4 million measles vaccine doses have been administered in the country as of June 29, 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 \(7/14/26\)](#)

Mexico – Confirmed Incident Cases Reported by 12 States, Most in Durango:

According to data from the [Secretary of Health of Mexico](#) as of July 14, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,205 confirmed cases and 16 deaths reported during 2026. Since the previous update, 127 confirmed incident cases with symptom onset during 2026 were reported by 12 states, along with 1 additional death. Confirmed case incidence has 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	+0	6,614	+0	27	+0	0.4%
2026	28,349	+166	12,205	+127	17	+1	0.1%

Table Notes: Data as of July 14, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,594), Mexico City (1,004), and Chiapas (846). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (736). Across both years, cumulative incidence per 100,000 population has been highest among those aged <1 year (92.45), followed by those aged 1-4 years (29.17), those aged 5-9 years (20.80), and those aged 25-29 years (19.83).

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). As of March 2026, 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.

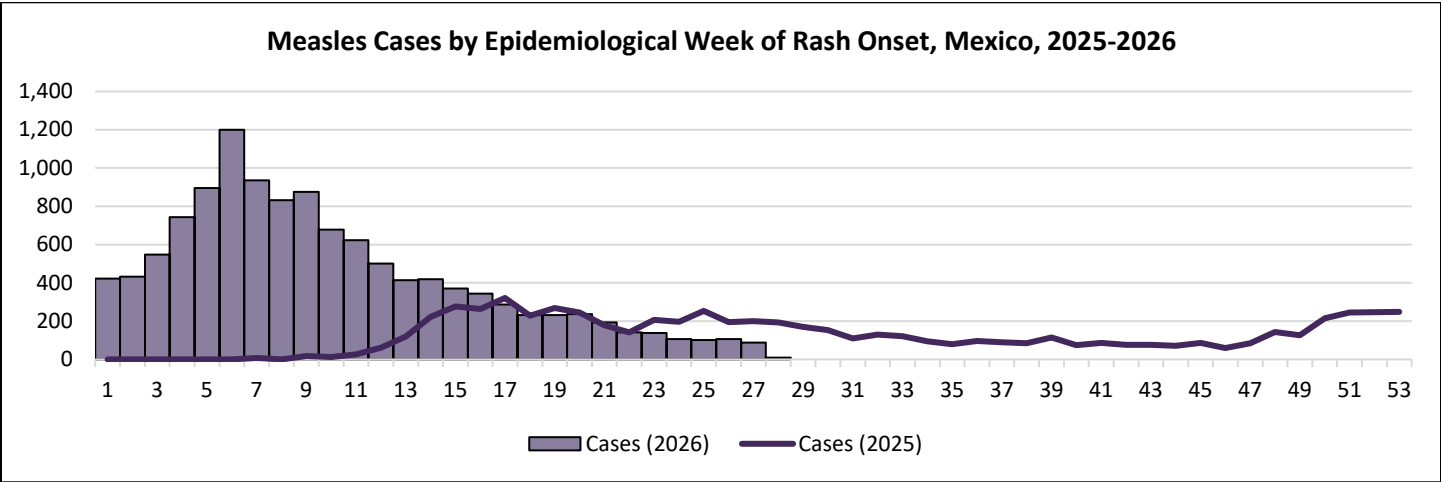


Figure Notes: Data as of July 14, 2026, and includes confirmed cases only (4 missing from figure).

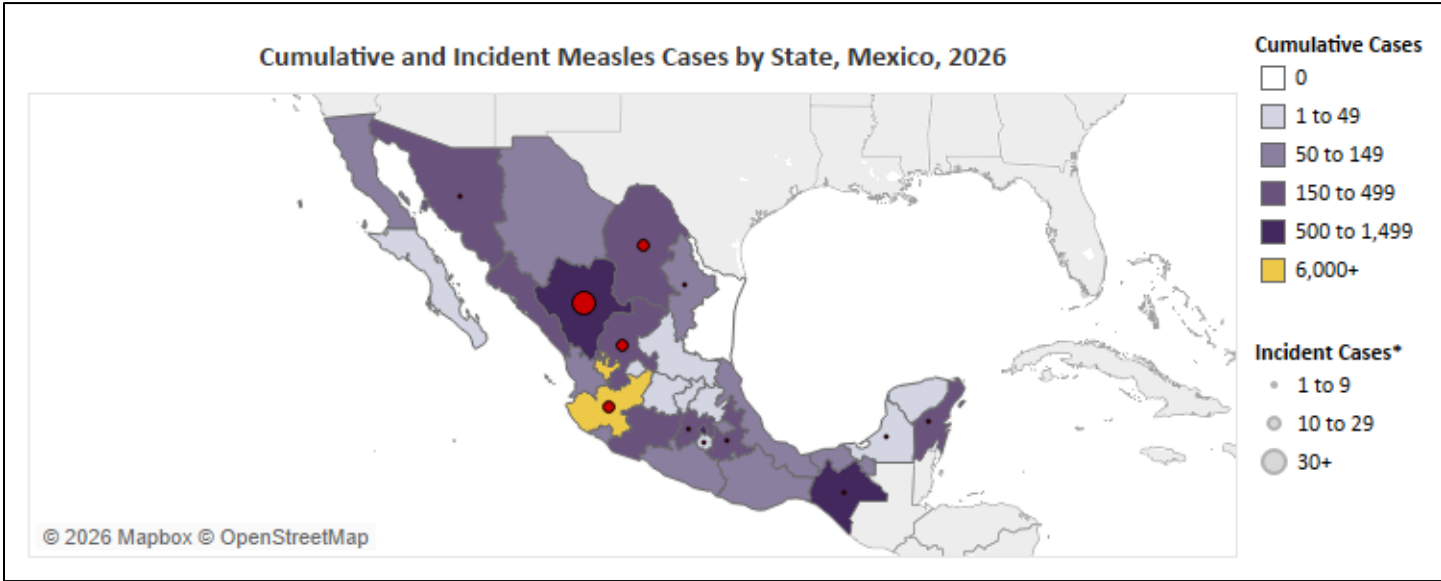


Figure Notes: Data as of July 14, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(7/14/26\)](#)

United States – Confirmed Incident Cases Reported by 7 States, Most in Virginia:

According to data from the [United States CDC](#) as of July 9, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,231 confirmed cases reported during 2026. Since the previous update, 61 confirmed incident cases with rash onset during 2026 were reported by 7 states, primarily Virginia (32), Pennsylvania (13), and Arizona (8), and for the first time this year in Tennessee (2).

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,289	+0	243	+0	3	+0	0.1%
2026	2,231	+61	140	+2	0	+0	0.0%

Table Notes: Data as of July 9, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

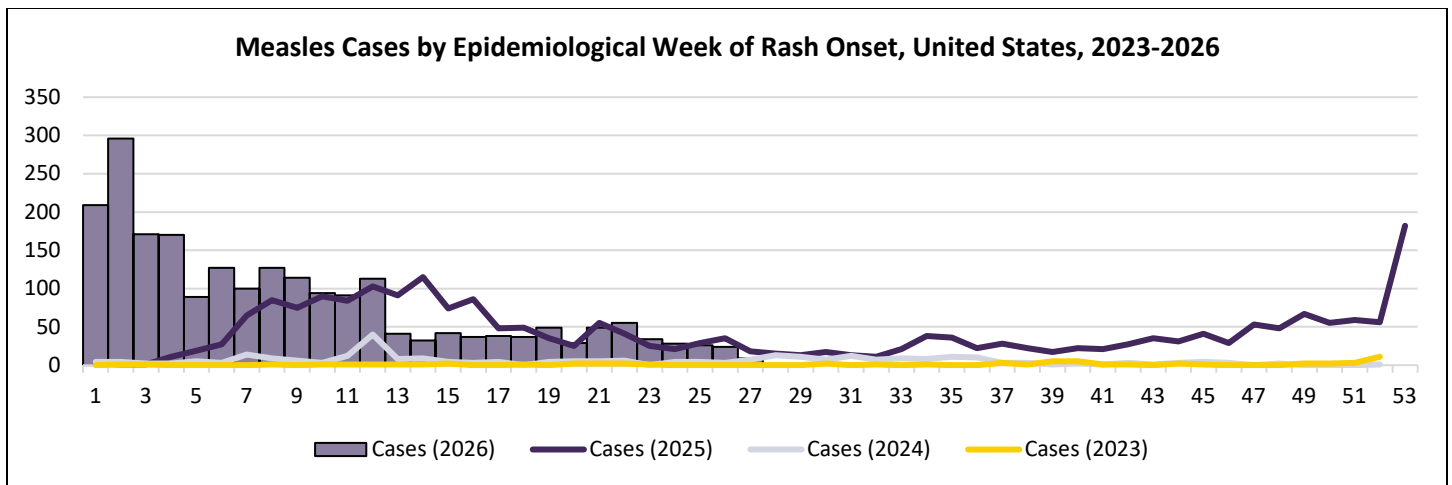


Figure Notes: Data as of July 9, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 42 jurisdictions, primarily [South Carolina](#) (670), [Utah](#) (516), Texas (182), [Virginia](#) (176), and Florida (141). There have been 32 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (717 from outbreaks that began during 2026 and 1,365 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (50%), followed by those aged 20+ years (29%), and those aged <5 years (20%). Among all confirmed cases, 93% have been unvaccinated or have unknown vaccination statuses and 6% have been hospitalized – including 10% of those aged <5 years. In New York, there have been 6 confirmed cases reported in [New York City](#) and 8 in [Rest of State](#) (14 total).

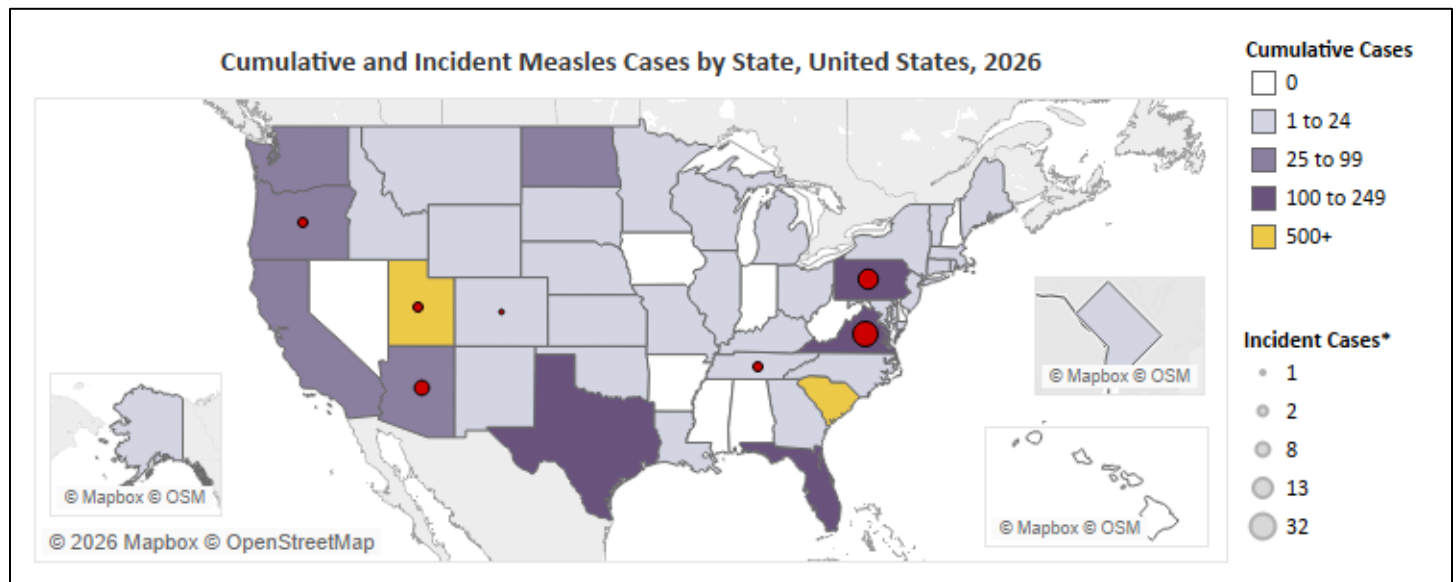


Figure Notes: Data as of July 9, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

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 (29%), 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 in May 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 \(7/9/26\)](#)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the [Secretary of Agriculture of Mexico](#) as of July 15, 2026, there have been a total of 33,759 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,021 are currently active. According to data from the [Secretary of Health of Mexico](#) as of July 4, 2026, there have been a total of 489 confirmed NWS cases and 3 deaths reported among humans since the beginning of 2025. Since the previous update, 1,078 incident cases among animals and 11 confirmed incident cases among humans were reported.

New World Screwworm Cases by Species, Mexico, 2024-2026								
Animal Cases				Confirmed Human Cases		Confirmed Human Deaths		
Cumulative	Incident†	Active	Change‡	Cumulative	Incident†	Cumulative	Incident†	CFR*
33,759	+1,078	2,021	-57	489	+11	3	+0	0.6%

Table Notes: Data for cases reported among animals as of July 15, 2026, and among humans of July 4, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

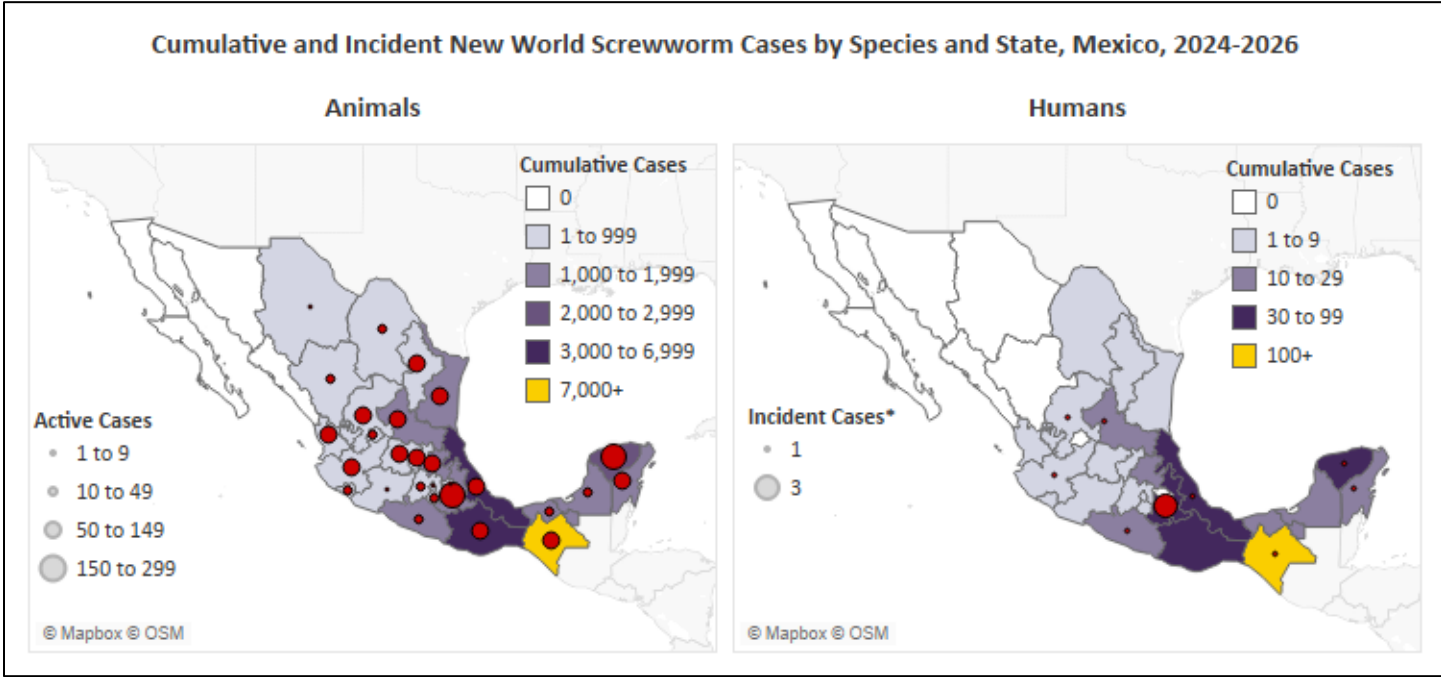


Figure Notes: Data for cases reported among animals as of July 15, 2026, and data for cases reported among humans as of July 4, 2026.

NWS cases among animals have been reported in 28 states, primarily Chiapas (7,303), Oaxaca (4,725), Veracruz (4,393), and Yucatán (2,521). Confirmed NWS cases among humans have been reported in 24 states, primarily Chiapas (146), Veracruz (92), Oaxaca (43), Puebla (38), and Yucatán (37). Recently, 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 more recently the United States. According to data

from the [United States CDC](#) as of July 14, 2026, there have been over 189,000 NWS cases reported among animals and over 2,274 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: [Secretary of Agriculture \(7/15/26\)](#), [Secretary of Health \(7/13/26\)](#), [CDC \(6/30/26\)](#)

United States – New NWS Detections Reported in Multiple Texas Counties:

According to data from the [United States Department of Agriculture \(USDA\)](#) as of July 14, 2026, there have been a total of 39 New World screwworm (NWS) cases reported among domestic animals in the United States, of which 18 are currently active. Since the previous update, 6 incident cases among domestic animals were reported in Texas.

New World Screwworm Cases Among Animals, United States, 2026				
Domestic Animal Cases				Fly Trap Detections
Cumulative	Incident†	Active	Change‡	
39	+6	18	-1	0

Table Notes: Data for cases reported among animals as of July 14, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

On June 3, 2026, the [USDA](#) reported a confirmed NWS case among a 3-week-old calf in Zavala County, Texas. Since then, NWS cases among domestic animals have been reported in 2 states: Texas (38) and New Mexico (1). While uncommon in humans, individuals should seek medical attention immediately if they suspect they may have contracted NWS.

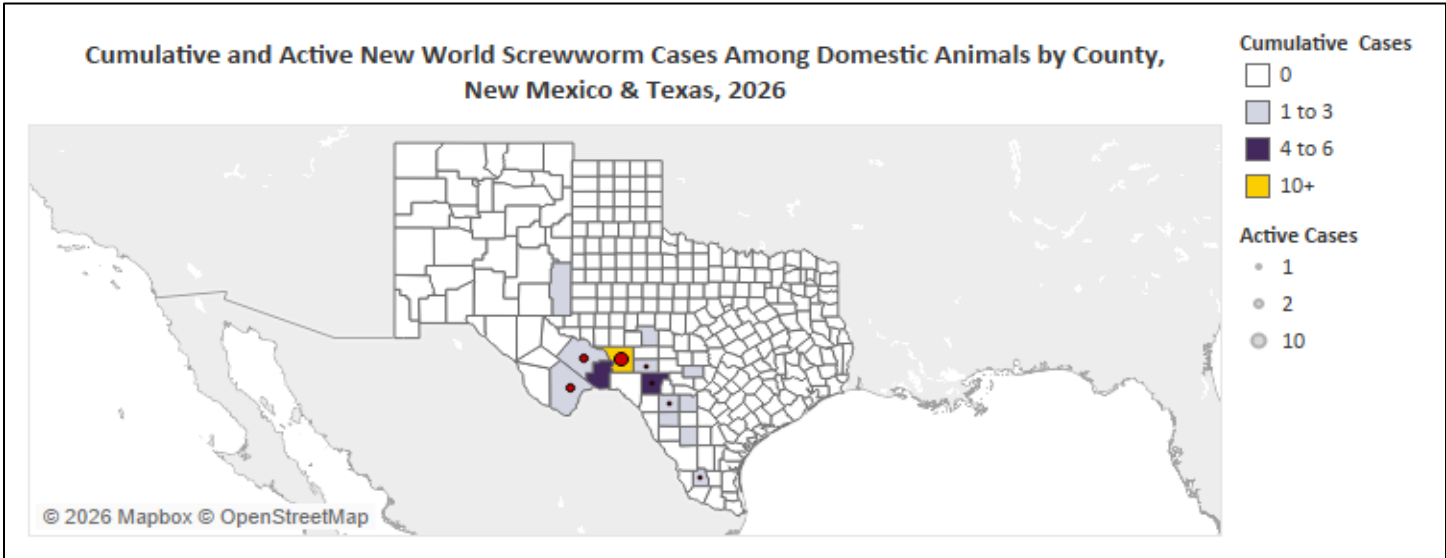


Figure Notes: Data for cases reported among animals as of July 14, 2026.

NWS was eradicated in the United States in [1966](#); however, sporadic cases were reported in the [Florida Keys during 2016](#) among deer and companion animals (pets). 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. Since then, the FDA has conditionally approved and issued emergency use authorizations (EUAs) for [several products](#) to prevent and treat NWS among animals. Previously this year, 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 – the risk of NWS among people remains very low. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico, and more recently the United States. According to data from the [United States CDC](#) as of July 14, 2026, there have been over 189,000 NWS cases reported among animals and over 2,274 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: [USDA \(7/15/26\)](#), [CDC \(6/30/26\)](#)

Bangladesh – Third Human Case This Year Reported in Sylhet Division (H5N1):

According to data from the [World Health Organization \(WHO\)](#) as of July 7, there have been a total of 3 confirmed influenza A(H5N1) cases reported among humans in Bangladesh during 2026. Since the previous update, 1 incident confirmed human H5N1 case was reported among a child (age not provided) in Sylhet Division with symptom onset on May 17. The case received outpatient care on May 20, is currently in good health, and samples were collected as part of routine surveillance – test results positive for influenza A(H5) were received on June 11. The case did not report any exposures to poultry prior to illness onset or any history of recent travel; however, poultry deaths were reported in the area surrounding the case’s residence. No additional cases have been reported among close contacts.

This is the third human H5N1 case reported in Bangladesh during 2026. The first case was reported among a child in Chattogram Division with symptom onset during January – the case died, and infection was determined posthumously. The second case was reported among a child in Sylhet Division with symptom onset during March – the case was hospitalized (with a clinical diagnosis of measles) and has been discharged. Both prior cases were exposed to poultry prior to illness onset, and no additional cases were reported among close contacts. According to data from the WHO, a total of 3 human H5N1 cases were reported in Bangladesh during 2025 – none were fatal. There have been a total of 14 human H5N1 cases and 2 deaths (in 2013 and 2026) reported in Bangladesh since 2003.

Data Source: [WHO - 1 \(7/7/26\)](#), [WHO - 2 \(7/7/26\)](#)

Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H3N2v):

According to data from the [World Health Organization \(WHO\)](#) as of July 7, a confirmed human swine influenza A(H3N2)v case was detected among a child in Santa Catarina, Brazil, with symptom onset on June 12, 2026. The case sought care, was hospitalized with a diagnosis of Severe Acute Respiratory Infection (SARI), and was eventually discharged. A nasopharyngeal swab sample collected from the case was positive for influenza A(H3N2)v. Epidemiological investigations revealed that the case may have been indirectly exposed to swine through frequent visits to their grandfather’s home – the grandfather worked at a swine nursery. No additional cases have been reported among close contacts. This is the first human H3N2v case reported in Brazil with symptom onset during 2026 – a [case with symptom onset during 2025](#) was previously reported this year.

Data Source: [WHO \(7/7/26\)](#)

Cambodia – Incident Human Case Reported Among Child in Phnom Penh (H5N1):

According to data from the [Hong Kong Centre for health Protection \(HKCHP\)](#) as of July 11, there have been a total of 5 influenza A(H5N1) cases and 1 death reported among humans in Cambodia during 2026. Since the previous update, 1 incident human H5N1 case was reported among a 9-month-old girl in the capital city of Phnom Penh. The case was hospitalized and is currently receiving intensive medical care. Epidemiological investigations are ongoing to determine the source of infection. Additionally, data from the [World Health Organization \(WHO\)](#) as of July 7 indicate that a human H5N1 case previously reported in Cambodia died from infection.

Human H5N1 Cases and Deaths, Cambodia, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
5	+1	1	+1	20.0%

*Table Notes: Data as July 11, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

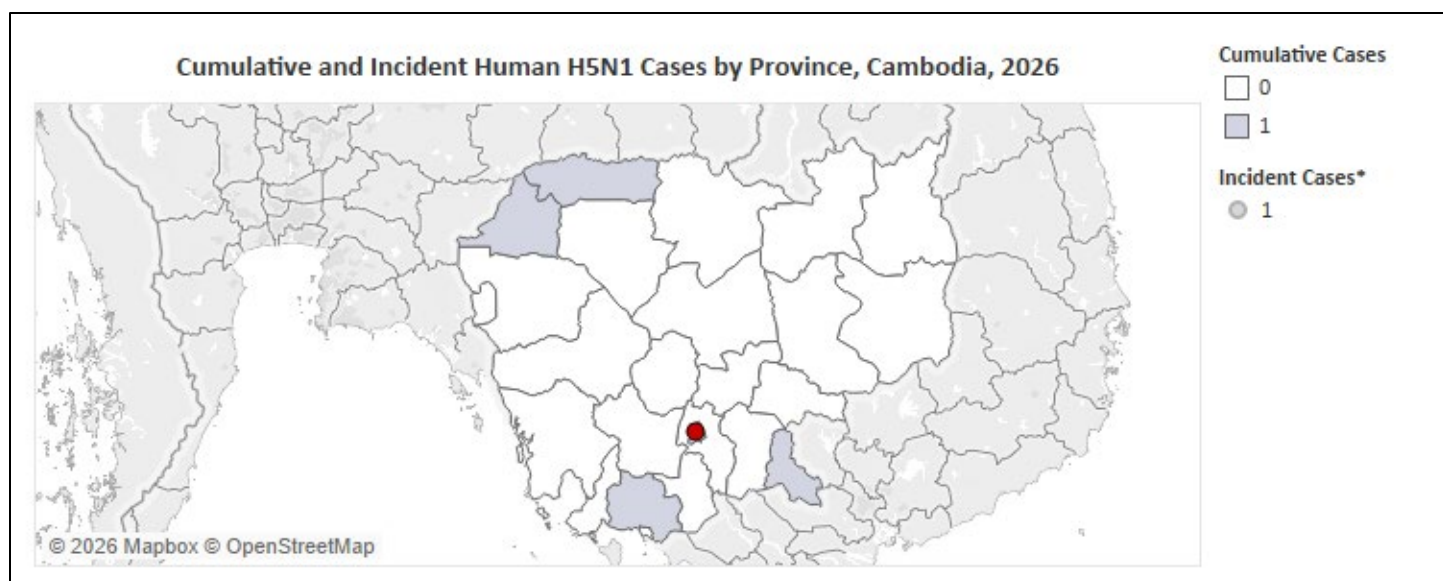


Figure Notes: Data as of July 11, 2026; *Change in cumulative total compared to previous update.

After a period with no human H5N1 cases reported from 2015-2022, there has been a [rise in the number of human H5N1 cases reported](#) annually in Cambodia. During 2025, there were 18 human H5N1 cases and 9 deaths (CFR: 50%) reported, almost all of which were exposed to domestic birds or poultry prior to illness onset. Most recent human cases in Cambodia with known clade have been caused by a [novel reassortant](#) (clades 2.3.2.1e and 2.3.4.4b) influenza A(H5N1) virus. Since 2003, there have been [95 human H5N1 cases and 53 deaths](#) (CFR: 55.8%) reported in Cambodia.

Data Sources: [HKCHP \(7/14/26\)](#), [WHO \(7/7/26\)](#)

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

According to data from the [United States Department of Agriculture \(USDA\)](#) as of July 13, 2026, there have been a total of 2,236 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 Utah. In the past 30 days, a total of 5 confirmed HPAI detections have been reported in Utah (2), Idaho (1), Indiana (1), and Pennsylvania (1), affecting 1.49 million birds. A significant decrease in detections has been observed since March. According to data from the [USDA](#) as of July 14, 2026, there have been a total of 1,168 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 6 new detections were reported. In the past 30 days, a total of 26 confirmed HPAI detections have been reported among livestock herds in Idaho (12), Utah (12), and Texas (2).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
2	3	26	0	0	14	0

Table Notes: Data as of July 13-14, 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 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.

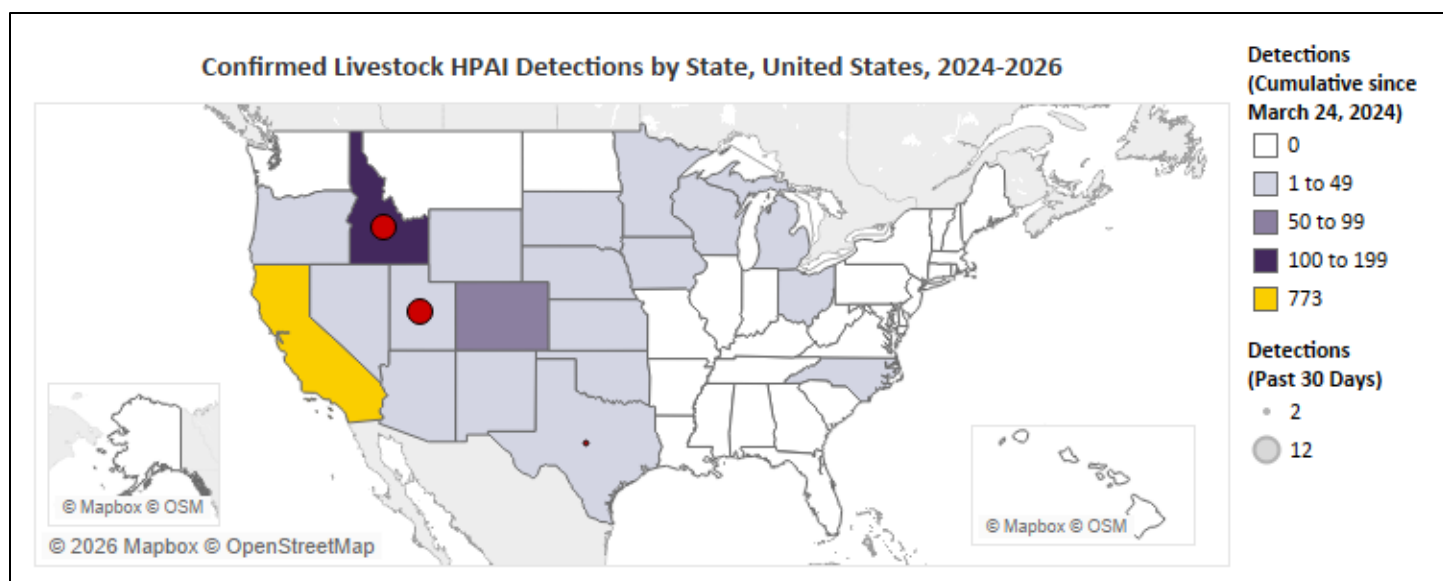


Figure Notes: Data as of July 14, 2026.

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 H5N1 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 \(7/14/26\)](#), [USDA \(7/14/26\)](#), [CDC \(3/6/26\)](#)

Polio

Global – Incident AFP Cases (WPV & cVDPV) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of July 13, there have been 14 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 20 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 59 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 8 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 4 incident AFP cases caused by WPV1 were reported in [Afghanistan](#) (4), 3 incident AFP cases caused by cVDPV1 were reported in Ethiopia (2) and South Sudan (1), 3 incident AFP cases caused by cVDPV2 were reported in Democratic Republic of Congo (DRC) (2) and Chad (1), and 1 incident AFP case caused by cVDPV3 was reported in Nigeria.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
14	+4	20	+3	59	+3	8	+1

Table Notes: Data as of July 13, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 15 countries: [Afghanistan](#) (11 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (3 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (11 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People’s Democratic Republic (2 – cVDPV1), Mali (1 – cVDPV2), Madagascar (2 – cVDPV1), Nigeria (28 – cVDPV2, 7 – cVDPV3), [Pakistan](#) (3 – WPV1), Somalia (5 – cVDPV2), South Sudan (7 – 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 in Algeria (2 – cVDPV2), [Australia](#) (1 – cVDPV2), Malawi (9 – cVDPV2), [Namibia](#) (5 – cVDPV2), and the [United Kingdom](#) (2 – cVDPV2), suggesting undetected transmission was occurring in these countries at some point 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, 228 AFP cases caused by cVDPV2, and 15 AFP cases caused by cVDPV3, have been reported to date with onset of paralysis during 2025.

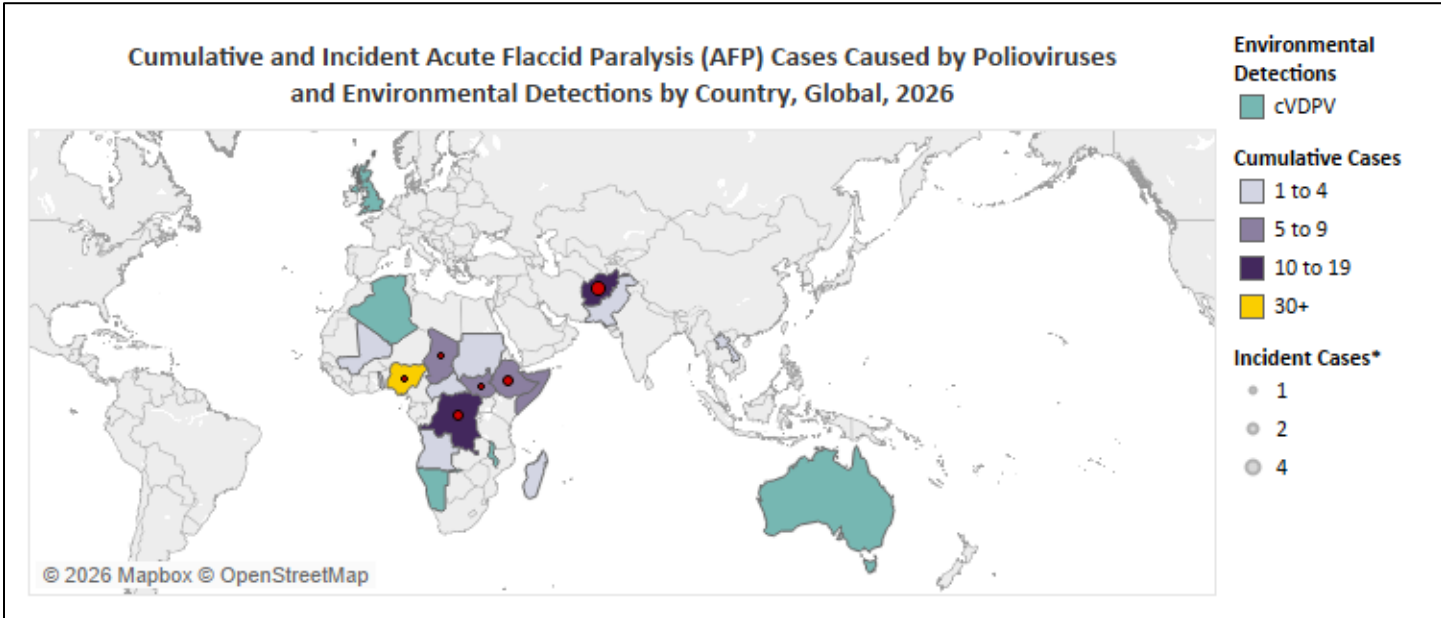


Figure Notes: Data as of July 13, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Data Sources: [GPEI - WPV \(7/13/26\)](#), [GPEI - cVDPV \(7/13/26\)](#)

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

- Haiti – PAHO Issues Regional Epidemiological Alert Regarding Recent Trends ([June 25](#))
- 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 – New Multistate Outbreak Linked to Frozen Organic Blueberries ([July 9](#))
- United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC ([April 9](#))

Hantavirus

- International Waters – WHO Declares End to Cruise Ship Outbreak (Andes Virus) ([July 2](#))

Infant Botulism

- United States – New Multistate Outbreak Linked to Powdered Infant Formula ([July 9](#))

Listeria

- United States – New Multistate Outbreak Linked to Soft Cheese ([June 25](#))

Marburg

- Uganda – WHO Reports Confirmed Case Identified Through Ebola Surveillance ([July 2](#))
- Ethiopia – Outbreak Declared Over Following Rapid Containment ([January 29](#))

Measles

- Israel – Decreasing Incidence Trend Observed Since Late March Continues ([June 25](#))
- Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Continues ([June 4](#))
- 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 – Continental Trends Continue to be Driven by the DRC and Madagascar ([July 9](#))
- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported ([July 9](#))

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 – Incident Human Case Reported in Guangdong Province (H9N2) ([July 9](#))

- India – First Human Case This Year Reported in West Bengal State (H5N1) ([June 25](#))
- 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](#))
- China – WHO Reports Human Cases Detected in Early 2026 (H1N2v & H1N1v) ([April 30](#))
- 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 – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry ([June 25](#))
- United States – Outbreak Investigation Reopened; Additional Products Recalled ([June 4](#))
- United States – New Multistate Outbreak Linked to Moringa Capsules ([June 4](#))
- United States – New Multistate Outbreak Linked to Pet Veiled Chameleons ([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 Colombia, Brazil, and Peru ([July 9](#))

Other Active CDC Travel Health Notices:

- [Chikungunya in Mauritius - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Global Dengue - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Diphtheria in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Malaria in Yemen - 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](#)
- [Hepatitis A in Canada - 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](#)

Other Global Health News and Events:

- [Chandipura virus confirmed in seven children in Gujarat, India, with three deaths and four on ventilator support - BEACON](#)
- [Chikungunya cases increase in Samar Province, Philippines, with 97 cases reported and concentrated in two villages - BEACON](#)
- [Cholera outbreak in Cameroon's Far North Region: Ongoing transmission during rainy season with cross-border risk - BEACON](#)
- [RFI: Acute diarrhea in Shabunda territory, DRC, with 52 cases and 11 deaths; etiology under investigation - BEACON](#)
- [COVID-19 healthcare consultations increase 34% in Taiwan as weekly visits approach the 5000 epidemic threshold - BEACON](#)
- [270 cases of Crimean-Congo hemorrhagic fever and 17 deaths reported in Iraq as of mid-July 2026; Dhi Qar Governorate bears highest burden - BEACON](#)
- [Six confirmed cases of Crimean-Congo hemorrhagic fever across five regions in Senegal in the first half of 2026 - BEACON](#)
- [Crimean-Congo hemorrhagic fever fatalities reported in Tokat and Sivas provinces, Türkiye, during peak tick season - BEACON](#)
- [Dengue in the Pacific: Multicountry Situation \(As of 10 July 2026\) - Fiji | ReliefWeb](#)
- [WHO South-East Asia Region \(SEAR\) | Epidemiological Bulletin | 14th Edition](#)
- [Dengue cases in Bangladesh increase during the monsoon season, with nine deaths and 2726 hospitalizations reported this month - BEACON](#)
- [Dengue cases in Malaysia reach over 44 000 by mid-July, inching toward the entire annual total reported in 2025 - BEACON](#)
- [Dengue cases in Sri Lanka reach 67 143 as epidemic accelerates; daily average of new cases exceeds 1000 - BEACON](#)
- [Sustained dengue fever transmission in Yemen with 5786 cases and 30 deaths amid elevated risk during rainy season - BEACON](#)
- [Nigeria's Lassa fever death count surpasses 2025 as outbreak worsens | CIDRAP](#)
- [Lassa fever in Nigeria reaches 922 confirmed cases and 221 deaths, exceeding the 2025 death total as CFR reaches 24% - BEACON](#)
- [Community cluster of Legionnaires' disease in New York City, USA: Cases increase to 63; source under investigation; in-depth analysis - BEACON](#)
- [Third measles-related death in an adult confirmed in England; 833 measles cases reported in 2026 - BEACON](#)
- [Southeastern Mexico reports 400 leishmaniasis cases year-to-date, nearly four times the 2025 total during same period - BEACON](#)
- [Listeriosis cluster linked to a Chinese restaurant in Tampa, Florida, USA; environmental contamination confirmed - BEACON](#)
- [Measles Hospitalizations in Utah, 2025-2026](#)
- [Measles outbreak in the Maldives: 121 confirmed cases threaten hard-won elimination status - BEACON](#)

- [Meningitis Bulletin Week 26, 2026](#)
- [First detection of avian influenza H5 in native resident seabirds marks new phase of incursion risk in South Australia and Western Australia - BEACON](#)
- [First detection of HPAI H5N1 clade 2.3.4.4b in a subantarctic skua in Wellington, New Zealand: Conservation and biosecurity alert - BEACON](#)
- [Norovirus outbreak in Caldas da Rainha, Leiria District, Portugal, with 122 cases, mostly linked to youth football event - BEACON](#)
- [Suspected salmonellosis outbreak reported in Long Island, New York, USA, linked to private funeral reception - BEACON](#)
- [El Salvador validated by WHO as having eliminated trachoma as a public health problem](#)
- [Epidemiological Alert: Dermatophilosis by Dermatophilus congolensis - 9 July 2026 - PAHO/WHO | Pan American Health Organization](#)
- [10 Jul 2026 – FIFA World Cup 2026 disease event assessment - BEACON](#)
- [Full article: Characterization of oseltamivir-resistant A\(H5N1\) clade 2.3.4.4b, genotype D1.1 variants identified in poultry farms of British Columbia, Canada](#)
- [RFI: Acute gastroenteritis cluster with 19 people hospitalized after eating at a sushi bar in Moscow Oblast, Russia - BEACON](#)
- [Annual Report: 2025 | Global Health | CDC](#)
- [Hundreds of thousands of Americans live with the long-term effects of polio | CIDRAP](#)
- [How Canada's vaccine infrastructure helped guard against infectious disease during the FIFA World Cup](#)
- [Global Respiratory Virus Activity: Weekly Update N° 586](#)
- [Early Release - Detection of Highly Pathogenic Avian Influenza A\(H5N1\) Clade 2.3.4.4b Genotype D1.2 Virus in Swine after Experimental Inoculation - Volume 32, Number 8—August 2026 - Emerging Infectious Diseases journal - CDC](#)
- [ACIP vote on combo measles vaccine could especially affect families in greater need | CIDRAP](#)
- [Measles-Containing Vaccine Use for Children Aged 12 to 47 Months, 2015 to 2025 | Public Health | JAMA Network Open | JAMA Network](#)
- [‘Why would you repeat the damn lies?’ Cassidy asks health security nominee about vaccines | CIDRAP](#)
- [Senate committee grills CDC director nominee Erica Schwartz | CIDRAP](#)
- [Slight gains made in global childhood vaccination rates, says new report | CIDRAP](#)
- [RFI: Acute diarrhea in Shabunda Territory, South Kivu Province, DRC, with 52 cases and 11 deaths; etiology under investigation - BEACON](#)
- [Genotype-Specific Detection of Measles Virus Using Wastewater Surveillance — Wisconsin, February 2026 | MMWR](#)