Department of Health
Office of Science
Emerging Health Science and Studies

GLOBAL HEALTH UPDATE

Date: 7/2/26

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

Contents

Chikungunya

The Americas – Updated Data on Regional Trends Driven by Brazil:

According to data from the Pan American Health Organization (PAHO) extracted on July 1, there have been a total of 162,130 chikungunya cases, of which 58,695 are confirmed, and 72 deaths reported in the Americas during 2026. Since the previous update, 18,293 incident cases, of which 10,322 are confirmed, and 27 deaths were reported in the region.

Cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (99,029), Bolivia (41,354), Argentina (11,773), 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 (287.11), Brazil (46.37), Argentina (25.59), 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 30, a total of 66 travel associated cases (confirmed & probable) have been reported in the country 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	11,773	+662	2,779	+237	2	+0	0.1%
Bolivia	41,354	+1,853	11,180	+552	27	+20	0.2%
Brazil	99,029	+15,361	40,226	+9,086	41	+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	1,033	+417	1,007	+447	0	+0	0.0%
Total	**162,130**	**+18,293**	**58,695**	**10,332**	**72**	**+27**	**0.1%**

*Table Notes: Data extracted on July 1, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

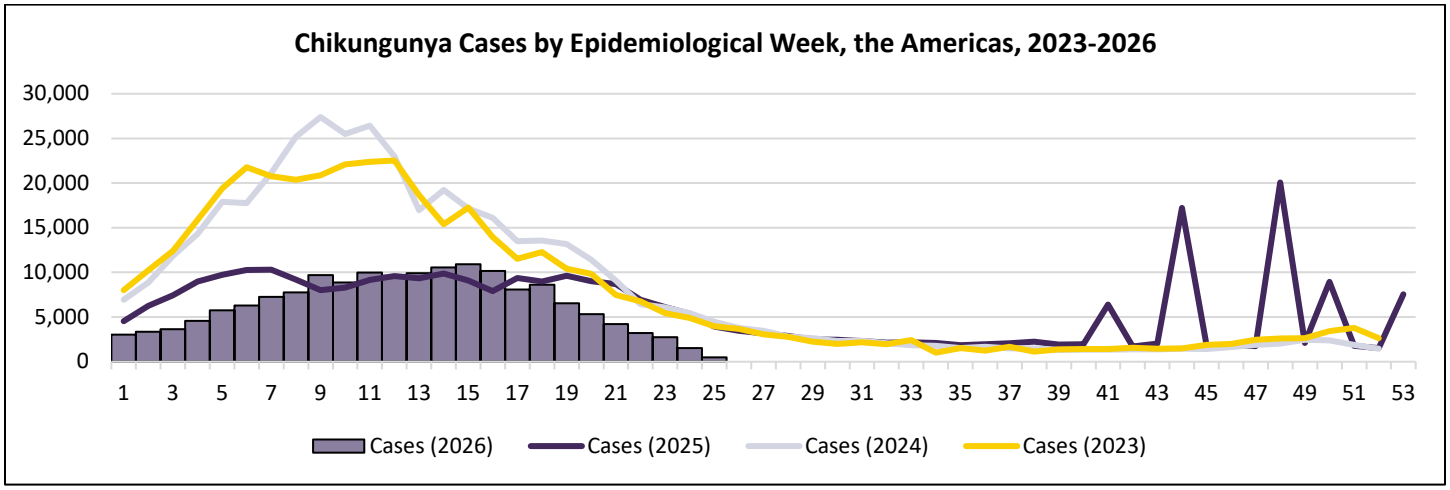

Figure Notes: Data extracted on July 1, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

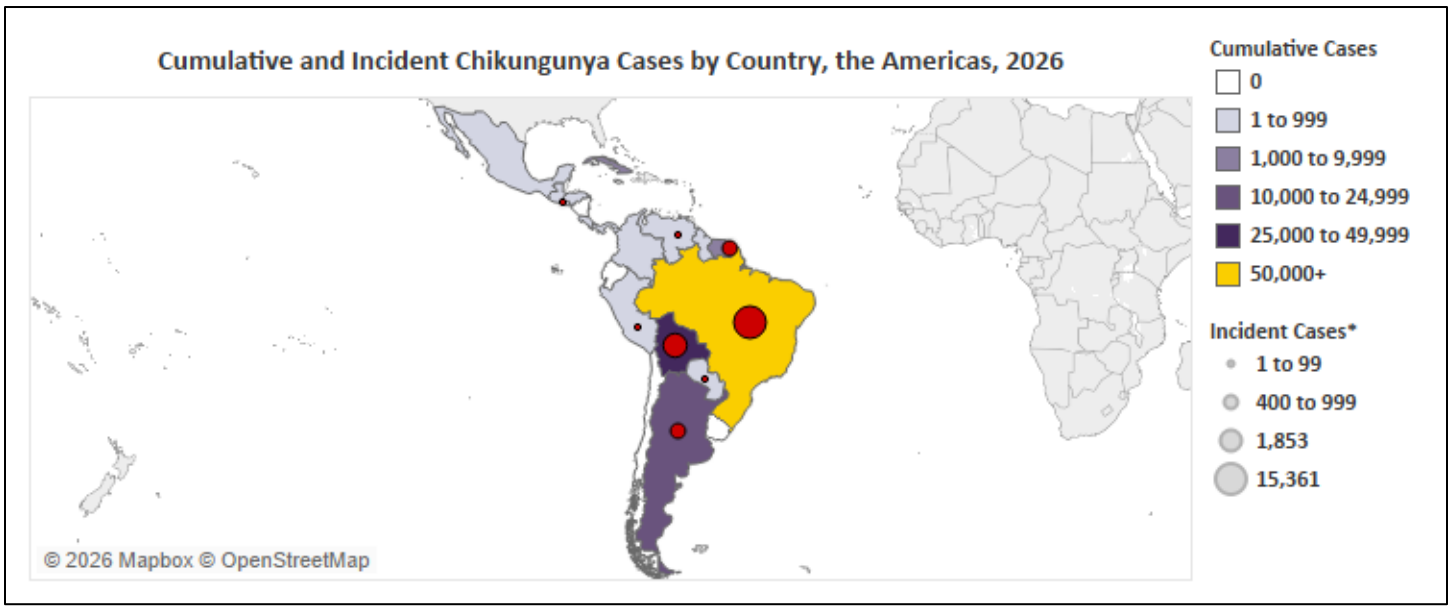

*Figure Notes: Data extracted on July 1, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update.*

During 2025, there were 316,594 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 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, French Guiana, and Suriname. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: PAHO (7/1/26)

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 1,333 confirmed locally acquired cases reported as of May 31, 2026. Since the previous update, 22 confirmed locally acquired incident cases were reported, of which 13 were reported during the most recent epidemiological week, a decrease of 48% compared to the prior week – incidence has been decreasing since the end of April. During 2026, more 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*
1,333	+22	32	+0	0	+0	0.0%

*Table Notes: Data as of May 31, 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 7 municipalities, primarily Mamoudzou (4). Test positivity for the current week was estimated at 12.8%, a decrease compared to the prior week (16.2%) and much lower than peak observed during epidemiological week 16 in mid-April (28.4%). Those aged 25-44 years have been most affected (37%), followed by those aged 45-64 years (25%), and trailed by those aged <5 years (7.0%) and ≥65 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 (6/5/26)

Diphtheria

Australia – Updated Data on Recently Declared CDINS Affecting Remote Areas:

On June 22, 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 June 22, there have been a total of 389 cases (386 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 9.8 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 141 (139 confirmed & 2 probable) incident cases were reported. Incidence had been steadily increasing since October 2025 before spiking in February – June 2026.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026						
Total Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
389	+141	74	+13	1	+0	0.3%

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

During 2026, cases have been reported in the Northern Territory (210), Western Australia (167), South Australia (8), and Queensland (4) – 99.5% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Among all cases, 94.9% have been among Aboriginal and/or Torres Strait Islander people, 55.0% have been female, 19.0% been hospitalized, and 66.1% have been cutaneous diphtheria (as opposed to respiratory: 31.1%). Most cases of

respiratory (84.2%) and cutaneous (75.3%) 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 2-8 cases. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

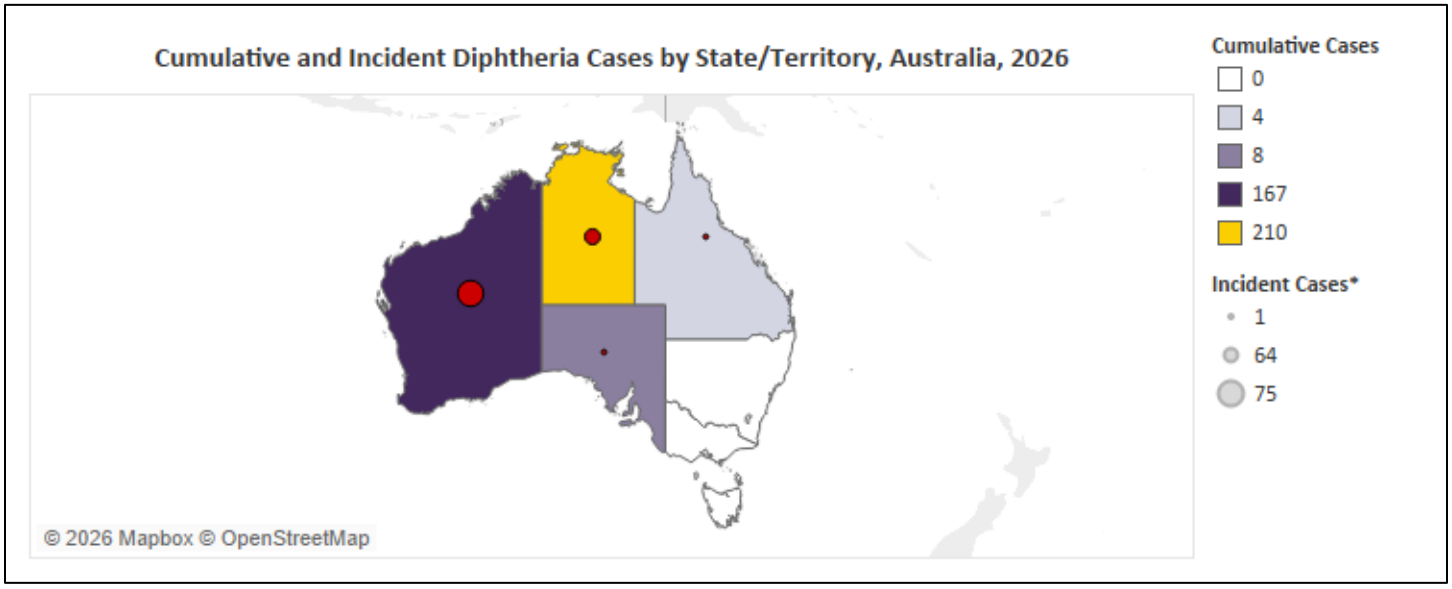

*Figure Notes: Data as of June 22, 2026; *Change in cumulative total compared to previous update.*

Data Source: Australian CDC (5/22/26), Australian CDC (6/22/26)

Ebola

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 June 30, 2026, and the Ministry of Health in Uganda (MOH-U) as of July 2, 2026, there have been a total of 1,333 confirmed Bundibugyo virus disease (BVD) cases and 399 confirmed deaths reported in Ituri, North Kivu, and South Kivu 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 was immediately taken to a specialized facility for treatment and is currently in stable condition. Since the previous update, 215 additional confirmed cases and 108 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 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.

In the DRC, according to data from the INSP as of June 30, 2026, confirmed cases have been reported in 35 health zones in Ituri (23), North Kivu (11), and South Kivu (1) provinces – 91.1% of confirmed cases have been reported in Ituri province (1,214), followed by North Kivu (116), and South Kivu (3) provinces. A total of 11,796 contacts have been identified for monitoring and follow-up, of which 82.7% (9,756) are actively being monitored (seen within the previous 24 hours). There have been 189 recoveries. In Uganda, according to data from the MOH-U as of July 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. Of the 831 total identified contacts, 0 (0.0%) are under active follow-up, and 821 (99.9%) completed the 21-day follow-up period. There have been 15 recoveries.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026					
Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	1,333	+215	399	+108	29.9%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**1,354**	**+215**	**401**	**+108**	**29.6%**

*Table Notes: Data for the DRC and Uganda as of June 30 – July 2, 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 case that has recovered; §Imported case from DRC.*

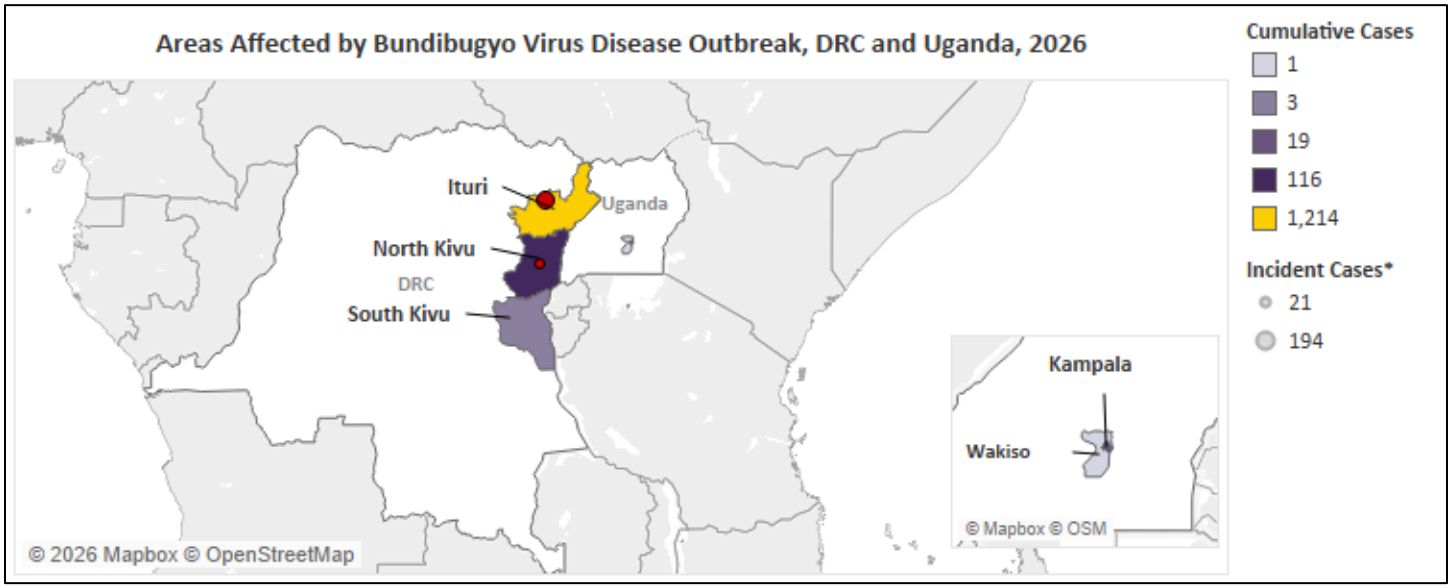

Figure Notes: Data as of June 24-25, 2026; Wakiso is part of the Kampala Metropolitan Area.

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%). Reported in *New England Journal of Medicine*, 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.

On June 21, 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, nationals, and certain government and military personnel who were in the DRC, Uganda, or South Sudan within 21 days of arrival will be redirected through either Washington-Dulles International Airport (IAD) in Virginia, Hartsfield-Jackson Atlanta International Airport (ATL) in Georgia, George Bush Intercontinental Airport (IAH) in Texas, or John F. Kennedy Intercontinental Airport (JFK) in New York, for enhanced public health screening. The CDC currently assesses the 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 (7/1/26), WHO (6/9/26), INSP (7/1/26), MOH-U (7/2/26)

Hantavirus

International Waters – WHO Declares End to Cruise Ship Outbreak (Andes Virus):

On July 2, 2026, the World Health Organization (WHO) declared an end to the Andes virus outbreak among passengers of the MV Hondius cruise ship following the release of the final contact of a person exposed on the ship from quarantine. A total of 13 cases (12 confirmed & 1 probable) and 3 deaths were reported (case fatality rate [CFR]: 23.1%). There have been no new cases reported since May 25, 2026. Over 650 contacts were identified across 33 countries and territories.

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 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 (7/2/26), WHO DON (7/2/26)

Malaria

Mayotte – Updated Data on Resurgence Driven by Rising Imported Cases:

According to data from the French National Public Health Agency (SPF) as of June 21, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 244 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 32 incident cases reported. Among all confirmed cases, 161 have been travel associated (imported; 95.6% from neighboring Comoros where malaria remains endemic and highly prevalent), 25 have been locally acquired, 12 have an undetermined origin, and 46 are currently under investigation.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
244	+32	71	+41	0	+0	0.0%

Table Notes: Data as of June 21, 2026; †Change in cumulative total compared to previous update.

During the week ending June 21, 2026, there were 15 confirmed incident cases reported, most of which are currently under investigation (10) with 1 being locally acquired. Overall trends spiked during epidemiological week 18 and have been declining since; however, a greater number of locally acquired cases have been reported during this time compared to earlier weeks. During this year, confirmed locally acquired cases have primarily been reported in 6 communes primarily in the southern region of the island: Chirongui (10), Bandrélé (7), Dembéni (4), Kani-Kéli (2), Mamoudzou (1), and M'Tsangamouji (1). Those aged 15-24 and 25-44 years have accounted for 55% of all confirmed cases with available

demographic information and males (148) have been affected more than females (92). Among all confirmed cases, 71 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 (6/26/26), ECDC (6/5/26), BEACON (6/30/26)

Marburg

Uganda – WHO Reports Confirmed Case Identified Through Ebola Surveillance:

According to limited information from the World Health Organization (WHO), on June 30, 2026, Ugandan health officials reported a confirmed Marburg case in the Kyegegwa District of western Uganda. The case was identified through enhanced Ebola surveillance, and all identified contacts are currently being monitored – none have shown symptoms of infection. According to information from BEACON, the case was reported among a 1-year-old child and was fatal. Additionally, there have been conflicting reports where up to 2 cases have been reported according to media reports captured by BEACON. There have been a total of 5 Marburg outbreaks in Uganda, the latest of which occurred during 2017 as a family cluster of 4 cases, of which 3 were fatal (case fatality rate [CFR]: 75%), and was rapidly contained.

Data Source: WHO (7/2/26), BEACON (7/1/26), BEACON (6/30/26)

Measles

Bangladesh – Over 100,000 Suspected Cases Reported in Nationwide Outbreak:

According to data from the Directorate General of Health Services (DGHS) as of July 2, there have been a total of 102,993 suspected and 12,286 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 631 deaths reported among suspected cases, and 93 deaths reported among confirmed cases. Since the previous update, 6,340 suspected incident cases, 844 confirmed incident cases, and 26 suspected 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	102,993	+6,340	86,411	+5,914	631	+26	0.6%
Confirmed	12,286	+844			93	+0	0.8%

*Table Notes: Data as of July 2, 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 (47,065), Chattogram (17,883), Barisal (10,334), Rajshahi (8,066), Khulna (7,230), Sylhet (5,684), Mymensingh (4,781), and Rangpur (1,950). 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.

In the first 6 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.

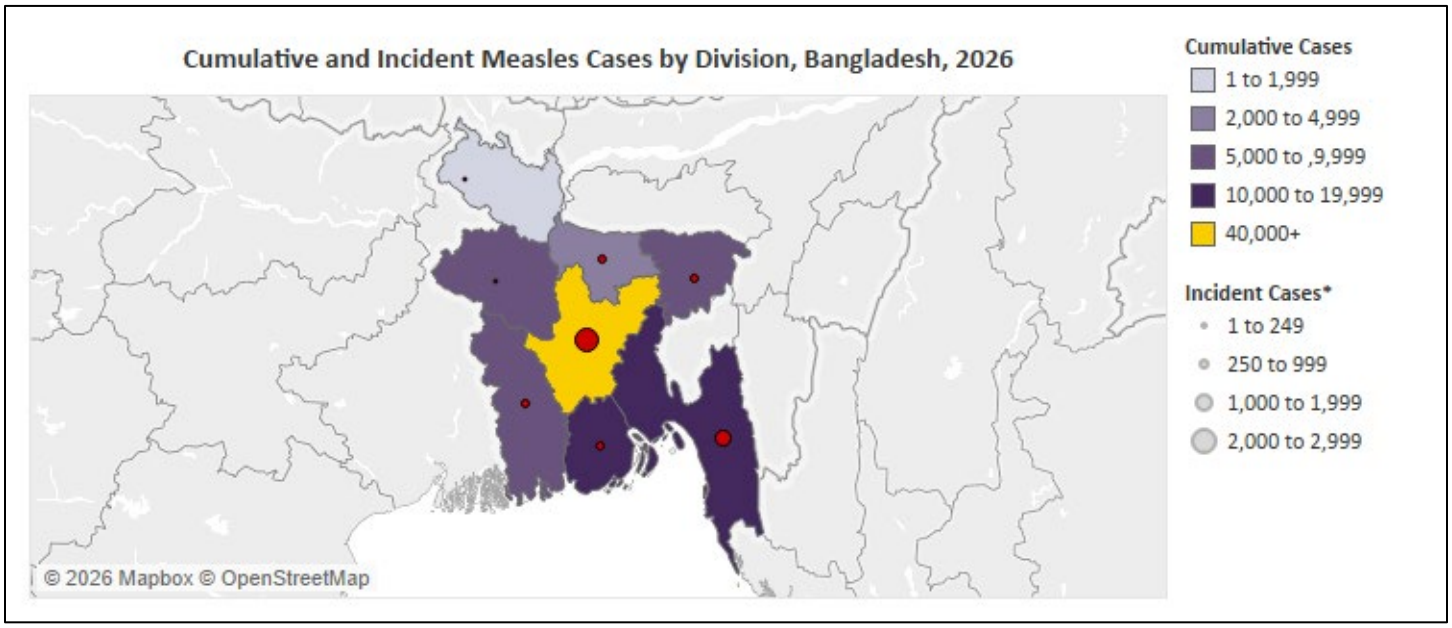

*Figure Notes: Data as of July 2, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

Data Sources: WHO (3/16/26), DGHS (7/2/26), 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 June 20, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,079 probable and confirmed cases reported during 2026. Since the previous update, 6 incident cases with rash onset during 2026 were reported by 3 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	998	+6	70	+1	0	+0	0.0%

*Table Notes: Data as of June 20, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.*

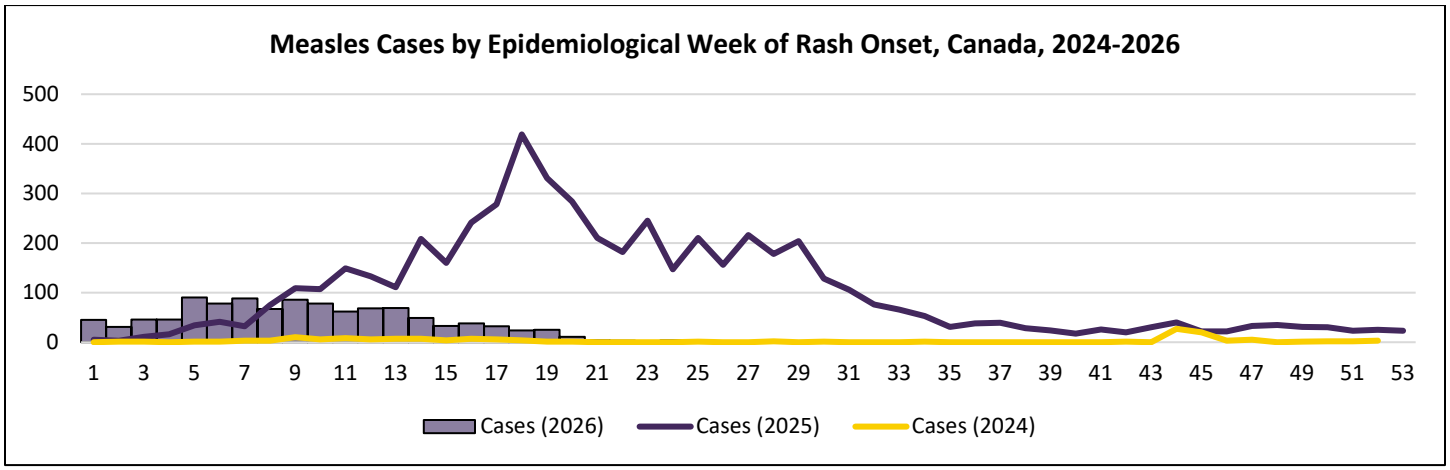

Figure Notes: Data as of June 20, 2026, and includes probable and confirmed cases.

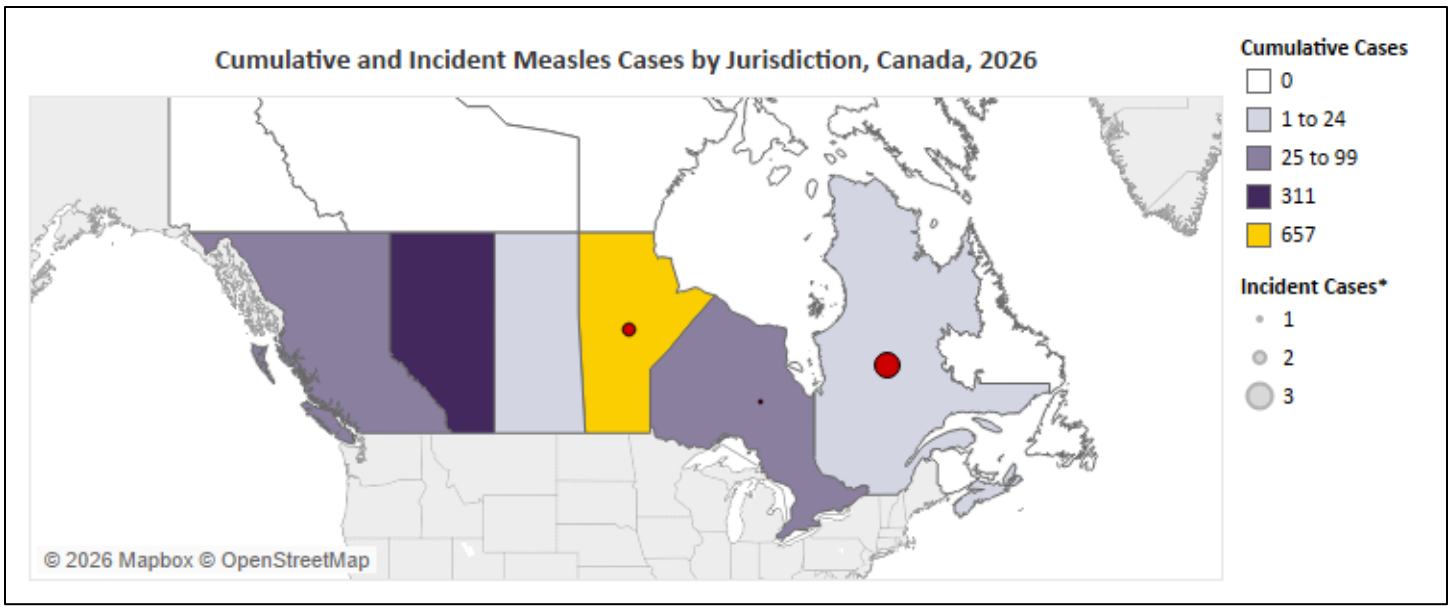

*Figure Notes: Data as of June 20, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported by 7 jurisdictions: Manitoba (670), Alberta (311), British Columbia (32), Ontario (28), Quebec (23), 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 (15%). There have been 4 congenital cases reported. Among all cases, 90% have been unvaccinated or had unknown vaccination statuses, 6% have been hospitalized, and 96% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Cameroon, 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.

Canada is currently experiencing a multijurisdictional measles outbreak involving 6,404 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 (6/29/26), PHAC - 2025 (6/1/26)

Mexico – Confirmed Incident Cases Reported by 14 States, Most in Zacatecas:

According to data from the Secretary of Health of Mexico as of July 1, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 11,961 confirmed cases and 16 deaths reported during 2026. Since the previous update, 121 confirmed incident cases with symptom onset during 2026 were reported by 14 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	+0	6,614	+0	27	+0	0.4%
2026	27,898	+371	11,961	+121	16	+0	0.1%

*Table Notes: Data as of July 1, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

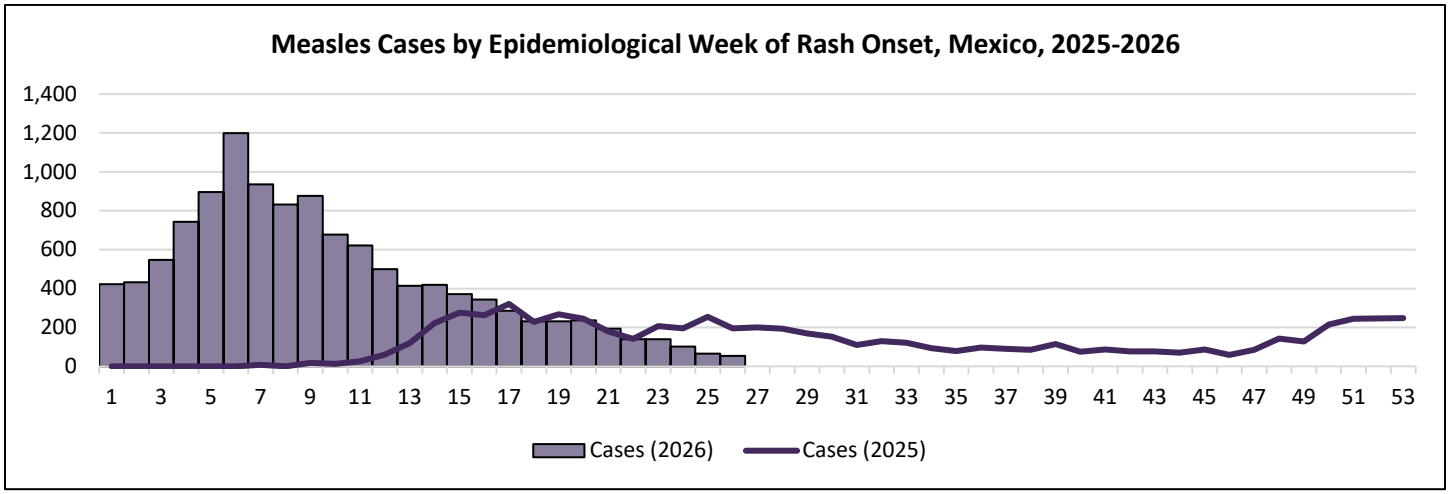

Figure Notes: Data as of July 1, 2026, and includes confirmed cases only (49 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,550), Mexico City (999), and Chiapas (841). 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 (91.02), followed by those aged 1-4 years (28.57), those aged 5-9 years (20.46), and those aged 25-29 years (19.70).

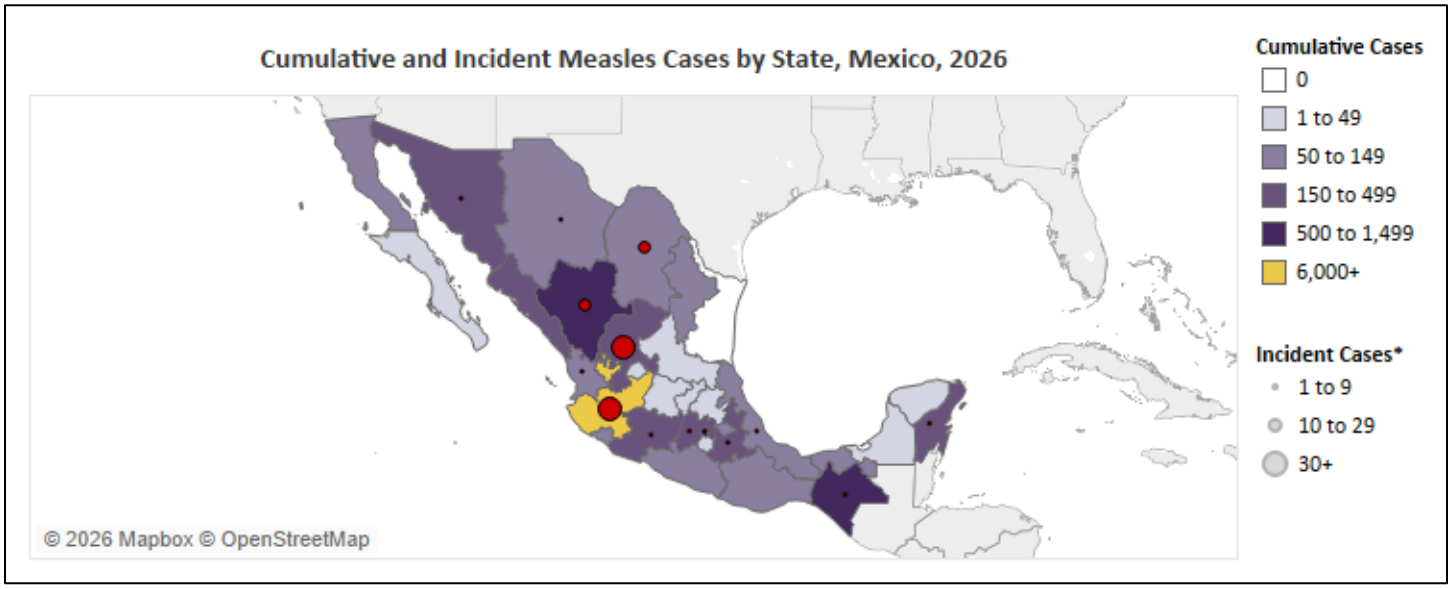

*Figure Notes: Data as of July 1, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Measles outbreaks in Mexico have been ongoing since February 1, 2025 – this is the largest measles epidemic in Mexico since the country achieved elimination status in 1997. The Pan American Health Organization (PAHO) had initially invited Mexico to meet virtually in April to review its measles elimination status. However, this meeting has since been postponed and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). Over 30 million measles vaccine doses have been

administered in Mexico since the beginning of 2025. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Source: Secretary of Health (7/1/26)

United States – Confirmed Incident Cases Reported by 5 States, Most in PA & UT:

According to data from the United States CDC as of June 25, 2026, there have been a total of 2,288 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,134 confirmed cases reported during 2026. Since the previous update, 30 confirmed incident cases with rash onset during 2026 were reported by 5 states, primarily Pennsylvania (16), and Utah (9).

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	2,134	+30	136	+5	0	+0	0.0%

*Table Notes: Data as of June 25, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

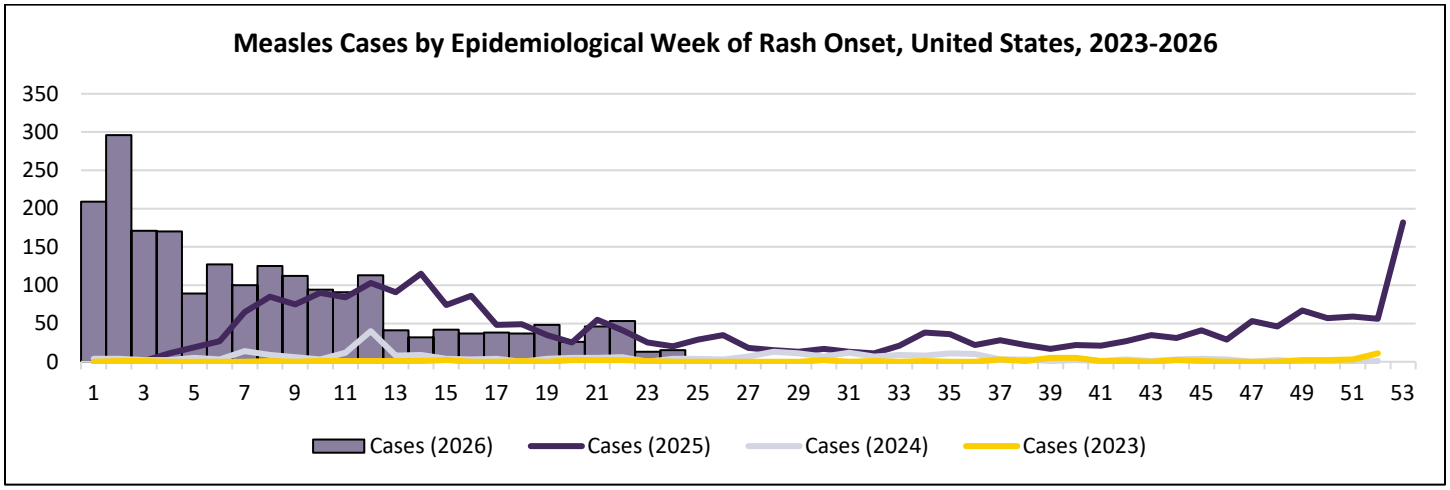

Figure Notes: Data as of June 25, 2026, and includes cases reported among international visitors to the United States.

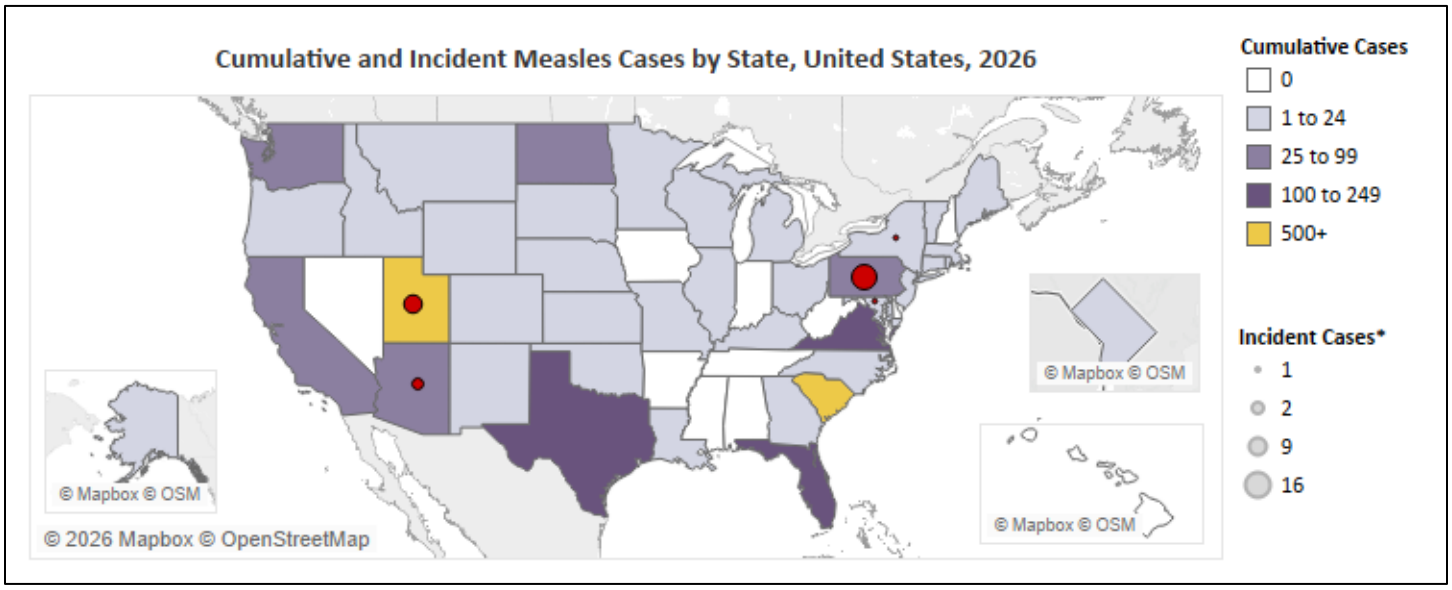

*Figure Notes: Data as of June 25, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

During 2026, confirmed cases have been reported by 41 jurisdictions, primarily South Carolina (670), Utah (507), Texas (182), Florida (141), and Virginia (128). There have been 30 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (629 from outbreaks that began during 2026 and 1,353 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, 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).

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 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 (6/26/26)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the Secretary of Agriculture of Mexico as of June 30, 2026, there have been a total of 31,611 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,944 are currently active. According to data from the Secretary of Health of Mexico as of June 20, 2026, there have been a total of 461 confirmed NWS cases and 2 deaths reported among humans since the beginning of 2025. Since the previous update, 1,221 incident cases among animals and 15 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*
31,611	+1,221	1,944	+10	461	+15	2	+0	0.4%

Table Notes: Data for cases reported among animals as of June 30, 2026, and among humans of June 20, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

NWS cases among animals have been reported in 27 states, primarily Chiapas (7,194), Oaxaca (4,596), Veracruz (4,283), and Yucatán (2,339). Confirmed NWS cases among humans have been reported in 22 states, primarily Chiapas (145), Veracruz (84), Oaxaca (43), Yucatán (34), and Puebla (31). 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 June 26, 2026, there have been over 185,000 NWS cases reported among animals and over 2,193 NWS cases reported among humans in Central America and Mexico since 2023.

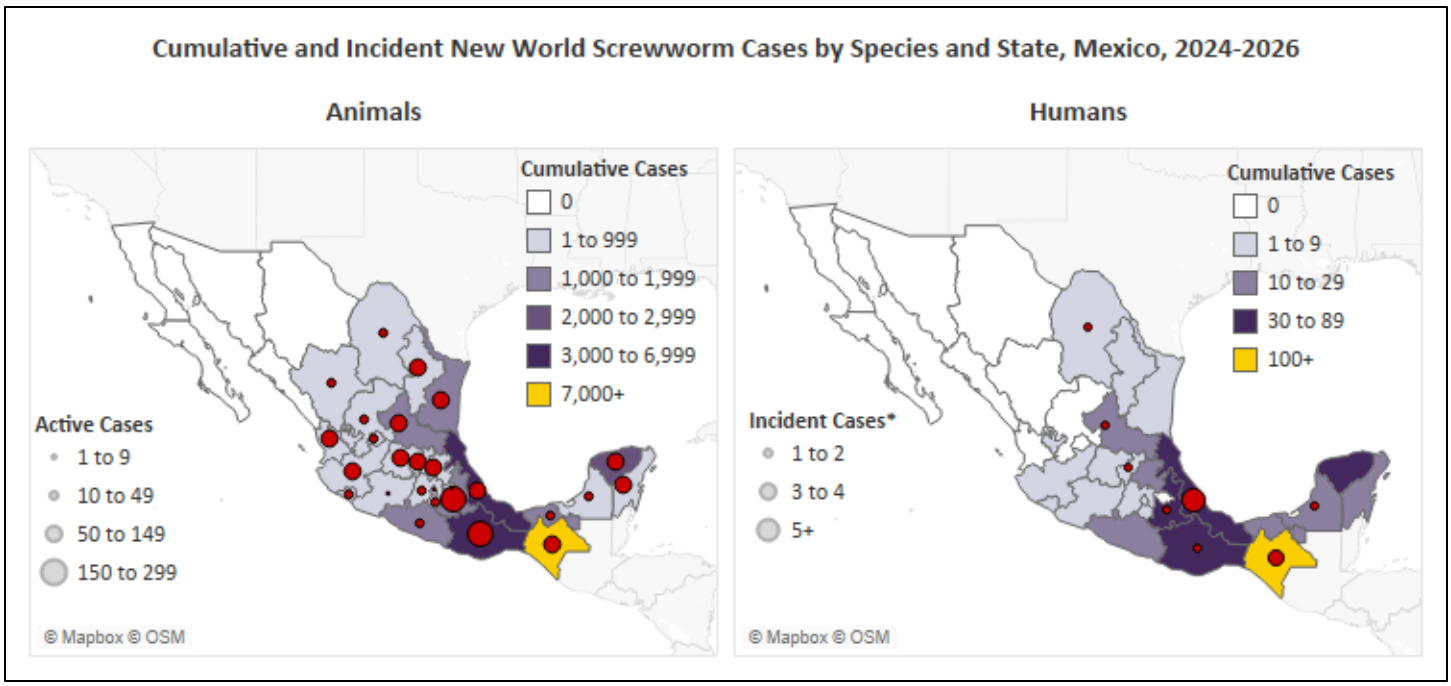

Figure Notes: Data for cases reported among animals as of June 30, 2026, and data for cases reported among humans as of June 20, 2026.

Data Sources: Secretary of Agriculture (6/30/26), Secretary of Health (6/20/26), 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 June 30, 2026, there have been a total of 31 New World screwworm (NWS) cases reported among domestic animals in the United States, of which 21 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‡	
31	+6	21	-1	0

Table Notes: Data for cases reported among animals as of June 30, 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 (30) and New Mexico (1). 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; 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. The FDA has issued emergency use authorizations (EUAs) for Dectomax/Dectomax-CA1, an injectable solution for prevention and treatment of NWS in dairy cattle and other mammals, and generic nitenpyram tablets for the treatment of NWS among certain pets, the first such generic animal drug authorized for use against NWS, among other EUAs. 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 June 26,

2026, there have been over 185,000 NWS cases reported among animals and over 2,193 NWS cases reported among humans in Central America and Mexico since 2023.

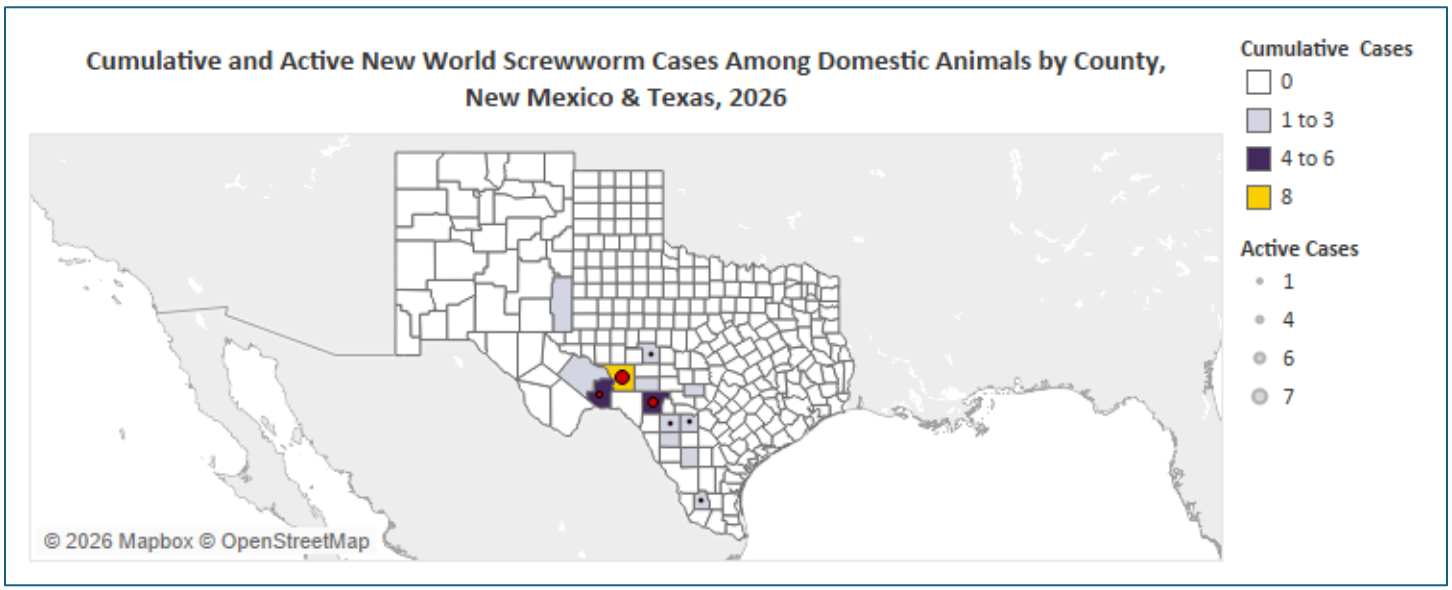

Figure Notes: Data for cases reported among animals as of June 30, 2026.

Data Sources: USDA (7/1/26), CDC (6/23/26)

Non-Seasonal Influenza

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 2, 2026, there have been a total of 2,234 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 were reported. In the past 30 days, a total of 8 confirmed HPAI detections have been reported in Indiana (3), Idaho (2), New Jersey (1), Pennsylvania (1), and Rhode Island (1), affecting 0.3 million birds. A significant decrease in detections has been observed since March. According to data from the USDA as of July 2, 2026, there have been a total of 1,157 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 10 new detections were reported. In the past 30 days, a total of 47 confirmed HPAI detections have been reported among livestock herds in Idaho (40), Utah (6), 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		
1	7	47	0	0	37	0

*Table Notes: Data as of July 2, 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.

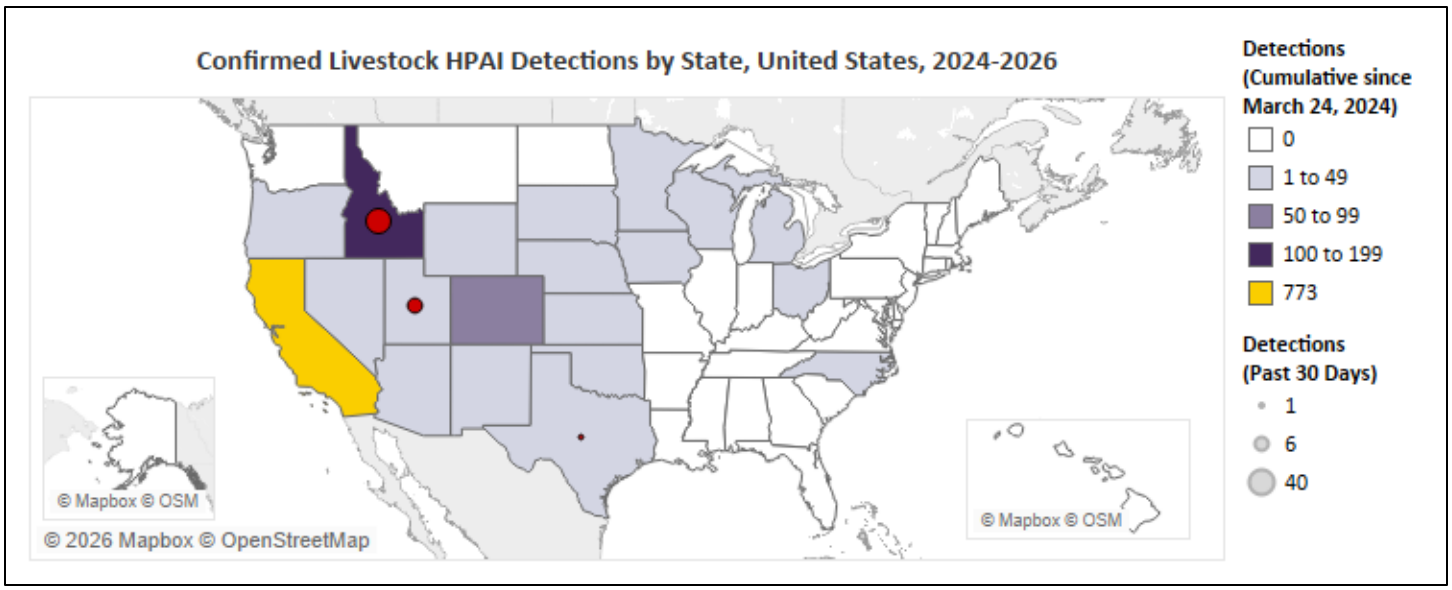

Figure Notes: Data as of June 20, 2026.

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 (7/2/26), USDA (7/2/26), CDC (3/6/26)

Polio

Global – Afghanistan and South Sudan Report Incident Cases (WPV1 & cVDPV1):

According to data from the Global Polio Eradication Initiative (GPEI) as of June 29, there have been 10 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 14 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 53 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 WPV1 were reported in Afghanistan, and 2 incident AFP cases caused by cVDPV1 were reported in South Sudan.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 15 countries: Afghanistan (7 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (3 – cVDPV2), Chad (4 – cVDPV2), the Democratic Republic of the Congo (DRC) (9 – cVDPV2), Ethiopia (5 – cVDPV1), Lao People's Democratic Republic (2 – cVDPV1), Mali (1 – cVDPV2), Madagascar (1 – cVDPV1), Nigeria (27 – cVDPV2, 6 – cVDPV3), Pakistan (3 – WPV1), Somalia (5 – cVDPV2), South Sudan (6 – 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 (9 – cVDPV2), Namibia (5 – cVDPV2), and the United Kingdom (2 – cVDPV2), suggesting undetected transmission was occurring in these countries at some point this year.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
10	+3	14	+2	53	+0	6	+0

Table Notes: Data as of June 29, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

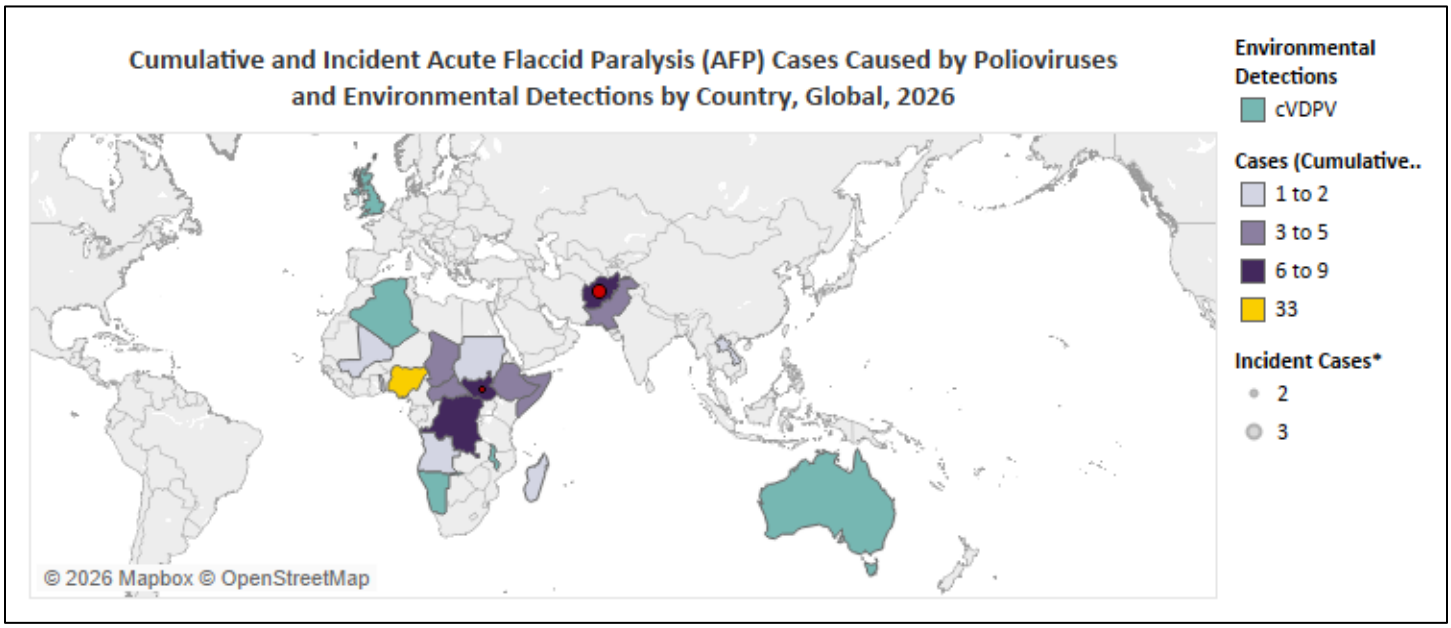

*Figure Notes: Data as of June 29, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

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.

Data Sources: GPEI - WPV (6/29/26), GPEI - cVDPV (6/29/26)

Yellow Fever

The Americas – Incident Cases and Deaths Reported in Brazil and Peru:

According to data from the Pan American Health Organization (PAHO) as of June 26, there have been a total of 84 confirmed yellow fever cases and 33 deaths reported in the Americas during 2026. Since the previous update, 5 confirmed incident cases and 2 deaths were reported in Brazil (2 cases, 1 death) and Peru (3 cases, 1 death).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
84	+5	33	+2	39.3%

*Table Notes: Data as of June 26, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

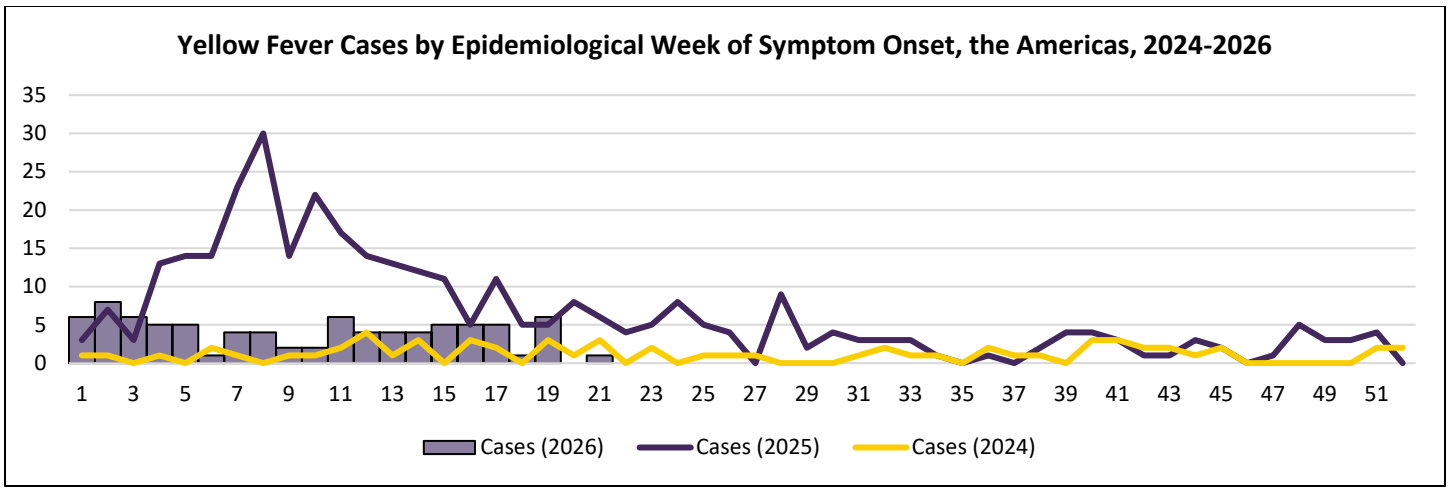

Figure Notes: Data as of June 26, 2026; Cases reported during 2025 with missing dates of symptom onset are excluded from figure (8).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: Colombia (48 cases, 19 deaths), Brazil (13 cases, 7 deaths), Peru (9 cases, 2 death), Venezuela (8 cases, 2 deaths), Bolivia (5 cases, 2 deaths), and Ecuador (1 case, 1 death). Tolima, Colombia, has been particularly affected, accounting for all but 1 case reported in Colombia and 58% of deaths reported in the Americas during 2026.

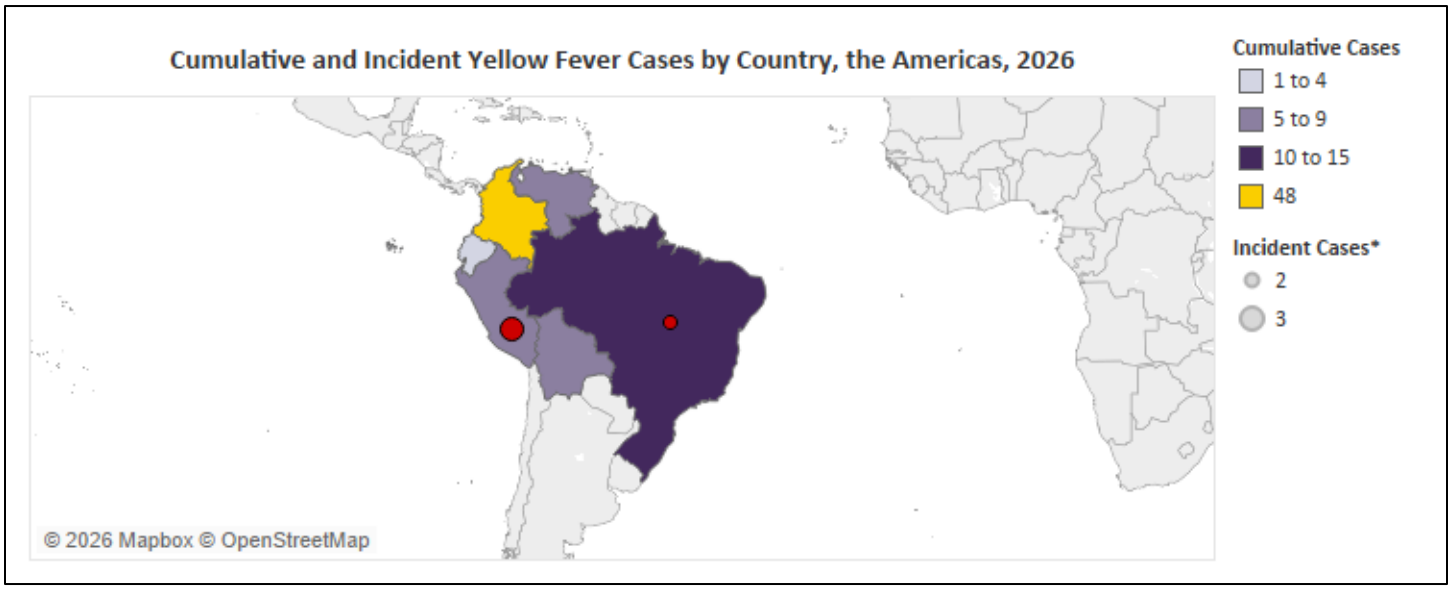

*Figure Notes: Data as of June 26, 2026; *Change in cumulative total compared to previous update.*

According to a World Health Organization (WHO) Disease Outbreak News item published on June 24, 2026, yellow fever transmission expanded sharply in the Americas during 2025, including into areas that had not reported cases for decades, with ecological suitability for mosquito vectors, uneven vaccination coverage, increased human mobility, and the expansion of urban areas into forested environments facilitating ongoing transmission – Colombia remains most affected due to sylvatic exposure and unvaccinated travelers. The WHO assesses the risk associated with yellow fever in the Americas to be moderate with the likelihood of continued transmission in affected countries to be high. Despite not reporting any human cases, in March, the Trinidad and Tobago Ministry of Health detected yellow fever in a deceased red howler monkey, confirming presence of the virus and sylvatic transmission in the country. Additionally, in April, a yellow fever health alert was declared in Santa Cruz, Bolivia.

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

cases, 48 deaths), Peru (49 cases, 19 deaths), Venezuela (32 cases, 19 deaths), Ecuador (11 cases, 8 deaths), Bolivia (8 cases, 2 deaths), and Guyana (1 fatal case), representing a 5.6-fold increase compared to 2024 for the region.

Data Source: PAHO (6/26/26)

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)
- Africa – Updated Level 1 Travel Health Notice Posted by the United States CDC (June 4)
- Australia – Communicable Disease Incident of National Significance Declared (June 4)
- 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)

Listeria

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

Marburg

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

Measles

- Global – WHO Provides Update on Global Case Counts and Incidence Rates (June 25)
- Guatemala – Updated Data on Cases and Deaths Reported in Ongoing Outbreak (June 25)
- 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 – Updated Data on Continental Trends Currently Driven by Madagascar (June 25)

- 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

- Bangladesh – Second Human Case This Year Reported in Sylhet Division (H5N1) (June 25)
- China – Incident Human Cases Reported in Multiple Locations (H9N2) (June 25)
- 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)
- 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 – 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)

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 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
- 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
- Diphtheria in Sub-Saharan Africa - 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
- Hepatitis A in Canada - 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 #38 -30 June 2026
- Cholera epidemic declared in Popokabaka health zone, Kwango Province, DRC, with high CFR of 7.4% (136 cases, 10 deaths) - BEACON
- Suspected cholera outbreak in Walikale, North Kivu, DRC, amid conflict-driven displacement and critical healthcare supply shortages - BEACON
- 219 confirmed Crimean Congo hemorrhagic fever cases and 16 deaths reported in Iraq through June 2026, amid accelerated seasonal transmission - BEACON
- Crimean-Congo hemorrhagic fever (CCHF) case reported in Salamanca, Spain; seasonal case amid sustained enzootic virus circulation - BEACON
- Surveillance of Cyclosporiasis | Cyclosporiasis | CDC
- Outbreak of cyclosporiasis occurring in Michigan
- Cyclosporiasis outbreak with more than 170 cases in nine days reported in Michigan, USA; source under investigation - BEACON
- Dengue in the Pacific: Multicountry Situation (As of 26 June 2026) - Fiji | ReliefWeb
- Sharp increase in dengue cases in Bangladesh raises concerns ahead of peak transmission period; measles outbreak continues - BEACON
- Sustained dengue transmission in Colombia: 52 518 cases, 31 deaths, 20 000 hospitalizations in 2026. El Niño forecast risks intensification - BEACON
- DENV-2 drives Sri Lanka's nationwide dengue epidemic past 56 000 cases as of July 2026 - BEACON
- Sri Lanka National Dengue Control Unit: Weekly Dengue Update, Week 25 (15th – 21th June 2026) - Sri Lanka | ReliefWeb
- Dengue outbreak declared in Shefa Province, Vanuatu: 23 cases with spread beyond Pango cluster; serotype unconfirmed - BEACON
- Eleven cases of campylobacteriosis and cryptosporidiosis reported after raw milk consumption from three milking operations in Louisiana, USA - BEACON
- Shared milk powder supply chain identified in infant botulism outbreaks in the USA; possible persistent/recurring contamination point - BEACON
- Meningitis Weekly Bulletin 2026_Week 24
- Multi-country outbreak of mpox, External situation report #67 - 26 June 2026

- Mpox clade Ib outbreak in Madagascar: Eighth death reported amid 2161 confirmed cases as the outbreak spreads across multiple regions - BEACON
- Continued rise in imported mpox clade Ib cases in Réunion; prevention campaign launched ahead of holiday travel - BEACON
- Mpox clade I case reported in Chicago, Illinois, USA; no recent international travel history, suggesting possible local transmission - BEACON
- WHO DON on recent Nipah virus disease case in Kerala, India; source under investigation, no secondary transmission identified - BEACON
- Nipah virus disease in Kerala, India: Patient remains on ventilator support; contacts complete 21-day monitoring with no secondary cases - BEACON
- Recurrence of HPAI (H5N1) in backyard domestic birds linked to contact with wild migratory birds in Vichada Department, Colombia - BEACON
- HPAI (H5N1) spread into Kathmandu Valley, Nepal, signals escalating urban multispecies spillover - BEACON
- HPAI (H5N1) clade 2.3.4.4b (B3.2) in migratory seabirds: Five detections in Western and South Australia - BEACON
- Suspected norovirus gastroenteritis outbreak in Chiriquí Province, Panama, with about 450 cases in 24 hours - BEACON
- Yavapai County Health Department in Arizona, USA, reports a suspected pneumonic plague case; contact tracing initiated - BEACON
- Rhode Island Department of Health reports first confirmed human case of Powassan virus disease since 2024 amid record USA case counts - BEACON
- First confirmed human Powassan virus case of 2026 reported in Penobscot County, Maine, USA, amid regional increase in tick populations - BEACON
- Over 400 human rabies cases reported in Taiz Governorate, Yemen, in early 2026 amid vaccine shortages and gaps in stray dog management - BEACON
- Multi-country Salmonella Bovismorbificans ST377 foodborne outbreak in Europe linked to alfalfa sprouted seeds; 109 cases and two deaths - BEACON
- Epidemiological Alert Seasonal Influenza and other respiratory viruses in the Southern Hemisphere - 1 July 2026 - PAHO/WHO | Pan American Health Organization
- Influenza cases among trainees at Lackland Air Force Base, Texas, USA, increase to 275, with four hospitalizations - BEACON
- Air Force trainee in San Antonio, Texas, died from flu | CIDRAP
- 1087 tuberculosis cases and 71 deaths reported in Mizoram, India, in 2026, with 47 MDR-TB cases amid national decline in TB mortality - BEACON
- 2024 Listeria outbreak that killed 3 traced to pasteurized plant-based milk | CIDRAP
- New ACIP charter could allow RFK Jr. to further restrict vaccine access, critics say | CIDRAP
- Public Health Alerts: Public health response to clade Ib mpox with multiple exposures in congregate living settings—New Hampshire, February 2025 | CIDRAP
- Eurosurveillance | Detection of antibodies against avian influenza in European dairy cattle, the Netherlands, January 2026
- Unknown illness cluster in Kwilu Province, DRC: Preliminary results negative for Ebola and Marburg; severe malaria in some patients - BEACON
- Mapping reported modes of transmission of highly pathogenic avian Influenza A (H5N1) to humans: A scoping review - ScienceDirect
- New US poll identifies large ‘malleable middle’ on vaccine misinformation | CIDRAP
- Global Respiratory Virus Activity: Weekly Update N° 584
- The WHO aims to help nations confront growing threat of fungal disease, antifungal resistance | CIDRAP

- Comprehensive review affirms that COVID mRNA vaccines are safe, effective | CIDRAP
- US sees earliest start to West Nile virus season and most cases by late June since 2004 | CIDRAP