



Date: 7/30/26

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

Contents

Chikungunya.....	1
Cyclosporiasis	3
Diphtheria.....	5
Ebola	7
Malaria.....	9
Measles.....	9
New World Screwworm	16
Non-Seasonal Influenza.....	17
Polio	19
Salmonella	20
Yellow Fever	23
Other Outbreaks, News, and Events.....	24

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 30, there have been a total of 174,667 chikungunya cases, of which 65,636 are confirmed, and 81 deaths reported in the Americas during 2026. Since the previous update, 3,011 incident cases, of which 1,465 are confirmed, and 4 deaths were reported in the region.

Cases have been reported by 19 countries in the Americas during 2026, primarily [Brazil](#) (110,569), [Bolivia](#) (41,944), [Argentina](#) (11,986), [Suriname](#) (7,484), Cuba (1,457), and [French Guiana](#) (1,053). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (331.13), Bolivia (329.00), Brazil (51.77), Argentina (26.05), 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 21, a total of 80 travel associated cases (confirmed & probable) have been reported in US states and territories this year – there have not been any locally acquired cases reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	11,986	+25	2,920	+44	2	+0	0.1%
Bolivia	41,944	+0	11,407	+0	27	+0	0.2%
Brazil	110,569	+2,949	46,654	+1,382	50	+4	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
French Guiana	1,053	+0	1,053	+0	0	+0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	174	+37	99	+39	0	+0	0.0%
Total	174,667	+3,011	65,636	+1,465	81	+4	0.1%

Table Notes: Data extracted on July 30, 2026, and does not include imported (travel associated) cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.

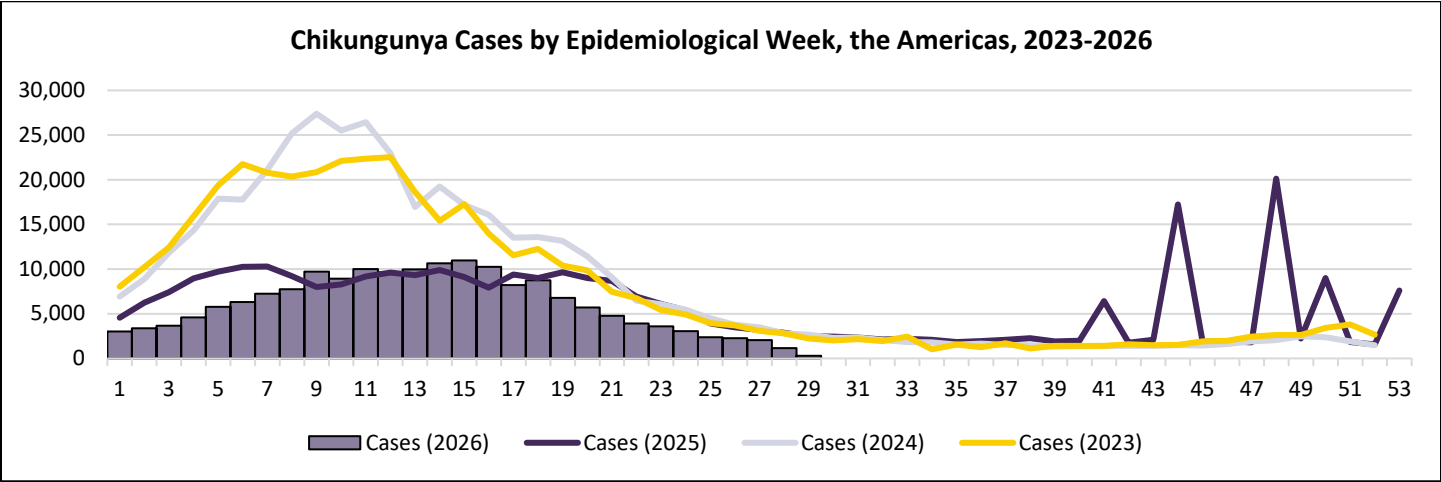


Figure Notes: Data extracted on July 30, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

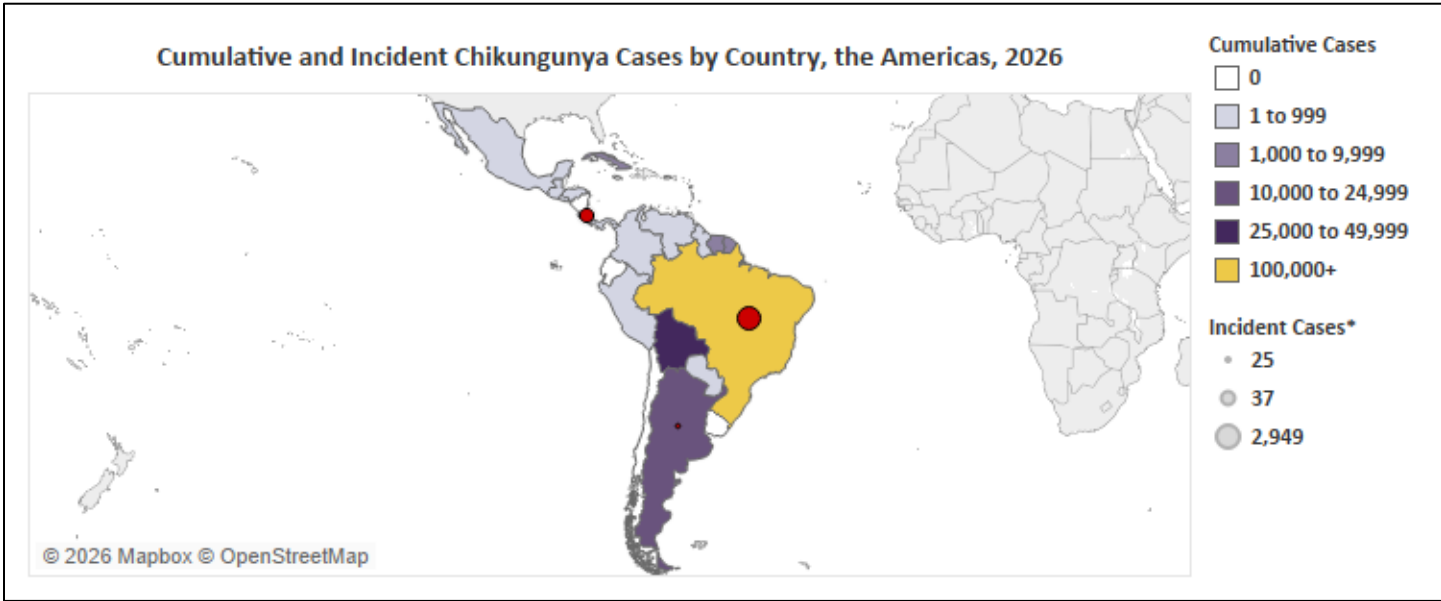


Figure Notes: Data extracted on July 30, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.

During 2025, there were 316,733 chikungunya cases, of which 115,977 were confirmed, and 180 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 \(7/30/26\)](#)

Mauritius – Over 6,000 Cases Reported, Most During April and May:

According to data from the [Africa CDC](#) as of July 12, there have been a total of 6,675 confirmed chikungunya cases reported on the islands of Mauritius (6,583) and Rodrigues (92) since January 5, 2026. Most confirmed cases were reported from April 12 – May 9, 2026 (5,629).

On May 1, 2026, the [World Health Organization \(WHO\)](#) published a rapid risk assessment regarding chikungunya globally, highlighting how the African region may experience an increase in chikungunya incidence during or following local rainy seasons, which vary by country, and assessing overall risk to human health at the global level as moderate. The United States CDC currently has [Level 2 – Practice Enhanced Precautions Travel Health Notice](#) posted regarding chikungunya in Mauritius. [Vaccination](#) is recommended for travelers visiting an area with an outbreak.

Data Source: [Africa CDC \(7/12/26\)](#)

Cyclosporiasis

United States – Updated Surveillance Data and New States Included in Outbreak:

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. According to data from the [United States CDC](#) as of July 27, there have been a total of 6,707 confirmed locally acquired cyclosporiasis cases reported in the country during 2026. Since the previous update, 2,534 incident confirmed locally acquired cases were reported. Additionally, there are over 11,500 cases awaiting confirmation of infection and acquisition, primarily in Michigan and Ohio. Investigations to identify sources of outbreaks are ongoing. Travel associated cases have also been reported this year in 42 states (1,018).

Cyclosporiasis Cases, Hospitalizations, and Deaths, United States, 2026					
Confirmed Locally Acquired Cases		Other Cases*	Hospitalizations†		Deaths
Cumulative	Incident‡	Awaiting	Cumulative	Incident‡	Cumulative
6,707	+2,534	>11,500	423	+115	0

Table Notes: Data as July 27, 2026; *Cases reported to CDC awaiting confirmation of infection and acquisition (locally acquired vs travel associated); †Among confirmed locally acquired cases with information available; ‡ Change in cumulative total compared to previous update.

Locally acquired cases have been reported by 45 states, primarily [Michigan](#) (1,000-4,000), [Ohio](#) (500-999), [Illinois](#) (200-249), [Indiana](#) (200-499), [New York](#) (200-499), and [North Carolina](#) (200-499). Cases range from 1-98 years of age with a median of 44 years. Among cases with information available, 423 were hospitalized (6.3% of all cases), and there have been no deaths reported. There is substantial lag between illness onset and case reporting to CDC (~6 weeks), 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 10,386 cases in the state this year as of July 30. Data from individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases.

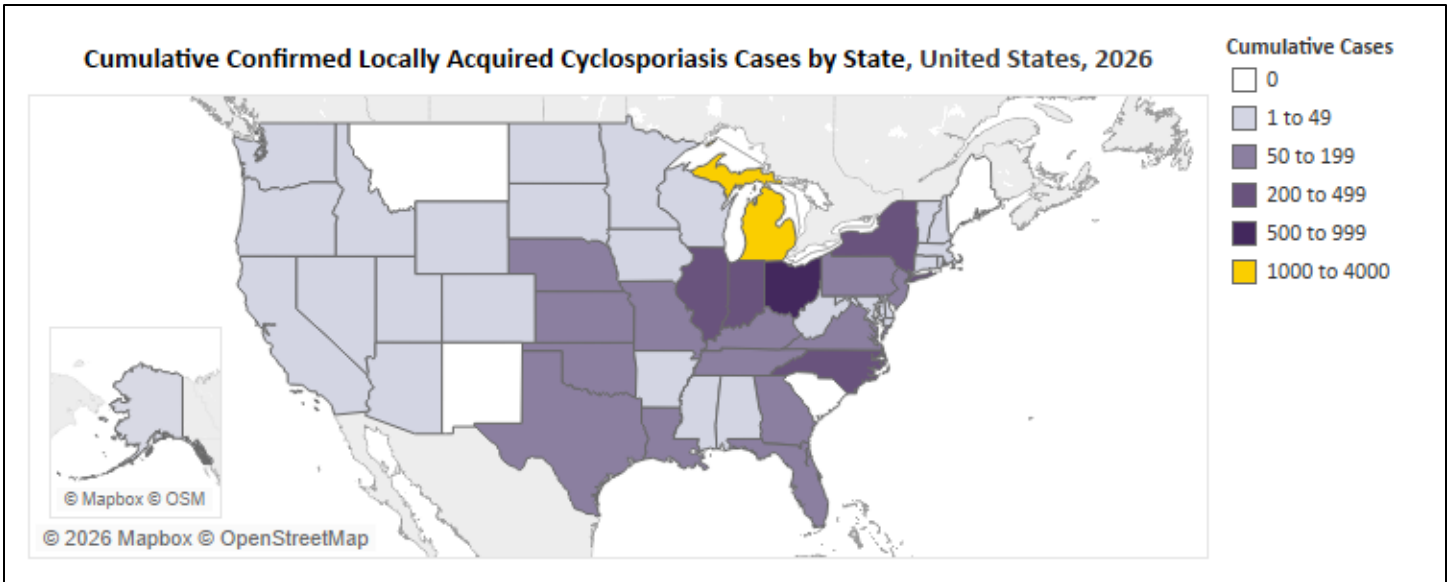


Figure Notes: Data as of July 20, 2026, and includes confirmed locally acquired cases only; There have been no cases reported in Hawaii.

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 Taylor Farms de Mexico

According to data from the [United States CDC](#) as of July 18, there have been a total of 1,947 cyclosporiasis cases reported across 9 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. Since the previous update, 303 incident cases were reported.

Cyclosporiasis Outbreak Cases, Hospitalizations, and Deaths, United States, 2026				
Confirmed Cases		Hospitalizations†		Deaths
Cumulative	Incident‡	Cumulative	Incident‡	Cumulative
1,947	+303	98	+4	0

Table Notes: Data as July 18, 2026, and only includes cases from outbreak linked to shredded iceberg lettuce.; †Among confirmed cases with information available; ‡Change in cumulative total compared to previous update.

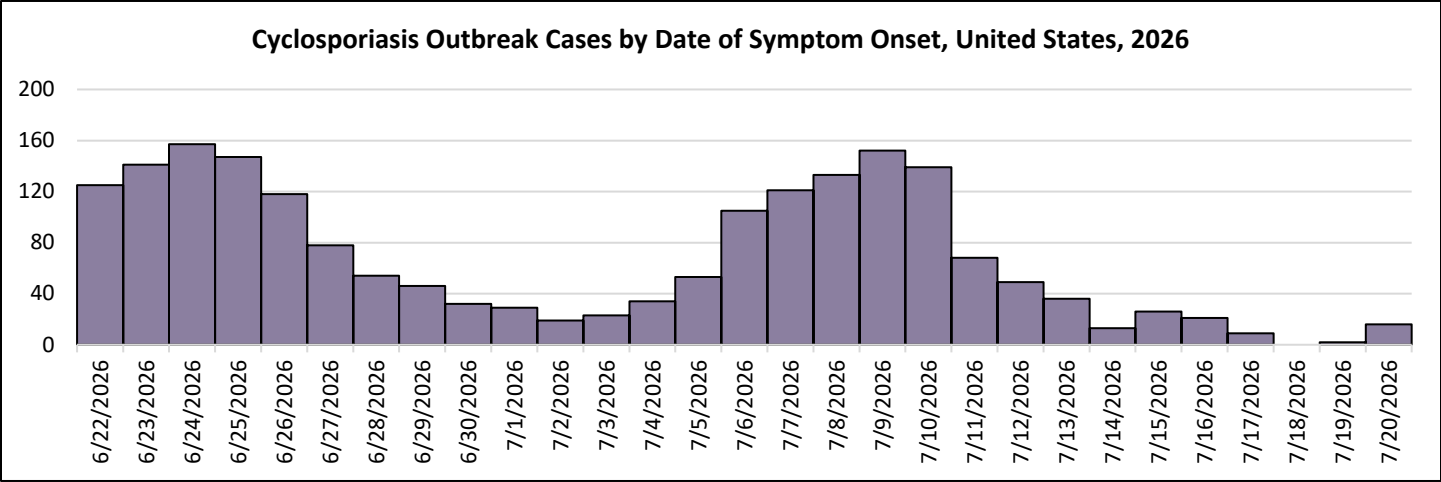


Figure Notes: Data as of July 20, 2026, and only includes cases from outbreak linked to shredded iceberg lettuce.

Cases involved in this outbreak have been reported in [Michigan](#) (931), Ohio (639), [Indiana](#) (124), Illinois (77), [Oklahoma](#) (55), [Kentucky](#) (46), [West Virginia](#) (42), Pennsylvania (24), and Kansas (9), and reported dates of illness onset ranging from June 22 – July 20, 2026. Among them, 98 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. Currently, [no samples collected have tested positive](#) for *Cyclospora* – a [false positive](#) was previously reported. Despite this, epidemiologic and traceback investigations have identified shredded iceberg lettuce from Taylor Farms de Mexico served at some Taco Bell locations as a source of infection in this outbreak – on July 17, Taylor Farms de Mexico issued a [voluntary recall](#) of all iceberg lettuce sourced from Central Mexico, including products distributed to food service customers and Marketside-brand products available at Walmart with various best-by dates. Taco Bell has [completed voluntary removal of all implicated products](#) from their restaurants nationwide.

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 recalled products from Taylor Farms de Mexico. [Other cyclosporiasis outbreaks](#) and illnesses unrelated to this outbreak are being investigated nationally.

Data Sources: [CDC Surveillance \(7/28/26\)](#), [CDC Outbreak \(7/24/26\)](#)

Diphtheria

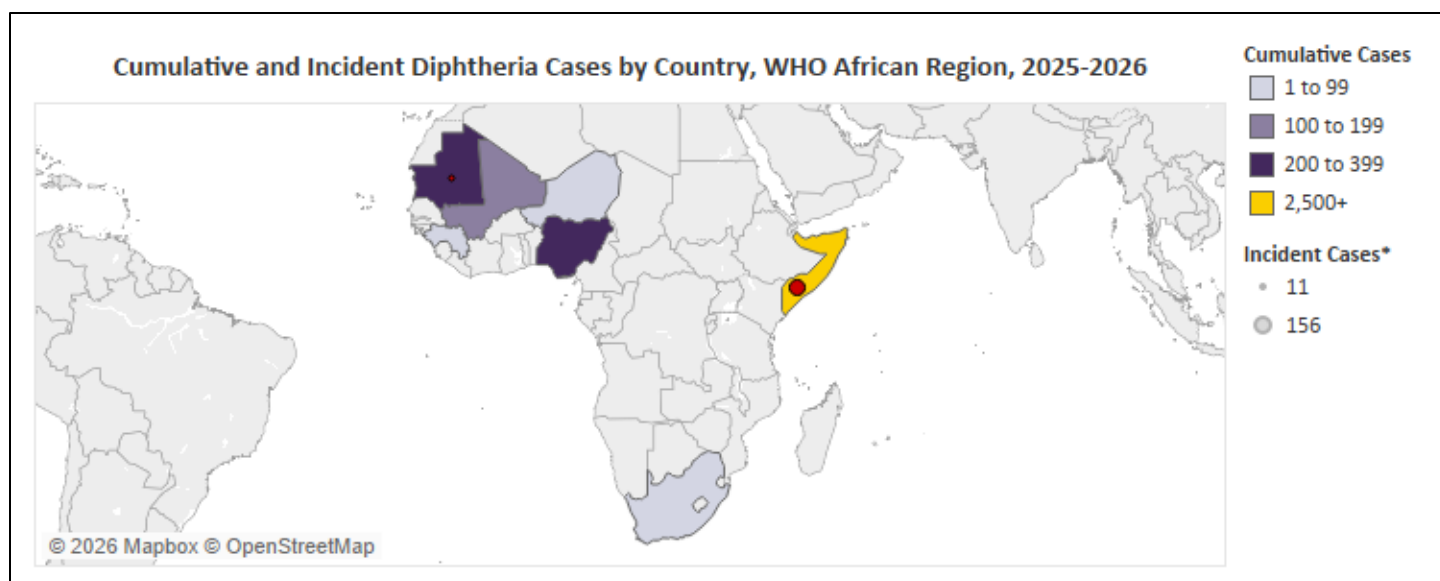
Africa – Updated 2026 Data from Member States; Burden Highest in Somalia:

According to data from the [Africa CDC](#) as of July 12, there have been a total of 3,633 cases of diphtheria (407 confirmed) and 120 deaths (13 confirmed) reported by 7 African Union (AU) Member States (MS) during 2026. Since the previous update, 167 incident cases and 6 additional deaths were reported in Somalia (156 cases and 6 deaths) and Mauritania (11 cases). According to [BEACON](#), which cites media reports, a suspected diphtheria cluster was recently detected in Nigeria (not included in Africa CDC data) – there has been 1 death reported among a child.

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	+0	4	+0	3.6%
Mauritania	353	+11	15	+0	4.2%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Somalia	2,661	+156	76	+6	2.9%
South Africa	42	+0	8	+0	19.0%
Total	3,633	+167	120	+6	3.3%

Table Notes: Data as of July 12, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

In March, the World Health Organization (WHO) published a [rapid risk assessment \(RRA\)](#) regarding diphtheria in the African Region, assessing the overall risk to human health to be moderate at the regional level and low at the global level. According to the RRA, trend data during 2026 has been difficult to interpret; however, a lower number of cases have consistently been reported by many countries since increases were observed beginning in 2025. Between 2000 and 2024, a total of 75,789 suspected cases were reported (3,500 annually on average), with most reported from 2023-2024 (~57,000). Between the beginning of 2025 and March of 2026, over 29,000 suspected cases and 1,420 deaths (CFR: 4.9%) were reported, with most reported during 2025, primarily among females, children aged <15 years, and individuals not fully vaccinated.



*Figure Notes: Data as of July 12, 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 \(7/18/26\)](#)

Australia – National Incidence Trends Gradually Declining Since Early June:

On May 22, 2026, Australia’s Chief Medical Officer declared diphtheria a [Communicable Disease Incident of National Significance \(CDINS\)](#). According to data from the [Australian Centre for Disease Control \(CDC\)](#) as of July 20, there have been a total of 460 confirmed cases of diphtheria, and 1 death reported in Australia during 2026, representing an almost 42-fold increase compared to the same period from 2022-2025 (average of 11 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 31 confirmed incident cases were reported. Incidence had been steadily increasing since October 2025 before spiking in February 2026; trends plateaued from mid-April through early June and have been gradually declining since but remain elevated compared to typical incidence trends.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
460	+31	85	+6	1	+0	0.2%

*Table Notes: Data as of July 20, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, cases have been reported in the Northern Territory (250), Western Australia (193), South Australia (13), and Queensland (4) – 99.3% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Those aged 25-44 years (159) have been affected most, followed by those aged 5-14 years (113), and 15-24 years (97). Among all cases, 95.4% have been among Aboriginal and/or Torres Strait Islander people, 54.3% have been female, 18.0% have been hospitalized, and 66.3% have been cutaneous diphtheria (as opposed to respiratory: 32.8%). Most cases of respiratory (86.8%) and cutaneous (77.7%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine. 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 2-12 cases. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

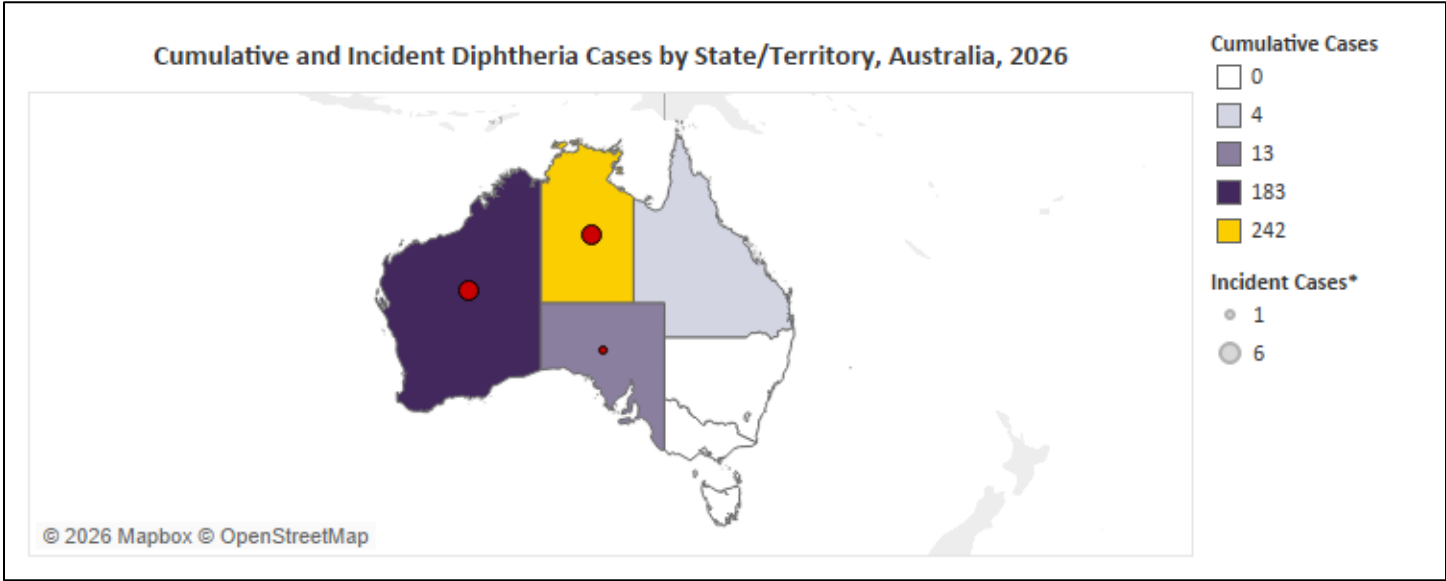


Figure Notes: Data as of July 20, 2026; *Change in cumulative total compared to previous update.

Data Source: [Australian CDC \(5/22/26\)](#), [Australian CDC \(7/24/26\)](#)

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 July 29, 2026, there have been a total of 3,360 confirmed Bundibugyo virus disease (BVD) cases and 1,487 confirmed deaths reported in Haut-Uélé, Ituri, North Kivu, South Kivu, and Tshopo provinces. On July 10, 2026, the CDC reported the [second American national case](#) - the case has [recovered and has been released from care](#) in Germany. Since the previous update, 887 additional confirmed cases and 488 confirmed deaths were reported in the DRC, and the outbreak in Uganda was [declared over](#). Testing and contact tracing remain a [challenge](#) 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‡	3,360	+887	1,487	+488	44.3%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	3,381	+887	1,489	+488	44.0%

Table Notes: Data for the DRC as of July 29, 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 have recovered; §Includes imported case from the DRC that has recovered.

In the DRC, according to data from the [INSP](#) as of July 29, 2026, confirmed cases have been reported in 48 health zones in Haut-Uele (5), Ituri (28), North Kivu (11), South Kivu (1), and Tshopo (3) provinces – 88.9% of confirmed cases have been reported in Ituri province (2,988), followed by North Kivu (325), Haut-Uélé (39), Tshopo (5), and South Kivu (3)

provinces. A total of 17,588 contacts have been identified for monitoring and follow-up, of which 78.9% (13,882) are actively being monitored (seen within the previous 24 hours). There have been 597 recoveries. The [Ministry of Health in Uganda \(MOH-U\)](#) declared the end of the Ebola outbreak in Uganda as of July 28, 2026, following successful completion of the 42-day follow-up period. Confirmed cases (20) were either imported from DRC (15) or reported among healthcare workers treating imported cases (5), resulting in 18 recoveries, 2 deaths, and [no new cases](#) as of July 30, 2026.

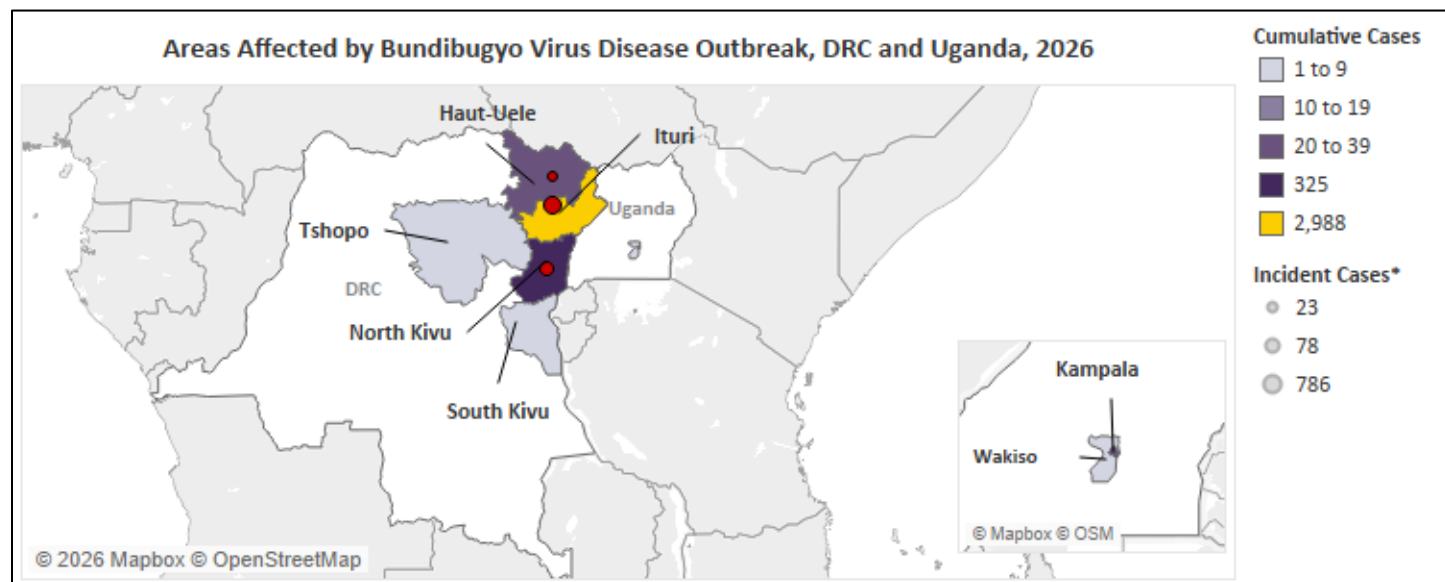


Figure Notes: Data as of July 29, 2026; Wakiso is part of the Kampala Metropolitan Area of Uganda.

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 [MOH-U](#) 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.

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 \(7/29/26\)](#), [WHO \(6/9/26\)](#), [INSP \(7/29/26\)](#), [MOH-U \(7/30/26\)](#)

Malaria

Mayotte – Incidence Trends Gradually Declining, Most Cases Linked to Travel:

According to data from the [French National Public Health Agency \(SPF\)](#) as of July 19, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 276 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 12 confirmed incident cases reported. Among all confirmed cases, 199 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 56 have been locally acquired, 12 have an undetermined origin, and 9 are currently under investigation. Local transmission increased in early May and continues to be detected.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
276	+12	75	+3	0	+0	0.0%

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

During the week ending July 19, 2026, there were 7 confirmed incident cases reported, of which 6 were determined to be travel associated – no locally acquired cases were reported; however, 1 case remains under investigation. 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: Dombéni (25), Bandréli (15), Chirongui (12), Kani-Kéli (2), Mamoudzou (1), and Mtsangamouji (1). Among all confirmed cases, 75 have been hospitalized, including 5 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 \(7/24/26\)](#), [ECDC \(6/5/26\)](#), [BEACON \(6/30/26\)](#)

Measles

Bangladesh – Incident Cases Reported by All Divisions in Nationwide Outbreak:

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of July 30, there have been a total of 127,410 suspected and 15,874 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 739 deaths reported among suspected cases, and 96 deaths reported among confirmed cases. Since the previous update, 6,210 suspected incident cases, 867 confirmed incident cases, 29 additional deaths among suspected

cases, and 1 additional death among confirmed cases 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 observed since.

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	127,410	+6,210	110,182	+6,319	739	+29	0.6%
Confirmed	15,874	+867			96	+1	0.6%

Table Notes: Data as of July 30, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

During 2026, cases have been reported in all 8 departments: Dhaka (56,800 suspected & 9,752 confirmed), Chattogram (23,344 suspected & 2,161 confirmed), Barisal (13,641 suspected & 490 confirmed), Rajshahi (8,950 suspected & 1,307 confirmed), Khulna (8,560 suspected & 464 confirmed), Sylhet (7,690 suspected & 629 confirmed), Mymensingh (6,074 suspected & 669 confirmed), and Rangpur (2,351 suspected & 402 confirmed). 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](#).

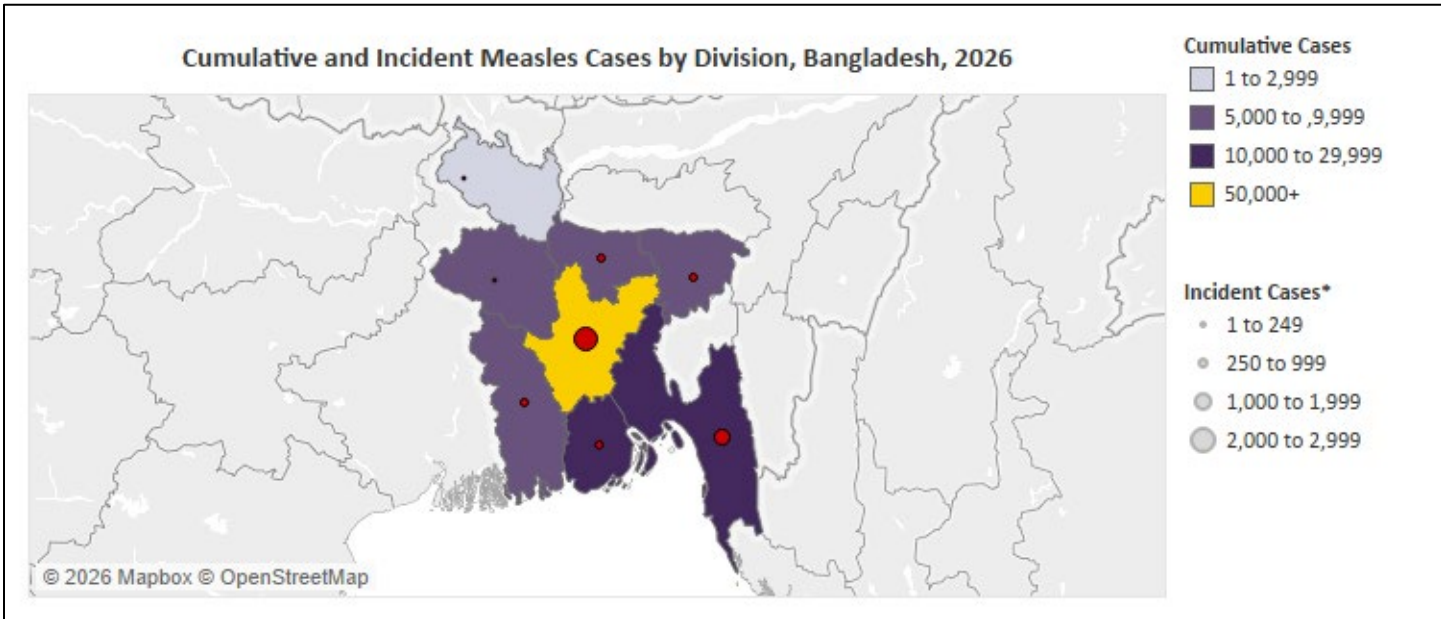


Figure Notes: Data as of July 30, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

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.

Data Sources: [WHO \(3/16/26\)](#), [DGHS \(7/30/26\)](#), [WHO \(4/23/26\)](#), [UN \(6/25/26\)](#)

Canada – Several Incident Confirmed Cases Reported in British Columbia:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of July 18, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,107 probable and confirmed cases reported during 2026. Since the previous update, 5 incident cases with rash onset during 2026 were reported in British Columbia.

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	82	+0	1,107	+5	75	+0	0	+0	0.0%

Table Notes: Data as of July 18, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.

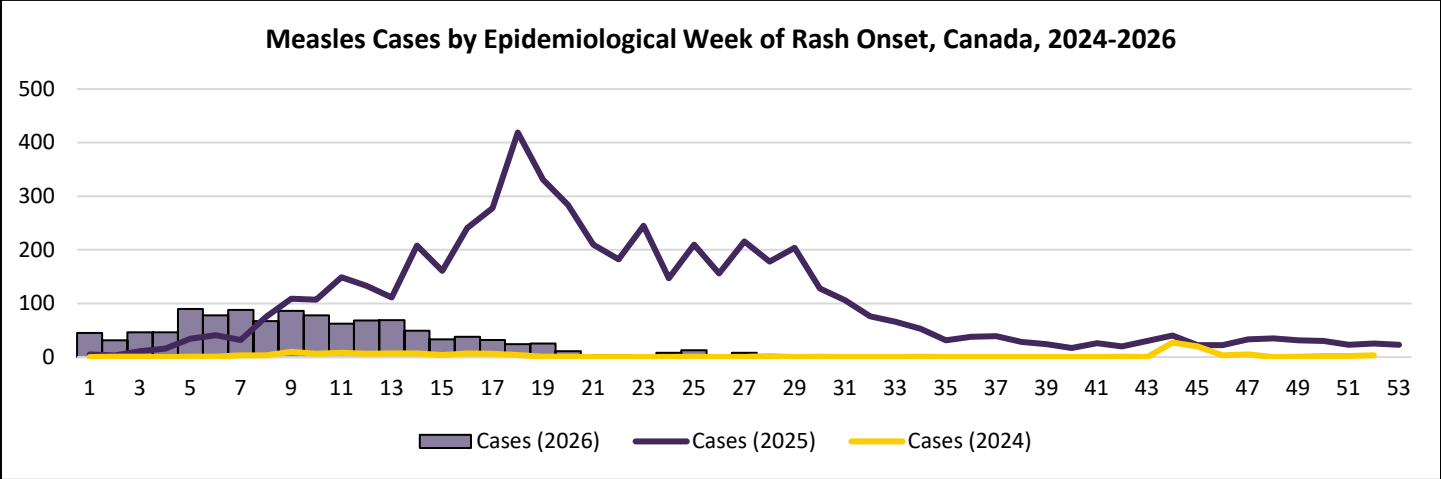


Figure Notes: Data as of July 18, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 8 jurisdictions: [Manitoba](#) (677), [Alberta](#) (311), [British Columbia](#) (43), [Quebec](#) (31), Ontario (29), Nova Scotia (10), [Saskatchewan](#) (5), and New Brunswick (1). 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, 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.

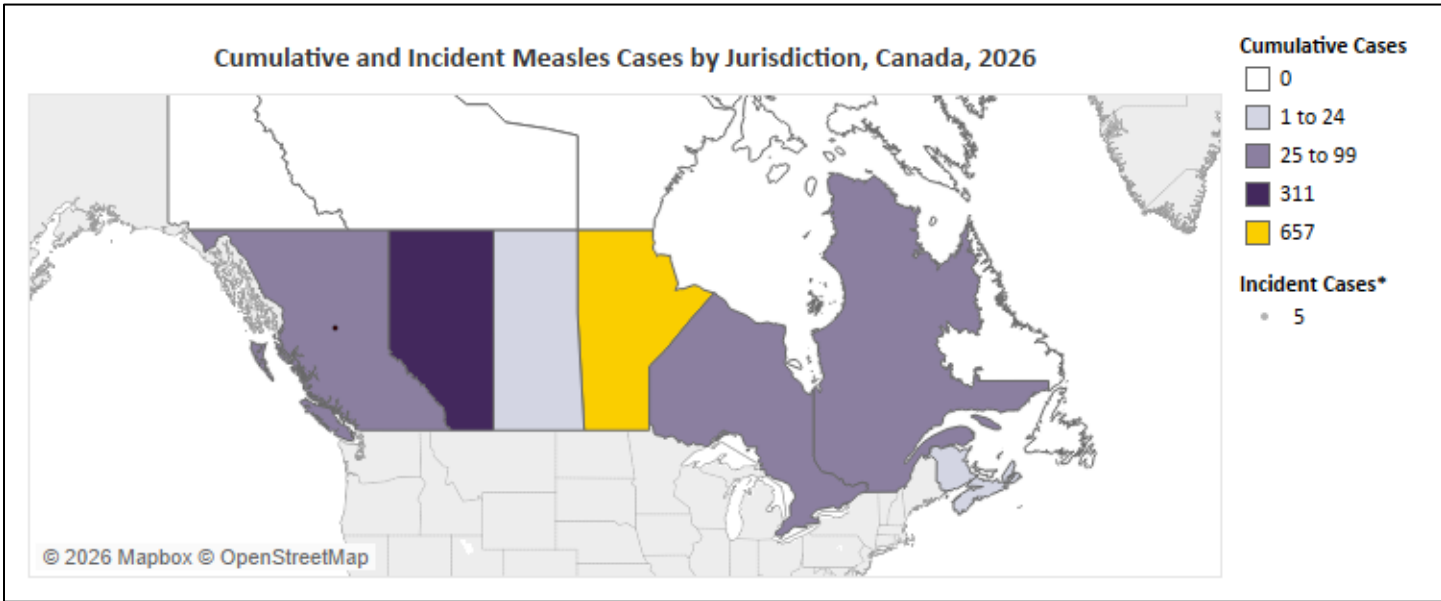


Figure Notes: Data as of July 18, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

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 6,414 cases that began in October 2024 and has resulted in the country [losing measles elimination status](#). Among all cases reported during 2026, 93% 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 \(7/27/26\)](#), [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 24, 2026, there have been total of 30,040 confirmed measles cases and 29 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 confirmed). Since the previous update, 1,497 confirmed incident cases and 1 additional death were reported. Just over half of all deaths have been reported among infants aged ≤1 year (15). 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	7,830	+209	29	+1	0.1%
Epidemiological	3,394	+181			
Clinical	18,816	+1,107			
Total	30,040	+1,497	29	+1	0.1%

Table Notes: Data as of July 24, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

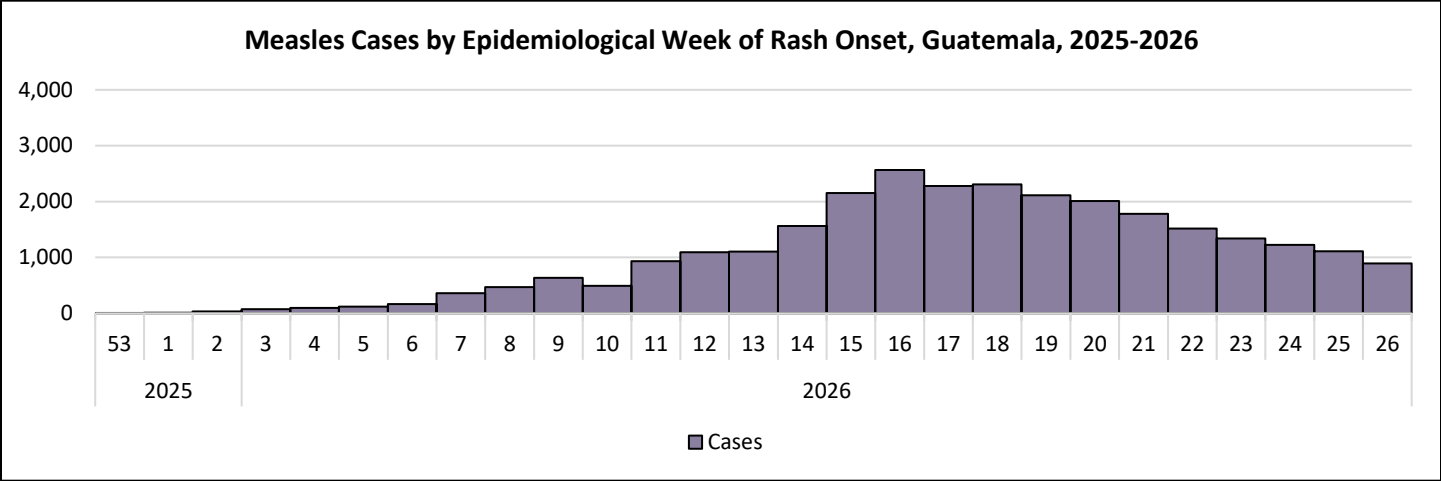


Figure Notes: Data as of July 24, 2026 (214 confirmed cases missing from figure).

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (11,220), Quetzaltenango (2,404), Quiché (2,123), Huehuetenango (1,705), Sololá (1,460), and Izabal (1,459) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 6 departments: Izabal (314.6), Guatemala (295.5), Sololá (289.4), Quetzaltenango (250.9), Totonicapán (199.6), and Quiché (196.6). Those aged 20-29 years have been most affected (11,116), followed by those aged 30-39 years (5,069), those aged 15-19 years (2,813), and those aged <1 year (2,751) –

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 9.2% have been hospitalized.

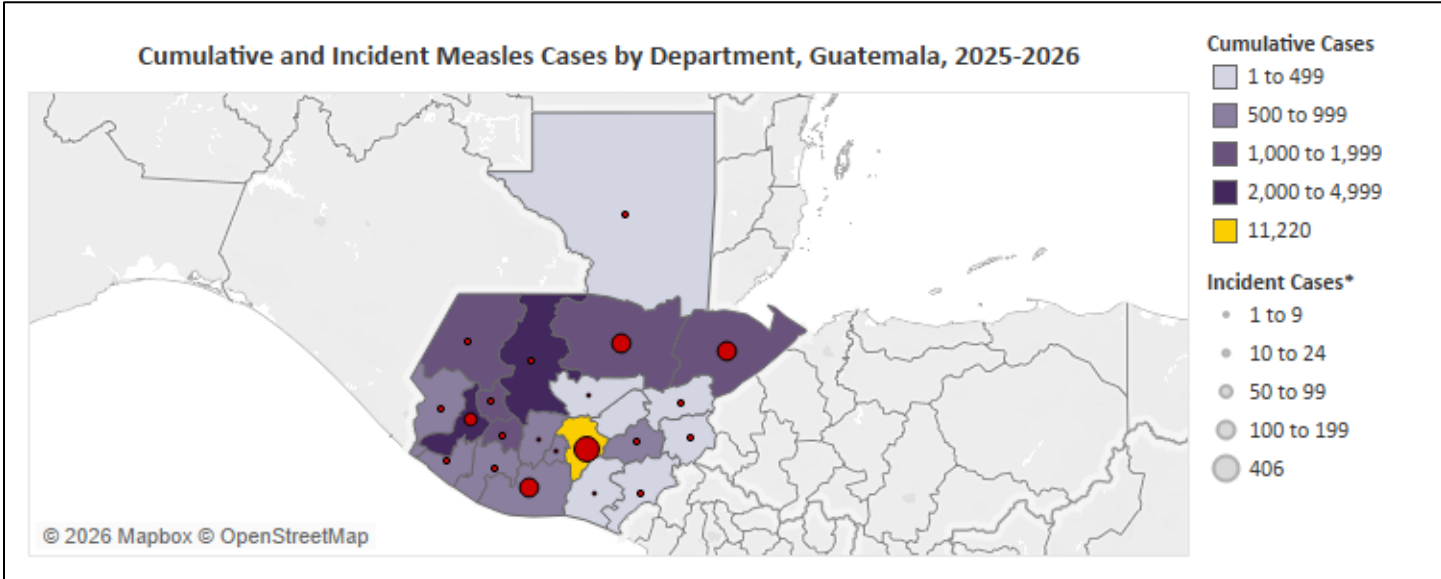


Figure Notes: Data as of July 24, 2026 (1,201 confirmed cases missing from figure); *Reported during most recent epidemiological week.

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 \(7/24/26\)](#)

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

According to data from the [Secretary of Health of Mexico](#) as of July 27, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,460 confirmed cases and 18 deaths reported during 2026. Since the previous update, 194 confirmed incident cases with symptom onset during 2026 were reported by 16 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	28,668	+114	12,460	+194	18	+1	0.1%

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

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,701), Mexico City (1,013), and Chiapas (858). 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 (93.77), followed by those aged 1-4 years (29.71), those aged 5-9 years (21.16), and those aged 25-29 years (20.07).

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.

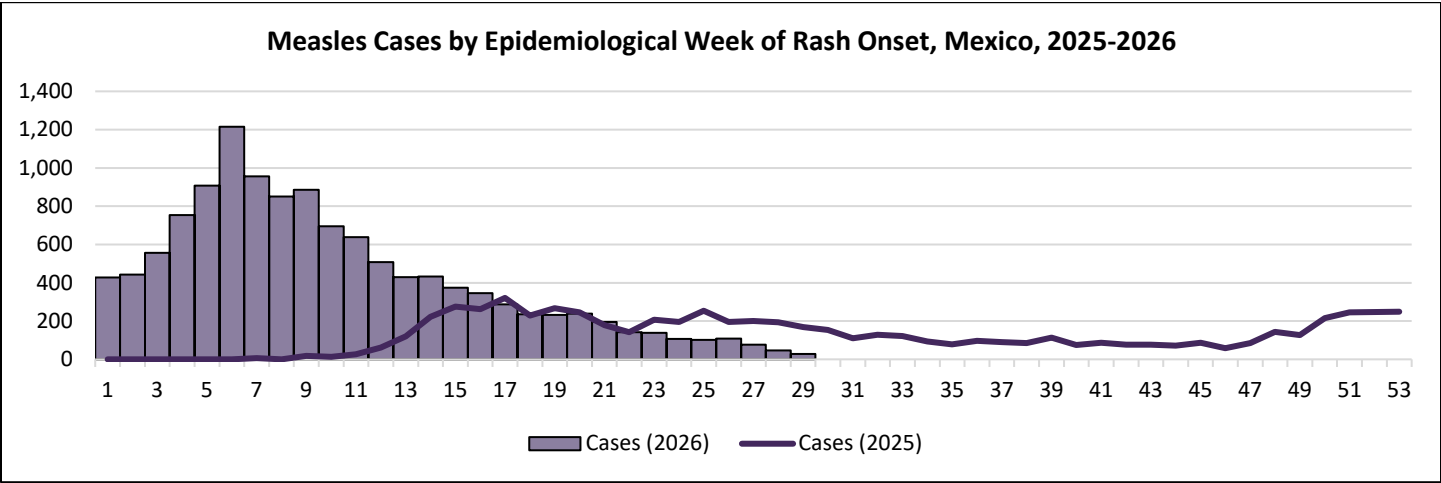


Figure Notes: Data as of July 27, 2026, and includes confirmed cases only (6 missing from figure).

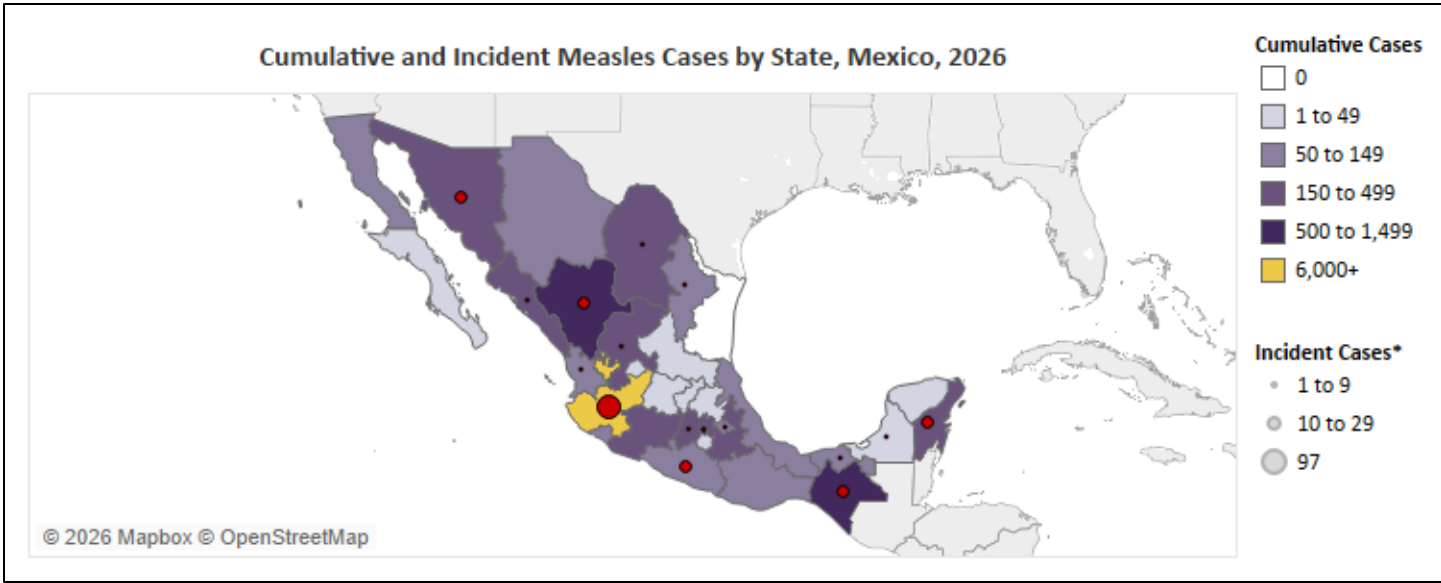


Figure Notes: Data as of July 27, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(7/27/26\)](#)

United States – Confirmed Incident Cases Reported by 11 States, Most in PA:

According to data from the [United States CDC](#) as of July 23, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,318 confirmed cases reported during 2026 – a greater number of confirmed cases have been reported during the first 7 months of 2026 compared to the entire year of 2025. Since the previous update, 58 confirmed incident cases with rash onset during 2026 were reported by 11 states, primarily [Pennsylvania](#) (24), and for the first time this year in [Delaware](#) (5).

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	2,318	+58	151	+5	0	+0	0.0%

Table Notes: Data as of July 23, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

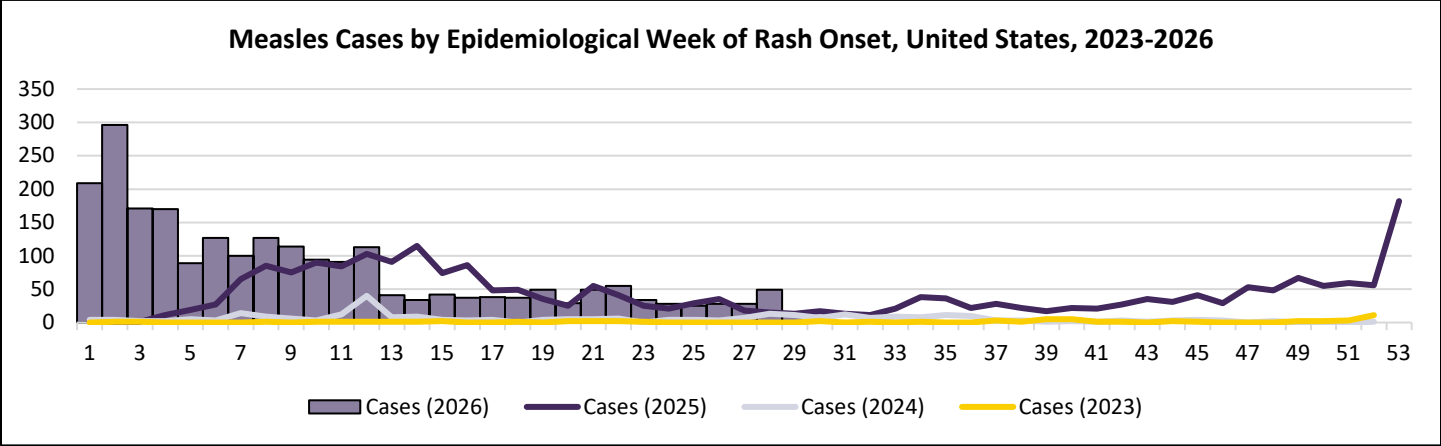


Figure Notes: Data as of July 23, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 45 jurisdictions, primarily [South Carolina](#) (670), [Utah](#) (522), [Texas](#) (188), [Virginia](#) (176), Florida (141), [Pennsylvania](#) (134), and [Arizona](#) (108). There have been 35 outbreaks reported during 2026 – 93% of confirmed cases reported during 2026 are outbreak associated (782 from outbreaks that began during 2026 and 1,371 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (49%), followed by those aged 20+ years (31%), and those aged <5 years (20%). Among all confirmed cases, 93% have been unvaccinated or have unknown vaccination statuses and 7% 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 9 in [Rest of State](#) (15 total).

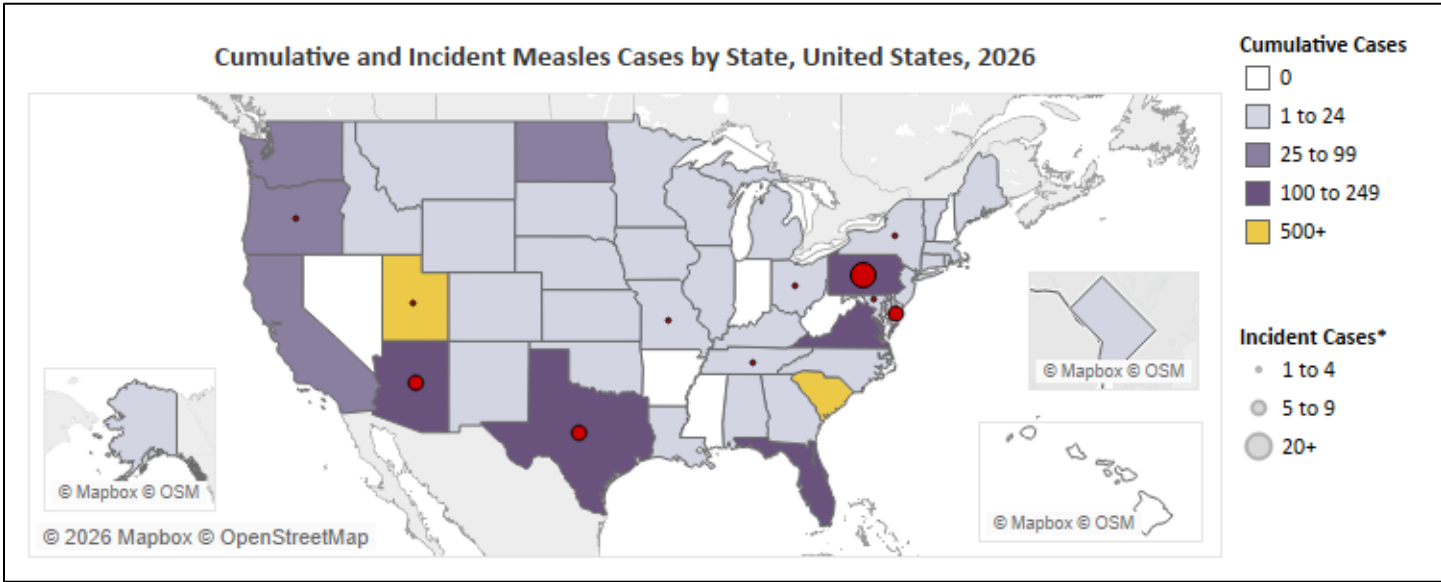


Figure Notes: Data as of July 23, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

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 \(7/24/26\)](#)

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 29, 2026, there have been a total of 35,691 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,917 are currently active. According to data from the [Secretary of Health of Mexico](#) as of July 18, 2026, there have been a total of 517 confirmed NWS cases and 3 deaths reported among humans since the beginning of 2025. Since the previous update, 1,084 incident cases among animals and 9 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*
35,691	+1,084	1,917	+94	517	+9	3	+0	0.6%

Table Notes: Data for cases reported among animals as of July 29, 2026, and among humans of July 18, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

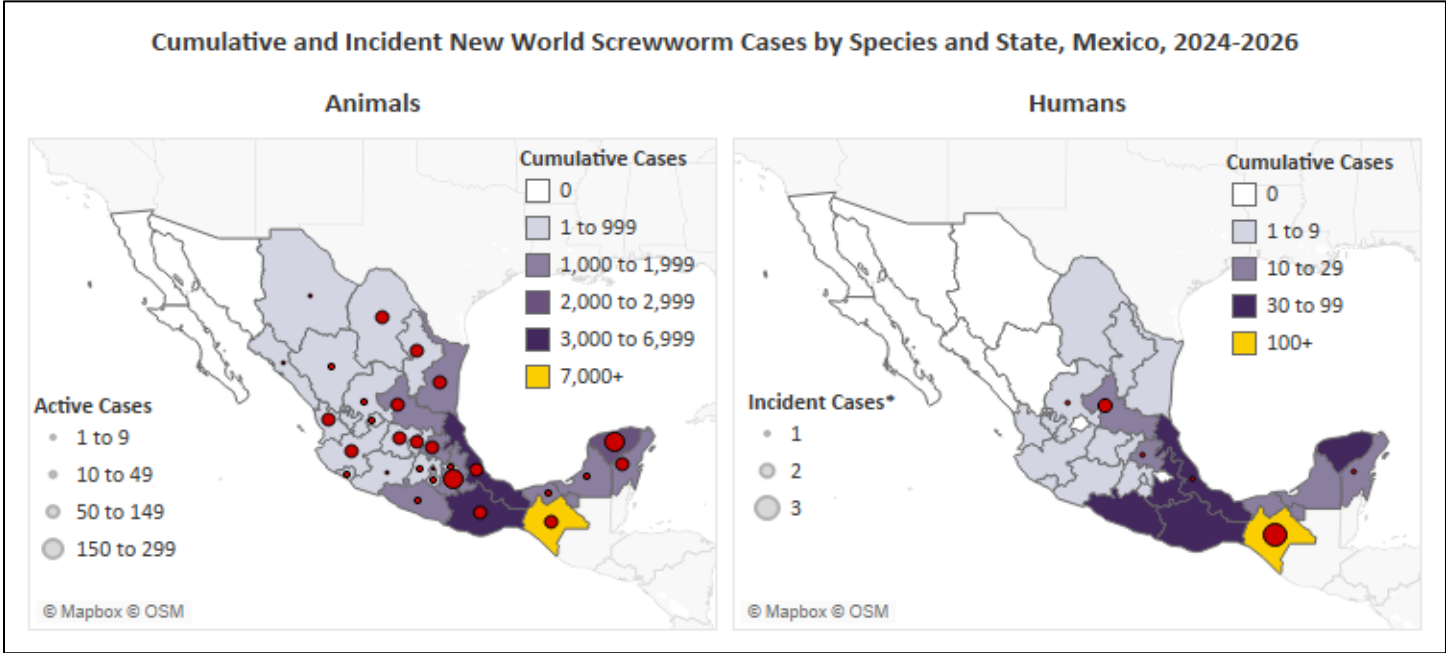


Figure Notes: Data for cases reported among animals as of July 29, 2026, and data for cases reported among humans as of July 18, 2026.

NWS cases among animals have been reported in 28 states, primarily Chiapas (7,418), Oaxaca (4,881), Veracruz (4,505), and Yucatán (2,633). Confirmed NWS cases among humans have been reported in 24 states, primarily Chiapas (151), Veracruz (96), Oaxaca (46), Puebla (40), 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 24, 2026, there have been over 189,000 NWS cases reported among animals and over 2,340 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: [Secretary of Agriculture \(7/29/26\)](#), [Secretary of Health \(7/28/26\)](#), [CDC \(7/28/26\)](#)

Non-Seasonal Influenza

China – Incident Human Cases Reported in Multiple Provinces (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of July 27, 2026, there have been a total of 17 confirmed influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 3 confirmed incident human H9N2 cases were reported in Jiangsu Province (1), Guangdong Province (1), and the Guangxi Zhuang Autonomous Region (1). The incident case in Jiangsu Province was reported among a 4-year-old male with symptom onset on June 22, 2026 – they experienced mild symptoms and have recovered. The incident case in Guangdong Province was reported among a 44-year-old male with symptom onset on June 26, 2026 – they are currently receiving treatment in intensive care. The incident case in the Guangxi Zhuang Autonomous Region was reported among a 4-year-old male with symptom onset on June 26, 2026 – they experienced mild symptoms and have recovered. All were exposed to live poultry prior to illness onset.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
17	+3	0	+0	0.0%

Table Notes: Data as of July 27, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

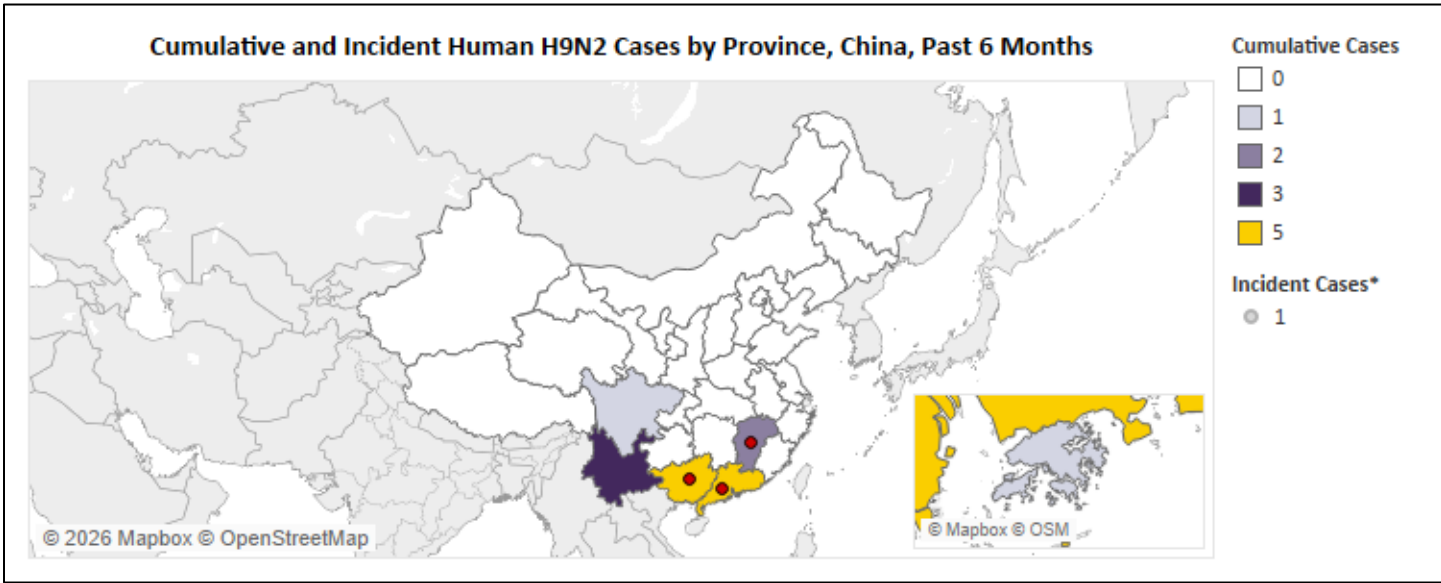


Figure Notes: Data as of July 27, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.

In the past 6 months, confirmed human H9N2 cases have been reported by 7 provinces/regions/municipalities in China: Guangxi Zhuang (5), Guangdong (5), Yunnan (3), Jiangxi (2), Hong Kong (1), and Sichuan (1). According to data from the

[World Health Organization \(WHO\)](#) as of July 17, 2026, there have been a total of 170 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 173 total in the Western Pacific Region with the remaining cases being reported in Cambodia [2] and [Vietnam](#) [1]).

Data Sources: [HKCHP \(7/28/26\)](#), [WHO \(7/17/26\)](#)

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 30, 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, no new detections were reported. In the past 30 days, a total of 2 confirmed HPAI detections have been reported in Utah, affecting 1.49 million birds. A significant decrease in detections has been observed since March. According to data from the [USDA](#) as of July 29, 2026, there have been a total of 1,172 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 3 new detections were reported in Idaho. In the past 30 days, a total of 13 confirmed HPAI detections have been reported among livestock herds in Utah (9) and Idaho (4).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		Livestock Herds*			Wild Birds	Mammals
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
2	0	13	0	0	4	0

*Table Notes: Data as of July 29-30, 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.

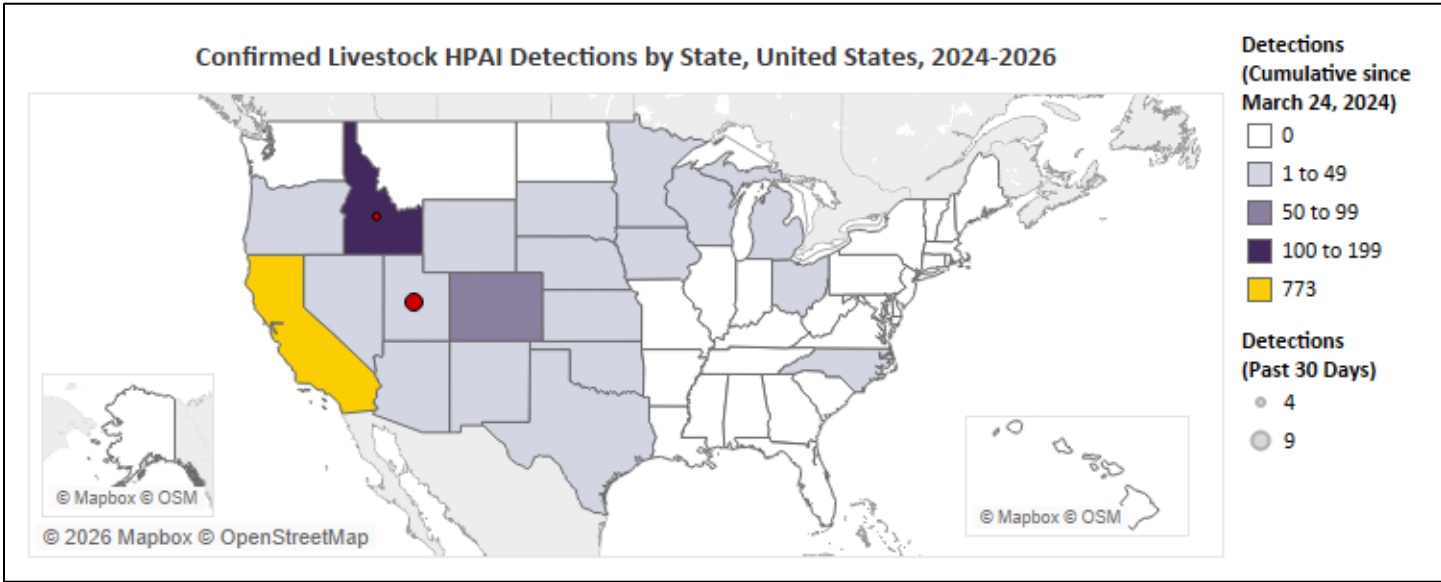


Figure Notes: Data as of July 29, 2026.

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 \(7/30/26\)](#), [USDA \(7/30/26\)](#), [CDC \(3/6/26\)](#)

Polio

Global – Incident AFP Cases (cVDPV1 & cVDPV2) Reported in Multiple Countries:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of July 26, there have been 18 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 22 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 66 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, 2 incident AFP cases caused by cVDPV1 were reported in Lao People’s Democratic Republic (1) and South Sudan (1), and 4 incident AFP cases caused by cVDPV2 were reported in Democratic Republic of the Congo (DRC).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
18	+0	22	+2	66	+4	8	+0

Table Notes: Data as of July 26, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

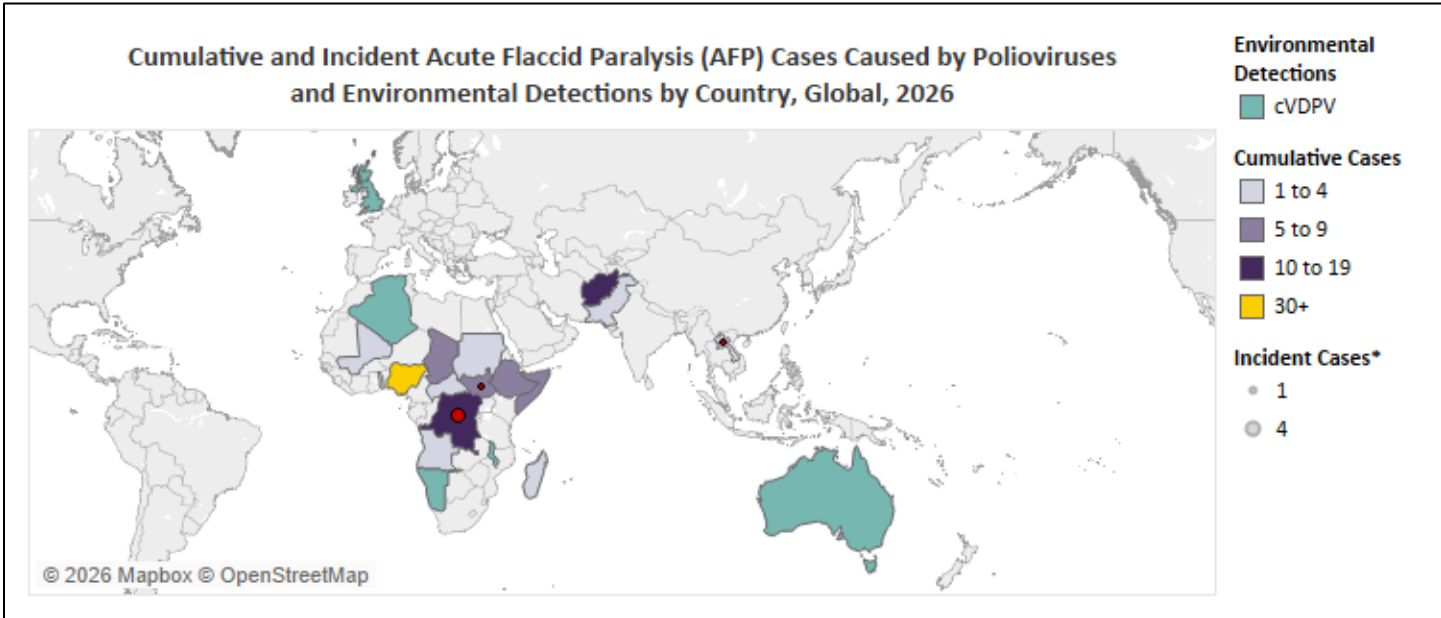


Figure Notes: Data as of July 26, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 15 countries: [Afghanistan](#) (15 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (15 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People’s Democratic Republic (3 – cVDPV1), Mali (1 – cVDPV2), Madagascar (2 – cVDPV1), Nigeria (30 – cVDPV2, 7 – cVDPV3), [Pakistan](#) (3 – WPV1), Somalia (5 – cVDPV2), South Sudan (8 – 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, with onset paralysis were reported [during 2025](#).

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

Salmonella

United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry:

According to data from the [United States CDC](#) as of July 27, there have been a total of 814 cases infected with outbreak strains of *Salmonella* Enteritidis, Indiana, Infantis, Kedougou, Mbandaka, and Saintpaul linked to backyard poultry. Additionally, there has been 1 death reported in Washington. Since the previous update, 301 incident cases were reported.

Salmonella Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
814	+301	201	+67	1	+0	0.1%

Table Notes: Data as of July 27, 2026; ‡Among 594 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

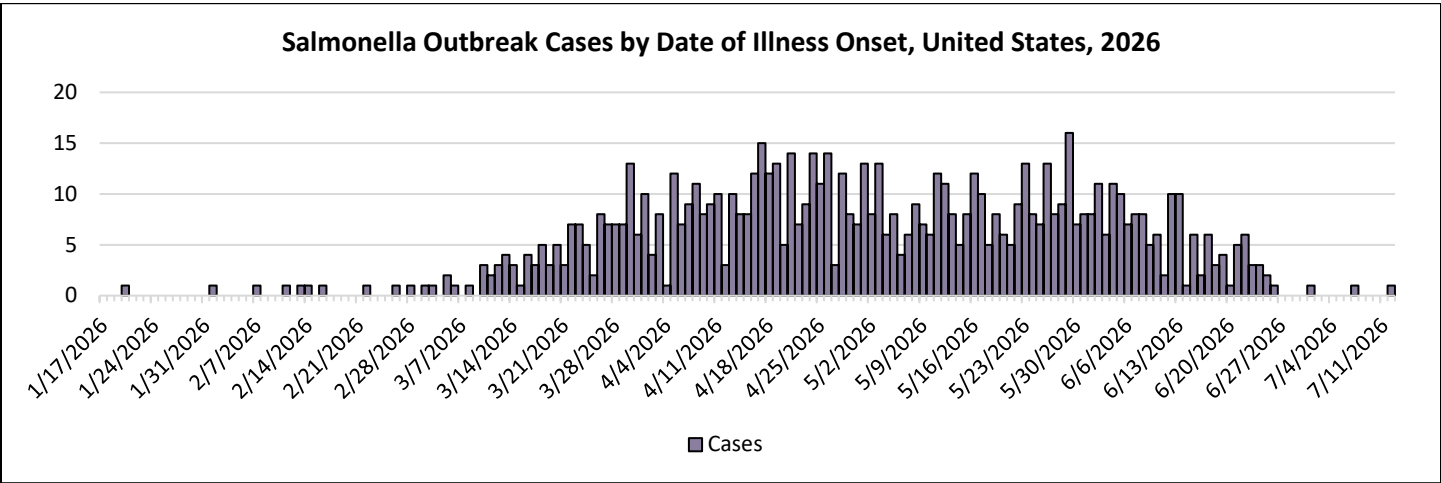


Figure Notes: Data as of July 27, 2026.

Cases have been reported by 44 states and 1 territory, primarily Michigan (86), Ohio (74), Kentucky (72), and Wisconsin (50), and reported dates of illness onset ranging from January 20 – July 12, 2026. Cases range from <1-99 years of age with a median age of 34 years – 24% of cases are aged <5 years. Among cases with available demographic information, most have been female (56%), White (94%), and non-Hispanic (88%). Among interviewed cases (585), 78% reported contact with backyard poultry prior to illness onset - S. Saintpaul cases have reported contacts with ducklings or ducks, specifically Pekin ducks, more frequently compared to outbreaks of other strains where most cases have reported contact with chicks

and chickens. Among cases that reported owning backyard poultry (280), 84% purchased or obtained poultry during 2026 from various places, primarily agricultural retail stores. Outbreak strains have been linked to 7 hatcheries. Whole genome sequencing (WGS) conducted on human (813), animal (12), and environmental (34) samples predicted resistance to fosfomycin (489), tetracycline (109), nalidixic acid (102), streptomycin (32), gentamicin (25), sulfisoxazole (15), chloramphenicol (7), ampicillin (3), amoxicillin-clavulanic acid (1), ceftriaxone (1), cefoxitin (1), and ceftiofur (1). Nonsusceptibility to ciprofloxacin was predicted among 103 samples.

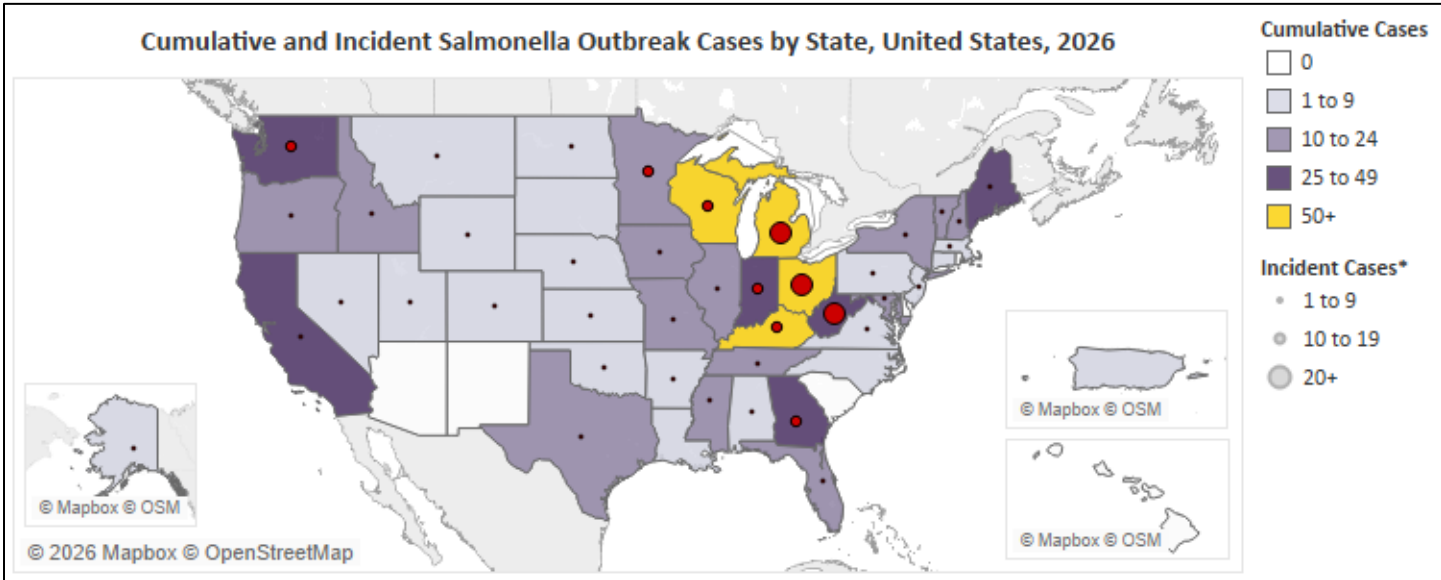


Figure Notes: Data as of July 27, 2026; *Change in cumulative total compared to previous update.

According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states. Outbreaks of *Salmonella* linked to backyard poultry are common in the United States and have occurred annually over the past decade. During 2025, *Salmonella* outbreaks linked to backyard poultry in the United States resulted in a total of 559 cases infected with various outbreak strains across 48 states, including 125 hospitalizations and 2 deaths. The CDC has outlined steps flock owners and anyone who interacts with backyard poultry can take to stay healthy.

Data Source: [CDC \(7/27/26\)](#)

United States – New Multistate Outbreak Linked to Shell Eggs Reported:

According to data from the [United States CDC](#) as of July 24, there have been a total of 98 cases infected with the outbreak strain of *Salmonella* Enteritidis linked to shell eggs produced and distributed by Midwest Poultry Services, L.P..

Salmonella Outbreak Cases, United States, 2025-2026					
Cases		Hospitalizations‡		Deaths	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	CFR*
98	+98	26	+26	0	0.0%

Table Notes: Data as of July 24, 2026; ‡Among 72 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

Cases have been reported by 17 states, primarily Texas (73), Louisiana (5), and Arizona (4), and reported dates of illness onset ranging from November 21, 2025 – June 30, 2026. Cases range from <1-81 years of age with a median age of 48 years. Among cases with available demographic information, most have been female (54%), White (84%), and non-Hispanic (65%). Among interviewed cases (44), 91% reported consuming shell eggs prior to illness onset. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection, and had predicted nonsusceptibility to ciprofloxacin and resistance to nalidixic acid. Traceback investigations identified Midwest Poultry Services, L.P. as a common source of eggs among cases – additional

investigations are ongoing. Samples collected by Midwest Poultry Services, L.P. from a Texas farm and tested by a third-party lab were positive for *Salmonella* and matched the strain in this outbreak.

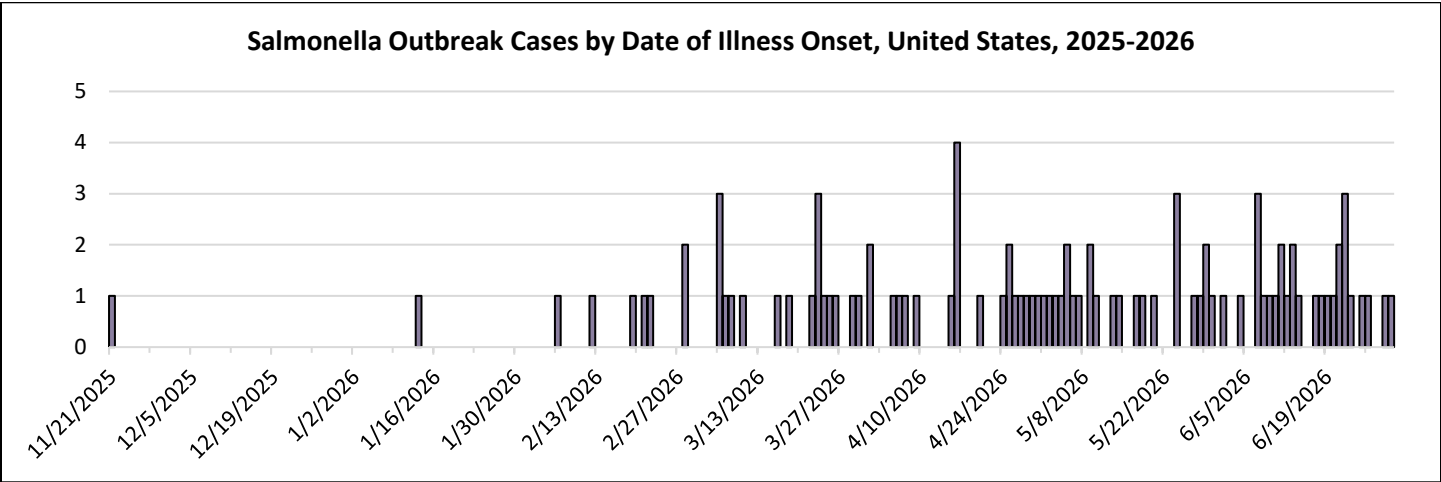


Figure Notes: Data as of July 27, 2026.

Cases have been reported by 17 states, primarily Texas (73), Louisiana (5), and Arizona (4), and reported dates of illness onset ranging from November 21, 2025 – June 30, 2026. Cases range from <1-81 years of age with a median age of 48 years. Among cases with available demographic information, most have been female (54%), White (84%), and non-Hispanic (65%). Among interviewed cases (44), 91% reported consuming shell eggs prior to illness onset. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection, and had predicted nonsusceptibility to ciprofloxacin and resistance to nalidixic acid. Traceback investigations identified Midwest Poultry Services, L.P. as a common source of eggs among cases – additional investigations are ongoing. Samples collected by Midwest Poultry Services, L.P. from a Texas farm and tested by a third-party lab were positive for *Salmonella* and matched the strain in this outbreak.

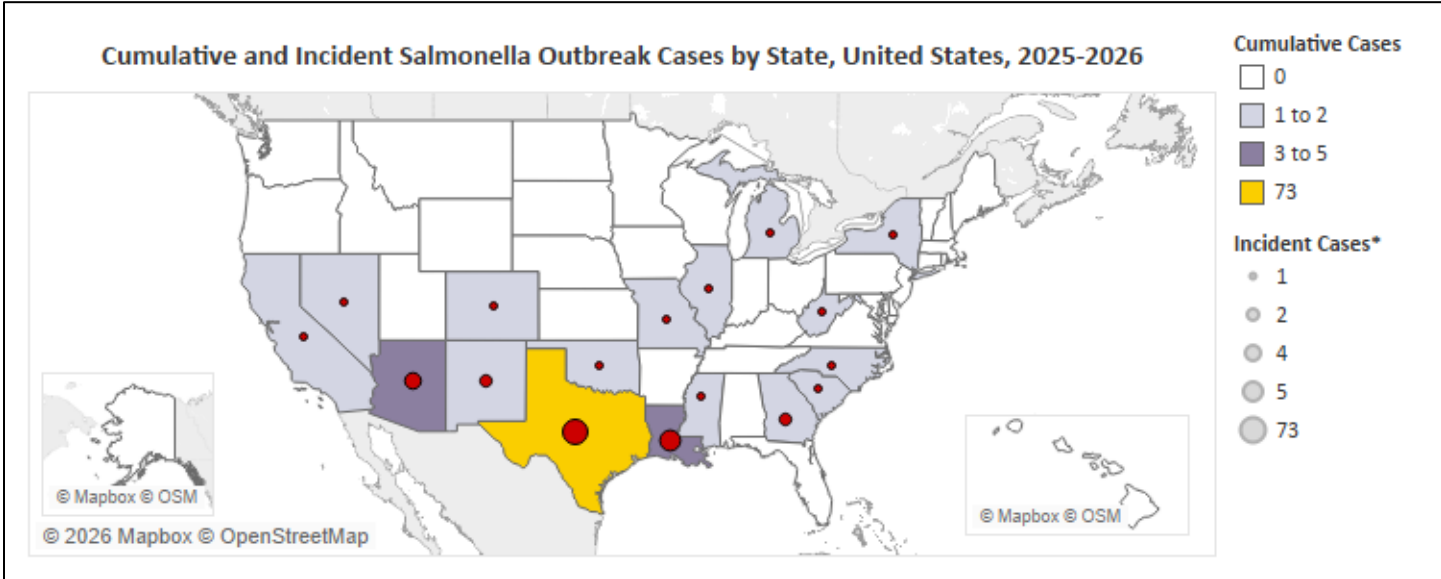


Figure Notes: Data as of July 27, 2026; *Change in cumulative total compared to previous update.

On July 22, 2026, Midwest Poultry Services, L.P. issued a [voluntary recall](#) of almost 1.6 million dozen white shell eggs and brown cage free eggs produced in Texas due to potential contamination with *Salmonella* Enteritidis. Recalled eggs were produced and distributed from farms in Texas, with sell by or best by dates from July 20 – August 17, 2026, were shipped to foodservice and retail customers in Texas, Oklahoma, and Louisiana, and available to consumers at Kroger, Brookshire Grocery, and other small retail outlets in a number of states (Texas, Oklahoma, Arkansas, Louisiana, New Mexico, and

Mississippi). According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states. Do not eat, sell, or serve recalled shell eggs.

Data Source: [CDC \(7/24/26\)](#)

Yellow Fever

The Americas – Incident Cases and Deaths Reported in Colombia:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of July 29, there have been a total of 94 confirmed yellow fever cases and 41 deaths reported in the Americas during 2026. Since the previous update, 3 confirmed incident cases and 2 additional deaths were reported in Colombia.

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
94	+3	41	+2	43.6%

Table Notes: Data as of July 29, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

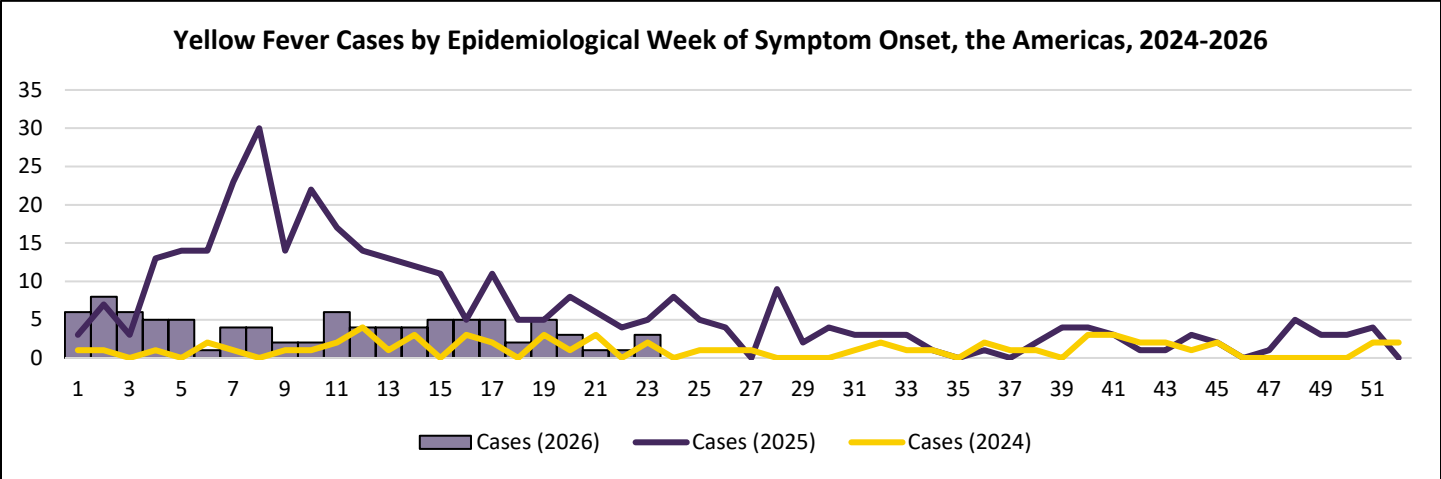


Figure Notes: Data as of July 29, 2026; Cases reported during 2025 (8) and 2026 (1) without dates of symptom onset are excluded from figure.

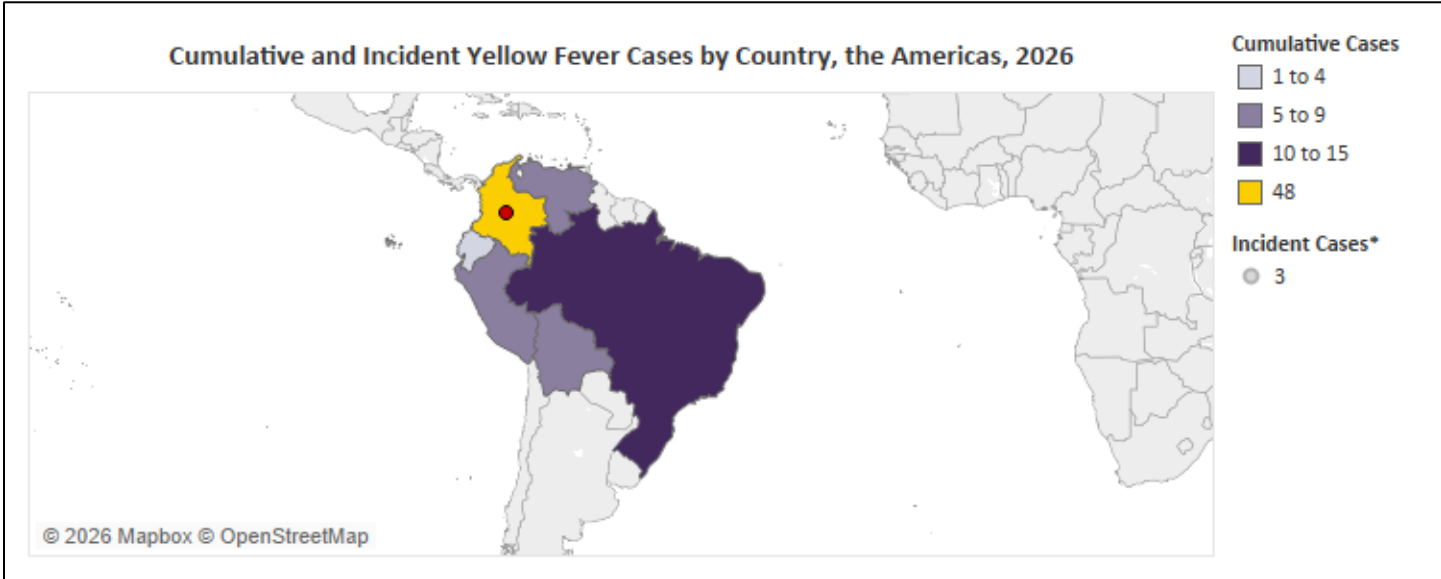


Figure Notes: Data as of July 29, 2026; *Change in cumulative total compared to previous update.

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: [Colombia](#) (56 cases, 24 deaths), [Brazil](#) (15 cases, 8 deaths), Peru (9 cases, 4 deaths), [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 2 cases reported in Colombia and 59% of deaths reported in the Americas during 2026.

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.

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 \(7/29/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mayotte – No Cases Reported During Most Recent Epidemiological Week ([July 16](#))
- 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

- Global – WHO Provides Update on Global Case Counts and Incidence Rates ([July 16](#))
- 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](#))

New World Screwworm

- United States – New NWS Detections Reported in Texas; Active Cases Decrease ([July 23](#))

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

- United States – Updated Data on Poultry Flocks and Livestock Detections (HPAI) ([July 23](#))
- Bangladesh – Third Human Case This Year Reported in Sylhet Division (H5N1) ([July 16](#))
- Brazil – Human Case of Swine Influenza Reported in Santa Catarina (H3N2v) ([July 16](#))
- Cambodia – Incident Human Case Reported Among Child in Phnom Penh (H5N1) ([July 16](#))
- 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 – 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 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](#)
- [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 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](#)
- [Rocky Mountain Spotted Fever 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:

- [National alert in Viet Nam as pediatric adenovirus cases triple amid summer transmission - BEACON](#)
- [Emergence of autochthonous babesiosis in Nova Scotia, Canada, with 11 confirmed cases since 2023 - BEACON](#)
- [Over 35 500 suspected cholera cases and 198 deaths in Borno State, Nigeria, amid pressure on treatment facilities - BEACON](#)
- [Cholera resurges in Kordofan and Darfur, Sudan, amid active conflict, mass displacement, and a critical funding shortfall - BEACON](#)
- [Dengue in the Pacific: Multicountry Situation \(As of 27 July 2026\) - Fiji | ReliefWeb](#)
- [Dengue transmission in Bangladesh intensifies in July, with cumulative cases exceeding 12 600 and deaths rising to 40 - BEACON](#)
- [Dengue cases in Cambodia surge 58% above 2025 levels amid flooding and El Niño - BEACON](#)
- [Sri Lanka National Dengue Control Unit: Current Status of Dengue in Sri Lanka \(As of 29.07.2026 midnight\) - Sri Lanka | ReliefWeb](#)
- [DOH-Hillsborough County Issues Mosquito-borne Illness Advisory - Florida Department of Health in Hillsborough County](#)
- [First-ever national Hantavirus Health Alert declared in Chile amid doubling of case fatality rate in 2026 - BEACON](#)
- [Case of hantavirus hemorrhagic fever with renal syndrome \(HFRS\) with unresolved multi-country exposure history in Lviv Oblast, Ukraine - BEACON](#)

- [Hepatitis A cases in São Paulo State, Brazil, exceed the 2025 total, with 1953 cases and two deaths reported in 2026 - BEACON](#)
- [Community cluster of Legionnaires' disease in New York City, USA: 92 cases, six deaths; cooling tower remediations completed; no new cases - BEACON](#)
- [Autochthonous cases of leprosy increasing across multiple counties in Central Florida, USA - BEACON](#)
- [Malaria cases and deaths in Malanje Province, Angola, increase in the first half of 2026, with children under five most affected - BEACON](#)
- [Measles outbreak in Pavlodar Region, Kazakhstan, with 398 confirmed cases; a fourfold increase driven by rising vaccine refusals - BEACON](#)
- [Measles outbreak declared across multiple provinces in Papua New Guinea amid critical gaps in immunization and laboratory capacity - BEACON](#)
- [Surveillance of mpox in the European Union/European Economic Area \(EU/EEA\) – Monthly report](#)
- [Mpox cluster at a detention facility in San Cristóbal, Dominican Republic: Two cases confirmed, seven under investigation; no community transmission detected - BEACON](#)
- [First confirmed case of mpox in Guinea-Bissau; clade differentiation pending - BEACON](#)
- [ADHS Confirms Arizona's First Case of Clade I Mpox; Risk to the General Public Remains Low | Emergency Information Network](#)
- [First confirmed local wildlife transmission of H5N1 avian influenza among greater crested terns in South Australia - BEACON](#)
- [H5Nx HPAI clade 2.3.4.4b in wild birds: 20-year surveillance reveals intercontinental reintroduction dynamics in China - BEACON](#)
- [HPAI \(H5N1\) detected in a Peruvian pelican \(Pelecanus thagus\) on Isla Puná, Guayas Province, Ecuador - BEACON](#)
- [Early Release - Seroprevalence of Influenza A\(H5N1\) Virus in Domestic Cats at Epicenter of Dairy Cattle Outbreaks, California, USA, 2024–2026 - Volume 32, Number 9—September 2026 - Emerging Infectious Diseases journal - CDC](#)
- [RFI: Over 250 Salmonella cases reported in Colorado, USA, double the state's July baseline; traceback investigation ongoing - BEACON](#)
- [Most Americans unsure which vaccines are recommended during pregnancy | CIDRAP](#)
- [Cassidy clears the way for CDC nominee but pumps brakes on health security pick | CIDRAP](#)
- [One immunization may protect newborns against 2 serious diseases | CIDRAP](#)
- [More US parents advocate for vaccination than discourage it, survey finds | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 588](#)
- [Reports detail scope, impact of global HIV funding cuts | CIDRAP](#)
- [RFI: Severe respiratory infection reported in Ngäbe-Buglé Indigenous Region, Panama, with six deaths; pathogen unidentified - BEACON](#)
- [Feds shut down 'dangerous' gain-of-function research, tighten oversight of foreign collaboration | CIDRAP](#)
- [State Department agrees to reinstate vaccine funding for Gavi | CIDRAP](#)
- [Conflicts can spread infectious diseases while making outbreaks harder to detect](#)
- [West Nile Virus and Other Nationally Notifiable Arboviral Diseases — United States, 2024 | MMWR](#)