NEW YORK STATE | Department of Health
Office of Science
Emerging Health Science and Studies

GLOBAL HEALTH UPDATE

Date: 7/9/26

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 and Bolivia:

According to data from the Pan American Health Organization (PAHO) extracted on July 9, there have been a total of 164,856 locally acquired chikungunya cases, of which 60,431 are confirmed, and 74 deaths reported in the Americas during 2026. Since the previous update, 2,726 incident locally acquired cases, of which 1,736 are confirmed, and 2 deaths were reported in the region.

Locally acquired cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (101,588), Bolivia (41,354), Argentina (11,852), Suriname (7,484), Cuba (1,457), and French Guiana (999). Cumulative incidence per 1 million population is currently highest in Suriname (1,160.31), Bolivia (324.37), French Guiana (314.15), Brazil (47.57), Argentina (25.76), 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 7, a total of 74 travel associated cases (confirmed & probable) have been reported in US states and territories this year.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	11,852	+79	2,812	+33	2	+0	0.1%
Bolivia	41,354	+0	11,180	+0	27	+0	0.2%
Brazil	101,588	+2,559	41,881	+1,655	43	+2	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	1,121	+88	1,055	+48	0	+0	0.0%
Total	**164,856**	**+2,726**	**60,431**	**1,736**	**74**	**+2**	**0.1%**

*Table Notes: Data extracted on July 9, 2026, and includes locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

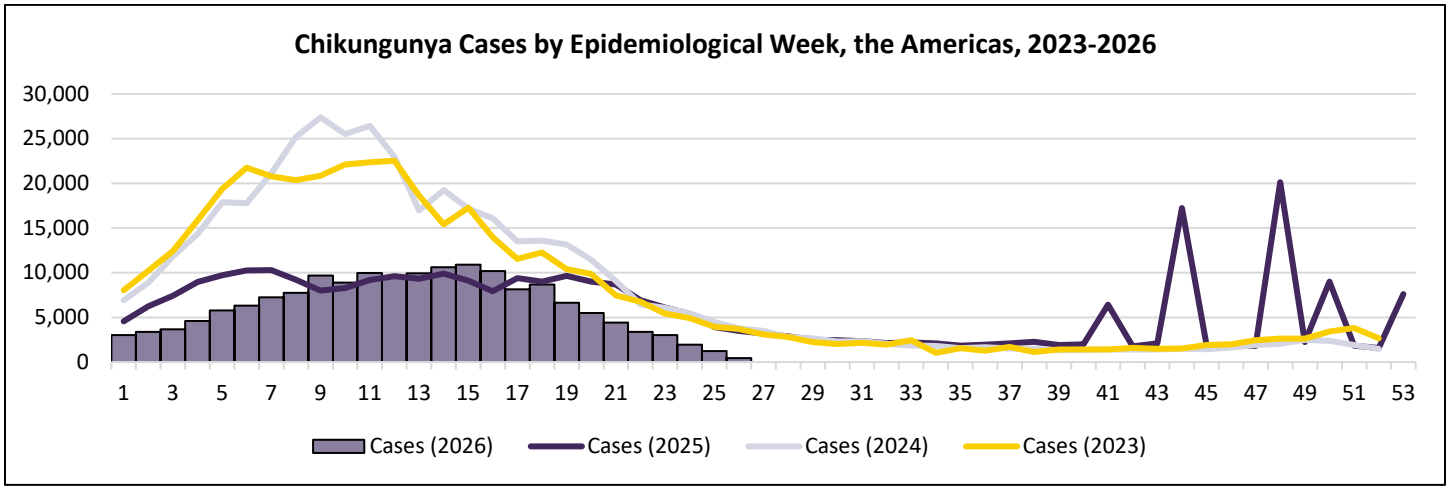

Figure Notes: Data extracted on July 9, 2026, and includes locally acquired cases only; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

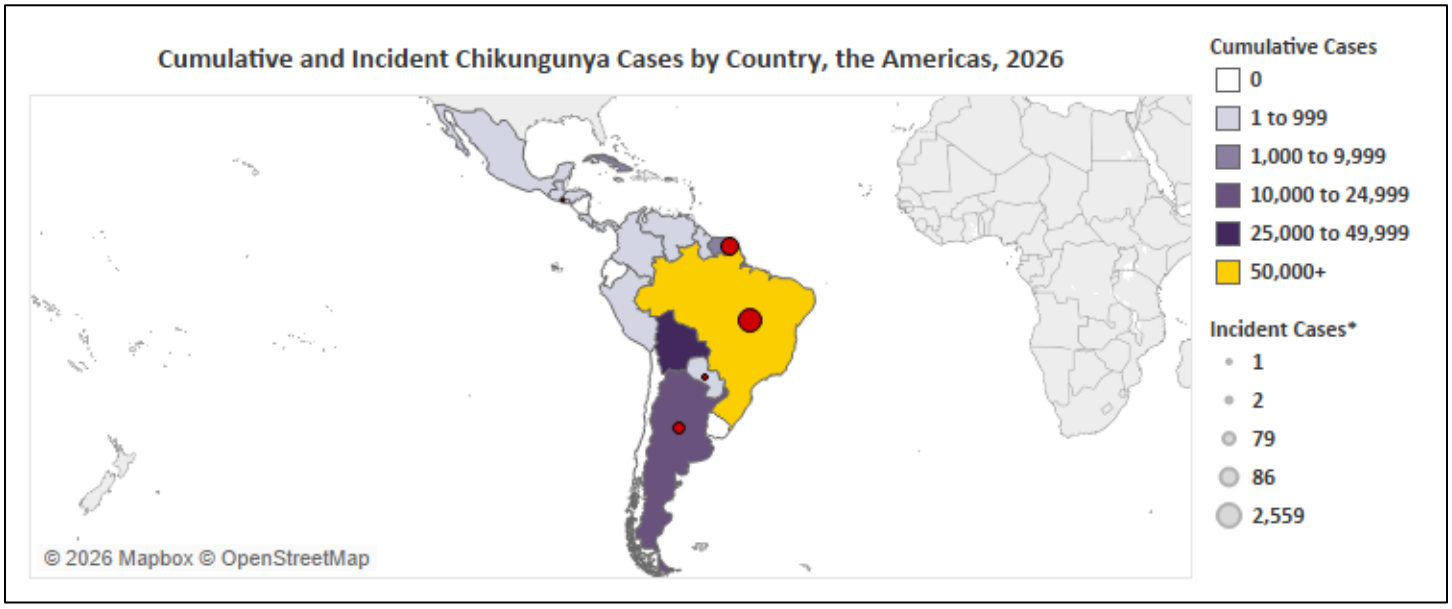

*Figure Notes: Data extracted on July 1, 2026, and includes locally acquired cases only; *Change in cumulative total compared to previous update.*

During 2025, there were 316,654 locally acquired chikungunya cases, of which 115,952 were confirmed, and 175 deaths (CFR: 0.2% among confirmed cases) reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of New York and Florida, the first in the country since 2015. According to data from the United States CDC, a total of 629 travel associated cases (confirmed & probable) were reported in US states and territories during 2025, the highest number since 2015 (895) and over 2.5 times the number reported during 2024 (241). The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in Bolivia, French Guiana, and Suriname. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: PAHO (7/9/26)

Diphtheria

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

On June 29, 2206, Australia's Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance (CDINS). According to data from the Australian Centre for Disease Control (CDC) as of June 29, there have been a total of 413 cases (410 confirmed & 3 probable) of diphtheria, and 1 death reported in Australia during 2026, representing an almost 40-fold increase compared to the same period from 2022-2025 (average of 10.3 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 24 confirmed incident cases were reported. Incidence had been steadily increasing since October 2025 before spiking in February; trends have plateaued from mid-April through early June but remain elevated compared to typical incidence trends.

Diphtheria Cases, Hospitalizations, and Deaths, Australia, 2026						
Total Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
410	+24	74	+0	1	+0	0.3%

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

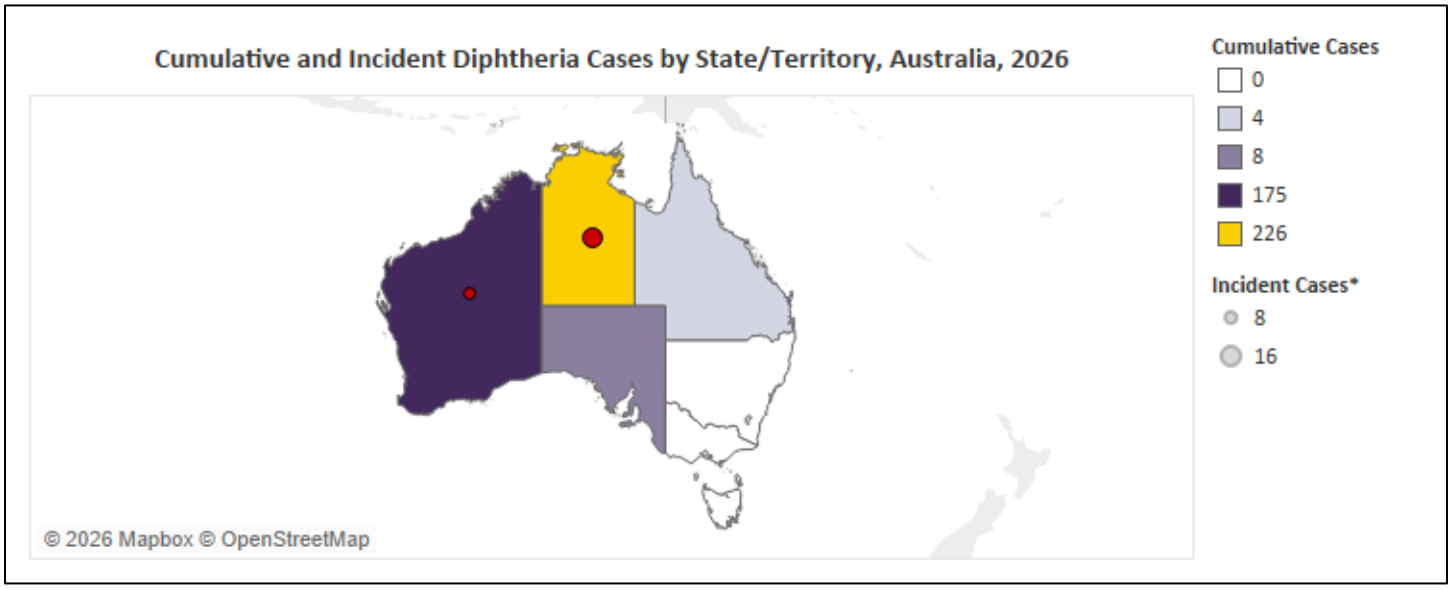

*Figure Notes: Data as of June 29, 2026; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in the Northern Territory (226), Western Australia (175), 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, 55.4% have been female, 17.9% been hospitalized, and 65.1% have been cutaneous diphtheria (as opposed to respiratory: 32.7%). Most cases of respiratory (85.7%) and cutaneous (75.7%) 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.

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 July 8, 2026, and the Ministry of Health in Uganda (MOH-U) as of July 9, 2026, there have been a total of 1,759 confirmed Bundibugyo virus disease (BVD) cases and 600 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 has recovered and was discharged. Since the previous update, 426 additional confirmed cases and 201 confirmed deaths were reported. Despite operational and logistical scale-up, testing and contact tracing remain a challenge, particularly in the DRC. The World Health Organization (WHO) currently assesses the risk associated with this outbreak to be very high in the DRC, high in Uganda and neighboring countries with land borders adjoining countries reporting detected BVD cases, and low in other countries within the African region and at the global level. This situation remains a Public Health Emergency of International Concern (PHEIC) globally and a Public Health Emergency of Continental Security (PHECS) in Africa.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026

Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	1,759	+426	600	+201	34.1%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**1,780**	**+426**	**602**	**+201**	**33.8%**

*Table Notes: Data for the DRC and Uganda as of July 8-9, 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; §Data for France as of July 5, 2026, and includes imported case from the DRC that has recovered.*

In the DRC, according to data from the INSP as of July 8, 2026, confirmed cases have been reported in 37 health zones in Ituri (25), North Kivu (11), and South Kivu (1) provinces – 91.0% of confirmed cases have been reported in Ituri province (1,601), followed by North Kivu (155), and South Kivu (3) provinces. A total of 14,119 contacts were identified for monitoring and follow-up, of which 80.0% (11,300) were actively monitored (seen within the previous 24 hours). There have been 285 recoveries. In Uganda, according to data from the MOH-U as of July 9, 2026, confirmed cases were reported in the capital city of Kampala and the Wakiso District – most of which have been among known contacts of previously confirmed cases, including healthcare workers. Of the 831 total identified contacts, 0 (0.0%) are under active follow-up, and 821 (99.9%) completed 21-day follow-up periods. There have been 17 recoveries. In France, according to data from the WHO as of July 5, 2026, a total of 5 identified contacts are under active follow-up. There has been 1 recovery.

On May 15, 2026, the Ministry of Public Health, Hygiene and Social Welfare (MSPH) in the Democratic Republic of the Congo (DRC) declared an outbreak of Ebola virus disease (EVD), specifically BVD, affecting multiple health zones (Rwampara, Mongwalu, and Bunia) in Ituri Province. That same day, the Ministry of Health in Uganda (Ugandan MOH) declared an outbreak of EVD, specifically BVD, following confirmation of BVD infection among a 59-year-old man from the

DRC that had died at Kibuli Muslim Hospital in Kampala on May 14, 2026. On May 16, 2026, the Director-General of the WHO determined that the BVD outbreak in the DRC and Uganda constitutes a public health emergency of international concern (PHEIC) without reaching the criteria of a pandemic emergency. On May 18, 2026, the Africa CDC declared the ongoing BVD outbreak in the DRC and Uganda to be a Public Health Emergency of Continental Security (PHECS).

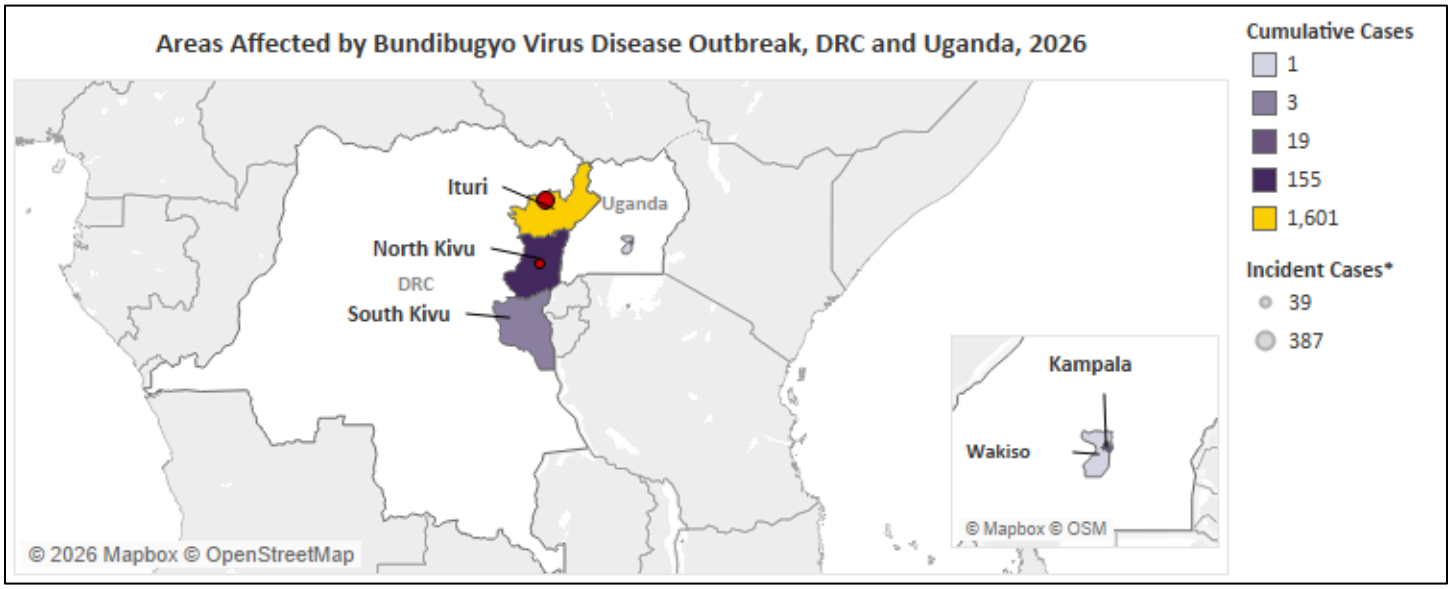

Figure Notes: Data as of July 8-9, 2026; Wakiso is part of the Kampala Metropolitan Area.

The DRC has previously experienced 16 Ebola outbreaks since 1976 – the last EVD outbreak occurred in the Bulape health zone of Kasai Province and lasted from September 4 – December 1, 2025, resulting in a total of 64 cases (53 confirmed) and 45 deaths (34 confirmed) (CFR: 70.3%). The only other BVD outbreak in the DRC occurred in the Isiro health zone of Orientale Province and lasted from August 17 – November 26, 2012, resulting in a total of 62 cases (36 confirmed) and 34 deaths (CFR: 54.8%). According to a recent publication in the New England Journal of Medicine (NEJM), gastrointestinal symptoms (vomiting diarrhea, anorexia, and abdominal pain) were clinical features that most distinguished confirmed cases from both negative cases and those in previous outbreaks. Hemorrhagic signs were not commonly observed (10.4% of positive cases). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care; however, BVD treatment clinical trials have begun in DRC – an ongoing healthcare worker strike over unsafe and unfair working conditions may disrupt outbreak response and clinical trial progress.

On 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 (7/8/26), WHO (6/9/26), INSP (7/8/26), MOH-U (7/9/26)

United States – New Multistate Outbreak Linked to Frozen Organic Blueberries:

According to data from the United States CDC as of July 6, there have been a total of 12 cases infected with the outbreak strain of *Escherichia Coli* (*E. coli*) O145 linked to frozen GreenWise brand organic blueberries.

E.coli Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
12	+12	4	+4	0	+0	0.0%

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

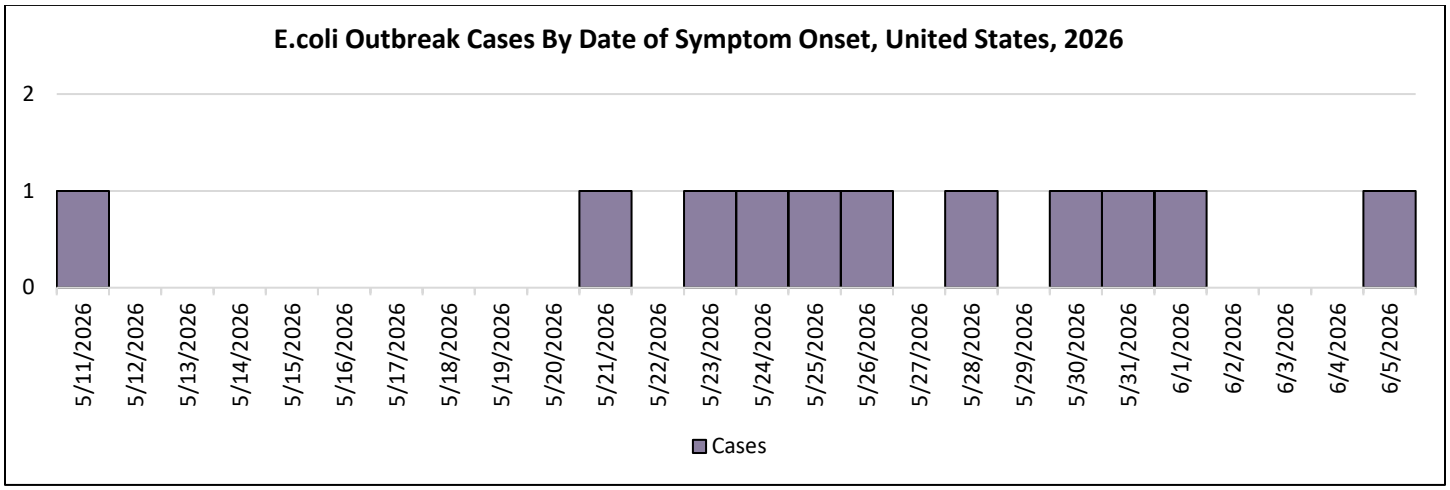

Figure Notes: Data as of July 6, 2026.

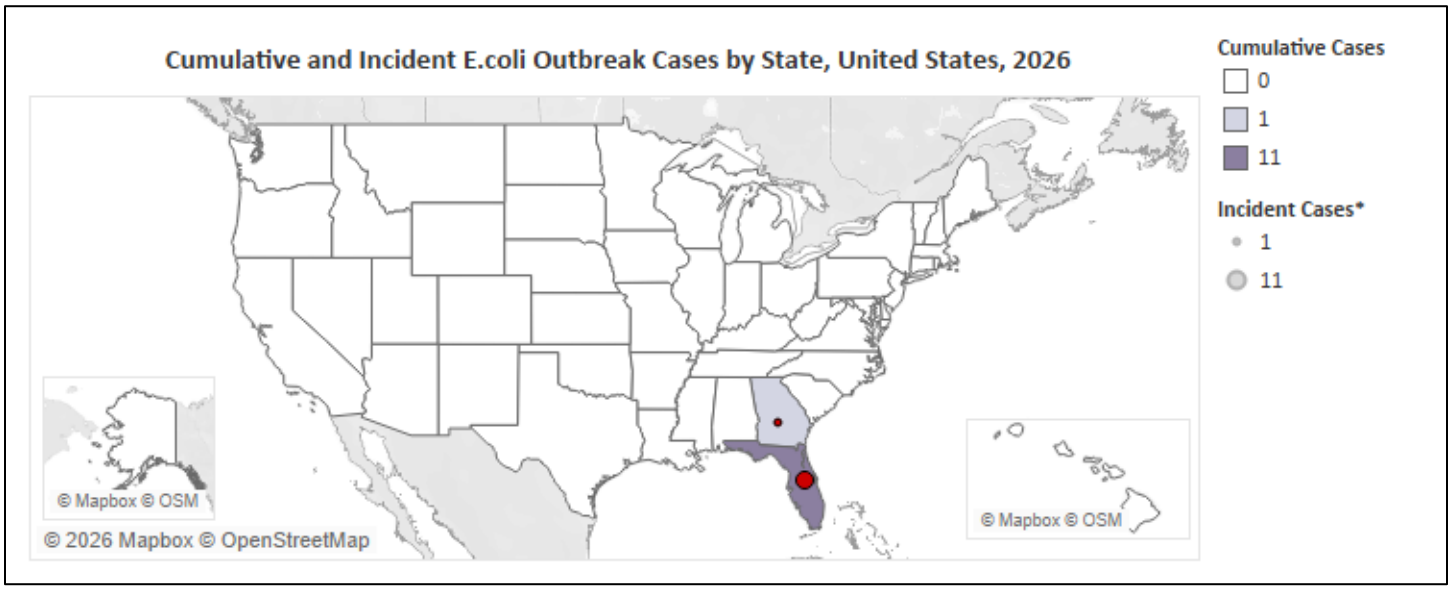

*Figure Notes: Data as of July 6, 2026; *Change in cumulative total compared to previous update.*

Cases have been reported in Florida (11) and Georgia (1) and reported dates of illness onset ranging from May 11 – June 5, 2026. Cases range from 2-88 years of age with a median age of 43 years. Among cases with available demographic information, most have been non-Hispanic (83%), and all have been White (100%). Among interviewed cases (9), 78% reported eating frozen blueberries. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically, suggesting a common source of infection.

A voluntary recall has been issued by Frutas y Hortalizas del Sur S.A. which includes 10oz. packages of frozen GreenWise Organic IQF Blueberries with the lot code 60401 and best by date of February 9, 2028. Affected products were shipped to Publix retail locations in Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia – Publix has stopped selling affected products. Do not consume, sell, or serve affected products. 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.

Data Source: CDC (7/6/26)

Infant Botulism

United States – New Multistate Outbreak Linked to Powdered Infant Formula:

According to data from the United States CDC, as of July 6, there have been a total of 4 infant botulism cases linked to infant formula contaminated with *Clostridium botulinum* reported since April 2026.

Infant Botulism Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR
4	+4	4	+4	0	+0	0.0%

Table Notes: Data as of July 4, 2026; †Change in cumulative total compared to previous update.

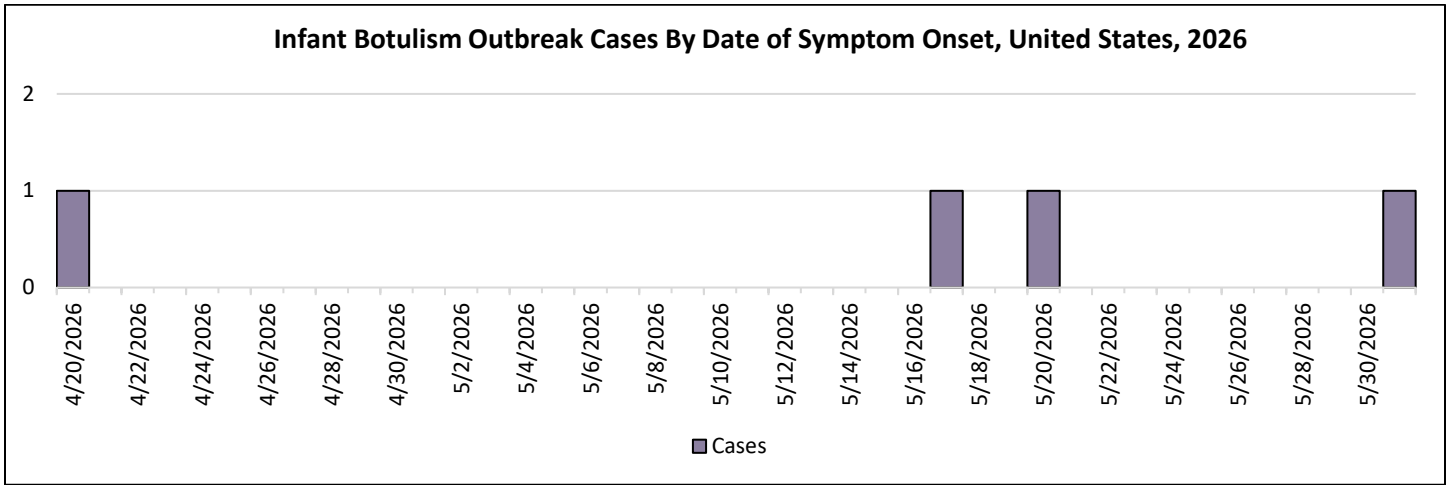

Figure Notes: Data as of July 4, 2026.

Cases have been reported by 3 states, including California (2), Pennsylvania (1), and Washington (1), and reported dates of illness onset ranging from April 20 – May 31, 2026. Cases range from 68-153 days (2-5 months) of age at time of illness onset. All cases have been hospitalized and treated with BabyBIG® – none have died. Interviews among caregivers of cases are being conducted to determine what cases were fed in the month prior to illness onset – all cases were fed Nara Organics infant formula. A voluntary recall has been issued by Nara Organics which includes all Nara Organics Powdered Infant Formula distributed nationwide and sold at Target retail stores, Target.com, and Nara.com, between July 2025 and June 2026 – <1% of all infant formula available in the United States. No other infant formula brands have been implicated in this outbreak.

This is the second outbreak of infant botulism reported in the United States, following a multistate outbreak that occurred during 2025. Investigations have revealed that affected products linked to this outbreak were made with milk supplied by Organic West Milk and spray dried by Dairy Farmers of America – the same suppliers of milk and milk powder from the previous 2025 outbreak. Infant botulism is a rare but serious illness that often starts with constipation but is usually noticed as difficulty feeding, a weak or altered cry, and loss of muscle tone – do not feed infants recalled infant formula.

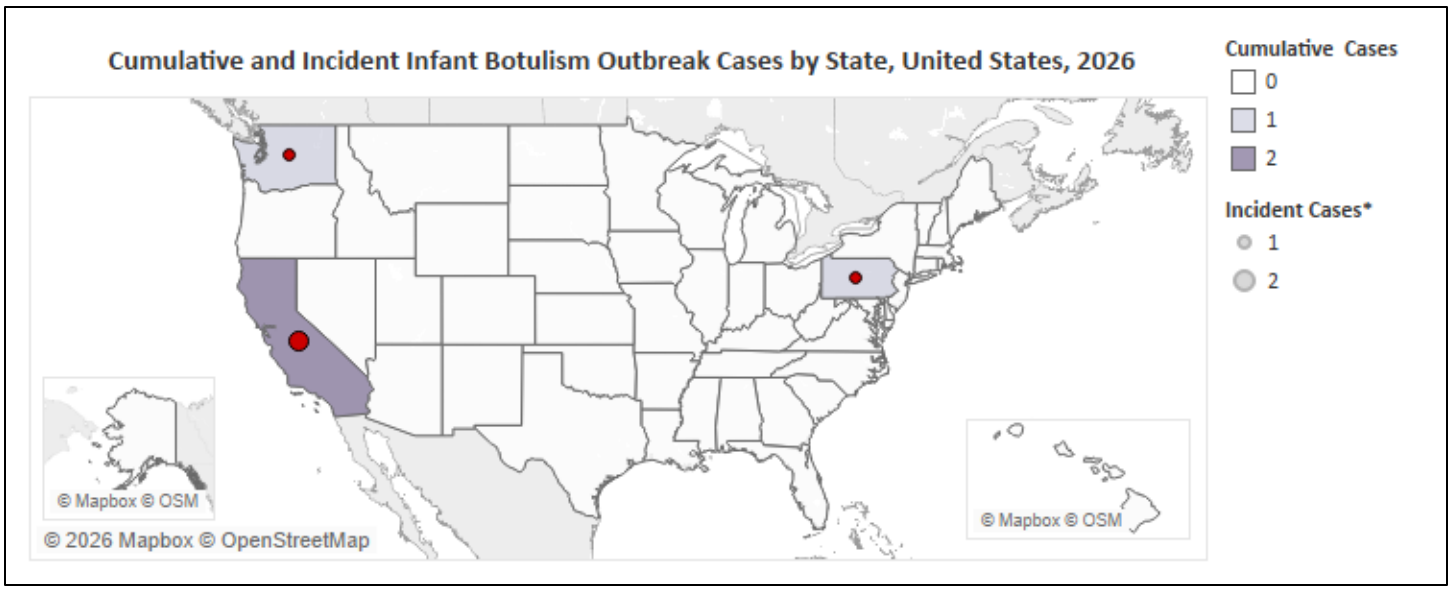

*Figure Notes: Data as of July 6, 2025; *Change in cumulative total compared to previous update.*

Data Source: CDC (7/6/26)

Measles

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

According to data from the Public Health Agency of Canada (PHAC) as of June 27, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,083 probable and confirmed cases reported during 2026. Since the previous update, 4 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	1,002	+4	73	+3	0	+0	0.0%

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

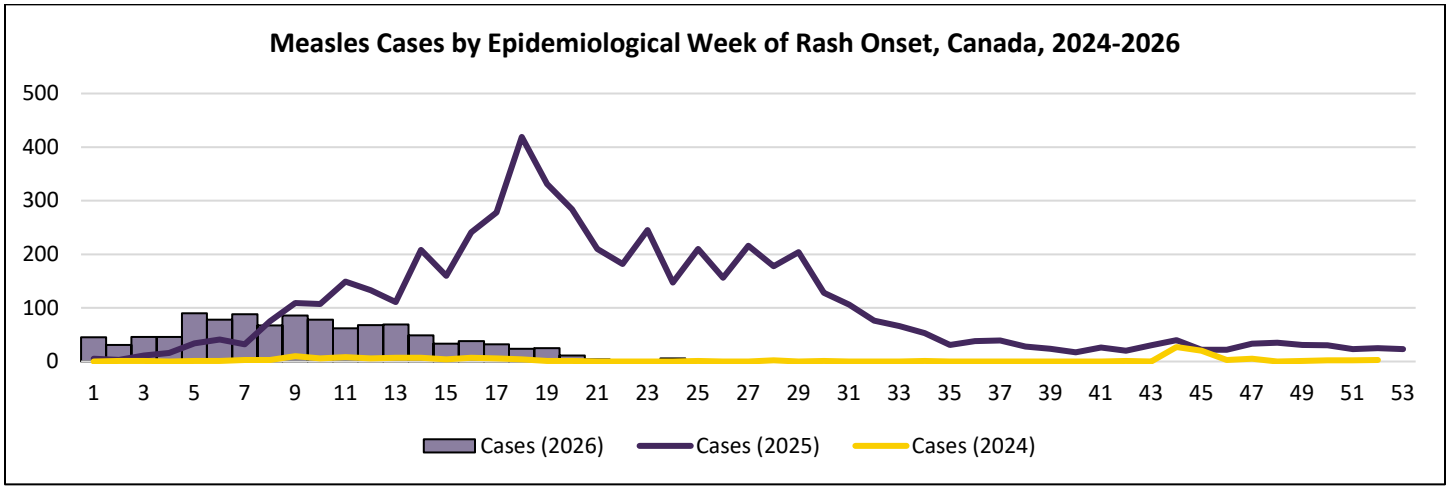

Figure Notes: Data as of June 27, 2026, and includes probable and confirmed cases.

During 2026, cases have been reported by 7 jurisdictions: Manitoba (673), Alberta (311), British Columbia (32), Ontario (28), Quebec (24), 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, 7% 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.

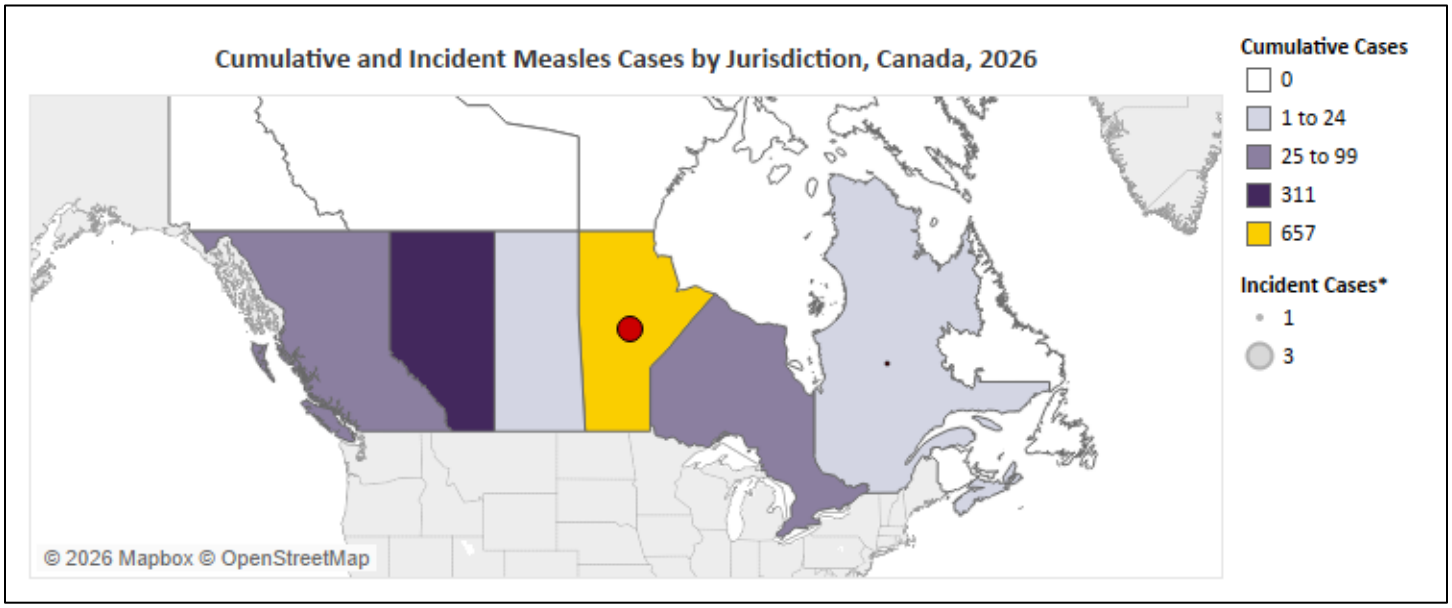

*Figure Notes: Data as of June 27, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

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 6,410 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 (7/2/26), PHAC - 2025 (6/1/26)

Guatemala – Updated Outbreak Data; Health Officials Reclassify Probable Cases:

According to data from the Ministry of Public Health and Social Assistance (MSPAS) as of July 5, 2026, there have been total of 27,145 confirmed measles cases and 26 deaths reported in Guatemala since December 2025. All probable cases have now been reclassified into 3 confirmed case categories (laboratory confirmed, epidemiologically linked, and clinically predicted). Since the previous update, 321 incident laboratory confirmed cases, and 4 incident deaths were reported. During the most recent epidemiological week, 325 incident confirmed cases (of any category) were reported. Almost half of all deaths (12) have been reported among infants aged ≤1 year. Confirmed case incidence has been following a downward trend since peaking during epidemiological week 16.

Measles Cases and Deaths, Guatemala, 2025-2026					
Confirmed Cases			**Deaths**		
Category	Cumulative	Incident†	Cumulative	Incident†	CFR*
Laboratory	7,489	+321	26	+4	0.1%
Epidemiological	3,054	-			
Clinical	16,602	-			
Total	**27,145**	**+321**	**26**	**+4**	**0.1%**

*Table Notes: Data as of July 5, 2026; †Change in cumulative total compared to previous update – not calculated for epidemiologically linked and clinically confirmed cases; *Case fatality rate (CFR) calculated among all confirmed cases.*

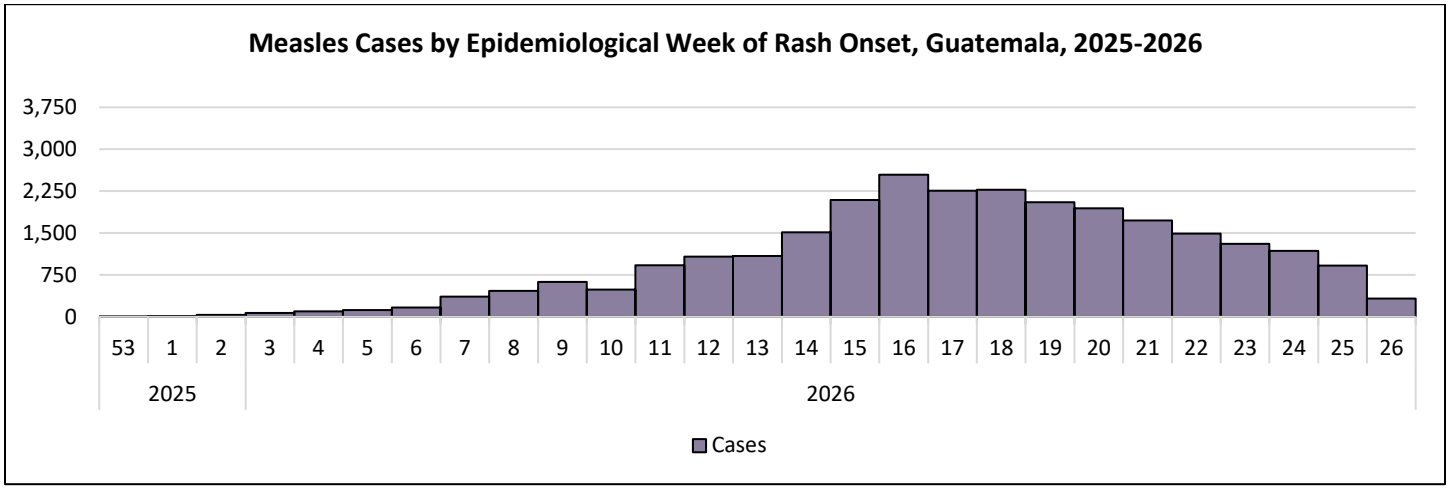

Figure Notes: Data as of July 5, 2026, and includes all confirmed cases (laboratory, epidemiological, and clinical).

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (10,237), Quetzaltenango (2,210), Quiche (2,041), Huehuetenango (1,560), Sololá (1,366), and Izabal (1,199) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 6 departments: Guatemala (272.8), Sololá (269.3), Izabal (252.5), Quetzaltenango (229.6), Totonicapán (192.4), and Quiche (186.0). Those aged 20-29 years (10,067) have been most affected, followed by those aged 30-39 years (4,556), those aged 15-19 years (2,573), and those aged <1 year (2,477) – infants aged <1 year remain the most at-risk group for severe outcomes. Among all confirmed cases, 92.7% have been unvaccinated or had unknown vaccination statuses, and 8.8% have been hospitalized.

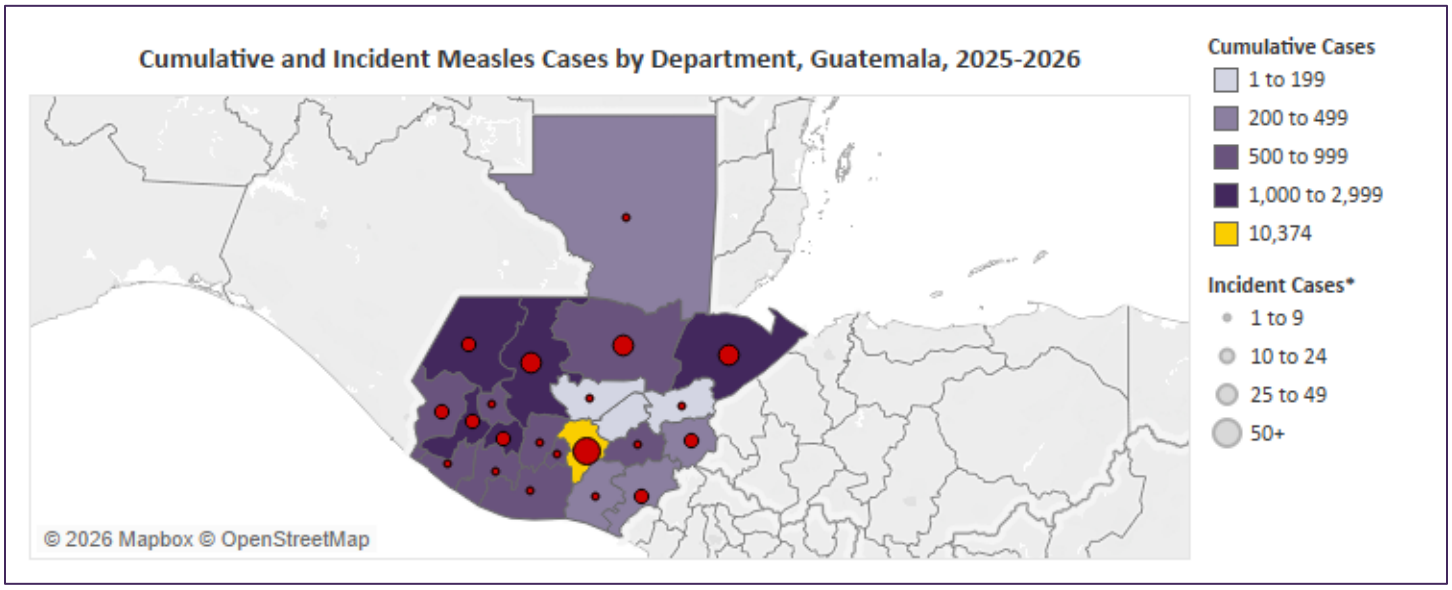

*Figure Notes: Data as of July 5, 2026, and includes all confirmed cases; *Reported during most recent epidemiological week.*

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. The current outbreak has been linked to religious retreat in Santiago Atitlán last December that involved over 2,000 attendees. In response to the outbreak and as part of the regular schedule, over 1.4 million measles vaccine doses have been administered in the country as of June 29, 2026. Recently, imported (travel associated) cases linked to this outbreak have been reported in neighboring Honduras, a country declared measles free since 1997. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Source: MSPAS (7/9/26)

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

According to data from the Secretary of Health of Mexico as of July 8, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,078 confirmed cases and 16 deaths reported during 2026. Since the previous update, 117 confirmed incident cases with symptom onset during 2026 were reported by 16 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	28,183	+285	12,078	+117	16	+0	0.1%

*Table Notes: Data as of July 8, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

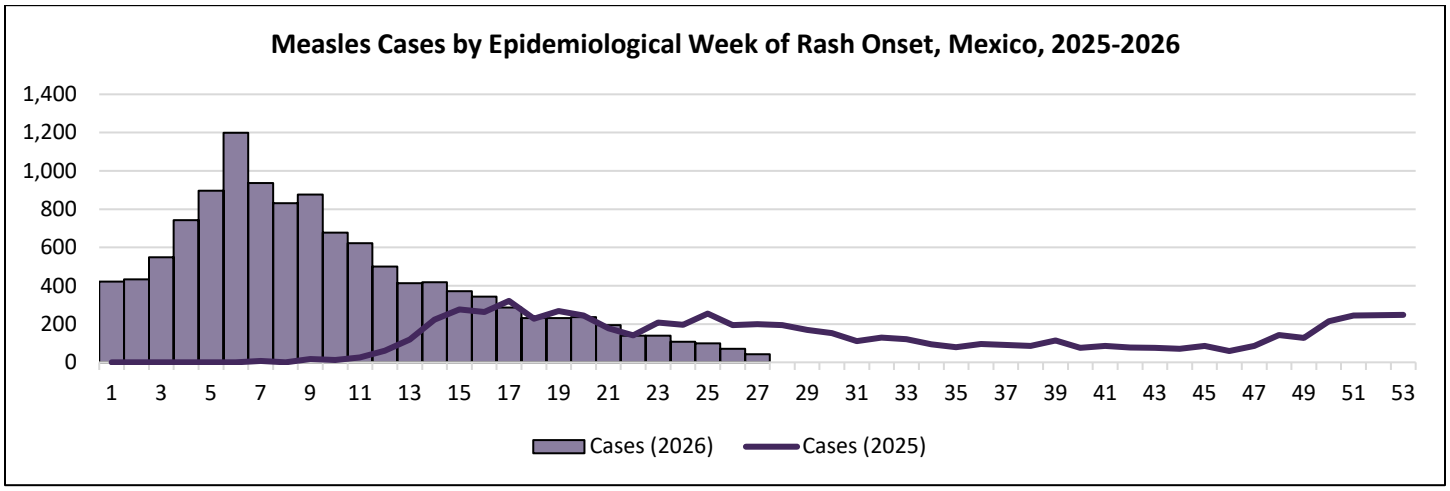

Figure Notes: Data as of July 8, 2026, and includes confirmed cases only (29 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,570), Mexico City (1,005), and Chiapas (845). 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 (91.73), followed by those aged 1-4 years (28.82), those aged 5-9 years (20.58), and those aged 25-29 years (19.76).

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.

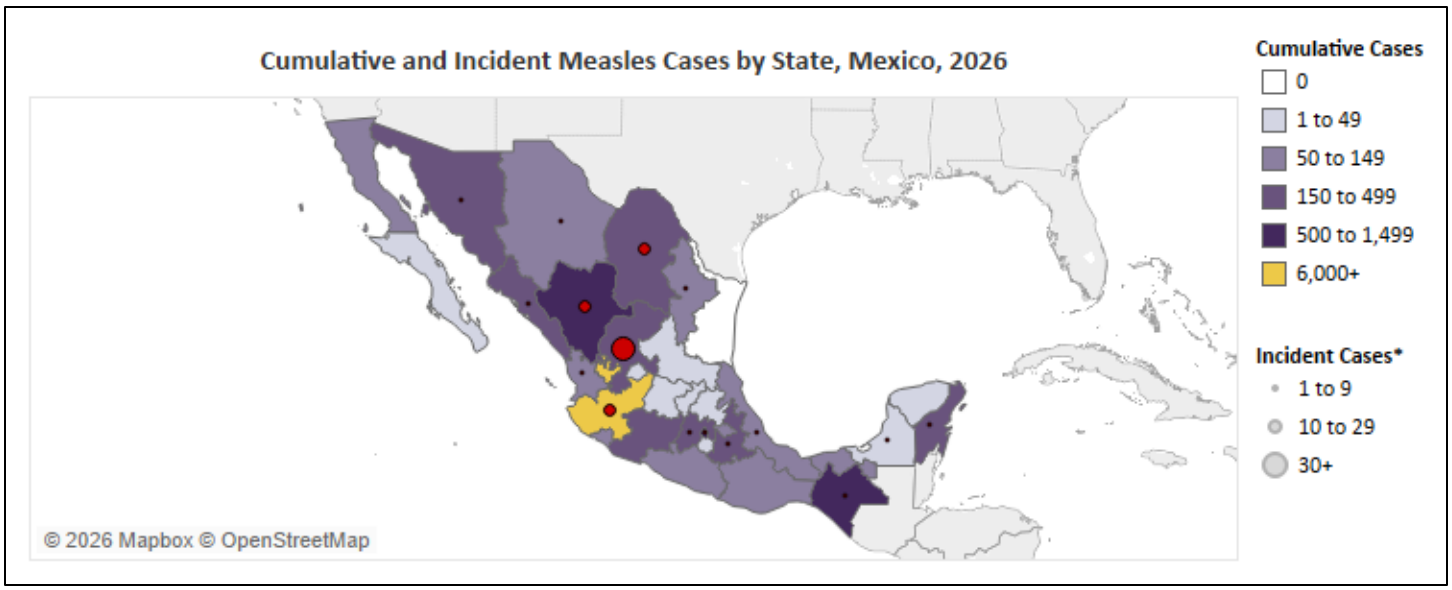

*Figure Notes: Data as of July 8, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Source: Secretary of Health (7/8/26)

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

According to data from the United States CDC as of July 2, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,170 confirmed cases reported during 2026. Since the previous update, 36 confirmed incident cases with rash onset during 2026 were reported by 7 states, primarily Virginia (16), Pennsylvania (7), and Utah (7).

Measles Cases, Hospitalizations, and Deaths, United States, 2025-2026							
Year	Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	2,289	+1	243	+0	3	+0	0.1%
2026	2,170	+36	138	+2	0	+0	0.0%

*Table Notes: Data as of July 2, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

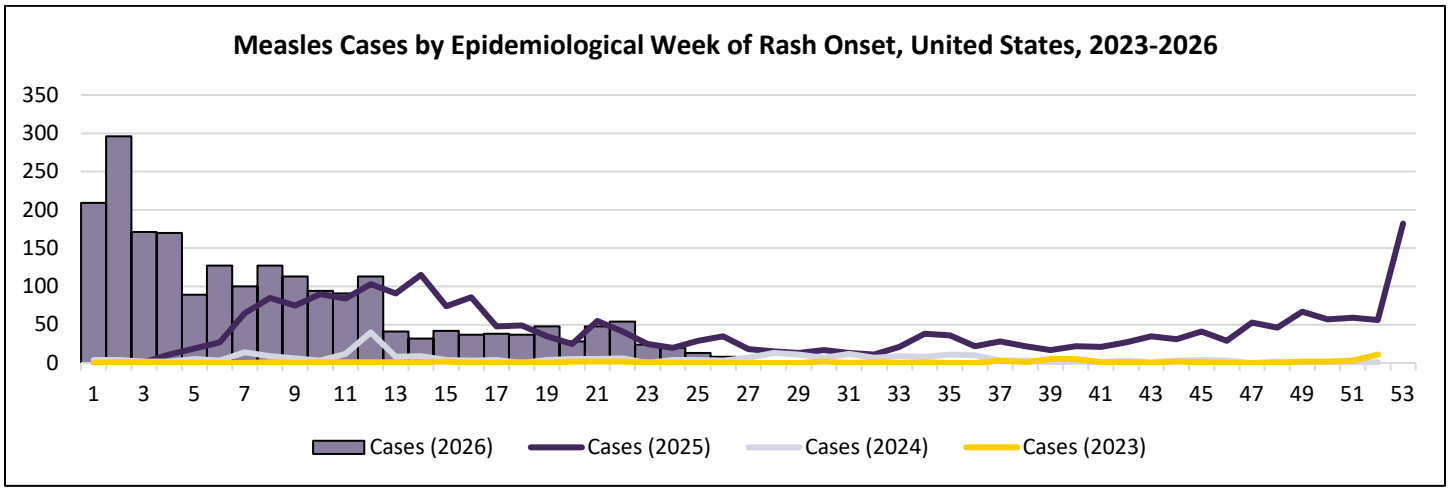

Figure Notes: Data as of July 2, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 41 jurisdictions, primarily South Carolina (670), Utah (514), Texas (182), Florida (141), and Virginia (144). There have been 31 outbreaks reported during 2026 – 93% of confirmed cases

reported during 2026 are outbreak associated (659 from outbreaks that began during 2026 and 1,360 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (51%), followed by those aged 20+ years (29%), and those aged <5 years (20%). Among all confirmed cases, 93% have been unvaccinated or have unknown vaccination statuses and 6% have been hospitalized – including 10% of those aged <5 years. In New York, there have been 6 confirmed cases reported in New York City and 8 in Rest of State (14 total).

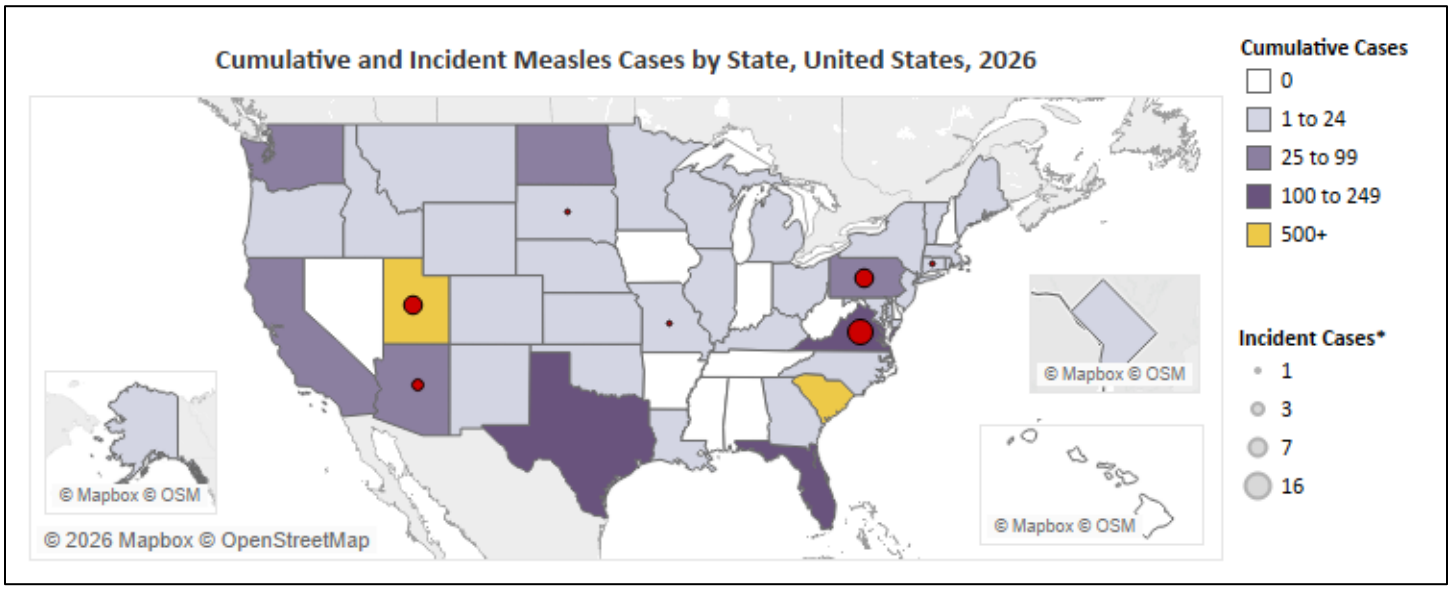

*Figure Notes: Data as of July 2, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

During 2025, confirmed case totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (30%), and those aged <5 years (26%). Among all confirmed cases, 93% were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5 years. In New York, there were 20 confirmed cases reported in New York City and 28 in Rest of State (48 total) with an increase observed during October in the Hudson Valley as a result of from measles acquired during international travel.

The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles. A decrease in vaccination coverage among kindergartners and an increase in parents delaying vaccination among infants has been observed in the United States since the COVID-19 pandemic. The Pan American Health Organization (PAHO) had initially invited the United States to meet virtually in April to review its measles elimination status, a milestone achieved in 2000. However, this meeting has since been postponed and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). An analysis published 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 (7/2/26)

Mpox

Africa – Continental Trends Continue to be Driven by the DRC and Madagascar:

According to data from the World Health Organization (WHO) as of June 28, 2026, there have been a total of 68,419 confirmed mpox cases and 281 deaths reported in Africa since the beginning of 2024. Since the previous update, 1,298 confirmed incident cases and 8 additional deaths were reported – there are delays associated with reporting. Confirmed incident cases were primarily reported in the Democratic Republic of the Congo (DRC) (894) and Madagascar (386).

Mpox Cases and Deaths by Select Countries, Africa, 2024-2026						
Geography	Clades Detected	Confirmed Cases		Deaths		
		Cumulative	Incident†	Cumulative	Incident†	CFR*
Burundi	Ib	4,727	+0	1	+0	0.0%
DRC	Ia, Ib, IIa, and IIb	37,503	+894	78	+0	0.2%
Ghana	IIa and IIb	1,004	+0	7	+0	0.7%
Guinea	IIa and IIb	2,309	+0	7	+0	0.3%
Kenya	Ib	1,156	+9	19	+0	1.6%
Liberia	IIa and IIb	1,681	+8	9	+1	0.5%
Madagascar	Ib	2,408	+386	14	+7	0.6%
Sierra Leone	IIa and IIb	5,442	+0	60	+0	1.1%
Uganda	Ib	8,512	+0	52	+0	0.6%
Rest of Africa	Ia, Ib, IIa, and IIb	2,783	+1	33	+0	1.2%
Total	**Ia, Ib, IIa, and IIb**	**68,419**	**+1,298**	**280**	**+8**	**0.4%**

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

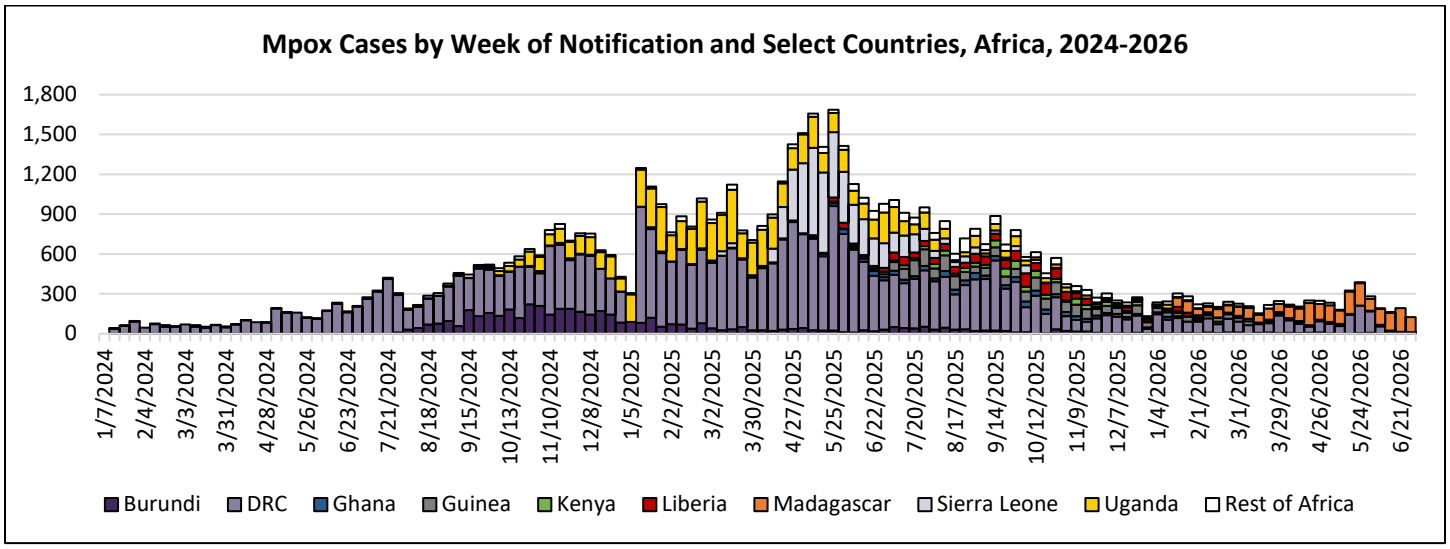

Figure Notes: Data as of June 28, 2026, and includes confirmed cases only, with 4,102 confirmed cases reported in the DRC excluded.

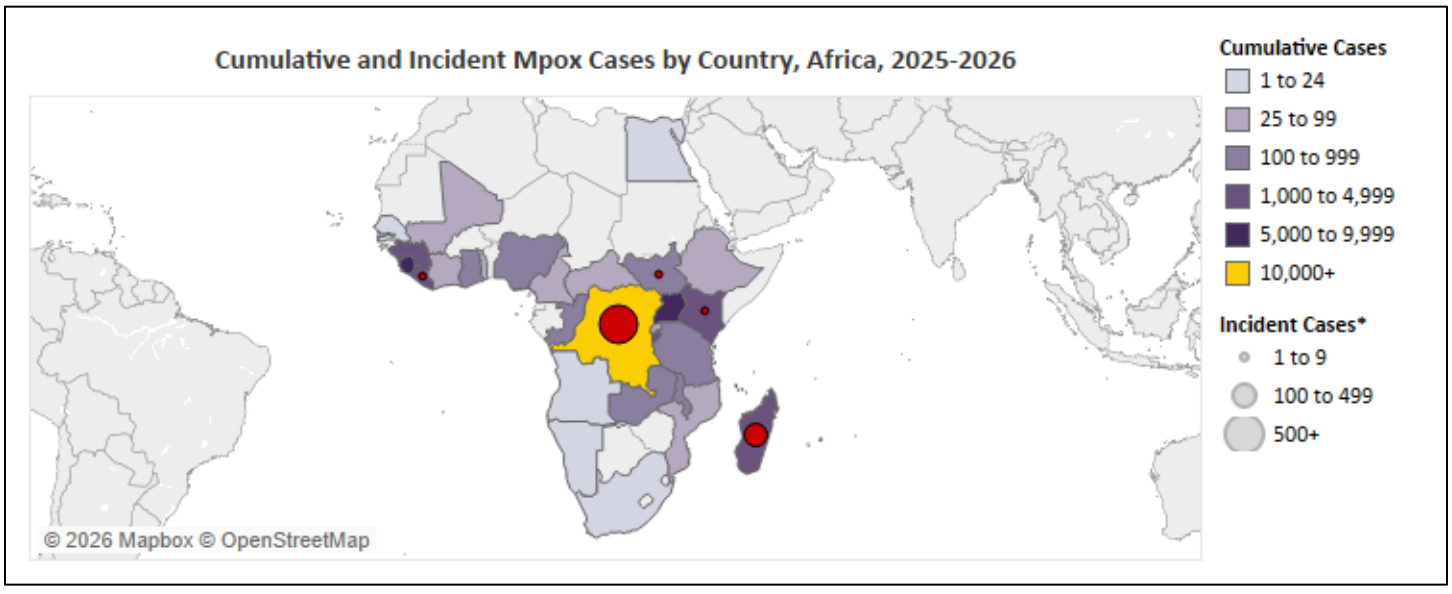

*Figure Notes: Data as of June 28, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed cases have been reported by 34 African countries since the beginning of 2024, primarily the DRC, Uganda, Sierra Leone, Burundi, Madagascar, Guinea, Liberia, Kenya, and Ghana. Despite the situation in Africa no longer being considered a Public Health Emergency of Continental Security (PHECS), and a steep decline in incidence observed, there have been 1,335 confirmed cases reported with symptom onset in the past 6 weeks by 9 countries, primarily Madagascar (804) and the DRC (456). Recently, local transmission has been documented on the islands of Réunion and Mauritius – both are located off the coast of Africa near Madagascar and had previously reported travel associated cases only.

The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding clade II mpox in Ghana and Liberia. Vaccination is recommended for those at risk for exposure and traveling to countries with outbreaks.

Data Source: WHO (7/6/26)

Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported:

According to data from the World Health Organization (WHO) as of July 6, 2026, there have been a total of 180 travel associated and 50 secondary clade I mpox cases reported outside of Africa since the beginning of 2024. Since the previous update, 11 incident travel associated clade Ib mpox cases were reported in Ireland (3), Thailand (2), Colombia (1), Romania (1), Sweden (1), the United Kingdom (1), the United States (1), and for the first time in Norway (1).

Travel Associated Clade I Mpox Cases, Global (Outside of Africa), 2024-2026			
Travel Associated Clade I Cases		**Linked Secondary Clade I Cases**	
Cumulative	Incident†	Cumulative	Incident†
180	+11	50	+0

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

Incident cases reported in Ireland had recently traveled to Europe, Portugal, and the Netherlands. Incident cases reported in Thailand had recently traveled to the Kingdom of Saudi Arabia (KSA) and Qatar. Incident cases reported in Colombia, Sweden, the United Kingdom, and Norway had recently traveled to Spain, France, Germany, and Europe, respectively. Recent travel history for the incident case reported in the United Stats is still under investigation.

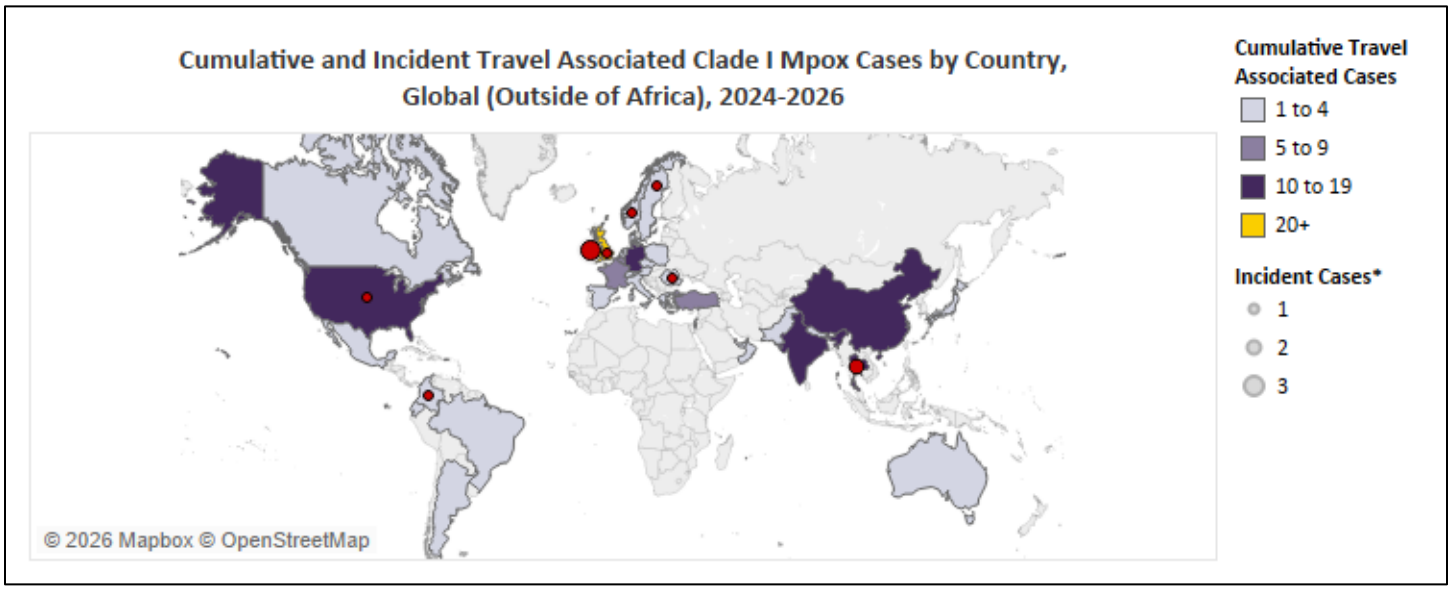

*Figure Notes: Data as of July 2, 2026; *Change in cumulative total compared to previous update.*

Subclade of travel associated clade I cases reported since the beginning of 2024 is distributed as follows: 171 clade Ib, 4 clade Ia, 2 clade I of unknown subclade, and 3 recombinant clade Ib/IIb. Recombinant clade Ib/IIb mpox cases have only been reported in the United Kingdom, India, and Qatar among individuals with travel history to South-East Asia and the Arabian Peninsula, and none experienced severe outcomes. Travel associated clade I cases (not including secondary cases)

have been reported by 39 countries outside of Africa, primarily the United Kingdom (26), India (18), Thailand (17), the United States (15), Germany (12), China (12), France (9), and Ireland (9). Secondary cases have been reported by 13 countries outside of Africa, primarily China (20), and Sweden (6).

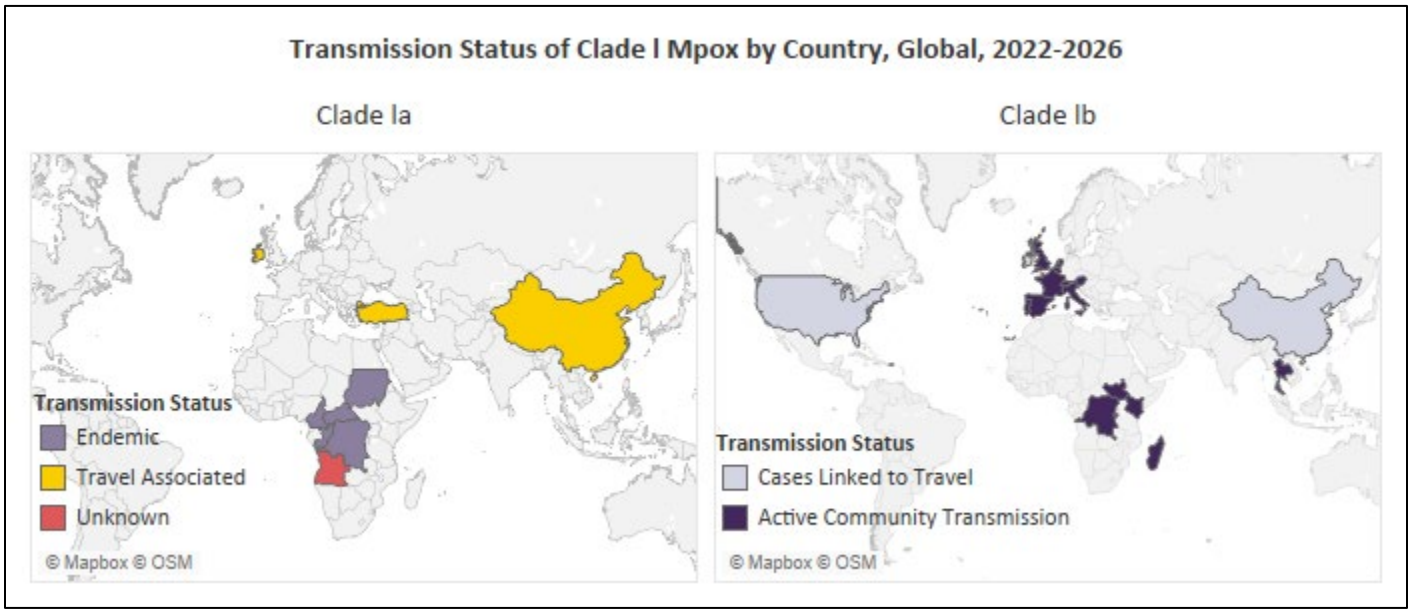

Figure Notes: Data as of July 2, 2026; Clade Ia figure presents status since 2022; Clade Ib figure presents status during past 6 weeks.

Since September 2025, broader transmission of clade Ib mpox has been observed globally in previously unaffected countries and countries previously reporting travel associated cases only, particularly among men who have sex with men (MSM). According to data from the European Center for Disease Prevention and Control (ECDC) through mid-June, there have been 608 clade I mpox cases have been reported in 18 European Union & European Economic Area (EU/EEA) countries in the past year, primarily among MSM (92%) and persons not fully vaccinated against mpox (79%). A communication published in Eurosurveillance highlights the rapid increase in locally acquired incident clade Ib mpox cases reported in Berlin, Germany, particularly among MSM since December of 2025. While community transmission of clade I mpox has not been confirmed in the UAE, many travel associated cases reported in other countries have been among those returning from the UAE, indicating likely community transmission. Vaccination is recommended for those traveling to countries with outbreaks and at risk for exposure.

Incident Locally Acquired Clade Ib Case Reported in the United States

On June 23, 2026, the Chicago Department of Health (CDPH) reported a confirmed clade I mpox case with no recent international travel. Chicago previously reported a clade I mpox case during December 2025 that was associated with international travel. Including this most recent clade I case, a total of 11 mpox cases (of any clade) have been reported in the Chicago during 2026 – all were reported among males, primarily MSM (88%). There have been over 20 clade I mpox cases reported in the United States since November 2024 – most of which have been associated with international travel.

Data Sources: WHO (7/6/26), ECDC (6/16/26), CDPH (6/23/26)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases; Third Death Reported:

According to data from the Secretary of Agriculture of Mexico as of July 8, 2026, there have been a total of 32,681 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,078 are currently active. According to data from the Secretary of Health of Mexico as of June 27, 2026, there have been a total of 478 confirmed NWS cases and 3 deaths reported among humans since the beginning of 2025. Since the previous update, 1,070 incident cases among animals and 17 confirmed incident cases and 1 additional death 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*
32,681	+1,070	2,078	+134	478	+17	3	+1	0.6%

Table Notes: Data for cases reported among animals as of July 8, 2026, and among humans of June 27, 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 (7,225), Oaxaca (4,648), Veracruz (4,325), and Yucatán (2,456). Confirmed NWS cases among humans have been reported in 23 states, primarily Chiapas (145), Veracruz (91), Oaxaca (43), Yucatán (36), and Puebla (35). 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 3, 2026, there have been over 185,000 NWS cases reported among animals and over 2,263 NWS cases reported among humans in Central America and Mexico since 2023.

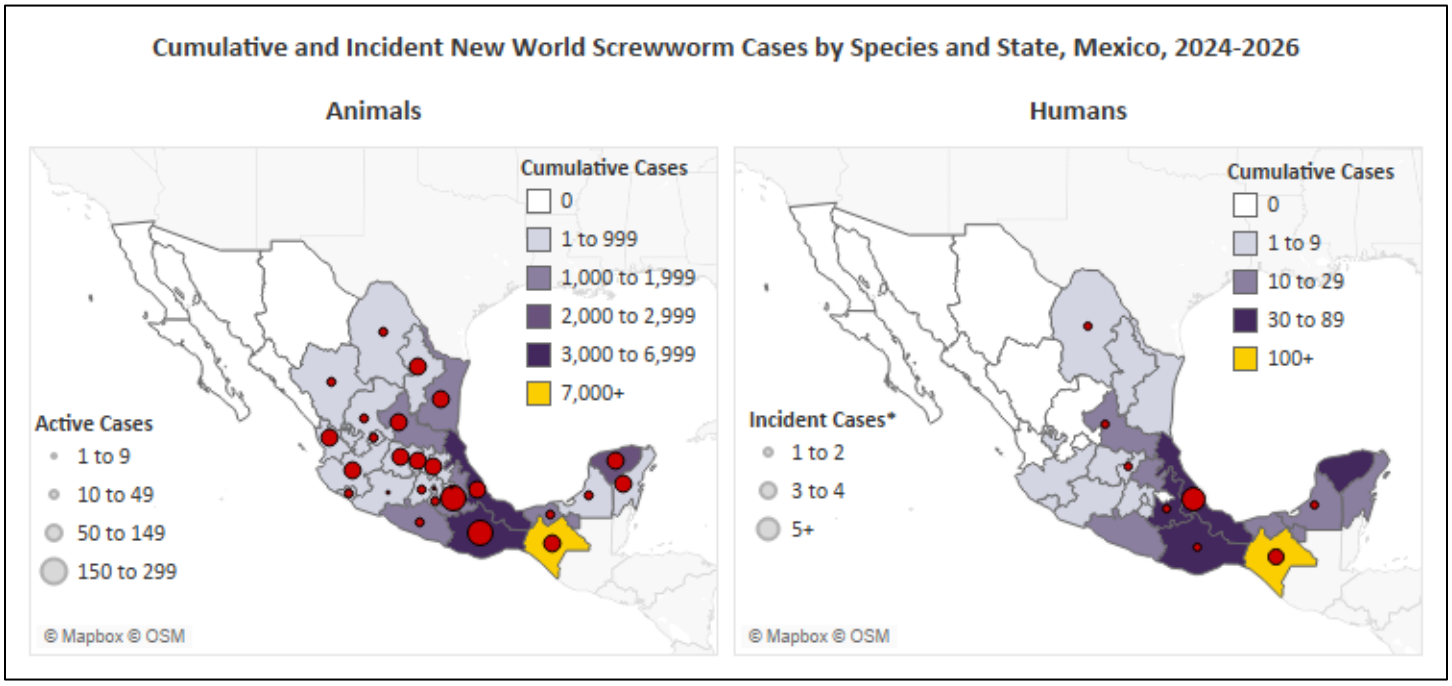

Figure Notes: Data for cases reported among animals as of July 8, 2026, and data for cases reported among humans as of June 27, 2026.

Data Sources: Secretary of Agriculture (7/8/26), Secretary of Health (7/6/26), CDC (6/30/26)

United States – Small Number of Incident NWS Detections Reported in Texas:

According to data from the United States Department of Agriculture (USDA) as of July 7, 2026, there have been a total of 33 New World screwworm (NWS) cases reported among domestic animals in the United States, of which 19 are currently active. Since the previous update, 2 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‡	
33	+2	19	-2	0

Table Notes: Data for cases reported among animals as of July 7, 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 (32) and New Mexico (1). While uncommon in humans, individuals should seek medical attention immediately if they suspect they may have contracted NWS.

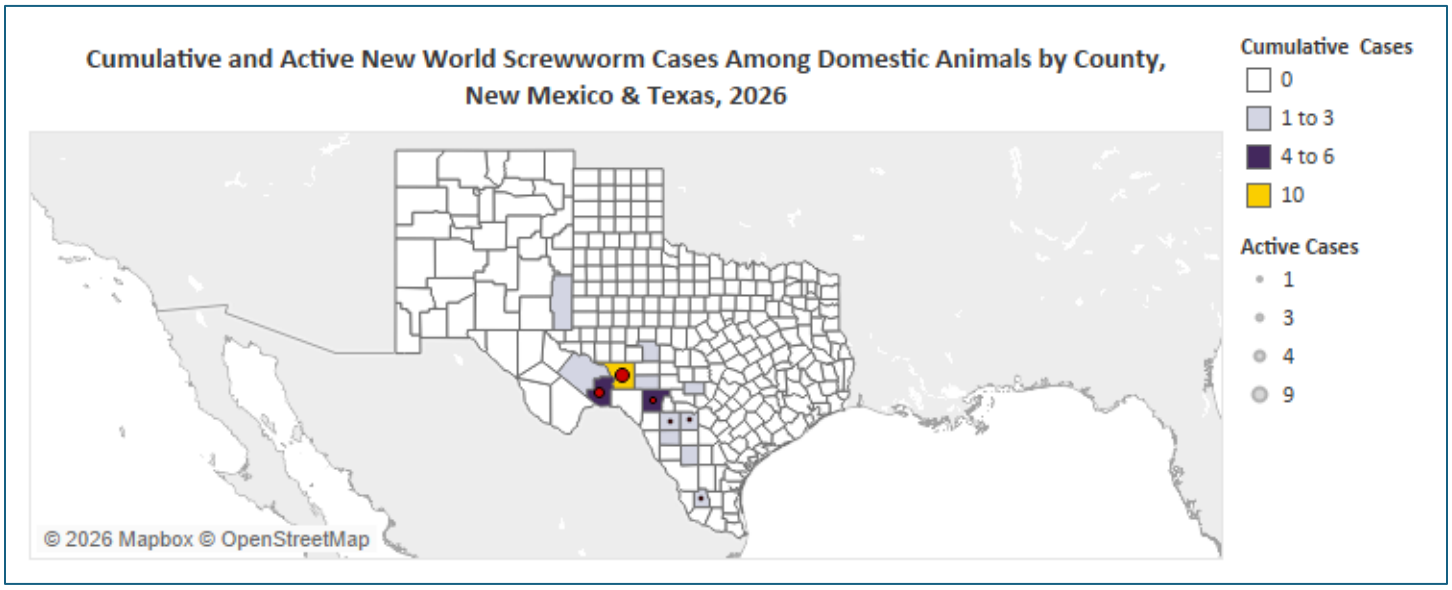

Figure Notes: Data for cases reported among animals as of July 7, 2026.

NWS was eradicated in the United States in 1966; however, sporadic cases were reported in the Florida Keys during 2016 among deer and companion animals (pets). In January, the United States CDC issued a Health Advisory regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas, Mexico, to increase awareness given the potential for geographic spread. 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 July 3, 2026, there have been over 185,000 NWS cases reported among animals and over 2,263 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: USDA (7/9/26), CDC (6/30/26)

Non-Seasonal Influenza

China – Incident Human Case Reported in Guangdong Province (H9N2):

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of July 6, 2026, there have been a total of 14 influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 1 incident human H9N2 case was reported in Guangdong Province.

The incident case in Guangdong Province was reported among a 1-year-old boy with symptom onset on June 12, 2026. They were exposed to live poultry markets prior to illness onset, and no additional cases have been reported among close contacts.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
14	+1	0	+0	0.0%

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

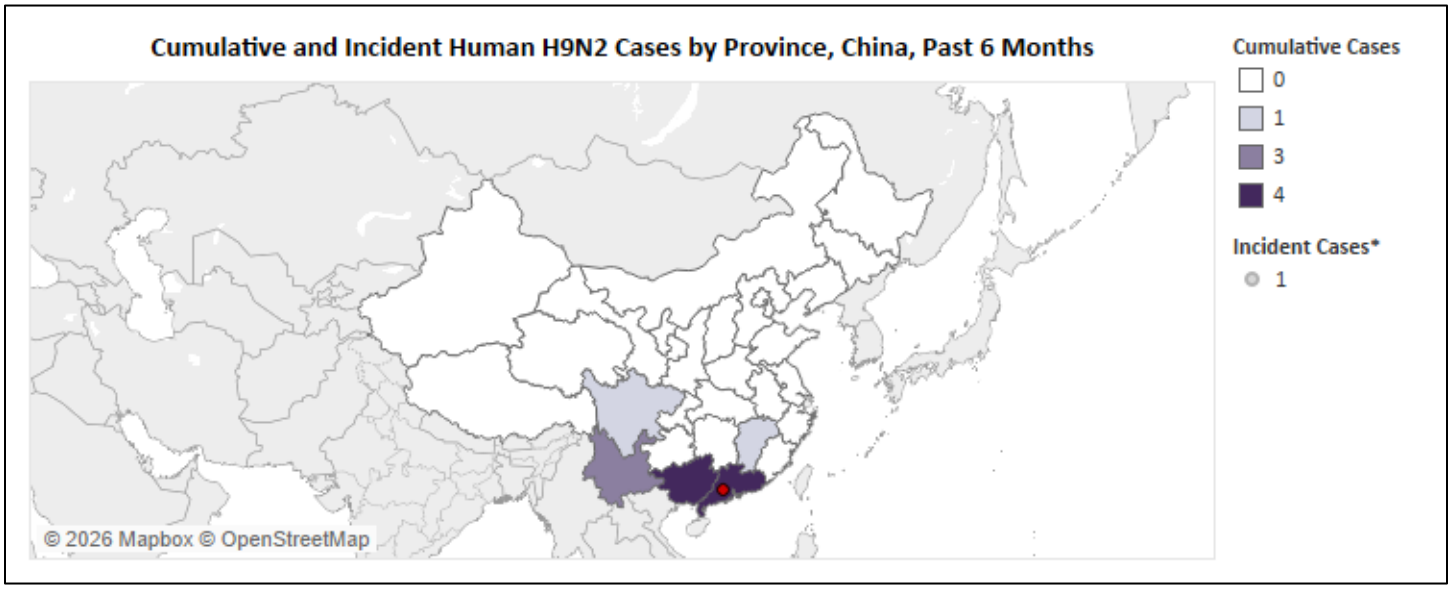

*Figure Notes: Data as of July 6, 2026; *Change in cumulative total compared to previous update; Past 6 months refers to date of symptom onset.*

In the past 6 months, human H9N2 cases have been reported by 7 provinces/regions/municipalities in China: Guangxi Zhuang (4), Guangdong (4), Yunnan (3), Hong Kong (1), Jiangxi (1), and Sichuan (1). According to data from the WHO as of July 2, 2026, there have been a total of 167 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 170 total in the Western Pacific Region with the remaining cases being reported in Cambodia [2] and Vietnam [1]).

Data Sources: HKCHP (7/6/26), WHO (7/3/26)

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 6, 2026, there have been a total of 2,235 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 1 new detection was reported. In the past 30 days, a total of 6 confirmed HPAI detections have been reported in Idaho (2), Indiana (1), Pennsylvania (1), Utah (1), and Rhode Island (1), affecting 1.22 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 1,162 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 5 new detections were reported. In the past 30 days, a total of 26 confirmed HPAI detections have been reported among livestock herds in Idaho (15), Utah (8), and Texas (3), 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	5	26	0	0	14	0

*Table Notes: Data as of July 6, 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.

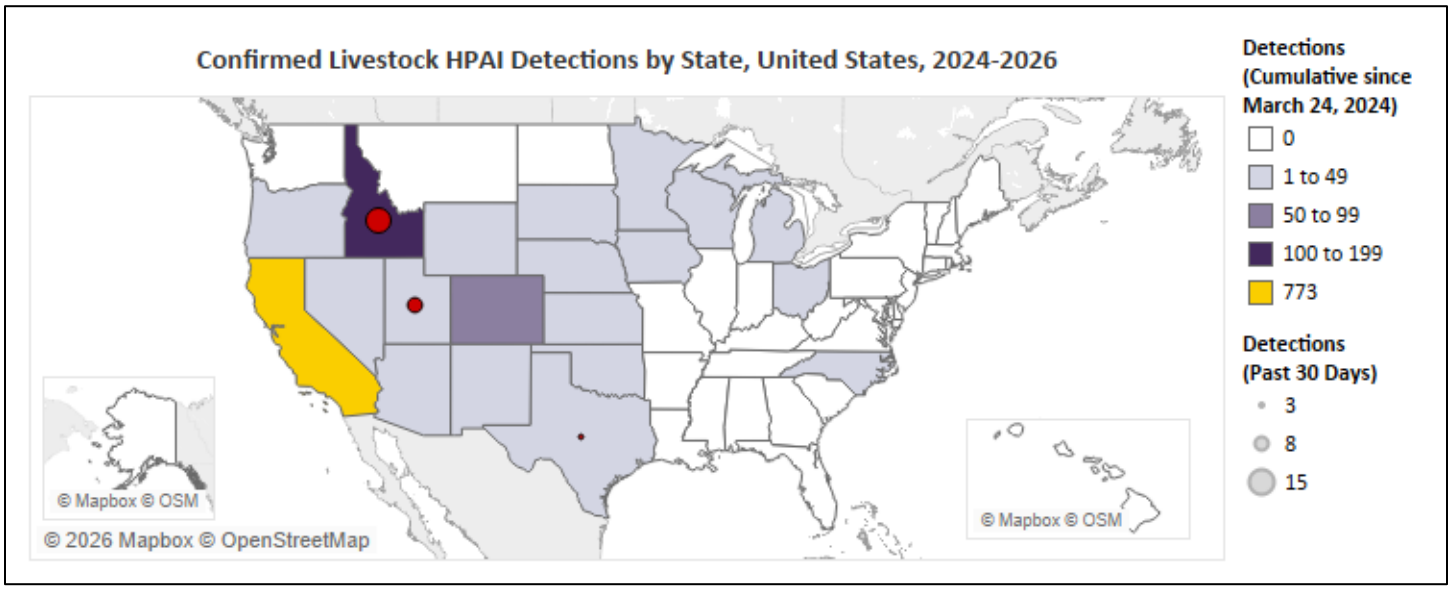

Figure Notes: Data as of July 2, 2026.

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 (7/9/26), USDA (7/9/26), CDC (3/6/26)

Polio

Global – Incident AFP Cases (cVDPV1-3) reported in Multiple African Countries:

According to data from the Global Polio Eradication Initiative (GPEI) as of July 6, there have been 10 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 17 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 56 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 7 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 cVDPV1 were reported in Ethiopia (2) and Madagascar

(1), 3 incident AFP cases caused by cVDPV2 were reported in Chad (2) and Nigeria (1), and 1 incident AFP case caused by cVDPV3 was reported in Chad.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
10	+0	17	+3	56	+3	7	+1

Table Notes: Data as of July 6, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

Cases of AFP with onset of paralysis during 2026 have been reported this year by 15 countries: Afghanistan (7 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (3 – cVDPV2), Chad (6 – cVDPV2, 1 – cVDPV3), the Democratic Republic of the Congo (DRC) (9 – cVDPV2), Ethiopia (7 – cVDPV1), Lao People's Democratic Republic (2 – cVDPV1), Mali (1 – cVDPV2), Madagascar (2 – cVDPV1), Nigeria (28 – 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.

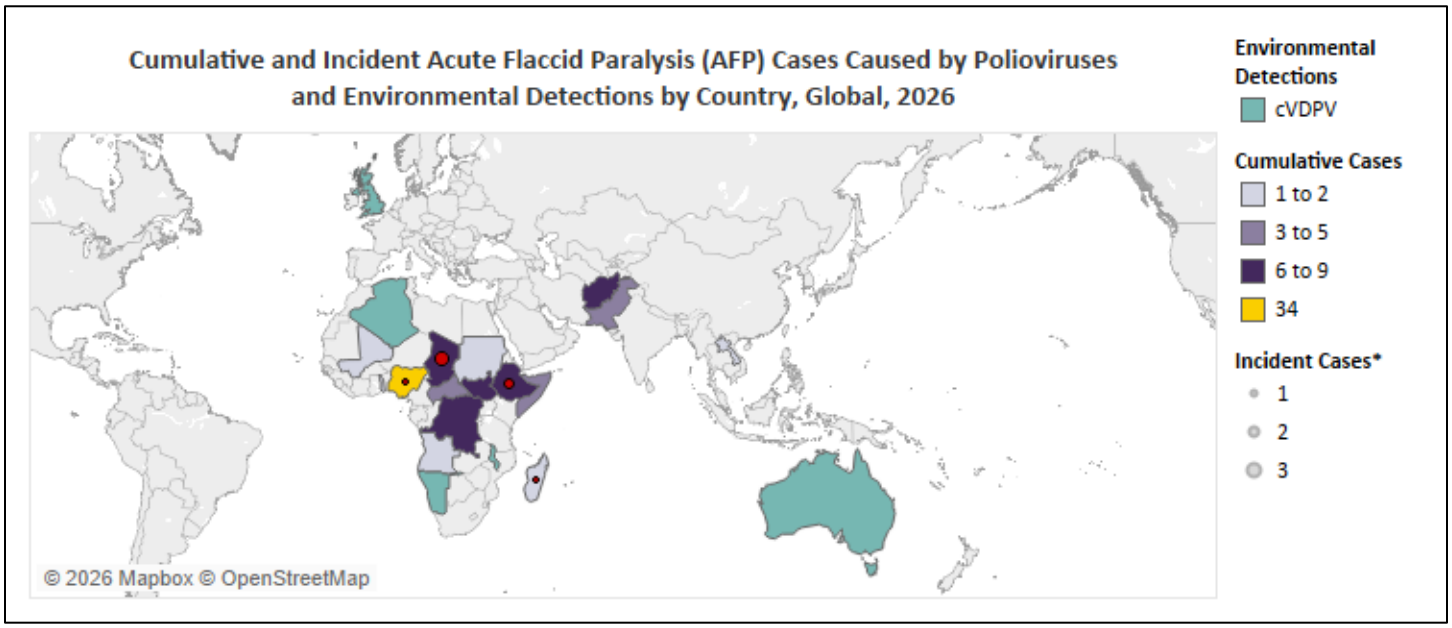

*Figure Notes: Data as of July 6, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

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 (7/6/26), GPEI - cVDPV (7/6/26)

Yellow Fever

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

According to data from the Pan American Health Organization (PAHO) as of July 7, there have been a total of 91 confirmed yellow fever cases and 39 deaths reported in the Americas during 2026. Since the previous update, 7 confirmed incident cases and 6 deaths were reported in Colombia (5 cases, 3 deaths), Brazil (2 cases, 1 death), and Peru (2 deaths).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
91	+7	39	+6	42.9%

*Table Notes: Data as of July 7, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

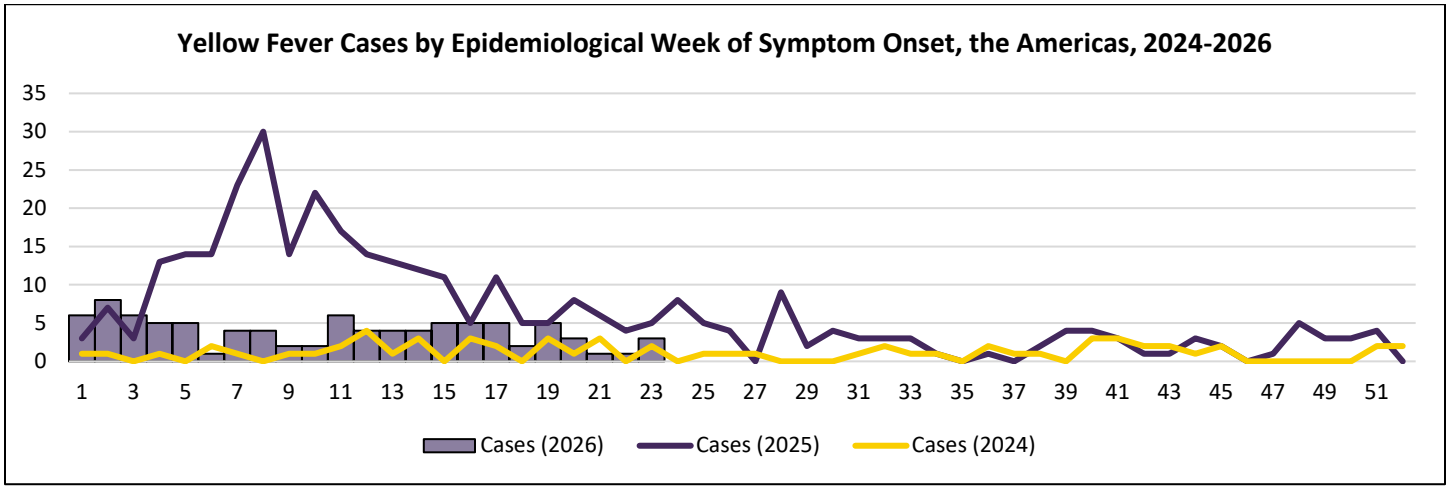

Figure Notes: Data as of July 7, 2026; Cases reported during 2025 with missing dates of symptom onset are excluded from figure (8).

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: Colombia (53 cases, 22 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 1 case reported in Colombia and 56% of deaths reported in the Americas during 2026.

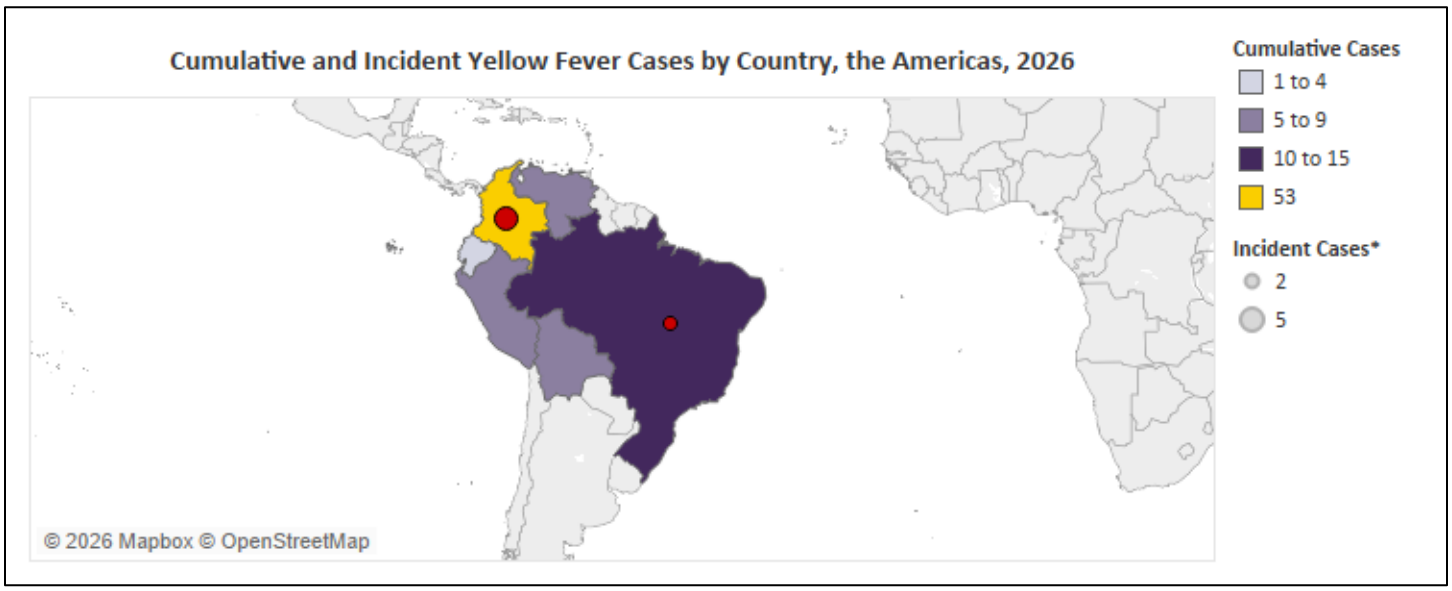

*Figure Notes: Data as of July 7, 2026; *Change in cumulative total compared to previous update.*

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.

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 (7/7/26)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mayotte – Weekly Confirmed Case Incidence Continues to Decline Since April (July 2)
- 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)

Hantavirus

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

Listeria

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

Malaria

- Mayotte – Updated Data on Resurgence Driven by Rising Imported Cases (July 2)

Marburg

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

Measles

- Bangladesh – Over 100,000 Suspected Cases Reported in Nationwide Outbreak (July 2)
- 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)

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)
- 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 Mayotte - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Malaria in Mayotte - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- 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 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:

- Autochthonous human cases of neuroangiostrongyliasis (rat lungworm) in Réunion indicate endemic establishment - BEACON
- First autochthonous case of Chagas disease in San Diego County, California; ongoing debate over hypoendemicity in the USA - BEACON
- Sustained cholera transmission in Zimbabwe; 99 cases and three deaths in seven districts; transmission epicenter in Penhalonga mining area - BEACON
- Cyclosporiasis cases increase to 572 in Michigan and to 177 in Ohio, USA; epidemiologic investigations ongoing - BEACON
- US Cyclospora cases mount as CDC lags on tracking | CIDRAP
- Surveillance of Cyclosporiasis | Cyclosporiasis | CDC
- Dengue Epidemiological Situation in the Region of the Americas - Epidemiological Week 22, 2026 - World | ReliefWeb
- Dengue in the Pacific: Multicountry Situation (As of 02 July 2026) - Fiji | ReliefWeb
- DENV-2 drives Sri Lanka's nationwide dengue epidemic past 56 000 cases as of July 2026 - BEACON
- RFI: Dengue resurgence during rainy season reported in Greater Lomé, Togo. RFI on case numbers - BEACON
- MV Hondius Andes virus outbreak contained WHO declares; 42-day monitoring complete; new hantavirus variant found in Tierra del Fuego rodents - BEACON

- Hemorrhagic fever with renal syndrome (HFRS) in Udmurtia, Russia, with 259 cases, a threefold surge in the first half of 2026 - BEACON
- Community cluster of Legionnaires' disease in Upper East Side, New York City, USA: Cases increase to 18; investigation ongoing - BEACON
- Leptospirosis cases in Piura Region, Peru, up 242% compared with 2025; national cases exceed 6000 amid El Niño–related State of Emergency - BEACON
- Measles outbreak in Zambia with 119 confirmed cases and four deaths; Western Province most affected - BEACON
- Sustained measles transmission in Yemen: 14 470 suspected cases and 87 child deaths in government-controlled areas in 2026 - BEACON
- Meningitis bulletin Week 25, 2026
- First confirmed case of mpox in Guinea-Bissau; clade differentiation pending - BEACON
- Avian Influenza Overview | March-May 2026 | EFSA | ECDC | EURL
- Seven wild bird detections of HPAI (H5) confirmed across three states in Australia, with a suspected additional case in South Australia - BEACON
- First Ecuadorian Pediatric Case of Multisystem and Neurological Involvement Associated with Influenza A—H5N1 Virus—Case Report
- HPAI (H7N3) detected in two wild birds at ZooMAT in Tuxtla Gutiérrez, Chiapas, Mexico - BEACON
- Cases in the norovirus outbreak in Chiriquí Province, Panama, have reached 2576 and are now declining; source remains under investigation - BEACON
- Bovine rabies outbreak confirmed in cattle across multiple districts in Ñeembucú Department, Paraguay - BEACON
- Multiprovince outbreak of animal and human rabies, with epidemic zones declared in Bangkok and Rayong, Thailand - BEACON
- Rotavirus outbreak with suspected link to recreational water exposure at Zadurozhnoe Lake, Lviv Oblast, Ukraine, with 49 hospitalizations - BEACON
- Cases in multi-country Salmonella outbreak linked to instant noodle products increase to 106 across 14 countries in Europe - BEACON
- Yellow fever case reported in Grand Gedeh County, Liberia - BEACON
- Avian Influenza Weekly Update # 1051: 3 July 2026
- Chikungunya Outbreak, Cuba, July 2025 - Volume 32, Number 7—July 2026 - Emerging Infectious Diseases journal - CDC
- Detection of and Early Genomic Insights into Chikungunya Virus, Bolivia, 2025 - Volume 32, Number 7—July 2026 - Emerging Infectious Diseases journal - CDC
- WHO Director-General's opening remarks at the Seventh meeting of the Intergovernmental Working Group (IGWG) on the WHO Pandemic Agreement – 6 July 2026
- New virus catalogue reveals which pathogens pose the greatest threat
- RFI: Unidentified fatal illness in North Kivu Province, DRC; nine deaths under investigation in remote mining community - BEACON
- WHO launches database to track sexually transmitted infections | CIDRAP
- Armed conflict tied to higher measles burden worldwide | CIDRAP
- Estimated US flu vaccine efficacy against death in kids 80% over 8 seasons | CIDRAP
- Greater Horn of Africa Food Insecurity and Health Crisis, Situation Report No. 1 (April–June 2026)
- Ad hoc organization relies on creativity, 'scrappy' funding to monitor public health during World Cup | CIDRAP
- Shigella vaccine shows promise in phase 2 trial | CIDRAP
- Paxlovid safe for children age 6 and up, new data reveal | CIDRAP

- Global Respiratory Virus Activity: Weekly Update N° 585
- Acute Flaccid Myelitis Surveillance — United States, January 2020–December 2025 | MMWR
- First confirmed death from primary amebic encephalitis (N. fowleri) in 2026 reported in Karachi, Sindh, Pakistan - BEACON