



Date: 8/20/26

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

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Chikungunya

Mauritius – More Incident Cases Reported; Highest Burden During April-May:

According to data from the [Africa CDC](#) as of August 15, there have been a total of 6,855 confirmed chikungunya cases reported on the islands of Mauritius (6,757) and Rodrigues (98) since January 5, 2026. Since the previous update, 73 confirmed cases were reported. [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 \(8/20/26\)](#)

Cyclosporiasis

United States – Updated Surveillance Data; 7 Active Outbreak Investigations:

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 August 17, there have been a total of 15,716 confirmed locally acquired cyclosporiasis cases and 2 deaths reported by states and territories during 2026. Since the previous update, 3,123 incident confirmed locally acquired cases were reported. Additionally, there are at least 11,841 cases awaiting confirmation of infection and acquisition. Investigations to identify sources of outbreaks are ongoing. Travel associated cases have also been reported this year in 46 states (1,681).

Locally Acquired Cyclosporiasis Cases, Hospitalizations, and Deaths, United States & Puerto Rico, 2026						
Confirmed Cases		Hospitalizations		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
15,716	+3,123	828	+88	2	+0	0.0%

Table Notes: Data as August 17, 2026, and includes confirmed locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

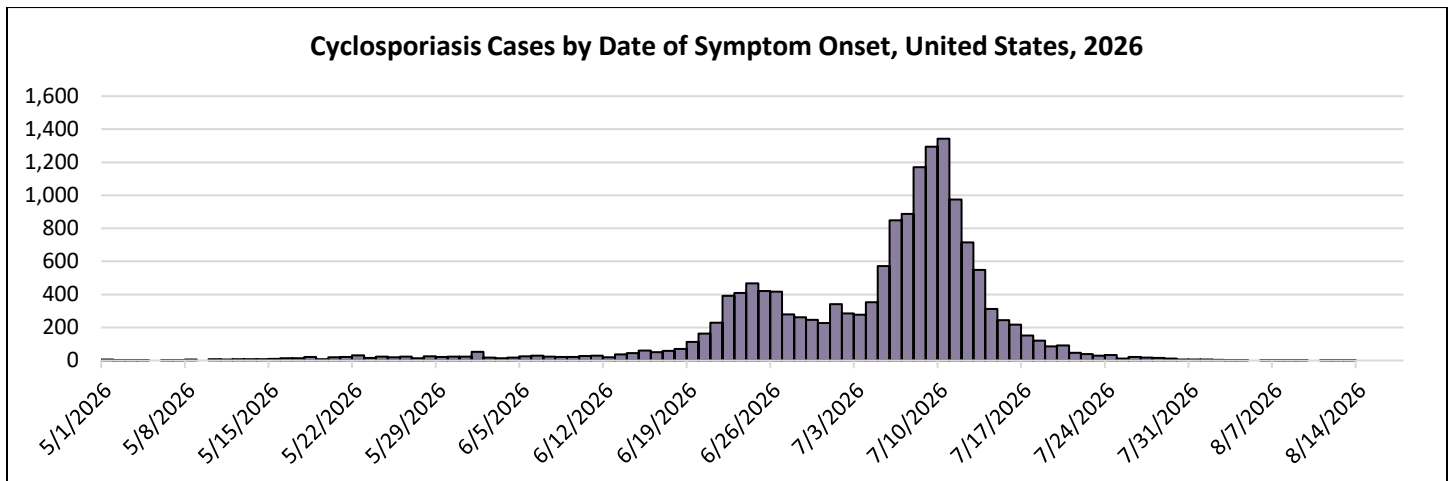


Figure Notes: Data as of August 17, 2026, and includes confirmed locally acquired cases only.

Locally acquired cases have been reported by 47 states (as well as the District of Columbia and Puerto Rico), primarily [Michigan](#) (4,000-6,999), [Ohio](#) (1,000-3,999), [Illinois](#) (500-999), [Indiana](#) (500-999), [North Carolina](#) (500-999), [Kansas](#) (200-499), [Kentucky](#) (200-499), [New York \(State & City\)](#) (200-499), [Oklahoma](#) (200-499), [Pennsylvania](#) (200-499), and [Texas](#) (200-499). Nationally, locally acquired cases range from 1-99 years of age with a median of 46 years, and reported dates of illness onset ranging from May 1 – August 13, 2026. Among them, 5.3% have been hospitalized and there have been [2 deaths](#) reported in Michigan (both with significant underlying health conditions). 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 13,909 cases in the state this year as of August 13. Data from individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases. As of August 13, 2026, there are active investigations examining [7 separate cyclosporiasis outbreaks](#) (of which 4 are still ongoing) in the United States, including an ongoing [outbreak linked to shredded iceberg lettuce](#).

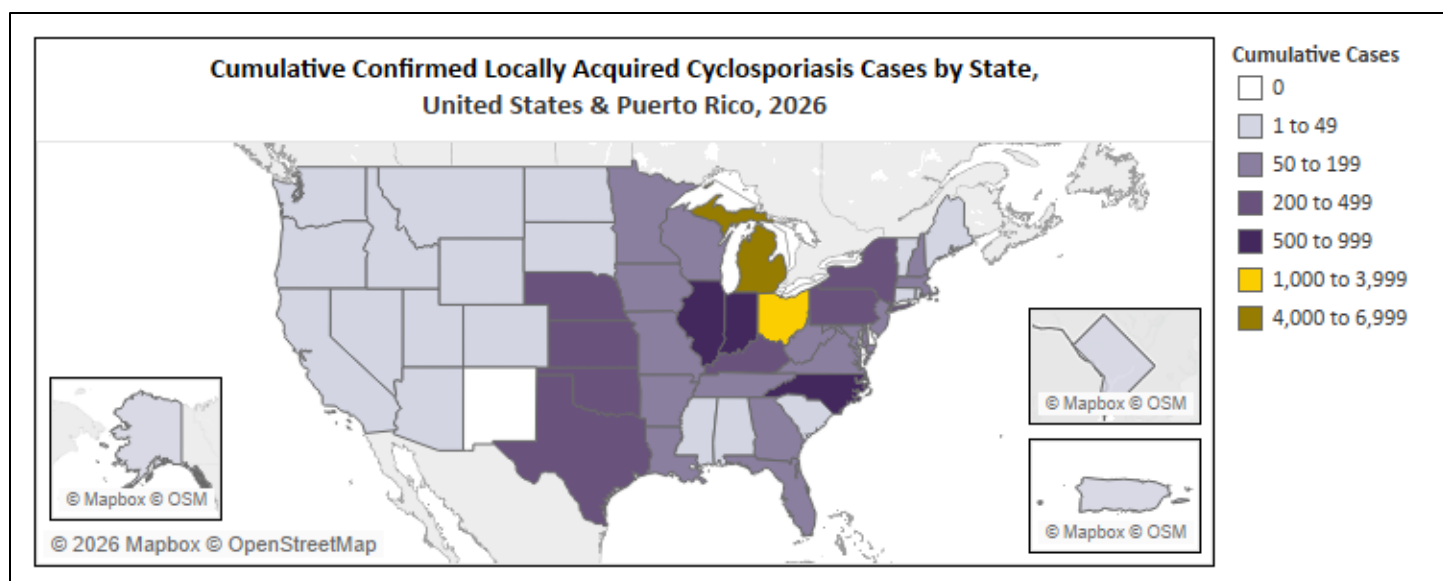


Figure Notes: Data as of August 17, 2026, and includes confirmed locally acquired cases only; There have been no cases reported in Hawaii.

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 August 20, there have been a total of 10,930 cyclosporiasis cases reported across 17 states that also reported exposure to Taco Bell or recalled shredded iceberg lettuce prior to illness onset – outbreak data presented below are included in surveillance data presented above. Since the previous update, 1,449 additional confirmed cases were included in cumulative totals for this outbreak.

Cyclosporiasis Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		Hospitalizations†		Deaths		
Cumulative	Change‡	Cumulative	Change‡	Cumulative	Change‡	CFR*
10,930	+1,449	454	+56	2	+0	0.0%

Table Notes: Data as August 20, 2026, and only includes cases from outbreak linked to recalled shredded iceberg lettuce.; †Among confirmed cases with information available; ‡Change in cumulative total compared to previous update; *Case fatality rate (CFR).

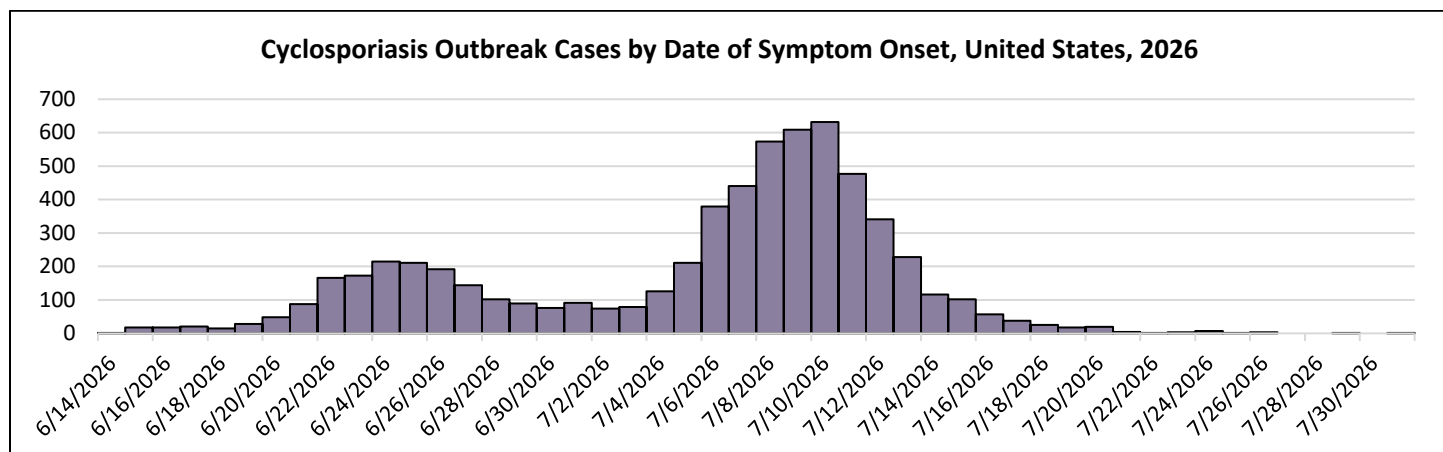


Figure Notes: Data as of August 20, 2026, and only includes cases from outbreak linked to shredded iceberg lettuce with available data (6,264).

Cases involved in this outbreak have been reported in [Michigan](#) (4,662), [Ohio](#) (2,678), [Missouri](#) (927), [Indiana](#) (726), [Kansas](#) (305), [Kentucky](#) (277), [Illinois](#) (272), [Oklahoma](#) (235), [Pennsylvania](#) (235), [Nebraska](#) (189), [West Virginia](#) (149), [Iowa](#) (120), [Arkansas](#) (82), [New Hampshire](#) (41), [Massachusetts](#) (18), [Maine](#) (12), and [North Carolina](#) (2), and reported dates of illness onset ranging from June 14 – August 11, 2026. Among them, 4.2% have been hospitalized and there have been 2 deaths reported. 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 – those dates have passed and products should no longer be available for sale. 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 Source: [CDC Surveillance \(8/18/26\)](#), [CDC Outbreak \(8/20/26\)](#)

Dengue

United States – Incident Cases Continue to be Reported Among Travelers:

According to data from the [United States \(US\) CDC](#) as of August 19, there have been a total of 1,308 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (872) and American Samoa (412) – 24 locally acquired cases have been reported in the continental US in [Florida](#) (23) and [Virginia](#) (1). Since the previous update, 56 incident locally acquired cases were reported. There were a total of 4,064 locally acquired cases reported by US states and territories during 2025, of which 80 were reported in the continental US in Florida (71), California (7), and Arizona (2).

The US CDC currently has a [Level 1 – Practice Usual Precautions Travel Health Notice](#) posted regarding dengue globally. Dengue risk is present year-round in many parts of the world with some countries reporting increased case numbers relative to typical trends or a higher-than-expected number of cases among US travelers, including [Bolivia](#), [Cambodia](#), [Colombia](#), [Kenya](#), [Malaysia](#), [the Maldives](#), [New Caledonia](#), [Samoa](#), [Sri Lanka](#), [Tonga](#), and [Vietnam](#). According to data from the [US CDC](#) as of August 19, there have been a total of 267 travel associated dengue cases reported among US residents during 2026. Since the previous update, 48 incident travel associated cases were reported. There were a total of 1,291 travel associated cases reported among US residents during 2025.

Data Sources: [CDC 2026 \(8/19/26\)](#), [CDC 2025 \(8/19/26\)](#)

Diphtheria

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

According to data from the [Africa CDC](#) as of August 20, there have been a total of 4,235 cases of diphtheria (417 confirmed) and 146 deaths (14 confirmed) reported by 8 African Union (AU) Member States (MS) during 2026. Since the previous update, 321 incident cases and 15 additional deaths were reported in Somalia (312 cases, 14 deaths) and for the first time during 2026 in [Senegal](#) (9 cases, 1 death).

In March, the World Health Organization (WHO) published a [rapid risk assessment \(RRA\)](#) regarding diphtheria in the African Region, assessing the overall risk to human health to be moderate at the regional level and low at the global level. According to the RRA, trend data during 2026 has been difficult to interpret; however, a lower number of cases have consistently been reported by many countries since increases were observed beginning in 2025. Between 2000 and 2024, a total of 75,789 suspected cases were reported (3,500 annually on average), with most reported from 2023-2024 (~57,000). Between the beginning of 2025 and March of 2026, over 29,000 suspected cases and 1,420 deaths (CFR: 4.9%)

were reported, with most reported during 2025, primarily among females, children aged <15 years, and individuals not fully vaccinated.

Diphtheria Cases and Deaths by Country, Africa, 2026					
Country	Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	CFR*
Guinea	28	+0	3	+0	10.7%
Mali	111	+0	4	+0	3.6%
Mauritania	360	+7	16	+1	4.4%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Senegal	9	+9	1	+1	11.1%
Somalia	3,246	+312	100	+14	3.1%
South Africa	43	+1	8	+0	18.6%
Total	4,235	+321	146	+15	3.4%

Table Notes: Data as of August 20, 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.

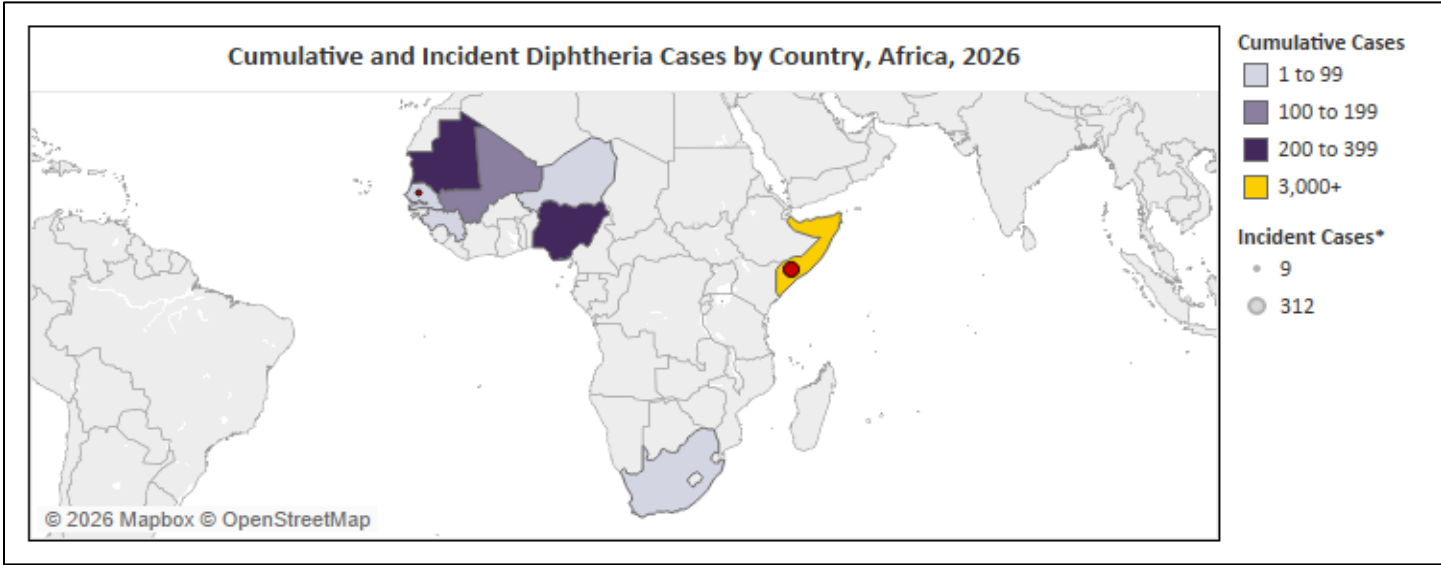


Figure Notes: Data as of August 20, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.

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 \(8/20/26\)](#)

Australia – National Incidence Trends Continue Gradual Decline 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 August 10, there have been a total of 513 confirmed cases of diphtheria, and 1 death reported in Australia during 2026, representing a 40.1-fold increase compared to the same period from 2022-2025 (average of 12.8 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 38 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*
513	+38	95	+6	1	+0	0.2%

Table Notes: Data as of August 10, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

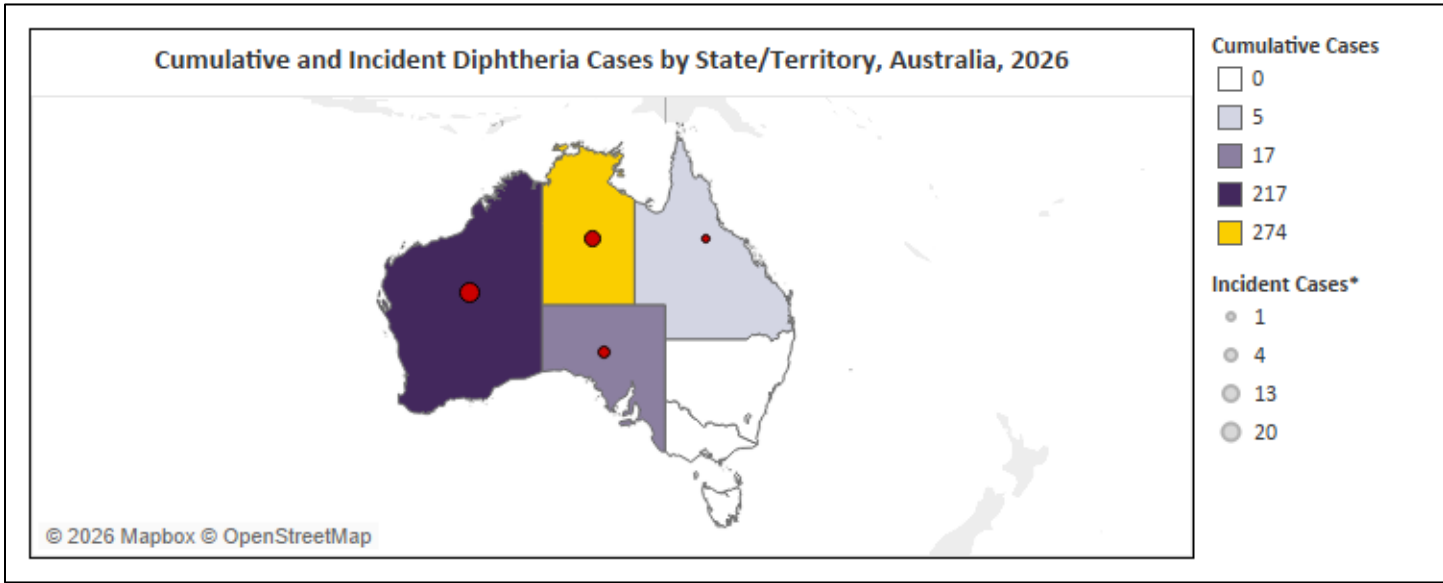


Figure Notes: Data as of August 10, 2026; *Change in cumulative total compared to previous update.

During 2026, cases have been reported in the Northern Territory (274), Western Australia (217), South Australia (17), and Queensland (5) – 99.0% of all locally acquired cases have been reported in outer regional, remote, or very remote areas. Those aged 25-44 years have been most affected (34%), followed by those aged 5-14 years (25%), and 15-24 years (21%). Among all cases, 95.5% have been among Aboriginal and/or Torres Strait Islander people, 54.2% have been female, 18.5% have been hospitalized, and 65.5% have been cutaneous diphtheria (as opposed to respiratory: 32.4%). Most cases of respiratory (87.3%) and cutaneous (78.6%) 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 17 diphtheria clusters (≥2 cases) reported (12 during 2026), the largest of which (10-16 cases) occurred in North Queensland from 2020-2023. Clusters reported during 2026 have ranged from 2-16 cases. [Vaccination](#) is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: [Australian CDC \(8/14/26\)](#)

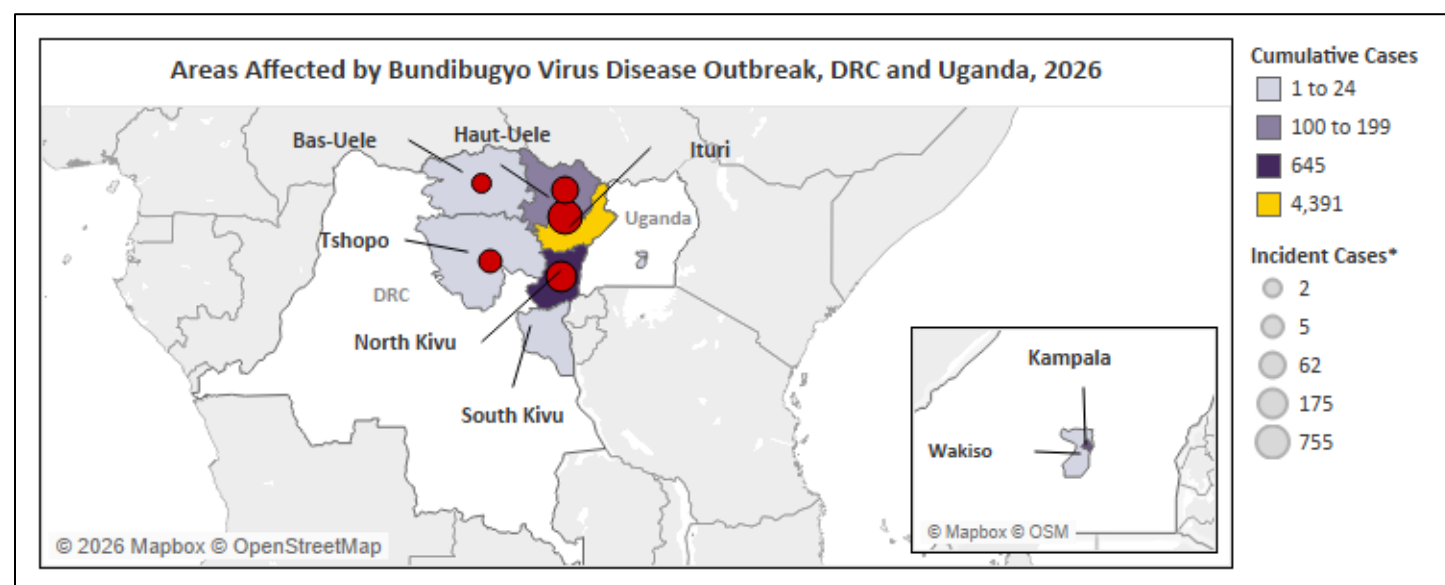
Africa – Updated Data on Ongoing Outbreak in the DRC; Bas-Uélé Now Affected:

According to data from the [National Institute of Public Health \(INSP\)](#) in the Democratic Republic of the Congo (DRC) as of August 18, 2026, there have been a total of 5,208 confirmed Bundibugyo virus disease (BVD) cases and 2,476 confirmed deaths reported across 6 provinces. Since the previous update, 642 additional confirmed cases and 348 confirmed deaths were reported in the DRC – testing and contact tracing remain a [challenge](#). The [World Health Organization \(WHO\)](#) currently assesses the risk associated with this outbreak to be very high in the DRC, high in countries sharing land border with the DRC, and low in other countries within the African region and at the global level. This is currently the [second largest](#) Ebola outbreak on record globally and remains a [Public Health Emergency of International Concern \(PHEIC\)](#) globally and a [Public Health Emergency of Continental Security \(PHECS\)](#) in Africa.

In the DRC, according to data from the [INSP](#) as of August 18, 2026, confirmed cases have been reported in 56 health zones across Bas-Uélé (2), Haut-Uélé (6), Ituri (28), North Kivu (12), South Kivu (1), and Tshopo (7) provinces – 84.3% of confirmed cases have been reported in Ituri province (4,391), followed by North Kivu (645), Haut-Uélé (153), Tshopo (14), South Kivu (3), and Bas-Uélé (2) provinces. A total of 22,043 contacts have been identified for monitoring and follow-up, of which 84.0% (18,517) are actively being monitored (seen within the previous 24 hours). There have been 1,115 recoveries. In Uganda, the [Ministry of Health in Uganda \(MOH-U\)](#) declared the end of the Ebola outbreak on July 28, 2026, following successful completion of a 42-day monitoring 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.

Bundibugyo Virus Disease Outbreak Cases and Deaths by Country, Africa, 2026					
Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	5,208	+642	2,476	+348	47.5%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	5,229	+642	2,478	+348	47.4%

*Table Notes: Data for the DRC as of August 18, 2026, and includes locally acquired and imported cases; †Change in cumulative total compared to the previous update; *Case fatality rate (CFR); ‡Includes confirmed American national cases infected in the DRC that recovered in Germany (2); §Includes imported case from the DRC that recovered.*



*Figure Notes: Data as of August 18, 2026, and includes 357 additional incident cases not shown in figure from previous update; *Change in cumulative total compared to the previous update; 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 and [70,000 doses of Ervebo](#) (vaccine licensed and recommended for use in Ebola Zaire outbreaks) have been allocated for Phase 3 clinical trials and vaccination of frontline health workers.

On August 12, 2026, Health and Human Services (HHS) renewed the July 13, 2026, [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. Under [updated Title 42](#), travelers (including Americans) who have traveled to DRC will not be able to board commercial flights with destinations to the U.S. 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 very low and has active Travel Health Notices posted regarding [non-BVD affected areas of DRC and Uganda \(Level 2 – Practice Enhanced Precautions\)](#), [Haut-Uele and Tshopo Provinces, DRC \(Level 3- Reconsider Nonessential Travel\)](#), and [Ituri and North Kivu Provinces, DRC \(Level 4 – Avoid All Travel\)](#). The New York State Department of Health is closely monitoring the situation – there is [no immediate risk](#) to New Yorkers.

Data Sources: [INSP \(8/20/26\)](#)

Measles

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

According to data from the [Directorate General of Health Services \(DGHS\)](#) as of August 20, there have been a total of 146,715 suspected and 18,144 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 826 deaths reported among suspected cases, and 99 deaths reported among confirmed cases. Since the previous update, 6,639 suspected incident cases, 601 confirmed incident cases, and 35 additional deaths among suspected 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.

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	146,715	+6,639	128,026	+10,336	826	+35	0.6%
Confirmed	18,144	+601			99	+0	0.5%

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

During 2026, cases have been reported in all 8 departments: Dhaka (64,131 suspected & 10,732 confirmed), Chattogram (27,951 suspected & 2,599 confirmed), Barisal (16,007 suspected & 740 confirmed), Rajshahi (9,522 suspected & 1,418 confirmed), Khulna (9,575 suspected & 485 confirmed), Sylhet (9,870 suspected & 976 confirmed), Mymensingh (7,024 suspected & 751 confirmed), and Rangpur (2,635 suspected & 443 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 reported through mid-June have primarily been [among children](#).

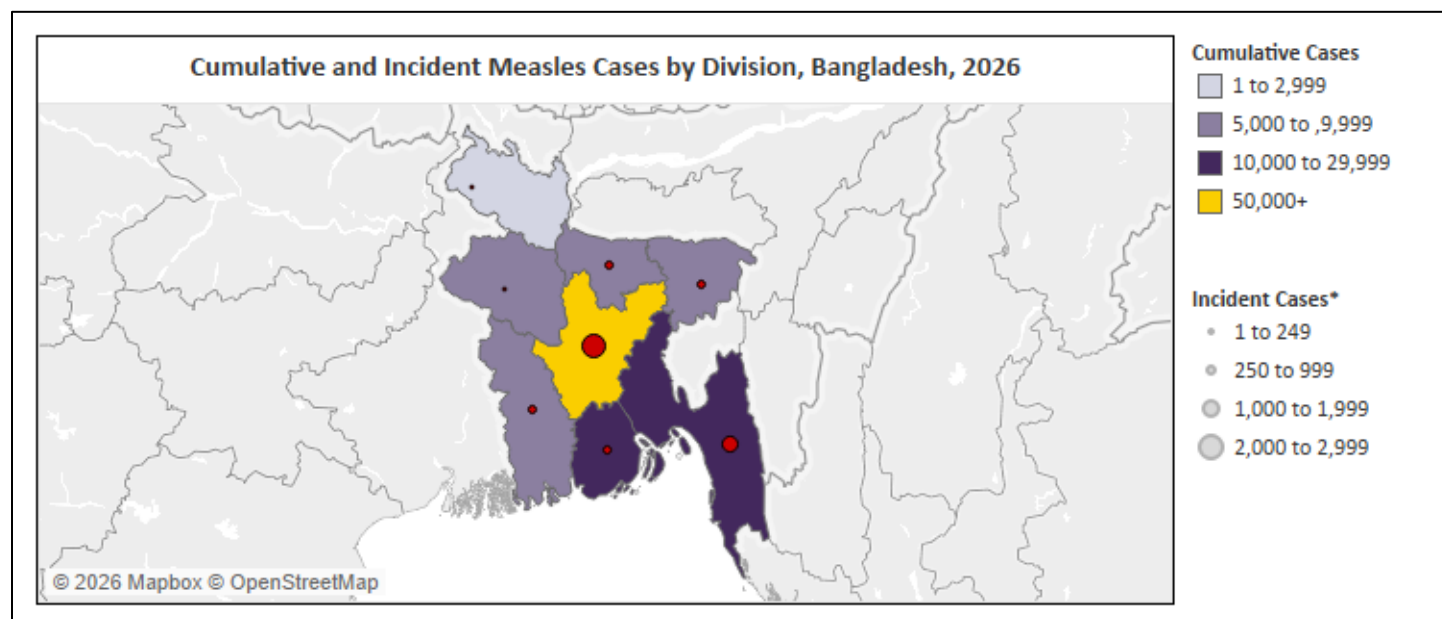


Figure Notes: Data as of August 20, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.

In the first 8 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 \(8/20/26\)](#), [WHO \(4/23/26\)](#), [UN \(6/25/26\)](#)

Canada – Only 2 Confirmed Incident Cases Reported in Manitoba:

According to data from the [Public Health Agency of Canada \(PHAC\)](#) as of August 8, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,116 probable and confirmed cases reported during 2026. Since the previous update, 2 incident cases with rash onset during 2026 were reported in Manitoba.

During 2026, cases have been reported by 8 jurisdictions: [Manitoba](#) (679), [Alberta](#) (311), [British Columbia](#) (49), [Quebec](#) (31), Ontario (30), 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 95% 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.

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	1,116	+2	77	+0	0	+0	0.0%

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

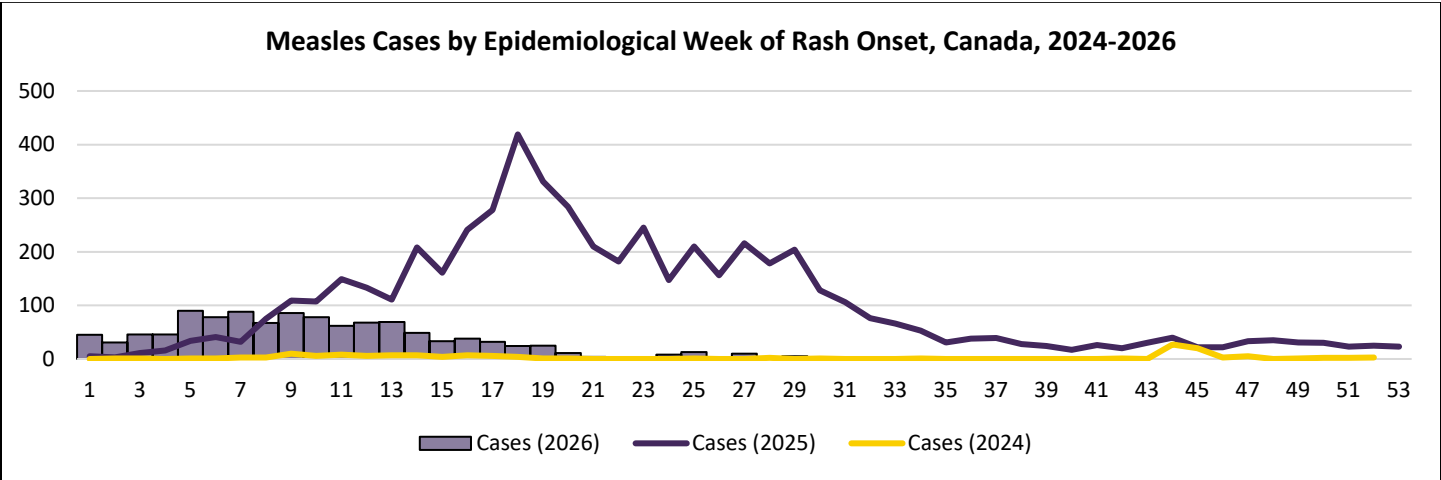


Figure Notes: Data as of August 8, 2026, and includes probable and confirmed cases.

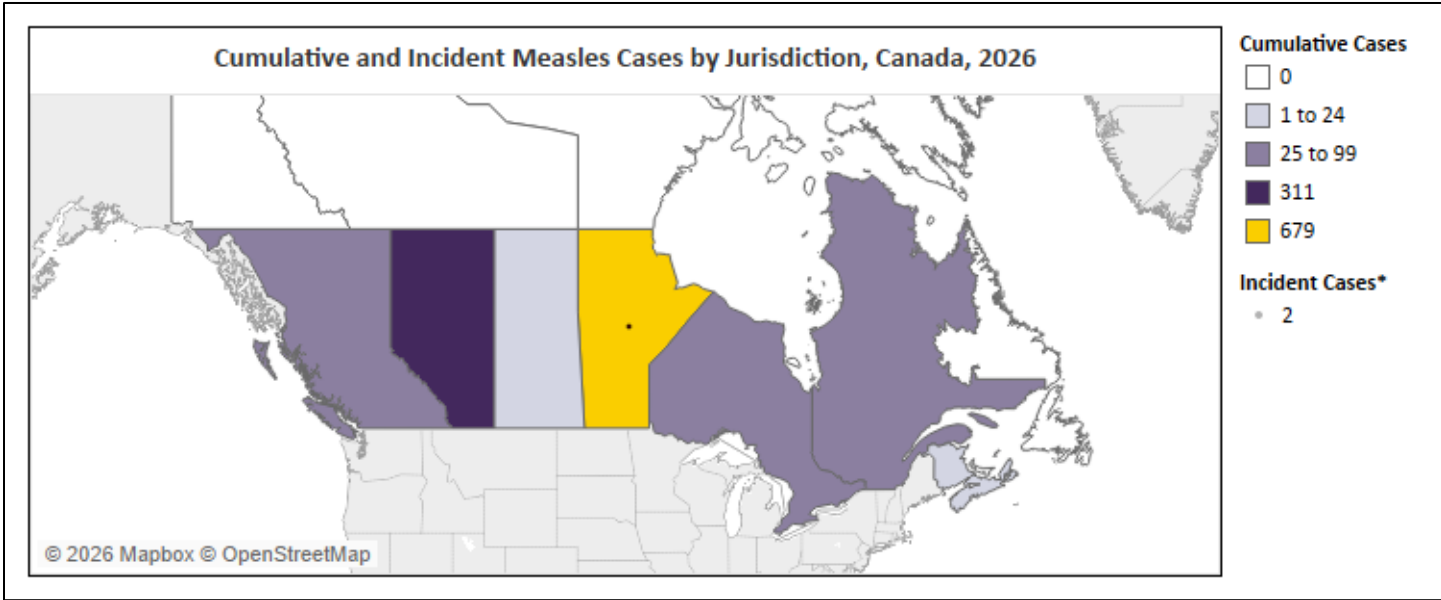


Figure Notes: Data as of August 8, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.

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, 92% 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 \(8/17/26\)](#), [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 August 17, 2026, there have been total of 32,566 confirmed measles cases and 32 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, 460 confirmed incident cases were reported. Just over half of all deaths have been reported among infants aged ≤1 year (53.1%). 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	8,078	+59	32	+0	0.1%
Epidemiological	3,609	+60			
Clinical	20,879	+341			
Total	32,566	+460	32	+0	0.1%

Table Notes: Data as of August 17, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

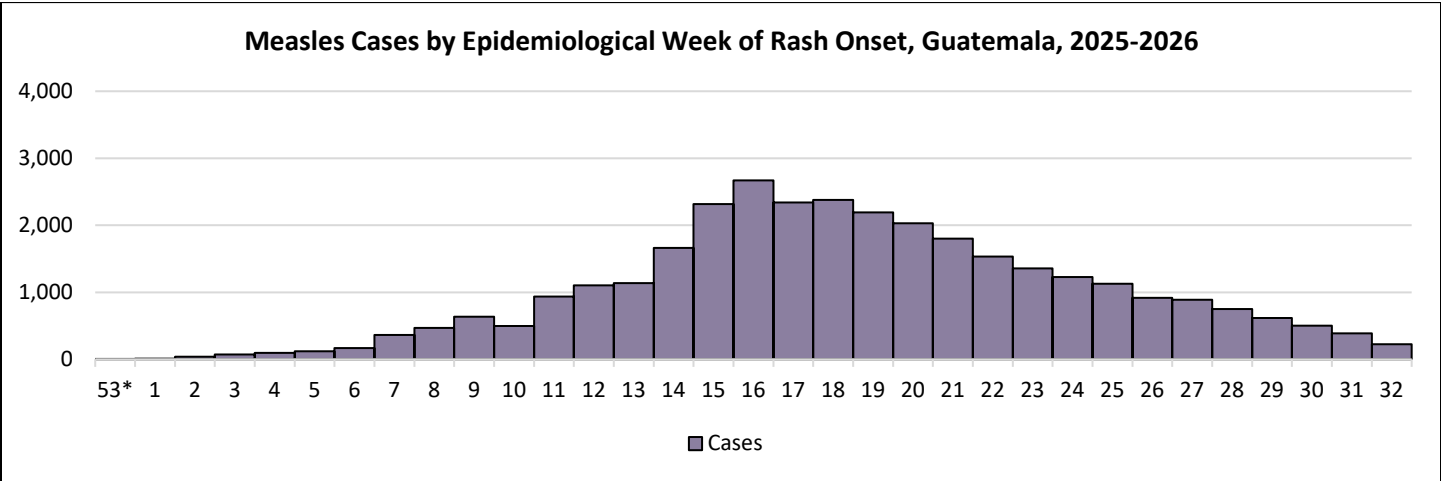


Figure Notes: Data as of August 17, 2026 (12 cases missing from figure); Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,102), Quetzaltenango (2,492), Quiche (2,191), Huehuetenango (1,804), Izabal (1,619), and Sololá (1,505) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 7 departments: Izabal (342.0), Guatemala (317.9), Sololá (297.7), Quetzaltenango (259.8), Totonicapán (204.1), Quiche (202.5), and Jalapa (182.9). Those aged 20-29 years have been most affected (37.0%), followed by those aged 30-39 years (16.9%), those aged 15-19 years (9.3%), and those aged <1 year (9.2%) – 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 9.3% have been hospitalized.

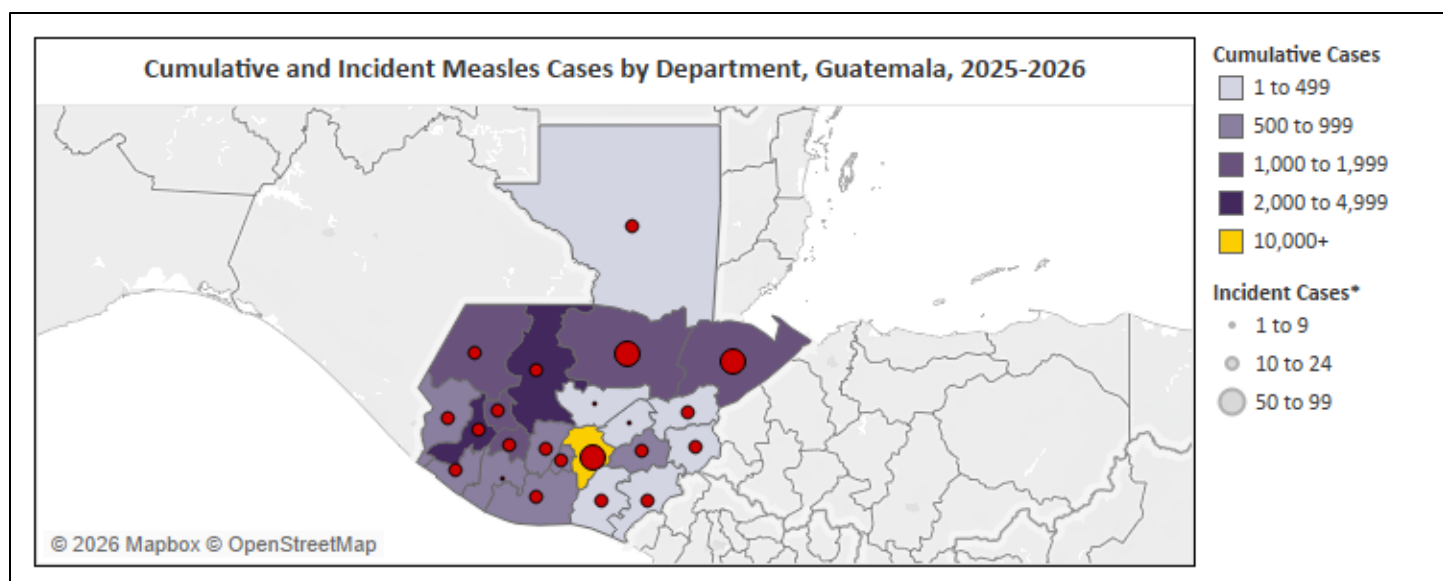


Figure Notes: Data as of August 17, 2026 (986 cases missing from figure); *Change in cumulative total compared to previous update.

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 1.8 million measles vaccine doses have been administered in the country as of July 28, 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 \(8/17/26\)](#)

Mexico – Confirmed Incident Cases Reported by 13 States, Most in Quintana Roo:

According to data from the [Secretary of Health of Mexico](#) as of August 18, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,697 confirmed cases and 18 deaths reported during 2026. Since the previous update, 113 confirmed incident cases with symptom onset during 2026 were reported by 13 states, primarily Quintana Roo (40) and Jalisco (24). 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	29,191	+191	12,697	+113	18	+0	0.1%

Table Notes: Data as of August 18, 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 (6,752), Mexico City (1,029), and Chiapas (870). 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 (94.84), followed by those aged 1-4 years (30.08), those aged 5-9 years (21.47), and those aged 25-29 years (20.30).

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.

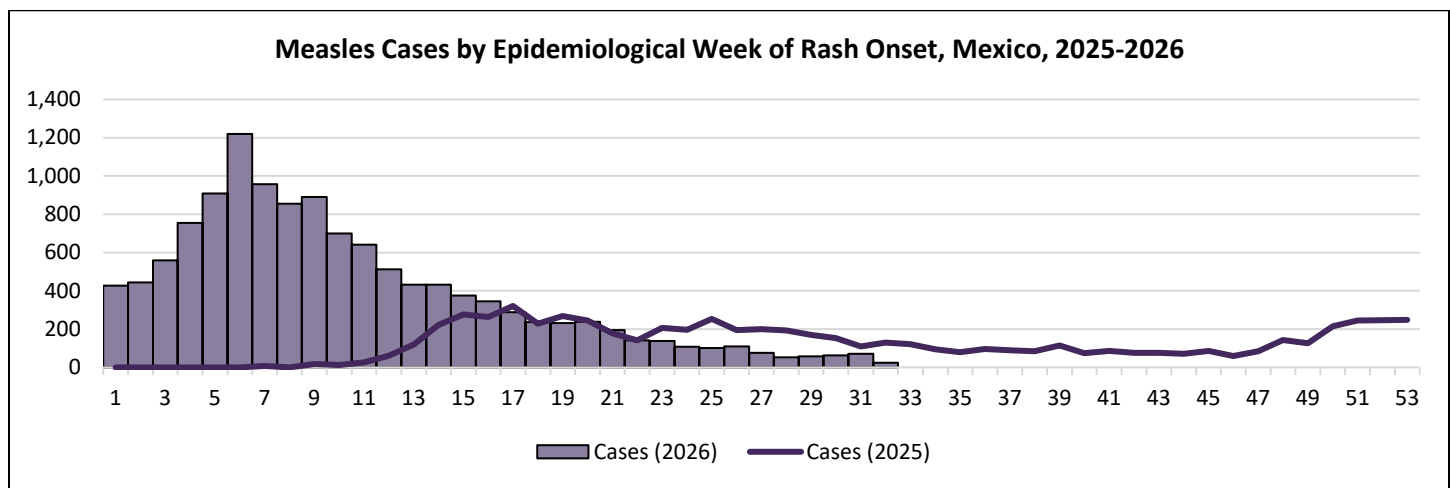


Figure Notes: Data as of August 18, 2026, and includes confirmed cases only (7 missing from figure).

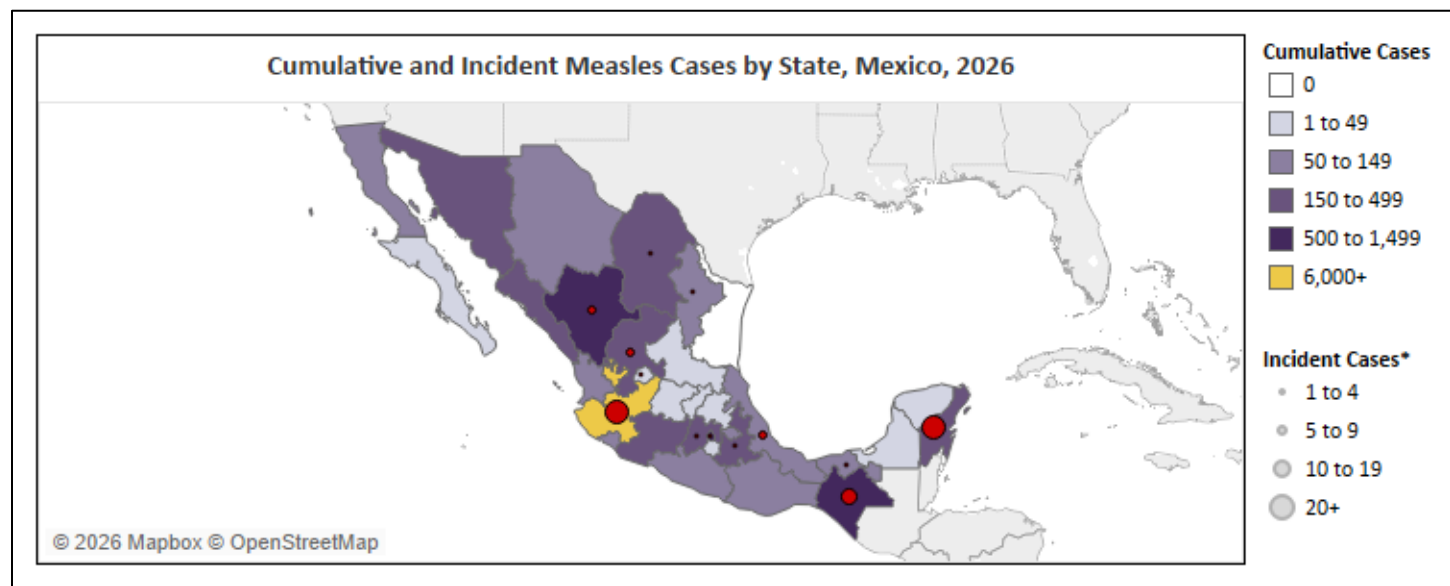


Figure Notes: Data as of August 18, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.

Data Source: [Secretary of Health \(8/19/26\)](#)

United States – 101 Confirmed Incident Cases Reported, Most in Pennsylvania:

According to data from the [United States CDC](#) as of August 13, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,566 confirmed cases reported during 2026 – a greater number of confirmed cases have been reported during the first 8 months of 2026 compared to the entire year of 2025. Since the previous update, 101 confirmed incident cases with rash onset during 2026 were reported by 13 states, primarily in [Pennsylvania](#) (64) and [Ohio](#) (16).

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily [South Carolina](#) (670), [Utah](#) (526), [Pennsylvania](#) (280), [Texas](#) (190), [Virginia](#) (176), Florida (141), and [Arizona](#) (109). There have been 38 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (1,032 from outbreaks that began during 2026 and 1,375 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (48%), followed by those aged 20+ years (33%), and those aged <5 years (19%). 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 16 in [Rest of State](#) (22 total).

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	2,566	+101	169	+5	0	+0	0.0%

Table Notes: Data as of August 13, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

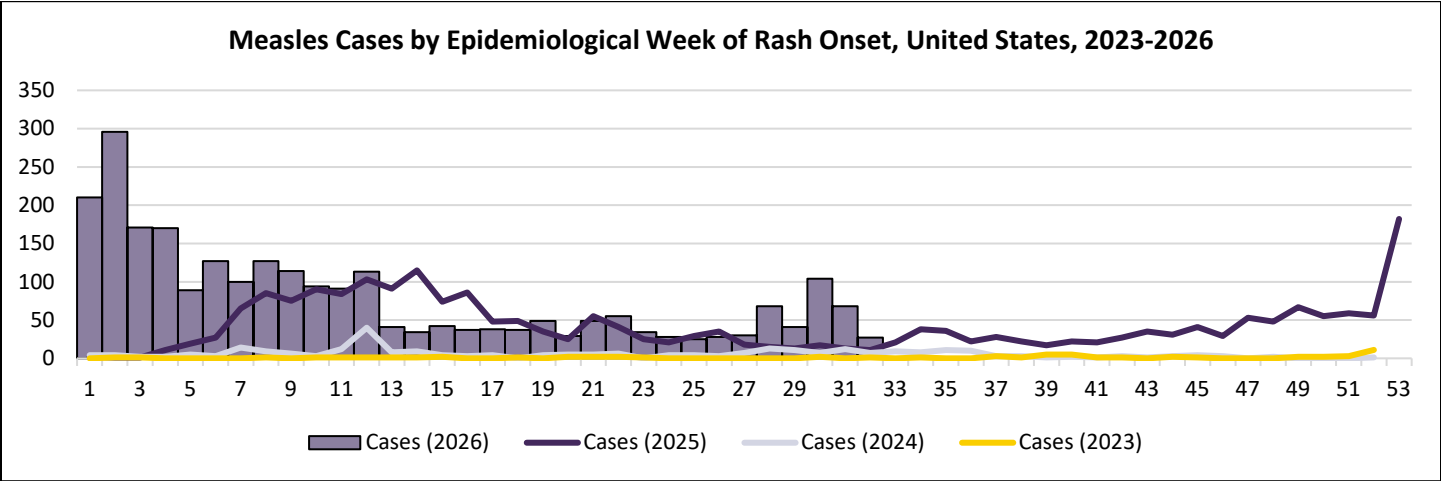


Figure Notes: Data as of August 13, 2026, and includes cases reported among international visitors to the United States.

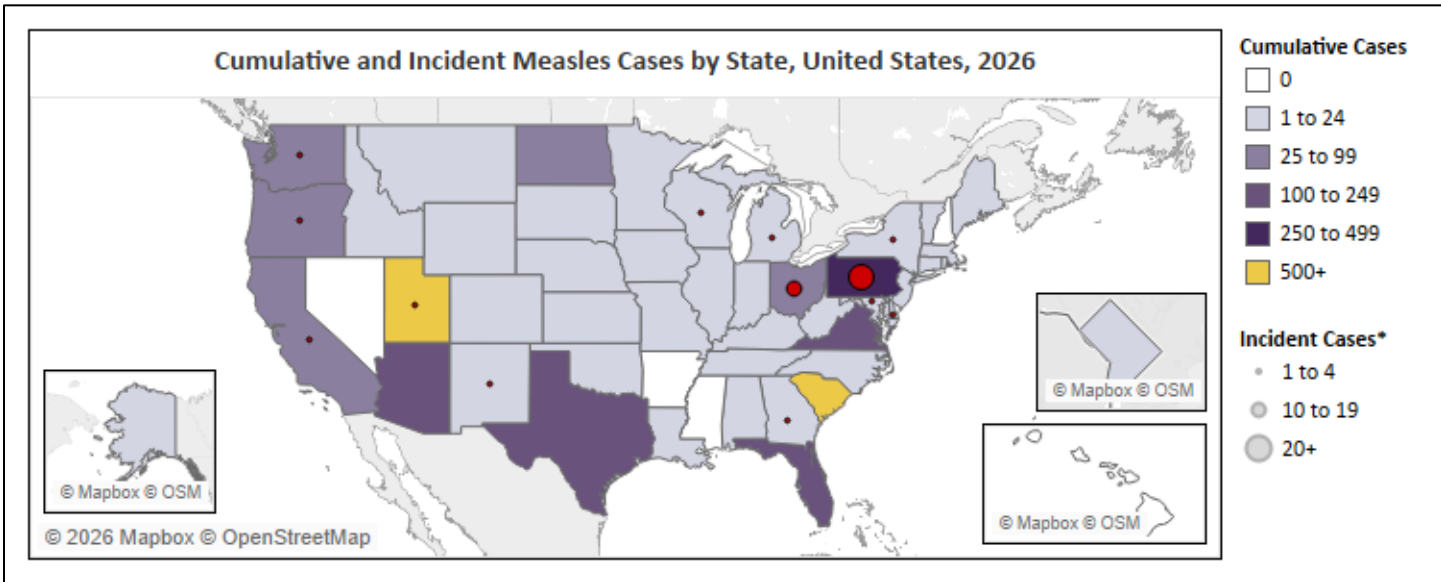


Figure Notes: Data as of August 13, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.

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 \(8/14/26\)](#)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the [Secretary of Agriculture of Mexico](#) as of August 18, 2026, there have been a total of 38,820 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,963 are currently active. According to data from the [Secretary of Health of Mexico](#) as of August 14, 2026, there have been a total of 587 confirmed NWS cases and 3 deaths reported among humans since the beginning of 2025. Since the previous update, 1,028 incident cases among animals and 30 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*
38,820	+1,028	1,963	-54	587	+30	3	+0	0.5%

Table Notes: Data for cases reported among animals as of August 18, 2026, and among humans of August 14, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

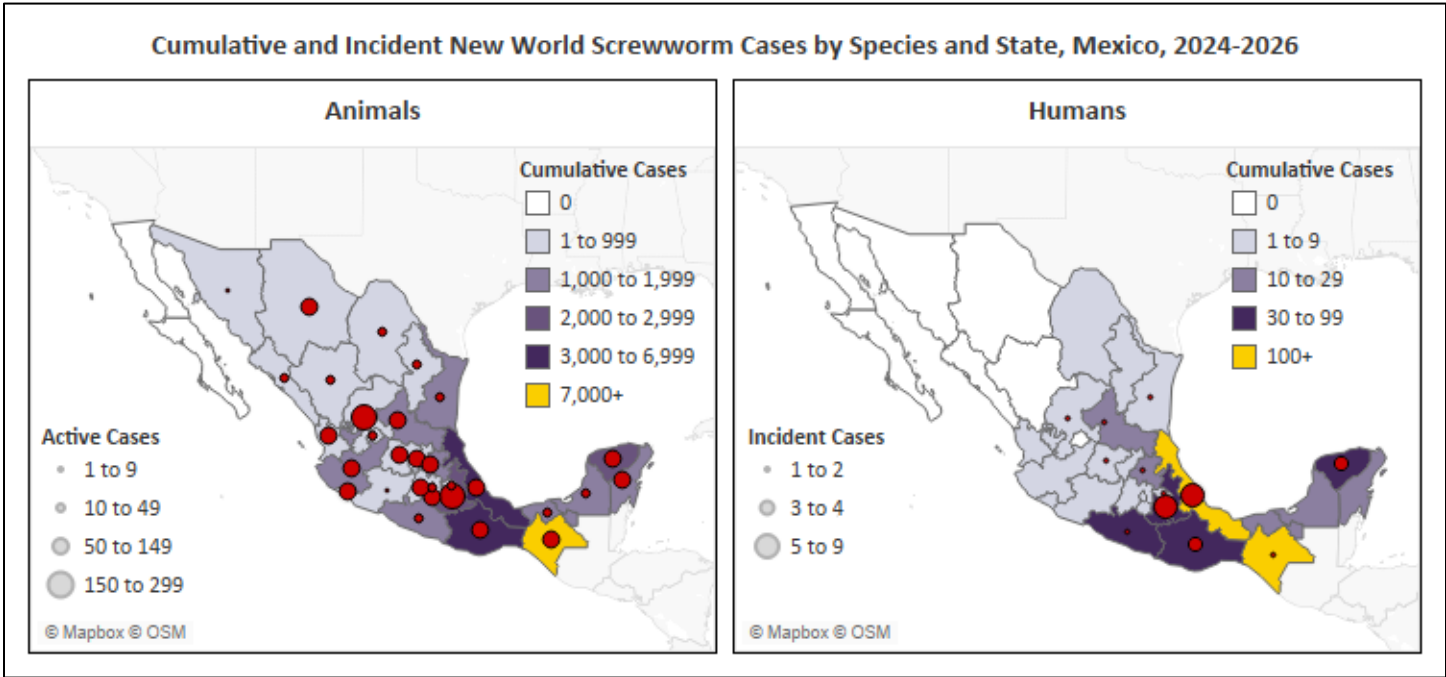


Figure Notes: Data for cases reported among animals as of August 18, 2026, and data for cases reported among humans as of August 14, 2026.

NWS cases among animals have been reported in 30 states, primarily Chiapas (7,604), Oaxaca (5,074), Veracruz (4,720), Yucatán (2,792), and Puebla (2,200). Confirmed NWS cases among humans have been reported in 25 states, primarily

Chiapas (155), Veracruz (100), Oaxaca (49), Puebla (46), and Yucatán (38). Recently, spread has been [moving northward](#) 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 August 11, 2026, there have been over 209,400 NWS cases reported among animals and over 2,500 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: [Secretary of Agriculture \(8/20/26\)](#), [Secretary of Health \(8/17/26\)](#), [CDC \(8/11/26\)](#)

Non-Seasonal Influenza

China – Incident Human Case Reported Among Child in Yunnan Province (H9N2):

According to data from the [Hong Kong Centre for Health Protection \(HKCHP\)](#) as of August 17, 2026, there have been a total of 20 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, 1 confirmed incident H9N2 case was reported among a 2-year-old female in Yunnan Province. The case experienced symptom onset on July 28, 2026, was hospitalized and has since been discharged, and was exposed to backyard poultry prior to illness onset. No additional cases have been detected.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
20	+1	0	+0	0.0%

Table Notes: Data as of August 17, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

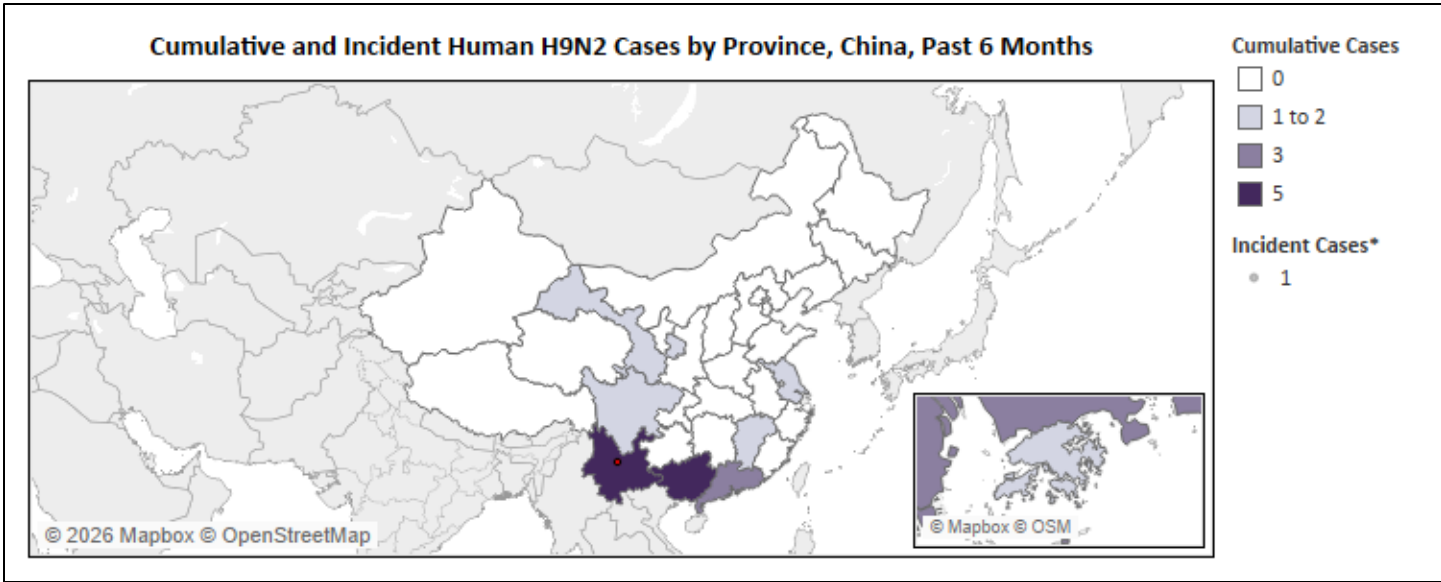


Figure Notes: Data as of August 17, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.

In the past 6 months, confirmed human H9N2 cases have been reported by 8 provinces/regions/municipalities in China: Guangxi Zhuang (5), Yunnan (5), Guangdong (3), Jiangsu (2), Jiangxi (2), Gansu (1), Sichuan (1), and Hong Kong (1). According to data from the [World Health Organization \(WHO\)](#) as of August 13, 2026, there have been a total of 175 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 178 total in the Western Pacific Region with the remaining cases being reported in Cambodia [2] and [Vietnam](#) [1]). Most cases have been mild and have been associated with exposure to infected poultry or contaminated poultry environments. Sporadic cases of human infection are expected in areas where H9N2 viruses circulate among poultry.

Data Sources: [HKCHP \(8/18/26\)](#), [WHO \(8/14/26\)](#)

United States – Michigan Reports Variant Influenza A Virus Infection (H1N2v):

On August 14, 2026, the [Michigan Department of Health and Human Services \(MDHHS\)](#) reported a confirmed human case of swine influenza A(H1N2)v among an Ionia County resident – the case was a swine (pig) exhibitor at the Kent County Youth Fair which took place from August 3-8, 2026. [Prior to detection of the human case](#), all pigs from the fair were isolated and the barn they were in was closed to the public due to the sudden death of one pig and several others developing signs of illness. State and local health officials have been conducting outreach to identify any additional cases among those who may have been exposed to infected pigs – no additional cases have been detected. According to health officials, the risk to the general public remains low.

This is the second human H1N2v case reported in the United States during 2026 – the [first human H1N2v case](#) was reported in May among a child aged <18 years from Nebraska. The case was not hospitalized and recovered. There were 2 influenza A variant virus infections reported among humans in the United States during 2025 in Iowa and Vermont, both H1N2v. There were 9 influenza A variant virus infections reported among human in the United States during 2024, all among Pennsylvania residents (H1N1v: 1, H1N2v: 4, H3N2v: 4). Since 2011, a total of 45 H1N2v cases have been reported among humans in the United States.

Data Sources: [MDHHS \(8/14/26\)](#), [CDC \(8/17/26\)](#)

Polio

Global – Incident AFP Cases (WPV1, cVDPV1, and cVDPV2) Reported Globally:

According to data from the [Global Polio Eradication Initiative \(GPEI\)](#) as of August 17, 2026, there have been 22 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 23 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 90 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 11 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 4 incident AFP cases caused by WPV1 were reported in Afghanistan, 11 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of the Congo (DRC) (5), Sudan (5), and Nigeria (1), and 2 incident AFP cases caused by cVDPV3 were reported in Niger (1) and Nigeria (1). Additionally, 1 AFP case caused by cVDPV2 was removed from Somalia’s case count for 2026.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		cVDPV1		cVDPV2		cVDPV3	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
22	+4	23	+0	90	+10	11	+2

Table Notes: Data as of August 17, 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 1 countries: [Afghanistan](#) (19 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (32 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People’s Democratic Republic (3 – cVDPV1), Mali (1 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (32 – cVDPV2, 9 – cVDPV3), [Pakistan](#) (3 – WPV1), Somalia (5 – cVDPV2), South Sudan (9 – cVDPV1), Sudan (6 – 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), Libya (1 – cVDPV2), Malawi (9 – cVDPV2), [Namibia](#) (5 – cVDPV2), 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 11 AFP cases caused by cVDPV3, have been reported to date with onset of paralysis during 2025.

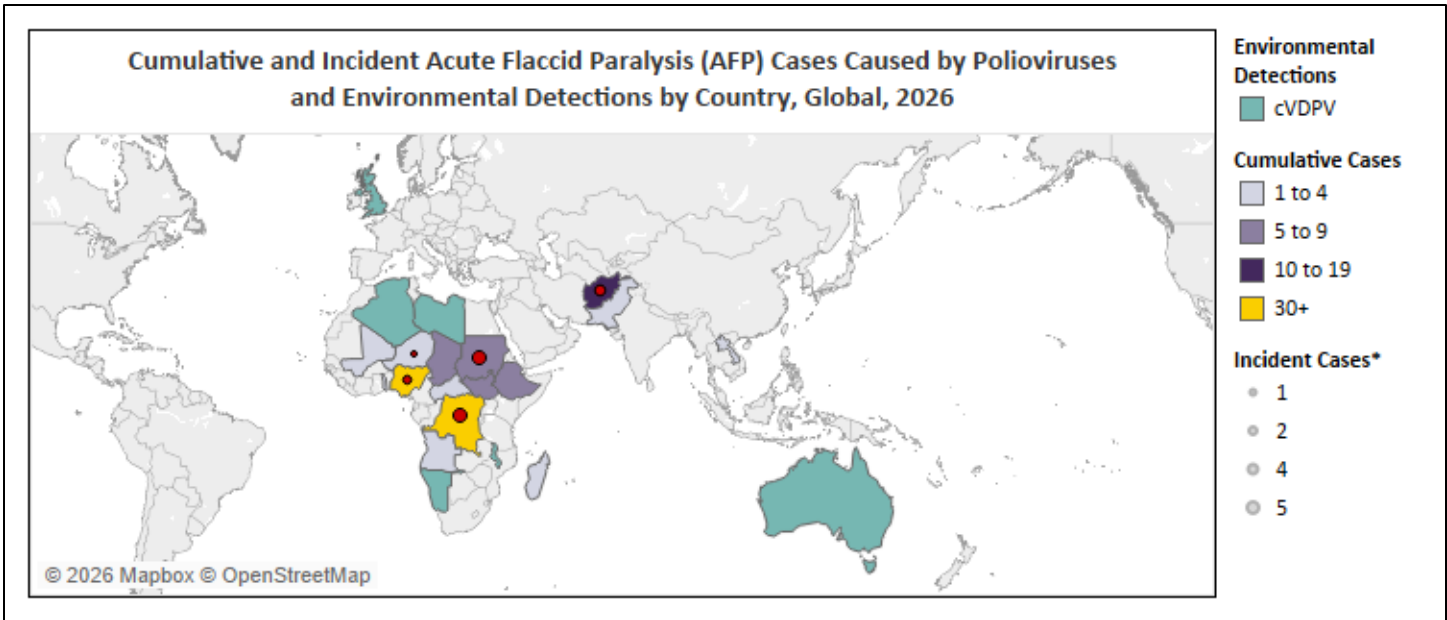


Figure Notes: Data as of August 17, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.

Data Sources: [GPEI - WPV \(8/17/26\)](#), [GPEI - cVDPV \(8/17/26\)](#)

Salmonella

United States – Multistate Outbreak Linked to Jalapeños Includes 5 New States:

According to data from the [United States CDC](#) as of August 15, there have been a total of 431 cases infected with the outbreak strain of *Salmonella* Javiana linked to jalapeño peppers from Sinaloa, Mexico and distributed by Coast Citrus Distributors.

Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026						
Cases		Hospitalizations‡		Deaths		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
431	+86	57	+21	0	+0	0.0%

Table Notes: Data as of August 15, 2026; ‡Among 367 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

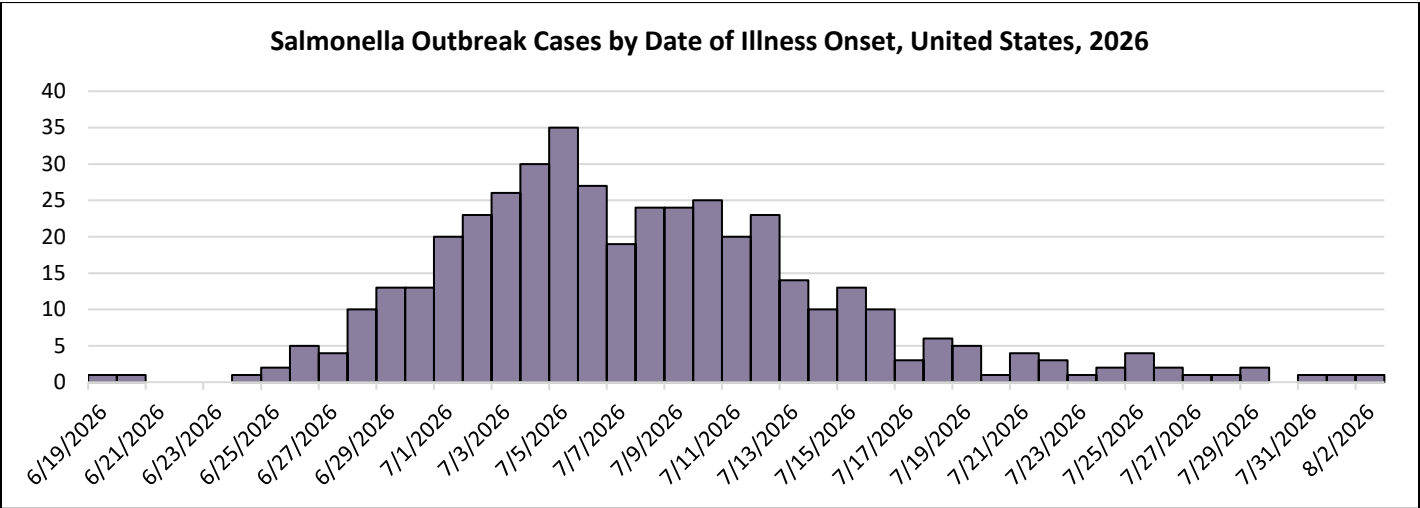


Figure Notes: Data as of August 15, 2026.

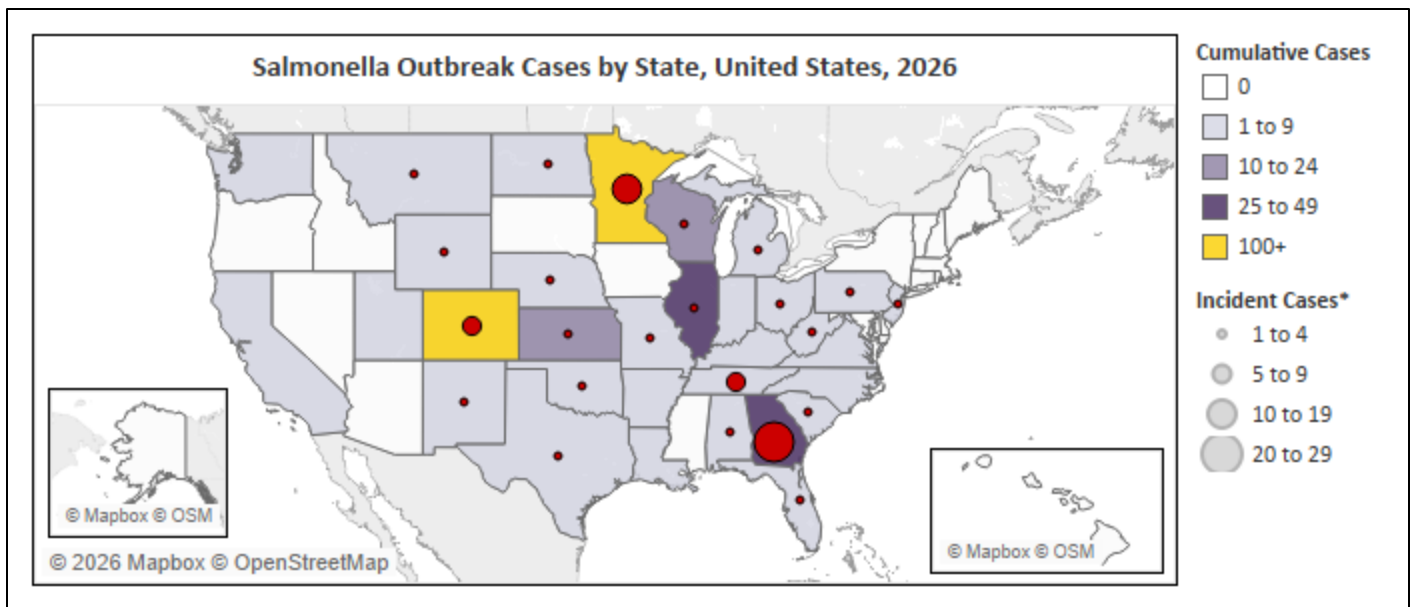


Figure Notes: Data as of August 15, 2026; *Change in cumulative total compared to previous update.

Cases have been reported by 32 states, primarily Minnesota (129), Colorado (118), Illinois (33), and Georgia (28), and reported dates of illness onset ranging from June 19 – August 2, 2026. Cases range from <1-85 years of age with a median of 30 years. Among all cases with available demographic information, most have been female (62%), White (83%), and non-Hispanic (94%). Among interviewed cases (224), 91% reported eating at a Mexican-style restaurant prior to illness onset, including Chipotle and QDOBA locations from June 14 – July 14, 2026 – there have been 28 illness clusters reported at such locations across 8 states. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection from the same food. Additionally, WGS predicted resistance to amoxicillin-clavulanic acid, ampicillin, azithromycin, ceftiofur, ceftriaxone, cefoxitin, streptomycin, sulfisoxazole, and trimethoprim-sulfamethoxazole in 3 samples, and nonsusceptibility to ciprofloxacin in 1 sample, out of 428 total.

Beginning on July 20, 2026, Chipotle switched their jalapeño supplier for impacted stores and are no longer serving affected product. On July 28, 2026, QDOBA ceased serving jalapeños at their locations. The United States [Food and Drug Administration \(FDA\)](#) is working with Coast Citrus Distributors to determine the scope of distribution of affected product – distributors, restaurants, and food service companies who have affected product on hand should cease serving or selling it. Given actions taken by Chipotle and QDOBA, the United States CDC and FDA do not consider there to be ongoing risk to consumers from these establishments. On August 8, 2026, the United States Department of Agriculture’s Food Safety and Inspection Service (FSIS) issued a [public health alert](#) regarding meat and poultry products containing jalapeños that may be contaminated – additional products containing these ingredients may be recalled as information becomes available. That same day, NatureBest Precut & Produce LLC, issued a [voluntary recall](#) of all products containing jalapeños supplied by Coast Citrus Distributors and distributed to retail customers in Texas and Louisiana. On August 9, 2026, Taylor Fresh Foods issued a [voluntary recall](#) of all products made with jalapeños sourced from affected farms and moving forward will be filling orders from alternative suppliers. On August 12, 2026, Whole Foods Market issued a [voluntary recall](#) of all products made with jalapeños sourced from affected farms, including guacamole and salsas. 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 \(8/19/26\)](#)

Yellow Fever

The Americas – Incident Cases and Death Reported in Colombia & Peru:

According to data from the [Pan American Health Organization \(PAHO\)](#) as of August 18, there have been a total of 96 confirmed yellow fever cases and 42 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases and 1 additional death were reported in Colombia (1 case) and Peru (1 case, 1 death).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
96	+2	42	+1	43.8%

Table Notes: Data as of August 18, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).

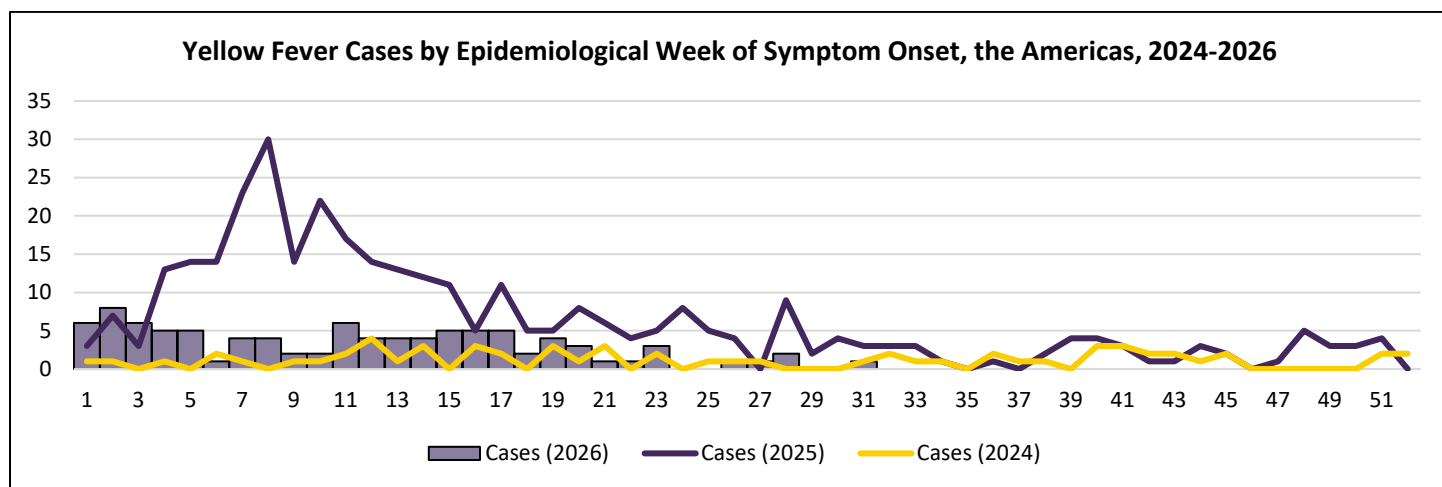


Figure Notes: Data as of August 18, 2026; Cases reported during 2025 (8) and 2026 (1) without dates of symptom onset are excluded.

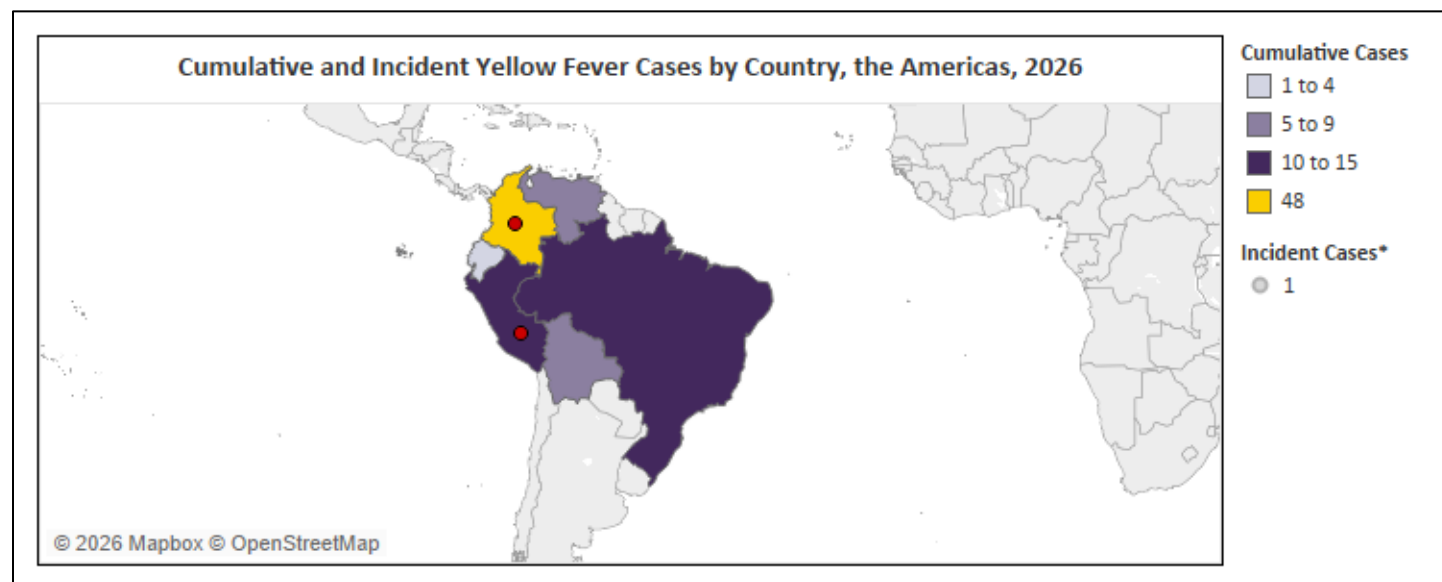


Figure Notes: Data as of August 18, 2026; *Change in cumulative total compared to previous update.

During 2026, confirmed cases and deaths have been reported by 6 countries in the Americas: [Colombia](#) (57 cases, 24 deaths), [Brazil](#) (15 cases, 8 deaths), [Peru](#) (10 cases, 5 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 3 cases reported in Colombia and over half of all 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 \(8/18/26\)](#)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- The Americas – Incident Cases Reported in Multiple Countries; Trends Declining ([August 13](#))
- 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](#))

Lassa Fever

- Nigeria – Incidence Trends Remain Elevated During Recent Weeks ([August 13](#))

Listeria

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

Malaria

- Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week ([August 13](#))

Marburg

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

Measles

- Peru – Confirmed Case Numbers Increase Over 2.5-Fold During 9-Week Period ([August 13](#))
- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates ([August 13](#))
- England – Trends Elevated Compared to 2025 but Lower Compared to 2024 ([July 23](#))
- 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

- Global – Updated Data on Geographic Spread and Transmission Status of Clade I ([August 6](#))
- Africa – Incident Cases Reported Primarily in Madagascar; First in Guinea-Bissau ([August 6](#))
- 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 ([August 6](#))

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 Flock and Livestock Detections (HPAI) ([July 30](#))
- 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 – New Multistate Outbreak Linked to Turtles Reported ([August 13](#))
- United States – Updated Data on Ongoing Outbreaks Linked to Backyard Poultry ([July 30](#))
- United States – New Multistate Outbreak Linked to Shell Eggs Reported ([July 30](#))
- 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 Bolivia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in Costa Rica - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in French Guiana - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC](#)
- [Chikungunya in Nicaragua - 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](#)
- [Chikungunya in Suriname - 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](#)
- [Zika in Indonesia - 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](#)
- [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:

- [Chandipura virus cases increase in Gujarat, India, with 41 confirmed cases and 27 deaths reported - BEACON](#)
- [Chikungunya cases in Bahia, Brazil, increase to 8117—more than four times the number reported during the same period in 2025 - BEACON](#)
- [Chikungunya community transmission across five provinces in Costa Rica - BEACON](#)
- [Chikungunya cases in Nicaragua increase to 1384; underreporting suspected - BEACON](#)
- [Researchers probe why 2 Indigenous groups in Bolivia had lowest COVID death rates in world | CIDRAP](#)
- [Nationwide summer wave of COVID-19 \(NB.1.8.1\) in China reaches peak plateau, with 21.2% sentinel positivity - BEACON](#)
- [COVID-19 and influenza cluster reported among 194 alternative service recruits at Chenggongling Training Center, Taichung, Taiwan - BEACON](#)
- [Survey data reveal demographic divides in Americans' COVID vaccine hesitancy | CIDRAP](#)
- [Crimean-Congo hemorrhagic fever in Albania, with one confirmed case in Tropojë Municipality, an area not previously considered endemic - BEACON](#)
- [New human case of Crimean-Congo hemorrhagic fever reported in Salamanca, Spain; third case in the province and fourth in Spain in 2026 - BEACON](#)
- [Two cases of Crimean-Congo hemorrhagic fever, including one death, in Yumbe, Uganda, a district outside the established cattle corridor - BEACON](#)
- [Notes from the Field: Dengue Outbreak — Naoero, 2025 | MMWR](#)
- [Peru reports 42 440 dengue cases, a 41% year-over-year increase, amid Coastal El Niño conditions in northern departments - BEACON](#)
- [Dengue epidemic in Zamboanga City, Philippines, reaches 1635 cases and 14 deaths amid sustained elevated transmission - BEACON](#)
- [RFI: Gastroenteritis outbreak affecting more than 400 people on Faial Island, Central Azores, Portugal. RFI on results of diagnostic testing - BEACON](#)
- [Low immunity to hepatitis A and B in US adults plus recent policy changes may portend rise in disease | CIDRAP](#)
- [Japanese encephalitis cases surge during peak monsoon season in Assam, India - BEACON](#)
- [Legionellosis cluster in Savoie, France: 43 cases and two deaths reported; source under investigation - BEACON](#)
- [Community cluster of Legionnaires' disease in New York City, USA; death toll rises to nine despite no new cases reported - BEACON](#)
- [Dominican Republic reports 260 confirmed cases of leptospirosis and 19 deaths; cumulative incidence 172% higher than in 2025 - BEACON](#)
- [Manila, Philippines, reports 156 leptospirosis cases amid repeated monsoon flooding, with eight recorded in a single day - BEACON](#)
- [Lyme disease is spreading into southern Appalachia, increasing the need for public education | CIDRAP](#)
- [Want to predict Lyme disease risk? Count the acorns, not the deer | CIDRAP](#)
- [More than 373 000 malaria cases and 106 deaths reported in Ituri Province, DRC; mass drug administration campaign launched - BEACON](#)
- [Although it's uncommon, vaccinated people can spread measles, study finds | CIDRAP](#)
- [Measles in North Kivu and South Kivu, DRC: More than 54 000 suspected cases amid concurrent Ebola and cholera emergencies - BEACON](#)
- [Measles cases linked to festival in Sweden increase to 21 - BEACON](#)
- [Mozambique's measles outbreak surpasses 2500 cases, four deaths across five provinces amid vaccination coverage gaps - BEACON](#)
- [Each measles case in 2025 US outbreak cost almost \\$60,000, study estimates, or \\$134 million total | CIDRAP](#)
- [Monkeypox Virus Surveillance — United States, 2024–2025 | MMWR](#)

- [Louisiana confirms Naegleria fowleri brain infection in resident who swam in Lake Claiborne | CIDRAP](#)
- [FDA grants emergency use authorization for another New World screwworm treatment | CIDRAP](#)
- [HPAI \(H5N1\) in wild birds: 239 events across six Australian states; little penguins affected on Phillip Island, Victoria - BEACON](#)
- [Second confirmed human case of Powassan virus disease in 2026 reported in Newport County, Rhode Island, USA - BEACON](#)
- [Rabies-infected dog at Yarkon Park in Ramat Gan; human exposures and geographic spread into central Israel - BEACON](#)
- [Third rabies-positive beaver detected in Maryland following child bite, USA - BEACON](#)
- [Real-world studies show RSV immunizations protect newborns in their first year of life | CIDRAP](#)
- [Maternal RSV vaccination highly effective against infant hospitalization | CIDRAP](#)
- [Rift Valley fever alert: Elevated outbreak risk ahead of El Niño-driven October–December 2026 rains in eight Eastern African countries - BEACON](#)
- [Global rubella cases have dropped dramatically despite 2024 uptick, according to CDC analysis | CIDRAP](#)
- [Cases in Salmonella Enteritidis outbreak in Belgium increase to around 300, linked to a large poultry farm; multi-country recall - BEACON](#)
- [Salmonella Enteritidis outbreak with 207 confirmed cases and one associated death in UK; imported eggs under investigation - BEACON](#)
- [FDA heightens egg recall to reflect potential ‘serious adverse health consequences or death’ | CIDRAP](#)
- [RFI: Influenza-like illness cluster with two confirmed H1N1 cases at a school in Bengaluru, India. RFI on case details and diagnostics - BEACON](#)
- [Autochthonous asymptomatic human case of West Nile virus \(WNV\) detected in a blood donor in the Netherlands; first human case since 2020 - BEACON](#)
- [North Macedonia reports 26 WNV cases prompting public health officials to declare an epidemic in multiple municipalities and settlements - BEACON](#)
- [An executive order, a confirmed director, and 20 straight months of measles: The State of US Vaccine Policy | CIDRAP](#)
- [AI-created bacteriophage overcame resistant bacterial strains, but experts emphasize need for safeguards | CIDRAP](#)
- [Don't scapegoat rats: Analysis of Mallorca's 1820 epidemic finds rodents didn't bring plague to the island | CIDRAP](#)
- [US kindergarten vaccine exemptions jumped last school year, CDC reports | CIDRAP](#)
- [Jeremy Farrar to step down from World Health Organization | CIDRAP](#)
- [Global Respiratory Virus Activity: Weekly Update N° 591](#)
- [Fighting the World's Deadliest Animal | Global Health | CDC](#)
- [Will flu, COVID-19 vaccines be available this fall? | CIDRAP](#)