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

GLOBAL HEALTH UPDATE

Date: 8/6/26

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

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Chikungunya

The Americas – Incident Cases Reported in Multiple Countries:

According to data from the Pan American Health Organization (PAHO) extracted on August 6, there have been a total of 177,624 chikungunya cases, of which 67,123 are confirmed, and 80 deaths reported in the Americas during 2026. Since the previous update, 2,957 incident cases, of which 1,487 are confirmed, were reported in the region. Additionally, the number of deaths reported in the region was reduced by 1 (in reported counts for Brazil).

Cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (113,163), Bolivia (41,944), Argentina (12,066), Suriname (7,484), Cuba (1,457), and French Guiana (1,301). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (409.12), Bolivia (329.00), Brazil (52.99), Argentina (26.23), 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 August 4, a total of 85 travel associated cases (confirmed & probable) have been reported in US states and territories this year – there have not been any locally acquired cases reported.

Chikungunya Cases and Deaths by Select Countries, the Americas, 2026							
Country	Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Argentina	12,066	+80	2,940	+20	2	+0	0.1%
Bolivia	41,944	+0	11,407	+0	27	+0	0.2%
Brazil	113,163	+2,594	47,873	+1,219	49	-1	0.1%
Cuba	1,457	+0	114	+0	2	+0	1.8%
French Guiana	1,301	+248	1,301	+248	0	+0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	209	+35	99	+0	0	+0	0.0%
Total	**177,624**	**+2,957**	**67,123**	**+1,487**	**80**	**-1**	**0.1%**

*Table Notes: Data extracted on August 6, 2026, and does not include imported (travel associated) cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

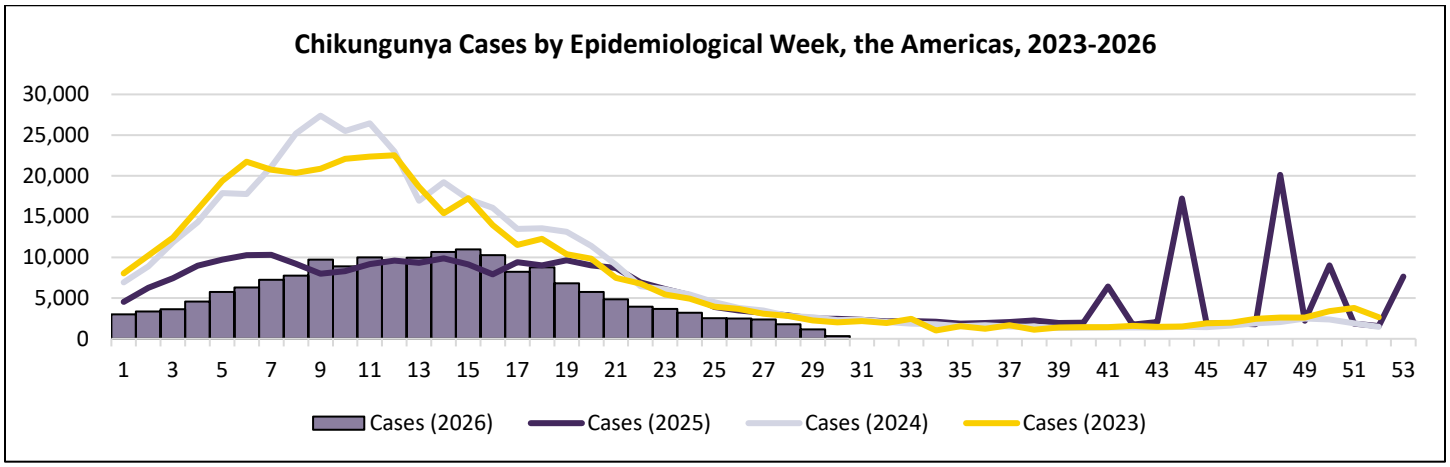

Figure Notes: Data extracted on August 6, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

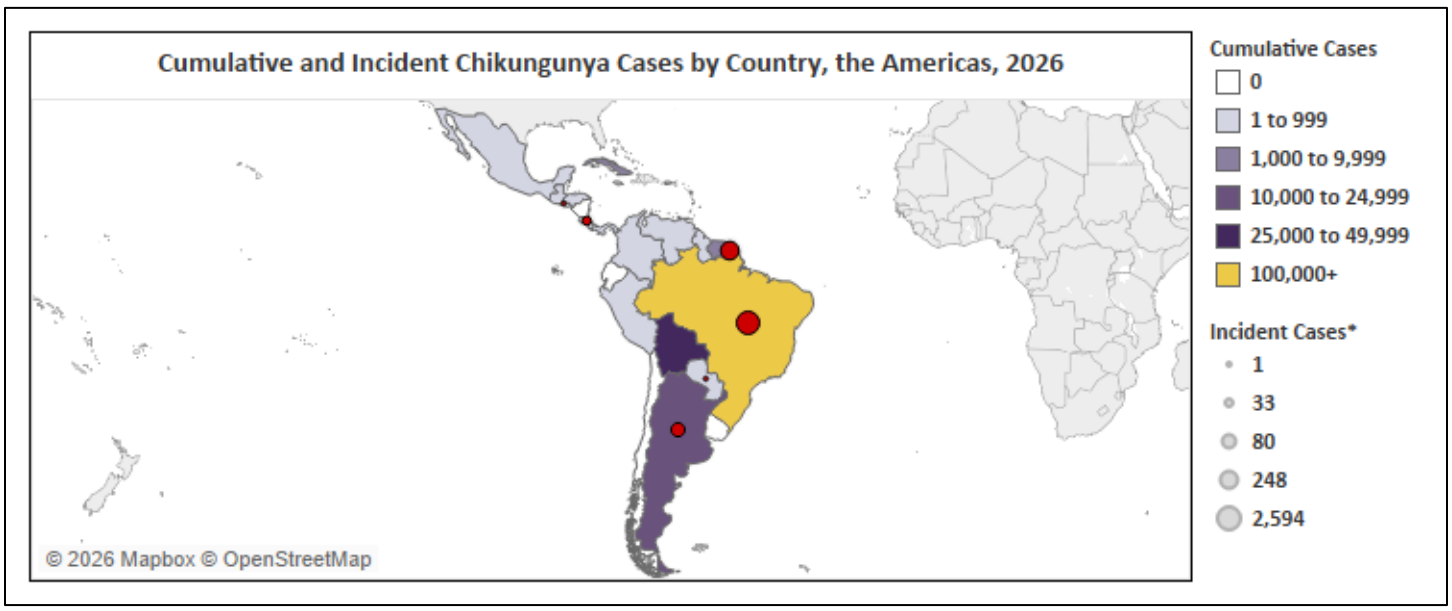

*Figure Notes: Data extracted on August 6, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

During 2025, there were 316,733 chikungunya cases, of which 115,977 were confirmed, and 180 deaths (CFR: 0.2% among confirmed cases) reported in the Americas. There were 2 locally acquired chikungunya cases reported during 2025 in the United States among residents of New York and Florida, the first in the country since 2015. According to data from the United States CDC, a total of 629 travel associated cases (confirmed & probable) were reported in US states and territories during 2025, the highest number since 2015 (895) and over 2.5 times the number reported during 2024 (241). The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding chikungunya in Bolivia, Costa Rica, French Guiana, Nicaragua, and Suriname. Vaccination is recommended for travelers visiting an area with an outbreak.

Data Source: PAHO (8/6/26)

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

According to data from the Africa CDC as of July 26, there have been a total of 6,782 confirmed chikungunya cases reported on the islands of Mauritius (6,686) and Rodrigues (96) since January 5, 2026. Since the previous update, 107 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 (7/26/26)

Cyclosporiasis

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

Cyclosporiasis is an intestinal infection caused by the parasite *Cyclospora*. Infection is typically transmitted by ingesting contaminated food or water. Cyclosporiasis season runs from May 1 – August 31 and case counts typically increase during spring and summer months. Currently, there are many jurisdictions reporting an increase in cases this year compared to the same period during 2025. According to data from the United States CDC as of August 3, there have been a total of 10,468 confirmed locally acquired cyclosporiasis cases reported in the country during 2026. Since the previous update, 3,761 incident confirmed locally acquired cases and 2 deaths were reported. Additionally, there are over 12,255 cases awaiting confirmation of infection and acquisition, primarily in Michigan. Investigations to identify sources of outbreaks are ongoing. Travel associated cases have also been reported this year in 44 states (1,341).

Locally Acquired Cyclosporiasis Cases, Hospitalizations, and Deaths, United States, 2026						
Confirmed Cases		**Hospitalizations‡**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
10,468	+3,761	517	+94	2	+2	0.0%

*Table Notes: Data as August 3, 2026, and includes confirmed locally acquired cases only; ‡Among confirmed locally acquired cases with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

Locally acquired cases have been reported by 47 states, primarily Michigan (>4,000), Indiana (500-999), North Carolina (500-999), Ohio (500-999), Illinois (200-499), Kansas (200-499), Kentucky (200-499), New York (State & City) (200-499), and Oklahoma (200-499). Nationally, cases range from 1-98 years of age with a median of 45 years. Among cases with information available, 517 were hospitalized (4.9% of all cases), 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 12,218 cases in the state this year as of August 5. Data from

individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases. As of August 4, 2026, there are active investigations examining 6 separate cyclosporiasis outbreaks (of which 4 are still ongoing) in the United States, including an ongoing outbreak linked to shredded iceberg lettuce.

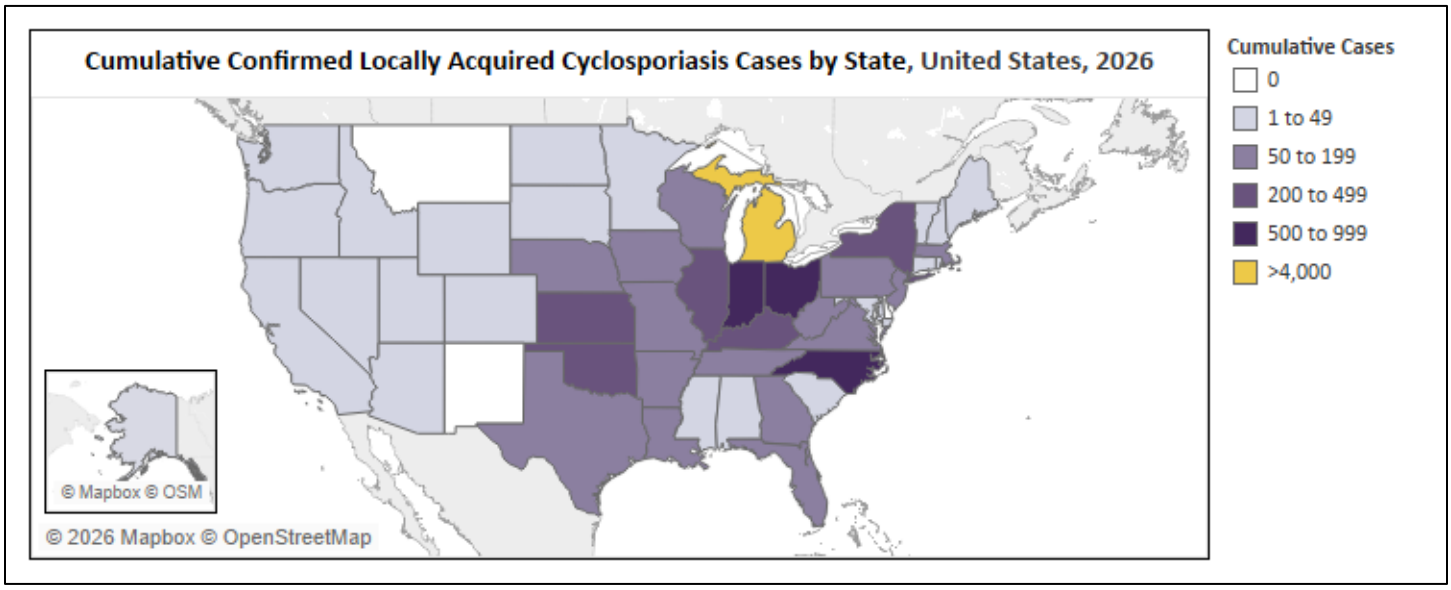

Figure Notes: Data as of August 3, 2026, and includes confirmed locally acquired cases only; There have been no cases reported in Hawaii.

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 5, there have been a total of 6,358 cyclosporiasis cases reported across 15 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, 6 new states, 4,411 additional confirmed cases, and 2 deaths 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*
6,358	+4,411	278	+180	2	+2	0.0%

*Table Notes: Data as August 5, 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).*

Cases involved in this outbreak have been reported in Michigan (3,491), Ohio (645), Missouri (568), Indiana (370), Kentucky (265), Oklahoma (183), Kansas (165), Illinois (164), Pennsylvania (132), West Virginia (126), Nebraska (92), Iowa (83), Arkansas (41), New Hampshire (31), and North Carolina (2), and reported dates of illness onset ranging from June 22 – July 30, 2026. Among them, 278 have been hospitalized and there have been 2 deaths reported. MDHHS analyzed exposures from 190 cases that ate at Taco Bell prior to illness onset in Michigan and found that 90% of interviewed cases reported eating iceberg lettuce. Currently, no samples collected have tested positive for *Cyclospora* – a false positive was previously reported. Despite this, epidemiologic and traceback investigations have identified shredded iceberg lettuce from Taylor Farms de Mexico served at some Taco Bell locations as a source of infection in this outbreak – on July 17, Taylor Farms de Mexico issued a voluntary recall of all iceberg lettuce sourced from Central Mexico, including products

distributed to food service customers and Marketside-brand products available at Walmart with various best-by dates. Taco Bell has completed voluntary removal of all implicated products from their restaurants nationwide.

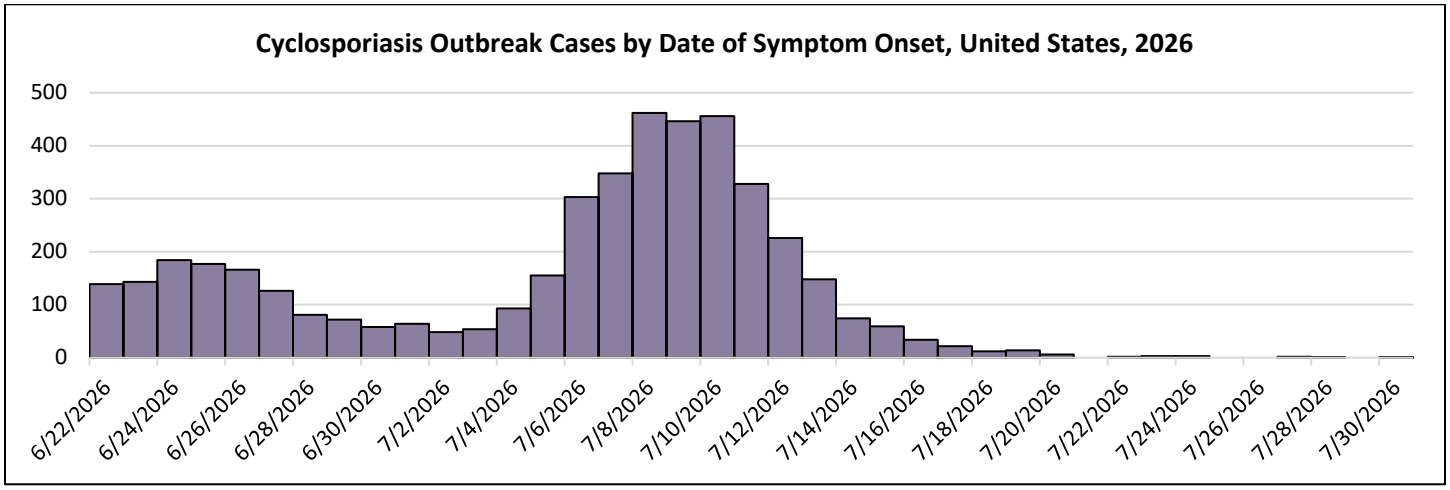

Figure Notes: Data as of August 5, 2026, and only includes cases from outbreak linked to shredded iceberg lettuce with available data (4,510).

According to the United States CDC, the true number of cases linked to this multistate outbreak is likely higher than the number reported and may not be limited to affected states. Do not consume recalled products from Taylor Farms de Mexico. Other cyclosporiasis outbreaks and illnesses unrelated to this outbreak are being investigated nationally.

Data Sources: CDC Surveillance (8/4/26), CDC Outbreak (8/5/26)

Dengue

United States – First Ever Locally Acquired Case Reported in Virgnina:

On August 4, 2026, the Virginia Department of Health (VDH) reported a confirmed locally acquired case of dengue among resident with no recent travel history prior to illness onset, the first ever documented case of locally acquired dengue in the state. The case had been in close proximity to a travel associated dengue case detected in the state a few weeks prior – see dengue transmission cycle. VDH assesses the risk of acquiring dengue in the state as low. According to data from the United States (US) CDC as of August 5, there have been a total of 1,252 locally acquired dengue cases reported in US states and territories during 2026, primarily in Puerto Rico (835) and American Samoa (412) – only 5 cases have been reported in the continental US in Florida (4) and Virginia (1). There were a total of 80 locally acquired dengue cases reported in the continental US during 2025 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 5, there have been a total of 203 travel associated dengue cases reported among US residents during 2026. There were a total of 1,287 travel associated dengue cases reported among US residents during 2025.

Data Sources: VDH (8/4/26), US CDC 2026 (8/5/26), US CDC 2025 (8/5/26)

Diphtheria

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

According to data from the Africa CDC as of July 26, there have been a total of 3,914 cases of diphtheria (408 confirmed) and 131 deaths (13 confirmed) reported by 7 African Union (AU) Member States (MS) during 2026. Since the previous update, 281 incident cases and 11 additional deaths were reported in Somalia (273 cases and 10 deaths), Mauritania (7

cases and 1 death), and South Africa (1 case). According to BEACON, which cites media reports, a suspected diphtheria cluster was detected in July in Nigeria (not included in Africa CDC data) – there has been 1 death reported among a child.

Diphtheria Cases and Deaths by Country, Africa, 2026					
Country	**Cases**		**Deaths**		
	Cumulative	Incident†	Cumulative	Incident†	CFR*
Guinea	28	+0	3	+0	10.7%
Mali	111	+0	4	+0	3.6%
Mauritania	360	+7	16	+1	4.4%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Somalia	2,934	+273	86	+10	2.9%
South Africa	43	+1	8	+0	18.6%
Total	**3,914**	**+281**	**131**	**+11**	**3.3%**

*Table Notes: Data as of July 26, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

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

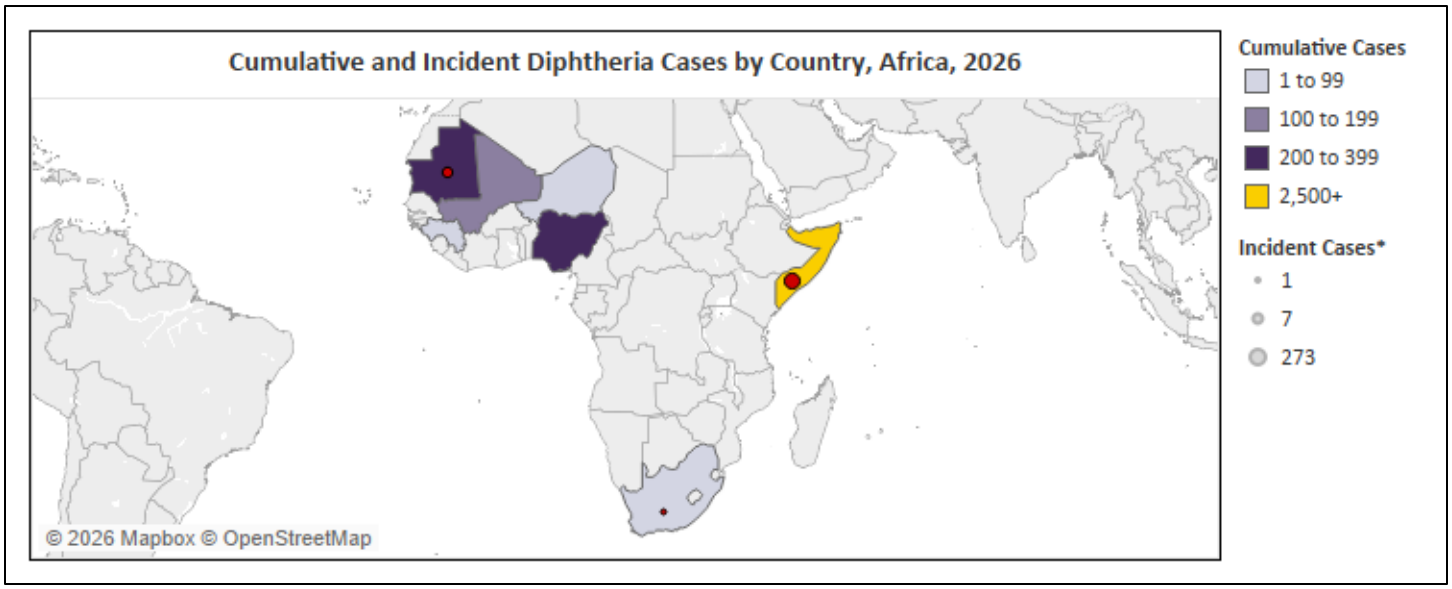

*Figure Notes: Data as of July 26, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.*

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 (8/6/26)

Australia – National Incidence Trends Gradually Declining Since Early June:

On May 22, 2026, Australia's Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance (CDINS). According to data from the Australian Centre for Disease Control (CDC) as of July 27, there have been a total of 475 confirmed cases of diphtheria, and 1 death reported in Australia during 2026, representing a 43-fold increase compared to the same period from 2022-2025 (average of 11 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 15 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*
475	+15	89	+4	1	+0	0.2%

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

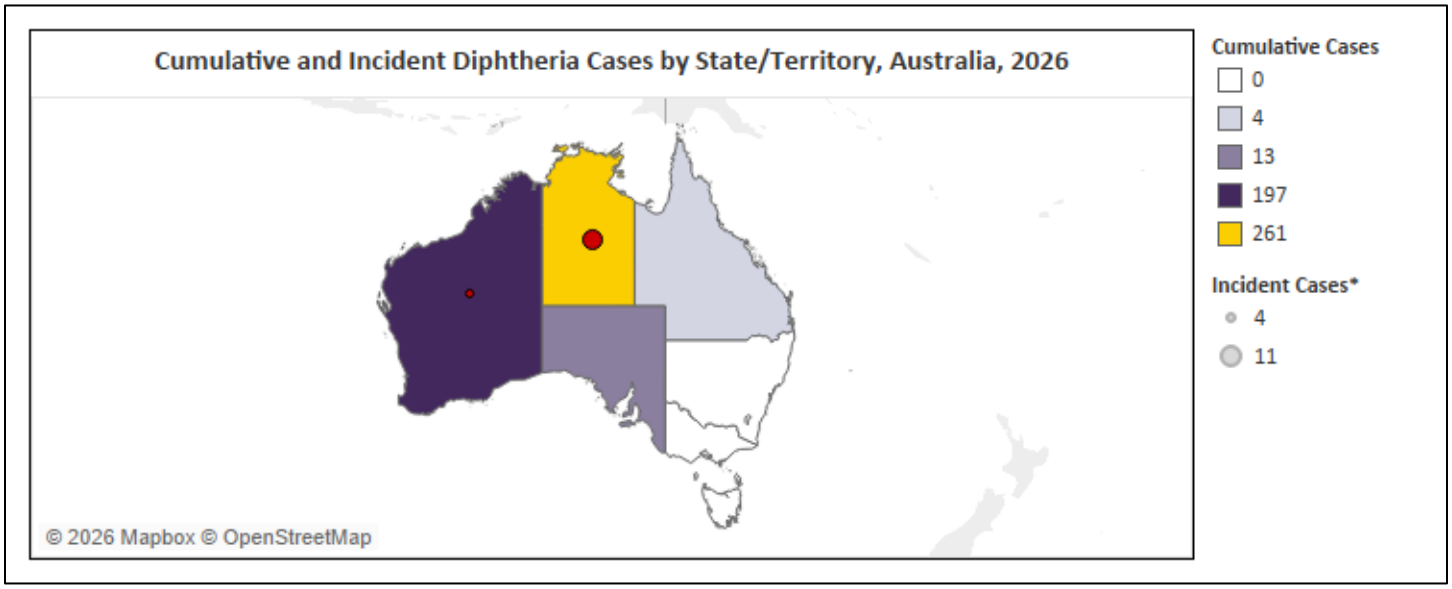

*Figure Notes: Data as of July 27, 2026; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in the Northern Territory (261), Western Australia (197), South Australia (13), and Queensland (4) – 99.4% 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 (35%), followed by those aged 5-14 years (24%), and 15-24 years (21%). Among all cases, 95.6% have been among Aboriginal and/or Torres Strait Islander people, 54.3% have been female, 18.7% have been hospitalized, and 66.1% have been cutaneous diphtheria (as opposed to respiratory: 32.2%). Most cases of respiratory (86.9%) and cutaneous (78.0%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine. Prior to the COVID-19 pandemic (2014-2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 16 diphtheria clusters (≥2 cases) reported (11 during 2026), the largest of which (10-16 cases) occurred in North Queensland from 2020-2023. Clusters reported during 2026 have ranged from 2-12 cases. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: Australian CDC (7/31/26)

Africa – Updated Data on Ongoing Bundibugyo Outbreak in the DRC:

According to data from the National Institute of Public Health (INSP) in the Democratic Republic of the Congo (DRC) as of August 5, 2026, there have been a total of 3,973 confirmed Bundibugyo virus disease (BVD) cases and 1,801 confirmed deaths reported across 5 provinces. Since the previous update, 613 additional confirmed cases and 314 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 Uganda and neighboring countries with land borders adjoining countries reporting BVD cases, and low in other countries within the African region and at the global level. This situation remains a Public Health Emergency of International Concern (PHEIC) globally and a Public Health Emergency of Continental Security (PHECS) in Africa.

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

Country	Confirmed Cases		Deaths		
	Cumulative	Change†	Cumulative	Change†	CFR*
DRC‡	3,973	+613	1,801	+314	45.3%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**3,994**	**+613**	**1,803**	**+314**	**45.1%**

*Table Notes: Data for the DRC as of August 5, 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.*

In the DRC, according to data from the INSP as of August 5, 2026, confirmed cases have been reported in 51 health zones in Haut-Uele (5), Ituri (28), North Kivu (12), South Kivu (1), and Tshopo (5) provinces – 87.1% of confirmed cases have been reported in Ituri province (3,460), followed by North Kivu (436), Haut-Uélé (67), Tshopo (7), and South Kivu (3) provinces. A total of 17,781 contacts have been identified for monitoring and follow-up, of which 75.3% (13,393) are actively being monitored (seen within the previous 24 hours). There have been 776 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, and no new cases as of August 6, 2026.

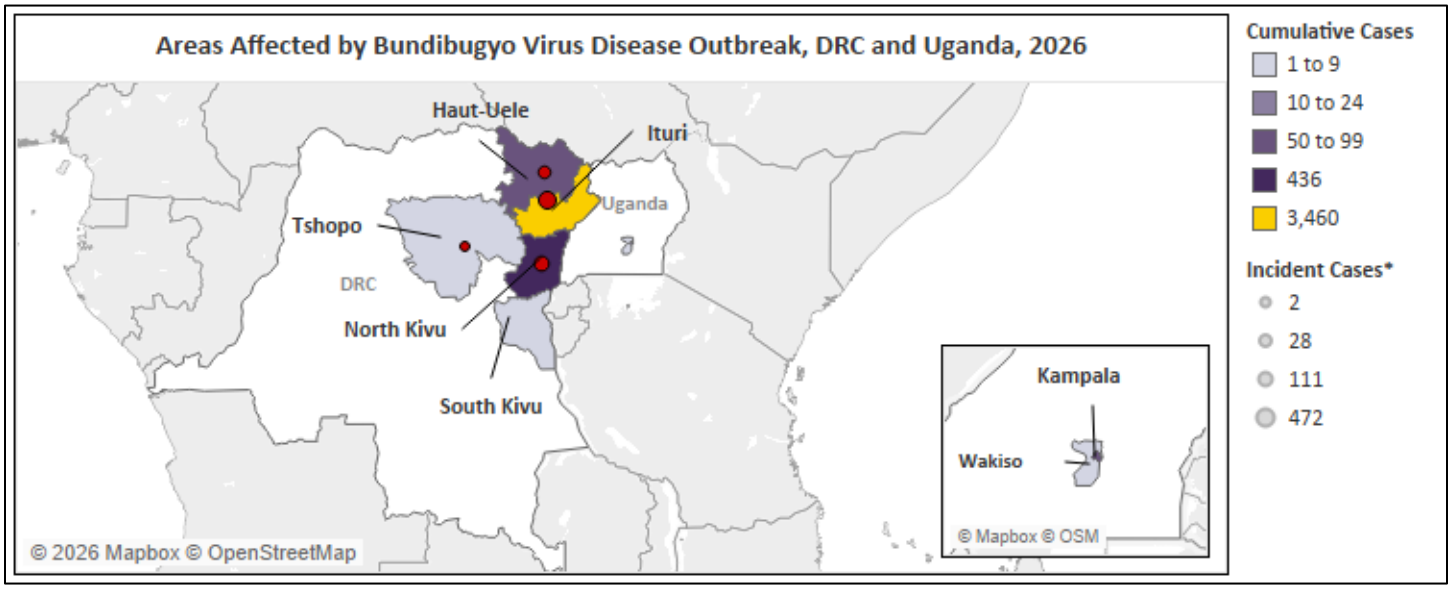

*Figure Notes: Data as of August 5, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.*

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.

On July 13, 2026, Health and Human Services (HHS) issued an updated Title 42 order effectively suspending entry into the United States for all foreign nationals and lawful permanent residents (green card holders) who were in the DRC, Uganda, or South Sudan within 21 days of arrival – the order will be in effect for 30 days. As of July 14, 2026, travelers including Americans, under updated Title 42, and the Department of Homeland Security (DHS), under Title 49, who have traveled to DRC are subject to a DO NOT BOARD (DNB) order and 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 low and has active Travel Health Notices posted regarding non-BVD affected areas of DRC and Uganda (Level 2 – Practice Enhanced Precautions), Haute-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: CDC (8/5/26), WHO (6/9/26), INSP (8/5/26), MOH-U (8/6/26)

Malaria

Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week:

According to data from the French National Public Health Agency (SPF) as of July 26, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 302 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 26 confirmed incident cases reported. Among all confirmed cases, 215 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 66 have been locally acquired (an increase of 10 since the previous update), 12 have an undetermined origin, and 9 are currently under investigation. Local transmission increased in early May and continues to be detected.

Malaria Cases, Hospitalizations, and Deaths, Mayotte, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
302	+26	81	+6	0	+0	0.0%

Table Notes: Data as of July 26, 2026; †Change in cumulative total compared to previous update.

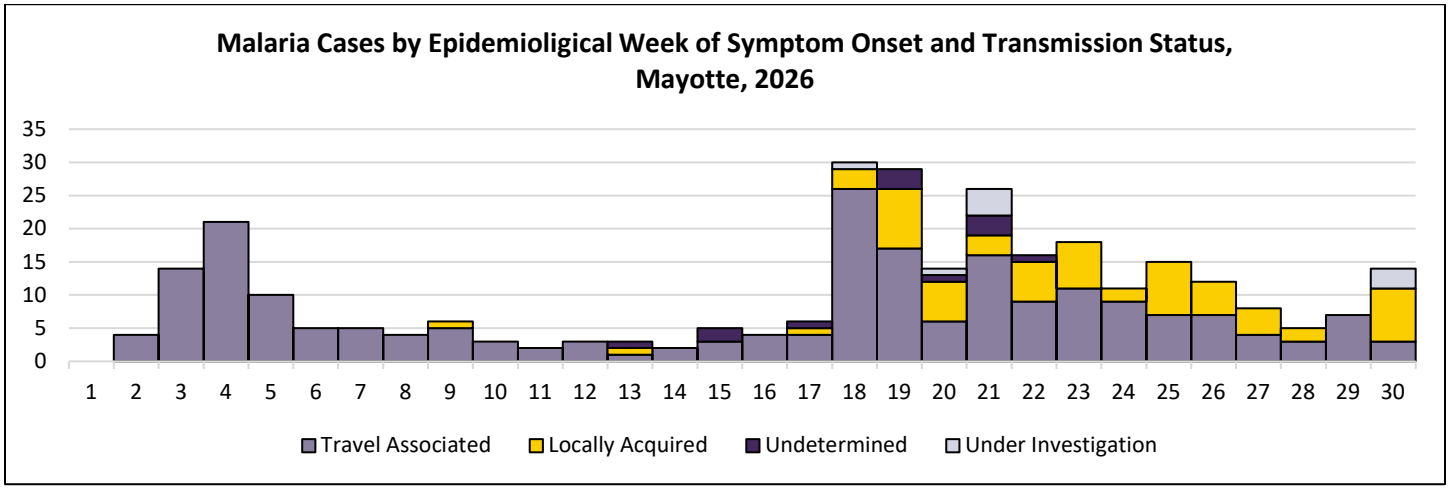

Figure Notes: Data as of July 26, 2026.

During the week ending July 26, 2026, there were 14 confirmed incident cases reported with symptom onset during that week, of which 8 were determined to be locally acquired. Overall trends spiked during epidemiological week 18 and had been declining since before increasing during the previous 2 weeks. During this year, confirmed locally acquired cases have been reported in 6 communes primarily in the southern region of the island: Dembéni (25), Chirongui (19), Bandrélé (18), Kani-Kéli (2), Mamoudzou (1), and Mtsangamouji (1). Among all confirmed cases, 81 have been hospitalized, including 8 admitted to intensive care.

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

Data Sources: SPF (7/31/26), ECDC (6/5/26), BEACON (6/30/26)

Measles

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

According to data from the Directorate General of Health Services (DGHS) as of August 5, there have been a total of 132,905 suspected and 16,655 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 758 deaths reported among suspected cases, and 96 deaths reported among confirmed cases. Since the previous update, 5,495 suspected incident cases, 781 confirmed incident cases, 19 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, highlighting the rapid increase observed since.

Measles Cases, Hospitalizations, and Deaths by Case Status, Bangladesh, Since March 15, 2026							
Case Status	Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
Suspected	132,905	+5,495	115,234	+5,052	758	+19	0.6%
Confirmed	16,655	+781			96	+0	0.6%

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

During 2026, cases have been reported in all 8 departments: Dhaka (58,873 suspected & 9,988 confirmed), Chattogram (24,602 suspected & 2,375 confirmed), Barisal (14,416 suspected & 597 confirmed), Rajshahi (9,118 suspected & 1,360 confirmed), Khulna (8,874 suspected & 465 confirmed), Sylhet (8,271 suspected & 748 confirmed), Mymensingh (6,319 suspected & 702 confirmed), and Rangpur (2,432 suspected & 420 confirmed). According to data from the United Nations as of June 25, 2026, children aged <5 years have accounted for 81% of reported cases, and recent weekly trends show a slight decrease in incidence since mid-May. Deaths have primarily been reported among children.

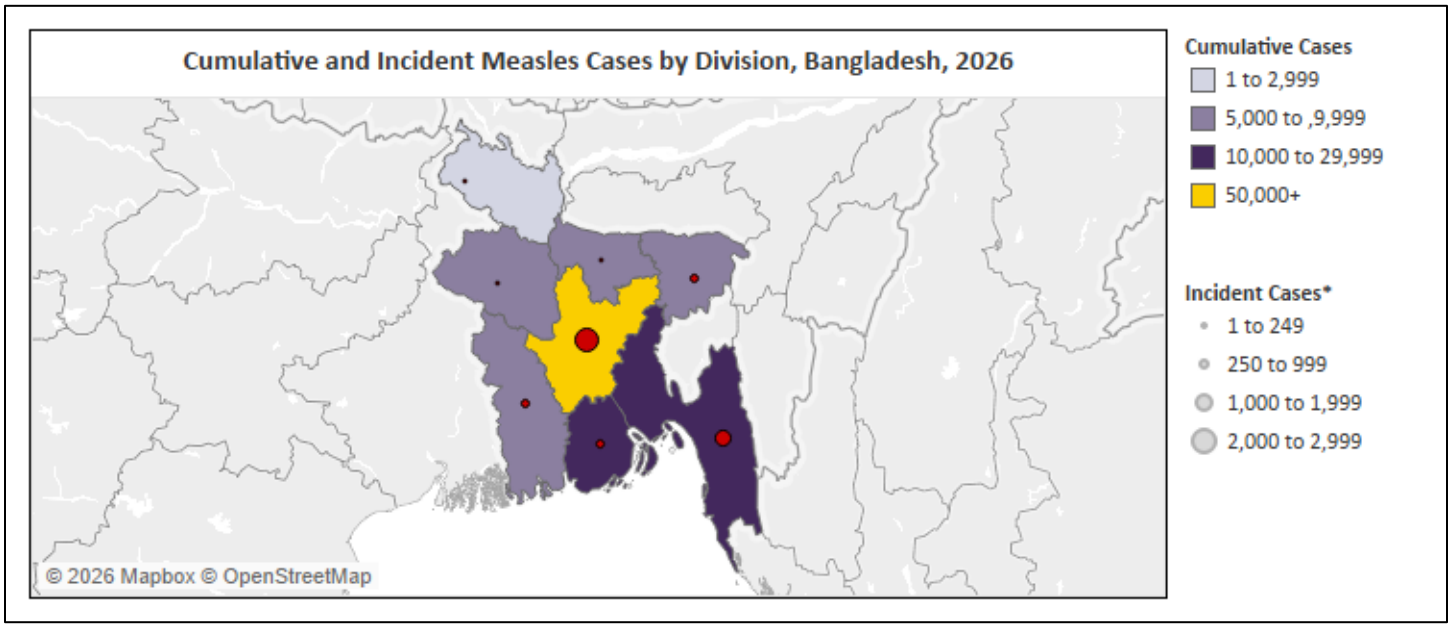

*Figure Notes: Data as of July 30, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

In the first 7 months of 2026, Bangladesh has reported the highest number of confirmed measles cases in a year ever when compared to data available from the WHO since 2012. An approximately 13-fold decrease in the number of confirmed cases reported annually was observed since the COVID-19 pandemic until the end of last year. From 2021-2025, there were 293 confirmed cases reported annually on average. In the years preceding the pandemic (2016-2020), there were 3,805 confirmed cases reported annually on average. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Sources: WHO (3/16/26), DGHS (8/5/26), WHO (4/23/26), UN (6/25/26)

Canada – Small Number of Incident Cases Reported in British Colombia:

According to data from the Public Health Agency of Canada (PHAC) as of July 25, 2026, there have been a total of 5,462 probable and confirmed measles cases reported in Canada during 2025, and 1,109 probable and confirmed cases reported during 2026. Since the previous update, 2 incident cases with rash onset during 2026 were reported in British Columbia.

During 2026, cases have been reported by 8 jurisdictions: Manitoba (677), Alberta (311), British Columbia (45), Quebec (31), Ontario (29), Nova Scotia (10), Saskatchewan (5), and New Brunswick (1). Those aged 5-17 years have been most affected (41%), followed by those aged 18-54 years (37%), and those aged 1-4 years (15%). There have been 4 congenital cases reported. Among all cases, 91% have been unvaccinated or had unknown vaccination statuses, 7% have been

hospitalized, and 96% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada have reported travel to Bangladesh, Cameroon, Chad, Guatemala, India, Japan, Mexico, Pakistan, Sint Maarten, Spain, Thailand, Togo, Türkiye, the United States, and Vietnam.

Measles Cases, Hospitalizations, and Deaths, Canada, 2025-2026									
Year	Probable Cases		Confirmed Cases		Hospitalizations		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	377	+0	5,085	+0	401	+0	2	+0	0.0%
2026	82	+0	1,109	+2	75	+0	0	+0	0.0%

*Table Notes: Data as of July 25, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among probable and confirmed cases.*

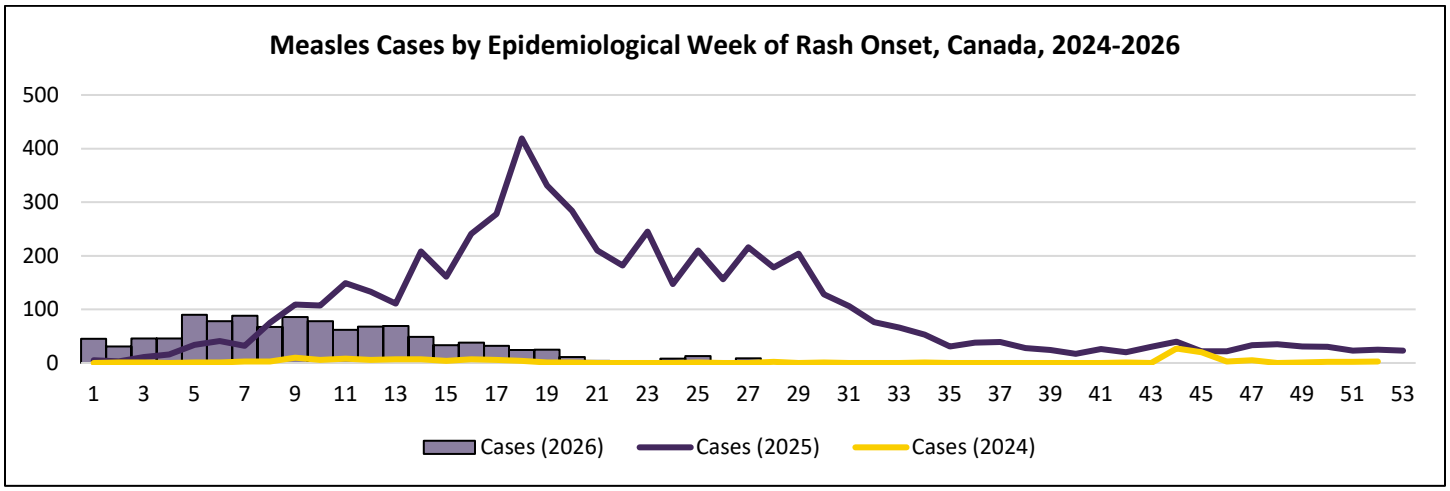

Figure Notes: Data as of July 25, 2026, and includes probable and confirmed cases.

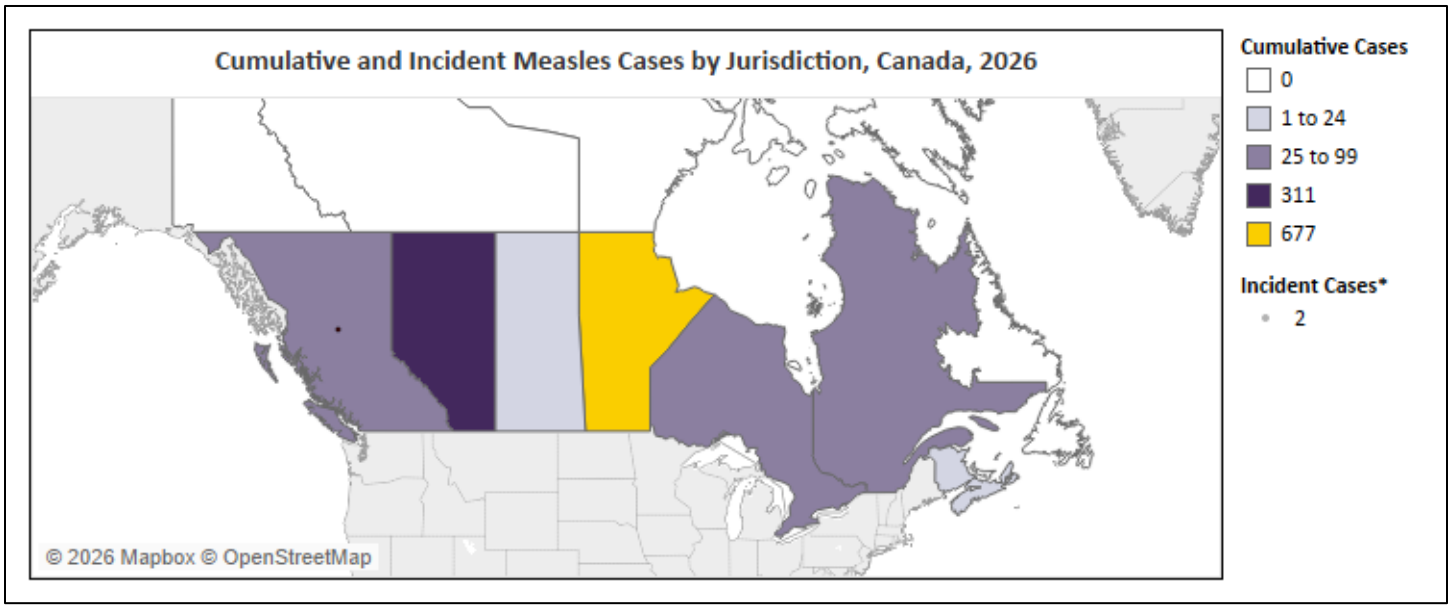

*Figure Notes: Data as of July 25, 2026, and includes probable and confirmed cases; *Change in cumulative total compared to previous update.*

During 2025, cases were reported by 10 jurisdictions, primarily Ontario (2,397), Alberta (2,014), British Columbia (440), and Manitoba (358). Those aged 5-17 years were most affected (45%), followed by those aged 18-54 years (28%), and those aged 1-4 years (20%). There were 19 congenital cases reported. Among all cases, 93% were unvaccinated or had unknown vaccination statuses, 7% were hospitalized, and 97% were exposed in Canada (epidemiologically and/or virologically linked). Cases exposed outside of Canada reported travel to 26 different countries, suggesting a broad measles resurgence globally.

Canada is currently experiencing a multijurisdictional measles outbreak involving 6,414 cases that began in October 2024 and has resulted in the country losing measles elimination status. Among all cases reported during 2026, 93% are linked to this outbreak. During 2025, Canada reported the highest number of cases in a single year since 2011 (752). From 1998-2024, a period where measles was eliminated in Canada, there were 91 cases reported annually on average. The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles.

Data Sources: PHAC - 2026 (8/4/26), PHAC - 2025 (6/1/26)

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

According to data from the Ministry of Public Health and Social Assistance (MSPAS) as of July 30, 2026, there have been total of 31,140 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, 1,100 confirmed incident cases and 3 additional deaths 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	7,870	+40	32	+3	0.1%
Epidemiological	3,499	+105			
Clinical	19,771	+955			
Total	**31,140**	**+1,100**	**32**	**+3**	**0.1%**

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

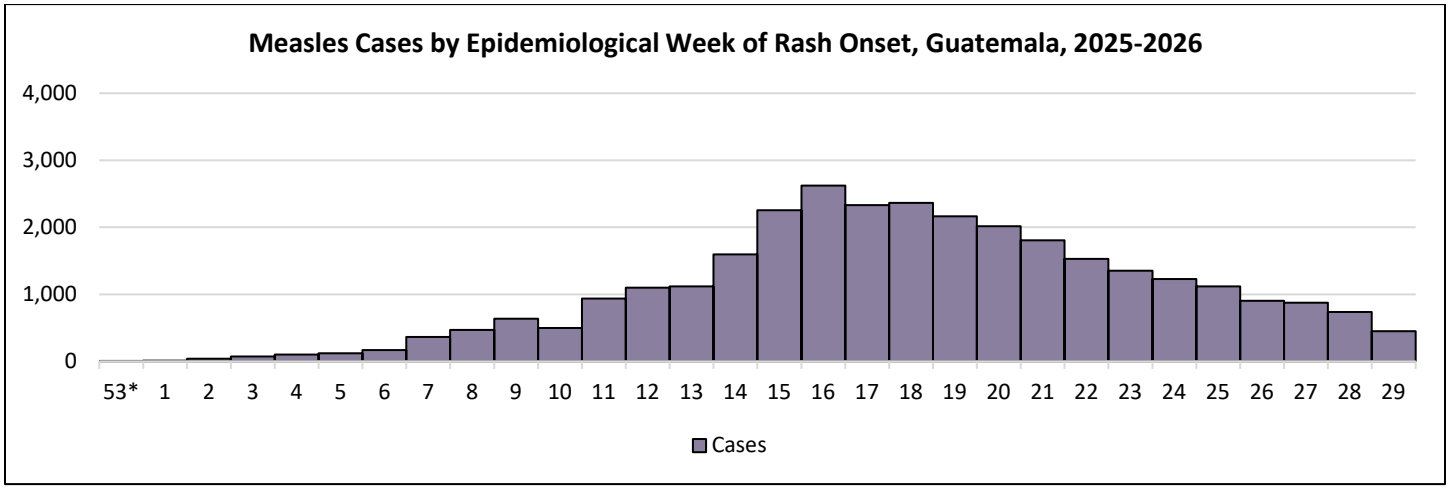

Figure Notes: Data as of July 30, 2026 (205 confirmed cases missing from figure); Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (11,779), Quetzaltenango (2,449), Quiche (2,151), Huehuetenango (1,724), Izabal (1,459), and Sololá (1,478) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 6 departments: Izabal (329.0), Guatemala (310.0), Sololá (292.5), Quetzaltenango (256.2), Totonicapán (202.2), and Quiche (199.8). Those aged 20-29 years have been most affected (37.0%), followed by those aged 30-39 years (16.8%), 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.

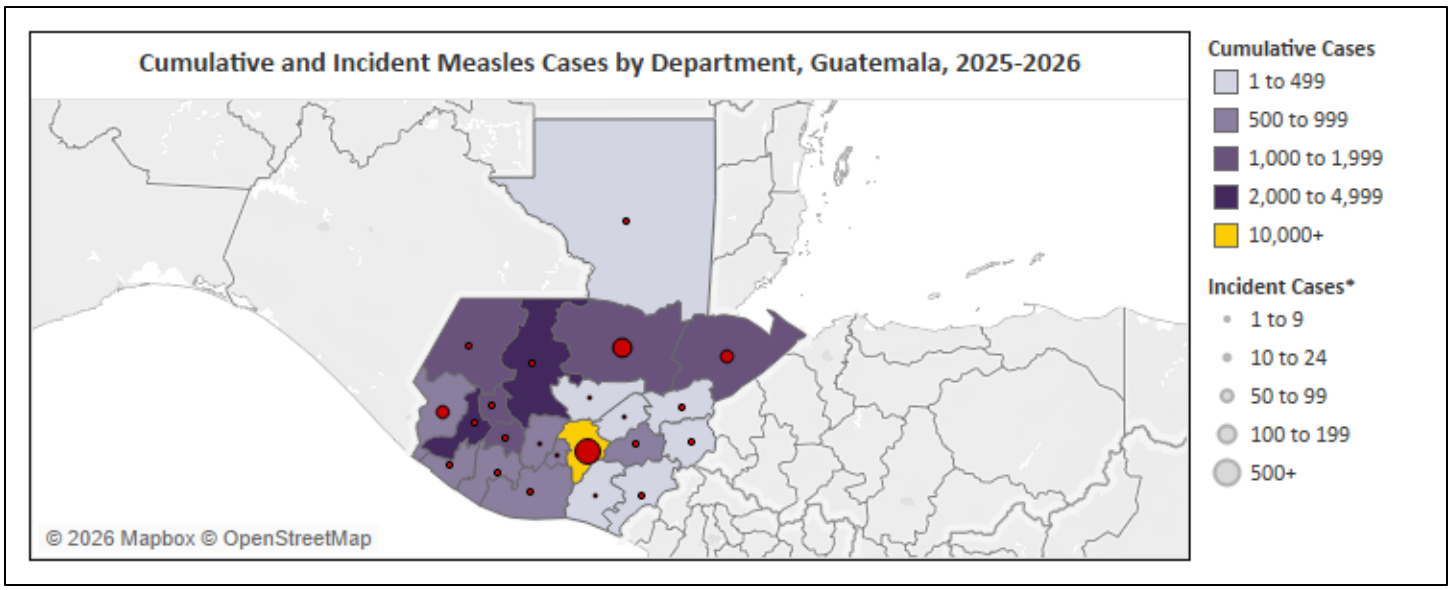

*Figure Notes: Data as of July 30, 2026 (1,220 confirmed cases missing from figure); *Change in cumulative total compared to previous update.*

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 (7/30/26)

Mexico – Confirmed Incident Cases Reported by 11 States, Most in Jalisco:

According to data from the Secretary of Health of Mexico as of August 1, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,520 confirmed cases and 18 deaths reported during 2026. Since the previous update, 60 confirmed incident cases with symptom onset during 2026 were reported by 11 states, primarily Jalisco (15) and Quintana Roo (12). Confirmed case incidence has been declining since epidemiological week 7.

Measles Cases, Hospitalizations, and Deaths, Mexico, 2025-2026							
Year	Probable Cases		Confirmed Cases		Deaths		
	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
2025	15,694	+0	6,614	+0	27	+0	0.4%
2026	28,853	+185	12,520	+60	18	+0	0.1%

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

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,701), Mexico City (1,013), and Chiapas (858). During 2025, confirmed cases were reported by 29 states, primarily Chihuahua (4,497) and Jalisco (736). Across both years, cumulative incidence per 100,000 population has been highest among those aged <1 year (94.31), followed by those aged 1-4 years (29.79), those aged 5-9 years (21.23), and those aged 25-29 years (20.11).

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.

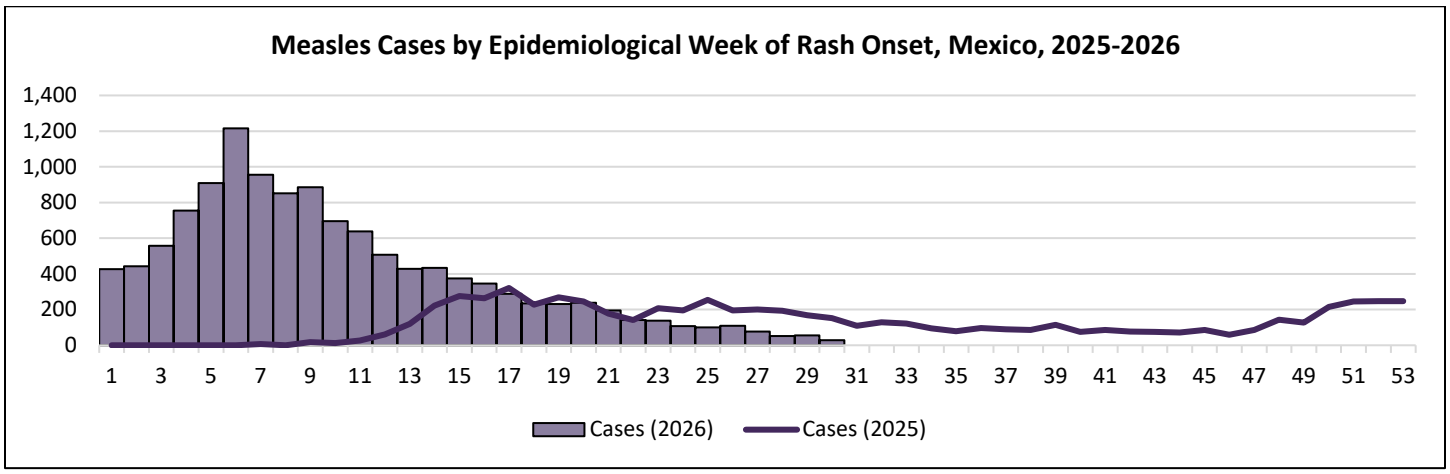

Figure Notes: Data as of August 1, 2026, and includes confirmed cases only (5 missing from figure).

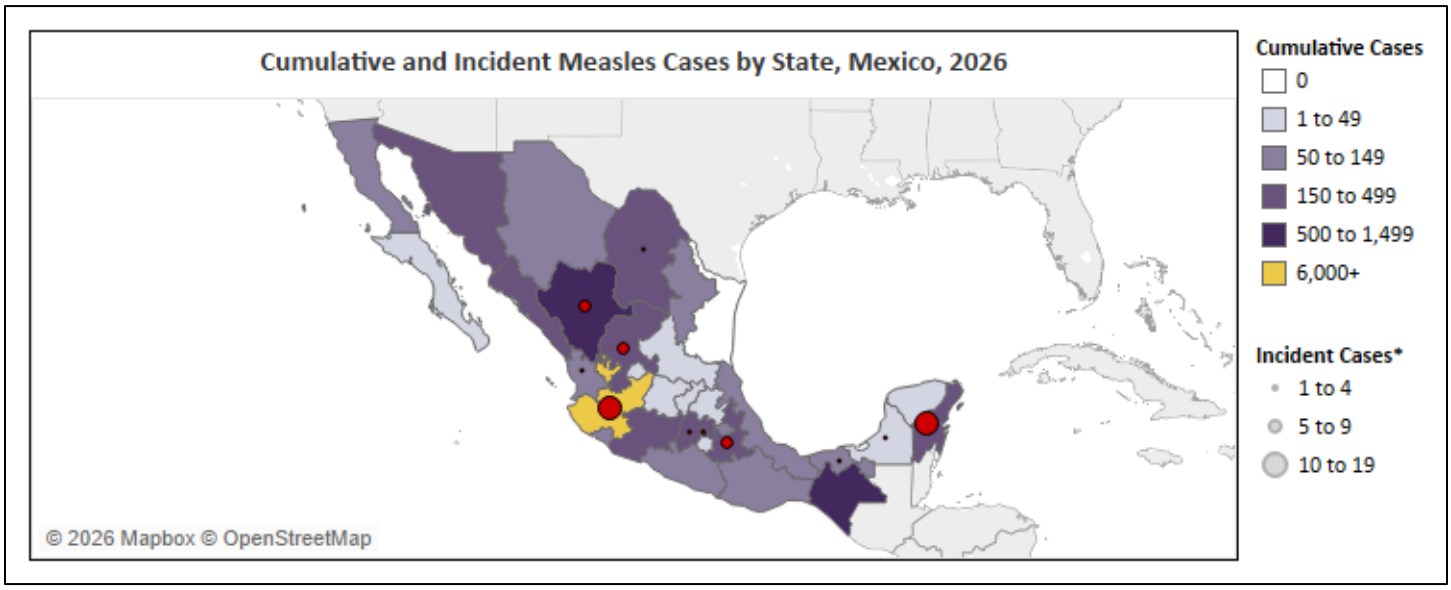

*Figure Notes: Data as of August 1, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Source: Secretary of Health (8/3/26)

United States – Confirmed Incident Cases Reported by 9 States, Most in PA:

According to data from the United States CDC as of July 30, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 2,371 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, 53 confirmed incident cases with rash onset during 2026 were reported by 9 states, primarily Pennsylvania (33) and Washington (8).

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	2,371	+53	161	+10	0	+0	0.0%

*Table Notes: Data as of July 30, 2026, and includes cases reported among international visitors to the United States; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

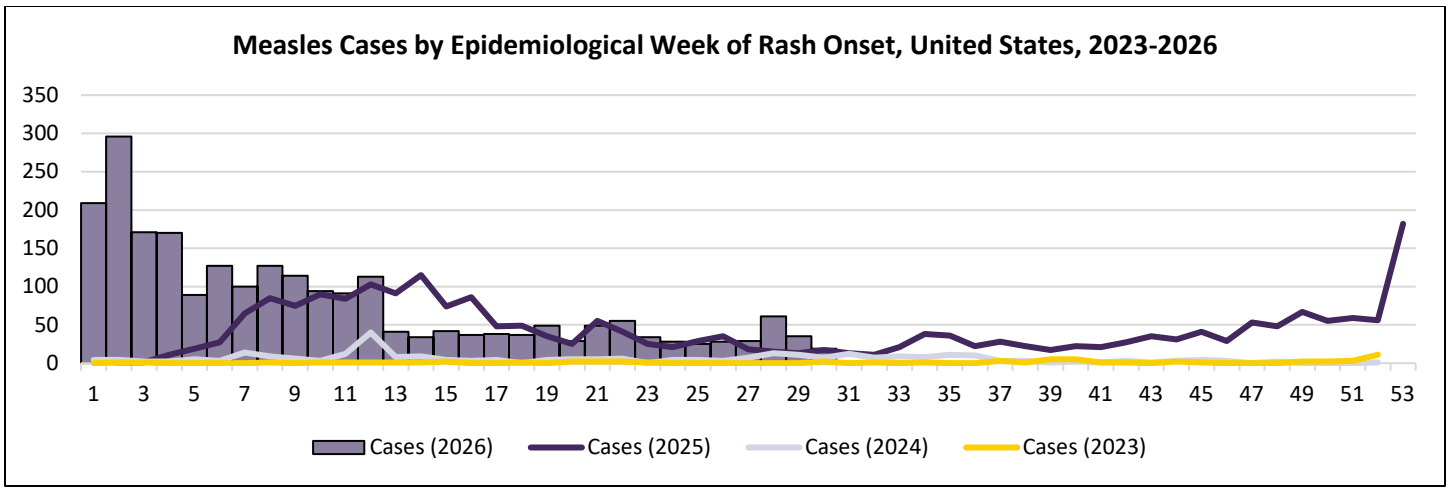

Figure Notes: Data as of July 30, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 45 jurisdictions, primarily South Carolina (670), Utah (524), Texas (190), Virginia (176), Pennsylvania (167), Florida (141), and Arizona (109). There have been 37 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (846 from outbreaks that began during 2026 and 1,373 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (49%), followed by those aged 20+ years (31%), and those aged <5 years (20%). Among all confirmed cases, 93% have been unvaccinated or have unknown vaccination statuses and 7% have been hospitalized – including 10% of those aged <5 years. In New York, there have been 6 confirmed cases reported in New York City and 10 in Rest of State (16 total).

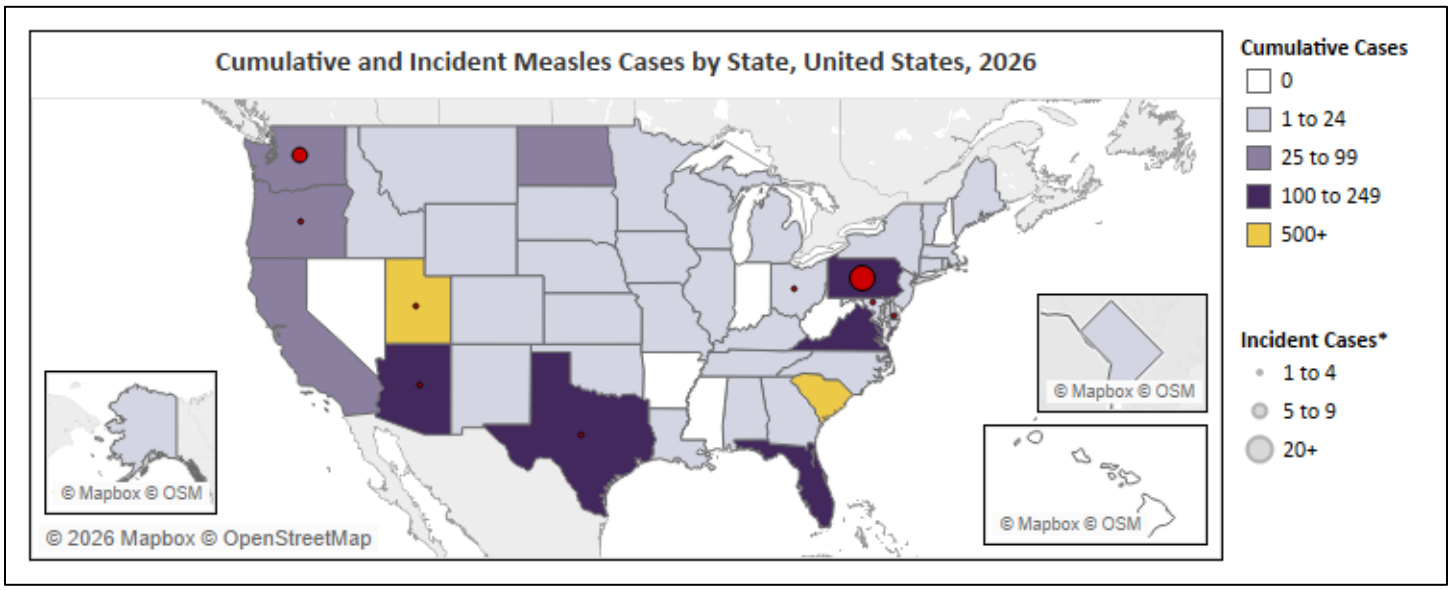

*Figure Notes: Data as of July 30, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

During 2025, confirmed case totals were the highest observed since 1991 (9,643), with cases reported by 45 jurisdictions. There were 48 outbreaks reported – 90% of confirmed cases were outbreak associated. Those aged 5-19 years were most affected (44%), followed by those aged 20+ years (29%), and those aged <5 years (26%). Among all confirmed cases, 93% were unvaccinated or had unknown vaccination statuses and 11% were hospitalized – including 18% of cases aged <5 years. In New York, there were 20 confirmed cases reported in New York City and 28 in Rest of State (48 total) with an increase observed during October in the Hudson Valley as a result of from measles acquired during international travel.

The United States CDC currently has a Level 1 – Practice Usual Precautions Travel Health Notice posted regarding measles globally. Vaccination offers the best protection against measles. A decrease in vaccination coverage among kindergartners and an increase in parents delaying vaccination among infants has been observed in the United States since the COVID-19

pandemic. The Pan American Health Organization (PAHO) had initially invited the United States to meet virtually in April to review its measles elimination status, a milestone achieved in 2000. However, this meeting has since been postponed and will take place in November 2026 during the annual meeting of the Regional Verification Commission for the Elimination of Measles, Rubella, and Congenital Rubella Syndrome (RVC). An analysis published in May in The Lancet determined that it is highly likely that the United States will lose its measles elimination status given the current epidemiological context.

Data Source: CDC (7/31/26)

Mpox

Africa – Incident Cases Reported Primarily in Madagascar; First in Guinea-Bissau:

According to data from the World Health Organization (WHO) as of July 19, 2026, there have been a total of 69,104 confirmed mpox cases and 285 deaths reported in Africa since the beginning of 2024. Since the previous update, 685 confirmed incident cases and 5 additional deaths were reported – there are delays associated with reporting. Confirmed incident cases were primarily reported in Madagascar (513) and Angola (94), and for the first time in Guinea-Bissau (3).

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	+0	78	+0	0.2%
Ghana	IIa and IIb	1,005	+1	7	+0	0.7%
Guinea	IIa and IIb	2,312	+3	7	+0	0.3%
Kenya	Ib	1,189	+33	19	+0	1.6%
Liberia	IIa and IIb	1,681	+0	9	+0	0.5%
Madagascar	Ib	2,921	+513	18	+4	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	2,918	+135	34	+1	1.2%
Total	**Ia, Ib, IIa, and IIb**	**69,104**	**+685**	**285**	**+5**	**0.4%**

*Table Notes: Data as of July 19, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

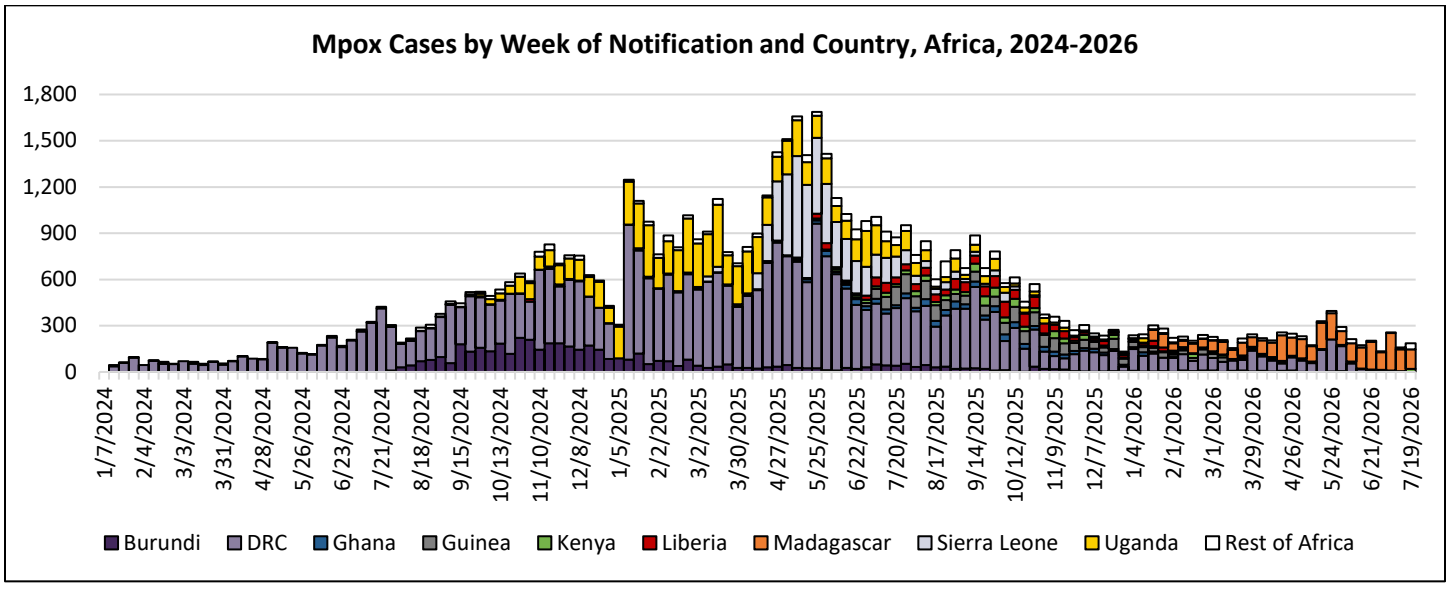

Figure Notes: Data as of July 19, 2026, and includes confirmed cases only (4,102 reported in the DRC are excluded).

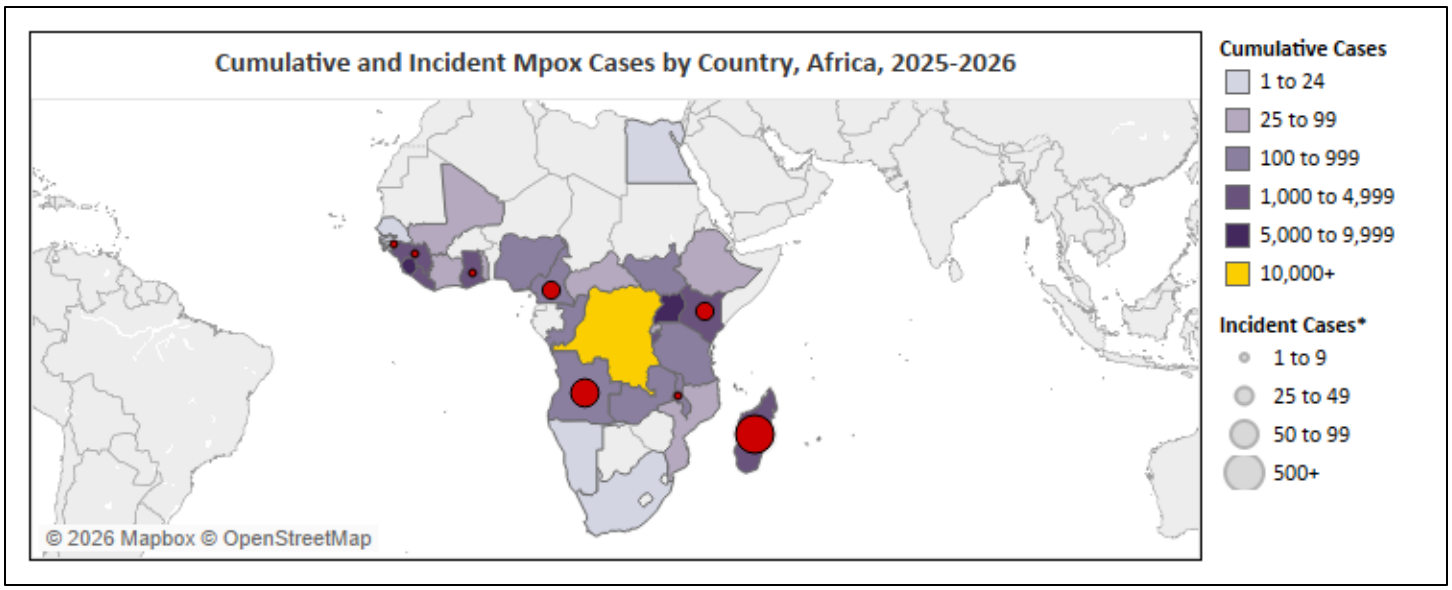

*Figure Notes: Data as of July 19, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed cases have been reported by 35 African countries since the beginning of 2024, primarily the Democratic Republic of the Congo (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 1,112 confirmed cases reported with symptom onset in the past 6 weeks by 10 countries, primarily Madagascar (940), Angola (57), Kenya (48), the DRC (30), and Cameroon (24). In June, local transmission was 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. Vaccination is recommended for those at risk for exposure and those at risk for exposure who are traveling to countries with outbreaks.

Data Sources: WHO Dashboard (7/31/26), WHO Sitrep (7/31/26)

Global – Updated Data on Geographic Spread and Transmission Status of Clade I:

According to data from the World Health Organization (WHO) as of July 31, 2026, a total of 19 countries have reported 1,261 confirmed clade Ib mpox cases globally in the past 6 weeks (active transmission). Among them, 16 countries have reported cases of community transmission (1,255), the United States (3) and Ghana (1) have reported cases linked to travel, and transmission status is currently unknown for 2 cases recently reported in Costa Rica.

Clade Ib Mpox Cases Reported to WHO by Transmission Status, Global, Past 6 Weeks					
Community Transmission		**Cases Linked to Travel**		**Unknown**	
Countries	Cases	Countries	Cases	Countries	Cases
16	1,255	2	4	1	2

Table Notes: Data as of July 31, 2026, and only includes confirmed clade Ib mpox cases reported to the WHO in the past 6 weeks, with the exception of the Democratic Republic of the Congo (may include clade Ia cases).

Since the beginning of 2024, a total of 59,114 clade Ib mpox cases have been reported by 66 countries globally, primarily the Democratic Republic of the Congo (DRC) (38,891), Uganda (8,512), Burundi (4,727), Madagascar (2,921), and Kenya (1,189). In the past 6 weeks, cases of community transmission have primarily been reported in Madagascar (940), Portugal (60), Angola (57), Kenya (48), the United Kingdom (31), Thailand (29), France (18), and Spain (16). According to data from the United States CDC as of July 27, 2026, there have been over 30 confirmed clade Ib mpox cases reported in the country since November 2024. There have not been any clade Ia mpox cases reported globally in the past 6 weeks. Additionally, there have been 3 recombinant clade Ib/IIb mpox cases reported in the United Kingdom, India, and Qatar among individuals with recent travel history to South-East Asia and the Arabian Peninsula – none experienced severe outcomes.

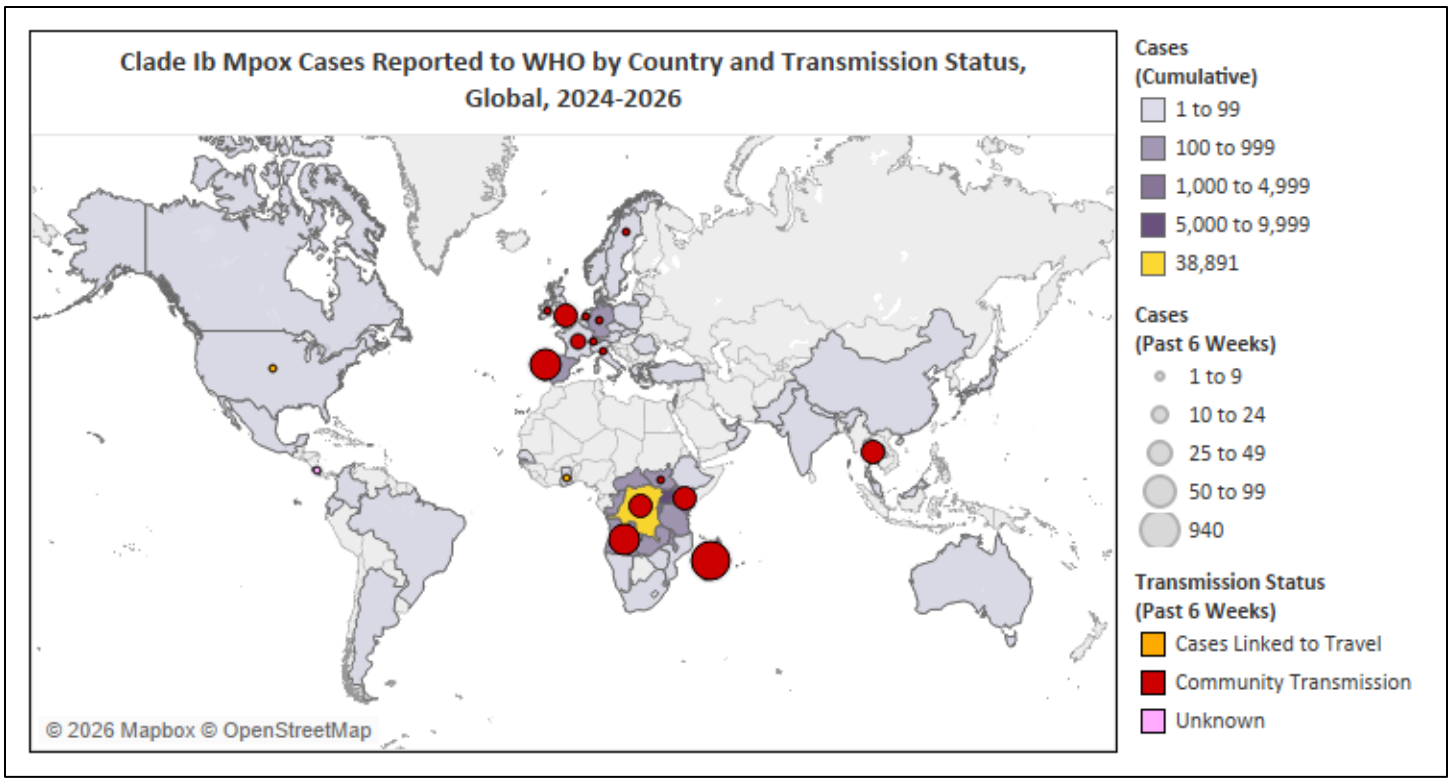

Figure Notes: Data as of July 31, 2026, and only includes confirmed clade Ib mpox cases reported to the WHO in the past 6 weeks, with the exception of the Democratic Republic of the Congo (may include clade Ia cases).

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-July, there have been 829 clade I mpox cases have been reported in 18 European Union and European Economic Area (EU/EEA) countries in the past year, primarily among MSM (90%) and persons not fully vaccinated against mpox (78%). 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 United Arab Emirates (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.

Data Sources: WHO Dashboard (7/31/26), WHO Sitrep (7/31/26), ECDC (7/17/26), United States CDC (7/27/26)

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 4, 2026, there have been a total of 36,481 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,993 are currently active. According to data from the Secretary of Health of Mexico as of July 25, 2026, there have been a total of 531 confirmed NWS cases and 3 deaths reported among humans since the beginning of 2025. Since the previous update, 790 incident cases among animals and 14 confirmed incident cases among humans were reported.

NWS cases among animals have been reported in 29 states, primarily Chiapas (7,465), Oaxaca (4,936), Veracruz (4,549), and Yucatán (2,672). Confirmed NWS cases among humans have been reported in 24 states, primarily Chiapas (151), Veracruz (97), Oaxaca (47), Puebla (43), and Yucatán (37). Recently, spread has been moving northward, particularly in terms of animal cases, and into more urban areas. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico, and more recently the United States. According to data

from the United States CDC as of July 31, 2026, there have been over 189,000 NWS cases reported among animals and over 2,360 NWS cases reported among humans in Central America and Mexico since 2023.

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*
3,6481	+790	1,993	+76	531	+14	3	+0	0.6%

Table Notes: Data for cases reported among animals as of August 4, 2026, and among humans of July 25, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

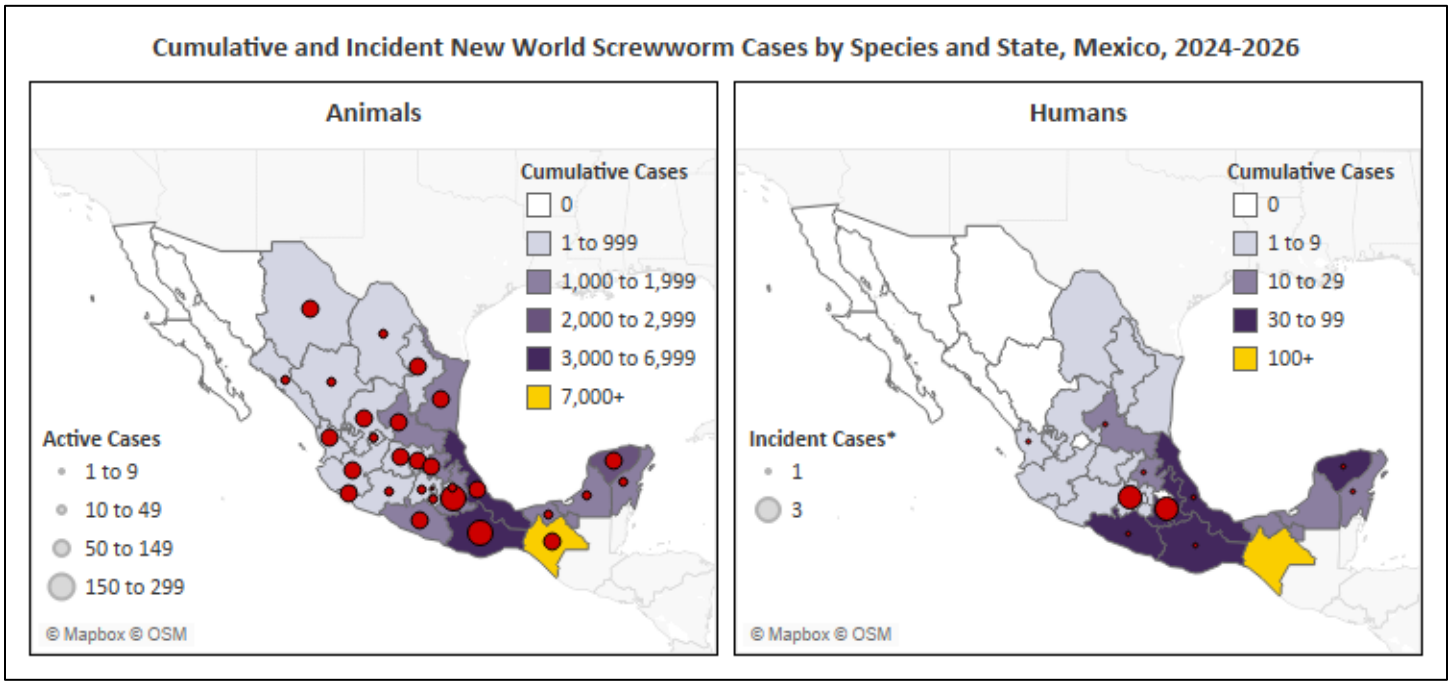

Figure Notes: Data for cases reported among animals as of August 4, 2026, and data for cases reported among humans as of July 25, 2026.

Data Sources: Secretary of Agriculture (8/4/26), Secretary of Health (8/3/26), CDC (8/4/26)

United States – New NWS Detections Reported in Texas; Active Cases Decrease:

According to data from the United States Department of Agriculture (USDA) as of August 5, 2026, there have been a total of 45 New World screwworm (NWS) cases reported among domestic animals in the United States, of which 5 are currently active. Since the previous update, 3 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‡	
45	+3	5	-5	0

Table Notes: Data for cases reported among animals as of August 5, 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 (44) and New Mexico (1). While uncommon in humans, individuals should seek medical attention immediately if they suspect they may have contracted NWS.

NWS was eradicated in the United States in 1966; however, sporadic cases were reported in the Florida Keys during 2016 among deer and companion animals (pets). In January, the United States CDC issued a Health Advisory regarding NWS cases detected among animals near the United States – Mexico border, specifically in Tamaulipas, Mexico, to increase awareness given the potential for geographic spread. Since then, the FDA has conditionally approved and issued

emergency use authorizations (EUAs) for several products to prevent and treat NWS among animals. Previously this year, NWS was detected in a Florida import facility among a horse imported from Argentina that was immediately quarantined and treated – no detections were reported outside of the quarantine facility. There have not been any human cases reported in the United States, except for a single travel associated case detected among an individual returning from El Salvador in August 2025 – the risk of NWS among people remains very low. The current outbreak began in Panama and Costa Rica during 2023 and has since spread to all countries in Central America and Mexico, and more recently the United States. According to data from the United States CDC as of July 31, 2026, there have been over 189,000 NWS cases reported among animals and over 2,360 NWS cases reported among humans in Central America and Mexico since 2023.

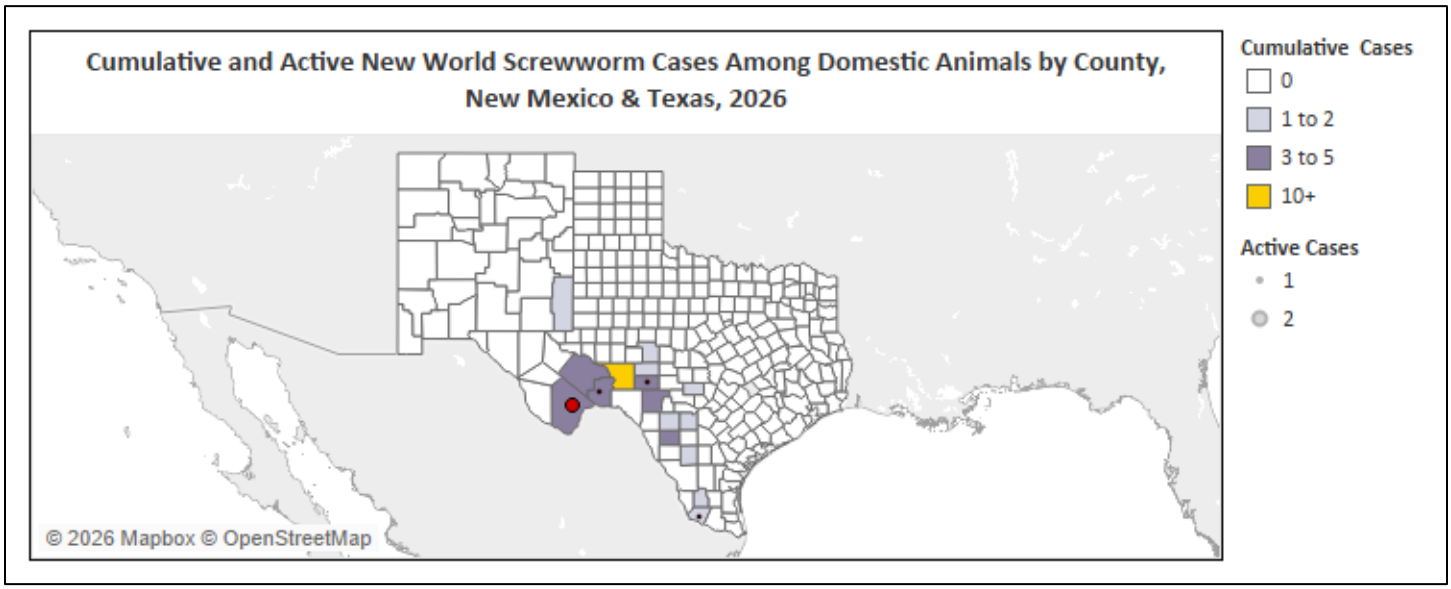

Figure Notes: Data for cases reported among animals as of August 5, 2026.

Data Sources: USDA (8/5/26), CDC (8/4/26)

Non-Seasonal Influenza

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

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of August 3, 2026, there have been a total of 19 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, 4 confirmed incident H9N2 cases were reported among humans in Jiangxi (1), Jiangsu (1), Gansu (1), and Yunnan (1) Provinces. The incident case in Jiangxi Province was reported among a 72-year-old female with symptom onset on July 5, 2026. The incident case in Jiangsu was reported among a 12-year-old male with symptom onset July 6, 2026. The incident case in Gansu Province was reported among a 3-year-old female with symptom onset on July 11, 2026. The incident case in Yunnan Province was reported among a 58-year-old female with symptom onset on July 13, 2026. All cases have recovered from infection – 2 had underlying health conditions and were hospitalized while the others only experienced mild illness. Only 1 case was exposed to live poultry prior to illness onset while the others were potentially exposed during visits to live poultry stalls or wet markets.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
19	+4	0	+0	0.0%

Table Notes: Data as of August 3, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

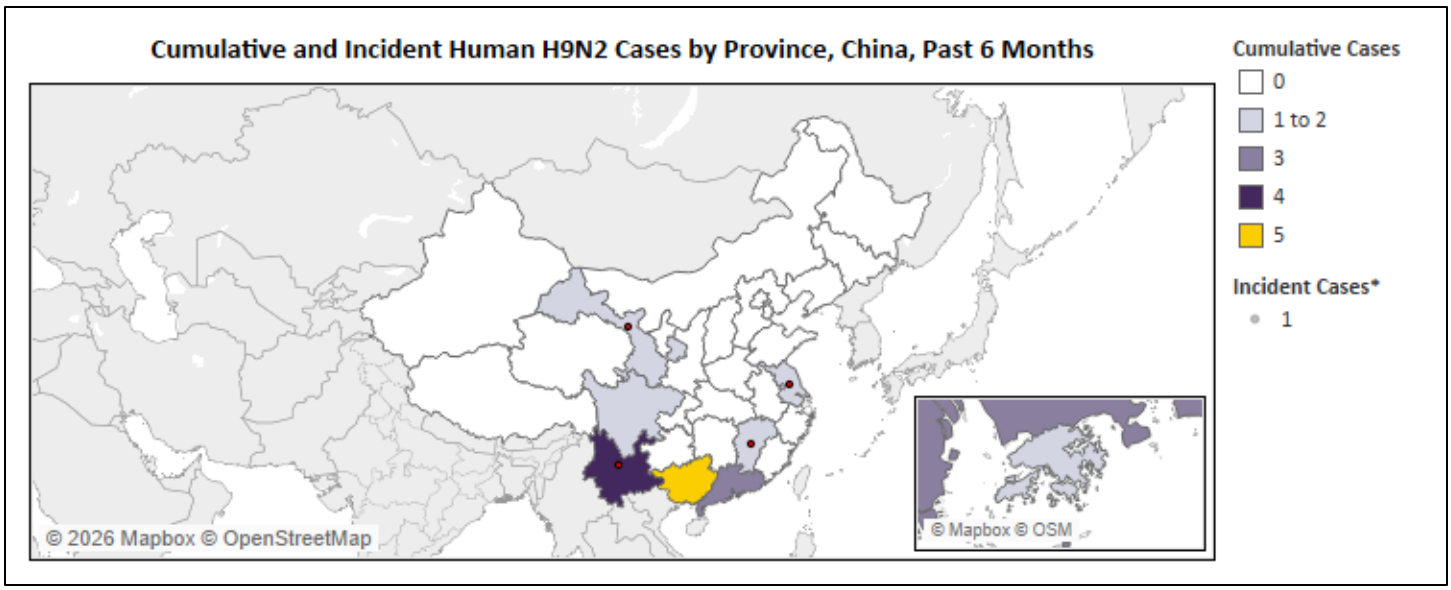

*Figure Notes: Data as of August 3, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.*

In the past 6 months, confirmed human H9N2 cases have been reported by 8 provinces/regions/municipalities in China: Guangxi Zhuang (5), Yunnan (4), 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 July 30, 2026, there have been a total of 174 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 177 total in the Western Pacific Region with the remaining cases being reported in Cambodia [2] and Vietnam [1]). Sporadic cases of human infection are expected in areas where H9N2 viruses circulate among poultry.

Data Sources: HKCHP (8/4/26), WHO (7/31/26)

Polio

Global – Incident AFP Cases (cVDPV2 & cVDPV3) Reported in the DRC & Nigeria:

According to data from the Global Polio Eradication Initiative (GPEI) as of August 3, there have been 18 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 22 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 78 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 9 AFP cases caused by circulating vaccine-derived poliovirus type 3 (cVDPV3) reported this year with onset of paralysis during 2026. Since the previous update, 12 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of the Congo (DRC) and 1 incident AFP case caused by cVDPV3 was reported in Nigeria.

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		**cVDPV1**		**cVDPV2**		**cVDPV3**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
18	+0	22	+0	78	+12	9	+1

Table Notes: Data as of August 3, 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 (15 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (27 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (1 – cVDPV2), Madagascar (2 – cVDPV1), Nigeria (30 – cVDPV2, 8 – cVDPV3), Pakistan (3 – WPV1), Somalia (5 – cVDPV2), South Sudan (8 – cVDPV1), Sudan (1 – cVDPV2), and Togo (2 – cVDPV2). Among countries without any reported AFP cases, environmental detections from samples collected during 2026 have been reported in Algeria (2 – cVDPV2), Australia (1 – cVDPV2), Malawi (9 – cVDPV2),

Namibia (5 – cVDPV2), and the United Kingdom (2 – cVDPV2), suggesting undetected transmission was occurring in these countries at some point this year.

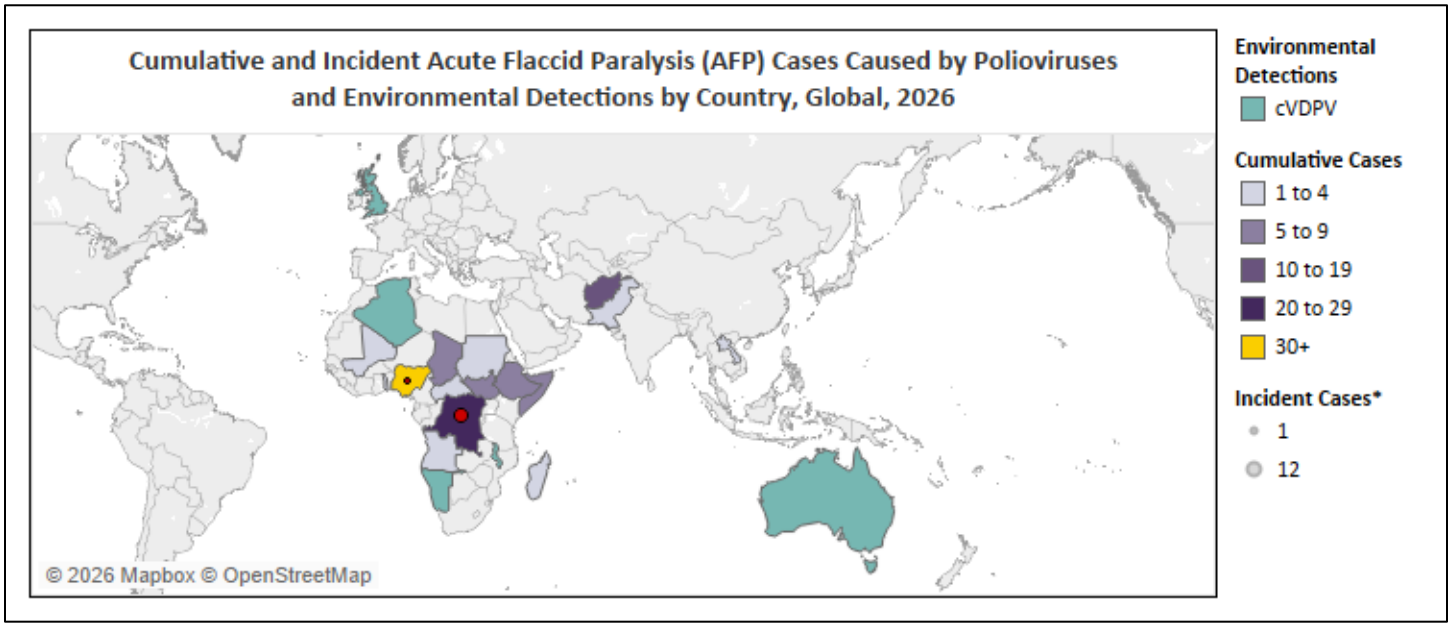

*Figure Notes: Data as of August 3, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

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, 227 AFP cases caused by cVDPV2, and 15 AFP cases caused by cVDPV3, with onset paralysis were reported during 2025.

Data Sources: GPEI - WPV (8/3/26), GPEI - cVDPV (8/3/26)

Other Outbreaks, News, and Events

Other Outbreaks (2026):

Chikungunya

- Mayotte – No Cases Reported During Most Recent Epidemiological Week (July 16)
- Seychelles – Over 110 Travel Associated Cases Reported in EU/EEA Countries (March 19)
- United States – Second Locally Acquired Case of 2025 Reported in Florida (January 22)
- Sri Lanka – Updated Information on Trends During Largest Outbreak in 16 Years (January 8)

Diphtheria

- Haiti – PAHO Issues Regional Epidemiological Alert Regarding Recent Trends (June 25)
- Guinea – Initial Data for 2026; Active Level 2 Travel Health Notice Posted (February 12)
- Nigeria – Initial 2026 Trends Lower Compared to Previous Years (February 5)

Ebola (Suspected)

- Democratic Republic of the Congo – Suspected Cases and Deaths Reported (March 12)

Escherichia Coli

- United States – New Multistate Outbreak Linked to Frozen Organic Blueberries (July 9)
- United States – Voluntary Recall of Affected Products Issued by Raw Farm, LLC (April 9)

Hantavirus

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

Infant Botulism

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

Listeria

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

Marburg

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

Measles

- England – Trends Elevated Compared to 2025 but Lower Compared to 2024 (July 23)
- Global – WHO Provides Update on Global Case Counts and Incidence Rates (July 16)
- Israel – Decreasing Incidence Trend Observed Since Late March Continues (June 25)
- Japan – Updated Data on Ongoing Outbreak; Decrease in Incidence Continues (June 4)
- Europe – Measles Transmission Re-Established in Several Countries (February 5)

Meningococcal Disease

- Democratic Republic of the Congo – US CDC Issues Level 2 Travel Health Notice (March 26)
- United Kingdom – Incident Case Reported Among Traveler Returning to France (March 26)

Mpox

- Global (Outside of Africa) – Incident Travel Associated Clade Ib Cases Reported (July 9)

Nipah

- Bangladesh – Fatal Confirmed Case Reported Among Female in Rajshahi Division (February 12)
- India – Confirmed Cases Reported Among Nurses in West Bengal State (February 5)

Non-Seasonal Influenza

- 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 – 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)

Yellow Fever

- The Americas – Incident Cases and Deaths Reported in Colombia (July 30)

Other Active CDC Travel Health Notices:

- Chikungunya in Seychelles - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Malaria in Yemen - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Colombia - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Yellow Fever in Venezuela - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Ciguatera Fish Poisoning in Vanuatu - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- 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:

- Evidence of Heartland and Bourbon Viruses Transmitted by Ticks in Suffolk County, New York in: The American Journal of Tropical Medicine and Hygiene Volume 115 Issue 1 (2026)
- Pediatric Chandipura virus cases in Gujarat State, India, increase to 35 with 22 deaths during the 2026 monsoon season - BEACON
- Cholera outbreak in Central African Republic: 720 cases and elevated community mortality prompt emergency vaccination response - BEACON
- Cholera outbreak in N'Djamena, Chad, with 55 cases and an elevated case fatality rate amid rainy season - BEACON
- Ongoing multi-province cholera outbreaks with elevated CFR in non-endemic western zones of DRC - BEACON

- The domestic COVID-19 pandemic is rising and currently in a prevalent period. Those who have not yet been vaccinated are urged to get vaccinated as soon as possible and to practice self-protection measures such as frequent handwashing and wearing masks. - Centers for Disease Control, Ministry of Health and Welfare
- Third seasonal human case of Crimean-Congo hemorrhagic fever reported in Spain, in Ciudad Real, Castile-La Mancha - BEACON
- Accelerating dengue transmission reported in Costa Rica; Central Pacific region most affected - BEACON
- Dengue epidemic declared in Zamboanga City, Philippines, following a 500% year-over-year surge in cases - BEACON
- More than one-third of invasive E coli isolates are multidrug-resistant, global analysis finds | CIDRAP
- Quick takes: Plea for PAHO support, another death in NYC Legionnaires outbreak, frozen blueberry recall | CIDRAP
- Greece reported 180 cases of Legionnaires' disease and 11 related deaths in 2025 - BEACON
- Legionnaires' disease cluster with 26 cases including one death reported in Basel-Stadt, Switzerland - BEACON
- Community cluster of Legionnaires' disease in New York City, USA: 92 cases and six deaths; source eliminated; genome sequencing pending - BEACON
- Widespread leptospirosis activity reported in Kerala, India, amid monsoon rains - BEACON
- Seasonal resurgence of leptospirosis in Réunion: 221 cases and two deaths reported in 2026 - BEACON
- Situation Report #8: Measles in the Americas Region. 31 July 2026 - PAHO/WHO | Pan American Health Organization
- Autochthonous transmission of measles in São Paulo, Brazil prompts mass revaccination campaign - BEACON
- RFI: Measles cases reported at several health facilities in El Salvador, suggesting local transmission amid importation pressure - BEACON
- Ongoing measles transmission amid persistent vaccine hesitancy in Kazakhstan: 16-fold surge in Kostanay, signs of stabilization in Karaganda - BEACON
- Public health emergency declared in Marib, Yemen, amid a measles outbreak with 1624 cases and 12 deaths in displacement camps - BEACON
- New Mexico's 2025 measles outbreak cost $5.4 million | CIDRAP
- Climate change is shifting malaria activity in Africa | CIDRAP
- Mpox cases in Mayotte increase to 43, including 23 autochthonous cases - BEACON
- 102 detections of HPAI H5N1 (clade 2.3.4.4b) in wild birds across five Australian states - BEACON
- Full article: Genetic evolution, phylodynamics, geographic spread of H9N2 avian influenza viruses in China from 2014 to 2025: an increasing potential zoonotic risk
- HPAI (H5N1) detections in wild birds in New Zealand; conservation threat to endemic raptors as regional spread continues - BEACON
- First spillover of raccoon rabies to domestic cat with human exposures amid rapidly rising wildlife case counts in 2026 in Quebec, Canada - BEACON
- Rabies confirmed in beaver at public swimming area in Thurmont, Maryland, USA, following bite of 13-year-old - BEACON
- RFI: Rift Valley fever in livestock and humans, Eastern Province, Rwanda - BEACON
- 13 deaths from respiratory syncytial virus (RSV) reported in children under five in Panama with RSV activity above alert threshold - BEACON
- Chipotle restaurants pull jalapeños linked to Salmonella outbreak in Minnesota | CIDRAP
- Three probable cases of tularemia reported in Suffolk County, New York, USA, signaling an elevated risk of tick-borne transmission in 2026 - BEACON
- Early-season onset of vibriosis reported in Germany, with two deaths by 29 Jul 2026 - BEACON
- First 2026 vibriosis death confirmed in Palm Beach County, Florida; statewide cases increase to 12 - BEACON
- Weekly updates: Seasonal surveillance in humans in 2026 for West Nile virus

- Early and intense WNV season reported in Greece: 42 cases, including 37 neuroinvasive cases and four deaths; Attica Region most affected - BEACON
- First avian and human West Nile virus (WNV) cases of the 2026 season detected in Andalusia and Catalonia, Spain - BEACON
- Conflicts can spread infectious diseases while making outbreaks harder to detect
- As sustained heatwaves increase the risk of infectious diseases across Europe, ECDC scales up action and calls for cooperation
- West Nile accounted for most US arboviral cases in 2024 as Powassan cases hit record high | CIDRAP
- No link between MMR vaccination before age 2 and autism, large US study suggests | CIDRAP
- RFI: Acute diarrhea outbreak with more than 380 cases in Ipiales, Nariño, Colombia. RFI on diagnostic test results and source - BEACON
- GAO to HHS: Work with other agencies to strengthen US ability to detect emerging diseases | CIDRAP
- Isolation of Highly Pathogenic Avian Influenza A(H5N1) Virus from Fetal Bovine Serum, United States, 2025 - Volume 32, Number 8—August 2026 - Emerging Infectious Diseases journal - CDC
- Antibodies Cross-Reactive with Bundibugyo Virus in Ferrets Vaccinated with Ebola Virus Vaccine - Volume 32, Number 8—August 2026 - Emerging Infectious Diseases journal - CDC
- Rapid Expansion of Highly Pathogenic Avian Influenza A(H5N1) Clade 2.3.4.4b Genotype D1.1 Virus across Flyway Regions, North America, Fall 2024 - Volume 32, Number 8—August 2026 - Emerging Infectious Diseases journal - CDC
- Detection of Highly Pathogenic Avian Influenza A(H5N1) Clade 2.3.4.4b Genotype D1.2 Virus in Swine after Experimental Inoculation - Volume 32, Number 8—August 2026 - Emerging Infectious Diseases journal - CDC
- Global Respiratory Virus Activity: Weekly Update N° 589
- Senate confirms Erica Schwartz as CDC director | CIDRAP