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

GLOBAL HEALTH UPDATE

Date: 9/10/26

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; Trends Declining:

According to data from the Pan American Health Organization (PAHO) as of September 5, there have been a total of 196,429 chikungunya cases, of which 73,879 are confirmed, and 85 deaths reported in the Americas during 2026. Since the previous update, 3,195 incident cases, of which 1,478 are confirmed, and 2 additional deaths were reported in the region.

Cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (124,169), Bolivia (47,586), Argentina (12,316), Suriname (7,484), Cuba (2,716), and French Guiana (1,775). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (558.18), Bolivia (373.25), Brazil (58.14), Argentina (26.77), and Cuba (24.94). 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 September 8, a total of 105 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	12,316	+63	3,798	+1	2	+0	0.1%
Bolivia	47,586	+0	11,596	+0	27	+0	0.2%
Brazil	124,169	+2,904	52,823	+1,258	50	+2	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	1,775	+171	1,775	+171	0	+0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	383	+57	244	+48	0	+0	0.0%
Total	**196,429**	**+3,195**	**73,879**	**+1,478**	**85**	**+2**	**0.1%**

*Table Notes: Data as of September 5, 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.*

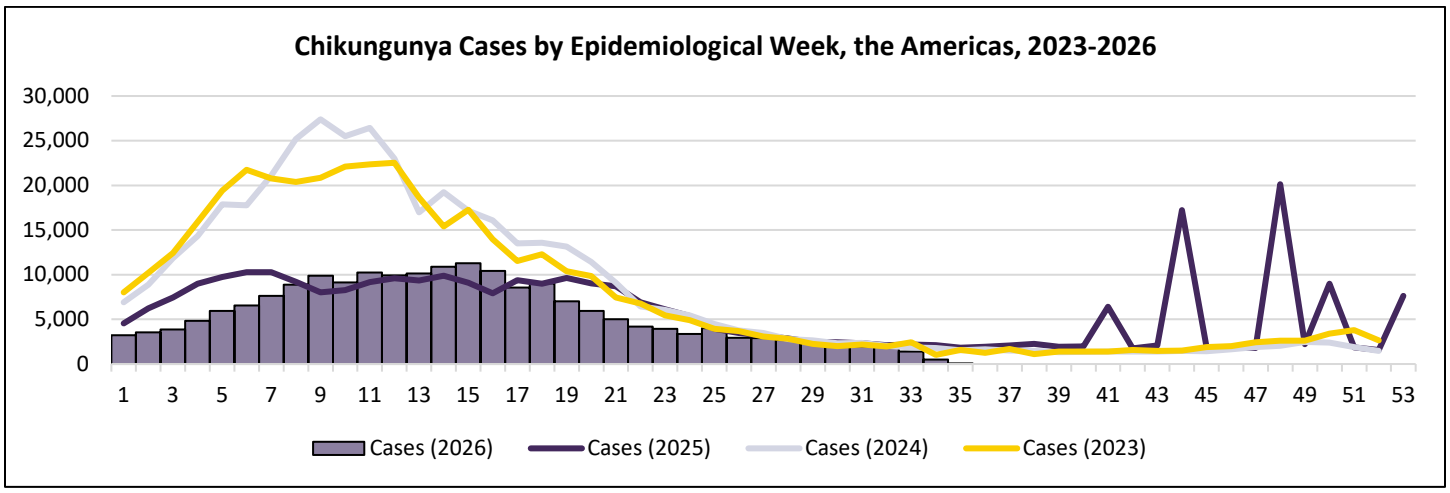

Figure Notes: Data as of September 5, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

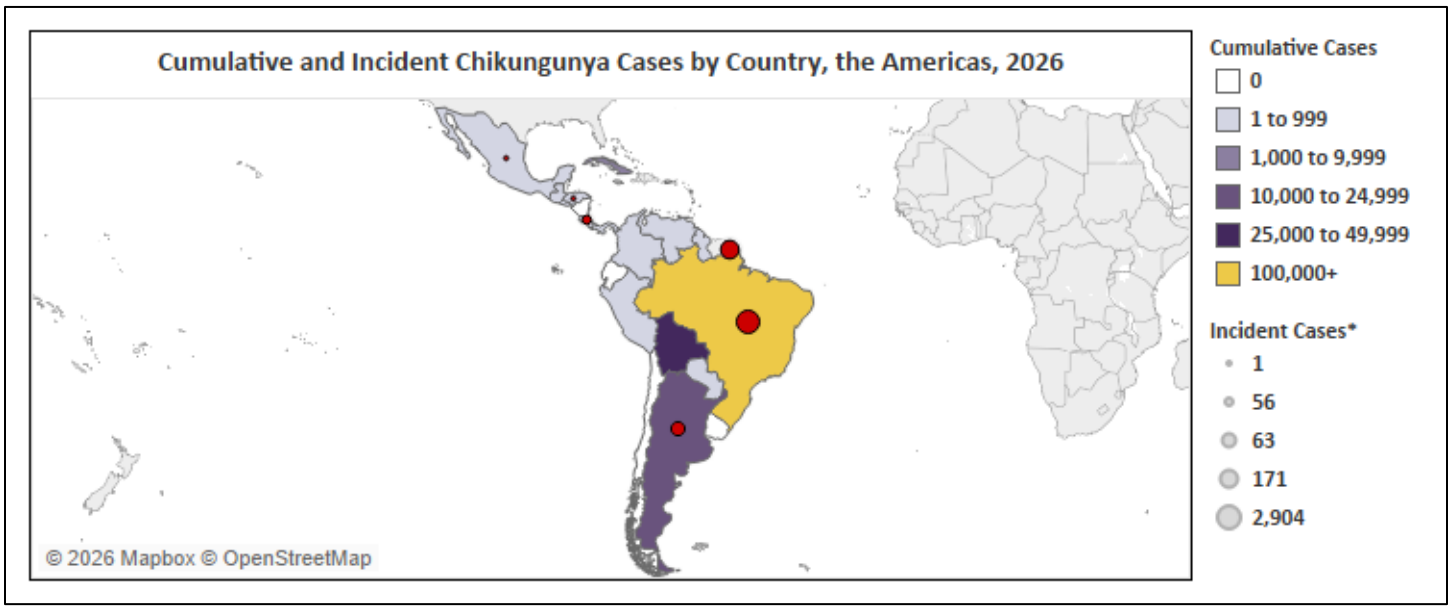

*Figure Notes: Data as of September 5, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (9/8/26)

Cyclosporiasis

United States – Updated Surveillance Data; 5 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 (1,180). According to data from the United States CDC as of September 8, there have been a total of 19.595 confirmed locally acquired cyclosporiasis cases and 2 deaths reported by states and territories during 2026. Since the previous update, 1,150 confirmed locally acquired incident cases were reported. Additionally, there are 9,355 confirmed cases under investigation to determine location of infection and 6,149 cases awaiting laboratory confirmation or pending patient interviews and submission to CDC. Investigations to identify sources of outbreaks are ongoing. Travel associated cases have also been reported this year in 46 states and Puerto Rico (1,997).

Locally Acquired Cyclosporiasis Cases, Hospitalizations, and Deaths, United States & Puerto Rico, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
19,595	+1,150	1,043	+53	2	+0	0.0%

*Table Notes: Data as September 8, 2026, and includes confirmed locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

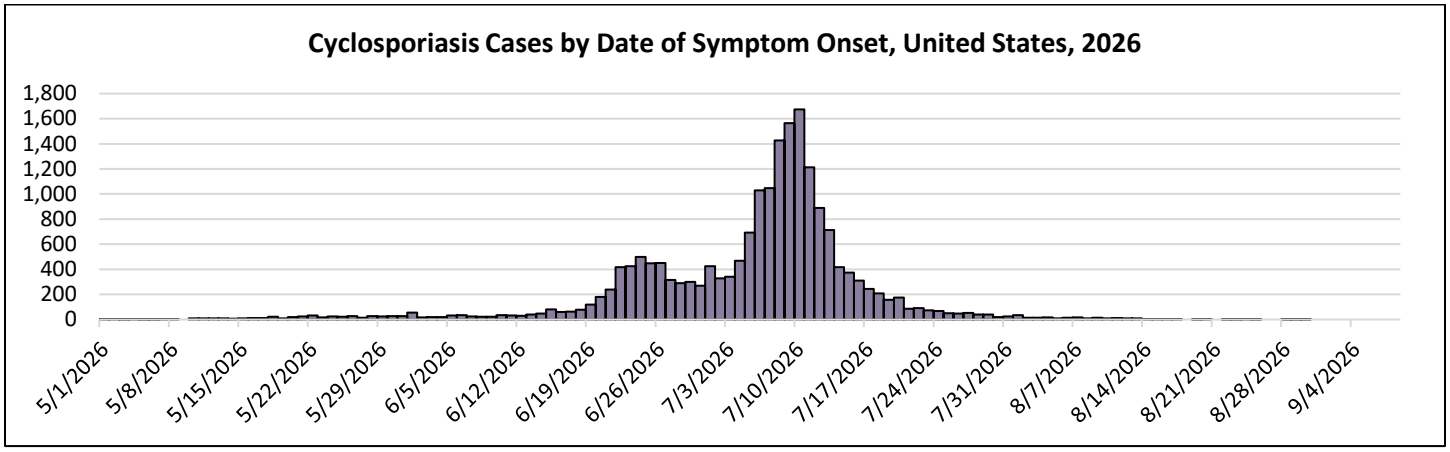

Figure Notes: Data as of September 8, 2026, and includes confirmed locally acquired cases only.

Locally acquired cases have been reported by 49 states (as well as the District of Columbia), primarily Michigan (4,000-6,999), Illinois (1,000-3,999), Indiana (1,000-3,999), Ohio (1,000-3,999), Kansas (500-999), Kentucky (500-999), North Carolina (500-999), Texas (500-999), Florida (200-499), Nebraska (200-499), New York (State & City) (200-499), Oklahoma (200-499), Pennsylvania (200-499), and West Virginia (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 30, 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 14,718 cases in the state this year as of September 3. Data from individual states may include probable cases, whereas data from the United States CDC only includes laboratory confirmed cases. As of September 2, 2026, there are active investigations examining 5 separate cyclosporiasis outbreaks (of which 4 are still ongoing) in the United States, including an ongoing outbreak linked to shredded iceberg lettuce.

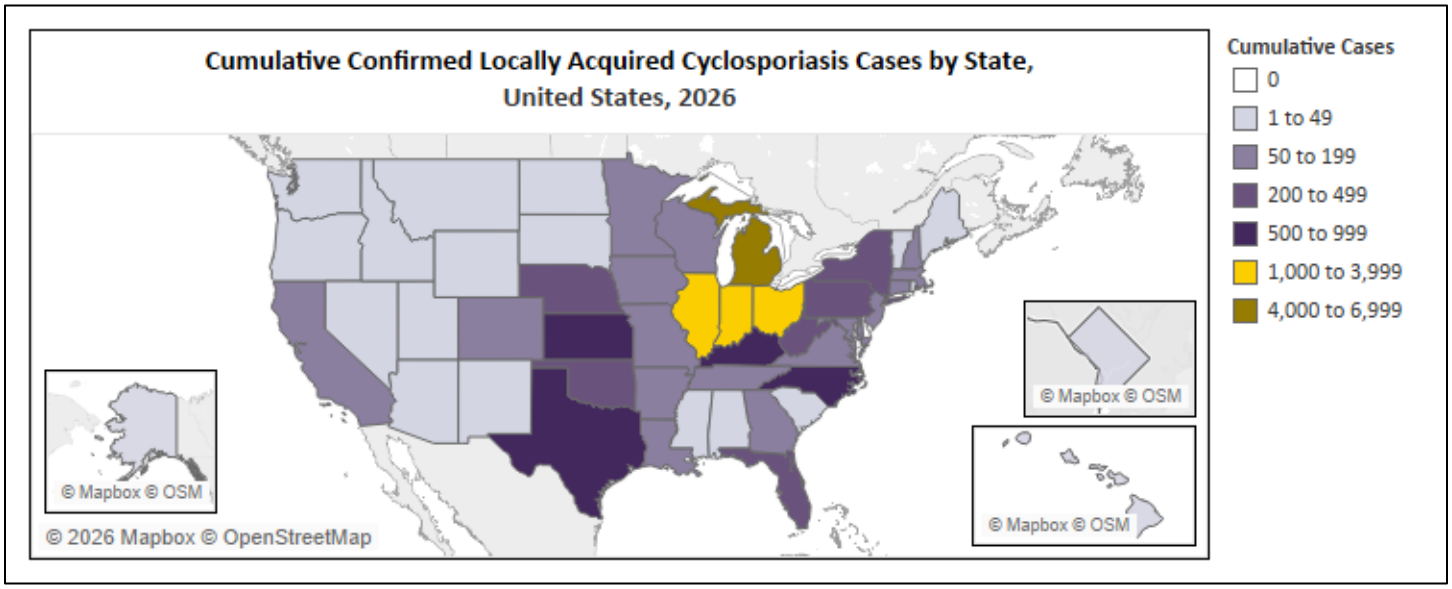

Figure Notes: Data as of September 8, 2026, and includes confirmed locally acquired cases only.

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.

Data Source: CDC Surveillance (9/8/26)

Dengue

United States – Updated Data on Locally Acquired and Travel Associated Cases:

According to data from the United States (US) CDC as of September 9, there have been a total of 1,404 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (896) and American Samoa (435) – 73 locally acquired cases have been reported in the continental US in Florida (72) and Virginia (1). Since the previous update, 15 incident locally acquired cases were reported, primarily in Puerto Rico (8). On September 4, Florida Surgeon General Dr. Joseph A. Ladapo said that Hillsborough County was the "epicenter" of the increase in cases and urged Floridians to take precautions against the mosquito-borne illness. There were a total of 4,065 locally acquired cases reported by US states and territories during 2025, of which 81 were reported in the continental US in Florida (72), California (7), and Arizona (2) – 2025 totals were much lower compared to 2024 totals (6,543).

Dengue Cases and Hospitalization Rate by Travel Status, United States, 2026					
Locally Acquired Cases			Travel Associated Cases		
Cumulative	Incident†	Hospitalized	Cumulative	Incident†	Hospitalized
1,404	+15	44%	373	+27	36%

Table Notes: Data as of September 9, 2026; †Change in cumulative total compared to previous update.

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 Bangladesh, Bolivia, Cambodia, Colombia, Costa Rica, Kenya, Malaysia, Maldives, Marshall Islands, Sri Lanka, Vanuatu, and Vietnam. According to data from the CDC as of September 9, there have been a total of 373 travel associated dengue cases reported among US residents during 2026. Since the previous update, 27 incident travel associated cases were reported. There were a total of 1,309 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Data Sources: CDC 2026 (9/9/26), CDC 2025 (9/2/26)

Diphtheria

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

According to data from the Africa CDC as of August 30, there have been a total of 4,454 cases of diphtheria (432 confirmed) and 152 deaths (18 confirmed) reported by 8 African Union (AU) Member States (MS) during 2026. Since the previous update, 86 incident cases and 3 additional deaths were reported in Somalia (75 cases, 3 deaths) and Senegal (11 cases).

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	366	+0	16	+0	4.4%
Niger	78	+0	6	+0	7.7%
Nigeria	360	+0	8	+0	2.2%
Senegal	25	+11	2	+0	14.3%
Somalia	3,443	+75	105	+3	3.0%
South Africa	43	+0	8	+0	18.6%
Total	**4,454**	**+86**	**152**	**+3**	**3.4%**

*Table Notes: Data as of August 30, 2026, and includes suspected and confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

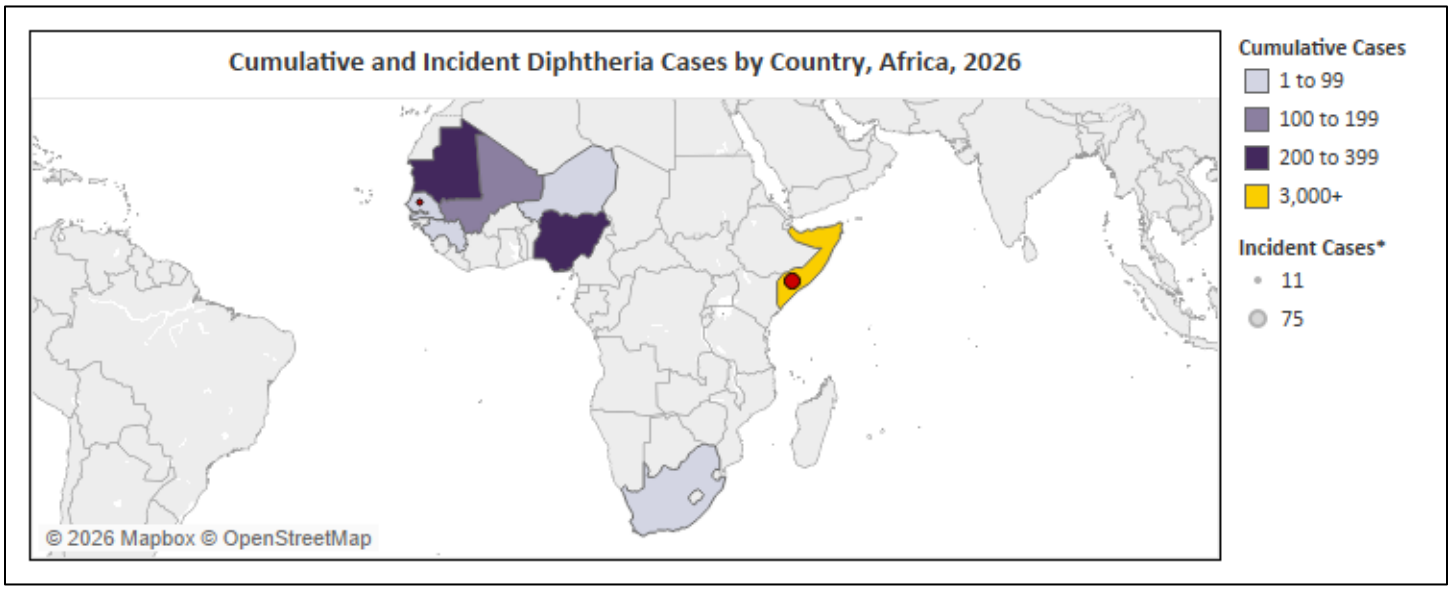

*Figure Notes: Data as of August 30, 2026, and includes suspected and confirmed cases; *Change in cumulative total compared to previous update.*

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.

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 (8/30/26)

Ebola

Africa – Updated Data on Ongoing Bundibugyo Virus Disease (BVD) Outbreak:

According to data from the National Institute of Public Health (INSP) in the Democratic Republic of the Congo (DRC) as of September 9, 2026, there have been a total of 6,843 confirmed Bundibugyo virus disease (BVD) cases and 3,310 confirmed deaths reported across 6 provinces. Since the previous update, 593 additional confirmed cases and 271 confirmed deaths were reported in the DRC – case detection 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 September 9, 2026, confirmed cases have been reported in 61 health zones across Bas-Uélé (3), Haut-Uélé (6), Ituri (28), North Kivu (16), South Kivu (1), and Tshopo (7) provinces – 79.8% of confirmed cases have been reported in Ituri province (5,461), followed by North Kivu (1,093), Haut-Uélé (258), Tshopo (24), South Kivu (3), and Bas-Uélé (4) provinces. A total of 25,108 contacts have been identified for monitoring and follow-up, of which 86.5% (21,723) are actively being monitored (seen within the previous 24 hours). There have been 1,611 recoveries. The WHO declared the end of the Ebola outbreak (involving any transmission) in Uganda on August 27, 2026, following successful completion of a 42-day monitoring period with no new cases since the case patient (travel associated) was discharged. 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‡	6,843	+593	3,310	+271	48.4%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**6,864**	**+593**	**3,312**	**+271**	**48.3%**

*Table Notes: Data for the DRC as of September 9, 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.*

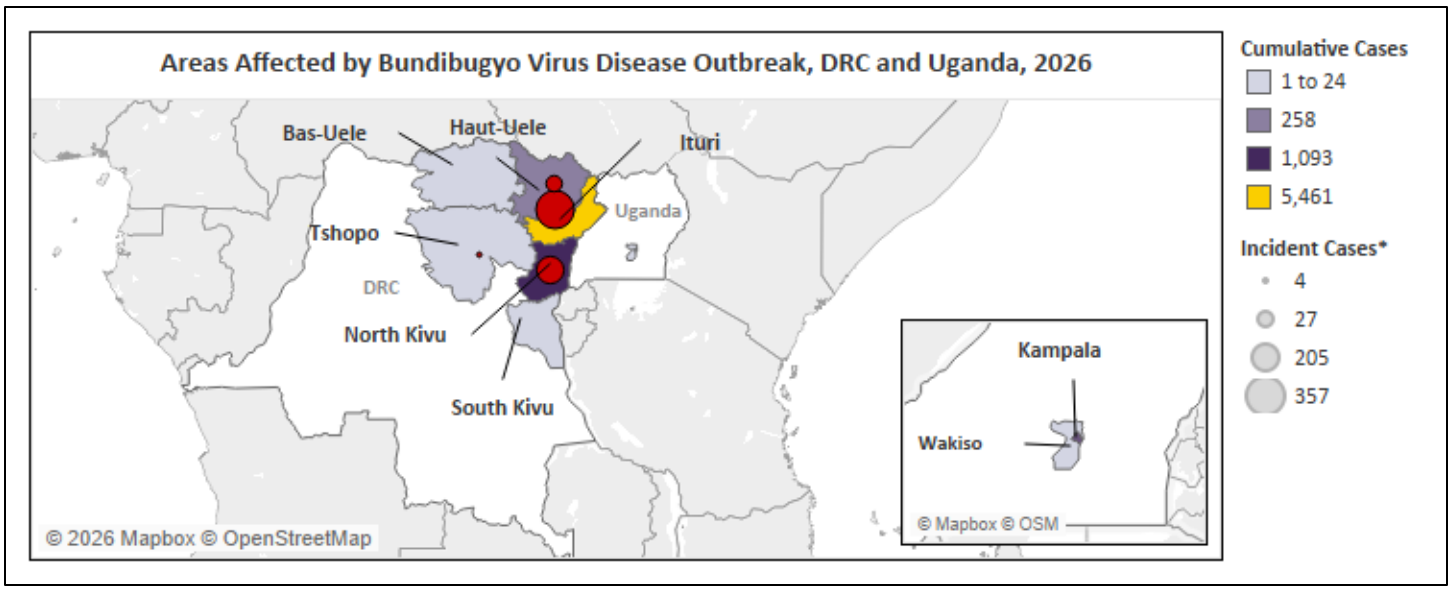

*Figure Notes: Data as of September 9, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.*

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 are ongoing in DRC and frontline workers have started to be vaccinated with Ervebo (vaccine licensed and recommended for use in Ebola Zaire outbreaks) in accordance with newly updated WHO emergency guidance.

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, 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 (9/9/26)

Escherichia Coli

United States – Updated Data on Multistate Outbreak Linked to Blueberries:

According to data from the United States CDC as of July 6, there have been a total of 17 cases infected with the outbreak strain of *Escherichia Coli* (*E. coli*) O145 linked to frozen organic blueberries. Since the previous update, 5 incident cases were reported in previously affected states, and additional products were recalled due to potential contamination.

E.coli Outbreak Cases, Hospitalizations, and Deaths, United States, 2026						
Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident	Cumulative	Incident	Cumulative	Incident	CFR
17	+5	6	+2	0	+0	0.0%

Table Notes: Data as of September 3, 2026; †Change in cumulative total compared to previous update.

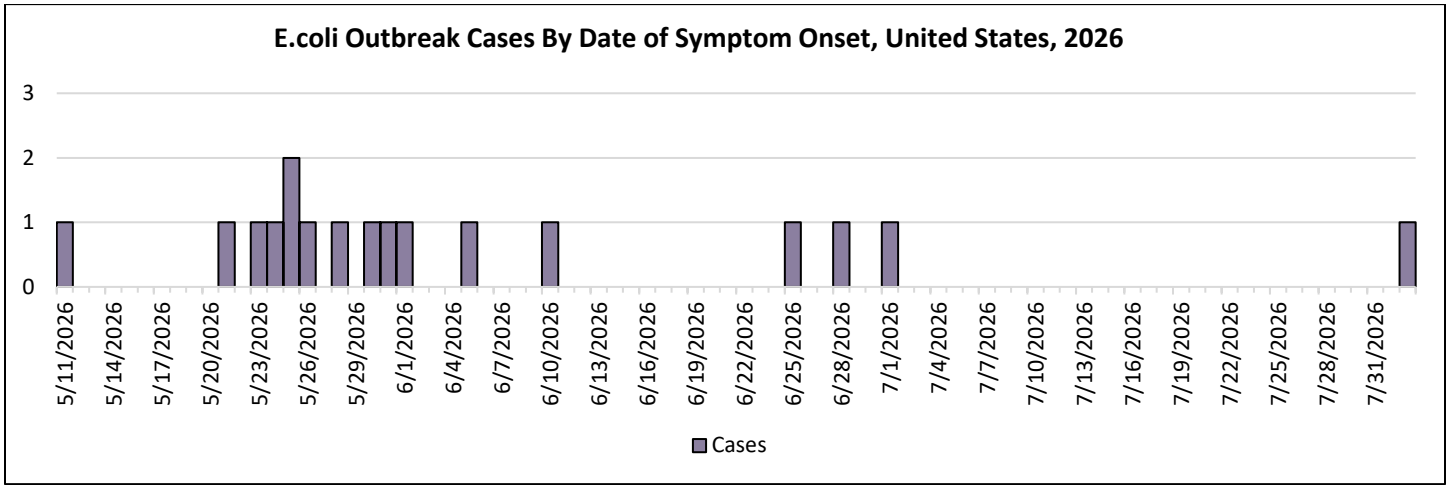

Figure Notes: Data as of September 3, 2026.

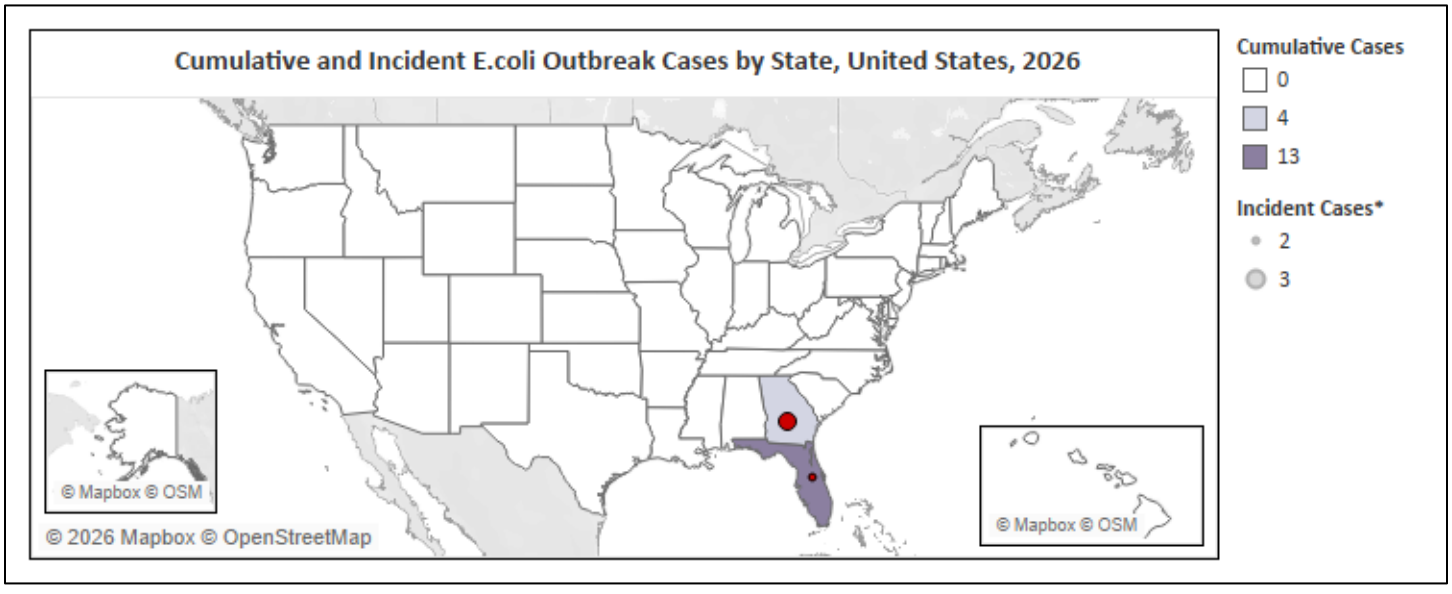

*Figure Notes: Data as of September 3, 2026; *Change in cumulative total compared to previous update.*

Cases have been reported in Florida (13) and Georgia (4) and reported dates of illness onset ranging from May 11 – August 2, 2026. Cases range from 2-88 years of age with a median age of 47 years. Among cases with available demographic information, most have been male (59%), non-Hispanic (88%), and all have been White (100%). Among interviewed cases (13), 85% reported eating frozen blueberries prior to illness onset. Whole genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related genetically, suggesting a common source of infection.

Frozen organic blueberries supplied by Frutas y Hortalizas del Sur S.A. have been identified through traceback investigation as a source of illness in this outbreak. A voluntary recall was issued by Frutas y Hortalizas del Sur S.A. on July 3, 2026, which included 10oz. packages of frozen GreenWise Organic IQF Blueberries with the lot code 60401 and best by date of February 9, 2028. Affected products were shipped to Publix retail locations in Alabama, Florida, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia – Publix has stopped selling affected products and issued a voluntary recall of all lots of GreenWise Organic Whole Blueberries and Whole Mixed Berries on July 29, 2026. On September 2, 2026, Frutas y Hortalizas del Sur S.A. issued a second expanded voluntary recall to include an additional lot code (6040 01-6) of Great Value Organix Triple Berry Blend 10oz. packages with a best by date of February 9, 2028. Do not consume, sell, or serve affected products. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states.

Data Source: CDC (9/3/26)

Malaria

Mayotte – No Locally Acquired Incident Cases Reported Since Previous Update:

According to data from the French National Public Health Agency (SPF) as of August 30, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 343 confirmed cases reported – the highest number since 2010 (433). Since the previous update, there were 8 confirmed incident cases reported. Among all confirmed cases, 238 have been travel associated (predominantly imported from neighboring Comoros where malaria remains endemic and highly prevalent), 76 have been locally acquired, 12 have an undetermined origin, and 17 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
343	+8	90	+0	0	+0	0.0%

Table Notes: Data as of August 31, 2026; †Change in cumulative total compared to previous update.

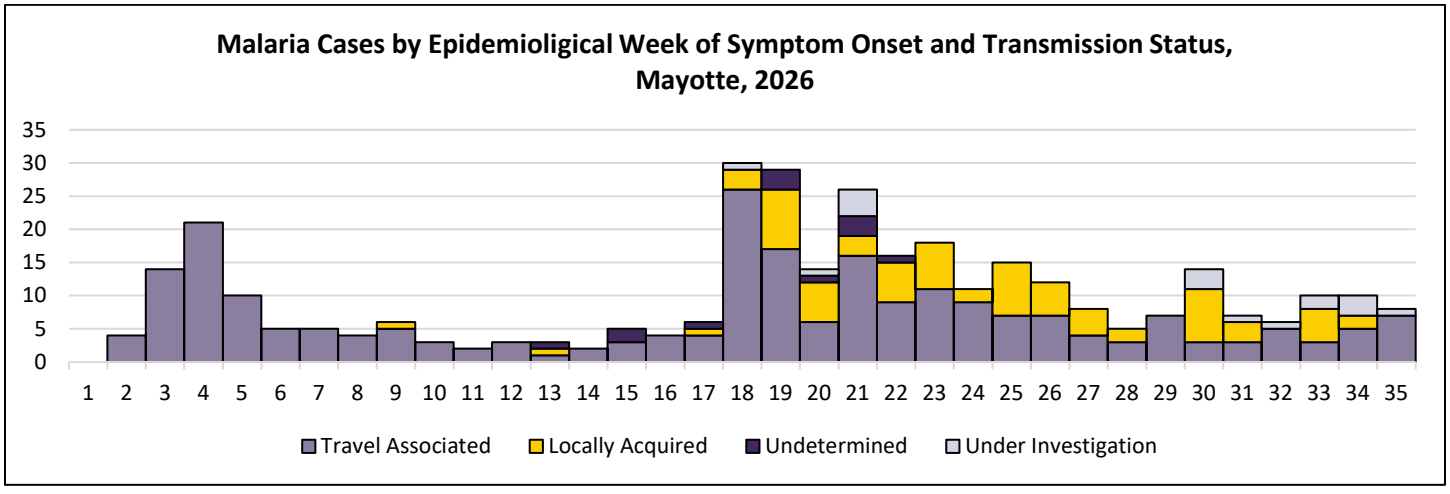

Figure Notes: Data as of September 7, 2026.

Among all confirmed cases, 90 have been hospitalized, including 8 admitted to intensive care. Confirmed locally acquired cases have been reported in 7 communes primarily in the southern region of the island: Dembéni (28), Chirongui (22), Bandrélé (20), Kani-Kéli (2), Bandraboua (2), Mamoudzou (1), and M'Tsangamouji (1). 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 (9/9/26), 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 September 10, there have been a total of 168,745 suspected and 19,933 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 909 deaths reported among suspected cases, and 100 deaths reported among confirmed cases. Since the previous update, 7,597 suspected incident cases, 406 confirmed incident cases, and 22 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	168,745	+7,597	142,888	+6,483	909	+22	0.5%
Confirmed	19,933	+406			100	+1	0.5%

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

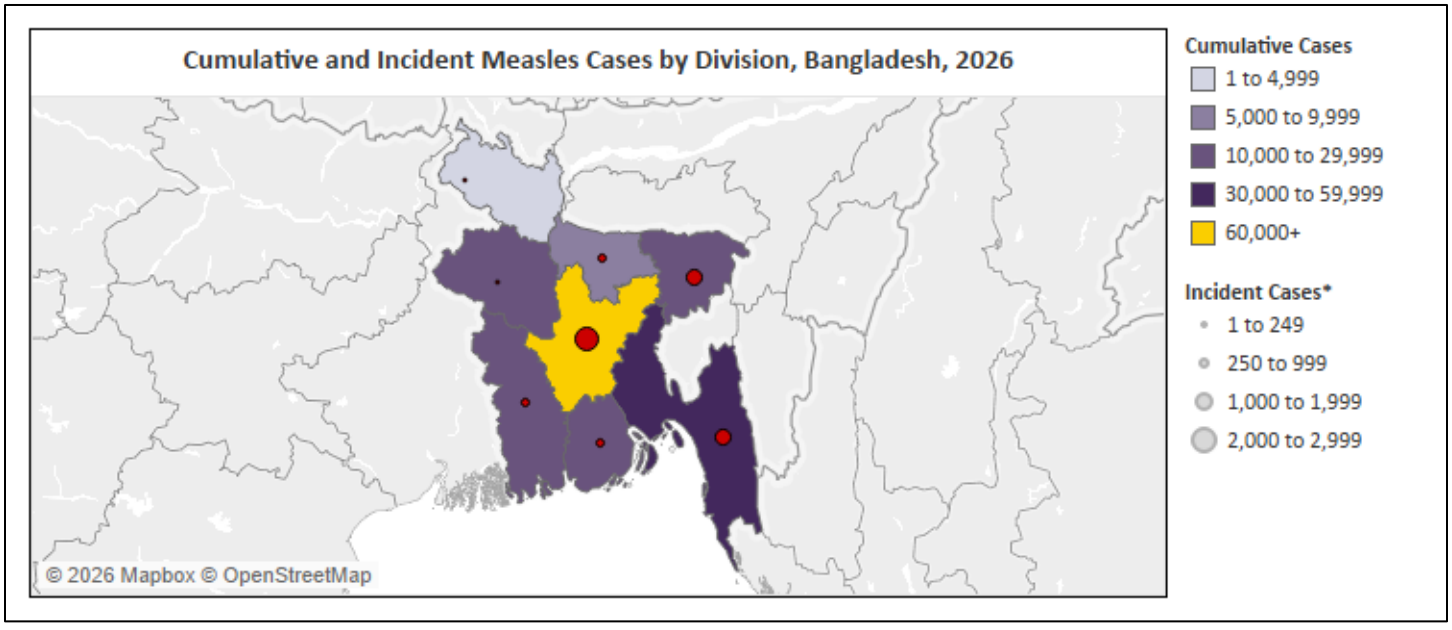

*Figure Notes: Data as of September 10, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in all 8 departments: Dhaka (72,459 suspected & 12,224 confirmed), Chattogram (33,198 suspected & 2,711 confirmed), Barisal (18,476 suspected & 776 confirmed), Sylhet (12,541 suspected & 1,032 confirmed), Khulna (10,936 suspected & 489 confirmed), Rajshahi (10,019 suspected & 1,418 confirmed), Mymensingh

(8,150 suspected & 751 confirmed), and Rangpur (2,966 suspected & 532 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.

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 (9/10/26), WHO (4/23/26), UN (6/25/26)

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 31, 2026, there have been total of 33,334 confirmed measles cases and 41 deaths reported in Guatemala since December 2025. Since the previous update, 318 confirmed incident cases and 2 additional deaths were reported. Young adults aged 15–39 account for more than half of confirmed cases (63%), and infants aged ≤1 year have the highest risk of death (5x higher death risk compared to that of the general population). 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	8,217	+49	41	+2	0.1%
Epidemiological	3,721	+28			
Clinical	21,396	+241			
Total	**33,334**	**+318**	**41**	**+2**	**0.1%**

*Table Notes: Data as of August 31, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

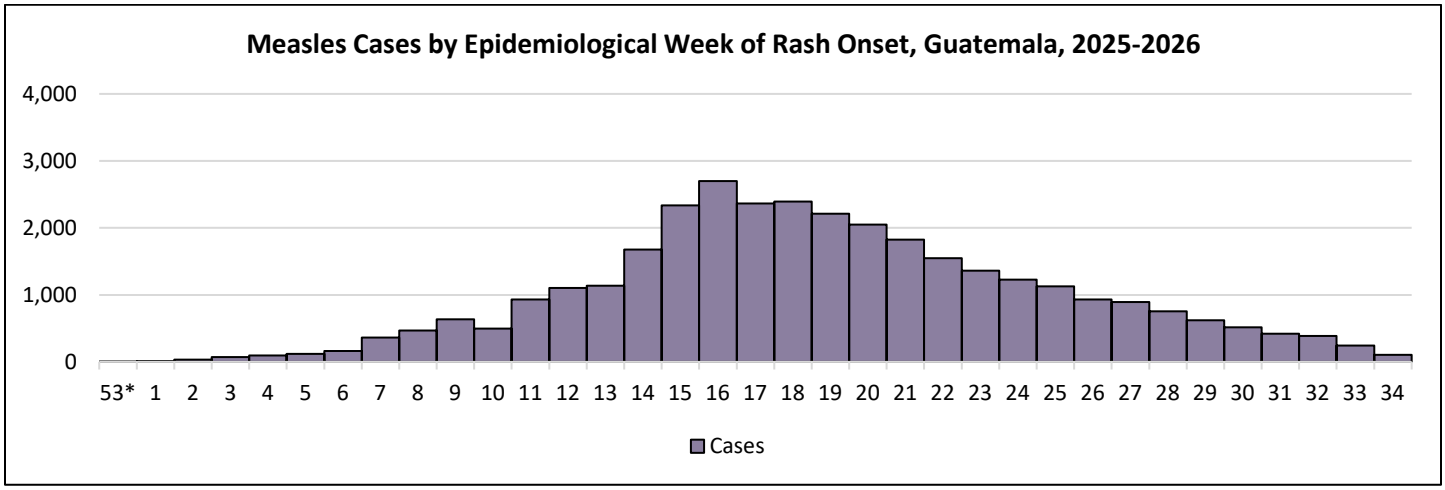

Figure Notes: Data as of August 31, 2026 (3 cases missing from figure); Epidemiological week 53 straddles 2025 and 2026.

Since December 2025, confirmed cases have been reported in all 22 departments, primarily Guatemala (12,285), Quetzaltenango (2,550), Quiche (2,226), Huehuetenango (1,899), Izabal (1,778), and Sololá (1,533) – cumulative incidence per 100,000 population is currently rated as very high (>180) in 7 departments: Izabal (374.9), Guatemala (322.4), Sololá (302.4), Quetzaltenango (264.2), Totonicapán (208.9), Quiché (206.3), Jalapa (190.7), and Retalhuleu (185.0). Those aged 20–29 years have been most affected (36.9%), followed by those aged 30–39 years (16.7%), those aged 15–19 years (9.3%)

and those aged <1 year (9.3%) – 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 9.6% have been hospitalized.

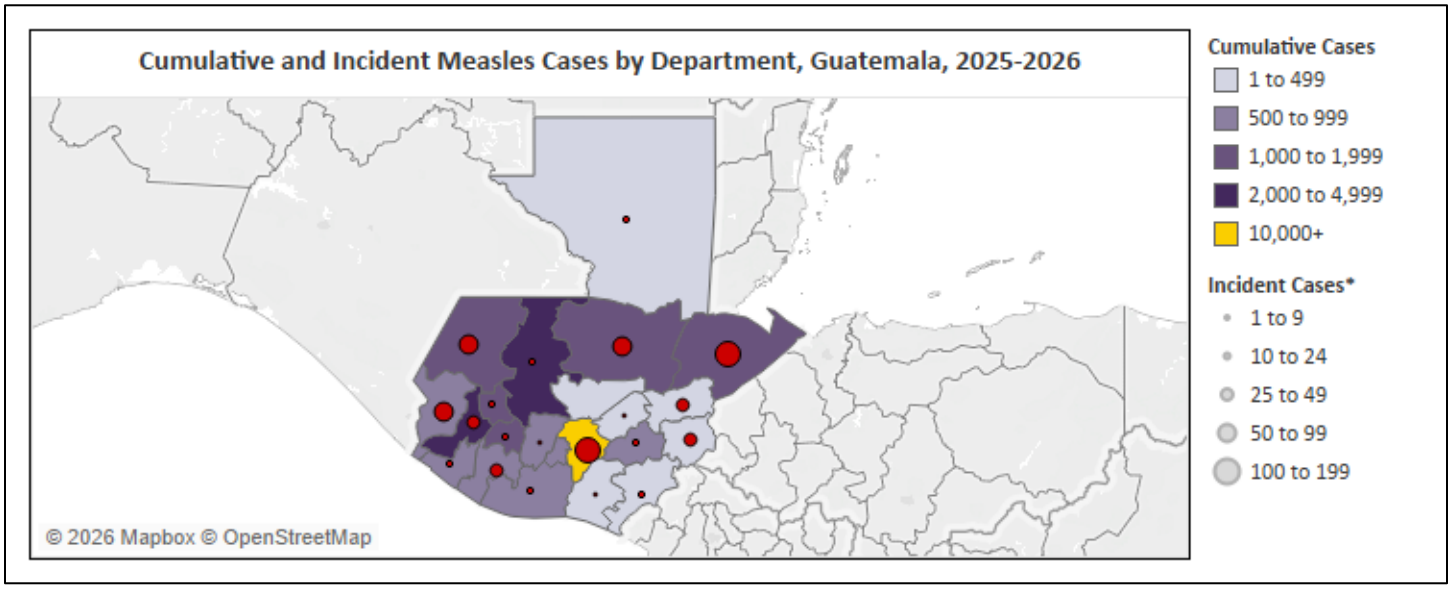

*Figure Notes: Data as of August 31, 2026 (1,005 cases missing from figure); *Change in cumulative total compared to 8/20/26 update.*

The last measles outbreak in Guatemala occurred in 1989 and resulted in over 9,000 cases. The current outbreak has been linked to a 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 1.95 million measles vaccine doses have been administered in the country as of August 20, 2026. 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 (8/31/26)

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

According to data from the Secretary of Health of Mexico as of September 9, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,910 confirmed cases and 19 deaths reported during 2026. Since the previous update, 116 confirmed incident cases with symptom onset during 2026 were reported by 11 states, primarily Jalisco (82) and Quintana Roo (10). Incidence has been gradually declining since epidemiological week 7 and has remained lower when compared to prior year trends since epidemiological week 23.

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	29,659	+142	12,910	+116	19	+0	0.15%

*Table Notes: Data as of September 9, 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 (6,838), Mexico City (1,033), and Chiapas (874). 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 (96.58), followed by those aged 1-4 years (30.56), those aged 5-9 years (21.66), and those aged 25-29 years (20.44).

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.

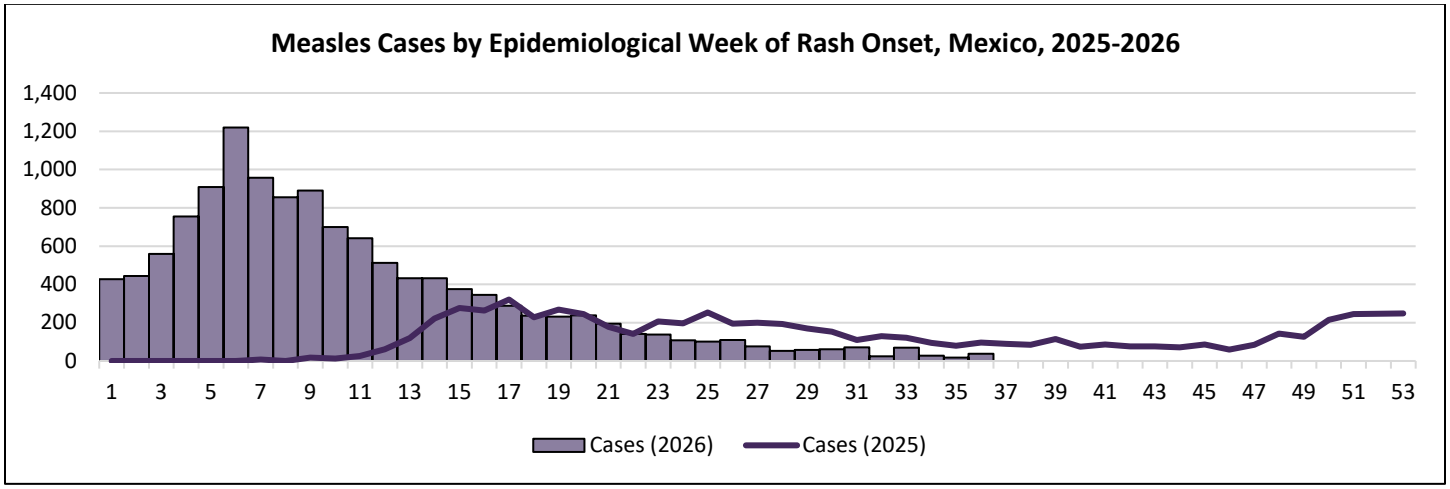

Figure Notes: Data as of September 9, 2026, and includes confirmed cases only (69 missing from figure).

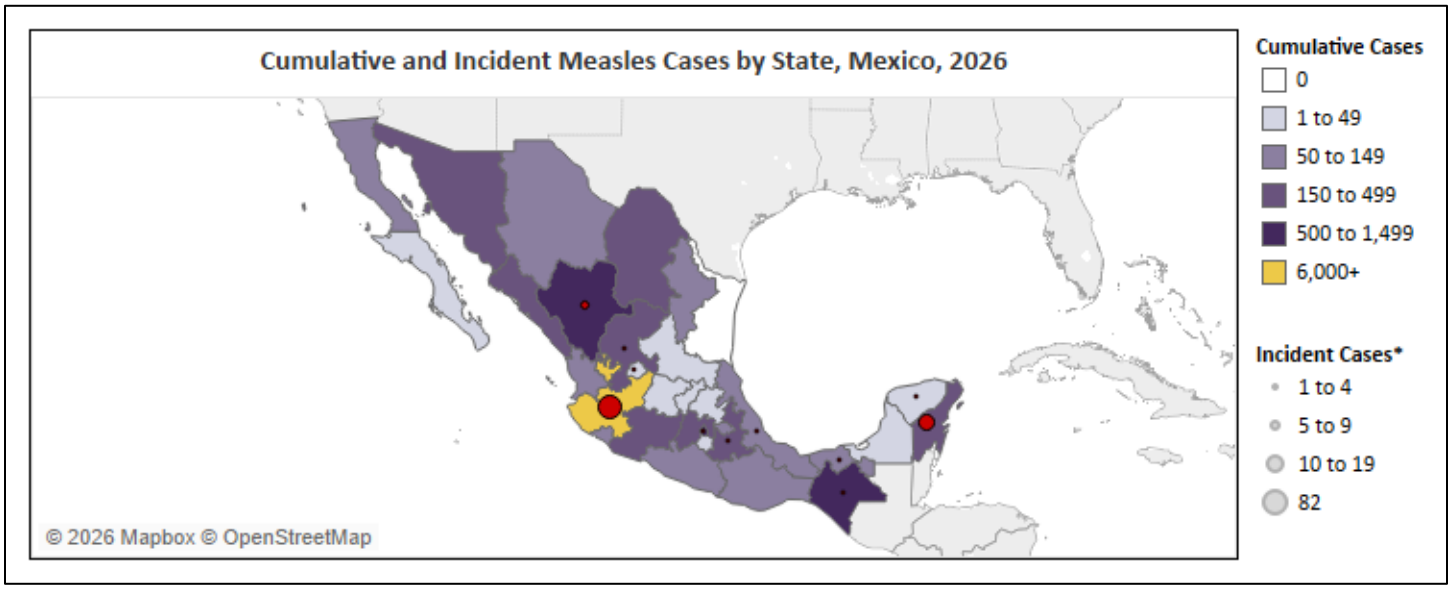

*Figure Notes: Data as of September 9, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Data Source: Secretary of Health (9/9/26)

United States – Confirmed Incident Cases Reported by 14 States, Most in PA:

According to data from the United States CDC as of September 3, 2026, there have been a total of 2,289 confirmed measles cases and 3 deaths reported in the United States during 2025, and 3,134 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, 231 confirmed incident cases with rash onset during 2026 were reported by 14 states, primarily in Pennsylvania (114), and Wisconsin (57). Additionally, while not included in CDC data, the Pennsylvania Department of Health has reported two measles-related deaths – the first US measles-related fatalities of the year, and the first within the Commonwealth in 35 years.

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	3,134	+231	248	+25	2	+0	0.1%

*Table Notes: Data as of September 3, 2026, and includes cases reported among international visitors to the United States; ‡2026 measles-related deaths are based on reporting by the Pennsylvania Department of Health; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

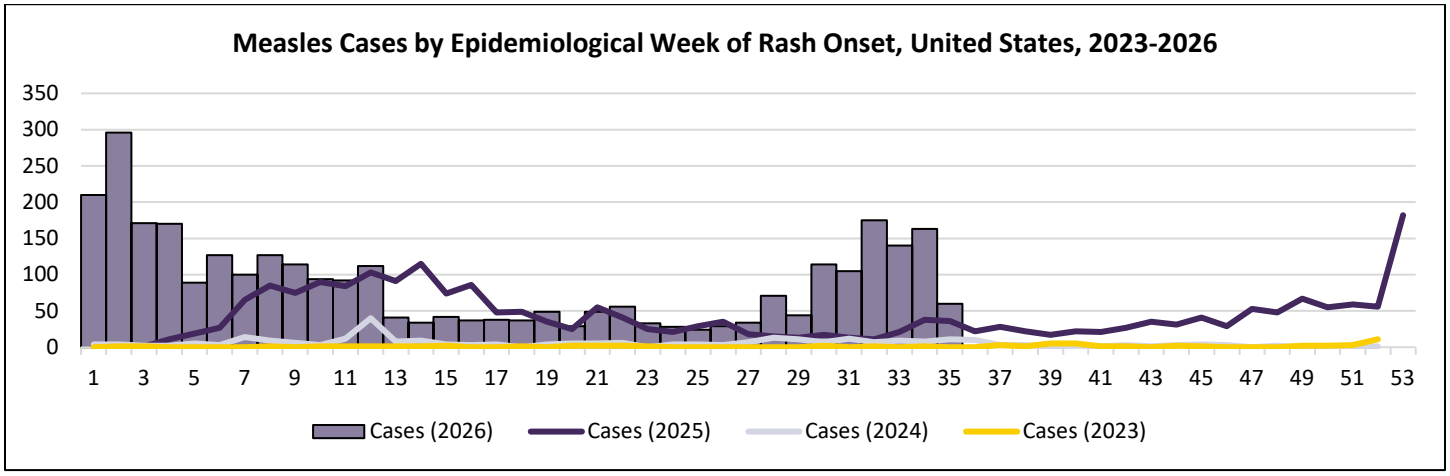

Figure Notes: Data as of September 3, 2026, and includes cases reported among international visitors to the United States.

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily South Carolina (670), Pennsylvania (557), Utah (526), Texas (191), Virginia (178), Florida (144), Wisconsin (112), and Arizona (110). There have been 37 outbreaks reported during 2026 – 94% of confirmed cases reported during 2026 are outbreak associated (1,362 from outbreaks that began during 2026 and 1,375 from outbreaks that began during 2025). Those aged 5-19 years have been most affected (45%), followed by those aged 20+ years (36%), and those aged <5 years (18%). Among all confirmed cases, 94% have been unvaccinated or have unknown vaccination statuses and 8% have been hospitalized – including 11% of those aged <5 years. In New York, there have been 6 confirmed cases reported in New York City and 45 in Rest of State (51 total). The New York State Department of Health recently reminded New Yorkers to ensure they are vaccinated against measles.

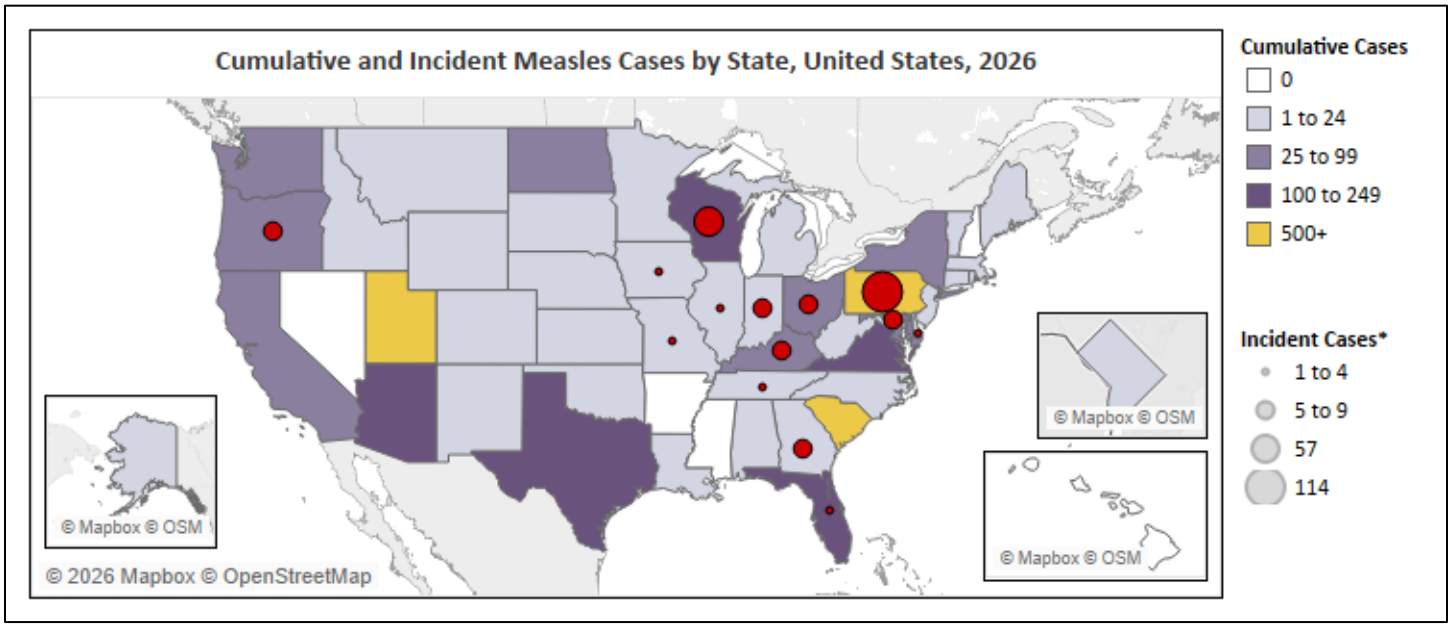

*Figure Notes: Data as of September 3, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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 (9/4/26)

New World Screwworm

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the Secretary of Agriculture of Mexico as of September 8, 2026, there have been a total of 41,996 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,083 are currently active. According to data from the Secretary of Health of Mexico as of September 4, 2026, there have been a total of 651 confirmed NWS cases and 4 deaths reported among humans since the beginning of 2025. Since the previous update, 1,168 incident cases among animals and 18 confirmed incident cases among humans were reported.

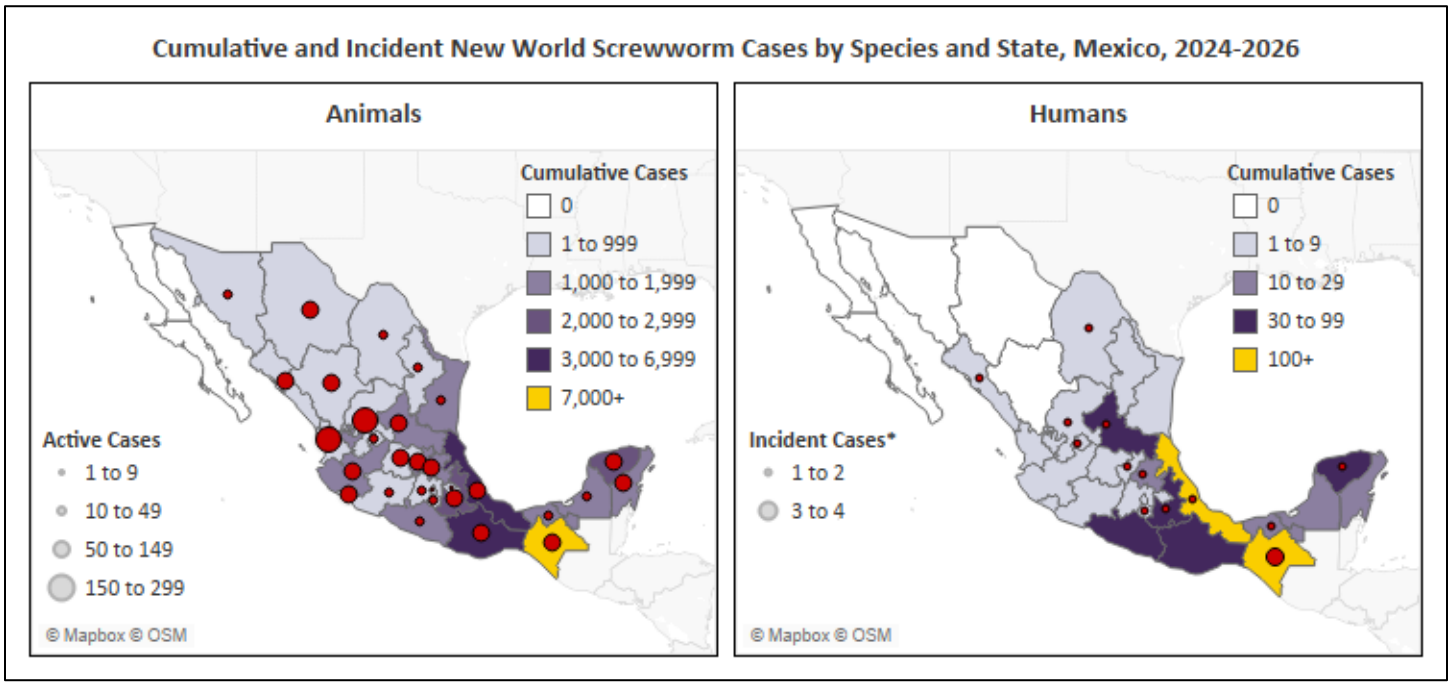

*Figure Notes: Data for cases reported among animals as of September 8, 2026, and data for cases reported among humans as of September 4, 2026; *Change in cumulative total compared to previous update.*

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*
41,996	+1,168	2,083	+24	651	+18	4	+0	0.6%

Table Notes: Data for cases reported among animals as of September 8, 2026, and among humans of September 4, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

NWS cases among animals have been reported in 30 states, primarily Chiapas (7,746), Oaxaca (5,272), Veracruz (4,904), Yucatán (2,957), and Puebla (2,411). Confirmed NWS cases among humans have been reported in 25 states, primarily Chiapas (163), Veracruz (111), Puebla (60), and Oaxaca (58). 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 (9/10/26), Secretary of Health (9/7/26), CDC (8/11/26)

Non-Seasonal Influenza

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

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of September 7, 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 6-year-old female in Beijing Province. The case experienced symptom onset on August 15, 2026, has since recovered, and was exposed to a live poultry market 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 September 7, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

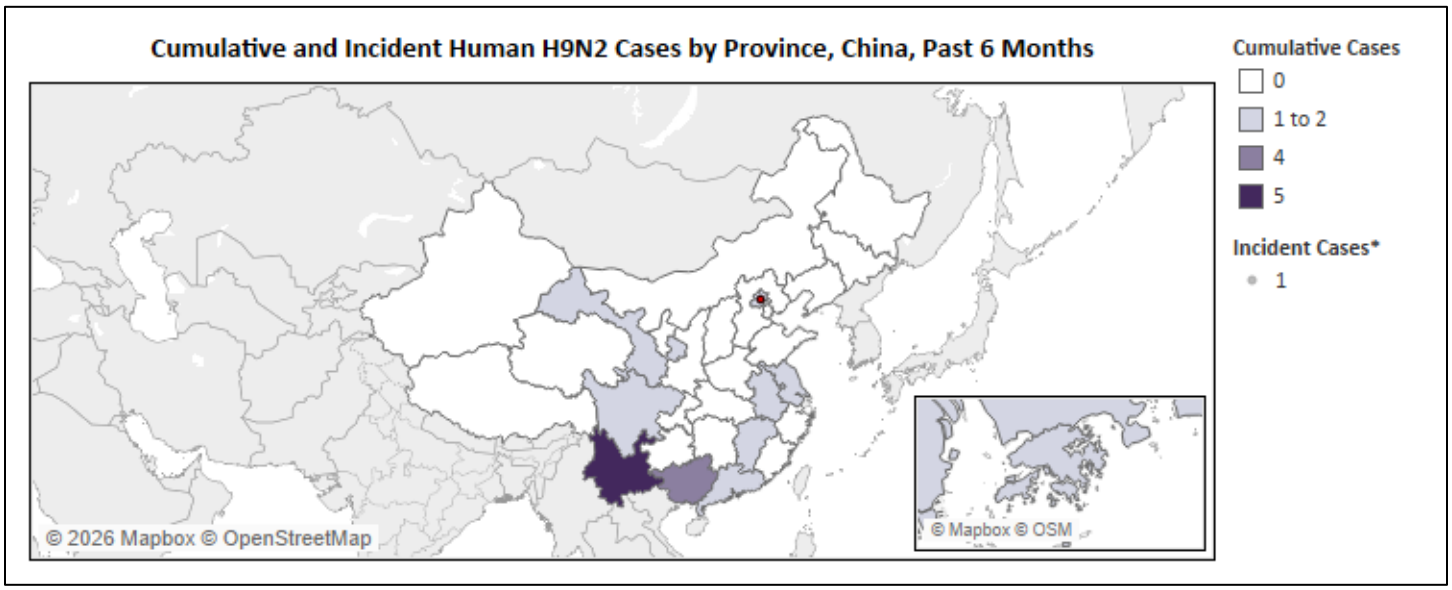

*Figure Notes: Data as of September 7, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.*

In the past 6 months, confirmed human H9N2 cases have been reported by 9 provinces/regions/municipalities in China: Yunnan (5), Guangxi Zhuang (4), Guangdong (2), Jiangsu (2), Jiangxi (2), Anhui (1), Beijing (1), Gansu (1), Sichuan (1), and Hong Kong (1). According to data from the World Health Organization (WHO) as of September 3, 2026, there have been a total of 176 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 179 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 (9/8/26), WHO (9/4/26)

United States – Updated Data on Poultry Flock and Livestock Detections (HPAI):

According to data from the United States Department of Agriculture (USDA) as of September 8, 2026, there have been a total of 2,248 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 12 new detections were reported. In the past 30 days, a total of 12 confirmed HPAI detections have been reported in Idaho (5), South Dakota (5), Minnesota (1), and North Dakota (1), affecting 250,000 birds. The number of detection reported has been relatively low since March. According to data from the USDA as of September 8, 2026, there have been a total of 1,177 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 5 new detections were reported. In the past 30 days, a total of 4 confirmed HPAI detections have been reported among livestock herds in Idaho (2) and Texas (2).

HPAI Detections Among Animals, United States, Past 30 Days						
Poultry Flocks		**Livestock Herds***			**Wild Birds**	**Mammals**
Commercial	Backyard	Dairy Cattle	Swine	Alpacas		
6	6	4	0	0	140	8

*Table Notes: Data as of September 8, 2026; Number of detections reported in the past 30 days are based on date of detection/confirmation rather than sample collection; *New HPAI detections among previously unaffected herds only.*

In January, the New York State (NYS) Department of Environmental Conservation reminded New Yorkers to stay alert for HPAI and avoid contact with sick or dead birds and mammals that may be infected. Results from a national survey published in May of this year found that nearly all responding backyard flock owners had heard of avian influenza or bird flu (95%), but only 63% knew that humans could be infected and only 32% could correctly identify all signs of infection in birds. As of March 31, 2026, there have been 80 poultry flock detections reported in NYS – the most recent detection was confirmed on March 31 in Bronx County.

According to data from the United States CDC, as of March 6, 2026, there have been a total of 71 confirmed influenza A(H5) cases, including 2 deaths (1, 2), and 7 probable H5 cases reported among humans since the beginning of 2024. The most recent human case, and first ever human H5N5 case globally, was reported during November 2025 in Washington. Most human cases reported in the United States were exposed during commercial agriculture and related operations involving contact with dairy cattle and poultry. A recent study examining transmission dynamics in California among 14 H5N1-positive dairy farms detected the virus in the air in milking parlors, in wastewater streams, and the exhaled breath of cows, suggesting possible sources of transmission on dairy farms beyond contact with contaminated milk. There has been one instance of documented possible zoonotic transmission (via serology testing) from domestic cats to humans among a veterinary professional occupationally exposed to an H5N1-infected cat.

According to the United States CDC, the current risk to public health is low and person-to-person transmission has not been documented. HPAI continues to be detected wild birds and other mammals. Since 2022, 21 countries in the Americas have reported over 5,700 H5N1 outbreaks in diverse bird and animal species, and 5 countries have reported a cumulative total of 75 human H5 cases, including 2 deaths (both caused by the D1.1 strain that emerged and spread rapidly in North America during the 2024 wild bird migration season).

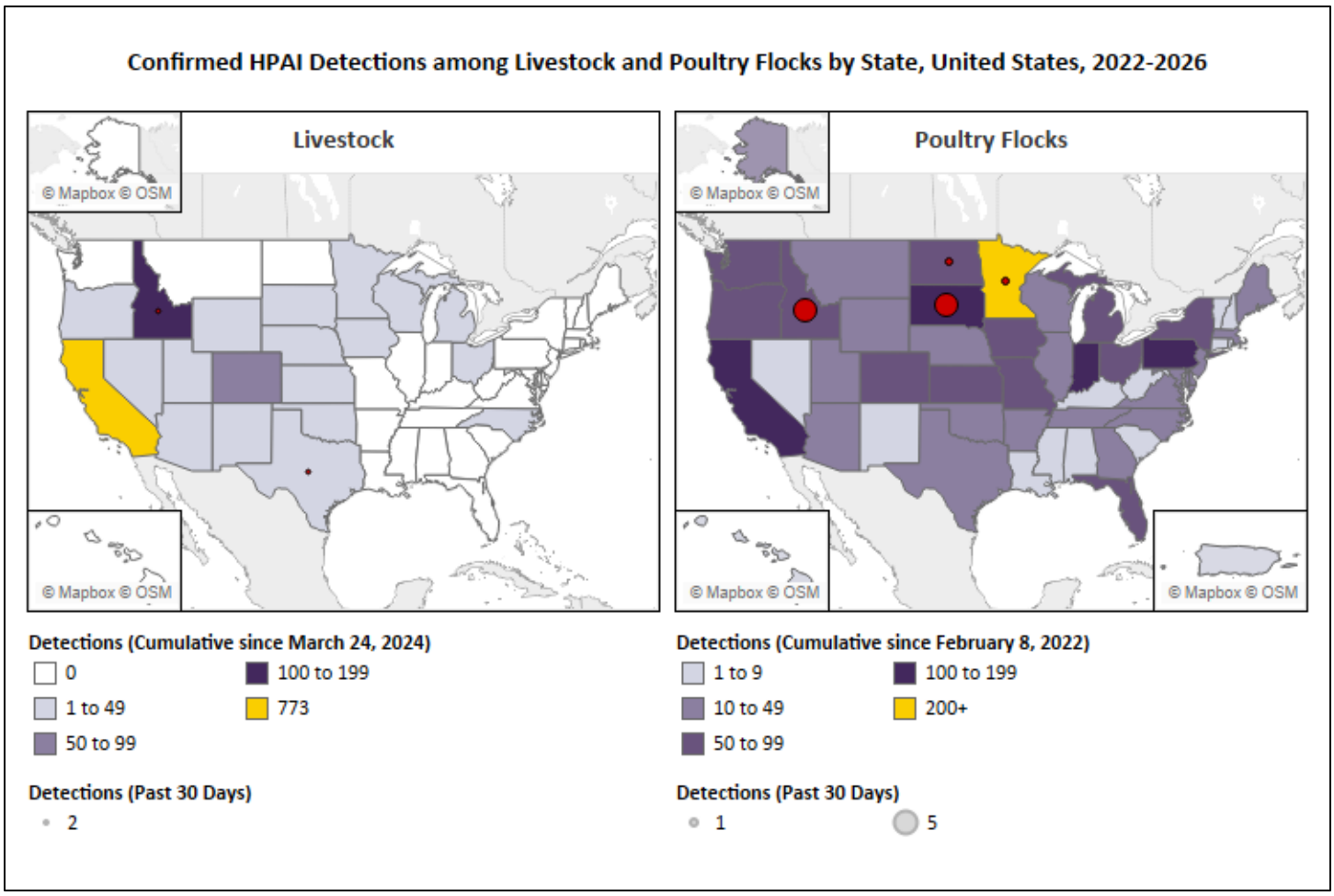

Figure Notes: Data as of September 8, 2026.

Data Sources: USDA (9/9/26), USDA (9/9/26), CDC (3/6/26)

Polio

Global – Incident AFP Cases (WPV1 & cVDPV1-2) Reported in Multiple Countries:

According to data from the Global Polio Eradication Initiative (GPEI) as of September 7, 2026, there have been 26 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 24 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 114 AFP cases caused by circulating vaccine-derived poliovirus type 2 (cVDPV2), and 13 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 cases caused by WPV1 were reported in Afghanistan, and 6 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC) (5) and Nigeria (1).

Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026							
WPV1		**cVDPV1**		**cVDPV2**		**cVDPV3**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†
26	+4	24	+0	114	+6	13	+0

Table Notes: Data as of September 7, 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 16 countries: Afghanistan (23 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (50 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (2 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (35 – cVDPV2, 11 – cVDPV3), Pakistan (3 – WPV1), Somalia (6 – cVDPV2), South

Sudan (10 – cVDPV1, 3 - cVDPV2), Sudan (4 – 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), and the United Kingdom (2 – cVDPV2), suggesting undetected transmission was occurring in these countries at some point this year.

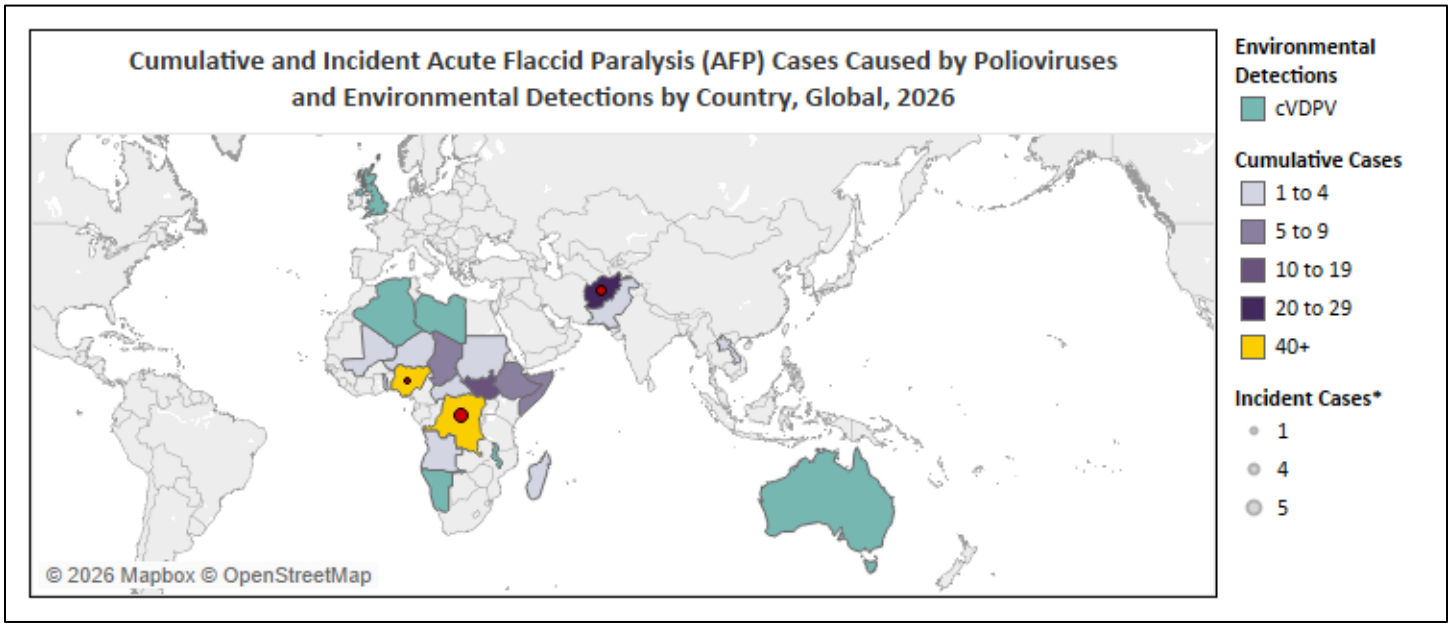

*Figure Notes: Data as of September 7, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

The United States CDC currently has a Level 2 – Practice Enhanced Precautions Travel Health Notice posted regarding polio globally. Vaccination is the best way to protect against polio. A total of 52 AFP cases caused by WPV1, 3 AFP cases caused by cVDPV1, 228 AFP cases caused by cVDPV2, and 15 AFP cases caused by cVDPV3, have been reported to date with onset of paralysis during 2025.

Data Sources: GPEI - WPV (9/8/26), GPEI - cVDPV (9/8/26)

Yellow Fever

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

According to data from the Pan American Health Organization (PAHO) as of September 9, there have been a total of 98 confirmed yellow fever cases and 44 deaths reported in the Americas during 2026. Since the previous update, 2 confirmed incident cases and 2 additional deaths were reported in Peru (1 case, 1 death) and Venezuela (1 case, 1 death).

Yellow Fever Cases and Deaths, the Americas, 2026				
Confirmed Cases		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	CFR*
98	+2	44	+2	44.9%

*Table Notes: Data as of September 9, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

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 (11 cases, 6 deaths), Venezuela (9 cases, 3 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.

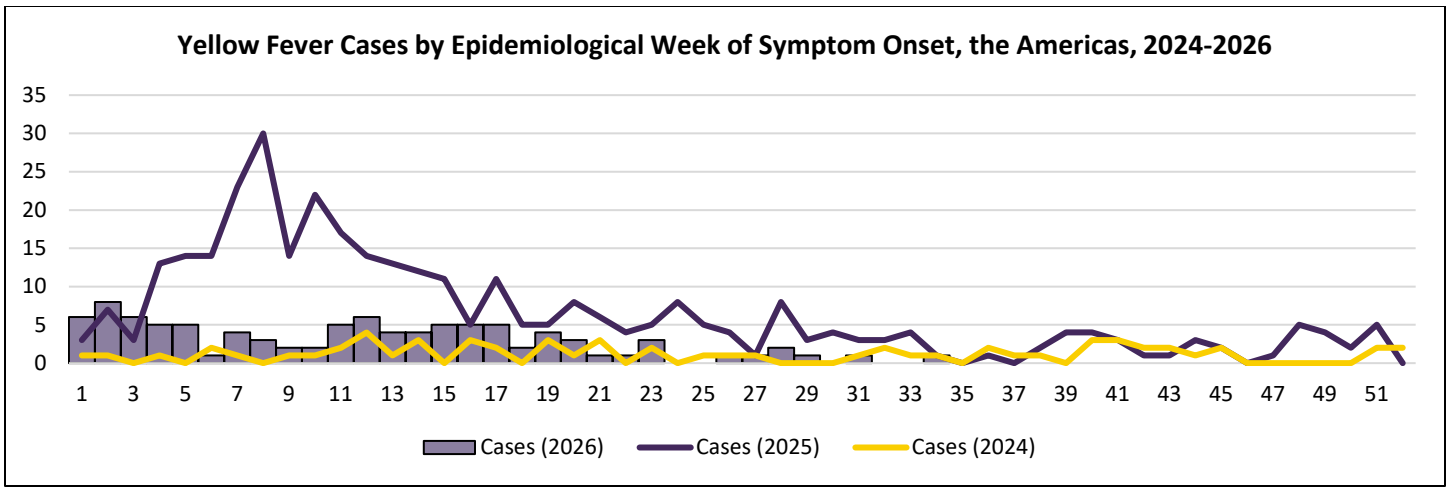

Figure Notes: Data as of September 9, 2026; Cases reported during 2025 (8) and 2026 (1) without dates of symptom onset are excluded.

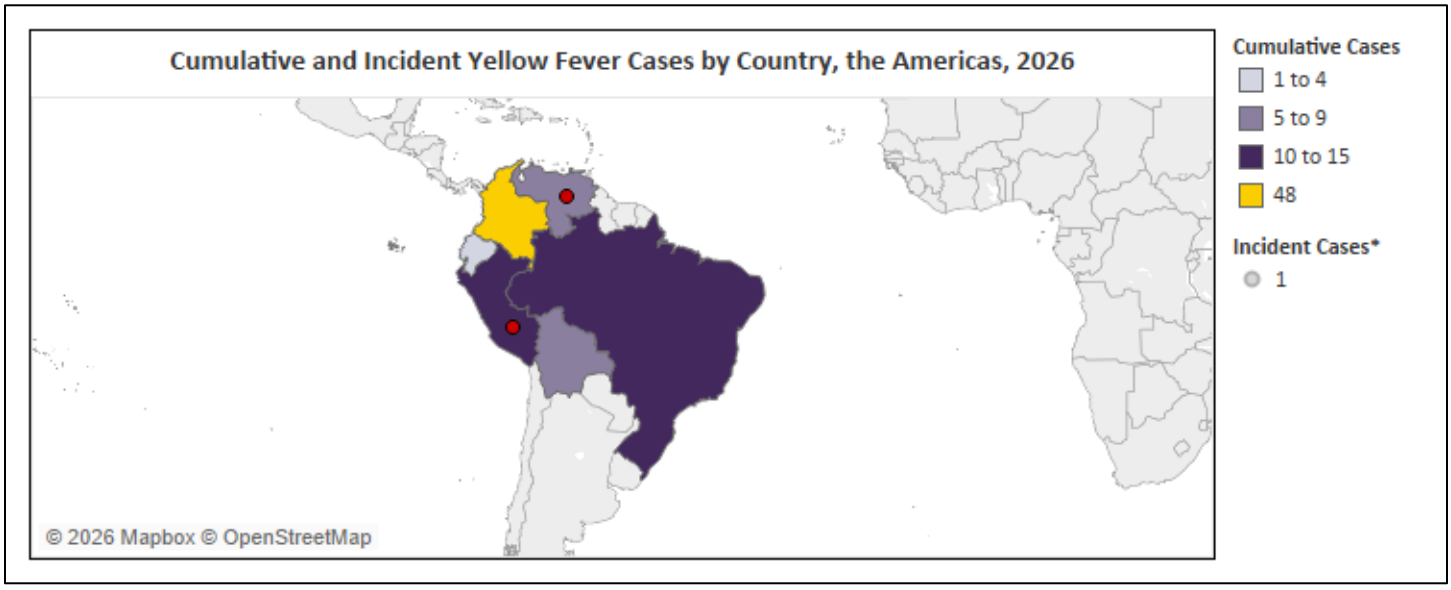

*Figure Notes: Data as of September 9, 2026; *Change in cumulative total compared to previous update.*

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

The United States CDC currently has Level 2 – Practice Enhanced Precautions Travel Health Notices posted regarding yellow fever in Colombia and Venezuela. Vaccination is recommended for those aged ≥9 months that are traveling to or living in areas at risk for yellow fever. A total of 348 confirmed yellow fever cases and 148 deaths (CFR: 42.5%) 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 (34 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 (9/9/26)

Other Outbreaks (2026):

Chikungunya

- Mauritius – More Incident Cases Reported; Highest Burden During April-May (September 3)
- 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

- Australia – National Incidence Trends Continue Gradual Decline Since Eary June (September 3)
- 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 – Voluntary Recall of Affected Products Issued by Raw Farm, LLC (April 9)

Escherichia Coli & Salmonella

- United States – New Multistate Outbreak Linked to Alfalfa Sprouts Reported (August 27)

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 (September 3)

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

- Canada – Only 1 Confirmed Case Reported in Manitoba (August 27)
- Peru – Updated Data on Ongoing Outbreak Centered in Puni and Arequipa (August 27)
- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining (August 20)

- 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

- Africa – Incident Cases Reported Primarily in Madagascar, the DRC, and Angola (September 3)
- Global – Updated Data on Geographic Spread and Transmission Status of Clade I (September 3)
- 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 – Additional Human Case Reported in Michigan (H1N2v) (August 27)
- 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 (September 3)
- United States – Multistate Outbreak Linked to Jalapeños Includes 5 New States (August 20)
- United States – New Multistate Outbreak Linked to Turtles Reported (August 13)
- 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 Mauritius - 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
- 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
- Paratyphoid Fever in Yemen - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

Other Global Health News and Events:

- First case of anthrax in 2026 in South Dakota, USA, confirmed in a beef cattle herd - BEACON
- Kerala, India reports 171 amebic meningoencephalitis cases and 44 deaths as of September 2026; Acanthamoeba spp. predominated 2025 surge - BEACON
- Israel reports a case of primary amebic meningoencephalitis in a nine-year-old boy, linked to the Sea of Galilee - BEACON
- RFI: Anthrax outbreak with 13 suspected human cases, two human deaths, and 20 dead animals in Grand'Anse, Haiti - BEACON
- Seasonal surveillance for chikungunya virus disease in the EU/EEA for 2026
- Italy reports autochthonous dengue infections in Apulia and Tuscany and one autochthonous chikungunya case in Rome, August–September 2026 - BEACON
- RFI: Chikungunya outbreak reported in Nowshera District, Khyber Pakhtunkhwa, Pakistan; suspected counts unverified - BEACON
- RFI: Unverified media report of more than 1000 suspected cholera cases in August 2026 in Al-Bayda, Yemen, amid government counter offensive - BEACON
- Italy reports autochthonous dengue infections in Apulia and Tuscany and one autochthonous chikungunya case in Rome, August–September 2026 - BEACON
- Invasive mosquito species detected in east London - GOV.UK
- Food poisoning outbreaks linked to government's Free Nutritious Meal program in Indonesia: more than 1700 cases in one week - BEACON
- 135 gastroenteritis cases among resident physicians at Hospital General de México; Salmonella spp. detected, outsourced cafeteria suspended - BEACON
- Two hantavirus cases with suspected human-to-human transmission reported in Neuquén Province, Argentina - BEACON
- Hepatitis A cases in Costa Rica double in 2026, concentrated in San José - BEACON
- HPV vaccine uptake in US teens hasn't increased in 4 years | CIDRAP

- First 2026 case of Japanese encephalitis confirmed in South Korea amid peak vector season - BEACON
- Mayor Mamdani Announces Sweeping New Measures to Strengthen New York City's Response to Legionnaires' Disease
- NYC Health Department Investigating Community Cluster of Legionnaires' Disease in the Bronx - NYC Health
- Leptospirosis notifications in Philippines rise after monsoon floods; six regions hit epidemic thresholds; hospitals operating under strain - BEACON
- Over 122 000 malaria cases and 122 deaths reported in Namibia in 2026 amid Indoor Residual Spraying (IRS) coverage gap - BEACON
- Pediatrics group publishes FAQ on congenital measles | CIDRAP
- Situation Report #10: Measles in the Americas Region. 1 September 2026 - PAHO/WHO | Pan American Health Organization
- Rapid mpox case surge in Cabinda, Angola: dual-clade circulation, and vaccination response underway - BEACON
- RFI: Suspected mpox-compatible illnesses in Luebo, Kasai Province, DRC; laboratory results pending - BEACON
- Mpox clade Ib confirmed in Vinnytsia Oblast, Ukraine, in a returning traveler from elsewhere in Europe - BEACON
- HPAI (H5N1) in Australia: 498 wildlife events across six states and first mammalian spillover into urban foxes - BEACON
- HPAI (H5N1) confirmed in backyard poultry in Los Ríos Region, Chile; sanitary control zone established - BEACON
- HPAI (H5) in backyard birds in Colonia Department, Uruguay: National health emergency declared - BEACON
- HPAI (H5N1) confirmed in backyard ducks in Cao Bang Province, Viet Nam; flock of 3000 culled - BEACON
- Vanuatu Pertussis Outbreak in Penama Province, Vanuatu: Situation Report 2 - 7-Sep-26 - Vanuatu | ReliefWeb
- Active natural plague foci and recent human cases in Mongolia - BEACON
- Global Respiratory Virus Activity: Weekly Update N° 594
- Respiratory Viruses Surveillance Bulletin: Epidemiological Week 35, 2026
- CDC merges its flu, COVID divisions to 'strengthen operational efficiency' | CIDRAP
- WHO approves multi-dose maternal RSV vaccine to protect more infants | CIDRAP
- Salmonella outbreak linked to pumpkin seeds with 81 cases across 10 regions in France and product distribution to Luxembourg - BEACON
- 135 gastroenteritis cases among resident physicians at Hospital General de México; Salmonella spp. detected, outsourced cafeteria suspended - BEACON
- Influenza A activity increases across countries in Oceania and Asia-Pacific - BEACON
- Novel tick-borne virus (Asian longhorned tick nairovirus) identified in febrile patients at sentinel hospitals in China (NEJM, 2026) - BEACON
- Weekly updates: Seasonal surveillance in humans in 2026 for West Nile virus | ECDC
- A mosquito that can transmit Zika has bred in London – but that doesn't mean the virus is spreading in people there
- First confirmed breeding of invasive Aedes aegypti in East London, UK; no human cases, enhanced surveillance underway - BEACON
- El Niño Health Risk Analysis | WHO
- People who say they'll get vaccinated against COVID and flu often don't. Why not? | CIDRAP
- Polls show Americans have lost confidence in federal government, public health leaders | CIDRAP