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

GLOBAL HEALTH UPDATE

Date: 9/17/26

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

Contents

Chikungunya

The Americas – Incident Cases Reported in Brazil & Costa Rica; Trends Declining:

According to data from the Pan American Health Organization (PAHO) as of September 15, there have been a total of 198,591 chikungunya cases, of which 74,841 are confirmed, and 87 deaths reported in the Americas during 2026. Since the previous update, 2,162 incident cases, of which 962 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 (126,276), 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 (59.13), 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 15, a total of 117 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	+0	3,798	+0	2	+0	0.1%
Bolivia	47,586	+0	11,596	+0	27	+0	0.2%
Brazil	126,276	+2,107	53,778	+955	52	+2	0.1%
Cuba	2,716	+0	254	+0	6	+0	2.4%
French Guiana	1,775	+0	1,775	+0	0	+0	0.0%
Suriname	7,484	+0	3,389	+0	0	+0	0.0%
Rest of the Americas	438	+55	251	+7	0	+0	0.0%
Total	**198,591**	**+2,162**	**74,841**	**+962**	**87**	**+2**	**0.1%**

*Table Notes: Data as of September 15, 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.*

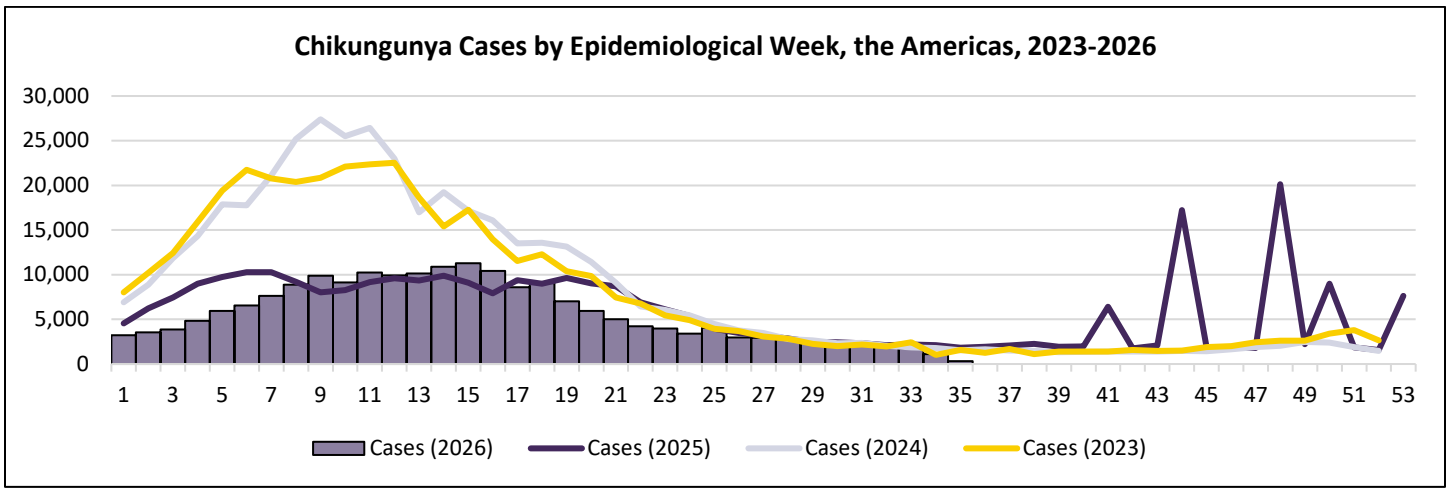

Figure Notes: Data as of September 15, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.

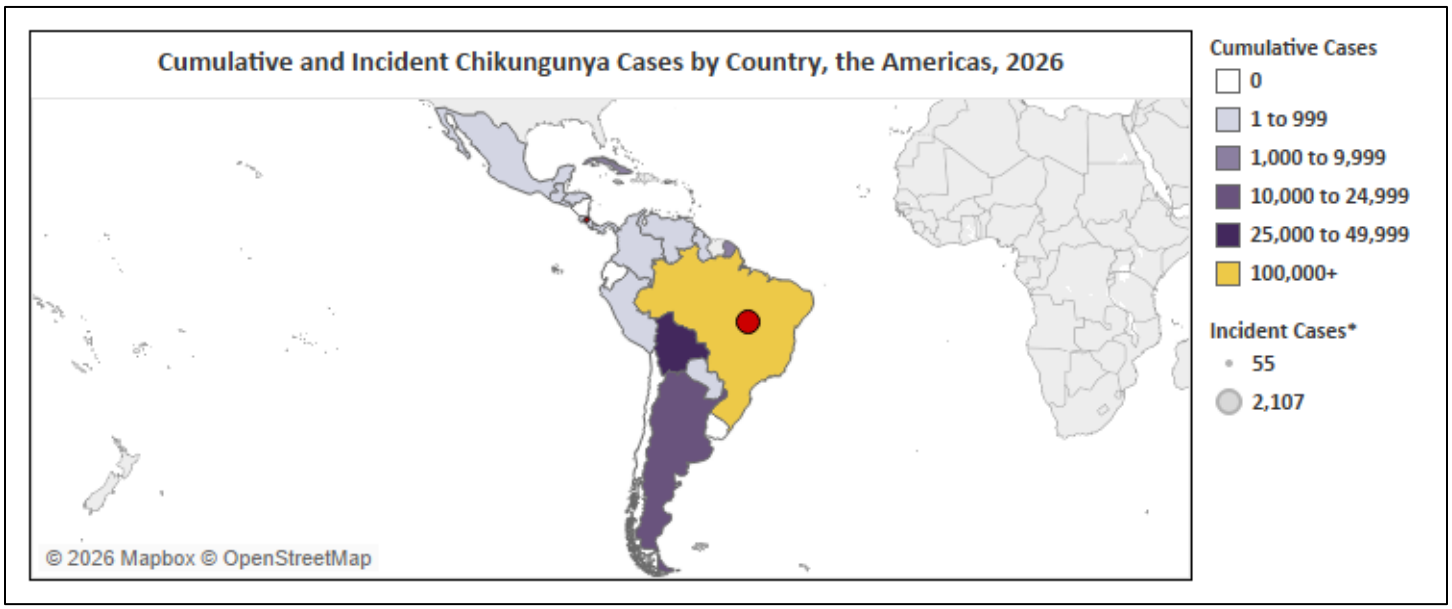

*Figure Notes: Data as of September 15, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (9/15/26)

Cyclosporiasis

United States – Updated Surveillance Data; Lettuce Outbreak Declared Over:

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. Multiple jurisdictions reported 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 14, there have been a total of 19,883 confirmed locally acquired cyclosporiasis cases and 2 deaths reported by states and territories during 2026. Since the previous update, 288 confirmed locally acquired incident cases were reported. Additionally, CDC is aware of 9,765 confirmed cases requiring further investigation to determine location of infection and 6,594 cases that were not laboratory confirmed or were 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 (2,078).

Locally Acquired Cyclosporiasis Cases, Hospitalizations, and Deaths, United States & Puerto Rico, 2026						
Confirmed Cases		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
19,883	+288	1,064	+21	2	+0	0.0%

*Table Notes: Data as September 14, 2026, and includes confirmed locally acquired cases only; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

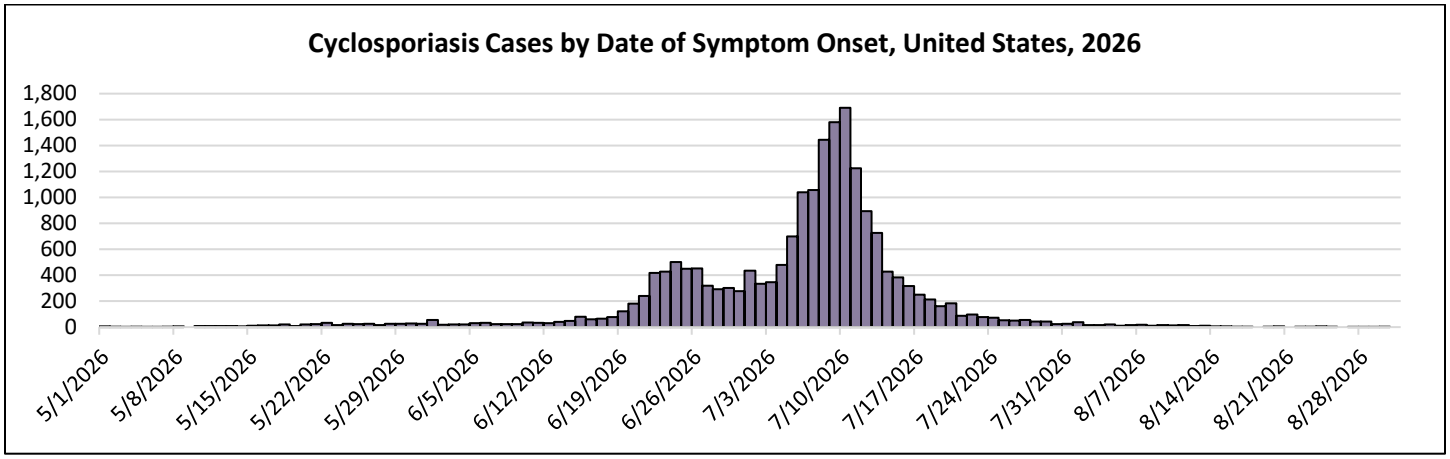

Figure Notes: Data as of September 14, 2026, and includes confirmed locally acquired cases only.

Locally acquired cases were reported by 49 states (as well as the District of Columbia), primarily Michigan (4,000-6,999), Ohio (4,000-6,999), Illinois (1,000-3,999), Indiana (1,000-3,999), Kansas (500-999), Kentucky (500-999), New York (State & City) (500-999), North Carolina (500-999), Texas (500-999), Florida (200-499), Nebraska (200-499), Oklahoma (200-499), Pennsylvania (200-499), and West Virginia (200-499). Nationally, locally acquired cases ranged 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, 5.4% were hospitalized and 2 deaths were 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 10, 2026, the Food and Drug Administration (FDA) is actively investigating 5 separate cyclosporiasis outbreaks. On September 11, 2026, the CDC reported that the outbreak linked to shredded iceberg lettuce had ended with a total of 12,883 cases and 2 deaths.

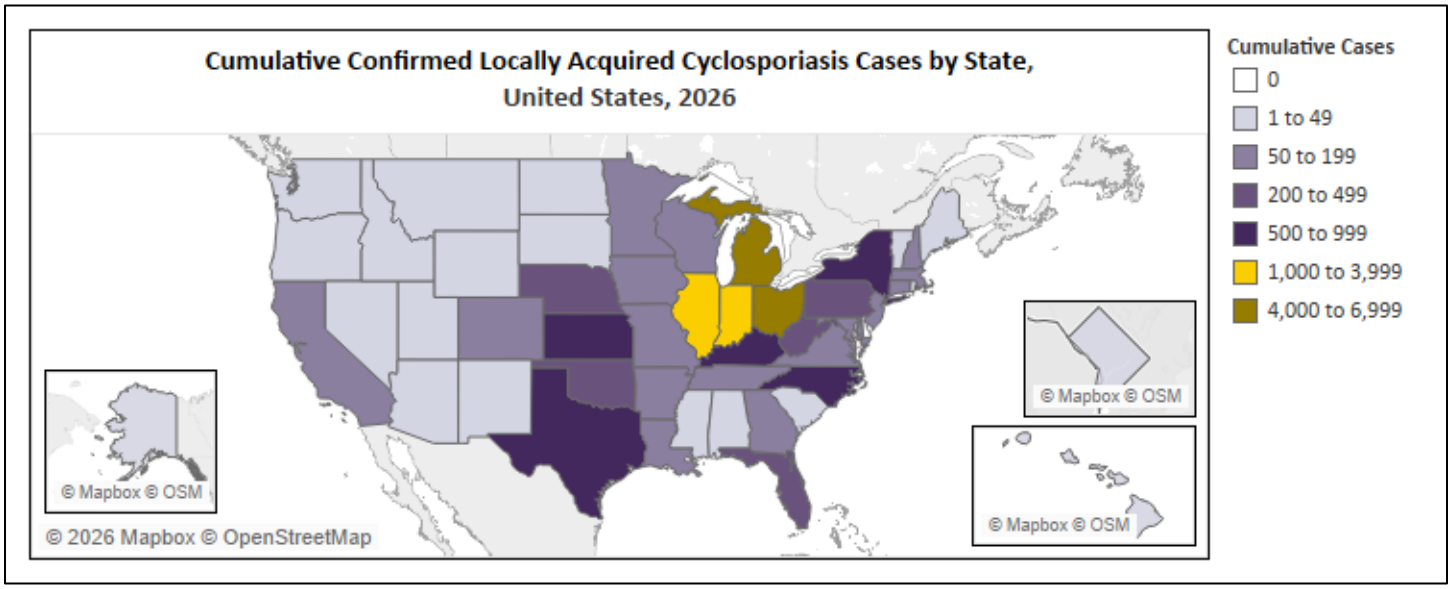

Figure Notes: Data as of September 14, 2026, and includes confirmed locally acquired cases only.

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 (9/15/26)

Dengue

United States – Locally Acquired Cases Reported in Florida Double:

According to data from the United States (US) CDC as of September 16, there have been a total of 1,480 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (897) and American Samoa (435) – 148 locally acquired cases have been reported in the continental US in Florida (147) and Virginia (1). Since the previous update, 76 incident locally acquired cases were reported, with all but one reported in Florida (75). 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
1,480	+76	45%	447	+74	35%

Table Notes: Data as of September 16, 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 16, 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 1,308 travel associated cases reported among US residents during 2025, much lower compared to 2024 totals (3,756).

Data Sources: CDC 2026 (9/16/26), CDC 2025 (9/16/26)

Diphtheria

Australia – National Incidence Trends Continue Gradual Decline Since Early June:

On May 22, 2026, Australia's Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance (CDINS). According to data from the Australian Centre for Disease Control (CDC) as of September 7, there have been a total of 560 cases of diphtheria and 1 death reported in Australia during 2026, representing a 41.4-fold increase compared to the same period from 2022–2025 (average of 13 cases) and the first death with diphtheria listed as the probable cause since 2018. Since the previous update, 22 incident cases have been 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		**Probable Cases**		**Hospitalizations**		**Deaths**		
Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	Cumulative	Incident†	CFR*
559	+22	1	+1	103	+4	1	+0	0.2%

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

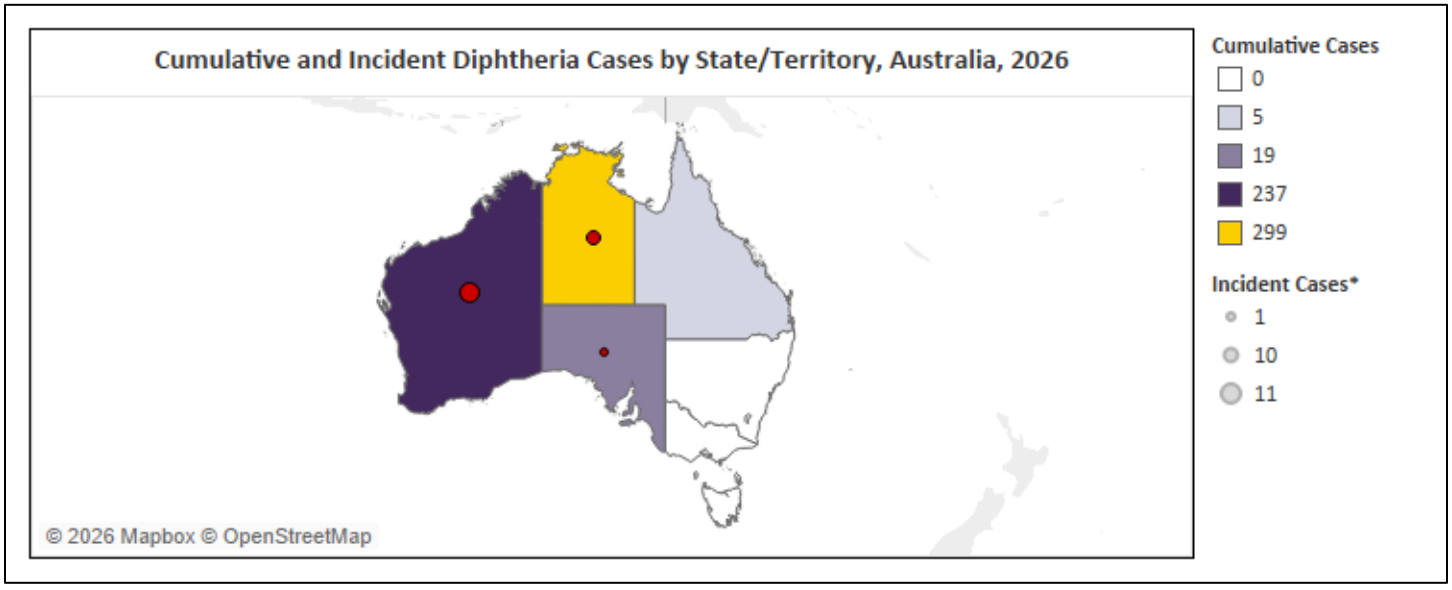

*Figure Notes: Data as of September 7, 2026; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in the Northern Territory (299), Western Australia (237), South Australia (19), and Queensland (5) – 98.9% 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 (33%), followed by those aged 5–14 years (26%), and 15–24 years (21%). Among all cases, 95.3% have been among Aboriginal and/or Torres Strait Islander people, 54.3% have been female, 18% have been hospitalized, and 65.9% have been cutaneous diphtheria (as opposed to respiratory: 32.1%). Most cases of respiratory (87.2%) and cutaneous (78.0%) diphtheria had received the primary course (3-doses) of a diphtheria vaccine.

Historically, diphtheria has caused more deaths in Australia than any other infectious disease since the early 1900s. Prior to the COVID-19 pandemic (2014–2019), most diphtheria cases in Australia were travel associated. Since 2020, there have been 18 diphtheria clusters (≥2 cases) reported (13 during 2026), the largest of which (10–16 cases) occurred in North Queensland from 2020–2023. Clusters reported during 2026 have ranged from 2–17 cases. Vaccination is the best way to prevent diphtheria and is recommended for people of all ages.

Data Source: Australian CDC (9/7/26)

Ebola

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

According to data from the National Institute of Public Health Institute (INSP) in the Democratic Republic of the Congo (DRC) as of September 16, 2026, there have been a total of 7,404 confirmed Bundibugyo virus disease (BVD) cases and 3,577 confirmed deaths reported across 7 provinces. Since the previous update, 561 additional confirmed cases and 267 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 16, 2026, confirmed cases have been reported in 62 health zones across Bas-Uélé (3), Haut-Uélé (6), Ituri (28), North Kivu (16), South Kivu (1), South Ubangi (1), and Tshopo (7) provinces – 77.7% of confirmed cases have been reported in Ituri province (5,751), followed by North Kivu (1,323), Haut-Uélé (290), Tshopo (29), Bas-Uélé (7), South Kivu (3), and South Ubangi (1) provinces. A total of 32,094 contacts have been identified for monitoring and follow-up, of which 87.4% (28,065) are actively being monitored (seen within the previous 24 hours). There have been 1,776 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‡	7,404	+561	3,577	+267	48.3%
Uganda	20	+0	2	+0	10.0%
France§	1	+0	0	+0	0.0%
Total	**7,425**	**+561**	**3,579**	**+267**	**48.2%**

*Table Notes: Data for the DRC as of September 16, 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.*

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).

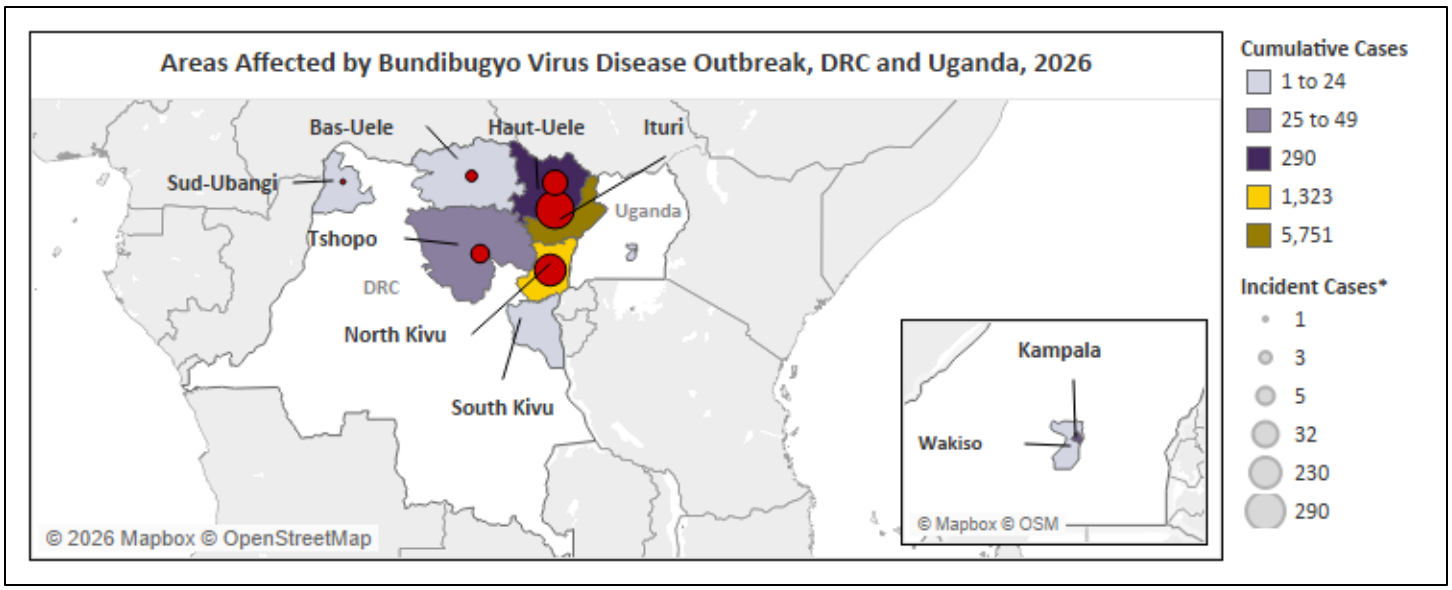

*Figure Notes: Data as of September 16, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.*

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%). Unlike EVD, there is no vaccine against BVD, and treatment consists of supportive care; however, clinical trials of BVD therapeutics are ongoing and initial results from research on BDBV-specific vaccines are expected by the end of September. Research surrounding the therapeutic and prophylactic use Ervebo (vaccine licensed and recommended for use in Ebola Zaire outbreaks) through vaccination of frontline workers is also ongoing.

On September 11, 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 (9/16/26)

Malaria

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

According to data from the French National Public Health Agency (SPF) as of September 6, there has been a significant resurgence of malaria activity in Mayotte during 2026 with a total of 349 confirmed cases reported – the highest number

since 2010 (433). Since the previous update, there were 6 confirmed incident cases reported. Among all confirmed cases, 244 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
349	+6	98	+8	0	+0	0.0%

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

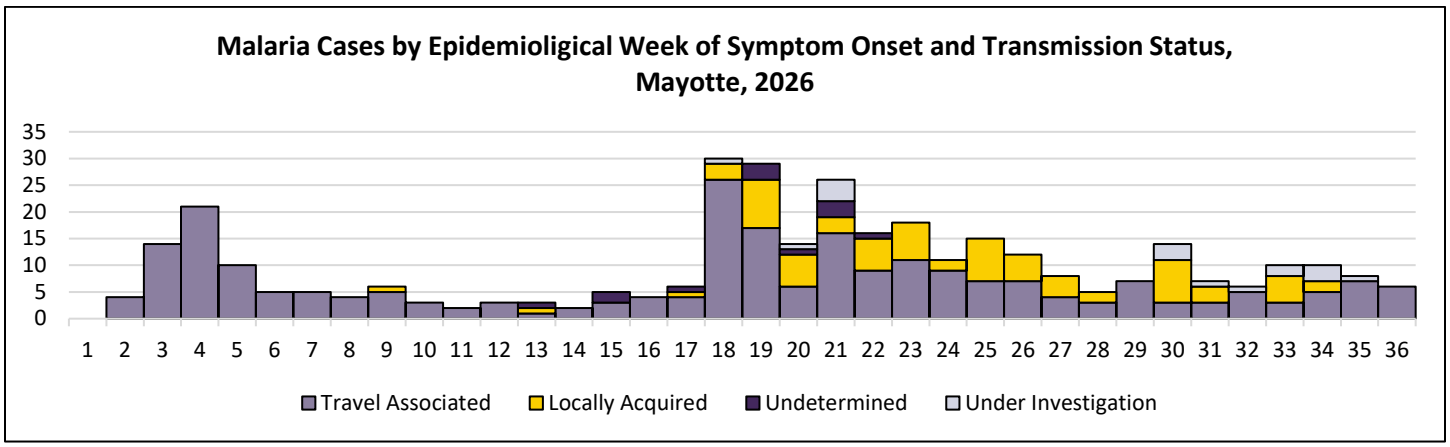

Figure Notes: Data as of September 14, 2026.

Among all confirmed cases, 98 have been hospitalized, including 10 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 (9/14/26), ECDC (6/5/26), BEACON (6/30/26)

Measles

Global – WHO Provides Update on Provisional Case Counts and Incidence Rates:

Since the previous update, the World Health Organization (WHO) released their monthly update regarding confirmed (laboratory confirmed, epidemiologically linked, and clinically compatible) measles cases and incidence reported globally by WHO Member States during 2026. So far this year, there have been a total of 256,224 confirmed measles cases reported by 136 countries, an increase of 35,831 confirmed cases since the previous update. The top 10 countries with the highest reported cumulative confirmed case counts and incidence rates as of September 14, 2026, are presented below.

Cumulative Measles Cases and Incidence Rates, Global, 2026			
Confirmed Cases		**Incidence per 1M Population (Annualized)**	
Country	Cumulative	Country	Cumulative Incidence Rate
Bangladesh	64,127	Guatemala*	2,408.95
Guatemala*	30,462	Mongolia	680.07

India	26,205	Yemen	638.70
Yemen	17,124	Maldives	616.78
Pakistan	13,042	Bangladesh	572.71
Mexico	12,811	Kazakhstan	566.56
Cameroon	9,630	Cameroon	527.42
Angola	7,413	Lao People's Democratic Republic	416.85
Kazakhstan	7,127	Central African Republic	373.90
South Africa	6,486	Rwanda	312.93

*Table Notes: Data as of September 14, 2026; *Includes laboratory confirmed cases only; Counts and rates are provisional.*

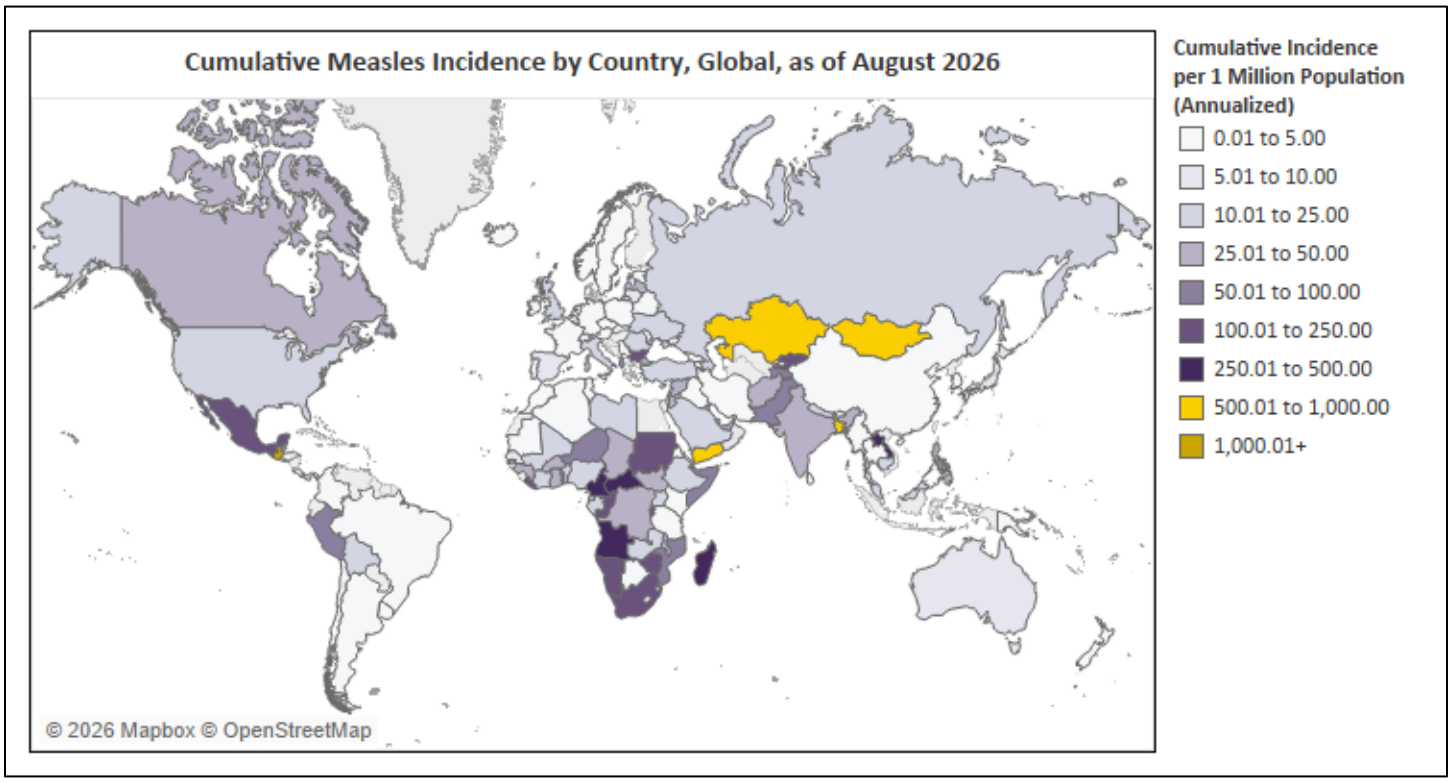

Figure Notes: Data as of September 14, 2026; Rates are provisional.

There were 257,544 confirmed measles cases reported globally during 2025 according to WHO data. On November 10, 2025, the Pan American Health Organization (PAHO) announced that the Americas has lost its verification as free from endemic measles transmission. This change comes as endemic transmission of measles has been reestablished in Canada (local transmission observed for ≥12 months). All other countries in the region continue to maintain their measles-free status, although several are in jeopardy of losing that status in November 2026 (Mexico and the United States). According to a PAHO Situation Report published on September 14, 2026, a total of 52,676 confirmed cases and 61 deaths have been reported in the Americas during 2026, representing a 3.8-fold increase in confirmed cases compared to 2025 through the end of epidemiological week 35 – overall risk associated with measles in the region is currently assessed as very high. 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: WHO (9/14/26)

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

According to data from the Directorate General of Health Services (DGHS) as of September 17, there have been a total of 176,480 suspected and 20,343 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 946 deaths reported among suspected cases, and 100 deaths reported among confirmed cases. Since

the previous update, 7,735 suspected incident cases, 410 confirmed incident cases, and 37 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	176,480	+7,735	149,540	+6,652	946	+37	0.5%
Confirmed	20,343	+410			100	+1	0.5%

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

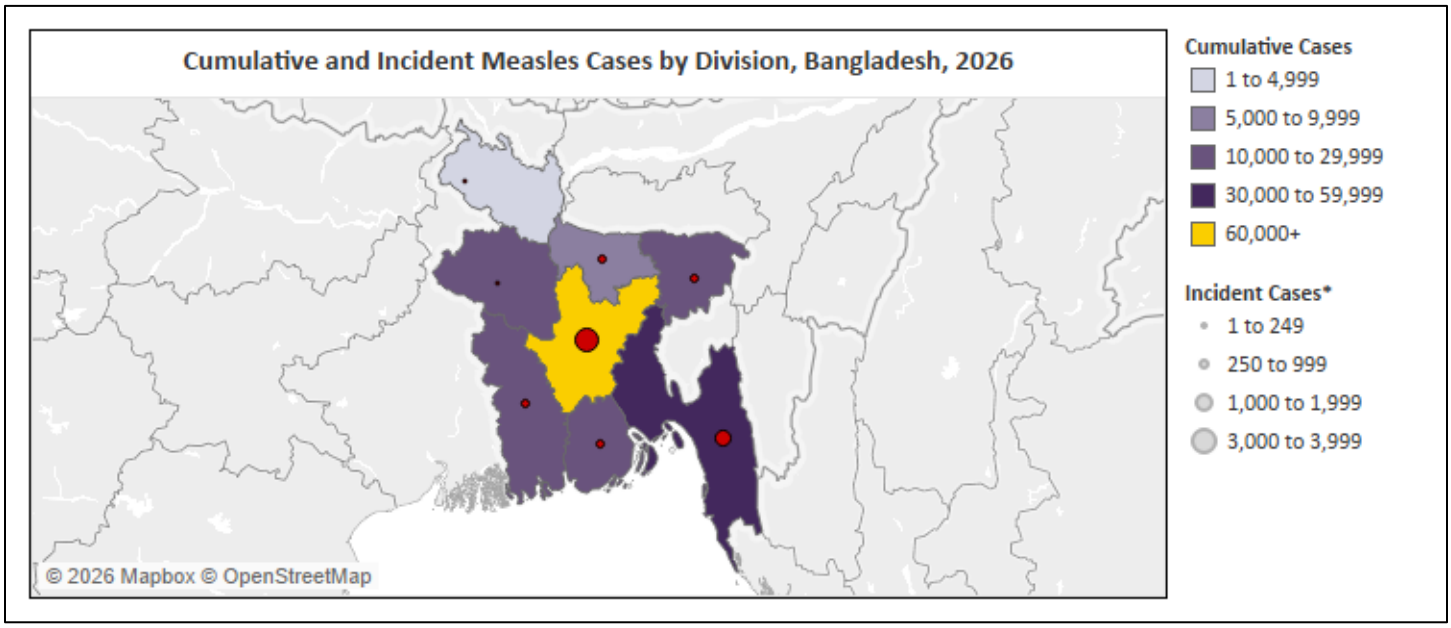

*Figure Notes: Data as of September 17, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in all 8 departments: Dhaka (75,493 suspected & 12,564 confirmed), Chattogram (34,892 suspected & 2,761 confirmed), Barisal (19,210 suspected & 794 confirmed), Sylhet (13,514 suspected & 1,032 confirmed), Khulna (11,410 suspected & 489 confirmed), Rajshahi (10,215 suspected & 1,420 confirmed), Mymensingh (8,553 suspected & 751 confirmed), and Rangpur (3,099 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 (9/17/26), WHO (4/23/26), UN (6/25/26)

Mexico – Confirmed Incident Cases Reported by 8 States; Most in Quintana Roo:

According to data from the Secretary of Health of Mexico as of September 14, 2026, there have been a total of 6,614 confirmed measles cases and 27 deaths reported in Mexico during 2025, and 12,939 confirmed cases and 20 deaths reported during 2026. Since the previous update, 29 confirmed incident cases with symptom onset during 2026 were

reported by 8 states, primarily Quintana Roo (12). 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	29,742	+83	12,939	+29	20	+1	0.2%

*Table Notes: Data as of September 14, 2026; †Change in cumulative total compared to prior update; *Case fatality rate (CFR) calculated among confirmed cases.*

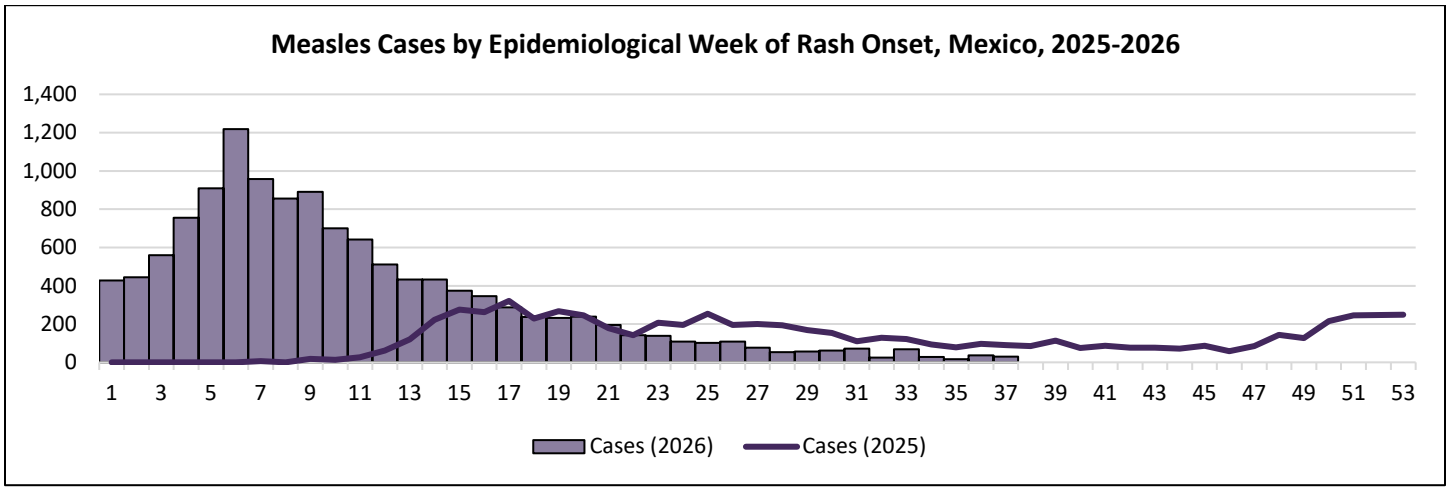

Figure Notes: Data as of September 14, 2026, and includes confirmed cases only (69 missing from figure).

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,839), Mexico City (1,033), and Chiapas (877). 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 (96.70), followed by those aged 1–4 years (30.61), those aged 5–9 years (21.69), and those aged 25–29 years (20.47).

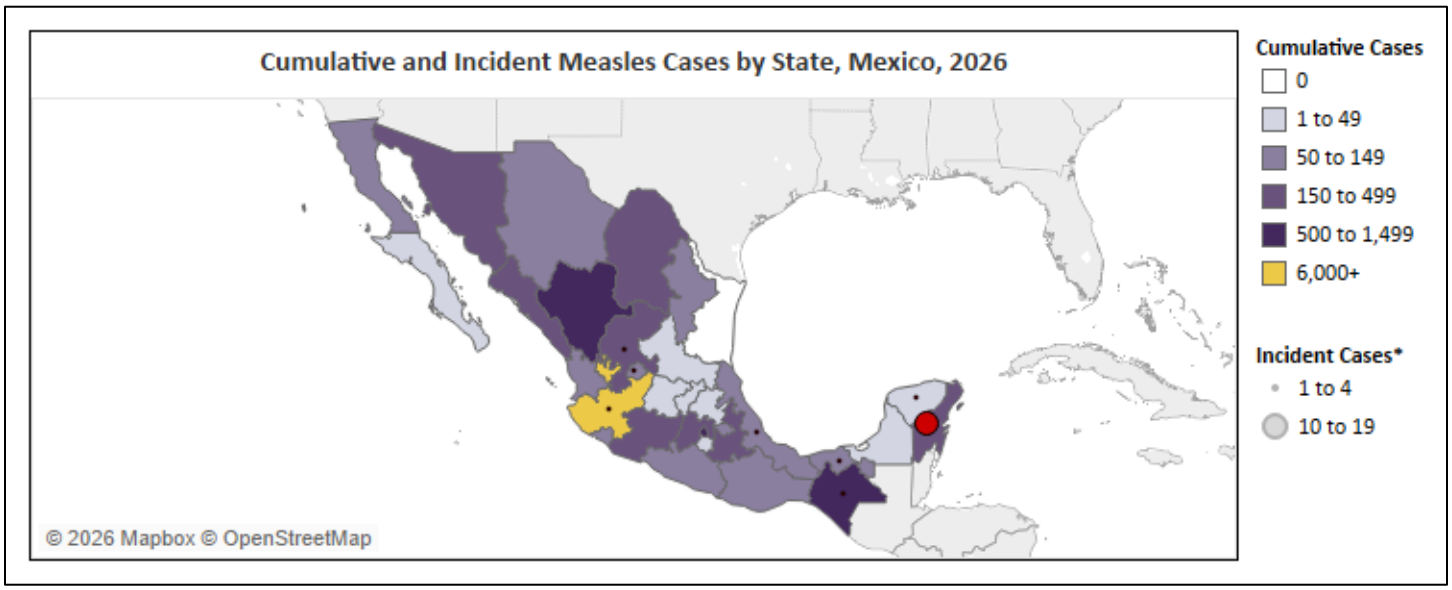

*Figure Notes: Data as of September 14, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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.

Data Source: Secretary of Health (9/15/26)

Peru – Updated Data on Ongoing Outbreak, Trends Declining:

According to data from the Pan American Health Organization (PAHO) as of September 11, there have been a total of 1,997 confirmed measles cases reported in the country during 2026, most of which were reported between May and July when a ≥2.5-fold increase in confirmed cases was reported over a 9-week period. Since the previous update, 250 confirmed incident cases were reported. Recent incidence trends have been declining.

According to data from the Pan American Health Organization (PAHO) as of July 25, among 916 confirmed cases, those aged 20-29 years have been most affected (36%), followed by those aged 10-19 years (30%), and those aged 5-9 years (13%). Incidence per 100,000 population is currently highest among those aged 20-29 years (8.88), followed by those aged 0-4 years (8.24), and those aged 10-19 years (6.92). Among all cases, 54% have been unvaccinated and 11% have been hospitalized. During 2025, there were only 5 confirmed cases reported in the country. 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: PAHO (9/11/26)

United States – 2 Additional Measles-Related Deaths Reported by Pennsylvania:

According to data from the United States CDC as of September 10, 2026, there have been 3,294 confirmed cases reported during 2026 – over 1,000 more cases than in all of last year (2,289). Since the previous update, 160 confirmed incident cases with rash onset during 2026 were reported by 13 states, primarily in Pennsylvania (80), and Wisconsin (57). Additionally, while not included in CDC data, the Pennsylvania Department of Health has reported two additional measles-related deaths, totaling four measles-related deaths in 2026 as of September 15.

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	3,294	+160	267	+19	4	+2	0.1%

*Table Notes: Data as of September 10, 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 as of September 15; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily South Carolina (670), Pennsylvania (637), Utah (526), Texas (192), Virginia (178), Wisconsin (157), Florida (146), and Arizona (110). There have been 38 outbreaks reported during 2026 – 95% of confirmed cases reported during 2026 are outbreak associated (1,748 from outbreaks that began during 2026 and 1,375 from outbreaks that began during 2025). All but 16 cases were locally acquired, with the rest associated with international travel. Those aged 5–19 years have been most affected (45%), followed by those aged 20+ years (37%), and those aged <5 years (18%). Among all confirmed cases, 95% 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 51 in Rest of State (57 total). There have been a growing number of cases in upstate New York. On September 15, the New York State Department of Health launched its new Measles Dashboard to help public and healthcare officials monitor the growing outbreak.

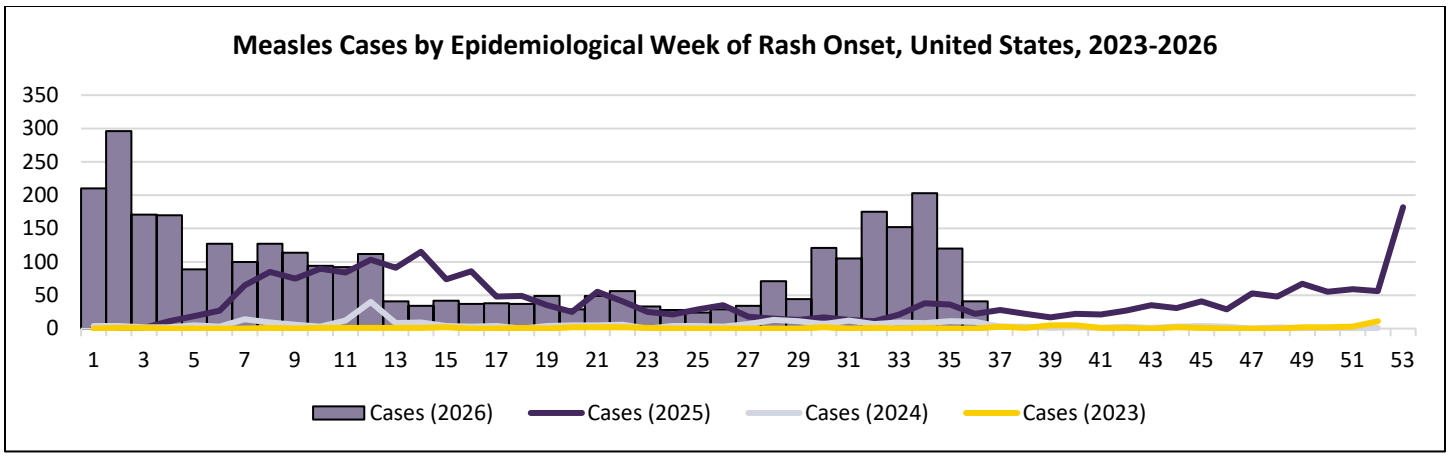

Figure Notes: Data as of September 10, 2026, and includes cases reported among international visitors to the United States.

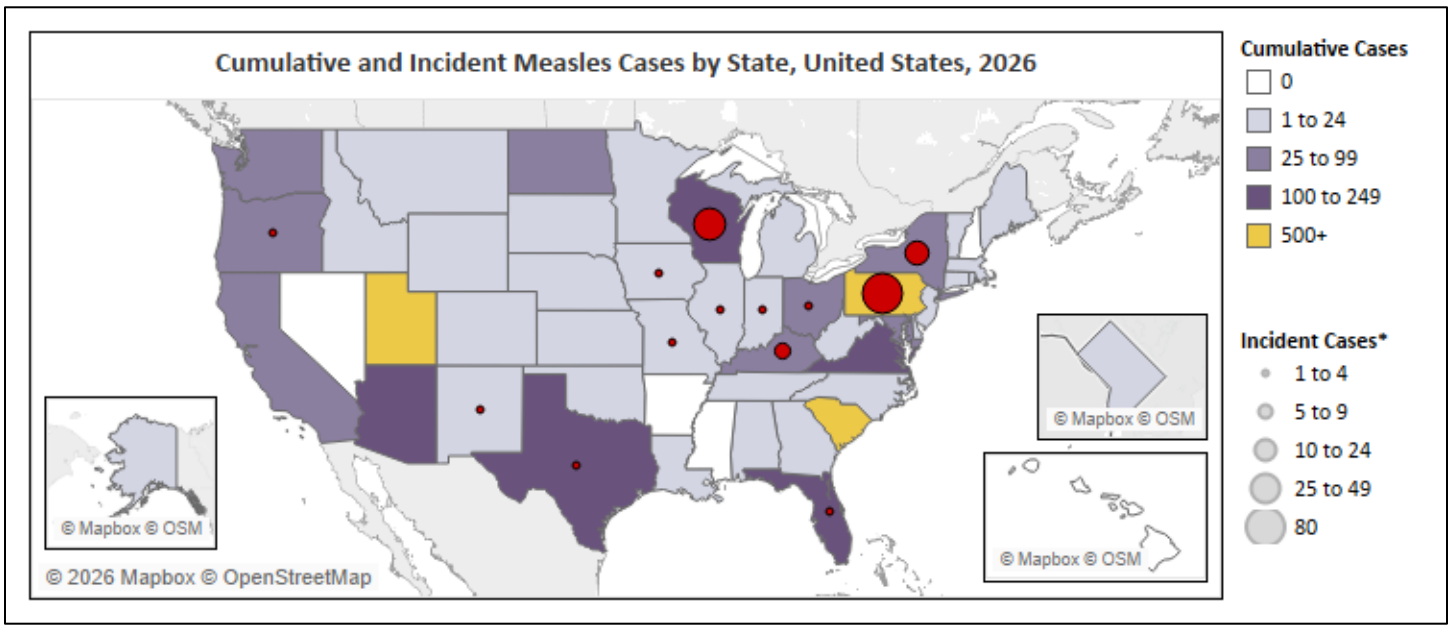

*Figure Notes: Data as of September 10, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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 (9/11/26), Pennsylvania DOH (9/14/26)

Mexico – Updated Data on Animal and Human Cases Reported:

According to data from the Secretary of Agriculture of Mexico as of September 15, 2026, there have been a total of 43,175 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 1,914 are currently active. According to data from the Secretary of Health of Mexico as of September 11, 2026, there have been a total of 681 confirmed NWS cases and 4 deaths reported among humans since the beginning of 2025. Since the previous update, 1,179 incident cases among animals and 30 confirmed incident cases among humans were reported.

New World Screwworm Cases by Species, Mexico, 2024-2026								
Animal Cases				Confirmed Human Cases		Confirmed Human Deaths		
Cumulative	Incident†	Active	Change‡	Cumulative	Incident†	Cumulative	Incident†	CFR*
43,175	+1,179	1,914	-169	681	+30	4	+0	0.6%

Table Notes: Data for cases reported among animals as of September 15, 2026, and among humans of September 11, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.

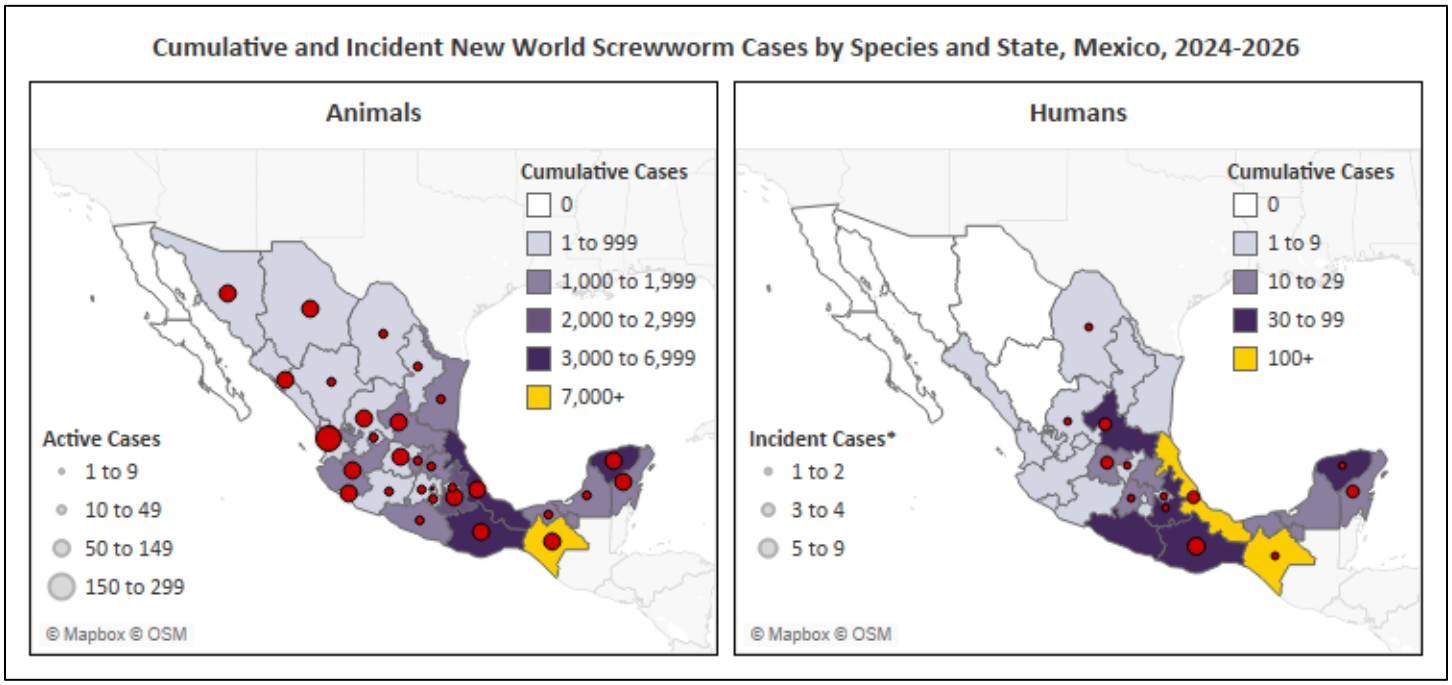

*Figure Notes: Data for cases reported among animals as of September 15, 2026, and data for cases reported among humans as of September 11, 2026; *Change in cumulative total compared to previous update.*

NWS cases among animals have been reported in 30 jurisdictions, primarily Chiapas (7,786), Oaxaca (5,327), Veracruz (4,961), Yucatán (3,029), and Puebla (2,469). Confirmed NWS cases among humans have been reported in 25 jurisdictions, primarily Chiapas (165), Veracruz (114), Oaxaca (66), and Puebla (61). 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 2,600 NWS cases reported among humans in Central America and Mexico since 2023.

Data Sources: Secretary of Agriculture (9/17/26), Secretary of Health (9/14/26), CDC (8/11/26)

China – Incident Human Case Reported Among Child in Guangxi Zhuang (H9N2):

According to data from the Hong Kong Centre for Health Protection (HKCHP) as of September 14, 2026, there have been a total of 21 confirmed influenza A(H9N2) cases reported among humans in China with symptom onset in the past 6 months, none of which have been fatal. Since the previous update, 1 confirmed incident H9N2 case was reported among a 2-year-old male in Guangxi Zhuang Autonomous Region. The case experienced symptom onset on August 23, 2026, has since recovered, and was exposed to household poultry prior to illness onset. No additional cases have been detected.

Human H9N2 Cases and Deaths, China, Past 6 Months				
Confirmed Cases		Deaths		
Cumulative	Incident†	Cumulative	Incident†	CFR*
21	+1	0	+0	0.0%

Table Notes: Data as of September 14, 2026, and includes cases with symptom onset in past 6 months; †Change in cumulative total compared to previous update.

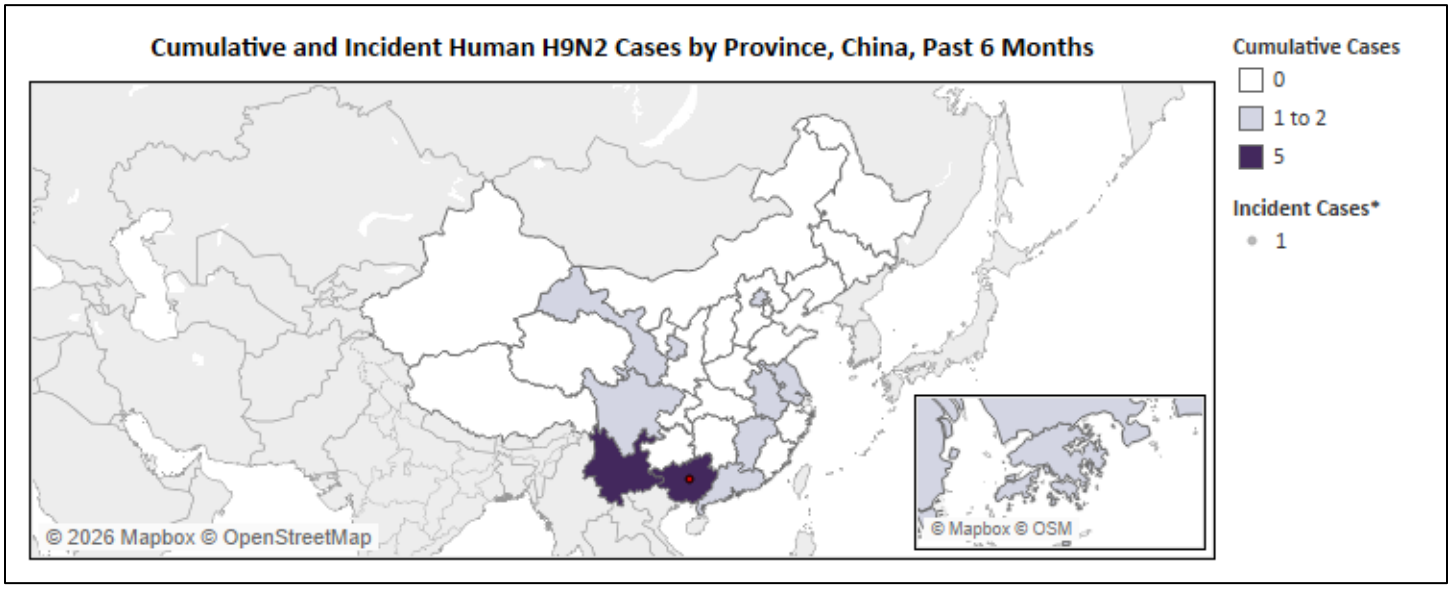

*Figure Notes: Data as of September 14, 2026, and includes cases with symptom onset during the past 6 months; *Change in cumulative total compared to previous update.*

In the past 6 months, confirmed human H9N2 cases have been reported by 10 provinces/regions/municipalities in China: Yunnan (5), Guangxi Zhuang (5), 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 10, 2026, there have been a total of 178 human H9N2 cases and 2 deaths reported in China since December 2015 (out of 181 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 (9/15/26), WHO (9/11/26)

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 16, 2026, there have been a total of 2,252 confirmed highly pathogenic avian influenza (HPAI) detections reported among poultry flocks in the United States since February 8, 2022. Since the previous update, 4 new detections were reported. In the past 30 days, a total of 15 confirmed HPAI detections have been reported in South Dakota (6), Idaho (5), Minnesota (3), and North Dakota (1),

affecting 350,000 birds. The number of detection reported has been relatively low since March. According to data from the USDA as of September 16, 2026, there have been a total of 1,179 confirmed HPAI detections reported among livestock in the United States since March 25, 2024. Since the previous update, 2 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		
9	6	4	0	0	135	1

*Table Notes: Data as of September 16, 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.*

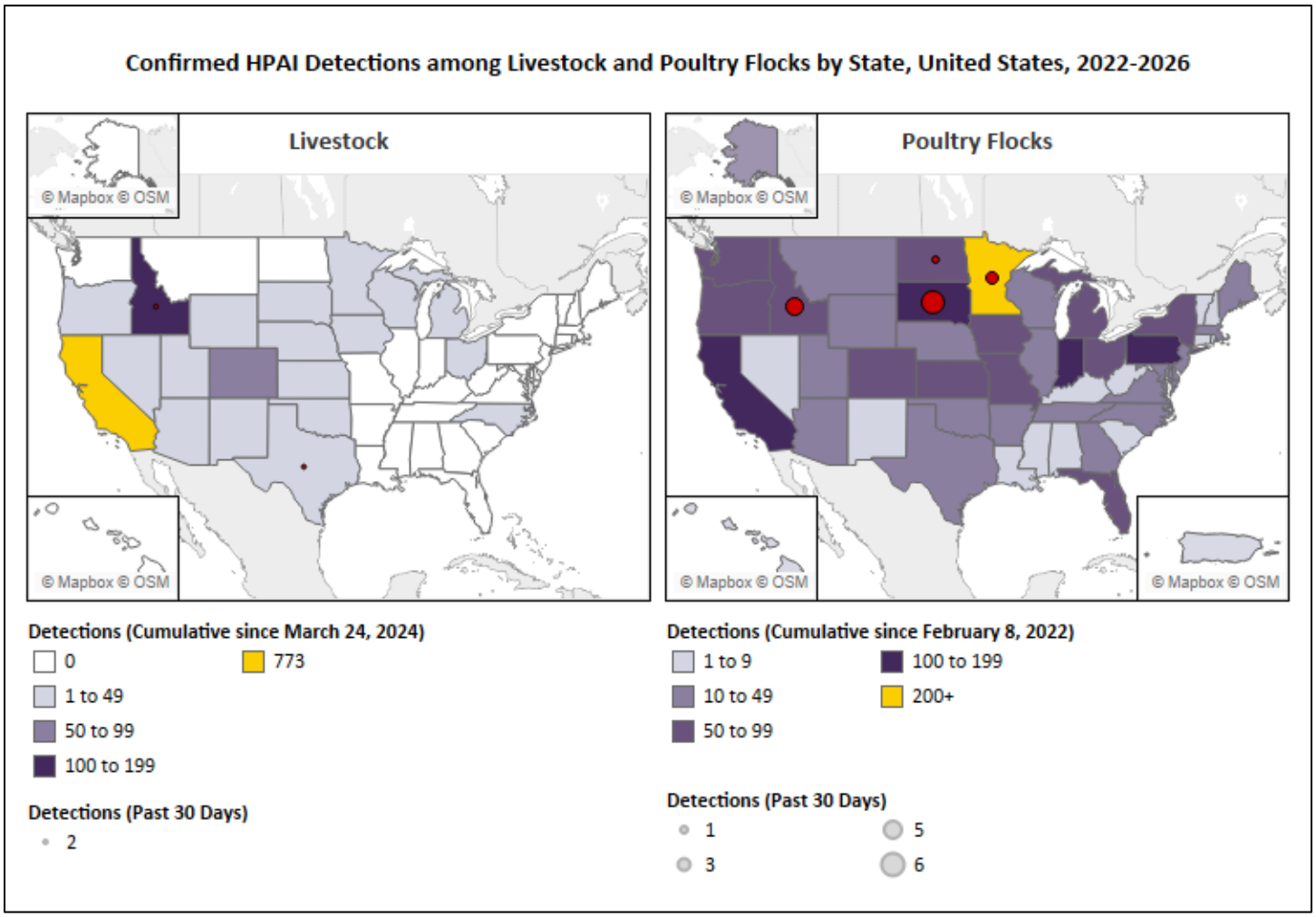

Figure Notes: Data as of September 16, 2026.

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).

Data Sources: USDA (9/16/26), USDA (9/16/26), CDC (3/6/26)

Polio

Global – Incident AFP Cases (WPV1 & cVDPV2) Reported in Multiple Countries:

According to data from the Global Polio Eradication Initiative (GPEI) as of September 14, 2026, there have been 29 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 24 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 118 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, 3 incident cases caused by WPV1 were reported in Afghanistan (2) and Pakistan (1), and 4 incident AFP cases caused by cVDPV2 were reported in the Democratic Republic of Congo (DRC) (2), Mali (1), 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†
29	+3	24	+0	118	+4	13	+0

Table Notes: Data as of September 14, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.

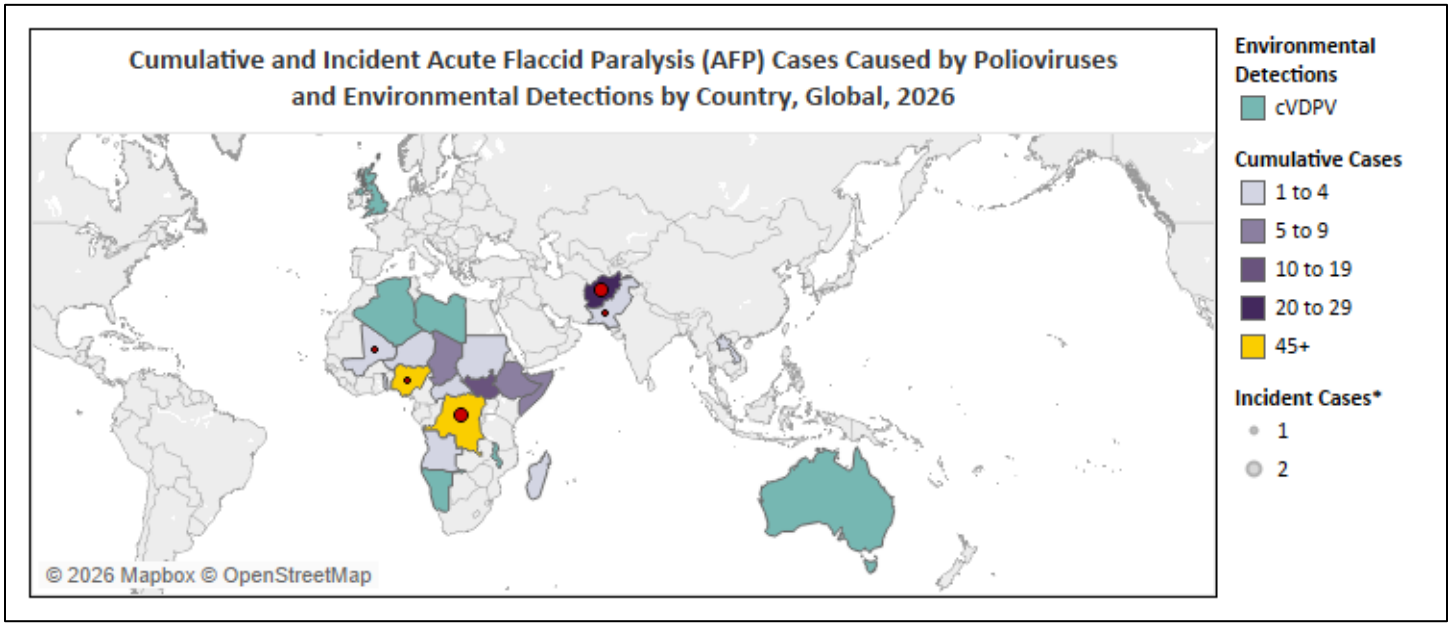

*Figure Notes: Data as of September 14, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: Afghanistan (25 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (7 – cVDPV2, 1 – cVDPV3), the DRC (52 – cVDPV2), Ethiopia (9 – cVDPV1), Lao People's Democratic Republic (3 – cVDPV1), Mali (3 – cVDPV2), Madagascar (2 – cVDPV1), Niger (1 – cVDPV3), Nigeria (36 – cVDPV2, 11 – cVDPV3), Pakistan (4 – 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.

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 (9/15/26), GPEI - cVDPV (9/15/26)

Salmonella

United States – New Multistate Outbreak Linked to Broccoli Sprouts Reported:

According to data from the United States CDC as of September 9, there have been a total of 22 cases infected with the outbreak strain of *Salmonella* Bovismorbificans linked to broccoli sprouts produced by Evergreen Fresh Sprouts, LLC..

Salmonella Outbreak Cases, United States, 2025-2026					
Cases		**Hospitalizations**		**Deaths**	
Cumulative	Incident†	Cumulative	Incident†	Cumulative	CFR*
22	+22	2	+2	0	0.0%

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

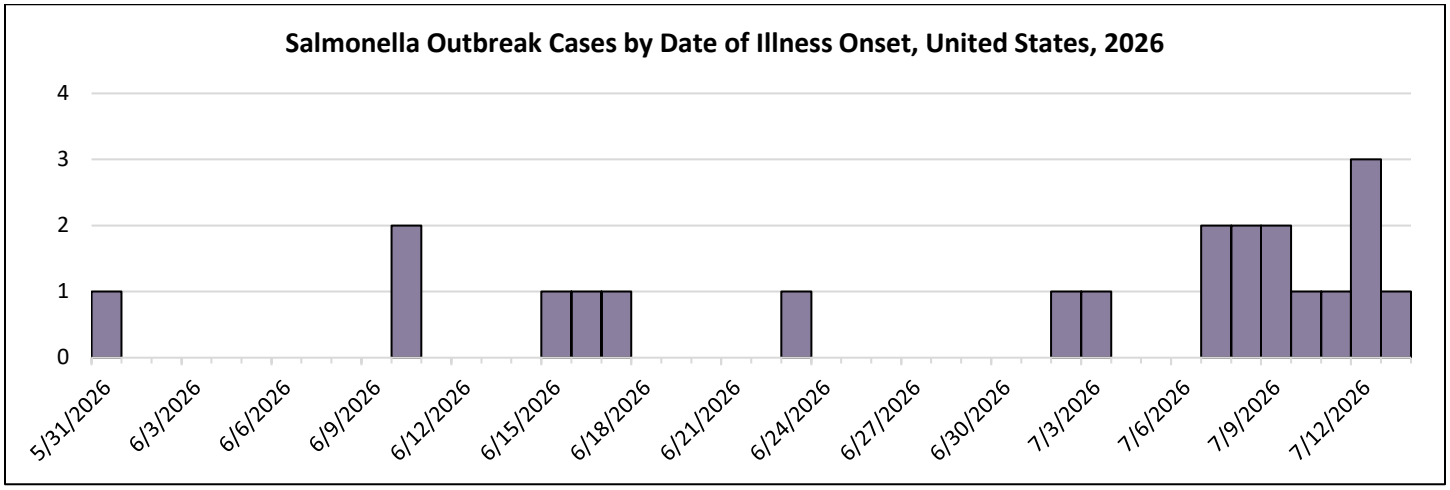

Figure Notes: Data as of September 9, 2026.

Cases have been reported by 14 states, including Washington (16), Montana (4), Idaho (1), and Utah (1), and reported dates of illness onset ranging from July 7, 2025 – August 26, 2026. Cases range from 2-87 years of age with a median age of 48 years. Among cases with available demographic information, most have been male (55%), White (91%), and non-Hispanic (94%). Among interviewed cases (19), all reported consuming sprouts prior to illness onset, including 17 that specifically reported consuming broccoli sprouts. Whole genome sequencing (WGS) analysis revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection – resistance to streptomycin, sulfisoxazole, and tetracycline was predicted in 1 case sample. Traceback investigations identified broccoli sprouts produced by Evergreen Fresh Sprouts, LLC. As the source of contamination in this outbreak.

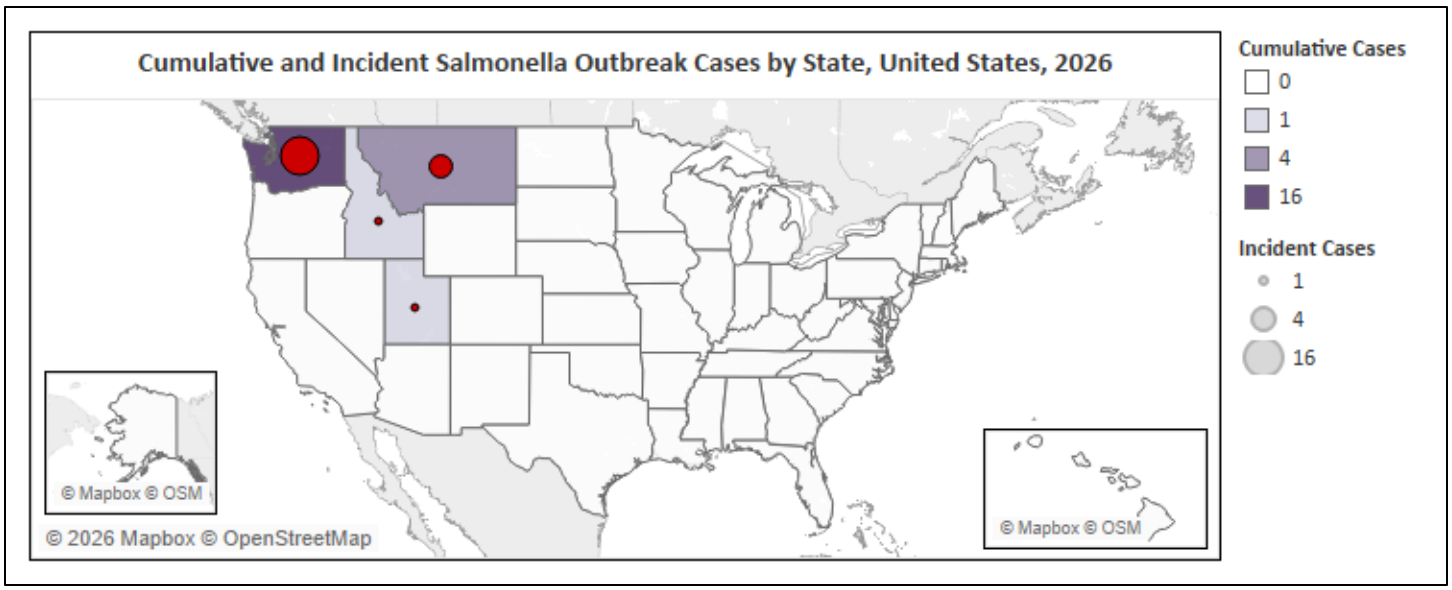

*Figure Notes: Data as of September 9, 2026; *Change in cumulative total compared to previous update.*

On September 10, 2026, Evergreen Fresh Sprouts, LLC. issued a voluntary recall of 215 cases of broccoli sprouts due to potential contamination with *Salmonella* Bovismorbificans – cases included clear plastic 4oz. bags of broccoli sprouts with the UPC code 8-38796-00105-1 and use by dates ranging from September 7-16, 2026. Recalled cases were sent to distributors in Washington from August 24 – September 2, 2026, and may have been further distributed. According to the United States CDC, the true number of cases in this outbreak is likely much higher than the number reported and may not be limited to currently affected states. Do not eat, sell, or serve recalled broccoli sprouts.

Data Source: CDC (9/11/26)

Other Outbreaks, News, and Events

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

- Africa – Updated 2026 Data from Member States; Burden Highest in Somalia (September 10)
- 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 – Updated Data on Multistate Outbreak Linked to Blueberries (September 10)

- 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

- Guatemala – Updated Data on Nationwide Outbreak; Incidence Trends Declining (September 10)
- Canada – Only 1 Confirmed Case Reported in Manitoba (August 27)
- Peru – Updated Data on Ongoing Outbreak Centered in Puni and Arequipa (August 27)
- 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)

Yellow Fever

- The Americas – Incident Cases and Death Reported in Colombia & Peru (September 10)

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
- Yellow Fever in Colombia - 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 Sub-Saharan Africa - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Diphtheria in Haiti - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC
- Hepatitis A in Canada - Level 1 - Practice Usual Precautions - Travel Health Notices | Travelers' Health | CDC

- 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 recorded case and death from primary amebic meningoencephalitis in Mérida, Yucatán, Mexico; organism detected in an artificial lake - BEACON
- Anthrax outbreak kills 60 wild animals and infects 12 people in Mpika District game management area, Muchinga Province, Zambia - BEACON
- Nogent-sur-Marne, France, reports five autochthonous chikungunya cases during Île-de-France's first 2026 transmission episode - BEACON
- Seasonal surveillance of chikungunya in the EU/EEA, week 35, 2026 - France (57 cases) and Italy (on case) - ECDC
- Chikungunya outbreak investigation report from Union Council Ziarat Kaka Saib, Nowshera District, Khyber Pakhtunkhwa, Pakistan - BEACON
- Cameroon Cholera Outbreak: Situation Report #5 (September 14, 2026) - Cameroon | ReliefWeb
- Cholera outbreak in Pweto Health Zone, Haut-Katanga Province, DRC, with 85 cases and 12 deaths in two weeks - BEACON
- Cholera, Acute Watery Diarrhea Resurface in Myanmar as Severe Floods Displace 470,000 | Burma News International
- Yazd Province, Iran, reports seven confirmed cases of Crimean-Congo hemorrhagic fever and one death - BEACON
- Confirmed human case of Crimean-Congo hemorrhagic fever (CCHF) in Trarza Region, Mauritania - BEACON
- Report on the epidemiological situation of dengue in endemic countries of the Americas
- Philippines reports localized dengue outbreaks and states of calamity despite a 36% decline in national cases - BEACON
- Diphtheria outbreak in Senegal: 57 confirmed cases and eight deaths across eight regions - BEACON
- Plateau State, Nigeria, reports 303 suspected diphtheria cases and 27 deaths; schools closed - BEACON
- Rapid Risk Assessment (v3) for Diphtheria in the African Region | WHO
- Eastern equine encephalitis human case and equine detections signal elevated transmission in Michigan and Wisconsin, USA - BEACON
- Suspected food poisoning among factory workers in Hue City, Viet Nam; 198 hospitalizations reported - BEACON
- Suspected community cluster of Legionnaires' disease under active investigation in South Bronx, New York City, USA - BEACON
- Study highlights role of climate in rising US incidence of legionellosis | CIDRAP
- Two additional autochthonous malaria cases detected near Frankfurt Airport in Germany - BEACON
- Mumbai, India, reports a 535% increase in Plasmodium falciparum malaria cases between 2015 and 2025 - BEACON
- Meningitis Bulletin Week 27_31 2026 | WHO
- multi-country-outbreak-of-mpox--external-situation-report_69.pdf | WHO
- 13 Sep 2026 – 48 confirmed animal cases of New World screwworm in Texas and first equine case in USA - BEACON
- Multispecies wildlife outbreak of HPAI (H5N1) spanning six states, with first detections in Australian sea lions and pelicans - BEACON
- Norovirus outbreak affects approximately 200 students at a school in Mendoza, Argentina, with two children briefly hospitalized - BEACON

- Nationwide increase in human rabies exposures in USA; guidance on correct administration of post-exposure prophylaxis - BEACON
- Global Respiratory Virus Activity: Weekly Update N° 595
- South Korea issues early influenza epidemic warning as illness and hospitalizations rise ahead of vaccination rollout - BEACON
- Fiji declares national HIV emergency - BEACON
- Largest community MRSA outbreak in Ireland reported in 2025, affecting 48 children and teens, linked to bouncy castle play - BEACON
- High-flying superbugs: Bouncy castles tied to MRSA skin infections | CIDRAP
- Netherlands reports 18 autochthonous West Nile virus (WNV) cases across six provinces, including three deaths - BEACON
- A mosquito that can transmit Zika has bred in London – but that doesn't mean the virus is spreading in people there
- As SCOTUS rejects emergency appeal for religious exemption to vaccines, thorny First Amendment issues persist | CIDRAP
- Most Americans know mosquitoes cause disease, but few know how to use bug spray properly, survey finds | CIDRAP
- New polls highlight tumbling trust in measles vaccine safety, advice from doctors | CIDRAP
- Confirmed ricin exposure at residential apartment complex in Hastings, Michigan, USA triggers evacuation and FBI investigation - BEACON
- Vaccine Integrity Project turns its eye to meningococcal and pneumococcal vaccines | CIDRAP
- Few people with the flu isolate for the recommended period | CIDRAP
- At Senate hearing, US surgeon general nominee says she believes vaccines are safe | CIDRAP
- Nepal reports more than 100 scrub typhus cases and four deaths in Salyan, Karnali Province, and 282 cases in Baglung, Gandaki Province - BEACON
- RFI: Undiagnosed illness cluster among children in North Darfur, Sudan. RFI on diagnostic test results and symptoms - BEACON