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

# GLOBAL HEALTH UPDATE

***Date: 9/24/26***

*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 Multiple Countries; Trends Declining:

According to data from the Pan American Health Organization (PAHO) as of September 22, there have been a total of 200,395 chikungunya cases, of which 75,605 are confirmed, and 87 deaths reported in the Americas during 2026. Since the previous update, 1,804 incident cases, of which 764 are confirmed, were reported in the region.

Cases have been reported by 19 countries in the Americas during 2026, primarily Brazil (127,986), Bolivia (47,586), Argentina (12,337), Suriname (7,484), Cuba (2,716), and French Guiana (1,853). Cumulative incidence per 100,000 population is currently highest in Suriname (1,160.31), French Guiana (582.70), Bolivia (373.25), Brazil (59.93), Argentina (26.82), 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 | 12,337 | +21 | 3,802 | +4 | 2 | +0 | 0.1% |
| Bolivia | 47,586 | +0 | 11,596 | +0 | 27 | +0 | 0.2% |
| Brazil | 127,986 | +1,710 | 54,461 | +683 | 52 | +2 | 0.1% |
| Cuba | 2,716 | +0 | 254 | +0 | 6 | +0 | 2.4% |
| French Guiana | 1,853 | +78 | 1,853 | +78 | 0 | +0 | 0.0% |
| Suriname | 7,484 | +0 | 3,389 | +0 | 0 | +0 | 0.0% |
| Rest of the Americas | 433 | -5 | 250 | -1 | 0 | +0 | 0.0% |
| **Total** | **200,395** | **+1,804** | **75,605** | **+764** | **87** | **+0** | **0.1%** |

*Table Notes: Data as of September 22, 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.*

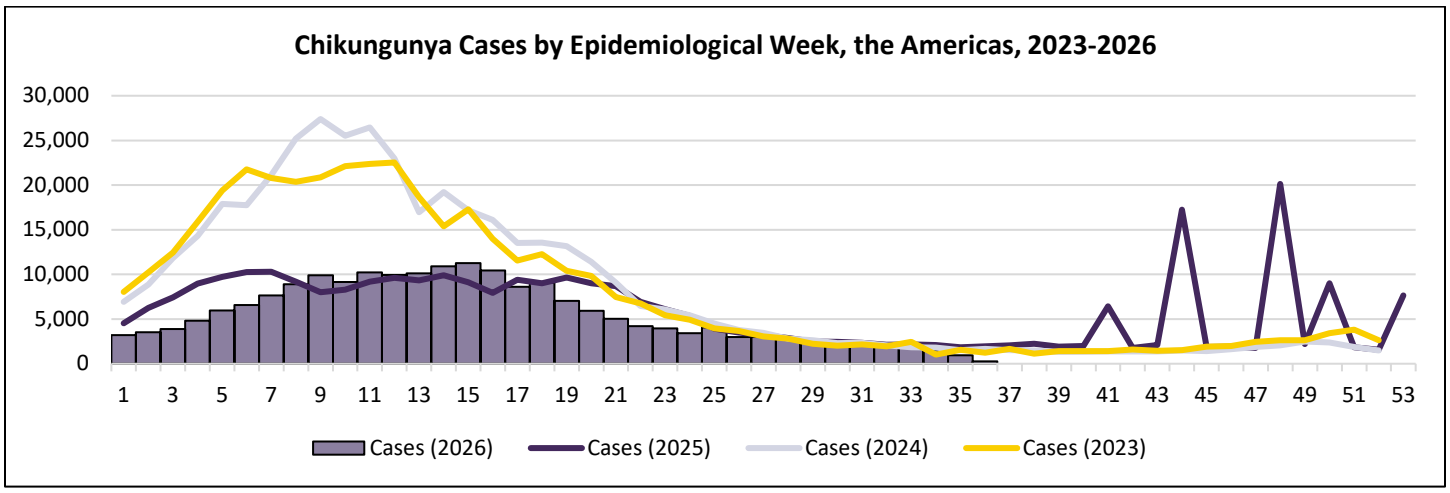


*Figure Notes: Data as of September 22, 2026, and does not include imported (travel associated) cases; Most recent weeks' trends should be interpreted with caution due to delays in reporting.*

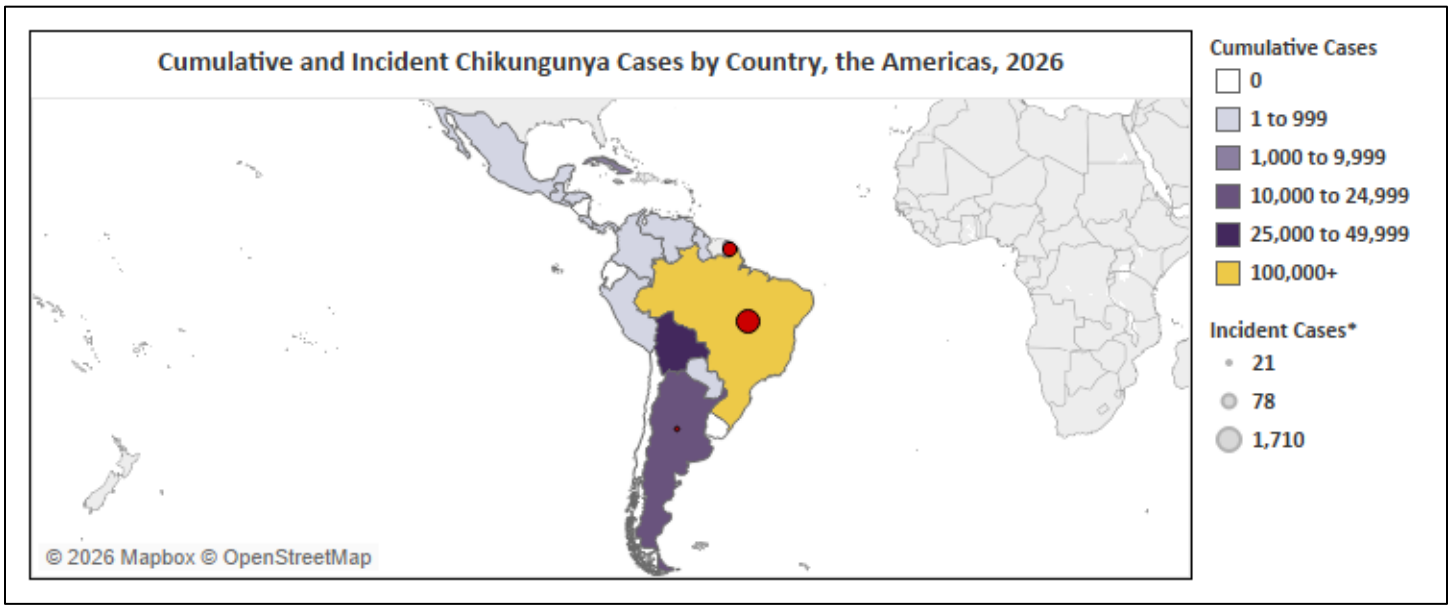


*Figure Notes: Data as of September 22, 2026, and does not include imported cases (travel associated); *Change in cumulative total compared to previous update.*

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 (9/22/26)

## Dengue

## United States – Locally Acquired Cases Reported in Florida Double:

According to data from the United States (US) CDC as of September 23, there have been a total of 1,524 locally acquired dengue cases reported by US states and territories during 2026, primarily in Puerto Rico (905) and American Samoa (435) – 184 locally acquired cases have been reported in the continental US in Florida (183) and Virginia (1). Since the previous update, 44 incident locally acquired cases were reported, with most reported in Florida (36). 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 |
| 1,524 | +44 | 45% | 484 | +37 | 35% |

*Table Notes: Data as of September 23, 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 484 travel-associated dengue cases reported among US residents during 2026. Since the previous update, 37 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 (9/23/26), CDC 2025 (9/23/26)

## 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 22, 2026, there have been a total of 7,773 confirmed Bundibugyo virus disease (BVD) cases and 3,759 confirmed deaths reported across 7 provinces. Since the previous update, 369 additional confirmed cases and 182 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 22, 2026, confirmed cases have been reported in 63 health zones across Bas-Uélé (3), Haut-Uélé (7), Ituri (28), North Kivu (16), South Kivu (1), South Ubangi (1), and Tshopo (7)

provinces – 76.8% of confirmed cases have been reported in Ituri province (5,966), followed by North Kivu (1,438), Haut-Uélé (316), Tshopo (42), Bas-Uélé (7), South Kivu (3), and South Ubangi (1) provinces. A total of 31,612 contacts have been identified for monitoring and follow-up, of which 84.5% (26,707) are actively being monitored (seen within the previous 24 hours). There have been 1,935 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‡ | 7,773 | +369 | 3,759 | +182 | 48.4% |
| Uganda | 20 | +0 | 2 | +0 | 10.0% |
| France§ | 1 | +0 | 0 | +0 | 0.0% |
| **Total** | **7,794** | **+369** | **3,761** | **+182** | **48.3%** |

*Table Notes: Data for the DRC as of September 22, 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).

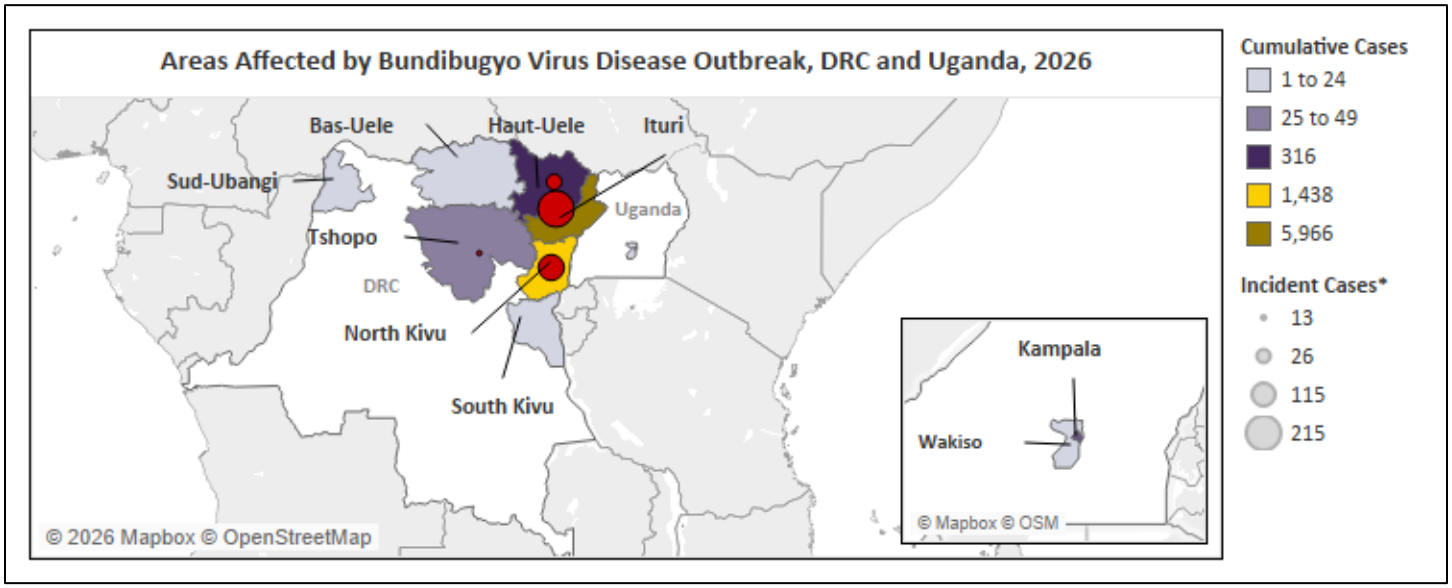


*Figure Notes: Data as of September 22, 2026; *Change in cumulative total compared to the previous update; Wakiso is part of the Kampala Metropolitan Area of Uganda.*

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 (9/24/26)

## Lassa Fever

## Nigeria – Incidence Trends Remain Elevated During Recent Weeks:

According to data from the Nigeria Centre for Disease Control and Prevention (NCDC) as of September 6, there have been a total of 7,938 suspected Lassa fever cases, of which 1,086 are confirmed, and 259 deaths among confirmed cases reported in Nigeria during 2026 – there have also been 6 probable cases reported. Since the previous update, 358 suspected incident cases, of which 30 are confirmed, and 6 additional deaths among confirmed cases were reported.

| Lassa Fever Cases and Deaths, Nigeria, 2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Suspected Cases** | | **Confirmed Cases** | | **Probable Cases** | | **Deaths‡** | | |
| Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | CFR* |
| 7,938 | +358 | 1,086 | +30 | 6 | +0 | 259 | +14 | 23.8% |

*Table Notes: Data as of September 6, 2026; ‡Among confirmed cases; †Change in cumulative total compared to previous update; *Case fatality rate (CFR) calculated among confirmed cases.*

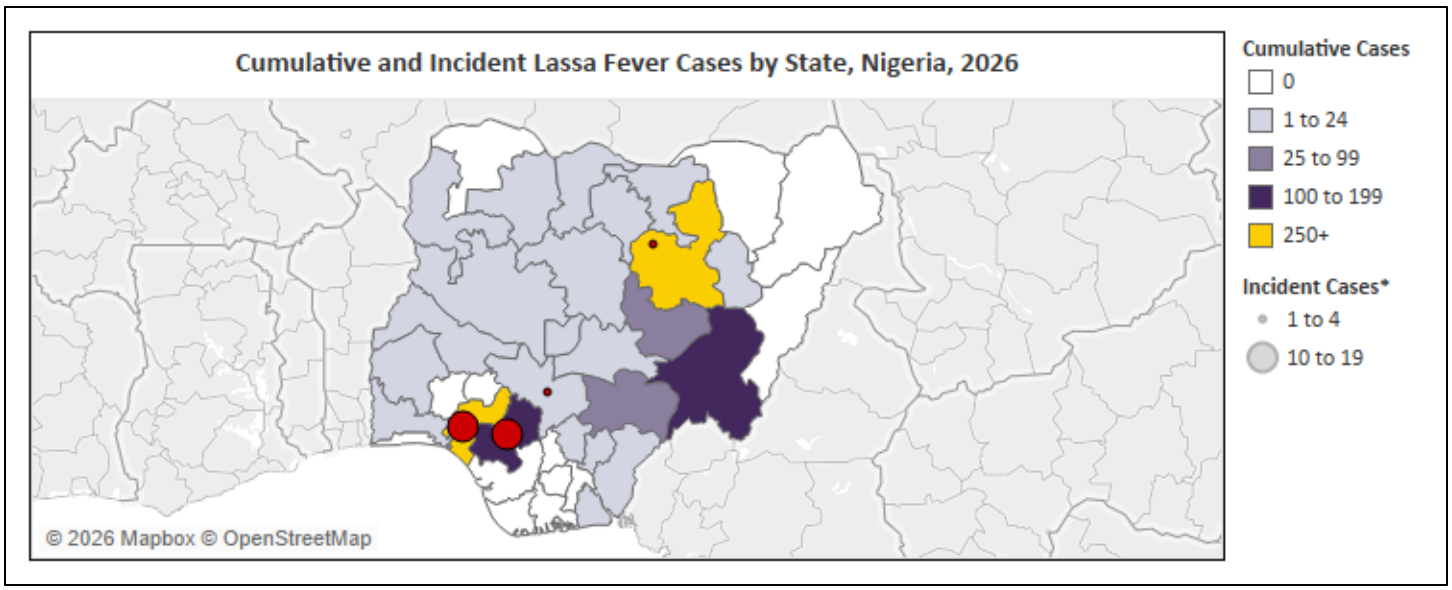


*Figure Notes: Data as of September 6, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

Confirmed cases have been reported by 24 states, primarily Ondo (371), Bauchi (260), Taraba (132), and Edo (118). Those aged 21–50 years have been most affected. Lassa fever is endemic in Nigeria and cases are reported year-round with peak transmission periods occurring from October–May. During recent weeks, confirmed case incidence has been elevated when compared to trends from previous years (2022–2025).

As of the same date during 2025, there were 7,160 suspected cases, of which 857 were confirmed, and 160 deaths among confirmed cases (CFR: 18.7%) reported in Nigeria across 21 states – the confirmed case count and CFR for 2026 are both higher compared to 2025. There has been a total of 9 travel associated Lassa fever cases reported in the United States since 1969 – the most recent travel associated case was reported among an Iowa resident in November 2024 that had recently returned from Liberia.

**Data Source:** NCDC (9/6/26)

## 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 24, there have been a total of 184,632 suspected and 20,951 confirmed measles cases reported in Bangladesh since March 15, 2026. Additionally, there have been a total of 980 deaths reported among suspected cases, and 101 deaths reported among confirmed cases. Since the previous update, 8,152 suspected incident cases, 608 confirmed incident cases, and 34 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 | 184,632 | +8,152 | 156,744 | +7,204 | 946 | +37 | 0.5% |
| Confirmed | 20,951 | +608 | | | 101 | +1 | 0.5% |

*Table Notes: Data as of September 24, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

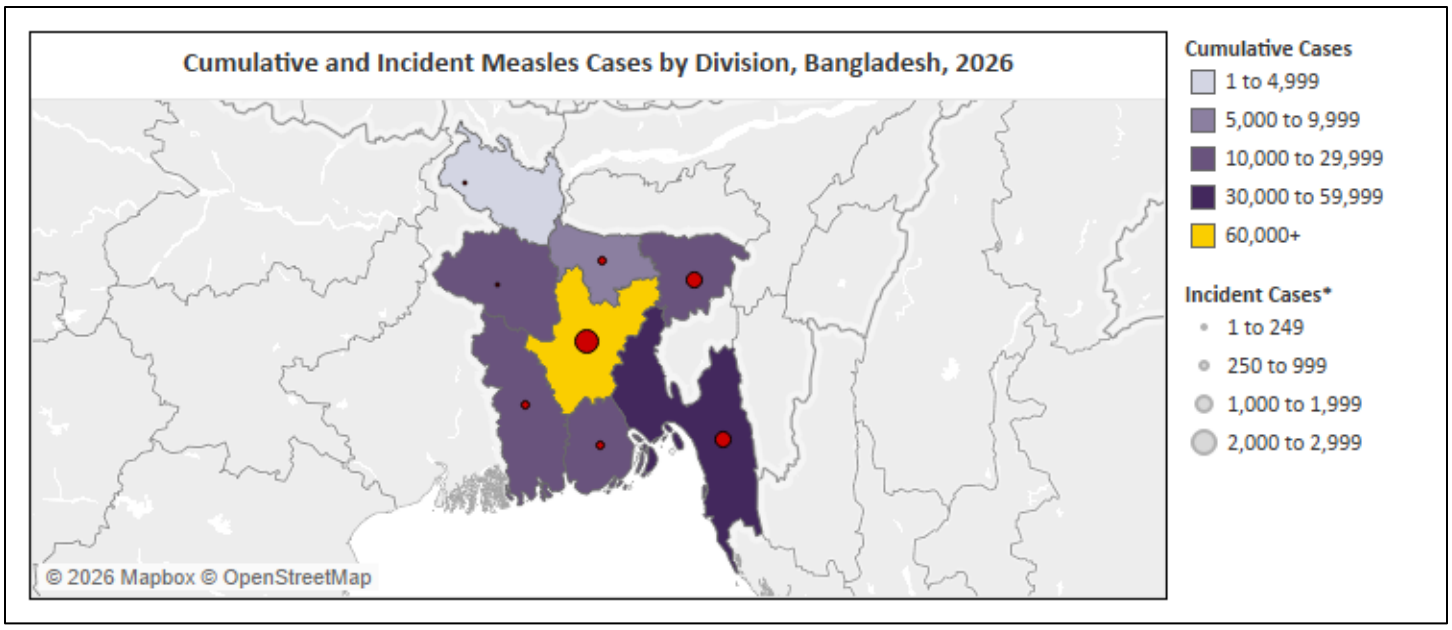


*Figure Notes: Data as of September 24, 2026, and includes suspected cases only; *Change in cumulative total compared to previous update.*

During 2026, cases have been reported in all 8 departments: Dhaka (78,479 suspected & 13,012 confirmed), Chattogram (36,651 suspected & 2,888 confirmed), Barisal (20,085 suspected & 806 confirmed), Sylhet (14,632 suspected & 1,041 confirmed), Khulna (12,140 suspected & 489 confirmed), Rajshahi (10,399 suspected & 1,420 confirmed), Mymensingh (9,038 suspected & 751 confirmed), and Rangpur (3,208 suspected & 544 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 (9/24/26), 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 September 9, 2026, there have been total of 33,746 confirmed measles cases and 45 deaths reported in Guatemala since December 2025. Since the previous update, 412 confirmed incident cases and 4 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 | 8,280 | +63 | 45 | +4 | 0.1% |
| Epidemiological | 3,742 | +21 | | | |
| Clinical | 21,724 | +328 | | | |
| **Total** | **33,746** | **+ 412** | **45** | **+4** | **0.1%** |

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

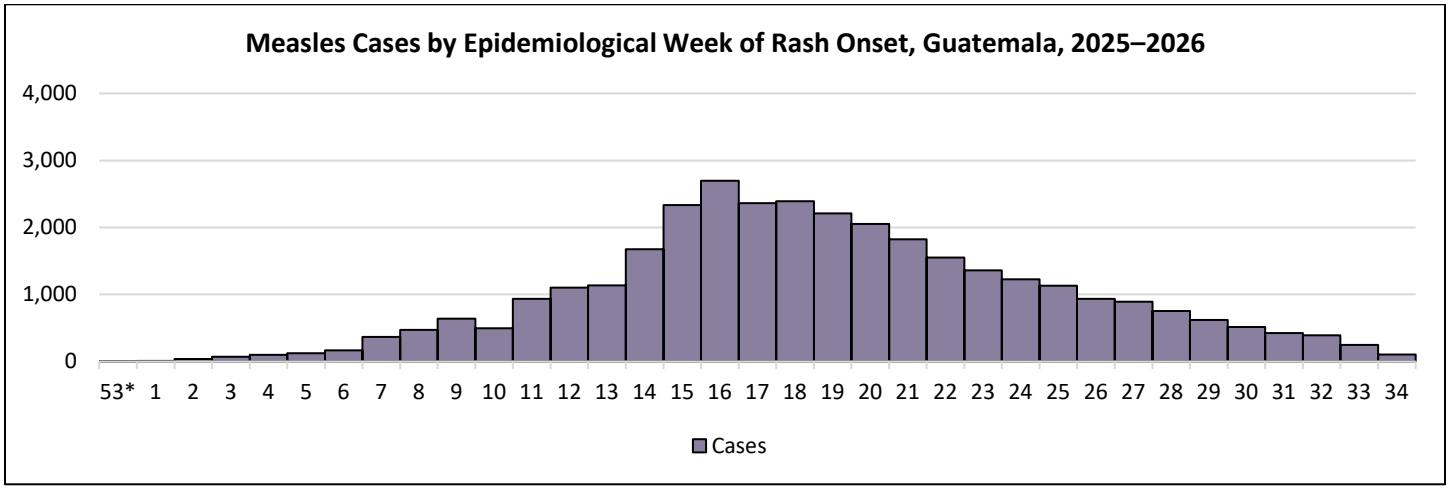


*Figure Notes: Data as of August 31, 2026 (415 cases missing from figure); *Epidemiological week 53 straddles 2025 and 2026.*

Regional data has not yet been updated since measles in Guatemala was last reported on August 31. 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.

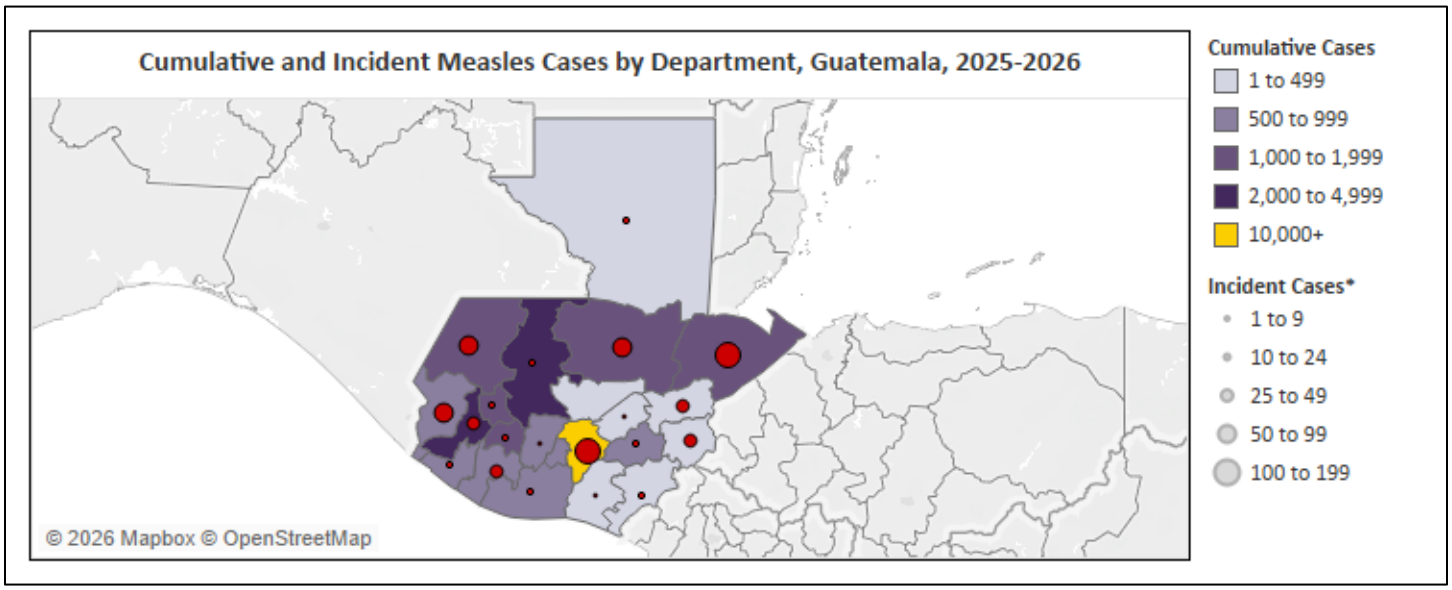


*Figure Notes: Data as of August 31, 2026 (1,005 cases missing from figure); *Change in cumulative total compared to 8/20/26 update.*

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 (9/9/26)

## Mexico – Confirmed Incident Cases Reported by 14 States; Most in Jalisco:

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 13,016 confirmed cases and 22 deaths reported during 2026. Since the previous update, 77 confirmed incident cases with symptom onset during 2026 were reported by 14 states, primarily Jalisco (46). A nosocomial cluster emerged at an oncology center in Veracruz. 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 | 29,921 | +179 | 13,016 | +77 | 22 | +2 | 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.*

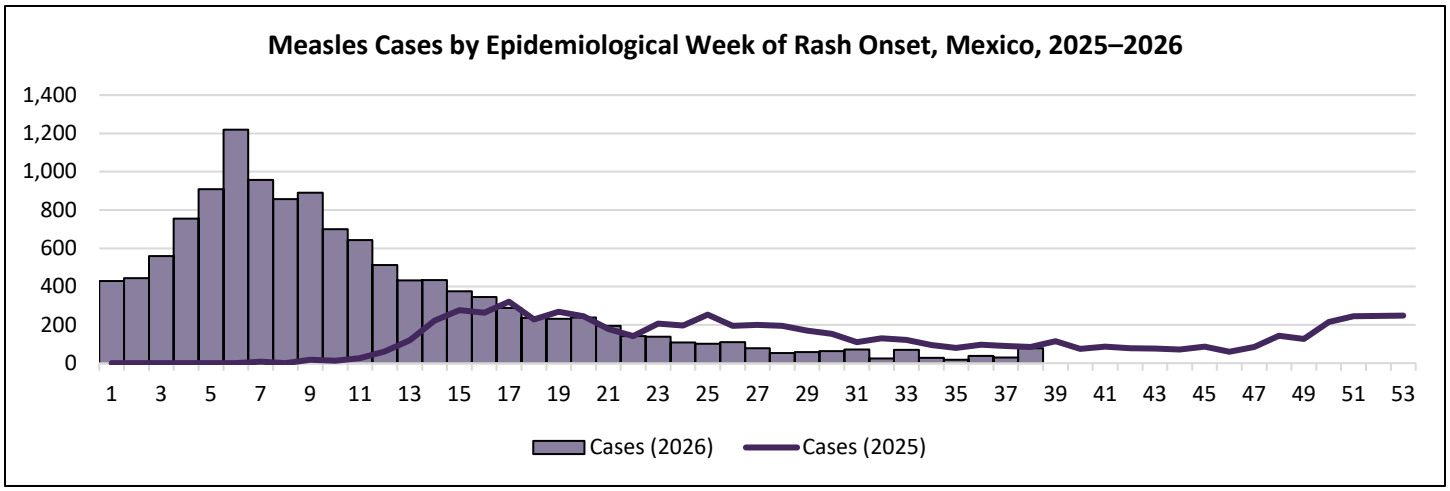


*Figure Notes: Data as of September 23, 2026, and includes confirmed cases only (69 missing from figure).*

During 2026, confirmed cases have been reported by 31 states, primarily Jalisco (6,885), Mexico City (1,033), and Chiapas (879). 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 (97.52), followed by those aged 1–4 years (30.72), those aged 5–9 years (21.80), and those aged 25–29 years (20.51).

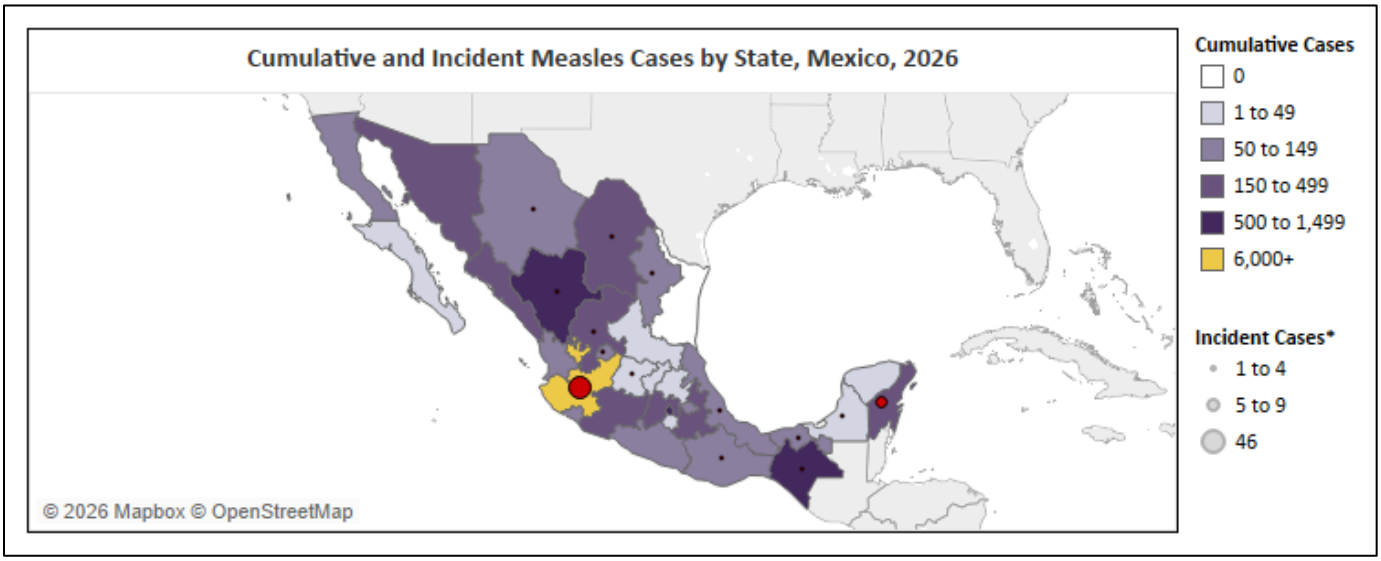

*Figure Notes: Data as of September 23, 2026, and includes confirmed cases only; *Change in cumulative total compared to previous update.*

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 (9/23/26)

## United States – Pennsylvania Reports Most Measles-Related Deaths Since 1992:

According to data from the United States CDC as of September 17, 2026, there have been 3,471 confirmed cases reported during 2026 – over 1,000 more cases than in all of last year (2,289). Since the previous update, 177 confirmed incident cases with rash onset during 2026 were reported by 17 states, primarily in Pennsylvania (108), and Ohio (30). Additionally, while not included in CDC data, the Pennsylvania Department of Health has reported four measles-related deaths in 2026 as of September 21, the largest number of measles-related deaths in the country in 34 years. Pennsylvania has requested emergency assistance from CDC to address this outbreak.

| 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 | 3,471 | +177 | 301 | +34 | 4 | +2 | 0.1% |

*Table Notes: Data as of September 17, 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 21, 2026; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

During 2026, confirmed cases have been reported by 47 jurisdictions, primarily Pennsylvania (745), South Carolina (670), Utah (527), Texas (192), Virginia (178), Wisconsin (158), Florida (147), Ohio (124), 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 17 cases were locally acquired, with the rest associated with international travel. Those aged 5–19 years have been most affected (44%), followed by those aged 20+ years (38%), and those aged <5 years (18%). Among all confirmed cases, 95% have been unvaccinated or have unknown vaccination statuses and 9% have been hospitalized – including 13% of those aged <5 years and 12% of those aged 20+ years.

In New York, there have been 6 confirmed cases reported in New York City and 62 in Rest of State (68 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.

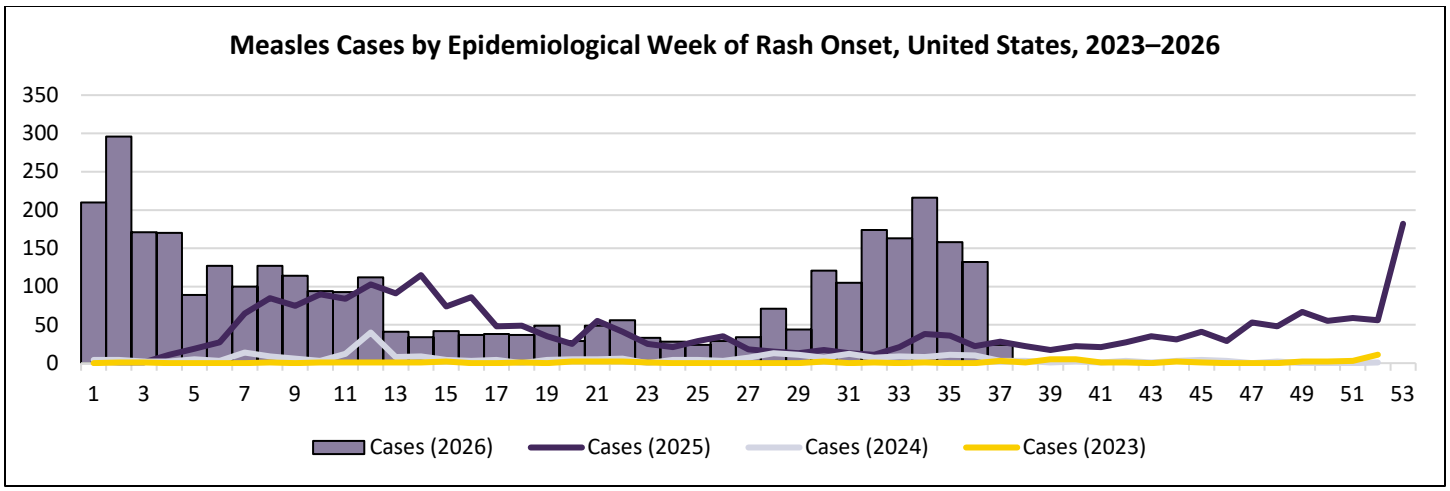


*Figure Notes: Data as of September 17, 2026, and includes cases reported among international visitors to the United States.*

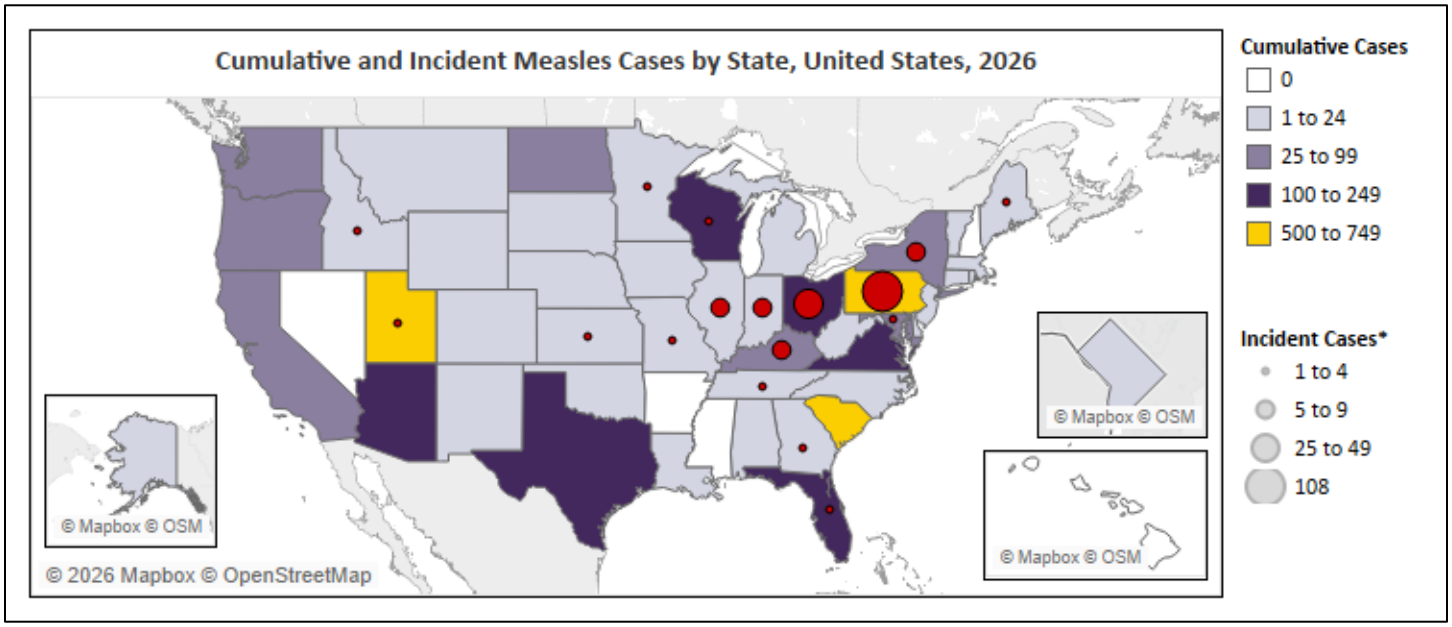


*Figure Notes: Data as of September 17, 2026, and does not include cases reported among international visitors to the United States; *Change in cumulative total compared to previous update.*

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 (9/18/26), Pennsylvania DOH (9/22/26)

## 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 22, 2026, there have been a total of 44,178 New World screwworm (NWS) cases reported among animals in Mexico since November 2024, of which 2,068 are currently active. According to data from the Secretary of Health of Mexico as of September 18, 2026, there have been a total of 692 confirmed NWS cases and 4 deaths reported among humans since the beginning of 2025. Since the previous update, 1,003 incident cases among animals and 11 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* |
| 44,178 | +1,003 | 2,068 | 154 | 692 | +11 | 4 | +0 | 0.6% |

*Table Notes: Data for cases reported among animals as of September 22, 2026, and among humans of September 18, 2026; †Change in cumulative total compared to previous update; ‡Change in active total compared to previous update.*

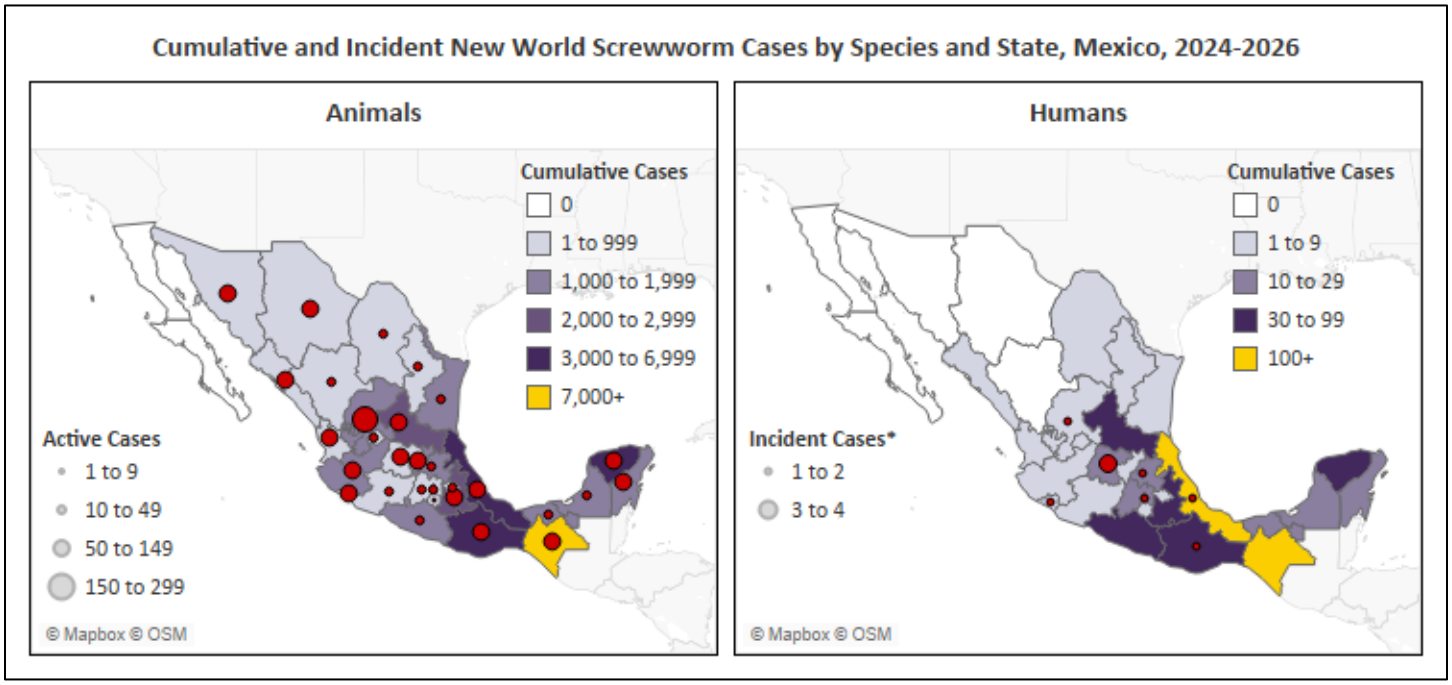


*Figure Notes: Data for cases reported among animals as of September 22, 2026, and data for cases reported among humans as of September 18, 2026; *Change in cumulative total compared to previous update.*

NWS cases among animals have been reported in 30 jurisdictions, primarily Chiapas (7,841), Oaxaca (5,362), Veracruz (5,006), Yucatán (3,067), Puebla (2,551), and San Luis Potosí (2,011). Confirmed NWS cases among humans have been reported in 25 jurisdictions, primarily Chiapas (165), Veracruz (116), Oaxaca (68), 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 (9/22/26), Secretary of Health (9/21/26), CDC (8/11/26)

## Non-Seasonal Influenza

# Bangladesh – Fourth Human Case This Year Reported in Rangpur Division (H5N1):

According to data from the World Health Organization (WHO) as of September 6, there have been a total of 4 confirmed influenza A(H5N1) cases and 1 death reported among humans in Bangladesh during 2026. Since the previous update, 1 incident confirmed human H5N1 case was reported among a child (age not provided) in Rangpur Division with symptom onset on August 15. The case was hospitalized on August 17, and samples were collected as part of hospital-based influenza surveillance – test results confirmed infection with Influenza A(H5N1). The case reported exposures to ducks and chickens (some with illness) prior to illness onset and had no history of recent travel – samples collected from the household of the case were negative for influenza A(H5). No additional cases have been reported among close contacts; however, two close contacts of the case (both nurses) developed symptoms but tested negative for influenza A viruses. The case remains hospitalized at the time of reporting but is improving clinically.

This is the fourth confirmed human H5N1 case reported in Bangladesh during 2026. The first case was reported among a child in Chattogram Division with symptom onset during January – the case died, and infection was determined posthumously. The second case was reported among a child in Sylhet Division with symptom onset during March – the case was hospitalized (with a clinical diagnosis of measles) and has been discharged. The third case was reported among a child in Sylhet Division with symptom onset during May – the case received outpatient care and recovered. No additional cases were reported among close contacts of any cases reported this year. According to data from the WHO, a total of 3 human H5N1 cases were reported in Bangladesh during 2025 – none were fatal. There have been a total of 15 human H5N1 cases and 2 deaths (in 2013 and 2026) reported in Bangladesh since 2003.

**Data Source:** WHO - 1 (9/6/26), WHO - 2 (9/6/26)

## Polio

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

According to data from the Global Polio Eradication Initiative (GPEI) as of September 21, 2026, there have been 36 acute flaccid paralysis (AFP) cases caused by wild poliovirus type 1 (WPV1), 24 AFP cases caused by circulating vaccine-derived poliovirus type 1 (cVDPV1), 122 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, 7 incident cases caused by WPV1 were reported in Afghanistan, and 4 incident AFP cases caused by cVDPV2 were reported in Chad (1) and the Democratic Republic of Congo (DRC) (3).

| Acute Flaccid Paralysis (AFP) Cases by Causal Agent, Global, 2026 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **WPV1** | | **cVDPV1** | | **cVDPV2** | | **cVDPV3** | |
| Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† |
| 36 | +7 | 24 | +0 | 122 | +4 | 13 | +0 |

*Table Notes: Data as of September 21, 2026, and only includes AFP cases with onset of paralysis during 2026; †Change in cumulative total compared to previous update.*

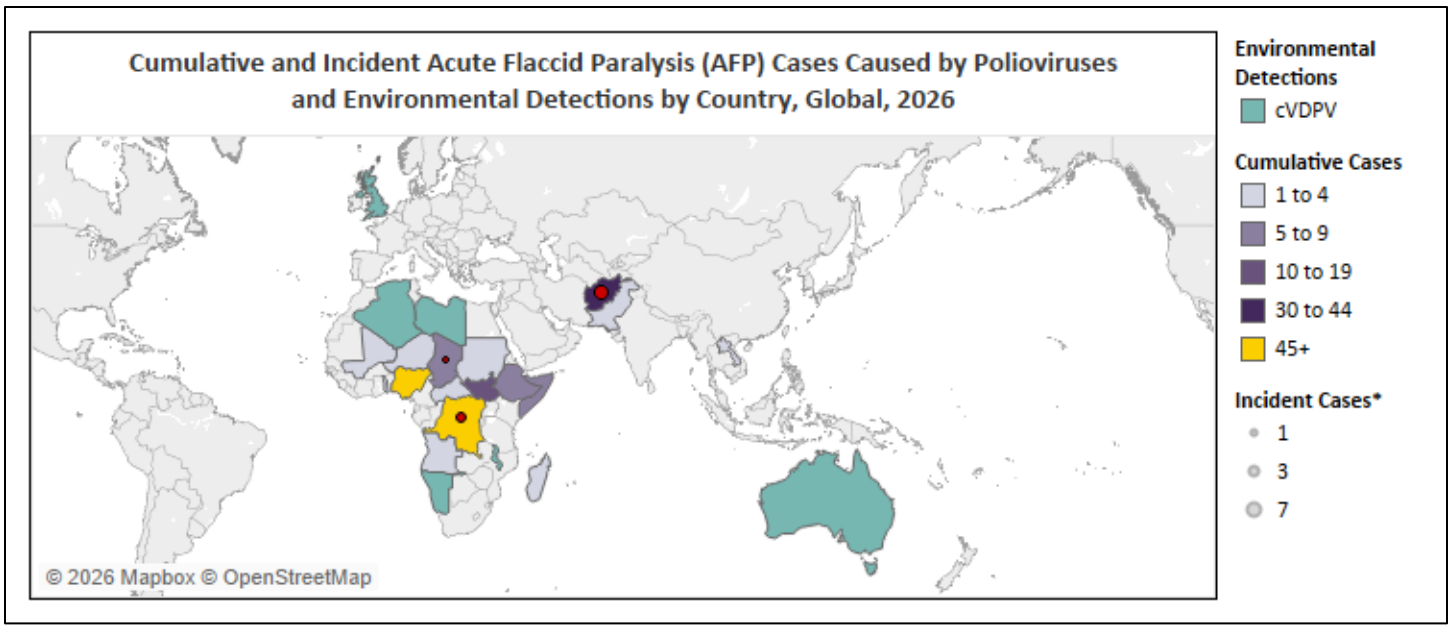


*Figure Notes: Data as of September 21, 2026, and only includes AFP cases with onset of paralysis or environmental detections from samples collected during 2026; *Change in cumulative total compared to previous update.*

Cases of AFP with onset of paralysis during 2026 have been reported this year by 16 countries: Afghanistan (32 – WPV1), Angola (1 – cVDPV2), the Central African Republic (CAR) (4 – cVDPV2), Chad (8 – cVDPV2, 1 – cVDPV3), the DRC (55 – 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 (9/22/26), GPEI - cVDPV (9/22/26)

## Rabies

## United States – CDC Warns of Nationwide Increase in Human Rabies Exposures:

The United States CDC has recently reported multiple increases in human exposures to rabies around the country – including exposures to rabid or possibly rabid animals and errors in rabies post-exposure prophylaxis (PEP) administration. These reports include mass exposure events (e.g., those involving more than one person).

From July–August 2026, CDC received 17% more rabies-related inquiries compared to the same period in 2025. At least eight state health departments reported increased administration of PEP for rabies and/or PEP administration errors during this period as well. According to weekly pharmacy data as of September 2, rabies vaccine administration increased ~33% and human rabies immune globulin (HRIG) usage increased ~76% compared to the same period in 2025. The near-simultaneous detection of rabies in domestic animals across rural and urban settings in multiple states suggests a broader, geographically distributed increase in animal rabies transmission, and not a single localized cluster. In response to these increased reports, CDC issued a Health Alert Network (HAN) Health Advisory on September 10 to offer recommendations for clinicians, health departments, and the public.

While rabies once killed many hundreds of Americans each year before 1960, currently fewer than 10 people die from rabies due to current robust prevention efforts – including successful vaccination of pets, public health tracking and testing, and the availability of PEP. Each year, approximately 1.4 million Americans receive health care for a possible rabies exposure, and 100,000 people receive rabies PEP following potential exposures. Commonly reported errors in rabies PEP administration include improper administration of the vaccine and/or the HRIG, misclassification of vaccination history / immune status, and using an incorrect rabies vaccine schedule. The vast majority of the 4,000 animal rabies cases that are reported every year occur in wildlife. Even though rabies is well-controlled in the United States, three in four Americans live in a community where raccoons, skunks, and foxes carry this disease and continue to pose significant rabies threats.

CDC recommends that clinicians and health departments encourage rabies vaccinations and utilize appropriate rabies PEP assessment and administration.

**Data Source:** CDC (9/10/26), CDC (9/30/25), Wadsworth Center (9/23/26)

# Salmonella

## United States – Updated Data on Multistate Outbreak Linked to Pet Turtles:

According to data from the United States CDC as of September 18, there have been a total of 20 cases infected with the outbreak strain of *Salmonella* Paratyphi B Variant L (+) Tartrate + linked to contact with pet turtles. Since the previous update, 12 incident cases were reported. Turtles of any size can carry *Salmonella* germs in their droppings that can subsequently spread to places they live and roam, despite appearing healthy and clean – those with shells ≤4 inches long are a known source of illness and are banned for sale in the United States.

| Salmonella Outbreak Cases, Hospitalizations and Deaths, United States, 2026 | | | | | | |
|---|---|---|---|---|---|---|
| **Cases** | | **Hospitalizations‡** | | **Deaths** | | |
| Cumulative | Incident† | Cumulative | Incident† | Cumulative | Incident† | CFR* |
| 20 | +12 | 5 | +2 | 0 | +0 | 0.0% |

*Table Notes: Data as of September 18, 2026; ‡Among 14 people with information available; †Change in cumulative total compared to previous update; *Case fatality rate (CFR).*

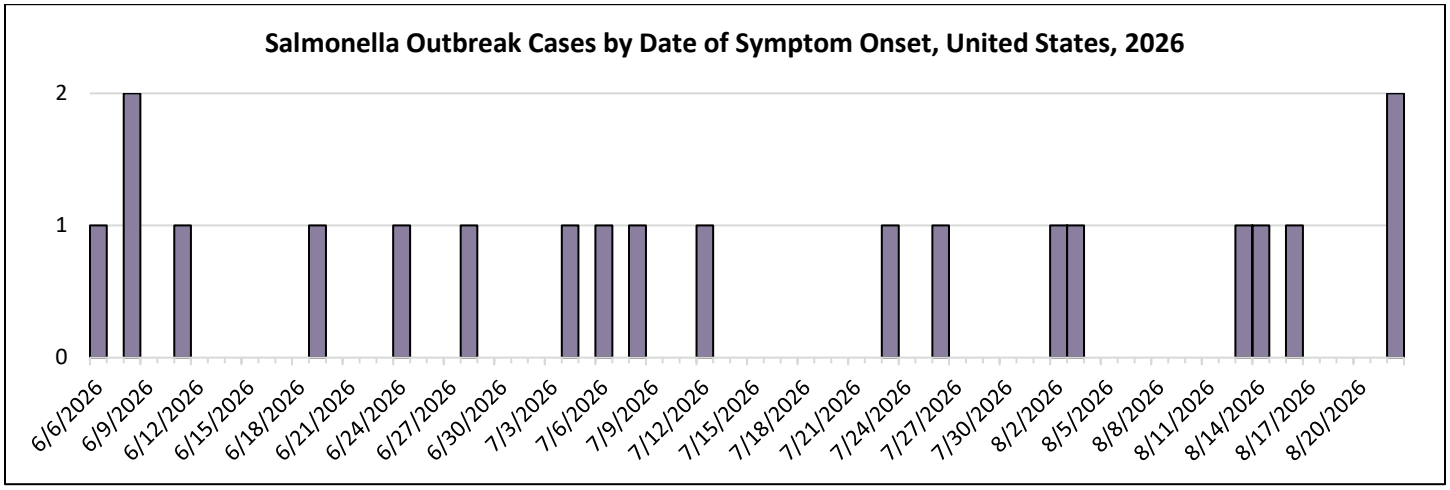


*Figure Notes: Data as of September 18, 2026.*

Cases have been reported by 12 states, primarily Florida (6), and Texas (4), and reported dates of illness onset ranging from June 6 – August 22, 2026. Cases range from <1-36 years of age with a median of 5 years – 50% of cases have been reported among children aged <5 years and 20% have been among children ≤1 year. Among them, most have been female (60%), White (53%), and non-Hispanic (53%). Among interviewed cases and parents of child cases (14), 79% reported contact with pet turtles prior to illness onset – of those who reported the size (6), 86% reported contact with pet turtles with shells ≤4 inches long. Parents of at least 3 cases involved in this outbreak reported purchasing turtles from pet stores. Whole

genome sequencing (WGS) revealed that bacteria obtained from case samples are closely related, suggesting a common source of infection from the same type of animal. Additionally, WGS did not predict resistance to any antibiotics among samples from all 20 cases.

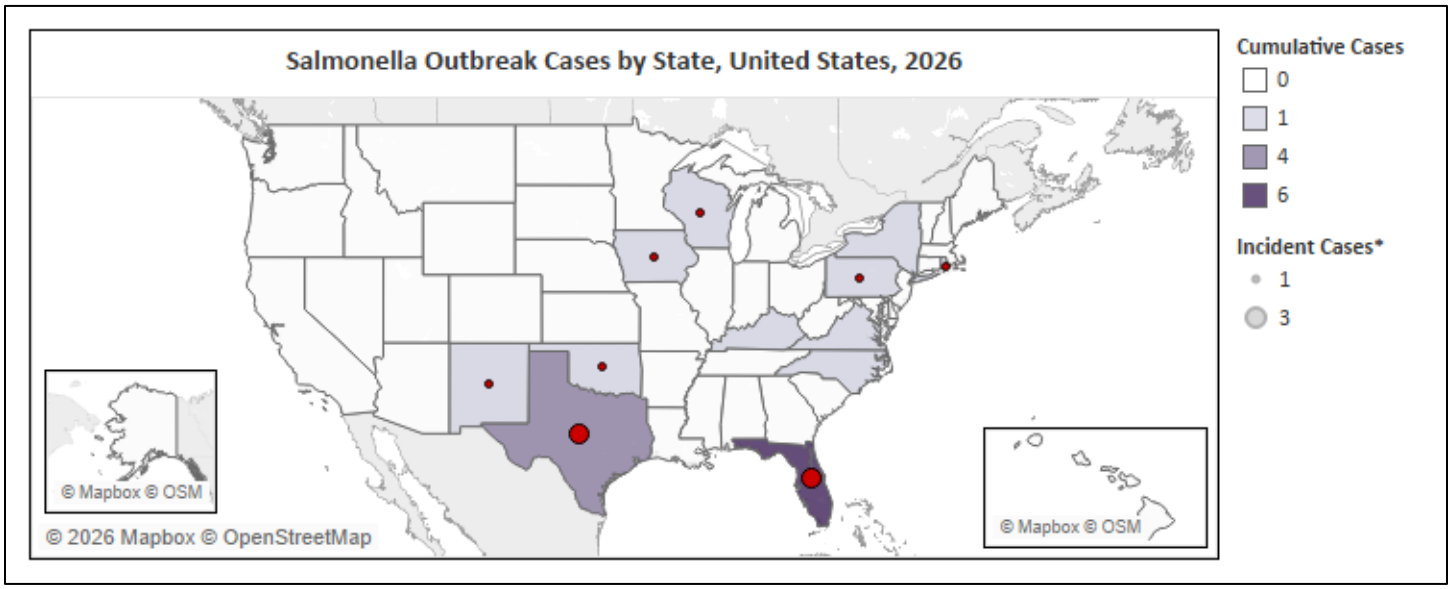


*Figure Notes: Data as of September 18, 2026; *Change in cumulative total compared to previous update.*

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. There are many steps that individuals with pet turtles should always take to stay healthy, including hand washing, safe play, avoiding cross-contamination, and keeping things clean.

**Data Source:** CDC (9/18/26)

## 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)

**Cyclosporiasis**

- United States – Updated Surveillance Data; Lettuce Outbreak Declared Over (September 17)

**Diphtheria**

- Africa – Updated 2026 Data from Member States; Burden Highest in Somalia (September 10)
- Australia – National Incidence Trends Continue Gradual Decline Since Early June (September 17)
- 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)

**Listeria**

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

**Malaria**

- Mayotte – Locally Acquired Incident Cases Reported During Most Recent Week (September 17)

**Marburg**

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

**Measles**

- Global – WHO Provides Update on Provisional Case Counts and Incidence Rates (September 17)
- 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, Trends Declining (September 17)
- 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**

- China – Incident Human Case Reported Among Child in Guangxi Zhuang (September 17)
- United States – Updated Data on Poultry Flock and Livestock Detections (September 17)
- 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 – New Multistate Outbreak Linked to Broccoli Sprouts Reported (September 17)
- 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 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 Mayotte - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- Malaria in Yemen - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC

- Meningococcal Disease in the Democratic Republic of the Congo - Level 2 - Practice Enhanced Precautions - Travel Health Notices | Travelers' Health | CDC
- 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 Sub-Saharan Africa - 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
- Hepatitis A in Costa Rica - 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:

- Seasonal surveillance of chikungunya virus disease in the EU/EEA (Week 38), France (75), Italy (1) - ECDC
- RFI: Suspected yellow fever outbreak among the Fulbe nomadic community in Sissala East, Ghana, with 21 reported deaths - BEACON
- RFI: Cholera outbreak reported among Kenyatta University students in Nairobi, Kenya; linked to external market. RFI on case count, testing - BEACON
- Cameroon Cholera Outbreak: Situation Report #6 (September 22, 2026) - Cameroon | ReliefWeb
- Nigeria Situation Report - August 2026 - Nigeria | ReliefWeb
- Bangladesh reports 65 499 dengue hospital admissions and 195 deaths across all eight divisions in 2026 - BEACON
- Bangladesh Dengue 2026 DREF Operation (MDRBD041) - Bangladesh | ReliefWeb
- Dengue in the Pacific: Multicountry Situation (As of 18 September 2026) - Fiji | ReliefWeb
- Epidemic and emerging disease alerts in the Pacific as of 22 September 2026 - World | ReliefWeb
- Pacific Syndromic Surveillance System Weekly Bulletin / Système de Surveillance Syndromic dans le Pacifique - Bulletin Hebdomadaire: W37 2026 (Sep 07-Sep 13) [EN/FR] - World | ReliefWeb
- Sri Lanka National Dengue Control Unit: Current Status of Dengue in Sri Lanka (As of 22.09.2026 midnight) - Sri Lanka | ReliefWeb
- Sri Lanka reports 99 343 dengue cases and 76 deaths in 2026, with weekly cases declining after July peak - BEACON
- RFI: Suspected foodborne outbreak with at least 35 cases linked to a wedding event in Daraa Governorate, Syria. RFI on laboratory testing - BEACON
- Multistate Hepatitis A Outbreak Potentially Linked to Frozen Clams | Hepatitis A | CDC
- CDC confirms 37-case multistate hepatitis A outbreak linked to frozen clams | CIDRAP
- Multistate hepatitis A outbreak linked to imported frozen concha negra (black clam) shell meat, with 37 cases across four US states - BEACON
- Japanese encephalitis outbreak in Nepal: 121 cases and 26 deaths across all seven provinces, with all fatalities unvaccinated - BEACON
- NYC Health Department Investigating Community Cluster of Legionnaires' Disease in the Bronx - NYC Health

- Philippines reports 10 936 leptospirosis cases in 2026, with epidemic thresholds exceeded in areas across 10 regions - BEACON
- Measles vaccine push urged in Americas after World Cup
- US measles deaths double: most since 1992 — plus updates on Ebola, Mpox, and more
- Multi-province mpox cluster in South Africa, with international travel link; Western Cape epicenter, clade pending - BEACON
- Mpox outbreak across nine health zones in Kasaï Province, DRC, with 77 suspected cases, 16 laboratory-confirmed cases, and three deaths - BEACON
- First confirmed mpox case in a minor at a migration reception center in Ceuta, Spain; clade pending - BEACON
- Mumps outbreak at San Diego State University in California, USA, involves three confirmed and two probable cases among student-athletes - BEACON
- California: Mumps outbreak at San Diego State University
- 19 Sep 2026 – Second equine case of New World screwworm and the first in New Mexico; 50 cases confirmed in USA - BEACON
- French Polynesia reports increased HIV diagnoses as Fiji declares a national emergency and expands prevention and treatment - BEACON
- Three cases of severe fever with thrombocytopenia syndrome reported in Thailand in 2026, including two fatalities; now notifiable - BEACON
- Intense 2026 West Nile virus season in Europe exceeds decade average, with sustained human and animal transmission - BEACON
- Netherlands reports 28 autochthonous West Nile virus (WNV) cases and four deaths in six provinces in 2026; blood safety measures expanded - BEACON
- California, USA, reports five-year high in West Nile virus (WNV) cases, with 147 cases and 10 deaths; highest burden in Los Angeles County - BEACON
- Study uncovers no evidence of autism epidemic, despite claims | CIDRAP
- Suspected methanol poisoning in Ondo State, Nigeria: 49 deaths and 182 cases in Odigbo and Irele - BEACON
- Denmark reports six severe cases of botulism following cosmetic or excessive-sweating treatments; exposure source remains unconfirmed - BEACON
- El Niño intensifies Indonesia wildfires, putting health at risk
- PAHO: Strengthening El Niño raises growing health risks across the Americas - PAHO/WHO | Pan American Health Organization
- WHO supports Sudan to re-establish the National Polio Laboratory - Sudan | ReliefWeb
- Global Respiratory Virus Activity: Weekly Update N° 596
- Local, state public health officials overwhelmingly faced serious backlash during pandemic, report reveals | CIDRAP
- CDC inaction delays COVID shots for low-income children | CIDRAP
- More than 1 in 10 US healthcare workers report ongoing long-COVID symptoms, study finds | CIDRAP
- European Food Safety Authority and European Commission launch #NoBirdFlu campaign ahead of autumn bird migration - BEACON
- RFI: 36 deaths in Ifanadiana, Madagascar; measles and malaria suspected. RFI on diagnostic results and epidemiological findings - BEACON
- Flea-borne typhus outbreak with seven cases, including six hospitalizations, reported in Los Angeles, California, USA - BEACON